Highlights from the June 2021 AMA Special Meeting

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News Editor

Catch up with the news and other key moments from the AMA House of Delegates' virtual meeting. The June 2021 AMA Special Meeting ran June 11–16. For a briefer rundown, check out this list of our top 10 stories from the Special Meeting.

Thursday, June 17

AMA seeks greater efforts to diversify the physician workforce

While institutions across the continuum of medical education have long vowed to create a physician workforce that is more representative of the nation's population of patients, results have been underwhelming. For example, a 2019 study published in JAMA Network Open found that “from 2002 to 2017, numbers and proportions of Black, Hispanic, and American Indian or Alaska Native medical school matriculants increased, but at a rate slower than their age-matched counterparts in the U.S. population, resulting in increased underrepresentation.”

Other research has found “that racial, ethnic and gender diversity among health professionals promotes better access to health care, improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse population,” said AMA Trustee Jesse M. Ehrenfeld, MD, MPH. “Yet, our physician workforce does not adequately reflect the actual racial, ethnic or gender makeup of the patients in the communities we serve.”

Read more about the actions taken by the AMA House of Delegates to clear the pathways to medicine and address historical harms.

Resident physicians should get help to shoulder financial burdens
One in four medical students graduates with training-related debt that exceeds $200,000, and half of medical school graduates report debt burdens greater than $150,000. Those financial burdens are combined with a demanding schedule during graduate medical education and can affect well-being for physician residents and fellows.

“Between financial restraints and 80-hour workweeks, trainees often struggle with having the time and budget for necessities. When residency and fellowship programs provide benefits to assist with these needs, it can significantly improve trainee well-being,” said AMA Trustee Jesse M. Ehrenfeld, MD, MPH.

Read more about the House of Delegates’ actions to support resident physicians.

Physicians call for clarity on IMG credentialing, licensure

A significant proportion of international medical graduate (IMG) physicians practice in underserved areas. That fact, combined with a looming physician shortage, creates a need to cut barriers to entry for foreign-trained physicians. The AMA wants to reduce some of the barriers that make it harder for IMGs—who account for roughly 25% of the physician workforce—to help fill the nation’s health care needs.

Read more about the House of Delegates’ actions to ensure that qualified IMGs have a clearer pathway to medical licensure.

Wednesday, June 16

Remove sex designation from public portion of birth certificate

Birth certificates are used as proof of birth and citizenship, to generate Social Security numbers, as evidence for passports and to issue driver’s licenses. They are also needed for participation in essential activities such as school and employment.

But they also designate sex as male or female, wrongly suggesting that sex is simple and binary when about one in 5,000 people have intersex variations, according to an AMA Board of Trustees report adopted at the Special Meeting. Another six in 1,000 people identify as transgender, while others are nonbinary, meaning they don’t identify exclusively as men or women. Some people are gender-nonconforming, which means “their behavior or appearance does not conform to prevailing cultural and social expectations about what is appropriate to their gender,” says the report.

URL: https://www.ama-assn.org/house-delegates/special-meeting/highlights-june-2021-ama-special-meeting
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To protect individual privacy and to prevent discrimination, U.S. jurisdictions should remove sex designation on the birth certificate—as was done previously with the race of birth parents.

“Designating sex on birth certificates as male or female, and making that information available on the public portion, perpetuates a view that sex designation is permanent and fails to recognize the medical spectrum of gender identity,” said AMA Board Chair-elect Sandra Adamson Fryhofer, MD.

Delegates directed the AMA to advocate “the removal of sex as a legal designation on the public portion of the birth certificate, recognizing that information on an individual’s sex designation at birth will still be submitted through the U.S. Standard Certificate of Live Birth for medical, public health and statistical use only.”

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**PA rebrand as “physician associates” will deepen patient confusion**

The House of Delegates has come out against the effort to rebrand the health-professional role of physician assistant as “physician associate,” saying the move taken recently by the American Academy of PAs (AAPA) will perplex patients seeking the benefit of physicians’ team leadership and superior training.

Delegates directed the AMA to “actively oppose” the name change. In addition, the AMA will “actively advocate that the stand-alone title ‘physician’ be used only to refer to doctors of allopathic medicine (MDs) and doctors of osteopathic medicine (DOs), and not be used in ways that have the potential to mislead patients about the level of training and credentials of nonphysician health care workers.”

AMA Immediate Past President Susan R. Bailey, MD, explained the name change’s likely negative impact.

“Changing the title of ‘physician assistants’ will only serve to further confuse patients about who is providing their care, especially since AAPA sought a different title change in recent years, preferring to only use the term ‘PA,’” Dr. Bailey said in a written statement.

Read more about the AMA’s action and its broader efforts on scope of practice.

