

Candidate for election at 2022 Annual Meeting: Mario E. Motta, MD

Elections will be held at the Annual Meeting of the House of Delegates on June 14, 2022.

Officers and four councils are elected by the American Medical Association House of Delegates (HOD) at the Annual Meeting. The elections are by secret ballot and are conducted under the supervision of the Committee on Rules and Credentials and the chief teller, who are appointed by the speaker and vice speaker, who are responsible for overall administration of the elections.



Mario E. Motta, MD

Candidate for AMA Board of Trustees

Term

2022-2026

Biographical and general information

It has been an honor to serve you on the AMA Board of Trustees for the past four years. I am a board-certified cardiologist with North Shore Physicians Group MGH-Brigham in Salem, Massachusetts. A Tufts University School of Medicine graduate, I have been involved in organized medicine since medical school, where I was AMA student chapter president. A proud member of the AMA House of Delegates and the New England Delegation since 2003, I served for eight years (2008–2016) on the AMA Council of Science and Public Health (CSPH). Before being on the board, I represented the AMA on the United States Adopted Names Review Board and was vice chair of the Massachusetts Medical Society (MMS) AMA delegation.

As trustee, I was board liaison to the Council on Legislation, the Council on Medical Service, the Litigation Center of the American Medical Association and state medical societies, the Organized Medical Staff Section, the Academic Physicians Section and the Resident and Fellow Section.

At the state level, I have held a variety of leadership positions spanning over two decades with the MMS, including serving as president and chair of the Committee on Legislation. Locally, at the Essex South District Medical Society I served as president and continue as a delegate to the MMS. I have served on a variety of committees, such as on tort reform.

Academically, I am an associate professor of medicine at Tufts University School of Medicine, where I have been teaching students and residents in clinical rotations since 1993. I have also been an instructor of astrophysics at Tufts University undergraduate level, as well as a volunteer lecturer on astronomy at my local school system, teaching young scientists astronomy and telescope making. I was a member of Boston's Museum of Science Planetarium Advisory Board.

I am an avid astronomer and a member of the American Association of Variable Star Observers, and served on its governing council and then as president from 2010 to 2012. I collaborate with the Harvard Center for Astrophysics and MIT, and have had numerous observations, publications and awards for this work. I have been accepted as a member of the professional American Astronomical Society, who in 2013 named an asteroid in my honor partly for my research collaboration and partly for my advocacy work on light pollution.

I am proud to be sponsored by the Massachusetts Medical Society and the New England Delegation to the AMA and endorsed by the Academic Physicians Section, the American College of Cardiology

and the American Society of Nuclear Cardiology.

COVID, our public health crisis and physician stress

I was honored by the AMA House of Delegates in June of 2018 when I was first elected to be a trustee of the AMA. You entrusted me to make decisions that affect health care and our profession and make decisions that affect your own practice. I have honored that vote and your trust in me by diligently keeping abreast of any and all developments that affect the practice of medicine and the health care system.

For the last two years, we have met virtually due to COVID-19 and I miss discussing health care issues with my many friends from across the country in person; meeting on Zoom is a poor substitute. I look forward to meeting all of you during the June Annual Meeting, where we can all re-establish friendships and tackle the health care issues together. I remain dedicated to the mission of the AMA and take very seriously the issues that affect the lives of all physicians across the country and our patients. The past few years have been very difficult for public health and the practice of medicine, straining many practices resulting in some practices to close.

As of now, we are approaching one million patients in the USA alone who have died from COVID-19, a horrendous loss of life. Many families are grieving their losses and many physicians are traumatized from the daily stress of caring for these patients. We need to utilize the resources of the AMA to aid and nurture these physicians and their practices under both financial and emotional strain. In addition, many patients continue to suffer long COVID symptoms that will last well into the future.

The COVID pandemic has exposed deep flaws in the U.S. public health care system that need to be addressed to prevent other crises with new pandemics as we are all at risk in an interconnected world. At the height of the pandemic in 2020, as a cardiologist, I was recruited to serve in my hospital's ICU to care for very ill COVID patients, many of whom did not survive. I, like many of you, live with that trauma to this day. AMA surveys show that 1-in-5 physicians have or plan on retiring after this pandemic, due to burnout from this trauma and the accompanying stress of keeping open a practice in a very difficult environment.

This stress involves the entire health care system, from physicians, to nurses, down to ancillary workers resulting in basic shortages of health care workers to the detriment of patients needing care. I consider this issue a priority for the AMA and look forward to addressing this in my second term on the board. I fully understand the stress all of you have endured, for I have also suffered through this period with you.

A crisis in private practice

Beyond COVID-19, there are numerous issues that continue to affect physicians and patient care. An AMA survey shows that 40% of physicians have burnout from the many stresses of patient care and our dysfunctional health care system. Burnout comes from dealing with prior auth, for simply trying to care for your patients, rising practice costs, electronic health records and CME excesses. Students and residents also are suffering from similar stress and burnout before even graduating.

Physician practices suffer from inadequate funding. Since 2000 physician payments have increased only 10%, while the costs of maintaining an office have increased 40%, showing precisely why independent physician practices are under such strain. This environment is not sustainable and is a primary driver of the fact that over the past 30 years independent physician practices have severely declined, so that now sadly only 30% of physicians are working in independent practices.

