ICYMI: 10 stories to read from the 2022 AMA Interim Meeting

NOV 17, 2022

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Nearly 700 physicians, residents and medical students gathered in Honolulu for the 2022 AMA Interim Meeting to consider a wide array of proposals to help fulfill the AMA's core mission of promoting medicine and improving public health.

The occasion marked the first AMA House of Delegates’ meeting since the Supreme Court’s decision in Dobbs v. Jackson Women’s Health Care Organization (PDF), which represents an assault on reproductive health and safe medical practice and prompted the AMA to take a flurry of actions aimed at protecting patients and doctors from the criminalization of medical care.

Empowering doctors to put patients first

AMA President Jack Resneck Jr., MD, opened the meeting on an inspirational note, reminding delegates that the AMA has physicians’ backs whether they are fighting to stop Medicare pay cuts, fix prior authorization or reduce administrative burdens that lead to burnout. With all the pressures that physicians face, it’s not surprising that burnout rates are soaring.

Telling physicians “to be more resilient, do a little more yoga, and to enjoy a free dinner from the hospital CEO isn’t going to heal the burnout. While wellness has its place, to focus solely on resilience is to blame the victim,” he added, highlighting the AMA Recovery Plan for America’s Physicians. (Read or watch Dr. Resneck’s speech.)

“We need to fix what’s broken—and it’s not the doctor,” he said to big applause from delegates. Learn more from Dr. Resneck about how the AMA is fighting on behalf of America’s patients and physicians.

Focused plan shows results
Also at the opening session, AMA Executive Vice President and CEO James L. Madara, MD, reflected on the 10-year anniversary of the AMA’s long-term strategic plan. (Read or watch Dr. Madara’s speech.)

The plan was developed with two main goals in mind—that the actions of the AMA more strongly reflect the organization’s mission, and that those actions have a strong, positive impact. This led to a three-pronged strategy aimed at confronting chronic disease, driving professional development and removing obstacles that interfere with patient care.

Find out how the AMA’s work today is helping reshape medicine for the 21st century.

10 things to catch up on

The AMA’s policymaking meetings may seem to start slowly, with thoughtful educational sessions and detailed reference-committee testimony, but they conclude with a flurry of votes and AMA news releases. Even die-hard physician advocates can have trouble keeping pace.

In case you missed it, here are 10 stories worth revisiting from the Interim Meeting—in no particular order.

1. **AMA holds fast to principle: Reproductive care is health care**

Delegates adopted policies opposing the criminalization of pregnancy loss resulting from medically necessary care, supporting expanded access to abortion care and more

“Since the *Dobbs* decision, health care in the United States has been thrown into chaos, with life-or-death decisions deferred to hospital lawyers, patients needing care driven across state lines, and uncertainty over the future of access to reproductive health care,” Dr. Resneck said.

“The AMA is steadfastly opposed to governmental interference in the practice of medicine, especially for well-established, medically necessary treatments,” he added. “Patients and physicians need assurances that they won’t be accused of crimes for medically necessary
treatment. Unfortunately, this is the post-*Dobbs* world we now face. The fact that medically necessary treatment can be criminalized speaks volumes about these misguided abortion laws.

“Physicians and other health care professionals must attempt to comply with vague, restrictive, complex and conflicting state laws that interfere in the practice of medicine,” Dr. Resneck noted. “These new policies will help the AMA to continue our advocacy and defend physicians in legislatures and the courts.”

**2 Preventing deadly gun violence will be focus of AMA task force**

Having declared gun violence a public health crisis, America’s physicians have grown increasingly frustrated at the nation’s failure to make progress in preventing gun-related deaths and injuries. Already this year, more than 30,000 have died of gun violence in the U.S.

Delegates took action to explore new avenues to address this public health crisis, including a task force focus on gun-violence prevention and violence-interruption programs.

“As physicians and healers, we are committed to ending firearm violence by advocating for common-sense, evidence-based solutions, and this task force will be key to that ongoing effort,” Dr. Resneck said. Also learn how delegates are eyeing illegal sources of guns and better data to address firearms deaths.

**3 Patients deserve greater clarity on who is a physician—and who isn't**

It’s increasingly common for patients to encounter nonphysician practitioners as members of their health care teams. Meanwhile, ever more nonphysician practitioners have received
advanced training resulting in a doctorate degree, such as the doctor of nursing practice.

To help patients keep pace with these changes, physicians should make new strides to clarify their roles and credentials vis-a-vis other members of the health care team and also promote collaboration among all health professionals, according to an AMA Council on Ethical and Judicial Affairs report adopted at the Interim Meeting.

The AMA Code of Medical Ethics touches on this issue in an opinion on collaborative care, and was updated to provide guidance on transparency in the context of team-based care involving nonphysician practitioners. Find out how the AMA is leading the charge to stop inappropriate scope-of-practice expansions that threaten patient safety.

Work to close insurance coverage gaps for preventive care

Across the U.S. population, gaps in health insurance coverage result in people missing opportunities to achieve optimal health status. Delegates took steps to address three such gaps: supporting coverage for the full cost of administering vaccines under Medicare, protecting PrEP for HIV as an essential benefit under the Affordable Care Act, and backing payer coverage of treatments for adult and pediatric obesity.

Visit AMA Advocacy in Action to learn more about what’s at stake in covering the uninsured and other advocacy priorities the AMA is actively working on.

