

Highlights from the November 2020 AMA Special Meeting

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Kevin B. O'Reilly

News Editor

Catch up with the news and key moments from the November 2020 AMA Special Meeting, a virtual gathering of the AMA House of Delegates that ran Nov. 13–17. For a briefer rundown, check out this list of our top 10 stories from the Special Meeting.

Wednesday, Nov. 18

Dietary supplements market: Tighter rules, better counseling a must

While millions of patients use dietary supplements, the current regulatory structure does not properly protect the public. Since the Dietary Supplement Health and Education Act (DSHEA) was passed 26 years ago, the dietary supplement industry has been reshaped by a complex global supply chain, the internet and newly discovered ingredients with unknown safety, according to an AMA Council on Science and Public Health report adopted at the November 2020 AMA Special Meeting.

“Patients and physicians expect the dietary supplements they purchase and recommend to be safe, quality products that are accurately labeled with their contents. As the dietary supplement industry continues to grow with little oversight, many more people will use supplements without having a clear understanding of what’s contained in these products—potentially putting their health at risk,” said AMA Immediate-past Board Chair Jesse M. Ehrenfeld, MD, MPH.

“We need the federal government to step up its regulation and enforcement of the dietary supplement industry to remove unsafe products from the market and protect public health,” Dr. Ehrenfeld said.

Read more about the AMA's actions to advance a safe and transparent dietary supplement marketplace.

After Hahnemann, AMA steps up efforts to protect residents

The fall 2019 closure of Hahnemann University Hospital in Philadelphia left more than 550 residents and fellows without a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) in which they could continue their graduate medical education.

An AMA Council on Medical Education report on the topic notes that “the closure of a large, long-standing teaching institution due to the financial decisions of its for-profit owner may have been sudden, and certainly historic, but such closures may become more frequent given the current health care financial environment.”

“The AMA remains committed to ensuring that residents and fellows are safeguarded professionally and financially in the event of an unforeseen teaching hospital closure. It is our obligation to help mitigate any related hardships that displaced residents may face in these unfortunate situations,” said AMA Trustee Grayson Armstrong, MD, MPH.

“By creating a policy playbook to plan ahead and prepare for potential shutdown circumstances, we can better assist these physicians-in-training in moving forward as seamlessly as possible, allowing them to focus on completing their training and caring for patients,” Dr. Armstrong said of the actions taken at the November 2020 AMA Special Meeting.

Read more about what the AMA will do to help protect residents and fellows from training-site closures

AMA to push for better access to opioid-use disorder treatments

Physicians are writing nearly 40% fewer opioid prescriptions than they were five years ago, but use of illicitly manufactured versions of these drugs has surged and the overdose rate has increased by about 10%, according to research cited in an AMA Board of Trustees report.

One of the biggest challenges to ending the nation’s drug overdose epidemic? Most patients still are unable to receive evidence-based care for a substance-use disorder, according to the report adopted at the November 2020 AMA Special Meeting.

“The changing landscape of this epidemic poses challenges for our health system, which must prioritize access to evidence-based care for patients with substance use disorder,” said AMA Trustee Thomas J. Madejski, MD. “We cannot lose sight of the fact that our nation’s drug overdose epidemic is killing more than 70,000 Americans each year, which is why the AMA will continue to call on stakeholders to help eliminate barriers to evidence-based treatment.”

Read more about the AMA's move to advocate sustained funding for evidence-based care for opioid-use disorder.

Tuesday, Nov. 17

“All-hands-on-deck approach” needed on social determinants of health

To address social determinants of health (SDOH), a comprehensive approach is needed, according to an AMA Council on Medical Services report adopted at the November 2020 AMA Special Meeting. Health plans can have an impact. Medicare Advantage plans now have greater flexibility to cover nonclinical services to address beneficiary needs in housing, food and transportation. Some states have creatively used Medicaid funds to do the same.

“Addressing social determinants of health requires an all-hands-on-deck approach that is not limited to stakeholders within the health care system,” said AMA Board Member David H. Aizuss, MD. “By addressing social determinants of health in their benefit designs and coverage, health plans can be part of the effort to improve patient health outcomes.”

Read more about what health plans can do to address social determinants of health.

Help state Medicaid programs weather COVID-19 impact

The need to help safeguard Medicaid funding has been highlighted by the dual health and economic crises triggered by the COVID-19 pandemic which has led to massive job losses, financial uncertainty, and reduced health care coverage and access. Many millions of the newly uninsured are likely to turn to Medicaid, according to an AMA Council on Medical Service report.

To ensure that Medicaid patients have access to health care, the AMA House of Delegates adopted policy to “support increases in states’ Federal Medical Assistance Percentages or other funding during significant economic downturns to allow state Medicaid programs to continue serving Medicaid patients and cover rising enrollment.”