This year, the AMA has set up the Private Practice Physicians Section to represent independent practices, a good start but much more is needed. In many localities, setting up a new private practice for many graduating residents is no longer feasible. The unequal disparity of payments for services between physicians and hospitals leads directly to a financial advantage for hospitals allowing them to buy out so many practices. Why should hospitals be allowed to charge three times the amount for echoes and stress tests than what my private practice charges? (Same readers and equipment)

Insurance interference in practices continue, from denial of payment disputes to especially prior authorization abuse. Texas recently established a "gold card" for prior authorizations, a great idea that should be duplicated in every state. Preserving health care delivery and the practice environment are challenging in the current times. We need to work together to make our health care system perform to the best of its ability for the sake of our patients and lessen the huge strain on our health care professionals.

Malpractice insurance rates are once more surging over the past two years in many states, adding to the stress of a practice. MedPac has recommended that there be no payment increases for physicians this year this despite all of the above and the significant loss of income for many practices from COVID.

We, the AMA, are vigorously contesting this MedPac decision. The "No Surprises Act" was interpreted by HHS in a way that seriously misinterpreted the intent of Congress. We need to hold patients harmless, of course, but we cannot allow an arbitration payment dispute process that strongly favors insurances companies.

Vital issues for me, physicians and our patients

I have long been an advocate of controlling the out-of-control price of medications and raise this issue frequently at Board meetings. Pharma has abused the free market system, causing our patients to choose between food or medication. Multiple studies have shown that high prices lead to poor compliance and outright rejection of necessary treatments. This leads to unnecessary re-hospitalizations, which are then blamed on physicians for poor health outcomes. We need to rescind the 2003 law that prevents Medicare from negotiating prices: this would severely damper further price increases.

The 1980 Bayh-Dole Act states that the government has royalty rights on any medication developed using federal funds, which covers many of the most expensive pharmaceuticals on the market. This can be done administratively; this right has never been exercised by Medicare. Why?

The health care rights of women are under assault across the country in many states. The AMA has forcefully pushed back on this with lawsuits and many amici curiae briefs including at the Supreme Court. No legislator should insert themselves between the patient-doctor relationship, this is a core principle for the AMA. We need to vigorously defend women's health care both at the federal and the state levels.

Attacks on LGBTQ rights, gender affirmation and so-called conversion therapy is a human rights violation on our patients and a severe interference on the patient-doctor relationship. I will be aggressive on this topic at the Board level.

Equity issues in health care are real and widespread. Multiple studies have shown worse health care outcomes for minority patients, and this is the primary reason the AMA has set up a Center for Health Equity. Social determinants of health are a significant cause of these health care disparities. The AMA must lead in improving health care of our minority patients and all of our patients.

Health care reform remains a perennial issue. The American Rescue Plan Act of 2021 expanded health care significantly and enabled the Accountable Care Act to enroll more patients. Medicaid expansion should be adopted by all states and physician fees need to be appropriate to allow increased physician participation.

We must vigorously address scope of practice issues. Over 90 bills were successfully defeated this past year but this is an ongoing "whack-a-mole" situation. The AMA will be aggressive on this in our Litigation Center. We must never let the quality of patient care deteriorate by allowing non-physicians to practice without proper training. Ancillary practitioners need to work as part of a health care team under appropriate and adequate physician supervision

My other activities

I was most honored to represent the AMA at a United Nations (UN) conference jointly sponsored by the United Nations “Committee on Peaceful Uses of Outer Space (CUPUOS)” and Spain, and with the International Astronomical Union (IAU) in 2020 and 2021. This involved workshops and ongoing meetings over two years on the topic of “Dark and Quiet Skies for Science and Society.” Part of this effort was to alert the world to the harmful human health effects of excessive nighttime lighting, especially blue light emissions. I was invited to join this conference and give a talk based on our AMA reports from the Council of Science and Public Health (CSPH) that I was heavily involved with, the CSPH report four in 2012 “Adverse Human Health Effects of Nighttime Lighting” and the 2016 CSPH report “Human and Environmental Effects of Light Emitting Diode (LED) Community Lighting.” A PBS NOVA paper that I was interviewed for on this issue was published in April 2022.

Our AMA policy goes worldwide. At these conferences, I presented the AMA viewpoint on these issues and current AMA policy. The final report is a 292-page well-documented paper that mirrors AMA policy on human effects of light pollution, complete with peer-reviewed medical references that have now been submitted to the UN general assembly. Hopefully, this will lead to worldwide treaties to limit harmful nighttime outdoor lighting for both the environment and human health. I am very happy that our AMA addressed this issue first!

In addition to my AMA board duties, I continue to enjoy collaborating with my astronomical professional colleagues at MIT, Harvard and the American Association of variable star observers, where I collect data and submit to scientific papers on various topics, including supernova searches, gamma-ray bursters (afterglow imaging) and transit searches for new planets. I do this work with my completely homemade 32-inch F6.5 telescope, all 600 parts including the optics handmade by myself over a five-year span. This has been a great source of satisfaction and a passion for me and a way for me to mitigate the burnout issues we are all suffering from.

I am now a full member of the professional American Astronomical Society (AAS) and am very honored to have been awarded an asteroid named for me “133537MarioMotta,” for my collaborative work.

For much more on my AMA activities and positions, (and astronomical pursuits, along with many astronomical images of mine), please check out my web page: www.mariomottamd.com.

I bring activism, commitment and a deep knowledge of our health care issues to the board. It will be an honor to serve you and the AMA for four more years to continue our important work.

My home-built observatory



Additional resources

- Visit the AMA elections page for information on other candidates running for office.
- Find up to date information for the June Annual Meeting of the HOD.