

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES**166th ANNUAL MEETING
CHICAGO, ILLINOIS
June 10–14, 2017****CALL TO ORDER AND MISCELLANEOUS BUSINESS**

CALL TO ORDER: The House of Delegates convened its 166th Annual Meeting at 2 p.m. on Saturday, June 10, in the Grand Ballroom of the Hyatt Regency Chicago, Susan R. Bailey, MD, Speaker of the House of Delegates, presiding. The Sunday, June 11, Monday, June 12, Tuesday, June 13, and Wednesday, June 14 sessions also convened in the Grand Ballroom. The meeting adjourned following the Wednesday morning session.

INVOCATION: The following invocation was delivered by Chaplain Omer Mozaffar, the Muslim Chaplain at Loyola University Chicago.

I greet you with a greeting of peace. Peace be upon you, As-salamu alaykum.

We begin with the name of the Divine, the Greatest in Mercy, the Eternal in Mercy. Praise and gratitude are due to the Divine, and we seek from the Divine to guide us on the straight path, the path of those whom the Divine has blessed, not of those upon whom is anger, nor of those who are astray. And we seek from the Divine in this time of fear and polarization, in this time of chaos and uncertainty to guide us and inspire us to reconcile with each other, with those from whom we've become distant, with those from whom we've received suffering, and with those to whom we have caused suffering. And to the Divine as you have last year made the impossible happen, as you have last year made a miracle happen by uniting the entire City of Chicago and almost the entirety of these United States, except for a small population in Ohio, to support Chicago's North Side and its otherwise most unfortunate baseball team, the Chicago Cubs. We ask you to unite all of us with common purpose and full optimism and humor towards healing.

Peace be upon you all.

REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Hugh Taylor, MD, Chair:

CREDENTIALS: The Committee on Rules and Credentials reported that on Saturday, June 10, 498 out of 555 delegates (89.7%) had been accredited, thus constituting a quorum; on Sunday, June 11, 521 delegates (93.9%) were present; on Monday, June 12, 540 (97.3%) were present at the start of the session and 542 of 558 delegates (97.1%) were present at the end of the session; on Tuesday, June 13, 546 (97.8%) were present; and on Wednesday, June 14, 547 (98.0%) were present.

Note: During Monday's business session, the American Society of Hematology, the American Society of Transplant Surgeons and the International Society of Hair Restoration Surgery were granted representation in the House of Delegates (see Board of Trustees Report 2). On Tuesday, the American Association of Hip and Knee Surgeons and the American Society of Neuroimaging were removed from the House (upon adjournment) for failing to meet membership requirements (see Board of Trustees Report 25).

RULES REPORT - Saturday, June 10**HOUSE ACTION: ADOPTED**

Madam Speaker, Members of the House of Delegates:

Your Committee on Rules and Credentials recommends:

1. House Security

Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend.

2. Credentials

The registration record of the Committee on Rules and Credentials shall constitute the official roll call at each meeting of the House.

3. Order of Business

The order of business as published in the Handbook shall be the official order of business for all sessions of the House of Delegates. This may be varied by the Speaker if, in her judgment, it will expedite the business of the House, subject to any objection sustained by the House.

4. Privilege of the Floor

The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

5. Procedures of the House of Delegates

The November 2016 edition of the "House of Delegates Reference Manual: Procedures, Policies and Practices" shall be the official method of procedure in handling and conducting the business before the AMA House of Delegates.

6. Limitation on Debate

There will be a 3-minute limitation on debate per presentation subject to waiver by the Speaker for just cause.

7. Nominations and Elections

The House will receive nominations for President-elect, Speaker, Vice Speaker, trustees and council members on Saturday afternoon, June 10. Except for the office of President-elect, speeches will be limited to officer candidates in contested elections, with no seconding speeches permitted. The order will be selected by lottery.

The Association's 2017 annual election balloting shall be held Tuesday, June 13, as specified in the Bylaws, and the following procedures shall be adopted:

Accredited Delegates may vote any time between 7:30 a.m. and 8:45 a.m. by reporting to the polls in Columbus K-L of the Hyatt Regency Chicago. The Committee on Rules and Credentials will certify each delegate and give him/her an "authority to vote" slip. The slip will then be handed to an election teller, who will provide the voter with a ballot and provide assistance as necessary.

The announcement and confirmation of the election results will be called for as soon as possible and appropriate.

In instances where there is only one nominee for an office, a majority vote without ballot shall elect on Saturday.

8. Conflict of Interest

Members of the House of Delegates who have a substantial financial interest in a commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest before testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.

9. Conduct of Business by the House of Delegates

Each member of the House of Delegates and the AMA Officers resolutely affirm a commitment to be courteous, respectful and collegial in the conduct of House of Delegates actions, characteristics which should exemplify the members of our respected and learned profession.

Respectful Behavior

Courteous and respectful dealings in all interactions with others, including delegates, AMA and Federation staff, and other parties, are expected of all attendees at House of Delegates meetings, including social events apart from House of Delegates meetings themselves. Hugs and embraces, while not always inappropriate, are not universally accepted. Meeting attendees are reminded of their personal responsibility, while greeting others, to consider how the recipient of their greeting is likely to interpret it. Instances of unwelcome or inappropriate behavior should be brought to the attention of the Speakers.

SUPPLEMENTARY REPORT - Sunday, June 11

**HOUSE ACTION: ADOPTED AS FOLLOWS
LATE RESOLUTIONS 1002 (243) and 1003 (420) ACCEPTED
LATE RESOLUTION 1001 NOT ACCEPTED
EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS**

Madam Speaker, Members of the House of Delegates:

(1) LATE RESOLUTIONS

The Committee on Rules and Credentials met Saturday, June 10, to discuss Late Resolutions 1001–1003. Sponsors of the late resolutions met with the committee to consider late resolutions and were given the opportunity to present for the committee’s consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting.