Protect patients in payers’ move to value-based drug formularies

As payers continue to move forward with implementing initiatives to further incorporate “value” in formulary development and management, there is a need to closely examine these initiatives to ensure they are in the best interests of patients, says an AMA Council on Medical Service report.

In response to the emerging ways that payers are pursuing value-based management of prescription drug formularies, the AMA House of Delegates adopted policy to:

1. Advocate that any refunds or rebates received by a health plan or pharmacy benefit manager from a pharmaceutical manufacturer under an outcomes-based contract be shared with impacted patients.
 2. Oppose indication-based formularies in order to protect the ability of patients to access and afford the prescription drugs they need, and physicians to make the best prescribing decisions for their patients.
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Moving to gain consensus on Medicare Part B drug payment

Over the years, proposals aimed at lowering drug prices in Medicare Part B have also included provisions that would transition reimbursement for the cost of Part B drugs away from the current approach that is tied to average sales price (ASP) plus 6% (which has been reduced to 4.3% under the budget sequester).

There has not yet been consensus among national medical specialty societies, and the house of medicine as a whole, concerning the preferred alternatives to using a rate tied to ASP to reimburse physicians and hospitals for the cost of Part B drugs, according to an AMA Council on Medical Service report.

In recognizing a need to build consensus on which alternative methods would be preferred to reimburse physicians for the cost of Part B drugs, delegates directed the AMA to:

1. Continue to solicit input from national medical specialty societies and state medical associations for their recommendations to ensure adequate Medicare Part B drug reimbursement.
2. Work with interested national medical specialty societies on alternative methods to reimburse

physicians and hospitals for the cost of Part B drugs.

COVID-19 exacerbates drug shortages. AMA details next steps.

Drug shortages remain an ongoing public health concern in the U.S. With increases in new shortages, patient care and pharmacy operations are severely impacted. Prior to COVID-19, hospitals were already experiencing shortages of key injectable drugs. However, unprecedented demand due to large numbers of critically ill patients with COVID-19 has worsened drug shortages, says an AMA Council on Science and Public Health report adopted at the November 2020 AMA Special Meeting.

“As the COVID-19 pandemic has illustrated, shortages of critical drugs can have a major impact on patient health. That’s why it’s essential for physicians to have access to the right drugs in order to provide high-quality care for our patients,” said AMA Immediate-Past Board Chair Jesse M. Ehrenfeld, MD, MPH.

“While this pandemic has exposed vulnerabilities in the global medicine supply chain, the AMA remains

committed to working with stakeholders to act quickly on solutions that alleviate supply shortages now and in the future,” Dr. Ehrenfeld said.

Read more about the AMA's support for improvements to the global pharmaceutical supply chain.

AMA backs new approaches to cover more of the uninsured

There is true potential to make significant strides in covering the uninsured by pursuing auto-enrollment as a strategy to cover many of the remaining uninsured who have coverage options available to them at no cost after any applicable subsidies. In addition, a public option has the potential to provide patients with more health plan choice.

Before either of these approaches to cover the uninsured and improve coverage affordability are implemented, however, safeguards need to be developed to protect patients, physicians and their practices, according to an AMA Council on Medical Service report adopted at the November 2020 AMA Special Meeting.

“A public option should not be seen as a panacea to cover the uninsured,” said AMA President Susan R. Bailey, MD. “It should not be used to replace private insurance; rather, it can be used to maximize competition. With appropriate guardrails, the AMA will examine proposals that would provide additional coverage options to our patients.”

Read more about the AMA House of Delegates' standards for public option and auto-enrollment health insurance initiatives.

Law enforcement's excessive use of force is a public health issue

Amid the nation's racial reckoning in the wake of the deaths of George Floyd and others, the AMA advocated for an end to police brutality. With passionate testimony on the topic at the Special Meeting, the AMA reinforced its commitment to changing the way the public is policed.

"The data make clear that police brutality—one manifestation of systemic racism—has significant public health consequences for impacted communities, particularly among the Black community," AMA Board Member Willie Underwood III, MD, MSc, MPH, said in a statement.

"The AMA is dedicated to actively working on dismantling racist policies and practices across all of health care, and we call on stakeholders to make systemic changes to protect public health and combat the detrimental effects that racism and communal violence have on the health of the nation," Dr. Underwood said.

Read more about the the AMA House of Delegates' actions to shape police reform in the U.S.

AMA commits to helping reshape continuing board certification

The AMA House of Delegates has adopted policy to ensure that the AMA will continue to be a leading voice in the ongoing efforts to reshape the continuing board certification (CBC) process.

