

Highlights from the 2022 AMA Annual Meeting

JUN 15, 2022

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Catch up with the news and other key moments from the AMA House of Delegates' meeting. The 2022 AMA Annual Meeting concluded on the morning of June 15.

The meeting highlights below would not have been possible without writing and reporting by AMA Senior News Writers Sara Berg, Brendan Murphy and Andis Robeznieks, along with Contributing News Writers Jennifer Lubell and Timothy M. Smith.

For a briefer rundown, check out this article: "ICYMI: 10 stories to read from the 2022 AMA Annual Meeting."

The delegates will next meet in November for the 2022 AMA Interim Meeting in Honolulu. Find out more about AMA virtual and in-person events.

Wednesday, June 15

Encourage OTC status for hormonal birth control

While the use of oral hormonal contraception birth control pills is available and very effective, they are now only available by prescription from a physician in the U.S. But emergency oral contraceptives—such as Plan B—are available over the counter (OTC) without a prescription from a physician.

The American College of Obstetricians and Gynecologists, among others, recommends eliminating the need for a doctor's prescription allowing birth control pills to be sold over the counter without such authorization.

In a bid to achieve that goal, the House of Delegates modified existing policy to:

- Encourage the Food and Drug Administration to approve a switch in status from prescription to over-the-counter for oral contraceptives, without age restriction.
- Encourage the continued study of issues relevant to over-the-counter access for oral contraceptives.
- Work with expert stakeholders to advocate the availability of hormonal contraception as an over-the-counter medication.

“Providing patients with OTC access to the birth control pill is an easy call from a public health perspective as the health risks of pregnancy vastly outweigh those of oral contraceptive use,” said AMA Trustee David H. Aizuss, MD.

“Access is one of the most cited reasons why patients do not use oral contraceptives, use them inconsistently, or discontinue use. Expanding OTC access would make it easier for patients to properly use oral contraceptives, leading to fewer unplanned pregnancies,” Dr. Aizuss added.

Doctors want end to unsafe “mild hyperbaric facilities”

So-called “mild hyperbaric therapy” is happening at nearly 300 centers in over 30 states. But pressure vessels or chambers employed are not typically inspected, certified or approved by appropriate standards and regulatory agencies, said a resolution that was presented by the Undersea and Hyperbaric Medical Society.

These treatments are being conducted without physician supervision or prescription and they can cause serious injury and even death by barotrauma. Other complications include hypoglycemic reactions and unrecognized cardiac emergencies that require immediate physician recognition and intervention.

Delegates adopted policy to “oppose the operation of ‘mild hyperbaric facilities’ unless and until effective treatments can be delivered safely in facilities with appropriately trained staff including physician supervision and prescription and only when the intervention has scientific support or rationale.”

They also directed the AMA to work with the “Food and Drug Administration and other regulatory bodies to close facilities offering ‘mild hyperbaric therapy’ until and unless they adopt and adhere to all established safety regulations, adhere to the established principles of the practice of hyperbaric oxygen under the prescription and oversight of a licensed and trained physician, and ensure that staff are appropriately trained and adherent to applicable safety regulations.”

Without safety research, sale of tianeptine should be banned

In some countries, tianeptine is approved to treat depression and anxiety. But in the U.S., it is not an approved drug. Yet tianeptine is often legally sold over the counter here in gas stations and convenience stores, according to a resolution from the Mississippi delegation.

The Food and Drug Administration is warning consumers that they may inadvertently become addicted to tianeptine. With that, people should avoid all products containing it, especially those that claim to treat opioid-use disorder. This is because the reliance on these products may delay appropriate treatment and place consumers at a great risk of overdose and death.

While tianeptine is not covered under the Controlled Substances Act, it may lead to severe psychological or physical dependence and joins other substances such as morphine, methamphetamine, cocaine, methadone, hydrocodone, fentanyl and phencyclidine.

To address this, delegates directed the AMA to advocate “banning the sale of tianeptine directly to the public in the absence of research into the safety and efficacy of the substance.”

Denounce practice of medical repatriation

Forced medical repatriation involves health professionals returning civilians involuntarily to their country of origin despite the civilians’ need for medical treatment, according to a resolution from the AMA Medical Student Section.

Noting that such action provokes an unwarranted intersection between immigration enforcement and the health care system and is contrary to the *AMA Code of Medical Ethics* opinion on safe patient discharge, delegates adopted policies calling on the AMA to denounce the practice of forced medical repatriation.

“The AMA believes every person should have access to essential health care,” said AMA Trustee Thomas J. Madejski, MD. “Not only does forced repatriation deny people access to care, it targets a vulnerable population.”

The “practice can lead to serious medical consequences for patients,” Dr. Madejski added, who said that physicians and other health professionals “should not be in the business of immigration enforcement.”

Process sexual assault exam kits immediately

Existing AMA policy supporting the survivors of sexual assault was amended to include advocacy for immediate processing of sexual assault examination kits, an action which would reinforce the importance of testing to help catch perpetrators, protect survivors, and ensure that the statute of limitations does not pass before testing takes place, according to a resolution from the AMA Medical Student Section.