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**U.S. should pursue alternatives to immigrant-detention centers**

Immigration and Customs Enforcement (ICE) detention facilities had 14,000 health-and-safety deficiencies, mainly related to physical and mental health care for detainees, according to data cited in a resolution presented at the AMA Special Meeting.
Substandard care led to nearly half of the 23 deaths that occurred in these centers between 2010 and 2018, says the resolution. Policy organizations across the political spectrum agree there are viable alternatives to Department of Homeland Security immigrant-detention facilities, the resolution notes. These programs include at least one of these features: caseworker assignments, home check-ins, ICE check-ins or telephonic monitoring.

In a bid to address poor conditions in immigrant-detention facilities, delegates amended existing policy to advocate “preferential use of alternatives-to-detention programs that respect the human dignity of immigrants, migrants and asylum seekers who are in the custody of federal agencies.”

“These alternatives have demonstrated improved health outcomes, decreased costs, increased compliance and preserved family unity compared to detainment,” said AMA Trustee Thomas J. Madejski, MD.

COVID-19 vaccine appointment data must be off-limits to marketers

Some of the big retail pharmacy chains that dot the U.S. landscape and have delivered tens of millions of COVID-19 vaccine doses are telling investors that they plan to exploit the relationships they have formed with these newly vaccinated Americans to grow their customer base.

Indeed, many of the larger retail pharmacies are collecting a lot of information from patients who schedule—or even seek to schedule—COVID-19 vaccine appointments, according to a resolution presented at the AMA Special Meeting. That includes more than just contact information, but medical history too. Some chains want to use that newly acquired insight to entice patients to use their retail health clinics instead of visiting their physician-led medical home.

To address the potential threat, delegates adopted new policy to “oppose the sale or transfer of medical history data and contact information accumulated through the scheduling or provision of government-funded vaccinations to third parties for use in marketing or advertising.”

“A pandemic is not the time for large chains to find creative ways to expand their customer base,” said AMA Board Chair Bobby Mukkamala, MD. “Medicine should be united in building vaccine confidence to reduce the health effects of COVID-19—and not be raising privacy concerns.”

The House Delegates also directed the AMA to advocate prohibiting the use of patient “information collected by retail pharmacies for COVID-19 vaccination scheduling or the vaccine-administration process for commercial marketing or future patient-recruiting purposes, especially any targeting based on medical history or conditions.”
Don’t sever public assistance that helps sustain health

Work requirements for those using public-assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) can negatively affect the recipients' health outcomes and limit their ability to find stable jobs.

“Food insecurity is associated with higher risk of chronic diseases, including diabetes, obesity, depression and hypertension. We need to make sure that all families have access to nutritional food options rather than erect bureaucratic hurdles to these programs,” said AMA Trustee Thomas J. Madejski, MD.

Many recipients register for public assistance programs only after losing a job and more than 80% report finding new employment within a year after starting to receive SNAP benefits. Read more about AMA delegates' action to support SNAP and TANF.

Physicians seek help to stem rising tide of youth suicide

Youth and young adult suicide rates rose 54.7% from 2007 to 2018. And in 2019, suicide was the second leading cause of death among those 10–24 years of age, according to an AMA Council on Science and Public Health report adopted at the AMA Special Meeting. Data recently released by the Centers for Disease Control and Prevention confirms that in 2020 the proportion of mental health-related emergency department visits among adolescents rose 31% compared with the previous year.

“We were deeply concerned by the dramatic increases we were seeing in youth suicide and suicide risk even before the mitigation measures and disruptions caused by the COVID-19 pandemic," said AMA Trustee Willie Underwood III, MD, MSc, MPH. "As a nation we must do everything we can to prioritize children’s mental, emotional and behavioral health and step up our efforts to prevent suicide and mitigate suicide risk among our nation’s youth."

“Physicians play a vital role and we must ensure that all physicians who see youth patients, not solely pediatric psychiatrists and addiction medicine physicians, have the ability, capacity and access to the tools needed to identify when a young person is experiencing a period of imminent risk and help prevent suicide attempts,” Dr. Underwood added.

Read more about the actions delegates took to stem the rising tide of youth suicide.

More resources needed to help millions living with “long COVID”
Up to 10 million Americans are likely to experience post-acute sequelae of SARS-CoV-2 infection (PASC), also known as long COVID, according to a resolution presented at the AMA Special Meeting. And of those who had COVID-19, 10–30% experienced at least one persistent symptom up to six months after their infection was cleared.

“There is much we still don’t know about COVID-19 and while many people with COVID-19 recover in the weeks following illness, we’re seeing patients experiencing symptoms that either last, or appear, many weeks or months after becoming infected,” said AMA Trustee Sandra Adamson Fryhofer, MD. “Yet, our country currently lacks the necessary resources to adequately support and provide expert care to patients with long-haul COVID. That’s why we must continue following the science and conducting research so we can better understand the short and long-term health impacts of this novel illness.”