According to an AMA Council on Medical Education report presented at the November 2020 AMA Special Meeting, several changes to the CBC process are under consideration by the American Board of Medical Specialties (ABMS). These include offering alternatives to the high-stakes, 10-year examinations for recertification and offering additional flexibility in the activities that are considered acceptable to meet Improvement in Medical Practice requirements.

"The Council on Medical Education is committed to ensuring that CBC supports physicians' ongoing learning and practice improvement and can assure the public that physicians are providing high-quality patient care," says the council's report. "The Council will remain actively engaged in the implementation of the Commission's recommendations and continue to identify and suggest improvements to CBC programs."

Read more about how the AMA will continue working with the ABMS on alternatives to high-stakes, 10-year exams.

Physicians move to combat misinformation about COVID-19 vaccines

As reports of progress on SARS-CoV-2 vaccine candidates headline the news, the nation's physicians affirmed a commitment to answer patients' questions and ensure information surrounding the vaccine is rooted in scientific evidence.

"Given the unprecedented situation with COVID-19 and with vaccine development moving at a rapid pace, many of our patients and the public have questions and concerns," said AMA President Susan R. Bailey, MD. "It is essential that we speak together as a strong unified voice across health care and public health—inclusive of organizations respected in communities of color—to use scientific, fact-based evidence to help allay public concerns and build confidence in COVID-19 vaccine candidates that are determined to be safe and effective."

At the November 2020 AMA Special Meeting, the House of Delegates directed the AMA to institute a program to promote the integrity of a COVID-19 vaccination program by:

- | Educating physicians on speaking with patients about COVID-19 vaccination, bearing in mind the historical context of "experimentation" with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education materials.
- | Educating the public about the safety and efficacy of COVID-19 vaccines by countering misinformation and building public confidence.
- | Forming a coalition of health care and public health organizations, inclusive of those respected in communities of color committed to developing and implementing a joint public education program promoting the facts about, promoting the need for, and encouraging the acceptance of COVID-19 vaccination
- | Supporting ongoing monitoring of COVID-19 vaccines to ensure that the evidence continues to support safe and effective use of vaccines among recommended populations.

The AMA has hosted top career physicians and scientists from the Food and Drug Administration and the Centers for Disease Control and Prevention for an interactive webinar series, "COVID-19: What Physicians Need to Know."

Help cut burdens of high-deductible health plans

Enrollment in high-deductible health plans (HDHPs) rose from 4% in 2006 to 30% in 2019. While the lower premiums of HDHPs may be enticing, the higher patient cost-sharing can lead to significant challenges, according to an AMA Council on Medical Services report adopted at the November 2020 AMA Special Meeting.

Challenges of underinsurance and cost-related nonadherence that already negatively affect patient care can be exacerbated with HDHPs. Even when a service is covered by a health plan, patients may still be left with significant costs from co-payments, coinsurance or large medical bills they must pay before meeting their deductibles, says the report.

“The pandemic has prominently displayed the critical barriers posed by underinsurance, with many health plans not providing affordable coverage for services to treat chronic conditions and COVID-19-related illness,” said AMA Board Member Mario E. Motta, MD. “The new policy encourages research and advocacy to promote innovative health plan designs that respect patients’ unique health care needs.

“To ensure that innovative health plans are likely to achieve their goals of enhanced access to affordable care, the new policy encourages active collaboration among organized medicine and payers during plan development,” Dr. Motta said.

Read more about the actions delegates took to mitigate the negative impact of high-deductible health plans.

Include all credentialed physicians in hospital find-a-doctor searches

In New York, several independent-practice physicians with privileges at a hospital or health facility found their names were not included in the organizations’ website find-a-doctor search functions. By contrast, physicians employed by the hospital or facility were listed, according to an AMA Board of Trustees report adopted at the November 2020 AMA Special Meeting.

When the independent-practice physicians asked why they weren’t included, they were told the website was being updated, among other reasons. They were eventually included in the web search function after asking. The episode raised concerns about credentialed physicians being deprived of potential new patients because they were harder to find online.

“Patients are best served when hospital websites promote access to all physicians credentialed by the facility, whether hospital-employed or independent,” said AMA Board Member Mario E. Motta,

MD. “With almost no public policy or regulation governing the listing of physicians in public-facing promotional websites operated by hospitals and health systems, the new AMA policy fills a gap in needed standards for medical staff inclusion.”

Read more about the AMA's call for these find-a-doctor functions to operate in a fair, equal and unbiased fashion.

Doctors: FDA must keep public trust without losing best experts

There is a widespread consensus that conflict-of-interest (COI) waivers the Food and Drug Administration (FDA) grants to some advisory committee members are appropriate and necessary, but there’s also concern that an overzealous approach to such waivers will undermine the actual or perceived quality of these committee’s recommendations, according to an AMA Board of Trustees report.

