Highlights from the 2023 AMA Annual Meeting

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News Editor

Catch up with the news and other key moments from the AMA House of Delegates’ meeting in Chicago. The 2023 AMA Annual Meeting concluded a day early, June 13.

For a briefer rundown, check out this article: “ICYMI: 10 stories to read from the 2023 AMA Annual Meeting.”

The meeting highlights below would not have been possible without writing and reporting by AMA Senior News Writers Sara Berg, Brendan Murphy and Andis Robeznieks, along with Contributing News Writers Tanya Albert Henry and Timothy M. Smith. Special thanks to photographers Ted Grudzinski and Barbara Freeman for their many great shots of the House of Delegates in action.

The delegates will next meet in November for the 2023 AMA Interim Meeting in National Harbor, Maryland. Find out more about AMA virtual and in-person events.

Top news

Fixing Medicare physician pay system a top priority for the AMA

The AMA has been on the road fighting for Medicare physician payment reform for well over a decade, and the system remains on an unsustainable path. Temporary patches and ongoing cuts to the Medicare physician payment system have left physician practices and patient access to care at serious risk.

Payment cuts, freezes and redistributions have further exacerbated the challenge. When adjusted for inflation, Medicare physician payment has effectively declined (PDF) 26% from 2001 to 2023.

Despite that stark reality, Congress and the administration are still not focused on fixing the root of the problem—the payment system itself. But it’s time for that to change.
“This cannot wait; we are past the breaking point,” said AMA President Jack Resneck Jr., MD. “Our patients are counting on us to deliver the message that access to health care is jeopardized by Medicare’s payment system. Being mad isn’t enough. We will develop a campaign—targeted and grassroots—that will drive home our message.”

Learn about physicians’ ideas to overhaul the unsustainable Medicare physician payment system and the new AMA campaign to make Washington listen.

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**Wednesday, June 14**

**Oversight needed on payers’ use of AI in prior authorization**

As health insurance companies turn to AI to speed up patient claim and prior-authorization decisions, the AMA will advocate for greater regulatory oversight of the practice.

“The use of AI in prior authorization can be a positive step toward reducing the use of valuable practice resources to conduct these manual, time-consuming processes. But AI is not a silver bullet,” said AMA Trustee Marilyn Heine, MD.

“As health insurance companies increasingly rely on AI as a more economical way to conduct prior-authorization reviews, the sheer volume of prior-authorization requirements continues to be a massive burden for physicians and creates significant barriers to care for patients,” added Dr. Heine. “The bottom line remains the same: We must reduce the number of things that are subject to prior authorization.”

Learn more about the AMA’s newly adopted policies on prior authorization.

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**Train doctors on extreme risk protection orders**

Extreme Risk Protection Order (ERPO) laws vary by state, but are generally risk-based, temporary and preemptive protective orders that authorize the removal of firearms from individuals at high or imminent risk for violence against themselves or others. People who can petition for an ERPO vary by state and not all jurisdictions include physicians.

ERPO laws “reduced gun-related suicide rates by 13.7% in Connecticut since 2007 and 7.5% in Indiana in the 10 years that followed enactment,” according to an AMA Medical Student Section resolution introduced at the Annual Meeting.
Petitioning for an ERPO can be complicated and time-consuming for clinicians, and the AMA is already at work to develop a toolkit on how to use ERPO laws. Delegates directed the AMA to work with relevant parties to “update medical curricula and physician training regarding how to approach conversations with patients and families and to use about Extreme Risk Protection Orders.”

The House of Delegates also modified existing policy to support the establishment of “laws and procedures through which physicians and other medical professionals can, in partnership with appropriate parties, contribute to the inception and development of such petitions.”

This expands on the existing list of petitioners noted in AMA policy, which included family members, intimate partners, household members and law-enforcement personnel.

“Physicians are encouraged to ask patients at risk of firearm injury about access to firearms during routine patient visits. Allowing physicians to petition the courts when they encounter a patient at risk of firearm violence is necessary and could help prevent further firearm-related tragedies,” said AMA Immediate Past President Jack Resneck Jr., MD.

Learn about other actions taken at the Annual Meeting to address the public health crisis of firearm violence.

AMA will educate doctors, public on how loneliness affects health

Social isolation and loneliness have been recognized as significant public health concerns, adversely affecting mental well-being as well as quality of life.

To address this growing public health problem, delegates adopted new policy to “encourage research to assess how forming networks earlier in life helps to reduce loneliness and social isolation for adults, with a special focus on marginalized populations and communities with limited access to resources.” They also directed the AMA to develop educational programs for patients and physicians on the topic.

Meanwhile, the AMA also will work to address alarming rates of suicide, depression and other mental health problems among kids.