Recommended for acceptance:

- Late 1002 – Seamless Digital Interface for Best Care
- Late 1003 – Evidence-Based Vaccination Recommendations

Recommended not be accepted:

- Late 1001 – Barriers to Price Transparency

(2) REAFFIRMATION RESOLUTIONS

The Speakers asked the Committee on Rules and Credentials to review the recommendations for placing resolutions introduced at this meeting of the House of Delegates on the Reaffirmation Calendar. Reaffirmation of existing policy means that the policies reaffirmed remain active policies within the AMA policy database and therefore are part of the body of policy that can be used in setting the AMA’s agenda. It also resets the “sunset

clock,” so such policies will remain viable for 10 years from the date of reaffirmation. The Committee recommends that current policy be reaffirmed in lieu of the following resolutions (current policy and AMA activities are listed in the Appendix to this report):

- Resolution 5 Perioperative Do No Resuscitate Orders
- Resolution 102 Establishing a Market System of Health System Financing and Delivery
- Resolution 104 Consultation Code Reinstatement
- Resolution 105 Opposition to Price Controls
- Resolution 113 The AMA Will Support Payment Parity at Medicare Levels for All Medicaid Services
- Resolution 122 Reimbursement for Pre-Colonoscopy Visit
- Resolution 202 Protect Individualized Compounding in Physicians' Offices
- Resolution 221 AMA Policy on American Health Care Act
- Resolution 232 Create MACRA Opt-Out Option
- Resolution 234 Protections for Patients with Genetic Conditions
- Resolution 509 Exploring Applications of Wearable Technology in Clinical Medicine and Medical Research
- Resolution 512 Advertising Restrictions and Limited Use of Dietary Supplements
- Resolution 519 Liquid Medication Dosing
- Resolution 704 Prior Authorization Abuse
- Resolution 710 Payment for Medicaid Interpreter Services

APPENDIX – Reaffirmed policy and actions taken

- Resolution 5 Perioperative Do No Resuscitate Orders
 - E-5.4 Orders Not to Attempt Resuscitation (DNAR)
- Resolution 102 Establishing a Market System of Health System Financing and Delivery
 - H-373.998 Patient Information and Choice
- Resolution 104 Consultation Code Reinstatement
 - D-70.953 Medicare's Proposal to Eliminate Payments for Consultation Service Codes
- Resolution 105 Opposition to Price Controls
 - H-155.962 Maximum Allowable Cost of Prescription Medications
 - H-373.998 Patient Information and Choice
- Resolution 113 The AMA Will Support Payment Parity at Medicare Levels for All Medicaid Services
 - H-290.976 Enhanced SCHIP Enrollment, Outreach, and Reimbursement
 - H-290.965 Affordable Care Act Medicaid Expansion
 - H-290.980 Status Report on the Medicaid Program
 - In addition, AMA advocacy efforts consistently call for Medicare-level reimbursement rates in Medicaid to ensure access to care. In particular, the AMA submitted comments to the Centers for Medicare and Medicaid Services on the importance of ensuring adequate payment rates in the Medicaid program. The AMA also developed model legislation on Medicaid payment rates. This model bill, “Medicaid Primary Care Payment Parity Act,” establishes Medicaid payment rates for primary care services in parity with Medicare payment rates.
- Resolution 122 Reimbursement for Pre-Colonoscopy Visit
 - D-330.950 Support for Coverage of the Consultation by a Physician Prior to Screening Colonoscopy
- Resolution 202 Protect Individualized Compounding in Physicians' Offices
 - H-120.930 USP Compounding Rules
 - In addition, AMA continues to advocate that in-office preparation for patient care is not compounding and constitute the practice of medicine consistent with AMA policy and this proposed resolution including:
 - AMA Letter to FDA Center for Drug Evaluation and Research (Aug. 26, 2016) (emphasizing that the FDA’s implementation of the Drug, Quality, and Security Act (DQSA) should not seek to regulate medical practice such as a physician’s in-office preparation of treatments for a patient).
 - AMA Letter to the United State Pharmacopeia (Jan. 29, 2016).
 - AMA meetings with FDA compound staff in May 2017 (discussing with FDA compounding staff the importance and need for in-office preparation).