“Despite long-standing federal laws governing conflict of interest and waivers applicable to FDA advisory committee members, there have remained persistent concerns in the general public that waivers of conflict of interest negatively impact the trustworthiness and independence of advisory committee recommendations,” according to the report adopted at the November 2020 AMA Special Meeting.

The AMA says there needs to be a balancing act when it comes to the FDA’s deciding which conflicts of interest can be waived for experts who offer advice to the agency.

Read more about the AMA's new policy on the FDA and conflicts of interest.

As challenges mount, AMA forms section for private practice doctors

At a time when physicians of all stripes face unprecedented financial strains due to the COVID-19 pandemic, those working in private practice are facing additional challenges. A new AMA survey found physicians averaged a 32% drop in revenue since February, and those such as Milwaukee family doctor Barbara Hummel, MD, have taken an even bigger hit.

Dr. Hummel, an AMA delegate for the Wisconsin Medical Society, recently told *USA Today* that her patient volume has fallen about 50%. “My practice is technically bankrupt, so I’m paying all my expenses out of my personal funds ... using retirement savings,” she said.

Dr. Hummel also is secretary of the AMA Private Practice Physicians Congress, and at the November 2020 AMA Special Meeting delegates voted to make the group a formal section—the AMA Private Practice Physicians Section. The Private Practice Physicians Congress was established as a caucus

in 2008.

Read more about how the AMA Private Practice Physicians Section will give doctors practicing independently a bigger voice within the House of Medicine.

On prior authorization, time for payers to end bankers' hours

Health care does not rest. It operates 24 hours a day, seven days a week, 365 days of the year. While physicians work around the clock to evaluate and treat patients, prior authorization is required by most insurance companies to admit those patients.

However, insurance companies close their offices from Friday at lunch until Monday morning, says a resolution presented at the November 2020 AMA Special Meeting. Those closures last longer around holidays such as Thanksgiving. Those limited office hours negatively affect patient care as prior-authorization delays mount.

To minimize delays in prior authorization, the House of Delegates directed the AMA to “advocate that all insurance companies and benefit managers that require prior authorization have staff available to process approvals 24 hours a day, every day of the year, including holidays and weekends.”

Physicians' referral volume should not be tied to hospital access

“Recently, concerns have been raised in the House of Delegates regarding hospital-physician relationships and hospitals giving preference to their employed physicians to the detriment of private practice physicians and patient-physician relationships,” says an AMA Board of Trustees report adopted at the November 2020 AMA Special Meeting.

These concerns include hospitals using case and volume metrics to limit access to hospital services by private practice physicians who are on staff. The AMA opposes the use of case and volume metrics to limit access to hospital services by private practice physicians who are on staff.

Read more about the AMA's new policy on referral volume and hospital access.

AMA to help shape clear criteria for compassionate release of inmates

Delegates adopted policies aimed at allowing compassionate release for seriously ill inmates and preventing the spread of disease in correctional facilities.

“Throughout the COVID-19 pandemic, we’ve seen the virus spread quickly in high-density

populations, particularly in correctional facilities. Because of the high risk of SARS-CoV-2 infection among people who are incarcerated, and correctional and detention center workers, the AMA is advocating for increased infection control measures, additional PPE and priority access to vaccines to prevent the spread of COVID-19,” said AMA Board Member Ilse R. Levin, DO, MPH & TM.

“Being incarcerated or detained should not be synonymous with being left totally vulnerable to COVID-19. These steps are vital to protect people and stop the spread of the virus,” Dr. Levin said.

Read more about the AMA's call for more COVID-19 prevention in congregate settings.

Workplace bullying must have absolutely no place in medicine

Data suggests that bullying among physicians is prevalent throughout the continuum of training and into practice. The topic was one that drew the attention of the AMA House of Delegates (HOD) during the November 2020 AMA Special Meeting.

“Bullying in the workplace is a complex type of unprofessional conduct. Bullying in medicine happens as a result of a combination of individual, organizational and systemic issues,” says an AMA Board of Trustees Report on the topic. “The first line of defense against this destructive behavior are physicians, residents and medical students. There is no justification for bullying, disrespect, harassment, intimidation, threats or violence of any kind to occur among professionals whose primary purpose is to heal. Physicians choose medicine as their life’s work for many reasons, one of the most important being their desire to help and care for people.”

Delegates adopted new policy to “define ‘workplace bullying’ as repeated, emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating or threatening behavior targeted at a specific individual or a group of individuals that manifests from a real or perceived power imbalance and is often, but not always, intended to control, embarrass, undermine, threaten, or otherwise harm the target.”