“A large proportion of our children are not only facing mental health disorders but aren’t receiving treatment. We are in a crisis situation with children’s mental health, and we must come together as a nation to do everything possible to prioritize children’s mental, emotional and behavioral health and ensure they have access to the care they need,” said AMA Immediate Past President Jack Resneck, Jr., MD.
AMA: Use of BMI alone is an imperfect clinical measure

Body mass index (BMI) is easy to measure and inexpensive. It also has standardized cutoff points for overweight and obesity and is strongly correlated with body fat levels as measured by the most accurate methods. But BMI is an imperfect measure because it does not directly assess body fat.

For adults, measuring BMI and waist circumference may be a better way to predict weight-related risk. But for children, there is no good reference data for waist circumference, which makes BMI-for-age the gold standard.

“There are numerous concerns with the way BMI has been used to measure body fat and diagnose obesity, yet some physicians find it to be a helpful measure in certain scenarios,” said AMA Immediate Past President Jack Resneck, Jr. MD. “It is important for physicians to understand the benefits and limitations of using BMI in clinical settings to determine the best care for their patients.”

Learn more about the AMA’s newly adopted policies on the use of BMI.

School-resource officers should operate under clear rules

There’s been a rapid increase in use of school-resource officers—or law-enforcement officers assigned to schools full time—over the past two decades and a lack of federal and state oversight of them. Delegates adopted policy aimed at ensuring school districts that choose to employ school-resource officers explicitly define their roles and responsibilities within the context of the school team.

“With tragic school shootings all too commonplace nationwide, more than half of all schools across the U.S. now employ full-time school resource officers. Given the vagueness of federal law and a patchwork of state laws, there are wide variations in the role, expectations, and accountability of police presence in schools,” said AMA Immediate Past President Jack Resneck Jr., MD.

“Should a school district choose to employ school resource officers after considering the risks and benefits, we believe that clearly defining the roles and responsibilities of school resource officers and considering them as part of the school team at large will better equip them to help keep students and school faculty safe,” Dr. Resneck said.

Learn more about AMA policy encouraging school districts that use school-resource officers to develop a memorandum of understanding outlining their roles and responsibilities.
More research needed on medical use of psychedelic agents

Hallucinogens such as psilocybin and MDMA (3,4-methylenedioxy-methamphetamine) are designated as drugs with no currently accepted medical use.

And while there are some emerging research findings that demonstrate clinically significant reductions of refractory depression and post-traumatic stress disorder in adult patients, more research is needed to understand the harms and benefits of psychedelic therapy, according to a resolution whose recommendations were adopted by delegates.

“The AMA believes that scientifically valid and well-controlled clinical trials are necessary to assess the safety and effectiveness of all new drugs, including the potential use of psychedelics for the treatment of psychiatric disorders,” said AMA Immediate Past President Jack Resneck Jr., MD. “The AMA appreciates that lawmakers want to help address the mental health crisis in the U.S., but there are other straightforward approaches that don’t thwart drug-safety assessment and regulation, such as increasing coverage and removing barriers to care for evidence-based treatments.”

It is important for drug efficacy and safety to be determined by scientific evidence in accordance with applicable regulatory standards, not popular opinion or ballot initiatives.

To that end, delegates directed the AMA to advocate:

- Against the use of any psychedelic or entactogenic compound (such as psilocybin or MDMA) to treat any psychiatric disorder except those which have received FDA approval or those prescribed in the context of approved investigational studies.
- For continued research and therapeutic discovery into psychedelic and entactogenic agents with the same scientific integrity and regulatory standards applied to other promising therapies in medicine.

Tuesday, June 13

New AMA president: Physicians must seek “more equitable tomorrow”

Tonight Jesse M. Ehrenfeld, MD, MPH, became the first openly gay person to hold the office of AMA president.

Dr. Ehrenfeld is a practicing anesthesiologist, senior associate dean, and tenured professor of anesthesiology at the Medical College of Wisconsin, where he leads the largest statewide health
philanthropy, the Advancing a Healthier Wisconsin Endowment.

In his two-plus decades within the AMA, Dr. Ehrenfeld he has seen tectonic shifts in policy and attitudes related to LGBTQ+ patients and physicians. At his first AMA House of Delegates meeting in 2001, Dr. Ehrenfeld was awestruck by the pomp and circumstance. Yet, as a gay man, he felt alienated. The climate at that time was a harsh one for the LGBTQ+ community. Marriage equality had yet to be achieved and federal hate-crime statutes didn’t include protections for LGBTQ+ people.

“Standing on this stage tonight and accepting the honor of the AMA presidency is proof that our organization can evolve. This is why visibility matters,” he said. “This is why, when you have a platform like this one, you have a responsibility to use it for the greater good and to try and lift up those who haven’t yet found their voice.”

Learn more about Dr. Ehrenfeld's vision for the coming year as AMA president.