Specifically, delegates directed the AMA to advocate at the state and federal level for:

- The timely processing of all sexual examination kits upon patient consent.
- Timely processing of “backlogged” sexual examination kits with patient consent.
- Additional funding to facilitate the immediate testing of sexual assault evidence kits.

“The backlog needs more money, of course, but also needs to be a higher priority,” said AMA Trustee Scott Ferguson, MD. “Sexual violence is often committed by serial offenders. Having an up-to-date database is a law-enforcement tool right in front of us.”

Doctors shouldn’t be punished for seeking help

Physician well-being programs are designed to allow doctors with potentially impairing conditions—who either come forward or are referred to the program—to be given the opportunity for evaluation, rehabilitation, treatment and monitoring without disciplinary action in an anonymous, confidential and respectful manner, according to a resolution from the Michigan delegation.

Noting active state and federal legislative movement on this issue, delegates amended existing policy directing the AMA to work with the Federation of State Medical Boards and the Federation of State Physician Health Programs to “develop model state legislation or legislative guidelines addressing the design and implementation of physician health programs including, but not limited to, the allowance for safe-haven or nonreporting of physicians to a licensing board, or acceptance of physician health program compliance as an alternative to disciplinary action when public safety is not at risk, and especially for any physicians who voluntarily self-report their physical, mental and substance-use disorders and engage with a physician health program and who successfully complete the terms of participation.”

AMA Trustee Thomas J. Madejski, MD, said “the public health emergency has again reminded us that physicians and other health care professionals on the front line face high levels of stress. While we are taking care of our patients, we sometimes forget to take care of ourselves.”

“We need to transform the culture to highlight how seeking care for wellness is a sign of strength—and we must change policy to ensure that physicians seeking care will not suffer professional consequences for doing so,” added Dr. Madejski.

Protect vocal physicians from workplace retaliation

AMA delegates responded to concern over workplace retribution or retaliation against both employed and independent-contractor physicians who voice their concerns regarding patient safety and quality of care.

They directed the AMA to “develop a model state legislative template and principles for federal legislation in order to protect physicians from corporate, workplace or employer retaliation when reporting safety, harassment or fraud concerns at the places of work (licensed health care institution) or in the government, which includes independent and third-party contractors providing patient services at said facilities.”

“Physicians must be protected for voicing quality-of-care concerns even when it might be at odds with their place of employment,” said AMA Trustee Scott Ferguson, MD. “Patients are relying on physicians’ independent medical judgment. Physicians shouldn’t face retaliation for following their professional responsibility.”

Studies needed to tally true cost of unsupervised nonphysician care

Building on a study by Hattiesburg Clinic physicians published in the Journal of the Mississippi State Medical Association, delegates took action to better support physician-led team-based care and more effectively push back against the inappropriate unsupervised practice of nonphysician health providers.

The Hattiesburg physician leaders examined Centers for Medicare & Medicaid Services 2017–2019 cost data on the operation of their organization’s Accountable Care Organization. The data revealed care provided by nonphysician health professionals working on their own patient panels was more expensive than care delivered by doctors.

Fueled by this data, Hattiesburg Clinic redesigned its care model to eliminate unsupervised practice by physician assistants and nurse practitioners—and also successfully opposed state legislation that would have allowed independent practice by these nonphysician clinicians.

Following this example, delegates directed the AMA to:

- Encourage and support studies to determine the cost and quality impact of nonphysician unsupervised practice on all patients.
- Develop model state legislation that opposes enactment of legislation and supports reversal of such legislation, if present, that would authorize the independent practice of medicine by

any individual who is not a physician.

Increase access to child and adult incontinence products

Previously existing AMA policy supports increased access to affordable diapers and incontinence products but didn't identify mechanisms on how to make them more affordable, according to a resolution from the AMA Medical Student Section.

Delegates addressed this when they amended the existing policy to include support for "increased access to incontinence products for children and adults, including the removal of sales tax and ensuring eligibility of these products as medical expenses for health savings accounts, health reimbursement arrangements and flexible spending accounts."

Patient groups that have been economically or socially marginalized "need affordable access to diapers," said AMA Trustee Scott Ferguson, MD. "The fiscal impact is de minimus for states, but significant for low-income patients."

Stop insurance coverage losses when public health emergency ends

There are steps that states can take to streamline enrollment and eligibility, help facilitate coverage transitions, and invest in outreach and enrollment assistance to prevent coverage losses once the COVID-19 public health emergency expires.

Federal and state entities should monitor these policies to ensure successful enrollment and retention, and transitions for those no longer eligible for Medicaid to other quality affordable coverage, according to a report whose recommendations were adopted at the Annual Meeting.

"We are concerned that once the public health emergency ends, state eligibility redeterminations will result in more patients becoming uninsured," said AMA Trustee Willie Underwood III, MD, MSc, MPH. "We hope that states will employ strategies to help Medicaid-eligible patients keep their coverage and transition those no longer eligible into other affordable health plans."

Learn more about how these automatic transitions should be structured to help patients stay covered.

Find new ways to help medical students, residents get child care

The House of Delegates has adopted policy to address the cost of child care for cash-strapped and busy medical students, residents and fellows.

The U.S. Department of Health and Human Services considers child care affordable if it costs families no more than 7% of their income. The average salary for a first-year resident physician in 2021 was \$58,650, while center-based child care ranged from \$5,700 to \$16,000 annually.