Read more about the AMA's recommendations for effective workplace policies to stop bullying in medicine.

Physicians shouldn’t face repercussions for speaking out on PPE

The need for physician, nurses and other health care workers on the front lines to have access to personal protective equipment (PPE) during a once-in-a-lifetime pandemic has been much publicized. Yet as COVID-19 first ravaged the country during the spring, a short supply of PPE had adverse health effects.

At some facilities, physicians, nurses and other health professionals were not allowed to supply their own PPE. At others, those who spoke to the inadequate supply of PPE were threatened with a cut in hours or termination.

Physicians' rights to bring their own PPE and object to adverse work conditions—and the need for them to be able to do so without repercussions—were highlighted in two resolutions presented at the November 2020 AMA Special Meeting.

Read more about the House of Delegates' action to protect doctors when they say #GetMePPE.

Monday, Nov. 16

What went wrong on U.S. pandemic response? Panel should investigate

The United States has been the apparent epicenter of the global COVID-19 pandemic, says a resolution presented at the November 2020 AMA Special Meeting. That has led to concerns about the nation's ability to mount a strategically formulated and concerted response to effective testing strategies, timely directives on appropriate use of physical distancing directives and evidence-supported efforts to maintain strategic stockpiles of personal protective equipment (PPE) and ventilators.

Similar to the 9/11 commission formed after the Sept. 11, 2001, terrorist attacks, physicians say Congress needs to establish a broad-reaching task force under its direction to complete a comprehensive review and report on America's preparedness and immediate response to the COVID-19 pandemic.

To help inform preparation and response to future pandemics, the House of Delegates has directed the AMA to:

- Advocate for passage of federal legislation to create a congressionally-mandated bipartisan commission composed of scientists, physicians with expertise in pandemic preparedness and response, public health experts, legislators and other stakeholders, which is to examine the U.S. preparations for and response to the COVID-19 pandemic, in order to inform and support future public policy and health systems preparedness.

Seek to ensure key provisions are included, namely that the delivery of a specific end product (i.e. report) is required by the commission by a certain period of time and that adequate funding be provided in order for the commission to complete its deliverables.

AMA will continue fight to improve MIPS, preserve access to care

Congress needed to improve the Merit-based Incentive Payment System (MIPS) and the COVID-19 pandemic has only underscored the need for positive payment updates as physicians have seen increased hardship this year, says an AMA Board of Trustees report.

As the AMA continues to vigorously advocate that the Centers for Medicare & Medicaid Services and Congress make needed changes, delegates directed the AMA to “support legislation that ensures Medicare physician payment is sufficient to safeguard beneficiary access to care, replaces or supplements budget neutrality in MIPS with incentive payments, or implements positive annual physician payment updates.”

This new directive “will allow flexibility to review and consider legislation without being too narrowly defined that we overlook an opportunity to improve the MIPS program in another, impactful way,” says the board report.

Set protocols on involuntary commitments for substance-use disorder

More than 30 state laws allow for involuntary civil commitment for substance-use disorder, and these laws vary in how they define the nature of the harm or threat the person poses. Proponents of the policies say it’s an opportunity to help people get treatment.

Others are concerned that people may not be treated in a medical facility or that a nonphysician, such as a law-enforcement officer, can initiate an involuntary civil commitment before a judge or magistrate, according to an AMA Board of Trustees report.

To ensure a person with a substance-use disorder is treated properly, the delegates adopted policy that the AMA oppose civil commitment proceedings for such people unless:

- | A physician or mental health professional determines that civil commitment is in the patient’s best interest consistent with the *AMA Code of Medical Ethics*.
- | Judicial oversight is present to ensure that the patient can exercise his or her right to oppose the civil commitment.
- | The patient will be treated in a medical or other health care facility that is staffed with medical professionals with training in mental illness and addiction, including medication to

help with withdrawal and other symptoms as prescribed by his or her physician.

| The facility is separate and distinct from a correctional facility.

Delegates also directed the AMA to “continue its work to advance policy and programmatic efforts to address gaps in voluntary substance use treatment services.”

States to get legislative template on restrictive covenants

The AMA House of Delegates (HOD) has directed the AMA to “create a state restrictive covenant legislative template to assist state medical associations, national medical specialty societies and physician members as they navigate the intricacies of restrictive covenant policy at the state level.”

Rather than creating a model bill that states can pass to govern restrictive covenant policies, delegates opted for the more flexible template. It will be more usable than model legislation because, among other things, many states have restrictive covenant-related legal decisions going back years, according to an AMA Board of Trustees report whose recommendation the HOD adopted.

AMA: Racism is a threat to public health

Building on its June pledge to confront systemic racism and police brutality, the AMA has taken action to explicitly recognize racism as a public health threat and detailed a plan to mitigate its effects.