- Resolution 221 AMA Policy on American Health Care Act
 - D-165.935 Protecting Patient Access to Health Insurance Coverage, Physicians, and Quality Health Care
 - D-165.938 Redefining AMA's Position on ACA and Healthcare Reform
 - D-165.940 Monitoring the Affordable Care Act
 - H-165.835 AMA Advocacy for Health System Reform
 - H-165.828 Health Insurance Affordability
 - H-165.888 Evaluating Health System Reform Proposals
 - H-165.838 Health System Reform Legislation
 - In addition, the goals of Resolution 221 have been met by numerous AMA reports examining and identifying what needs to be changed or improved with the ACA; by numerous reports summarizing AMA advocacy and Congressional actions on fixes or improvements to the ACA pursuant to D-165.938; and previous and ongoing AMA advocacy activities, as follows:
 - BOT Rep. 24-A-17, summarizing our AMA advocacy activities related to the AHCA (as of May 17, 2017)
 - Redefining the AMA's Position on ACA and Healthcare Reform: BOT Rep. 6-I-13; BOT Rep. 24-A-14; BOT Rep. 2-I-14; BOT Rep. 22-A-15; BOT Rep. 4-I-15; BOT Rep. 7-A-16; BOT Rep. 4-I-16
 - CMS Report 5-I-13, Monitoring the Affordable Care Act
 - CMS Report 9-A-14, Improving the Affordable Care Act
 - AMA Vision on Health Reform
 - AMA Letter to Congress, January 3, 2017
 - AMA letter to the leadership of the House Energy and Commerce Committee and Ways and Means Committee, sharing views on the AHCA, March 7, 2017
 - AMA letter to House leadership on March 22, 2017, expressing opposition to the AHCA
 - AMA letter to House leadership on April 27, 2017 urging no vote on AHCA
 - AMA letter to Senate leadership on May 15, 2017
 - AMA letter to Senate Finance Chairman Orrin Hatch, May 23, 2017
- Resolution 232 Create MACRA Opt-Out Option
 - H-390.838 MIPS and MACRA Exemption
 - In addition, AMA has on-going advocacy to cover the language of Resolution 232 including:
 - AMA Comment Letter to CMS on MACRA Final Rule (urging CMS to provide additional exemptions for small groups to ensure the success of the MACRA program and encourage continued participation)
 - AMA Comment Letter to CMS on MACRA Proposed Rule (recommending lower reporting burdens and a broader exception for small group practices)
- Resolution 234 Protections for Patients with Genetic Conditions
 - H-65.969 Genetic Discrimination and the Genetic Information Nondiscrimination Act
 - H-185.972 Genetic Information and Insurance Coverage
 - H-165.856 Health Insurance Market Regulation
 - H-170.963 Reward-Based Incentive Programs for Healthy Lifestyles
 - H-315.983 Patient Privacy and Confidentiality
 - D-185.981 Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits Under the Affordable Care Act
 - H-65.965 Support of Human Rights and Freedom
- Resolution 509 Exploring Applications of Wearable Technology in Clinical Medicine and Medical Research
 - H-480.943 Integration of Mobile Health Applications and Devices into Practice
- Resolution 512 Advertising Restrictions and Limited Use of Dietary Supplements
 - H-150.954 Dietary Supplements and Herbal Remedies
- Resolution 519 Liquid Medication Dosing
 - D-120.939 Promotion of Milliliter-Only for Liquid Medication Dosing
- Resolution 704 Prior Authorization Abuse
 - H-320.950 Eliminating Precertification
 - H-320.945 Abuse of Preauthorization Procedures
 - H-155.976 Administrative Costs and Access to Health Care
 - D-190.974 Administrative Simplification in the Physician Practice
 - H-320.958 Emerging Trends in Utilization Management
 - H-320.968 Approaches to Increase Payer Accountability
 - In addition, the AMA developed a set of 21 Prior Authorization and Utilization Management Reform Principles (available at ama-assn.org/sites/default/files/media-browser/principles-with-signatory-page-for-slsc.pdf). These 21

Principles are intended to empower patients to play an active role in their care and assume a pivotal role in developing an individualized treatment plan to meet their health care needs; this care model can increase patients' satisfaction with provided services and ultimately improve treatment quality and outcomes. There are five broad categories of principles including: clinical validity, continuity of care, transparency and fairness, timely access and administrative efficiency, and finally alternatives and exemptions.

- Resolution 710 Payment for Medicaid Interpreter Services
 - D-385.978 Language Interpreters
 - D-160.992 Appropriate Reimbursement for Language Interpretive Services
 - H-160.924 Use of Language Interpreters in the Context of the Patient-Physician Relationship
 - H-385.929 Availability and Payment for Medical Interpreters Services in Medical Practices
 - H-155.976 Administrative Costs and Access to Health Care
 - In addition, the AMA developed a fact sheet on Section 1557 of the Affordable Care Act (available at ama-assn.org/sites/default/files/media-browser/public/ama-fact-sheet-section-1557.pdf). The fact sheet outlines who is subject to Section 1557, the requirements of Section 1557, and provides guidance and tips for physicians and practices on how to create a language access plan that is in compliance with Section 1557.

CLOSING REPORT

HOUSE ACTION: ADOPTED

Madam Speaker, Members of the House of Delegates:

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Bailey, and the Vice Speaker, Doctor Scott, for the outstanding manner in which they have assisted our deliberations by their fair and impartial conduct of the House of Delegates and to commend the members of the House for their cooperation in expediting the business before us.

Your Committee wishes at this time to offer the following Resolution:

Whereas, The Annual Meeting of the House of Delegates of the American Medical Association has been convened in Chicago, Illinois during the period of June 10-14; and

Whereas, This Annual Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of policy deliberations and fellowship; and

Whereas, The City of Chicago has extended to the members attending this meeting the utmost hospitality and friendliness; therefore be it

RESOLVED, That expressions of deep appreciation be made to the AMA Board of Trustees for arranging this meeting, to the management of the Hyatt Regency Chicago, to the City of Chicago, to the members of the Alliance, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Annual Meeting of the House of Delegates.

Madam Speaker, This concludes the Report of the Committee on Rules and Credentials, and we recommend its adoption.

APPROVAL OF MINUTES: The Proceedings of the 70th Interim Meeting of the House of Delegates, held in Orlando, Florida, Nov. 12–15, 2016, were approved.

ADDRESS OF THE PRESIDENT: AMA President Andrew W. Gurman, MD, delivered the following address to the House of Delegates on Saturday, June 10.

Madam Speaker, Members of the Board, delegates, distinguished colleagues and guests, and our international friends,

It's such a tremendous honor to address this House. It was one year ago that I stood before you and spoke about the importance of advocacy in medicine: advocacy on behalf of our patients, our fellow physicians, and our profession. And then we all watched as our nation's health care system became embroiled in a messy, contentious, and politically-charged debate. For our colleagues out there who had not yet realized the importance of advocacy, well, I hope 2017 has been their wake-up call.

The rich diversity that makes up the medical profession is well represented by this House: diversity of experience, of practice, of opinion. For generations, this diversity of thought has set policy for America's physicians and helped shape the guiding principles in medicine that we still follow today. But when the values inherent in these principles are threatened, when the health of our patients is jeopardized because of politics, then we must step up.

Each of us has a crucial role to play in creating a health care system that better delivers for our patients. A system that is accessible and affordable. One that is flexible around their needs. One that is transparent about cost and exists as part of a larger social safety net to keep us living longer, healthier and more active lives. Do our patients deserve any less? Of course not! They need as many allies as they can get. They need all of us speaking out on their behalf.