That math puts significant pressure on medical students, residents and fellows to solve a complex problem with limited resources, and the results can extend beyond financial stressors.

“Many physicians-in-training may become parents during their medical training, a time when their pay is low or non-existent and they’re working highly unconventional hours,” said AMA President-elect Jesse M. Ehrenfeld, MD, MPH. “We believe providing on-site or subsidized child care to medical students and residents during their training will help alleviate some of the financial burden they face and offer the best possible solution to their family’s child care needs.”

Read more about the AMA's new policy on access to child care for medical students and residents, as well as delegates' action on parental leave for medical students.

Tuesday, June 14

New AMA president: Physicians must be guided by hope, not fear

Moments after being inaugurated as the AMA’s 177th president Jack Resneck Jr., MD, peered out at the House of Medicine. A climactic moment in and of itself, this one was of added significance, with Dr. Resneck being the first president to deliver the AMA’s presidential inaugural address to fellow delegates in person in three years.

The once-in-a-lifetime COVID-19 pandemic that prevented the ceremony in 2020 and 2021 remains deadly and is still a major focus of the AMA’s work. Dr. Resneck laid out the COVID-19-related challenges that made for an uphill battle for physicians—a fight that is still ongoing. Political partisanship, vaccine misinformation, the shortage of personal protective equipment, overwhelmed intensive care units, fear of getting family members sick, are among the concerns physicians have fought and, in some instances, continue to contend with.

“While it would be easy to get overwhelmed by despair, as I begin this new role, I’ve never been prouder of my physician colleagues. I’ve never been prouder to be part of this profession,” Dr. Resneck said. “And I’ve never been prouder of our AMA.”

Read more about Dr. Resneck's vision for his coming year in office as AMA president.

“Enough is enough”: AMA takes more steps to prevent gun violence

The House of Delegates declared firearm violence a public health crisis at the 2016 Annual Meeting, which convened in the aftermath of the mass shooting at the Pulse nightclub in Orlando where 49 people were killed.

The 2022 AMA Annual Meeting was preceded by mass shootings at a school in Uvalde, Texas, and a grocery store in Buffalo, New York, and delegates adopted new policy to support regulating homemade weapons known as “ghost guns,” research warning labels on ammunition packages, and considering the mental health of schoolchildren as they engage in active-shooter drills.

Physicians themselves have not been spared in the recent carnage. Stephanie Husen, DO, and Preston Philips, MD, were shot and killed at their offices in Tulsa, Oklahoma, and John Cheng, MD, was killed while attending church in Orange County, California.

“This cannot be our new normal,” said AMA Immediate Past President Gerald E. Harmon, MD, in special remarks delivered at this meeting’s opening session. “Gun violence is out of control. Enough is enough.

“Ignoring the problem will only lead to more bloodshed—to more senseless deaths and grieving families,” added Dr. Harmon, a family physician in South Carolina.

Learn more about steps outlined by AMA delegates to prevent gun violence, and watch Dr. Harmon's remarks below.

Improve transplant access for patients with disabilities

People with intellectual and developmental disabilities often face discrimination in accessing care, with transplant surgery being a primary example, according to a resolution presented by the Pennsylvania delegation.

Transplant centers and medical professionals are often unaware of, or noncompliant with, clauses of the Americans with Disabilities Act, the Rehabilitation Act and the Affordable Care Act that prohibit discrimination against people with disabilities regarding the organ transplant process.

To promote organ transplant equity for people with disabilities, delegates adopted policy that supports:

- Equitable inclusion of people with intellectual and developmental disabilities (IDD) in eligibility for transplant surgery.

- Individuals with IDD who can fulfill transplant-center protocols having equal access to organ transplant services and protection from discrimination in rendering these services.
 - The goal of the Organ Procurement and Transplantation Network in adding disability status to their nondiscrimination policy under the National Organ Transplant Act of 1984.
 - Working with relevant stakeholders to distribute antidiscrimination education materials for health care providers related to equitable inclusion of people with IDD in eligibility for transplant surgery.
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With abortion under attack, doctors push back on criminalizing care

Responding to the growing threat of over-policing and surveillance of reproductive health services, the nation's physicians and medical students at the 2022 AMA Annual Meeting in Chicago adopted policy recognizing that it is a violation of human rights when government intrudes into medicine and impedes access to safe, evidence-based reproductive health services, including abortion and contraception.

In accordance with the new policy, the AMA will seek expanded legal protections for patients and physicians against government systems of control and punishment that criminalize reproductive health services.

"A growing number of current and pending laws insert government into the patient-physician relationship by dictating limits or bans on reproductive health services and while also aiming to criminally punish patients for their health decisions," said Jack Resneck Jr., MD, who will be inaugurated as AMA president today.

"The new policy also calls for AMA to seek legal protections for patients who cross state lines to receive reproductive health services, as well as legal protections for physicians and others who support or provide reproductive health services or referrals to patients who cross state lines."

Read more about how doctors are pushing back on criminalizing reproductive health care.

Allow natural hair, cultural headwear in health care

Appearance guidelines in the form of grooming policies are pervasive in health care. They tend to be Eurocentric and penalize physicians and medical students with non-Eurocentric phenotypical features or culture, says a resolution from the AMA Medical Student Section.