“The AMA recognizes that racism negatively impacts and exacerbates health inequities among historically marginalized communities. Without systemic and structural-level change, health inequities will continue to exist, and the overall health of the nation will suffer,” said AMA Board Member Willarda V. Edwards, MD, MBA.

“As physicians and leaders in medicine, we are committed to optimal health for all, and are working to ensure all people and communities reach their full health potential,” Dr. Edwards said. “Declaring racism as an urgent public health threat is a step in the right direction toward advancing equity in medicine and public health, while creating pathways for truth, healing, and reconciliation.”

Read more about the AMA House of Delegates' action on racism's health impact, as well as newly adopted policies on racial essentialism in medicine and race as a social construct.

Are physicians obliged to get vaccinated against COVID-19?

When there's a safe, effective vaccine to help prevent spread of a pandemic disease, physicians

without a medical contraindication have an ethical duty to become immunized.

That is among the recommendations contained in an AMA Council on Ethical and Judicial Affairs report adopted at the November 2020 AMA Special Meeting. The council's report, especially timely in light of encouraging news from SARS-CoV-2 vaccine trials during the COVID-19 pandemic, updates advice previously published in the *AMA Code of Medical Ethics* as opinion 8.7, "Routine Universal Immunization of Physicians."

"Physicians and other health care workers who decline to be immunized with a safe and effective vaccine, without a compelling medical reason, can pose an unnecessary medical risk to vulnerable patients or colleagues, said AMA Board Member Michael Suk, MD, JD, MPH, MBA. "Physicians must strike an ethical balance between their personal commitments as moral individuals and their obligations as medical professionals."

Read more about the physician's duty to become immunized during a pandemic.

Improve mental health access for doctors, med students who need help

Mental health and substance-use disorders are serious conditions and can lead to significant distress and dysfunction, yet too many physicians and medical students living with these conditions are reluctant to get the help they need, according to a resolution presented at the November 2020 AMA Special Meeting.

That's because the "conditions remain associated with stigma, and persons with these conditions can face discrimination, including in the workplace," says the resolution. Doctors and medical students, in particular, often have "concerns about the impact of such care-seeking on their professional status and their ability to advance through training without discrimination."

To address the ongoing problem—exacerbated by the anxiety, stress, workload and social isolation associated with the COVID-19 pandemic—the AMA House of Delegates adopted new policy to advocate that:

- | Physicians, medical students and all members of the health care team maintain self-care, are supported by their institutions in their self-care efforts, and—in order to maintain the confidentiality of care—have access to affordable health care, including mental and physical health care, outside of their place of work or education.
- | Employers support access to mental and physical health care, including but not limited to providing access to out-of-network care in person or via telemedicine, thereby reducing stigma, eliminating discrimination, and removing other barriers to treatment.
- | Delegates also directed the AMA to "advocate for best practices to ensure physicians, medical students and all members of the health care team have access to appropriate

behavioral, mental, primary, and specialty health care and addiction services.”

When patients are prejudiced, here’s what physicians should do

About 70% of Black physicians have reported hearing offensive comments based on their personal characteristics, according to survey research cited in an AMA Council on Ethical and Judicial Affairs report adopted at the November 2020 AMA Special Meeting.

Overall, nearly six in 10 doctors have had such discriminatory patient encounters. In reference-committee testimony, physicians said the unacceptable behavior seems to be on the rise. The council’s report details the problem and offers ethics guidance for physicians.

The AMA House of Delegates adopted the report’s recommendations, which update advice previously published in the AMA *Code of Medical Ethics* as opinion 1.2.2, “Disruptive Behavior and Discrimination by Patients.”

“Disrespectful, derogatory, or prejudiced, language or conduct or prejudiced requests for accommodation of personal preferences on the part of either patients or physicians can undermine trust and compromise the integrity of the patient-physician relationship,” the council’s report says. “It can make individuals who themselves experience (or are members of populations that have experienced) prejudice reluctant to seek care as patients or to provide care as health care professionals, and create an environment that strains relationships among patients, physicians, and the health care team.”

Learn more about how physicians should handle discriminatory behavior by patients.

When everything shut down, doctors went to work. So did the AMA.

The COVID-19 pandemic has upended American life and U.S. medicine, making 2020 like no other in living memory.

A stirring video shown during the November 2020 AMA Special Meeting pays tribute to the physicians who have put so much on the line to save lives during the pandemic while outlining the many ways the AMA sprang into action to stand up for patients and the doctors who care for them.

Watch the video, “The AMA in 2020,” below.

The AMA stands with our health care workers on the front lines of the COVID-19 pandemic. The “AMA COVID-19 Update” is a great way to find out how we’re supporting America’s physicians and medical students in this time of crisis.