Read more about the AMA’s advocacy for more research, funding and education to help Americans with long COVID or post-viral syndrome.

Doctors seek more flexibility on information-blocking rules

New federal information-blocking regulations stemming from the 21st Century Cures Act require physicians to release health information even when they believe that doing so could emotionally or psychologically harm the patient, says a resolution presented at the AMA Special Meeting.

There are exceptions to the regulation for information that doctors think might lead to a patient’s physical harm, but not so for other kinds of harm. Meanwhile, the information-blocking rules that took effect in April impose burdens on physician practices already slammed by the financial and other strains of the COVID-19 pandemic.

With these facts in mind, delegates took action calling for the AMA to:

- Advocate to the Office for Civil Rights to revise the definition of harm to include mental and emotional distress. Such a revision would allow additional flexibility for clinicians under the Preventing Harm Exception, based on their professional judgement, to withhold sensitive information they believe could cause physical, mental or emotional harm to the patient.
- Advocate that the Office for Civil Rights assemble a commission of medical professionals to help the office review the definition of harm and provide scientific evidence demonstrating that mental and emotional health is intertwined with physical health.
- Urge the Department of Health and Human Services’ Office of the National Coordinator for Health Information Technology (ONC) and its Office of Inspector General to leverage their enforcement discretion that would afford practices additional compliance flexibilities.
Urge the ONC to earnestly consult with relevant stakeholders about unintended or unforeseen consequences that may arise from the information-blocking regulations.

Of special note are physicians who treat adolescents and under the current regulation must share sensitive information to parents or patients’ proxies in sensitive areas such as reproductive health, mental health or substance use. Doing so could result in severe mental anguish or emotional distress as patients deal with reactions from family members.

“The current regulation that permits a physician to withhold the release of information in cases of anticipated physical harm is a blinkered view of the patient-physician relationship. It denies physicians their ability to exercise their expertise and training to evaluate the needs of a patient,” said AMA Board Chair-elect Bobby Mukkamala, MD. “Adolescents trust their physicians to guide them through difficult times. This change would build stronger trust.”

AMA details way forward on COVID-19 vaccine mandates, credentials

There has been a lot of discussion around vaccine credentialing and mandatory vaccination as ways to return to “normal” as states work to reach President Joe Biden’s goal of vaccinating 70% of American adults by Independence Day. Delegates adopted new policies aimed at ensuring the country approaches these issues in a well thought out, equitable way.

“Given the high rate of asymptomatic transmission in COVID-19, vaccinating the greatest number of individuals possible is critical. While vaccines are highly effective public health tools, vaccine mandates are a blunt instrument and may carry the risk of eroding trust and undermining public health goals,” said AMA President Gerald E. Harmon, MD.

“We can reach herd immunity with a robust public campaign which would have the benefit of respecting patients’ autonomy and minimize disproportional burdens on marginalized communities,” added Dr. Harmon. “Failure to achieve herd immunity is more likely to result in mandates.”

Read more about the AMA’s newly adopted on policies on COVID-19 vaccine mandates and digital vaccine credentialing services, sometimes called by the misnomer "vaccine passports."

Keep pharmaceutical promotion out of doctors’ electronic tools

The good news: It’s uncommon for physicians to be targeted with pharmaceutical marketing when they are using electronic health record (EHR) systems and there is no evidence that avenue to reach prescribers is gaining in popularity, says an AMA Board of Trustees report adopted at the AMA Special Meeting.
The top five EHR systems—which account for 85% of the market share—do not appear to have advertisements featured on the platforms, according the board report. A small portion of the other 15% may generate revenue through ads, but only a handful offer partnerships with pharmaceutical companies. Still, that means some EHRs and e-prescribing programs may present opportunities for advertisers to reach doctors at that crucial point of care—and that shouldn’t be allowed to happen.

Read about AMA delegates’ actions to combat this sort of pharmaceutical and promotional content in EHRs, electronic prescribing software, and electronic medical reference tools.

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**Tuesday, June 15**

**Physicians are equipped for upcoming battles, says new AMA president**

In his first remarks after assuming one of medicine’s most impactful posts, Gerald E. Harmon, MD, channeled his 35-year military career in assessing the road ahead.

“This is a consequential time in American history, and in the history of medicine,” Dr. Harmon said in his inaugural address before a virtual gathering of the House of Delegates at the AMA Special Meeting. “We, too, are at war against seemingly formidable adversaries: the COVID-19 pandemic, which has led to the deaths of millions worldwide, and hundreds of thousands here at home, prolonged isolation and its effects on emotional and behavioral health, political and racial tension, and the immense battle to rid our health system—and society—of health disparities and racism.”

Read more about Dr. Harmon’s remarks during his inauguration as AMA president.