To combat discrimination against natural hair and cultural headwear in medicine, delegates adopted policy to:

- Recognize that discrimination against natural hair or hairstyles and cultural headwear is a form of racial, ethnic or religious discrimination.
- Oppose discrimination against individuals based on their hair or cultural headwear in the health care setting.
- Acknowledge the acceptance of natural hair or hairstyles and cultural headwear as crucial to professionalism in the standards for the health care workplace.
- Encourage medical schools, residency and fellowship programs, and medical employers to create policies to oppose discrimination based on hairstyle and cultural headwear in the interview process, medical education and the workplace.
- Encourage health care institutions to provide adequate protective equipment in accordance with appropriate patient safety for health care workers with natural hair or hairstyles or cultural headwear.

“The new policy informs the AMA’s ongoing work to dismantle structural racism in medicine by recognizing that intolerance of natural hairstyles and cultural headwear is a form of racial, ethnic or religious discrimination,” said AMA Trustee Madelyn E. Butler, MD.

“The AMA encourages medical schools, hospitals and other medical employers to create policies that promote multiculturalism, ensure a discrimination-free work environment, and support health professionals’ commitment to safety,” Dr. Butler added.

Boost training on laboratory testing in medical schools

Citing a need to enhance physician training on appropriate laboratory test ordering and interpretation, delegates modified existing AMA policy to encourage additional emphasis on these areas.

“While there is extensive inclusion of pathology in medical school curricula, the content historically has focused on anatomic pathology, with much less emphasis on clinical pathology,” says an AMA Council on Medical Education report presented at the Annual Meeting. “This pedagogy does not align with current medical practice, in which most physicians engage more in clinical pathologic applications. Many medical schools do offer elective courses in clinical pathology, but few students participate.”

Because curriculum for laboratory medicine exists, but is underused, the House of Delegates modified existing policy to “work with relevant stakeholders, including specialty societies in the Federation of Medicine, such as the American Society for Clinical Pathology and College of American Pathologists, to promote educational resources regarding appropriate test ordering and interpretation.”

Find out how to reduce bias in medical student evaluation

Bias in medical student evaluation is apparent in a number of key metrics, says a resolution proposed by the AMA Medical Student Section. Differences by race and ethnicity have been documented in receipt of “honors” grades in various clerkships, Alpha Omega Alpha honor society inclusion, narrative comments on medical student performance and in the process of application to residency.

In considering that data, the House of Delegates directed the AMA to “work with appropriate stakeholders to promote efforts to evaluate methods for decreasing the impact of bias in medical student performance evaluation as well as reducing the impact of bias in the review of disciplinary actions.”

Don’t let value of medical interpreters get lost in translation

Language barriers can have an adverse impact on health outcomes, making professional medical interpretation a valuable health care resource.

Formal training on optimizing work with interpretation professionals is largely missing throughout the continuum of physician education, says an AMA Medical Student Section resolution that was adopted by the House of Delegates.

To address this knowledge gap, the HOD adopted policy to:

- Recognize the importance of using medical interpreters as a means of improving quality of care provided to patients with limited-English proficiency, including patients with sensory impairments.
- Encourage physicians and physicians in training to improve interpreter-use skills and increase education through publicly available resources such as the American Association of Medical Colleges’ “Guidelines for Use of Medical Interpreter Services” (PDF).

Delegates also directed the AMA to “work with the Commission for Medical Interpreter Education, National Hispanic Medical Association, National Council of Asian Pacific Islander Physicians, National Medical Association, Association of American Indian Physicians, and other relevant stakeholders to develop a cohesive continuing medical education module offered through the AMA Ed Hub™ for physicians to effectively and appropriately use interpreter services to ensure optimal patient care.”

Exam accommodations should be made for lactation, pregnancy

Pregnancy and breastfeeding are common among the medical students and resident physicians taking medical licensing and board certification exams. The conditions should merit accommodations that are largely unavailable in the current testing environment.

Among the accommodations testing centers generally lack is a private space for milk expression and storage that is close to the testing site, according to a resolution introduced by the Michigan delegation.

To address the issue, the House of Delegates adopted new policy to:

- Support and advocate for the implementation of a minimum of 60 minutes of additional, scheduled break time for all test takers who are pregnant or lactating during all medical licensure and certification examinations.
 - Support and advocate for the addition of pregnancy comfort aids, including but not limited to ginger teas, saltines, wastebaskets and antiemetics, to any medical licensure or certification examination's pre-approved list of personal item exemptions permitted in the secure testing area for all test takers who are pregnant or lactating.
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Train doctors to bring cultural humility to patient encounters

“Cultural humility” is a competency that helps medical students and physicians understand how their culture and identity influences patient encounters, according to a resolution proposed by the Michigan delegation.

Cultural humility is distinct from cultural competence, the resolution explains, insofar as “competency implies achievement of proficiency, while humility includes constant self-reflection and learning, focuses on the clinician’s ability to connect on multiple levels to patients, and fosters cultural respect.”