Learn much more at the AMA COVID-19 resource center for physicians, where you’ll find clinical information, AMA guidance, advocacy updates and medical ethics advice.

Sunday, Nov. 15

Reference committees continue work today

These reference committees meet today, 9 a.m.–noon Central:

1. Reference Committee E, which covers **science and technology**.
2. Reference Committee G, which covers **medical practice**.

These reference committees meet from 12:30–3:30 p.m. Central:

1. Reference Committee C, which covers **medical education**.
 2. Reference Committee F, which covers **AMA governance and finance**.
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Learn about AMA’s COVID-19 advocacy

In the midst of the COVID-19 pandemic, the AMA has been the leading physician and patient ally—voicing recommendations to key Congressional leaders and agency staff, state policymakers and private sector stakeholders.

Acting on both federal and state levels, examples of AMA's recent efforts include actions in financial relief, telehealth, testing and vaccine development, health equity and more.

Download this recently updated, comprehensive document showing the AMA’s advocacy impact in

these and other areas.

Check this regularly updated webpage to track the AMA's recent and ongoing COVID-19 advocacy efforts.

Also, make sure to watch the "AMA COVID-19 Update," a series of YouTube episodes that shows how the AMA is supporting America's physicians and medical students in this time of crisis.

AMA urges 3 key actions as COVID-19 cases spike

With record numbers of COVID-19 cases and deaths being reported across the country, the AMA this week released a public service announcement (PSA) urging the general public to take three simple steps to help stop the spread of COVID-19: wash your hands frequently, practice physical distancing by staying at least six feet away from others, and #MaskUp.

The PSA is part of ongoing efforts by America's physicians to urge individuals to take the necessary health and safety precautions this season to protect themselves, loved ones and the health care workers who are on the front lines handling the dramatic increase in cases.

"As we enter a third wave of a pandemic that is causing increased illness and deaths across our country, we implore everyone to follow these three-simple science- and evidence-based steps to help stop the spread of COVID-19: wash your hands, practice physical distancing and wear a mask," said AMA President Susan R. Bailey, MD.

"Cases are at record highs across the country, and with the holidays quickly approaching, each of us must do everything possible to reduce the spread of COVID-19," Dr. Bailey added. "Failing to do our part will prolong the suffering and disruption to our lives, and inevitably lead to more deaths of our friends, neighbors and loved ones."

Updates from AMA groups and sections

AMA member groups and sections representing medical students, residents and fellows, and many others across career stages, special interests and more held the November 2020 AMA Section Meetings.

These meetings of the AMA sections offer physicians and medical students the opportunity to influence policy, attend educational programs and network.

Discover what these groups and sections have learned and accomplished at their virtual meetings:

- | AMA Academic Physicians Section.
- | AMA Integrated Physician Practice Section.
- | AMA International Medical Graduates Section.
- | AMA LGBTQ and Allies Caucus.
- | AMA Medical Student Section.
- | AMA Minority Affairs Section.
- | AMA Organized Medical Staff Section.
- | AMA Resident and Fellow Section.
- | AMA Senior Physicians Section.
- | AMA Women Physicians Section.

Saturday, Nov. 14

Reference committees start today

AMA delegates will offer testimony today and tomorrow on more than 100 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 noon–3 p.m. Central today:

1. Reference Committee on Amendments to Constitution & Bylaws, which covers the **AMA constitution, bylaws and medical ethics matters**.
2. Reference Committee D, which covers **public health**.

These reference committees meet 3:30–6:30 p.m. CST today:

1. Reference Committee A, which covers **medical service**.
2. Reference Committee B, which covers **legislation**.

Watch this short video to learn more about how AMA policy is made.

Watch these AMA sessions on demand

Several of the meeting's sessions were recorded ahead of time and you can watch them at your convenience. Among them:

“Two sides of the same coin: End-of-life challenges during COVID-19.”

This program explores COVID-19's impact on end of life care for both patients and health care professionals.

“Collecting a social history in an LGBTQ+ inclusive manner.”

This program instruct medical students about culturally appropriate ways to collect a social history from LGBTQ+ patients.

“Incorporating structural competency into medical education.”

During this session, Helena Hansen, MD, and Jessica Mitter discuss the importance of structural competency versus cultural competency and how to incorporate this into medical education.

“Period poverty—Lack of access to affordable menstrual health products.”

During this presentation, panelists will discuss gender equity and human rights issues surrounding lack of access to menstrual hygiene products.

“Surprise Billing 101.”

During this session, medical students will learn about surprise billing, a colloquial term for “balance” billing—when a patient is billed the difference for seeing a provider or receiving a service that is not within their insurer's network.