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**Make sure PPE is designed to fit everyone**

The current unisex personal protective equipment (PPE)—items such as gloves, masks, safety glasses and shoes, earplugs or muffs, hard hats, respirators, coveralls, vests and bodysuits—is designed for European males and does not properly reflect the diversity in body types, says a resolution presented at the AMA Special Meeting.

“During the COVID-19 pandemic, studies reported health care personnel who developed pressure ulcers from attempting to form a seal with their masks and some who were diagnosed with COVID-19
were also found to have improperly fitted masks,” said AMA Board Member Willie Underwood III, MD, MSc, MPH. “By providing better fitting PPE, we can protect and preserve critically important health care personnel so they can continue to care for patients on the frontlines of the COVID-19 pandemic and other public health emergencies.”

Read more about this, and the AMA’s other actions to bolster the nation’s supply of PPE and more for the next health emergency.

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**Ban health plans from paying patients to switch medications**

This spring, a large insurance company offered patients $500 if they would switch from the medication their physicians prescribed to a payer-preferred alternative. If action isn’t taken, these types of insurance company tactics would likely proliferate.

At the AMA Special Meeting, delegates adopted new policy to “oppose the practice of insurance companies providing payments to patients as financial incentives to switch treatments from those recommended by their physicians.”

The House of Delegates also directed the AMA to:

- Support legislation that would ban insurer policies that provide payments to patients as financial incentives to switch treatments from those recommended by their physicians.
- Oppose legislation that would make these practices legal.
- Engage with state and federal regulators to alert them to identified policies providing payments to patients as financial incentives to switch to payer-preferred drugs.
- Encourage state and federal regulators to prohibit or discourage such policies.

“The patient-physician relationship is the cornerstone of health care, and decisions about which drug is best for a patient should not be made based on financial incentives offered by insurance companies,” said AMA Trustee Ilse R. Levin, DO, MPH. “Particularly at a time of economic uncertainty and during a public health emergency, payers should not be advancing strategies that prey upon financial instability and jeopardize patient health.”

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**Stop legislative efforts to criminalize gender-affirming care**

It may be legal for physicians to provide gender-affirming care for transgender and gender-diverse youth and adults, but these patients still face significant barriers to accessing this care. One of them is the increasing attempts by state legislatures to interfere with the patient-physician relationship by unnecessarily regulating the practice of evidence-based medicine.
In 2020 alone, at least eight state legislatures introduced legislation to criminally punish physicians who follow evidence-based practices for treating adolescents with gender dysphoria. In response to this trend and building on existing policy regarding medical treatment for gender dysphoria, delegates voted to “oppose the criminalization and otherwise undue restriction of evidence-based gender-affirming care.”

AMA Trustee Michael Suk, MD, JD, MPH, MBA, said “the AMA opposes the dangerous intrusion of government into the practice of medicine and the criminalization of health care decision-making. Gender-affirming care is medically necessary, evidence-based care that improves the physical and mental health of transgender and gender-diverse people.”

AMA guidelines offer path to prevent discrimination in medicine

Any attempt at tackling discrimination in the U.S. health system will fail unless it includes an ongoing, intentional, reflective and process-oriented approach. Yet many health care organizations are likely to feel daunted by the idea of having to execute what amount to system-level changes.

In response to the urgent and abiding need for strategies to stamp out discrimination in medical settings, delegates have adopted guidelines to help health care organizations establish the policy and organizational culture needed to help “prevent and address systemic racism, explicit and implicit bias and microaggressions,” according to a resolution presented at the June 2021 AMA Special Meeting.

“Systemic racism in medicine is the most serious barrier to the advancement of health equity and appropriate medical care,” said AMA Trustee Willarda V. Edwards, MD, MBA. “Today’s actions by the House of Delegates will inform the AMA’s active work to proactively identify, prevent and eliminate racism and will help the AMA guide health care organizations in efforts to adopt workplace policies that promote positive cultural transformation and address the root cause of racial health inequities.”

Read more about the AMA’s guidelines to help address and prevent discrimination in health care.

Social media networks must crack down on medical misinformation

The COVID-19 pandemic is the first public health emergency in which social media has been used widely. While more than two-thirds of Americans get their news from at least one social media outlet, that information does not go through the same vetting process as is done by professional news organizations. This allows medical misinformation to be conveyed as real news, according to resolution presented at the AMA Special Meeting.
“With more and more patients relying on social media for information—including medical information—dangerous misinformation about vaccines and public health issues poses a serious risk to patient health,” said AMA Trustee Sandra Adamson Fryhofer, MD. “We strongly urge social media companies to further bolster their content moderation of medical and public health information, including enhanced content monitoring, augmentation of recommendation engines focused on false information, and stronger integration of verified health information.”?

Read more about how the AMA plans to address medical misinformation on social media.