Stop probing physicians on irrelevant mental health history

In a move to protect privacy and limit stigma, the AMA House of Delegates has created policy to ensure that only relevant mental health information would be used in licensing and credentialing.

Questions on physician applications for licensure and credentialing that seek mental health information are invasive and often irrelevant. Data from the American Psychiatric Association finds no evidence that physicians who are treated for mental illness are more likely to harm a patient than a physician who has not sought treatment, as noted in a resolution introduced by the Illinois delegation.

In spite of that, many initial and renewal applications for medical licenses and associated applications continue to compel physicians to disclose current or past mental health conditions.

Learn how the AMA is moving to protect physicians from discrimination and confidentiality violations in the licensing, privileging and credentialing processes that these questions can create.

Put naloxone in schools so it can save lives

Drug-overdose deaths among people 10–19 years old jumped 109% between 2019 and 2021 in the U.S. To save lives, the AMA supports widespread access to safe and affordable opioid overdose-reversal drugs.

“We are facing a national opioid crisis and it’s affecting our young people at an alarming rate. Just as students carry prescription inhalers to treat an asthma attack, we must destigmatize substance-use
disorders and treat naloxone as a lifesaving tool,” said Bobby Mukkamala, MD, chair of the AMA Substance Use and Pain Care Task Force.

“Fortunately, an overdose tragedy can be reversed if quick action is taken with these safe and effective medications like naloxone,” Dr. Mukkamala said. “Allowing teachers and students to carry these medications is a commonsense decision and will no doubt result in young lives saved.”

Learn more about newly adopted policy to help prevent drug-overdose deaths.

Growth of self-directed testing raises risks of patient confusion

Direct-access tests (DATs), defined as those accessed by patients without a physician order, might be appealing to patients but they remove the primary care physician from the clinical care decision-making.

“Current DAT practices appear to skirt regulatory requirements, could easily be misinterpreted by patients, and lack appropriate diagnostic and counseling practices by a physician,” says an AMA Council on Science and Public Health report presented at the Annual Meeting.

Learn about new AMA policy adopted to help protect patients from inaccuracies and potential misinterpretation.

To thwart medical student burnout, make it easier to seek time off

About half of U.S. medical students report experiencing burnout, and they are more likely than their same-age peers outside of medicine to experience depression or depressive symptoms, according to an AMA Council on Medical Education report presented at the Annual Meeting.

When time off is needed, medical students generally have little recourse. Medical schools often lack standardized institutional policies for the implementation of excused absences. The level of disclosure required by the students, who may not feel comfortable sharing mental health concerns due to professional stigma, is an added barrier to the pursuit of well-being.

“Medical schools need to create an educational environment that assures that graduating medical students meet the standards for achieving the medical degree with the flexibility to meet the individual needs of their students,” says the council report.

Learn about the AMA's newly adopted policies on excused medical school absences.
AMA: Don’t back down on diversity in medicine

With the U.S. Supreme Court set to rule on two lawsuits seeking to undo affirmative action for institutions of higher learning, including medical schools, the House of Delegates adopted several policies amplifying the AMA’s support for diversity in medical education.

“Efforts to do away with affirmative action undermine decades of progress in creating a diverse physician workforce and will reverse gains made in the battle against health disparities,” said AMA President-elect Jesse M. Ehrenfeld, MD, MPH, ahead of his inauguration as president tonight at Annual Meeting.

It’s necessary to “bolster the pool” of students from historically excluded racial and ethnic groups “who wish to pursue a career in medicine and the consideration of race is one of many parts of the equation—along with test scores, grades and interviews—when determining the mix of students that will result in a class of physicians best equipped to serve all of the nation’s patients,” Dr. Ehrenfeld said. “We cannot back down from efforts to boost the growing representation of talented and highly qualified medical students from historically marginalized groups.”

Learn more about the AMA’s actions to amplify support for a physician workforce that resembles the nation.

Boost family planning, fertility support for physicians

Roughly one in four women physicians will experience infertility, which is well above the estimated 9–18% in the U.S. general population. Despite this, physician fertility and family planning are rarely discussed as part of formal undergraduate or graduate education or even in practice.

What’s more, infertility, high-risk pregnancies and miscarriages have been associated as causes, consequences or both of higher rates of burnout—this on top of evidence suggesting female physicians are already at higher risk of burnout than their male colleagues due to the difficulty of effective work-life integration and other factors.

- To promote support for physicians in family planning and fertility, delegates directed the AMA to:
  - Advocate that academic and employed physician practices contract with insurance providers who provide infertility coverage that defrays the steep costs for fertility treatments.
  - Work with other key stakeholders to encourage full support of physicians desiring to have families to allow for flexible work policies and clinical coverage for those undergoing fertility treatments.
“Experiencing infertility, high-risk pregnancies, or miscarriage has been associated with higher rates of burnout among female physicians,” said AMA Trustee Madelyn E. Butler, MD, an ob-gyn. “The lack of physician education on the risks and consequences of infertility worsens its potential emotional, physical, and financial impacts. Physician practices must employ principles that allow for family planning.”