To promote the concept of cultural humility within medical training, the House of Delegates modified existing AMA policy to support:

- Research into the need for and effectiveness of training in cultural competence and cultural humility, using existing mechanisms such as the annual medical education surveys.
 - The development of national standards for cultural humility training in the medical school curricula.
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Track well-being efforts at medical schools, residency programs

More than one-quarter of medical students have depression or depressive symptoms, according to research cited in an AMA Medical Student Section resolution. Meanwhile, rates of burnout are higher among medical student and residents than in the general population.

The battle against anxiety, depression and burnout can take on several forms. As residency programs and medical schools—both osteopathic and allopathic—continue to determine which initiatives are most useful, a repository of content for institutions and educators to share programming related to wellness could be a useful tool.

In accordance with newly modified policy adopted at the Annual Meeting, the AMA will “work with appropriate stakeholders to explore the viability of developing a standardized reporting mechanism for the collection of current wellness initiatives that institutions have in place to inform and promote meaningful mental health and wellness interventions” among physicians, residents and medical students.

Universal child care, preschool offer big health boost for kids

Only 34% of 4-year-old and 6% of 3-year-old children were enrolled in state pre-kindergarten during the 2019–2020 school year. Then the COVID-19 pandemic caused a sharp decline in preschool enrollment, quality standards, teacher qualifications and state funding, says a resolution from the AMA Medical Student Section.

Participation in preschool improves access to pediatric preventive care, according to research cited in the resolution. It is also linked to drops in child mortality, increases in immunizations and reductions in hospitalizations for accidents or injuries. Universal child care and preschool is also associated with improved cognitive abilities and have been shown to lead to long-term improvements in cardiovascular and metabolic health through adolescence and adulthood.

To that end, delegates directed the AMA to “advocate for universal access to high quality and affordable child care and preschool.”

Improve care for people with insecure housing amid pandemic

Housing insecurity is a social determinant of health that has had implications for populations during the COVID-19 pandemic and their ability to shelter in place. This has made it clearer that reducing the number of people insecure housing should be a major focus of U.S. public health efforts, says a resolution from the AMA Resident and Fellow Section.

Additionally, the high prevalence of chronic health conditions among people with housing-insecurity raises the risk for poor outcomes with SARS-CoV-2 infection.

To advocate for the health of Americans without homes, delegates adopted policy that calls on the AMA to support:

- Training to understand the needs of housing-insecure individuals for those who encounter this vulnerable population through their professional duties.
 - The establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing-insecure individuals.
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Jesse M. Ehrenfeld, MD, MPH, wins office of AMA president-elect

Dr. Ehrenfeld, an anesthesiologist in Wisconsin, was voted president-elect by the physicians and medical students gathered at Annual Meeting.

“I am honored to be elected by my peers to represent the nation’s physicians and the patients we serve,” said Dr. Ehrenfeld. “It is a pivotal and challenging time for medicine, physicians and our health system, and as president-elect, I am committed to advancing the AMA’s immediate goals around the Recovery Plan for America’s Physicians, as well as the longer-term advocacy efforts aimed at shaping the future of medicine and improving the health of the nation.”

Following a year-long term as president-elect, Dr. Ehrenfeld will be installed as AMA president in June 2023. Dr. Ehrenfeld will be the first openly gay person to hold the office of president-elect, and also will be the first as AMA president.

Active in organized medicine since medical school, Dr. Ehrenfeld was elected to the AMA Board of Trustees in 2014, serving as chair from 2019 to 2020. Dr. Ehrenfeld has also served as a member of the governing councils of both the AMA Young Physicians Section and the AMA Resident and Fellow Section.

Read about the other winners of the 2022 AMA elections.

Set record straight on CO₂ impact of fossil-fuel derived hydrogen

Fossil fuel-derived hydrogen produces more carbon dioxide (CO₂) pollution than methane even though it is portrayed as a carbon-free fuel because it does not produce CO₂ at the point of combustion, according to a resolution whose recommendations were adopted by the House of Delegates.

Using hydrogen as an energy source is being promoted as a way to reduce carbon emissions and combat climate change, but 96% of hydrogen is currently derived from fossil fuels, which is generating high greenhouse-gas emissions. Fossil fuel-derived hydrogen production is responsible for emission of about 830 million tons of CO₂ each year. This is equivalent to the annual CO₂ emissions of the United Kingdom and Indonesia combined, said delegates.

Delegates adopted policy to “recognize the health, safety and climate risks of current methods of producing fossil fuel-derived hydrogen and the dangers of adding hydrogen to natural gas.”

Additionally, delegates directed the AMA to:

- Educate its members and, to the extent possible, health care professionals and the public, about the health, safety and climate risks of current methods of producing fossil fuel-derived hydrogen and the dangers of adding hydrogen to natural gas.
- Advocate to appropriate government agencies such as the Environmental Protection Agency and the Department of Energy, and federal legislative bodies, regarding the health, safety and climate risks of current methods of producing fossil fuel-derived hydrogen and the dangers of adding hydrogen to natural gas.

Educate doctors, public on new 988 mental health hotline

Due to the disruption, isolation and loss that has been experienced throughout the COVID-19 pandemic, the U.S. is facing a profound mental health and well-being crisis.