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### Need to get rid of stigma on physician illness, disability

Physicians experience all the usual illnesses and disabilities. Some have problems with substance use, others with cognition or depression. But not every illness leads to impairment, and even some physicians who are impaired can be accommodated and continue to practice safely, according to an AMA Council on Ethical and Judicial Affairs report adopted at the AMA Special Meeting.

While some conditions might make it impossible for a physician to provide care safely, appropriate accommodations or treatments can enable many physicians to continue practicing responsibly once their needs have been met. “In carrying out their responsibilities to colleagues, patients and the public, physicians should strive to employ a process that distinguishes conditions that are permanently incompatible with the safe practice of medicine from those that are not and respond accordingly,” the council’s report says.

Read more about the AMA’s updated policy on physician impairment.

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### Require access to Rx for opioid-use disorder in prisons, jails

More than 90,000 people died from a drug overdose during a 12-month period ending in September—the highest number ever recorded in the U.S. Nearly 5% of those deaths were among people who had been released from prison or jail in the past month, according to research cited in a resolution presented at the AMA Special Meeting.

“Access to medication treatment in correctional facilities is not only protected by the law, but it is essential for providing evidence-based care for our patients with a substance use disorder,” said AMA Board of Trustees member Willie Underwood III, MD, MS, MPH. “We call on all jails, prisons, drug diversion and community re-entry programs to save lives by ensuring access to mental health and substance-use disorder treatment.”
Learn about the actions delegates took to help ensure that opioid-use disorder treatment is available in correctional facilities and upon release.

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**AMA: Time to develop better methods of crowd control**

The right of assembly plays a fundamental role in public participation in democracy, holding governments accountable, expressing the will of the people, and in amplifying the voices of people who are marginalized. In 2020, the U.S. experienced increased protests following the law-enforcement killings of George Floyd, Breonna Taylor and many others.

An analysis of nearly 8,000 Black Lives Matter demonstrations that took place across the country during the summer of 2020 found that over 90% were peaceful. Only a small number of protests involved demonstrators engaging in violence, according to research cited in an AMA Board of Trustees report.

“Crowd-control tactics used by law enforcement at some anti-racism protests have been called a public health threat, with excessive use of force raising health and human rights concerns as well as undermining freedom of peaceful assembly,” says the report. “Concerns have specifically been raised regarding law enforcement’s use of crowd-control weapons or less-lethal weapons against protesters resulting in preventable injury, disability and death.”

Read more about the AMA's guidance on law enforcement's use of crowd-control tactics.

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**How to make peer-to-peer prior authorization talks more effective**

Health plans employ prior authorization (PA) and other forms of utilization management (UM) to control access to certain treatments in a bid to cut health care spending.

Peer-to-peer (P2P) discussions between physicians and insurance company doctors are too often just another barrier to care, according to an AMA Council on Medical Service report adopted at the AMA Special Meeting.

“The rationale behind P2P is to provide a more transparent PA process that is collaborative and appropriately follows relevant clinical guidelines,” says the report. “However, for many treating physicians, P2P review simply represents another time-consuming and potentially detrimental use of UM by insurance companies.”

Learn how the AMA will advocate to reduce the impediments to care associated with the peer-to-peer prior authorization process.
Monday, June 14

Medicare Advantage plans shouldn’t override physician judgment

More than 62 million Americans are covered by Medicare Advantage plans. Yet such plans may not follow Medicare guidelines for hospital admissions, diagnostic testing, medication and procedures, putting many—especially those with “long COVID”—at risk for being denied treatment, according to a resolution presented at the AMA Special Meeting.

To ensure that patients covered by Medicare Advantage plans are not denied necessary treatment, delegates directed the AMA to:

- Ask the Centers for Medicare & Medicaid Services to further regulate Medicare Advantage plans so that the same treatment and authorization guidelines are followed for both fee-for-service Medicare and Medicare Advantage patients, including admission to inpatient rehabilitation facilities.
- Advocate that proprietary criteria shall not supersede the professional judgment of the patient’s physician when determining Medicare and Medicare Advantage patient eligibility for procedures and admissions.

U.S. physicians seek help for other countries battling COVID-19

With fewer than 3 billion SARS-CoV-2 vaccine doses administered worldwide and COVID-19 ravaging countries such as India and Brazil, delegates took action during the Special Meeting to promote equitable distribution of resources in response to the pandemic.

“COVID-19 is a public health and humanitarian crisis,” said AMA Board Chair-elect Bobby Mukkamala, MD. “Even as we in the United States have easy access to vaccines, physicians and numerous organizations across the globe—particularly in low- and middle-income countries—are still risking their lives fighting COVID-19 in conditions where hospital capacity is strained, medical supplies are diminished and community spread is rampant.