**Don’t mandate reporting of LGBTQ+ status**

Mandated reporting can be a good thing. But there are situations in which it can “out” LGBTQ+ people.

"Protection of LGBTQ+ and questioning individuals from being ‘outed’ prevents additional physical safety risks, stress, mental health degradation and discrimination,” according to an AMA Medical Student Section resolution presented at the Annual Meeting.

It has become all the more important given the recent wave of directives, resolutions and laws passed in various U.S. states, such as Texas and Florida, requiring mandated reporters—including physicians—to disclose an individual’s gender identity or sexual orientation to outside entities.

To address the issue, delegates amended existing policy to oppose “mandated reporting or disclosure of patient information related to sexual orientation, gender identity, gender dysphoria, intersex identity, and any information related to gender transition for all individuals, including minors.”

“To promote more positive health outcomes, it is beneficial for clinicians to know their patients’ sexual orientation and gender identity information so they can provide space for discussing concerns, make appropriate referrals and encourage family acceptance” of sexual and gender minority (SGM) identities, said AMA Trustee David H. Aizuss, MD.

“However, not all families are aware and supportive of their child’s SGM identity,” Dr. Aizuss noted. “For this reason, patients should have the basic right to privacy of their medical information and records.”

**Emergency departments must be led by physicians**

Fighting scope creep is a critical component of the AMA Recovery Plan for America’s Physicians—it’s also a focus of delegates at the Annual Meeting.

Centers for Medicare & Medicaid Services regulations require that, for a hospital to provide emergency care, all emergency departments must be directed by a qualified medical staff member.
The House of Delegates directed the AMA to advocate for the establishment and enforcement of legislation or regulations that ensure only physicians supervise the provision of emergency care services in an emergency department.

The AMA also will collaborate with relevant stakeholders including state and specialty societies to oppose legislation or regulation allowing pharmacists to test, diagnose and treat medical conditions—a scope-of-practice expansion that was introduced in 17 states.

Learn more about the delegates’ other actions to stop scope creep.

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**To beat stigma, automatically give residents mental health screening**

Many Americans face mental health challenges, which should not preclude them from a career or service—and that includes physicians. People with mental health challenges can be successful with treatment and their mental health history should not be held against them.

Resident physicians face barriers to accessing mental health assessments including cost, time, stigma and pervasive cultures of stoicism, even when mental health services are available and free, resulting in low use. New AMA policy calls for resident physicians to automatically get mental health screenings unless they opt out, and have access to mental health, substance-use awareness and suicide-prevention screening programs.

Data indicates that opt-out and automatic-enrollment mental health and wellness programs are effective in engaging residents. One program for first- and second-year resident physicians at West Virginia University yielded 93% attendance in auto-enrolled wellness appointments.

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**Help the many women physicians who wind up needing IVF**

Women physicians giving birth for the first time are 32 years old on average, five years later than the average age of other first-time mothers.

A study on physician fertility to date found that nearly 55% of women participants would have attempted to conceive earlier in their careers if they had known the prevalence of infertility among women physicians, according to an AMA Medical Student Section resolution introduced at the Annual Meeting.

Considering that data and the expenses of fertility treatments—the average cost of one cycle of in vitro fertilization cycle is $13,000—delegates directed the AMA to “encourage interested parties to develop gender- and sexual minority-inclusive initiatives in medical education that raise awareness about”:
How peak childbearing years correspond to the peak career-building years for many medical students and trainees.

The significant decline in oocyte quality and quantity and increase in miscarriage and infertility rates, with increasing age in medical students and trainees.

The high rate of infertility among medical students, trainees and physicians.

Various fertility preservation options including cryopreservation of oocytes and sperm and associated costs.

Delegates also directed the AMA to “encourage interested parties to increase access to strategies by which medical students can preserve fertility (such as cryopreservation of oocytes, sperm, and embryos), with associated mechanisms for insurance coverage.”

Educate patients about misleading AI-generated medical advice

The AMA’s first policies on augmented intelligence (AI)—often called artificial intelligence—were adopted in 2018 and recognized the technology’s potential for enhancing patient and physician decision-making and improving health outcomes.

The process that began five years ago continues, as the AMA fine tunes its AI policies to ensure its positive aspects are funneled toward the benefit of patients and physicians while heightening awareness of the negative aspects that can cause harm.

“AI holds the promise of transforming medicine. We don’t want to be chasing technology. Rather, as scientists, we want to use our expertise to structure guidelines and guardrails to prevent unintended consequences, such as baking in bias and widening disparities, dissemination of incorrect medical advice, or spread of misinformation or disinformation,” said AMA Trustee Alexander Ding, MD, MS, MBA.