People who are experiencing a mental health crisis have typically called 911 for help, only to receive inappropriate responses from law enforcement, according to a resolution whose recommendations were adopted at the Annual Meeting. Some have even ended up boarding in emergency departments due to lack of beds and community services, physicians said.

Starting July 16, 2022, there will be a new, three-digit code to use: 988. This will help dispatch mobile crisis teams immediately to anyone going through a mental health crisis if needed. The goal of 988 is also to have 24/7 crisis call centers to move mental health crises away from police involvement and to behavioral health specialist involvement.

To that end, delegates directed the AMA to:

- Use their existing communications channels to educate the physician community and the public on the new 988 National Suicide Prevention Lifeline program.
- Work with the Federation of Medicine and other stakeholders to advocate adequate federal and state funding for the 988 system.
- Collaborate with the Substance Abuse and Mental Health Services Administration and the 988 partner community to strengthen suicide prevention and mental health crisis services.

“The COVID-19 pandemic has taken a huge toll on the mental health and well-being of people throughout our country, and now more than ever more resources are needed to help people experiencing a mental health crisis,” said AMA Trustee Ilse R. Levin, DO, MPH. “We encourage

anyone who's experiencing a mental health crisis, or knows someone who is, and seeking support to call the new 988 National Suicide Prevention Lifeline once available in July 2022."

Is that “resident” or “attending” a doctor? Not always, AMA warns

Terms such as “resident,” “fellow” and “attending” represent a historical role for physicians within the world of medicine. But in recent years, physician assistant and nursing programs have begun using similar terminology, which may be confusing to patients.

“There is potential confusion for the public in the use of terms describing the training program and level of training that health care professionals enroll in or complete,” says a report whose recommendations were adopted by delegates at the Annual Meeting.

“A standardization and understanding of terms for physicians and nonphysicians will be beneficial to the public and health care professionals,” says the AMA Council on Medical Education report.

Learn about newly adopted AMA policy to help clarify the terms used in physician and nonphysician training.

Monday, June 13

AMA details plan to stop the public health “infodemic”

Throughout the COVID-19 pandemic, disinformation has been of the utmost concern. This has led to what some describe as a secondary “infodemic,” where permanent harm may be done to the trust in institutions due to the sheer volume of disinformation spread in a rapidly changing and sensitive environment, says an AMA Board of Trustees report adopted at the Annual Meeting.

“Physicians are a trusted source of information for patients and the public alike, but the spread of disinformation by a few has implications for the entire profession and causes harm. Physicians have an ethical and professional responsibility to share truthful information, correct misleading and inaccurate information, and direct people to reliable sources of health information,” said AMA President Gerald E. Harmon, MD. “The AMA is committed to confronting disinformation, and we need to address the root of the problem.

“We must ensure that health professionals spreading disinformation aren’t able to use far-reaching platforms, often benefitting them financially, to disseminate dangerous health claims,” Dr. Harmon added. “While we are unlikely to undo the harms caused by disinformation campaigns during the

COVID-19 pandemic, we can act now to help prevent the spread of disinformation in the future.”

Learn about the AMA's comprehensive strategy to address health-related disinformation disseminated by health professionals.

Doctors demand action on public health crisis of climate change

According to a resolution whose recommendations were adopted, “physicians are uniquely trusted messengers and have a responsibility to advocate for science-based policies to safeguard health.”

To that end, the House of Delegates declared “climate change a public health crisis that threatens the health and well-being of all individuals.”

Delegates also directed the AMA to protect patients by advocating for policies that:

- Limit global warming to no more than 1.5 °C.
- Reduce U.S. greenhouse-gas emissions aimed at carbon neutrality by 2050.
- Support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
- Develop a strategic plan for how we will enact our climate-change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector.

“The scientific evidence is clear—our patients are already facing adverse health effects associated with climate change, from heat-related injuries, vector-borne diseases and air pollution from wildfires, to worsening seasonal allergies and storm-related illness and injuries,” said AMA Trustee Ilse R. Levin, DO, MPH. “Like the COVID-19 pandemic, the climate crisis will disproportionately impact the health of historically marginalized communities.

“Taking action now won’t reverse all of the harm done, but it will help prevent further damage to our planet and our patients’ health and well-being,” Dr. Levin added.

The AMA will report back to the House of Delegates with its plan at next year’s Annual Meeting.

Screen patients at high risk for anal cancer

More than 8,000 cases of anal cancer are diagnosed in the U.S. each year, and the conditions kills more than 1,200. And with the human papillomavirus (HPV) causing more than 90% of anal cancers, there is a growing need for HPV-related screenings, according to a resolution introduced by the Pennsylvania delegation.

Studies have identified the value of screening for high-risk people—such as those who are HIV-positive, men who have sex with men, and women with a history of cervical dysplasia.

Additionally, the American Society for Colon and Rectal Surgeons has developed a strong recommendation based on moderate-quality evidence to support screening patients who are at an increased risk for anal squamous neoplasms based on history, physical examination and laboratory testing.

With anal cancer screening shown to be cost-effective, delegates adopted policy to support:

- Advocacy efforts to implement screening for anal cancer for high-risk populations.
- National medical specialty organizations and other stakeholders in developing guidelines for interpretation, follow up and management of anal cancer screening results.