Last June, in the hours after the horrific nightclub shooting in Orlando, this House voted to expand our longstanding policy on gun safety to support waiting periods and background checks on all firearm purchases. And we joined other leading health organizations in labeling gun violence as a public health crisis and calling on lawmakers to fund research as part of a comprehensive solution to end the bloodshed. Weeks after the shooting, I had the opportunity to meet with the Florida Medical Association in Orlando to thank the city's emergency physicians and trauma specialists who responded so courageously in that dark hour.

We later joined the American Bar Association to host a gun violence prevention summit here in Chicago, a city with more than its share of heartbreak linked to gun violence. The conference brought together local leaders from the medical, legal, criminal justice and other communities to collaborate on meaningful solutions that could reduce and perhaps, one day, even prevent gun violence.

Months later in the heat of the presidential race the AMA forcefully called out the manufacturer of EpiPens and others in the pharmaceutical industry for exorbitant drug prices, carrying out the directive of this House to address concerns about rising drug prices and seeking greater cost transparency for consumers.

As the nation revisited the debate over health system reform, the AMA continued its role as a leading voice for patients as lawmakers advanced legislation that would strip away coverage for millions who'd acquired it through the Affordable Care Act.

The ACA is far from perfect and should be improved to stabilize the marketplace and make meaningful health insurance more affordable, but the law did expand coverage for more than 20 million people who were largely unable to obtain insurance in the past. So, while we might debate the appropriate ways to fix the ACA, we continue to support the goal of making health care more affordable and accessible for everyone and better protecting patients from the devastating financial costs that can result from a health emergency or serious illness.

At the AMA, we stand rooted in principles, not politics. Our positions are moored in science, research and evidence. I can tell you, as president, our positions aren't always popular with every community. Criticism is sometimes the price you pay for standing up for what you believe.

If you're looking at these issues strictly through a political lens, then the positions we take are often difficult. But if you're looking at them through our mission to promote the art and science of medicine and the betterment of public health, well, the stances are not only easy, they are necessary. This is what leadership in medicine is all about.

Some battles we enter have clear bipartisan support, and there are people on both sides of the aisle eager to collaborate and engage. At a time of deep political divisions in this country, we were able to assemble a broad coalition of allies, including partnerships with 17 state medical associations—from Red States and Blue—as well as leading economists, policy experts, attorneys general and physicians to successfully block the mergers of insurance giants Aetna-Humana and Anthem-Cigna.

We know from history that competition is essential to ensure improved service and better quality at a lower cost. And whenever competition is threatened it's our patients who pay the heaviest price. In this coordinated, two-year effort, we wrote the Department of Justice and testified before Congress. We lobbied state officials. And we mined data and stories from the field to build our case that patients and doctors are better served in a health care system that promotes open competition and choice.

Federal judges cited our arguments in their decisions to halt the mergers. And when all four parties later abandoned their efforts, it brought to a close one of our defining victories in recent years, one that should serve as a model for our collective advocacy work now and into the future.

Other issues we confront fall more sharply along political lines and we continue to hear from people across the political spectrum on those decisions. Trust me, you should read my emails! In them you'd read impassioned arguments on all kinds of hot-button issues. I particularly like the emails that read, "I am not a member of the AMA, and now I am REALLY not going to join" and then they go on to argue their position in great detail. I even got an email informing me about a dead duck in the handicapped parking spot outside a medical society building, although I suspect that one was meant for a different Andy.

The message I took away from these hundreds of emails—except for the one about the duck—is that the opinion of the AMA really matters. It matters to the public. It matters to legislators. It matters to physicians, whether they are members or not. I have responded to almost every email and have even called a few folks who sent them. The response is often disbelief that the president of the AMA would take the time to personally respond to their concerns. These simple interactions with people about what we do and what we're working on were among the most rewarding things I did all year.

The role of the AMA is to always stand on principle and to hold firm against criticism or backlash. It is standing up for what we believe is right, for the values that have defined the AMA's work since our humble beginnings.

And how do we know what's right? That's simple. You tell us. The 500-plus members of this House. The more than 190 state and specialty societies you represent. And physicians everywhere who help guide the policies developed and adopted by this House and whose personal stories illuminate our triumphs and struggles. You give us our foundation. You affirm our relevance, and you give life to the causes we adopt. The voice of the AMA is your voice, the voice of America's physicians. And that's the voice that is speaking when I write or call those who reach out to me as president. That's the voice that I speak with when I represent our AMA to Congress, to the media and to the outside world.

The challenges we face today in medicine are complex and getting more so all the time. The threats to our patients are constantly evolving. We will never lose sight of who we speak for, and none of us here today can ever forget who we represent. We pick our battles because of what you tell us and because of what we know from experience.

The average primary care physician shouldn't have to waste his or her time with 37 pre-authorizations for testing or medication every week! An internist in, say, Altoona, Pennsylvania, shouldn't have to spend endless minutes on the phone waiting to explain to an insurance company why its policy of a four-day limit on malaria prophylaxis pills—without prior authorization—would be insufficient to cover one of his patients who happened to also be the president of the AMA and who would be traveling in Africa for eight days.

Yes, this really happened.

As you and I know all too well, that's what it's like to practice medicine today. These are common frustrations that are driving some of our most skilled and most experienced physicians from the profession. So, whether it's working to ease physician burnout or helping to create the next great digital breakthrough, the AMA is working in the trenches on what truly matters to physicians.

And we're building partnerships to fix what's broken. We recently created a coalition with 16 other health care organizations to reform prior authorization, calling for an industry-wide reassessment of prior authorization programs for medical tests, procedures, devices and drugs. And we've had some early success.

With our coalition partners, we've created 21 principles to guide this reform, which are based on clinical validity, transparency, fairness, administrative efficiency and other areas of concern. And we're working with health plans, benefit managers and others to reduce administrative burdens for both payers and physicians, and to improve the patient experience as well.