“The situation is dire, giving rise to new, more transmissible, more dangerous variants, and global cooperation to ensure equitable distribution of resources is essential to defeating COVID-19,” Dr. Mukkamala added. “The situation may seem to be getting better here, but in a global pandemic, threats abroad can quickly become threats in the United States and set us all back.”
Read more about the AMA’s policy plans to aid low- and middle-income countries fighting COVID-19.

**Pragmatic measures address rural health care’s complex challenges**

Long-term solutions are needed to effectively address the health needs of rural Americans and the sustainability of the rural health care system. This includes ensuring adequate payment for services and adjusting value-based payment methodologies that make it more likely that rural hospitals will receive penalties rather than bonuses, according to an AMA Council on Medical Service report adopted at the AMA Special Meeting.

“On average, rural residents are older, sicker and less likely to have health insurance—a particularly dangerous combination at a time when more than 40% of rural hospitals are at risk of closing,” said AMA President Susan R. Bailey, MD. “Most of the hospitals at risk of closing are small rural hospitals, serving isolated communities. Without long-term solutions, the health needs of rural populations will not be met. The AMA has long advocated for telehealth as a critical part of effective, efficient, and equitable health care delivery, and ensuring telehealth and telephone access in rural communities is particularly important.”

Read more about the steps AMA delegates said are needed to support rural health care.

**AMA calls for action to help telehealth flourish post-pandemic**

The use of telehealth exploded during the COVID-19 pandemic, but critical issues related to health inequity, state medical licensure requirements, regulation and payment must be addressed for this mode of care to continue to flourish beyond the public health emergency. The House of Delegates took several actions with the aim of doing just that.

“It is essential for physicians to serve as leading partners in efforts to improve access to telehealth services in historically marginalized and minoritized communities,” said David H. Aizuss, MD, a member of the AMA Board of Trustees. “More of our patients used telehealth during the COVID-19 pandemic, and we should take advantage of this opportunity to ensure all our patients are able to benefit from being able to access and use telehealth services—regardless of their background or geographic location.”

Read more about AMA’s new policies on telehealth.

**Physicians set principles for fast-growing urgent-care sector**

URL: https://www.ama-assn.org/house-delegates/special-meeting/highlights-june-2021-ama-special-meeting

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Driven by the public’s desire for prompt and convenient care, urgent care centers (UCCs) are proliferating, but their role in the U.S. health system is not clearly defined. Establishing a set of guiding operating principles could guard against UCCs potential to increase costs and exacerbate care fragmentation, according to an AMA Council on Medical Service report adopted at the AMA Special Meeting.

“The design and use of UCCs, just like retail clinics, should serve as a complement to, rather than a substitute for, the primary care physician or usual source of care,” says the report.

Learn more about the new AMA policy to ensure that urgent care centers play a role in meeting the goals of high-quality, efficient care.

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**To boost advance-care planning, physicians can lead by example**

Despite being legal and widely available in every state, less than 40% of Americans have completed the advance directives that can help ensure they get the medical care they want at the end of life, according to a resolution presented at the AMA Special Meeting.

The need to increase that figure has been reinforced by the COVID-19 pandemic that suddenly thrust many patients and families into making high-stakes medical decision, says the resolution.

To help patients appreciate the importance of advance directives and other advance-care planning, delegates directed the AMA to:

- Begin a low cost, in-house educational effort aimed at physicians, to include relevant billing and payment information, encouraging physicians to lead by example and complete their own advance directives.
- Collaborate with stakeholder groups, such as legal, medical, hospital, medical education and faith-based communities as well as interested citizens, to promote completion of advance directives by all individuals who are of legal age and competent to make health care decisions, and to promote the adoption and use of electronic systems to make patients’ advance directives readily available to treatment teams regardless of location.

In addition, delegates adopted new policy for the AMA to “actively promote the officially recognized designation of April 16 as National Healthcare Decisions Day.”

The House of Delegates also modified existing policy to:

- Encourage practicing physicians to voluntarily publicize the fact of having executed our own advance directives, and to share readily available educational materials regarding the
importance and components of advance directives in offices and on practice websites, as a way of starting the conversation with patients and families.

- Strongly encourage all physicians of relevant specialties providing primary or advanced-illness care to include advance-care planning as a routine part of their patient-care protocols when indicated, including advance directive documentation in patients’ medical records—including electronic medical records—as a suggested standard health maintenance practice.

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**Out-of-hospital pharmacologic intervention by nondoctors poses risks**

News media discussions about police brutality and the use of conducted electrical devices have referred to the term “excited delirium,” which is controversial because it lacks a defined set of behavioral signs and symptoms that allow for the identification of a person who is perceived to be in distress and in urgent need of medical or psychiatric help, according to an AMA Council on Science and Public Health report presented at the AMA Special Meeting.