Friday, Nov. 13

Otolaryngologist honored for dedication to Atlanta's uninsured

The efforts of AMA member Charles E. Moore, MD, began with a focus on head-and-neck cancer awareness, then eventually sprawled into the creation of the HEALing Community Center, a federally qualified community health care center to address the needs of uninsured patients living in poverty in the Atlanta area.

Citing his dedication to providing accessible and equitable medical services and health education to the people of Atlanta, the AMA honored Dr. Moore, a Georgia-based otolaryngologist, with the Benjamin Rush Award for Citizenship and Community Service at the November 2020 AMA Special Meeting.

Dr. Moore was among the physicians and executives honored by the AMA for their work in public health and organized medicine.

Read about the other award-winners at the November 2020 AMA Special Meeting.

Dr. Madara: Pandemic demands nimble response and AMA is delivering

The COVID-19 pandemic has tested physicians and the health care system, and its full impact on society may not be known for some time. But it has also provided validation, even if painful, that the AMA's strategic plan has put the organization on the right path, said James L. Madara, MD, the AMA's executive vice president and CEO.

In a virtual address to the AMA House of Delegates at the November 2020 AMA Special Meeting, Dr. Madara described how the AMA strives to continue steady progress each day through advocacy efforts in the halls of Congress, state regulatory bodies and through the courts.

"The work of the AMA is long-term and policy-driven," he said. But then an unanticipated crisis arrives and, rather than steady progress, an immediate, nimble and flexible response is required, which the AMA has provided during the COVID-19 pandemic.

Read more about Dr. Madara's remarks at the opening session of the November 2020 AMA Special Meeting.

AMA president: Physicians face two-front battle on COVID-19

Fighting a historic pandemic is formidable enough. AMA President Susan R. Bailey, MD, said that

doing so in concert with battling against misinformation about science and medicine has been a fight physicians shouldn't have to wage.

"Never again can we allow the politics of division to undermine our ability to deliver the very best care to our patients," she said. "Never again can we allow anti-science bias and rhetoric to undermine our public health institutions and discredit the work of physicians, scientists and researchers.

"Never again," she added, "can we allow a campaign of misinformation and disinformation to co-opt conversations around public health and sew divisions that only serve to prolong the suffering of so many. Never again can we allow public health officials to feel the pressure of threats and intimidation simply for doing their jobs."

Read more about Dr. Bailey's address at the opening session of the November 2020 AMA Special Meeting.

Thursday, Nov. 12

Dr. Fauci headlines blockbuster plenary session

A highlight of the November 2020 AMA Section Meetings held last week was a plenary session featuring an interview that AMA Executive Vice President and CEO James L. Madara, MD, conducted with Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases.

Read more about Dr. Fauci's 2021 forecast on SARS-CoV-2 vaccines and COVID-19 treatments.

Dr. Fauci's interview was followed by a panel discussion that drew insights from some of the AMA's top executives:

- | Todd Askew, senior vice president of advocacy.
- | Aletha Maybank, MD, MPH, chief health equity officer.
- | Christine Sinsky, MD, vice president of professional satisfaction.
- | Susan Skochelak, MD, MPH, chief academic officer.

Learn more about the session, which covered how the AMA moved quickly in response to the COVID-19 pandemic to advocate for physicians and provide timely answers to guide practice.

November 2020 AMA Special Meeting now underway

Learn about what you should expect as nearly 700 physicians, residents and medical students gather virtually, tomorrow through Nov. 17. They are meeting virtually to consider proposals addressing a wide range of clinical practice, payment, medical education and public health topics.

Among the notable issues:

- | Racism as a public health threat.
- | Options to maximize health insurance coverage under the AMA proposal for reform.
- | Compassionate release for incarcerated patients.
- | Modernized oversight of the dietary supplement marketplace.

Read more about these four issues to watch at the November 2020 AMA Special Meeting.

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.
- | Get instructions to navigate the virtual House of Delegates and reference committee hearings.
- | Search the AMA Pictorial Directory to find your peers and stay connected before, during and after Annual and Interim Meetings (AMA members only).
- | Find out how to claim *AMA PRA Category 1 Credit*[™] for the eligible education sessions from the AMA Sections meeting.

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, the November 2020 AMA Special Meeting website, and the AMA's Facebook page and Twitter account.

Addresses from leadership and more will be featured on the AMA's YouTube channel.

In honor of the Special Meeting, this week the AMA's Instagram account will spotlight the reasons why medical students #MaskUp. Share your own by using #AMaskStory and



tagging @AmerMedicalAssn on Instagram or Twitter.

Get in on the conversation during the meeting using #AMAmtg, and be sure to follow the AMA on LinkedIn for additional updates as well.