Another example is how we've worked to help you prepare for the new Medicare Quality Payment Program, or QPP. As I told you in November, our advocacy has helped to significantly reduce reporting burdens for physicians. Reporting one measure, on one patient to CMS this year is all you need to do to avoid a four percent payment penalty in 2019. If you report more, you might qualify for a bonus. No one in this room should be hit with a penalty! And when you leave here, I want you to carry this message to our colleagues in the field and tell them all the AMA is doing for us! They can find everything they need on QPP and other important issues on our website.

These are two examples of the work we're doing to make our jobs a little easier. A little less frustrating. A little less complicated. The point is we know what you're going through because I and our colleagues around this room face the same challenges every day.

A year ago, I talked about my personal journey in medicine and how I came to understand the importance of advocacy in our profession. Let me give you one more example of what that looks like.

Earlier this year after the new administration announced its first travel ban on citizens from selected countries, I met with a dozen medical students with DACA status—that's the Deferred Action for Childhood Arrivals—at Chicago's Loyola University. There are 28 such students at Loyola, nearly half of the nationwide total. This private Jesuit school made a decision, based on its own principles of justice and service to humanity, to provide harbor for these students and engage community partners to provide loans and other support.

In return, these students committed to practicing medicine in an underserved community for at least three years in many cases, communities from which they came. They provide bilingual, bicultural care to communities in desperate need.

I met with these students because I wanted to hear personally from those on the front line of this national debate: students from South Korea, Guatemala, Mexico, India and elsewhere, whose journeys to the United States began as children. Today, these men and women share a common dream of becoming doctors. We talked for more than an hour, and in their voices I heard fear about the executive action and its potential impact on their lives, their families and their pursuit of medicine.

I could not imagine being in their shoes, feeling uncomfortable in the country they call home. All I could do was listen and bear witness to their concerns. I reassured them that the AMA was strongly advocating to oppose this order and to support legislation that protected students like them.

This is what our work is about. This is advocacy at its most basic, most human level.

As I thought about what I wanted to leave you with today, I turned once more to the great scholar Hillel. Some of you may remember that I quoted him in my inauguration last year. Well, there's one more quote of his that I think so beautifully captures our mission at the AMA: "A single candle can light a thousand more without diminishing itself."

My friends and colleagues, this organization and all the members of this House represent that candle. It's our responsibility to light a path toward a future in medicine that protects people from every community and every demographic and empowers them to live longer and healthier. It is our duty to shed light on the challenges that physicians face and to seek changes to protect the profession.

Let us shine a light so that others may find their voice and take this journey with us. We are the light that medicine needs, that our profession needs and that our patients need.

Thank you again for the honor and privilege of doing this work.

REPORT OF THE EXECUTIVE VICE PRESIDENT: James L. Madara, MD, executive vice president of the Association, delivered the following address to the House of Delegates on Saturday, June 10.

Madam Speaker, Mister President, members of the Board, delegates, and guests:

First off, happy birthday! Just four weeks ago the AMA turned 170 years old. So, let's give Nathan Davis and colleagues a round of applause!

1847 was a long time ago. What do 21 states—including Wisconsin, California, Minnesota and Oregon—all have in common? None of these states had entered the Union by 1847. In the 60 years that followed, at least one new state was added each decade. Those of us born in the 1950s and 1960s have an intuitive sense of stability about our country's map. We don't think of it as having been so dynamic.

In fact, when I was in grade school and learning my states, I got hung up on the fact that Michigan was in two pieces. I couldn't understand why there was an Upper Peninsula, couldn't get my arms around that. After putting up with this for a while, my mom looked at me and said, "Jimmy, Michigan was and always will be in two pieces ... so it's time you just move on." Moms are great, aren't they! That day I learned something about maps, but also about the important acceptance of facts.

I'll return to maps in a moment, but first I'd like to introduce a new way of conceptualizing the work that emanates from the policies of this House. In past years, I've spoken of our work across three strategic focus areas: one aimed at improving professional satisfaction and practice sustainability, which is sorely needed given the deterioration of the practice environment over the last quarter century. A second focus area is aimed at creating the medical school of the future, and a third on improving health outcomes for patients with pre-diabetes and hypertension.

The work on these three areas has gained traction and national attention. But, additionally, they've begun to interconnect and broaden, incorporating critical advocacy work and organically linking to other initiatives. So, it's now possible to capture and represent the totality of AMA's work as three strategic arcs, each with one of the focus areas at its core.

One strategic arc develops critical tools and policies for our field, efforts that emerged from our professional satisfaction focus and created our practice transformation series StepsForward,[®] our MACRA Action Kit, our Payment Model Evaluator, our expanding innovation ecosystem, as well as our work across digital medicine.

Creating tools and policies to promote satisfaction also extends to our recent work defining principles for better electronic health record usability. The work of this arc also created the principles to reform prior authorization, principles that are now supported by more than 100 organizations and are aimed at correcting deep flaws in prior authorization.

Our second strategic arc guides lifelong professional development and physician growth. This began with our work to create the medical school of the future, but now extends to the redesign of our Education Center, our initiatives to combat physician burnout, and of course to the JAMA network.

Our third strategic arc is to improve the health of the nation, particularly as it pertains to chronic disease, which accounts for 80 percent of our nation's three trillion dollar health care spend. This third arc includes formalized partnerships with other leading organizations, such as the CDC and, now, the American Heart Association as well as our coordinated efforts to help change patient behavior by integrating prevention into the care setting—a daunting task since it has to be done in a way that does not create additional time burden on physicians. This also encompasses our work in personalized medicine, in achieving greater health equity, and our efforts to reduce the opioid epidemic.

These three strategic arcs—producing critical tools and policies for the field, guiding professional development, and working to improve our nation’s health—these three build upon our original three focus areas and tell a more complete story of the AMA. That’s a story of leadership in medicine.