Help private practices build their part in new payment models

The AMA and other medical associations can do their part to guide physicians, including independent private practice physicians, in participating in prospective payment models. New policy offers guidance on collaborating with other physician practices while maintaining autonomy, reducing administrative burdens, and improving quality metrics.

Interest in value-based or alternative payment models has gained traction over the last 10 years among public and private payers concerned about rising health care costs and quality outcomes. In 2020, some primary care practices using prospective payment models such as a per-member-per-month model appeared to weather pandemic-related financial hardships more effectively than those in fee-for-service models, according to a report that was adopted today at the Annual Meeting.

“Appropriately funded prospective payment models offer one solution to provide potential stability and predictability of payment for some practices when demand for services decreases,” says the AMA Council on Medical Service report.

Read more about how the AMA will help private practices take part in new payment models.

AMA: Low-wage work exacerbates health inequities

One in 10 Americans lives in poverty. Most are employed, but still struggle to afford the necessities to stay healthy. Social determinants of health—which include education, housing, wealth, income and employment—“are impacted by larger, powerful systems that lead to discrimination, exploitation, marginalization, exclusion and isolation,” according to a report whose recommendations were adopted

at the Annual Meeting today.

“Simply put, decreasing poverty improves health,” said AMA Trustee David H. Aizuss, MD. “The COVID-19 pandemic created a concurrent public health and economic crisis that exposed and exacerbated access to care and other social inequities.

“Not only has the pandemic disproportionately impacted minoritized and marginalized communities, but economic insecurity, housing insecurity and food insecurity have disproportionately burdened communities of color and other historically marginalized populations—all highlighting in stark relief the fact that people with low incomes have worse health outcomes,” said Dr. Aizuss, a board-certified ophthalmologist living in Calabasas, California.

“Too many people are working full-time jobs—sometimes more than one job—and are unable to rise above poverty wages,” Dr. Aizuss added. “That must change.”

Learn more about the AMA's policy actions on poverty, health outcomes and minimum wage.

How these 6 physicians are making a difference in medicine

Recognized for their altruism, advocacy and professional skill, six physicians were honored by the AMA Foundation with the 2022 Excellence in Medicine Awards.

Recipients of the 2022 honors—in addition to those who won Excellence in Medicine Awards in 2021 but could not get them in person last year—were honored in a ceremony Saturday night at the Annual Meeting.

Learn more about the outstanding contributions of this year's physician honorees, and watch the video below, shown Friday to the House of Delegates, to learn more about the AMA Foundation's work and how you can support it.

Sunday, June 12

Reference committees continue work today

The following reference committees will meet from 8 a.m.–12:30 p.m. CDT:

- Reference Committee A, which covers **medical service**. Grand Ballroom.
- Reference Committee E, which covers **science and technology**. Grand Hall I–J.

Health equity education sessions this afternoon

All times CDT, in the Grand Ballroom:

- **1:30–2:30 p.m.** “Operationalizing racial justice for equitable health systems.” CME.
 - **2:30–3:30 p.m.** “Embed equity in innovation: In Full Health initiative and centering equity in health tech solutions.” CME.
 - **3:30–4:30 p.m.** “Medical Justice in Advocacy Fellowship—Advancing Health Equity.” CME.
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How medical students help shape AMA policy

With more than 50,000 members from nearly every medical school in the country, the AMA Medical Student Section (AMA-MSS) is a platform for all U.S. medical students to voice their opinions on issues that matter to them as future physicians. Now marking its 50th anniversary, members of AMA-MSS have submitted more than 1,500 resolutions at AMA meetings to improve medical education and health care.

Learn more about the AMA Medical Student Section and its role in health care policymaking, and watch this “AMA Moving Medicine” interview with Haidn Foster, MD, for further insights.

Learn how to save hours every day in your physician practice

Almost half of a physician’s day is spent performing tasks that do not require an MD or DO degree. The good news is that nearly 80% of unnecessary tasks are under your local control.

The purpose of this AMA workshop—“A Playbook for Saving Hours Each Day,” 1:30–2:30 p.m. CDT, Crystal B/C, West Tower (CME)—is to:

- Help physicians and their practices stop doing unnecessary and duplicative tasks that prevent the doctor from doing more meaningful work.
- Incorporate practice fundamentals such as pre-visit planning and lab testing, team documentation, and expanded rooming and discharge efforts.
- Make the case to leadership by demonstrating the return on investment with better outcomes, lower cost of recruiting or replacing staff, improved physician well-being, and increased patient access and satisfaction.

The workshop builds on “The AMA STEPS Forward® Saving Time Playbook” (PDF), which helps physicians identify superfluous tasks, stop the overinterpretation of regulations and implement efficient workflows.

Saturday, June 11

Reference committees start today

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

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

- Reference Committee on Amendments to Constitution & Bylaws, which covers the **AMA constitution, bylaws and medical ethics matters**. Crystal Ballroom B–C.
- Reference Committee B, which covers **legislation**. Regency Ballroom A–B.
- Reference Committee C, which covers **medical education**. Regency Ballroom C–D.
- Reference Committee D, which covers **public health**. Riverside East.
- Reference Committee F, which covers **AMA governance and finance**. Grand Ballroom.
- Reference Committee G, which covers **medical practice**. Grand Hall I–J.