Several news reports have also highlighted the use of ketamine and other sedative or hypnotic and dissociative agents in the out-of-hospital setting. These drugs are often used in these instances to incapacitate a person for a law-enforcement purpose and not a legitimate medical reason.

“For far too long, sedatives like ketamine and misapplied diagnoses like ‘excited delirium’ have been misused during law enforcement interactions and outside of medical settings—a manifestation of systemic racism that has unnecessarily dangerous and deadly consequences for our Black and brown patients,” AMA President-elect Gerald E. Harmon, MD, said in a statement.

“As physicians and leaders in medicine, it is our duty to define the medical terms that are being used to justify inappropriate and discriminatory actions by non-health care professionals. The adoption of this policy represents an urgent step forward in our efforts to remove obstacles that interfere with safe, high-quality medical care—and makes clear that the AMA will continue to aggressively confront all forms of racism or police violence against our patients in marginalized and minoritized communities.”

Read more about the actions delegates took to address pharmacological intervention for agitated individuals outside of hospital settings.

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**Give hospital-based doctors access to outpatient formulary info**

Prescriptions written during patients’ discharge from the hospital often go unfilled because of barriers such as cost, transportation issues, outpatient formulary restrictions and adverse formulary tiering that
thwarts medication adherence and continuity of care, according to an AMA Council on Medical Service report adopted at the AMA Special Meeting.

“Without access to outpatient formulary information, hospital physicians may unwittingly prescribe discharge medications that are subject to adverse tiering or prior authorization,” says the report.

Learn more about actions taken by the House of Delegates to ensure that medications prescribed during hospitalization continue to be covered by pharmacy benefit management companies, health plans and other payers after discharge.

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7 physicians honored for their contributions to medicine

Doctors are known for their volunteerism, community engagement, leadership and dedication to the care of underserved populations. Those who stand out for their activities and represent these values have done something truly special.

As recipients of the 2020 Excellence in Medicine Awards, awarded by the AMA Foundation, seven physicians were honored for putting forth such efforts in an online ceremony Sunday night at the AMA Special Meeting.

Learn more about the physician winners of the 2020 Excellence in Medicine Awards.

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Sunday, June 13

Reference committees continue work today

The following reference committees will meet from 9 a.m.–12:30 p.m. CDT:

- Reference Committee on Amendments to Constitution & Bylaws, which covers the AMA constitution, bylaws and medical ethics matters.
- Reference Committee C, which covers medical education.

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96% of U.S. doctors are vaccinated. Time to follow their lead.

More than 96% of practicing physicians have been fully vaccinated against COVID-19, according to an AMA national survey conducted this month. The survey, whose results were released on the opening day of the June 2021 AMA Special Meeting, found no significant regional differences in vaccination
rates. Of physicians not yet fully vaccinated, 45% said they did plan to get vaccinated.

“Practicing physicians across the country are leading by example, with an amazing uptake of the COVID-19 vaccines,” said AMA President Susan R. Bailey, MD.

The AMA has developed a COVID-19 vaccines guide for physicians to promote factual vaccine information online that includes sample social media posts and messages.

Read more about how doctors are showing the way on COVID-19 vaccination.

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**Discover AMA advocacy—during COVID-19 and beyond**

Throughout 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.

Check out this updated dashboard to find out more about the AMA’s recent and ongoing COVID-19 advocacy efforts.

Also see this resource that tracks AMA’s 2020–20201 advocacy efforts across a range of issues, including Medicare physician payment, scope of practice, surprise billing, medical liability reform and more.

And 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 as safe and effective vaccines in the U.S. prevent illnesses and deaths.

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**Saturday, June 12**

**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 9 a.m.–12:30 p.m. CDT today:

- Reference Committee A, which covers medical service.
- Reference Committee D, which covers public health.
- Reference Committee E, which covers science and technology.
- Reference Committee F, which covers AMA governance and finance.

From 1–4:30 p.m., reference committees D and E will continue their discussions. These other reference committees also will meet:

- Reference Committee B, which covers legislation.
- Reference Committee G, which covers medical practice.

Watch this short video, from 2019, to learn more about how AMA policy is made.

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**Watch these education sessions on demand**

Several of the June 2021 AMA Section Meetings’ education sessions were recorded ahead of time and you can watch them at your convenience. Among them:

- “Burnout, barriers and resilience.”
- “Machine learning.”
- “Medical school debt: Options to help medical students with crushing debt.”
- “Post COVID medical legislation.”
- “Tribal sovereignty in health care.”
- “Why housing matters in health.”

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**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 June 2021 AMA Section Meetings last week.
These meetings of the AMA sections offer physicians and medical students the opportunity to influence policy, attend educational programs and network.