So, back to maps. Let’s take a cartographer’s view of what leadership looks like. Our successful work to block health insurance mergers—one of our most important advocacy efforts of the past year—was made possible thanks to a well-coordinated effort to engage partners in the states that would have been hardest hit by insurer consolidation. Seventeen state associations joined our antitrust coalition, thus protecting accessibility and affordability for millions. This advocacy win fits firmly in the strategic arc of improving the health of our nation.

Our Transforming Clinical Practice Initiative is using clinical coaching and other quality improvement strategies to help physicians increase patient access to information and assists in practice transformation, part of our arc producing critical tools and policies for the field.

Our consortium to create the medical school of the future, the foundation of our arc to enhance professional development, now includes 20 percent of our country’s medical students. We created a new field called Health Systems Science and, in January, published the first textbook in this “third” science of medical education, joining basic and clinical sciences. Health Systems Science includes core information on health care delivery, quality improvement, leadership, population health, economics, as well as the social and ecological determinants of health.

The AMA also recently launched, in partnership with the Regenstrief Institute, a new digital training platform that will ensure our future physicians learn how to use electronic health records to deliver care in a modern health system.

Our expanding innovation ecosystem includes our co-creation of the accelerator MATTER, now with 200 startup companies, right here in Chicago. Our reach also touches SMART Health IT in Boston, and Sling Health in St. Louis and five other diverse cities. Our Silicon Valley-based innovation studio, Health2047, is in the initial phase of developing products aimed at improving our health system, and importantly, giving physicians more time with their patients by reducing administrative workloads and improving clinical data liquidity and organization. The overarching goal of Health2047 over the next few years is to relieve burdens equal to returning one hour to every physician’s work day.

Now, I realize you all want two or three hours returned immediately, but we first must gain a toe-hold in the daunting administrative complexity that we face. And as we celebrate our 170th birthday, we recall that Health2047 is named for the year in which we will celebrate our 200th anniversary. Lots of work to do before then.

Our work to tackle the threat of prescription opioids is challenging physicians, policymakers and others to devise comprehensive and lasting solutions for this scourge. More than a dozen states in the last two years have introduced or passed AMA model legislation that expands access to the life-saving drug naloxone and/or implements Good Samaritan protections for those who intervene in treating overdose.

We worked with the medical associations of seven states to advance legislation on medical liability reform, securing victories to limit payouts, and strengthening standards for expert witnesses. This was important policy work to the field. We partnered with societies to defeat problematic balance-billing legislation and introduce bills that incorporate fair payment standards, including an important win in Nevada this past week. Our Interstate Medical Licensure Compact now includes 21 states that, in the last three years, have significantly improved their state’s licensing process.

Even these diverse initiatives across many states don’t fully capture the entire scope of our partnerships, such as those with specialty societies. It’s just there was no way to visualize that without producing a boring map in which all states were the same color! Of course, our partnerships with all specialty societies are critical to our shared success.

Lastly, in addition to all the work that I’ve outlined, is something really big and incredibly important: our leadership effort on health reform. Here we aim to ensure protections for millions who have gained coverage under the Affordable Care Act, encourage lawmakers to view health care from the shoes of the patient, encourage them, as our campaign states, to “put patients before politics.”

Toward this end, we are working broadly with others, working to promote a vision of our country's health system: a vision that seeks to expand affordable and meaningful coverage, a vision that protects safety net programs, a vision that strengthens the individual insurance market, and one that creates cost transparency.

We all have to acknowledge the challenging political environment we're working in. We're in truly uncharted waters. Yet, we will push forward with mission, advocacy and leadership, three words that have defined the AMA over these last 170 years.

No matter how health care evolves, we must remain grounded by the policies and principles that serve as our foundation, and always remain true to our mission: "promoting the art and science of medicine and the betterment of public health." And that goes double for Michigan!

Thank you.

REMARKS FROM THE CHAIR OF THE AMPAC BOARD: The following remarks were presented to the House of Delegates on Saturday, June 10 by Vidya Kora, MD, Chair of the AMPAC board.

Distinguished guests, friends and colleagues, good afternoon.

My name is Vidya Kora. For the last 30 years I have been a general internist in Michigan City, Indiana. I am here today, though, as the chair of the AMPAC Board of Directors, and I am thrilled to announce that last year 91% of the candidates supported by AMPAC won their races. So let me begin by thanking all of you who participated in 2016 by contributing to AMPAC. Please give yourselves a big round of applause.

Time and again friends have asked why a guy like me, born and raised in India before emigrating to the United States 35 year ago, got involved in political action committees. And the answer is simple. As an immigrant who studied American political history, I learned that with the many rights and freedoms guaranteed by the United States came many responsibilities. Of these, the most important responsibility is the responsibility to participate in the political process. This realization led to my decision to run for public office. Over the last 20 years I have held various positions in LaPorte County, Indiana, where I currently serve as a county commissioner.

I also learned that participation does not end at the ballot box, either for the candidate or for the voter. Political action committees provide an avenue for participation that elected office cannot. Regardless of our personal political views, PAC contributions help support key decision makers in both parties. PACs help educate our legislators about the issues and concerns that affect our profession, and PACs help build relationships.

As leaders in our profession and in our communities, it is our duty to participate. As leadership guru Warren Bennett said simply, "Participation is power; concrete, tangible power." And that concrete, tangible power is available to you today.

If you have not already mailed your 2017 AMPAC contribution, please consider becoming a Capitol Club member by stopping by the AMPAC booth. You'll realize the same thrill of participation which I have discovered over my years in America. It is available to you now. By contributing, you'll strengthen our voice in Washington, you'll safeguard the interests of our profession, you'll fortify the bond between physicians and elected officials and you'll fulfill your duty of living in a democracy that can sometimes be taken for granted.

I know, I know many of us on both sides of the aisle might be tired of politics, but 2018 is just around the corner. We cannot afford to sit back and risk being excluded from the decision-making process. We must make our voices heard. We must participate. By becoming a Capitol Club member, you'll be joining physicians across the country as you practice America's oldest field of social medicine: participation.