“We’re trying to look around the corner for our patients to understand the promise and limitations of AI. There is a lot of uncertainty about the direction and regulatory framework for this use of AI that has found its way into the day-to-day practice of medicine,” Dr. Ding said.

Learn how the AMA will be scrutinizing large language models, generative pretrained transformers and other AI-generated medical advice or content.

Make it easier for IMGs to show they’re qualified for residency

For international medical graduates (IMGs), the process of primary source verification—confirming that an individual has a valid license, certification or registration to practice a profession when required
by law or regulation—is cumbersome, says an AMA Council on Medical Education report presented at the Annual Meeting. The Educational Commission for Foreign Medical Graduates (ECFMG) certification is the standard for evaluating qualifications of IMGs before they enter U.S. residency programs.

The COVID-19 pandemic and Russia’s invasion of Ukraine disrupted the primary source verification process for many IMGs, causing the AMA to study the matter. IMGs seeking residency training in the United States should be reassured that the ECFMG will pursue alternative options if the customary primary source verification process is not workable due to conflict in their country of origin.

In acknowledging the necessity and validity of ECFMG source verification, delegates modified policy to “encourage state medical licensing boards, the Federation of State Medical Boards, and other credentialing entities to accept certification by the ECFMG (a member of Intealth) as proof of primary source verification of an IMG’s international medical education credentials.”

AMA backs effort to ban many physician noncompete provisions

To protect physicians and boost patient access, the House of Delegates took action to ban noncompete contracts for physicians in clinical practice who are employed by for-profit or nonprofit hospitals, hospital systems or staffing company employers.

Unfair noncompete clauses are extensive in health care, affecting between 37% and 45% of physicians. They can be especially problematic for residents, fellows and young physicians by limiting their opportunities for career advancement and restricting their ability to provide care in economically or socially marginalized communities.

“Allowing physicians to work for multiple hospitals can enhance the availability of specialist coverage in a community, improving patient access to care and reducing health care disparities,” said AMA Trustee Ilse Levin, DO, MPH & TM.

“We must keep in mind,” Dr. Levin added, “that owners of private practices often invest heavily when hiring and training physicians, and those owners may believe that they need to use reasonable noncompete agreements to compete with large hospital systems or other dominant institutional employers. Preserving and fostering independent physicians and other physician-led organizations is crucial to a healthy nation.”

Learn more about the AMA’s newly adopted policy on noncompete clauses in physician contracts.

Trauma surgeon John H. Armstrong, MD, elected vice speaker
Dr. Armstrong, a trauma surgeon, medical educator, and Army veteran from Ocala, Florida, was elected as the new vice speaker of the House of Delegates this morning.

“I am grateful for this honor and privilege to represent the views of the nation’s physicians and help guide them in their policy-making decisions,” Dr. Armstrong said. “As the policy-making body of the AMA, the House of Delegates holds a unique position to blend the many views of the nation’s physicians into one strong, unified and effective voice for physicians and the patients we serve.”

A practicing trauma surgeon with a career in military hospitals and civilian trauma centers, Dr. Armstrong is professor of surgery and distinguished educator at the University of South Florida Morsani College of Medicine, and adjunct professor of surgery at the Uniformed Services University of the Health Sciences. Dr. Armstrong served as Florida’s surgeon general and secretary of health from 2012 to 2016 and helped achieve the lowest infant mortality rate in the state’s history.

Learn more about Dr. Armstrong and catch up with the rest of the AMA Annual Meeting election results.

Monday, June 12

Train future physicians to lead interprofessional care teams

In a typical three-day hospital stay, a patient and family may interact with as many as 30 health professionals from a variety of disciplines, so teamwork is crucial to optimizing patient care. With nonphysician providers also part of the care team, the leadership dynamics on teams becomes murky, says an AMA Council on Medical Education report presented at the Annual Meeting.

The physicians’ defined role as leader of the health care team—a privilege earned through having the most intensive education and evaluation—is central to achieving optimal health outcomes.

“Reinforcing the principle that interprofessional teams in education and practice are led by physicians is within the scope of the AMA and is a key element of its work to protect patients,” says the council’s report. “If preparation for physician practice does not include leadership of teams as a component, then this element should be incorporated into medical education.”

Learn more about new AMA policy emphasizing the importance of physician-led interprofessional education.

Most graduating medical students skip loan-forgiveness options

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A quarter of a million dollars is a big number, and it’s on the low end of what future physicians can expect to pay in exchange for four years of undergraduate medical training.

In spite of the often daunting student-loan debt load they carry into residency, 56% of graduating medical students surveyed said had no plans to pursue a loan-forgiveness program, says survey data cited in an AMA Council on Medical Education report presented at the Annual Meeting.