Watch this short video below, from 2019, and explore this AMA Ed Hub™ interactive course to learn how AMA policy is made.

It's time to rebuild. And the AMA is ready.

In his speech last night, AMA President Gerald E. Harmon, MD, detailed the AMA Recovery Plan for America's Physicians, an ambitious road map to renewing our country's commitment to physicians—and ensuring their needs are met—so that patients can receive the high-quality care they deserve.

To learn more, watch this video about the AMA Recovery Plan for America's Physicians, which was shown at last night's opening session of the Annual Meeting.

Envisioned and built against the backdrop of COVID-19 challenges that stretched our health care system to the brink, including increased physician burnout, unabated and onerous prior-authorization requirements, and no permanent fix to ensure telehealth coverage for patients, the Recovery Plan for America's Physicians focuses on five key goals to rebuild health care so that it works better for physicians and all those they serve:

- **Supporting telehealth** to maintain coverage and payment.
- **Reforming Medicare payment** to promote thriving physician practices and innovation.
- **Stopping scope creep** that threatens patient safety.
- **Fixing prior authorization** to reduce the burden on practices and minimize care delays for patients.
- **Reducing physician burnout** and address the stigma around mental health.

As AMA marks 175th year, former president reflects on last 50

When Alan Nelson, MD, walked into his first House of Delegates meeting in 1972, the air was blue with tobacco smoke. “There was an ashtray at every seat,” he recalled. That year also marked one of the key dates in the AMA's 175-year history, as that's when a landmark U.S. surgeon general's report was issued and the AMA would launch its all-out “war on smoking.”

And by the time Dr. Nelson became the organization's president in 1989, the AMA had called for a ban on smoking aboard airplanes and many other measures to discourage the deadly addiction. The AMA has in recent years highlighted the public health epidemic of e-cigarettes and vaping and supported the ban on menthol flavoring in cigarettes.

The AMA's war on smoking marks one of the critical turning points in AMA history, said Dr. Nelson, a retired private practice internist-endocrinologist who turns 89 this month. He provides a valuable perspective given that his tenure as AMA president in 1989–1990 dates back further than that of any other AMA president who is still living.

As the AMA celebrates its 175th anniversary this year, Dr. Nelson reflected on the many ways that American health care has changed, and how the AMA has risen to meet the moment in medicine.

Learn more in this thought-provoking Q&A with Dr. Nelson.

Watch these education sessions on demand

Several of the 2022 AMA Annual Meeting's education sessions were recorded ahead of time and you can watch them at your convenience. Among them:

- “Bridging the Gap for Unhoused People: Medical Respite Care Programs.”
 - “Long-term Implications of Restricting Access to Abortion.”
 - “Overcoming Stigma: Incorporating Addiction Medicine into UME.”
 - “Promoting Financial Literacy in Minority First-generation Medical Students.”
 - “Social Media in Medicine: Effective Strategies for Networking.”
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Friday, June 10

Dr. Madara: AMA is pursuing work worthy of its 175-year legacy

Medicine and society have changed during the 175 years of the AMA’s existence, but the Association’s role as the vanguard of creating a healthier nation has remained constant, according to AMA Executive Vice President and CEO James L. Madara, MD.

“Those advancements have greatly changed how we diagnose, treat and care for our patients,” he added. “But it’s that last element—caring—that maybe has changed the least. For health care remains intimate and personal. The need for a physician’s caring relationship with her patients is timeless.”

Learn more from Dr. Madara about how the AMA lived up to its mission during COVID-19 and has plans to do so for decades to come.

Dr. Harmon: U.S. must renew commitment to physicians

Since the last time the AMA House of Delegates gathered in person in 2019, there have been stimulus checks, the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan Act of 2021, along with several other COVID-19 related relief efforts sent from Washington.

Now the AMA has developed its own plan to help physicians and their practices recover from the hardships of the pandemic.

“It’s physicians who are rising to this moment—day after day,” AMA President Gerald E. Harmon, MD , said in his address at the opening session of the Annual Meeting.

“It’s physicians our nation turns to—for answers, for treatment, for help,” said Dr. Harmon, a family physician in South Carolina. “You’ve taken care of our nation—at great personal sacrifice—and it’s time our nation renews its commitment to you.”

Read from Dr. Harmon about the AMA Recovery Plan for America’s Physicians.

Quick links for the meeting

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

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

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 2022 AMA Annual 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.

8 issues to watch at 2022 AMA Annual Meeting

Hundreds of physicians and medical students have gathered at the Hyatt Regency Chicago for the 2022 AMA Annual Meeting to consider proposals across a wide range of clinical practice, payment, medical education and public health topics. The meeting opens today and runs through Wednesday, June 15.

Among the notable issues that will be addressed are these eight:

- Addressing public health disinformation by health professionals.
- Regulating ghost guns.
- Declaring climate change a public health crisis.
- Banning cannabidiol ads in places that children frequent.
- Preventing loss of insurance coverage after the COVID -19 public health emergency ends.
- Urging the Food and Drug Administration to swiftly review and approve over-the-counter status for oral contraceptives.
- Decreasing bias in evaluations of medical student performance.

- Ensuring accessibility of quality child care for physicians in training.

Learn more.