Discover what each group or section has learned and accomplished at their virtual meetings:

- AMA Academic Physicians Section.
- AMA Advisory Committee on LGBTQ Issues.
- AMA Integrated Physician Practice Section.
- AMA International Medical Graduates Section.
- AMA Medical Student Section.
- AMA Minority Affairs Section.
- AMA Organized Medical Staff Section.
- AMA Private Practice Physicians Section.
- AMA Resident and Fellow Section.
- AMA Senior Physicians Section.
- AMA Women Physicians Section.
- AMA Young Physicians Section.

Friday, June 11

Jack Resneck Jr., MD, wins office of AMA president-elect

The AMA House of Delegates has elected Jack Resneck Jr., MD, a dermatologist from the San Francisco Bay Area, as the Association’s president-elect. Following a year-long term as president-elect, Dr. Resneck will assume the office of AMA president in June 2022.

Dr. Resneck is a member of the AMA Board of Trustees and frequent spokesman on issues related to public health, having testified in congressional hearings on the topics of telemedicine, digital health, rising prescription drug prices, prior authorization, and other challenges facing the U.S. health care system.

“IT is truly an honor to be elected by my peers to lead the AMA, especially during this pivotal time of learning from the COVID-19 pandemic experience as we plan for the future of medicine and public health,” Dr. Resneck said.

“Now more than ever, I am proud to be part of an AMA that is dedicated to driving the future of medicine, removing obstacles to patient care, and leading the charge to prevent chronic disease and confront public health crises—all while prioritizing our goal of eliminating longstanding health inequities,” he added.
AMA president: Salute medicine’s heroes, prepare for hard work ahead

In assuming the AMA’s highest post a year ago, Susan R. Bailey, MD, spoke of a hero’s journey. As she concluded her journey as the Association’s president in a virtual address to delegates tonight, she remained awestruck at the way physicians rose to the challenge in an incredibly trying year for public health.

“No one has shouldered more in this pandemic than our courageous colleagues on the front lines—brave men and women from every state who have gone above and beyond in service to their patients and communities,” she said. “You will remain in our hearts and in our thoughts long after this pandemic is over.”

Read more about the opportunity Dr. Bailey sees to build on this watershed moment in medical history.

Dr. Madara: AMA’s trusted voice marshaled to advance health equity

Even in the darkest days of the COVID-19 pandemic, physicians were a source of light. Highlighting the extraordinary work that took place over the past year, AMA Executive Vice President and CEO James L. Madara, MD, spoke of the role “a more nimble, focused” AMA played in supporting physicians during a once-in-a-generation public health crisis and how that response can be channeled to advance health equity.

“Time and again, through hardship and setbacks, through surges and lockdowns, against a rising tide of anti-science rhetoric and political grandstanding, physicians rose to the extraordinary challenge of COVID-19,” Dr. Madara said in a virtual address to delegates tonight. “Physicians stood tall. And the AMA stood with them.”

Read more from Dr. Madara about how the AMA has established itself as a powerful voice amid the pandemic.
Transforming health care for post-pandemic world

During the June 2021 AMA Sections Meetings’ plenary session, Shantanu Nundy, MD, author of Care After COVID: What the Pandemic Revealed Is Broken in Healthcare and How to Reinvent It, explored what health care advocacy, equity, innovation and outcomes will look like after COVID-19.

Dr. Nundy’s remarks were followed by a panel discussion that drew insights from some of the AMA’s top executives:

- Todd Askew, senior vice president of advocacy.
- Meg Barron, vice president of digital health innovations.
- Karen Kmetik, PhD, group vice president of health outcomes.
- Aletha Maybank, MD, MPH, chief health equity officer.

Dr. Nundy also discussed his ideas during an April episode of the "AMA COVID-19 Update," which you can watch below.

Learn more about the session, which covered the five ways health care must change for a post-pandemic world.

June 2021 AMA Special Meeting is underway

Learn about what you should expect as nearly 700 physicians, residents and medical students gather virtually, June 11–16. 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:

- Restricting chemical restraints in agitated individuals outside a hospital setting.
- Changing medicine to prevent and address racism, discrimination and bias.
- Enhancing medical education pathways to increase diversity in medicine.
- Addressing equity in telehealth.
- Opposing the criminalization and restriction of evidence-based gender-affirming care.
Revising the definition of “harm” used by federal privacy regulators to prevent unintended consequences.

- Supporting strong privacy and equity protections under vaccine mandates and vaccine credentials.
- Ensuring adequate health care resources to address the long-COVID crisis.
- Promoting international sharing of COVID-19 resources.
- Addressing increases in youth suicide.

Read more.

Quick links

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 held during the June 2021 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 June 2021 AMA Special Meeting website, and the AMA’s Facebook page, Instagram and Twitter account using #AMAmtg.

Addresses from leadership and more will be featured on the AMA’s YouTube channel. After the meeting, be sure to follow the AMA on LinkedIn for additional updates as well.