Learn how the AMA will encourage medical schools to make students more aware of loan-forgiveness programs while seeking to cut other expenses that burden medical students.

Stop excessive punishments for low-level drug crimes

The war on drugs continues to disproportionately consume human potential while inflicting trauma and suffering on communities and groups that have been economically and socially marginalized, says a resolution whose recommendations were adopted.

To address this structural inequity, delegates directed the AMA to support federal and state efforts to eliminate the national crack and powder cocaine sentencing disparity—from 18:1 to 1:1—and apply them retroactively to those already convicted or sentenced.

“The disparity has no basis in science,” said AMA Trustee Ilse Levin, DO, MPH & TM.

“There are no significant pharmacological differences between the drugs,” Dr. Levin added. “Not only do we need to stop the disparity, but we also need to go back and ensure justice for those who were convicted under these unjust laws.”

Time for another look at vision requirements for drivers

The 20–40 vision-acuity standard required of drivers in many states was established more than 90 years ago. Recent research shows no scientific basis for this standard and shows there is no increased crash risk between 20–40 and 20–70 vision.

A resolution whose recommendations were adopted says that denying people a driver’s license without evidence to support that denial can result in isolation, depression, higher medical expenses and unnecessary medical visits.

Delegates directed the AMA to “support efforts to standardize vision requirements for unrestricted and restricted driver’s licensing privileges.”

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“Physicians have unique opportunities to assess the impact of physical and mental conditions on patients’ ability to drive safely, and we have a responsibility to do so in light of our professional obligation to protect public health and safety,” said AMA Trustee Alexander Ding, MD, MS, MBA.

“We need updated guidance from policymakers on how to make these judgments especially as new automobile technology is changing how we think about this,” Dr. Ding added.

AMA to Big Tobacco: It’s not “cool” to evade menthol ban

The Food and Drug Administration has proposed banning menthol-flavored cigarettes and flavored cigars. The state of California has already done so.

In response, tobacco companies have introduced new products that offer the “cooling sensation” of menthol cigarettes, but without the menthol taste.

Delegates responded to this apparent attempt to evade the ban by directing the AMA to “advocate that tobacco products that use additives to create a ‘cooling effect’ should be treated as a tobacco product with a characterizing flavor for legal and regulatory purposes.”

“For the health of our patients, the AMA is engaged in a game of whack-a-mole with the tobacco industry,” said AMA Trustee Ilse Levin, DO, MPH & TM.

“Every regulatory effort is met with a similar effort to sidestep it.” Dr. Levin added. “We have a professional obligation to keep extending regulations to outmaneuver Big Tobacco.”

Find better ways to do medical student clerkship grading

The subjective nature of grading medical students on performance during clinical rotations has come under scrutiny for its unreliability. Research indicates that despite the weighting of clinical clerkship grades in residency applicant selection, these grades are currently inconsistent and biased, according to an AMA Council on Medical Education presented at the Annual Meeting.

“Inequity in clinical clerkship assessment may be one symptom of the wider culture of systemic bias as well as a reflection of the current learning environment of competition within medical education,” says the council’s report.

Learn about the policies adopted by delegates to address these concerns with medical student clerkship assessment.
Telehealth works, so keep it working

Telehealth has helped boost access to historically underserved populations, older adults living in rural areas, patients with chronic conditions and those with mobility or transportation issues. The AMA wants to continue ensuring that patients in underserved areas and seniors with complex health conditions have the technology skills to take advantage of this new mode of care.

The AMA will encourage policymakers to determine what resources and training patients need to maximize the benefits of telehealth and its potential to improve health outcomes.

“We need to better understand what underlying challenges and barriers exist to digital health literacy. With that information, the AMA will continue advocating for solutions to meet the needs of marginalized populations of varying location, education, culture and age,” said AMA Trustee Alexander Ding, MD, MS, MBA. “Digital literacy is an important health equity issue with the power to bring us closer to achieving best health for all.”

Learn more about this newly adopted AMA policy to support telehealth.

Physicians affirm, clarify duty to promote equitable care

The disproportionate impact of the COVID-19 pandemic on patients from historically marginalized racial and ethnic groups cast new light on health inequities, adding urgency to calls for changes to how physicians are trained and health care is delivered.

More “is needed to explicitly address the ethical implications of social forces that drive how and to whom health care is provided,” according to an AMA Council on Ethical and Judicial Affairs report whose recommendations were adopted at the Annual Meeting.

“To make meaningful progress in achieving equitable care, physicians must recognize how the pathologies of social systems impact their patients' lives,” said AMA Trustee David H. Aizuss, MD. “The commitment to serve patients in need means that we have an obligation to examine prevailing attitudes, habits, policies and practices that determine what care is available to who and to take steps to remove or re-engineer obstacles that undermine the ability to ensure equitable care for all.”