Thank you for your attention, thank you for your support, and thank you for your participation.

DISTINGUISHED SERVICE AWARD: The following report was presented by Patrice A. Harris, MD, MA, Chair of the AMA Board of Trustees.

HOUSE ACTION: ADOPTED

The Board of Trustees is pleased to nominate Boris D. Lushniak, MD, College Park, Maryland, for the 2017 Distinguished Service Award.

Dr. Lushniak has served our profession for over 27 years through his many roles in the Public Health Service including disaster responses in Bangladesh, St. Croix, Russia and Kosovo. He was a member of the CDC/NIOSH team at Ground Zero in 2001, and was on the team investigating the anthrax attacks in Washington. In Monrovia, Liberia, Dr. Lushniak commanded the medical unit at the only US government hospital providing care to Ebola patients.

Dr. Lushniak served as Deputy Surgeon General beginning in 2010, and as Acting Surgeon General from 2013-2014. During his tenure he released *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014* and the first ever Surgeon General's Call to Action to Prevent Skin Cancer.

The Distinguished Service Award may be made to a member of the Association for meritorious service in the science and art of medicine, and your Board of Trustees believes Dr. Lushniak merits the recognition provided by this award.

REPORT OF AMPAC'S BOARD OF DIRECTORS: The following report was submitted by Vidya Kora, MD, Chair of AMPAC.

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding our activities in preparation for the 2018 Elections. Our mission remains to provide physicians with opportunities to support candidates for election to federal office who have demonstrated their support for organized medicine, including a willingness to work with physicians to strengthen our ability to care for America's patients. In addition, we continue to help physician advocates through our political education programs, which include intensive training sessions that provide them with all the tools necessary to successfully work on a campaign or to run for office themselves. We work hand-in-hand with our state medical society PAC partners to carry out our mission.

AMPAC Membership Fundraising

In the 2016 election cycle, AMPAC raised nearly \$2.4 million dollars and played a significant role in influencing 2016 election outcomes. In total, AMPAC invested nearly \$2 million in the 2016 cycle and achieved a 91 percent success rate of supported candidates. With the 2018 midterm elections well underway, it is critical that AMPAC's participation be at an all-time high in order to remain effective this election cycle.

The 2017 HOD AMPAC participation is currently at 48 percent—a 4 percent decrease from the 2016 Annual meeting. As AMPAC strives to surpass last year's record breaking HOD AMPAC participation of 76 percent, we will remain focused on obtaining a greater number of HOD Capitol Club members. Of the current 48 percent of HOD members that participate in AMPAC, 37 percent participate at the Capitol Club level. HOD Capitol Club participation has 188 members including 26 Platinum members, 75 Gold members and 87 Silver members. For those of you who have contributed to AMPAC already in 2017—thank you! For those of you who haven't, we need your support now more than ever. If you have not made a 2017 contribution to AMPAC yet, I strongly encourage you to stop by the AMPAC booth today to join or renew your membership.

All current 2017 Capitol Club members have been invited to attend an exclusive Capitol Club Luncheon on Tuesday, June 13th with special guest Jon Meacham. Mr. Meacham is a renowned presidential historian, Pulitzer Prize winning author and #1 New York Times best-selling author. He is also a contributing writer to The New York Times Book Review and contributing editor at TIME. He will explore how past presidents have shaped this country and how it relates to the current administration.

AMPAC is also excited to announce its 2017 Festival of Fall Colors Sweepstakes. The name of the lucky winner will be announced at the Interim Meeting in Honolulu, Hawaii during the opening HOD session. The winner will receive accommodations for 4 days/3 nights at Twin Farms Resort and Spa in Barnard, Vermont in September 2018. This trip will include all-inclusive full service custom dining options, unlimited cocktails, a variety of daily on-property guided activities and access to the fitness center and spa. Current 2017 Platinum, Gold and Silver contributors are automatically entered into the drawing for the sweepstakes.

Political Action

The first half of this year has been a busy time for Congress to say the least. Issues of keen interest to medicine such as health system reform, drug price transparency and the ongoing opioid epidemic are coming into focus and AMPAC has a role in helping to ensure medicine has a place at the table. With these and other important issues in mind, we are preparing for another robust election cycle in 2018. The AMPAC Board's Congressional Review Committee is working to lay the groundwork for early 2018 Primary contributions to House and Senate candidates. Medicine-friendly candidates, lawmakers in positions of leadership or on committees that deal with medicine's top issues, in addition to those legislators who are otherwise in unique positions to favorably impact key legislation are our top priorities.

Still roughly 18 months away from the mid-term elections, the national political landscape is extremely volatile and uncertain. AMPAC will remain a reliable constant for medicine and continue to be involved with important U.S. House and Senate races all over the country.

Political Education Programs

On February 18-19, 22 physicians and medical students took part in AMPAC's 2017 Candidate Workshop, held at the AMA's Washington, DC headquarters. Participants were provided a hands-on learning experience featuring political experts from both sides of the aisle providing expert instruction on how to run a winning campaign. Sessions included topics such as: effective fundraising techniques, crisis management, public speaking, grassroots organization and, in general, how to run a disciplined campaign.

Building on the success of this new programmatic model AMPAC is proud to announce that the dates for the 2017 Campaign School have been set for October 27-29 at the AMA Washington, DC offices. Running an effective campaign can be the difference between winning and losing a race. The AMPAC Campaign School is designed to give participants the skills and strategic approach they will need out on the campaign trail. Our team of political experts will teach them everything they need to know to run a successful campaign.

For more information on any of the Political Education Programs you are encouraged to stop by the AMPAC and AMA Grassroots booths during this meeting, or by visiting ampaonline.org.