The U.S. health sector should decarbonize

Climate change represents a significant public health threat and harms individual patients, driving up rates of allergies, asthma, and respiratory and cardiovascular disease—and it is time for policymakers and health care organizations to act accordingly, says an AMA Council on Science and Public Health report whose recommendations were adopted at the Interim Meeting.
Having declared climate change a public health crisis in June, delegates added to existing policy a goal to “reduce U.S. greenhouse gas emissions aimed at a 50% reduction in emissions by 2030” with existing policy calling for carbon neutrality by 2050.

“This is an existential threat. We must continue to do everything we can to combat the climate crisis and act now to prevent catastrophic levels of global warming,” said AMA Trustee Drayton Charles Harvey, a California MD-PhD student. “Physicians pledge to do no harm, and now it is time for the health sector to do the same by joining forces to commit to decarbonization and public health.”

Harm-reduction efforts needed to curb overdose epidemic

The U.S. drug-overdose epidemic continues to worsen as the number of deaths grew by nearly 15% in 2021—a grim total fueled by a 23% rise in the number of deaths linked to illicitly manufactured fentanyl—highlighting a need to encourage harm-reduction measures.

Among other steps, delegates moved to support efforts to increase access to fentanyl test strips and other drug-checking supplies for the purpose of harm reduction.

“The AMA has strongly supported increased use of a broad array of harm-reduction efforts to reduce death and other harms from nonmedical use of drugs, including for people who inject drugs,” said AMA Trustee Thomas J. Madejski, MD. “These efforts include greater access to naloxone, syringe services programs and pilot programs for overdose prevention sites/supervised injection-use facilities. Fentanyl strips are part of this effort, and we urge states to take steps to help a vulnerable population.”

AMA backs stronger leave policies for medical students, doctors
For physicians to stay focused on their patients, they also need to have support to care for their own families. In recent years, leave policies for medical students, residents and fellows have been more supportive of time to give birth, rear an infant and care for infirm family members while training.

“It is important that medical students and all physicians-in-training have access to equitable, adequate and paid parental, family and medical necessity leave to support their health and well-being,” said AMA Immediate Past Chair Bobby Mukkamala, MD.

Delegates recommended that medical schools, residency programs, specialty boards and medical group practices strive to allow at least 12 weeks' leave. They also directed the AMA to study the impact and feasibility of such a policy, and took several other steps to boost medical and family leave for doctors and medical students.

8 Stop putting kids behind bars

Twenty-seven states have no minimum age of juvenile adjudication. Delegates took action to establish such an age floor in the U.S., where proportionally more children interface with the juvenile justice system than in any other country.

“People who experience their first incarceration as a young child have worse health outcomes as adults compared with those first incarcerated as adolescents,” Drayton Charles Harvey said. “Setting a minimum age for when a young person enters the juvenile justice system will lessen the harmful effects that early justice involvement can have on children and their families over the course of their lives.”

Delegates adopted policy to “establish minimal age of 14 years for juvenile justice jurisdiction in the United States.” That aligns with the United Nations’ recommendation to boost the minimum juvenile jurisdiction age from 12 to 14.

9 Physicians oppose mandatory gender-based treatments for athletes
Efforts by the athletic community to regulate the participation of transgender athletes and athletes with differences in sexual development go back decades. Such efforts have been largely incompatible with international human rights norms and standards, according to an AMA Board of Trustees report adopted at the meeting.

“The AMA opposes athletic eligibility regulations that contribute to discrimination and stigma attached to naturally occurring differences in gender and sexual identity, sexual development and orientation,” said AMA Trustee David H. Aizuss, MD.

“Unnecessary medical interventions to change natural hormone variations as a prerequisite for athletic competition must not be forced on physicians to artificially alter the natural ability of transgender athletes and athletes with differences in sexual development,” Dr. Aizuss added.

Address private equity’s growing impact on residency training

The role of private equity has increased markedly in recent years, and the consequences of that change are adversely affecting graduate medical education (GME). The 2019 closing of Philadelphia’s Hahnemann University Hospital is one glaring example of the potential adverse consequences. And from 2015 to 2019, the number of investor-owned, for-profit community hospitals in the U.S. rose 19% to more than 1,200 hospitals.

“While positive developments have been made to implement protections for residents since the unexpected closure of Hahnemann, we are concerned that these changes are only temporary and may not lead to lasting change or prevent dramatic teaching hospital closures from happening again as a result of private equity investment,” said AMA Immediate Past Chair Bobby Mukkamala, MD.

We will continue to advocate for protections for residents who train in residency programs at private equity-owned teaching hospitals and encourage sponsoring institutions to monitor these programs to minimize disruptions to residency training—not only to ensure
continuity of excellent education for physicians-in-training but also ensure they’re able to continue providing much needed care for the communities and patients they serve,” Dr. Mukkamala said.

In other action, AMA delegates took steps to:

- Require mental health parity in Medicare.
- Subject third-party pharmacy benefit administrators to PBM rules.
- Study the pros and cons of virtual residency interviews.
- Make it easy to compare Medicare Advantage plans on the web.
- Eliminate daylight saving time.
- Ensure that pulse oximeters work regardless of skin pigmentation.

To catch up with these items and other news from the House of Delegates’ gathering in the Aloha State, read our highlights from the 2022 AMA Interim Meeting.