Learn more about the AMA's newly adopted ethics policy advising physicians and health care organizations on their roles in advancing health equity.

Yes, it’s OK to code for multiple E/M services in one visit
“Multiple services” can refer to two evaluation-and-management (E/M) services, a procedure plus an E/M service, or two or more procedures provided by the same physician during a single patient encounter.

It can also mean headaches for physician practices as payers seek to challenge or deny claims even though there is a robust infrastructure within the Current Procedural Terminology (CPT®) nomenclature to allow the reporting of multiple services during a single patient encounter, according to an AMA Council on Medical Services report whose recommendations were adopted at the Annual Meeting.

This includes appending a CPT modifier 25 to an E/M service code on a claim to indicate the code is a significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of the procedure or other service.

Learn more about AMA plans to educate physicians and insurers on the appropriate use of modifier 25.

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**Education sessions this morning**

Ahead of the House of Delegates’ first day of voting, which starts today at 1 p.m. CDT, there is a wide variety of education sessions available to the delegates in Chicago. Among them are these below (all times CDT):

- **8–9 a.m.** “Advances in obesity care.” Acapulco.
- **9:15–10:15 a.m.** “Statewide physician engagement to prevent diabetes.” Acapulco.
- **9:30–10:30 a.m.** “Understanding and Amplifying the AMA Recovery Plan for America’s Physicians.” Crystal C.
- **9:45–11:45 a.m.** “Litigation Center Open Meeting.” Toronto.
- **10:30–11:30 a.m.** “Addressing root causes of medical educator well-being.” Acapulco.
- **10:30 a.m.–noon.** “Training physicians in the art of the public forum.” Crystal C.

Explore the complete list of education sessions at the Annual Meeting and learn about obtaining CME credit.

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**Sunday, June 11**

**Health equity open forum this afternoon**
This three-part forum hosted by the AMA Center for Health Equity focuses on advancing health equity through organized medicine and leadership-led conversations.

The first session will provide an overview of Rise to Health: A National Coalition for Equity in Health Care. Attendees will learn about opportunities for professional societies and individual health care practitioners to advance health equity. Learn more with this new Leadership Viewpoints column by AMA President Jack Resneck Jr., MD, about why the Rise to Health Coalition offers health systems our best chance yet to achieve equitable, inclusive patient care.

That will be followed by two fireside chats. One will focus on LGBTQ+ health, and the other on truth and reconciliation in obstetrics and gynecology. (1–4 p.m. CDT, Grand Ballroom.)

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Reference committees continue work today

The following reference committees will meet from 8 a.m.–noon CDT:

- Reference Committee E, which covers science and technology. Grand Ballroom.
- Reference Committee G, which covers medical practice. Grand Hall K/L.

Saturday, June 10

Reference committees start this afternoon

AMA delegates will offer testimony today on more than 200 reports and resolutions up for consideration at the meeting. Delegates draw on their expertise, the best evidence in the medical and health policy literature, and the insights of their state medical associations and national medical specialty societies to weigh in on proposals that run the gamut of issues affecting patients and physicians.

These reference committees will meet from 1:30–5:30 p.m. CDT today:

- Reference Committee on Amendments to Constitution & Bylaws, which covers the AMA constitution, bylaws and medical ethics matters. Grand Hall K/L.
- Reference Committee A, which covers medical service. Grand Hall I/J.
- Reference Committee B, which covers legislation. Regency Ballroom A/B.
- Reference Committee C, which covers medical education. Regency Ballroom C/D.
- Reference Committee D, which covers public health. Riverside East.
- Reference Committee F, which covers AMA governance and finance. Grand Ballroom.
Watch this short video below, from 2019, or explore this AMA Ed Hub™ interactive course to learn how AMA policy is made.

Ultimately, it is physicians’ passion to reshape health care’s future that drives AMA policy. Explore the stories of several AMA delegates who translated what moved them into policy that moves medicine.

Friday, June 9

Bruce A. Scott, MD, wins office of AMA president-elect

Dr. Scott, an otolaryngologist from Kentucky, was voted president-elect of the AMA by physicians and medical students gathered at the Annual Meeting. Following a year-long term as president-elect, Dr. Scott will be installed as AMA president in June 2024.

“Winning the faith and support of my peers to represent the nation’s physicians and patients we serve is a great honor and tremendous responsibility,” Dr. Scott said. “Physicians faced incredible challenges throughout the COVID-19 pandemic—personal challenges to their own health, as well as financial headwinds and inflation that closed many, and imperiled other, physician practices.

“With physician burnout surging, prior authorizations taking more and more time and resources away from patient care, and an unsustainable Medicare system, I will advocate relentlessly during my presidency for the AMA Recovery Plan for America’s Physicians,” he added.

Learn more about Dr. Scott and catch up on the other AMA election results so far.

Dr. Madara: In divisive times, physicians’ unified voice is essential

The vast majority of physicians belong to one or more of the state and medical specialty societies represented in the AMA House of Delegates, the deliberative body that develops the policies that guide the nation’s largest physician membership organization.

“That connection conveys something specific to many, particularly those in Washington, D.C.,” said AMA Executive Vice President and CEO James L. Madara, MD, during his speech at the opening session of the Annual Meeting.

“It conveys that AMA policies provide the clearest surrogate of the net of physician voice,” Dr. Madara added, noting later that the AMA is often recognized as the “unified voice of the profession.”
During his address, Dr. Madara noted that the AMA, at the direction of the House of Delegates, has assembled a task force on truth, reconciliation and healing.

Learn more with Dr. Madara about the vital importance of physicians' finding common ground to move medicine forward.

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**Dr. Resneck: The AMA is equipped to fight attacks on physicians**

The physician advocate’s journey isn’t a marathon, outgoing AMA President Jack Resneck Jr., MD, said in his final remarks to the assembled AMA House of Delegates while holding the highest office in organized medicine. Marathons, Dr. Resneck said, have finish lines. The tireless work of improving the health of the nation and bettering the profession of medicine for today’s doctors and tomorrow’s physicians is unending.

“In our own professional tradition, the work to preserve our core values, and the health of our patients, is itself the enduring common cause that binds us,” said Dr. Resneck in his address at the AMA Annual Meeting opening session.

“We are more resolute in our work because of the challenges and existential threats to our profession and our patients. Even when there are temporary setbacks, our common cause is to speak out for, and to advance our flame, our ethical values, and our common purpose—that is what keeps us going.”

Learn more with Dr. Resneck about the pride he sees patients and physicians taking in the way the AMA fights on their behalf.

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**7 issues to watch at 2023 AMA Annual Meeting**

Nearly 700 physicians and medical students are gathering in Chicago for the 2023 AMA Annual Meeting to consider proposals across a wide range of clinical practice, payment, medical education and public health topics. The meeting’s opening session is Friday and runs through June 14.

Among the items of business that could help advance the AMA Recovery Plan for America’s Physicians are these seven:

- Alternate Resolution 214, “AMA Efforts on Medicare Payment Reform.”
- Resolution 201, “Opposition to Pharmacists Testing, Diagnosing, and Treating Medical Conditions.”
- Resolution 213, “Telemedicine Services and Health Equity.”
Resolution 218, “Promoting Supervision of Emergency Care Services in Emergency Departments by Physicians.”
Resolution 316, “Physician Medical Conditions and Questions on Applications for Medical Licensure, Specialty Boards, and Institutional Privileges.”
Resolution 720, “Prior Authorization Costs, AMA Update to CMS.”
Resolution 721, “Use of Augmented Intelligence for Prior Authorization.”

Learn more.

Education sessions today

Among the offerings available to delegates in Chicago are those below (all times CDT):

- **8–9 a.m.** “Off the Beaten Path: The Inside Scoop on Federal Health Agency Careers.” Regency A–C.
- **8:30–10 a.m.** “Health Systems in the Next Decade: What Lies Ahead?” Crystal B.
- **10:15–11:15 a.m.** “Developing successful models of care for value-based care.” Crystal B.
- **11 a.m.–noon.** “Protecting Our Healers: Risk Management Strategies.” Crystal A.
- **2:30–3 p.m.** “Loneliness and social isolation: A new social driver of health in older adults?” Plaza Ballroom.
- **4–5 p.m.** “Dignity, death and patient care.” Plaza Ballroom.

Quick links for the meeting

These essentials will help you get the most out of the meeting.

- Access the reports and resolutions delegates will consider, as well as reference committee reports and final actions as they become available.
- Search the AMA Pictorial Directory to find your peers and stay connected before, during and after Annual and Interim Meetings (AMA members only).
- Find instructions on downloading and accessing the meeting app.
- Learn about the education sessions offered and how to claim CME.

Follow the meeting on social media

Highlights of the meeting’s key moments and House of Delegates policy actions will be posted daily at the AMA website and the 2023 AMA Annual Meeting website.
Addresses from leadership and more will be featured on the AMA’s YouTube channel.

Learn more about how to follow the AMA on social media, during the Annual Meeting and throughout the year. Through social media, the AMA shares:

- The news you need to know on hot topics across public health and health care.
- Messages and content advocating on behalf of physicians and patients.
- Resources to support you in every stage of your career.
- Posts celebrating diversity in medicine.
- Spotlights featuring our members’ achievements and what they’re up to.
- What it’s like to be an AMA member and how membership moves medicine.
- Invites to events for physicians and medical students.