Conclusion

On behalf of the AMPAC Board of Directors, I would like to thank all members of the House of Delegates who support AMPAC and the work we do. Your continued involvement in political and grassroots activities ensures organized medicine a powerful voice in Washington, DC.

RETIRING DELEGATES AND MEDICAL EXECUTIVES

Kansas

Jerry Slaughter

Massachusetts

Christie Morgan, MD

Michigan

Domenic R. Federico, MD

Missouri

Todd Groshong, MD

Nat Murdock, MD

American Academy of Physical Medical and Rehabilitation

Leon Reinstein, MD

American Academy of Physician Assistants

Mary P. Ettari

American College of Radiology

Albert L. Blumberg, MD

Edward I. Bluth, MD

American Psychiatric Association

Donald Brada, MD

Jack McIntyre, MD

Paul Wick, MD

REFERENCE COMMITTEES OF THE HOUSE OF DELEGATES (A-16)**Reference Committee on Amendments to Constitution and Bylaws**

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 Luis Alvarado, MD, Louisiana*
 Kyle P. Edmonds, MD, California
 Lynn Parry, MD, Colorado
 March Seabrook, MD, Amer Coll of Gastroenterology
 Barry W. Wall, MD, Amer Acad of Psychiatry and the Law
 Rebecca Weintraub Brendel, MD, Amer Psychiatric Assoc*

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 George C. Smith, Jr., MD, Alabama
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 Karl Napkoski, MD, Amer Society of Dermatopathology*
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 Kevin King, MD, Florida*, International Medical Graduate Section
 Michelle Knopp, Ohio, Regional Medical Student
 H. Timberlake Pearce, Jr., MD, South Carolina

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 David H. Aizuss, MD, California
 Anthony J. Armstrong, MD, Ohio
 Patrice Burgess, MD, Idaho
 Gary W. Floyd, MD, Texas
 Julia V. Johnson, MD, Amer Society for Reproductive Medicine
 Greg Tarasidis, MD, South Carolina

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 Michael Booth, MD, North Dakota*
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 Daniel Pfeifle, South Dakota, Regional Medical Student
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 Cyndi J. Yag Howard, MD, Amer Acad of Dermatology

Chief Teller

Sherri Baker, MD, Oklahoma

Assistant Tellers

G. Hadley Callaway, MD, Raleigh, NC
 Jone Flanders, MD, Honolulu, HI
 Shane Hopkins, MD, Ames, IA
 Brandi N. Ring, MD, Denver, CO
 Eileen Moynihan, MD, Woodbury, NJ
 Peter Aran, MD, Tulsa, OK
 Brent Mohr, MD, South Bend, IN

Election Tellers

Robert L. Allison, MD, Pierre, SD
 Beverly Collins, MD, East New Market, MD
 Carolynn Francavilla, MD, Lakewood, CO
 Woody Jenkins, MD, Stillwater, OK
 Raymond K. Tu, MD, Washington, DC
 Samuel Lin, MD, Alexandria, VA

* Alternate delegate

INAUGURAL ADDRESS: David O. Barbe, MD, was inaugurated as the 172nd President of the American Medical Association on Tuesday, June 13. Following is his inaugural address.

What Kind of Leaders Will We Be?

Thank you. It is an honor to stand before you tonight. I am excited and eager to have the opportunity to lead the nation's largest and most influential physician organization as your president. Now is the time when we as physicians have an unprecedented opportunity to shape the future of not only our profession, but for our patients and all of health care for years to come.

Let me begin tonight by recognizing some very special people. First, I want to thank Dr. Gurman and Dr. Stack for their leadership, their mentoring and their friendship. That appreciation extends to the Board members, as well. We have the strongest and most diverse Board I can recall. It is this kind of Board the AMA needs to capture the perspectives of our profession and address the challenges that we face.

I would also like to thank the AAFP leadership, their AMA delegation and all the family physician delegates and alternates in the House for their support, encouragement and advocacy on my behalf over the years. Next my most sincere appreciation goes to the Missouri State Medical Association delegation and MSMA staff. If it weren't for their willingness to not only encourage but to support me beginning over 20 years ago when they sent me to this House as an alternate delegate, I literally would not be in this position to serve you and our profession.

I also cannot adequately express my appreciation for the Mercy leadership who have made it possible for me to have time away from both my practice and my leadership responsibilities to serve our profession. Their presence here tonight is evidence of that support. Mercy leadership is among the most visionary in our industry. From them I have acquired knowledge, skills and expertise that have made me a better leader and enhanced my contributions to the discussions here at the AMA.

Mercy is a leader in the area of telehealth and virtual care. It is a little ironic that through the magic of the EHR and WebExs, I remain in nearly continuous contact with my patients and the leadership team at Mercy whether I'm in Chicago, Washington, or at a World Medical Association meeting in Africa. They often don't know if I'm in Mountain Grove or a thousand miles away. In fact, I've started referring to myself as "the virtual Dr. Barbe." Lynn, Mike, Fred, Alan, Rob, Brent, Stuart, and Jenine, thank you very much!

My clinic manager, Lois Flageolle, is here tonight with her husband Ron. Unless it is your spouse, how many of you have the same clinic manager you started with in practice? I do. Lois started with me the very first day I opened my solo, independent practice in Mountain Grove 34 years ago and has been my clinic manager throughout that entire time. Thank you, Lois, for making our practice so very successful and satisfying.

Now, let me recognize my family here tonight. I have to begin with my wife, Debbie. We played kick the can together as young children when we lived one short block apart in Mountain Grove. We became high school sweethearts when we played George and Emily in the high school production of *Our Town*. Debbie raised our two children, worked by my side in our clinical practice, and always keeps the home fires burning. We celebrated 41 years of marriage a month ago. I could not have imagined or asked for a better wife, partner and friend. Debbie, I love you.

My daughter, Adelle McAlister and her husband Matt and their two sons, Caelan and Conner. My son, Nathaniel, who I am proud to say is the newest DOCTOR Barbe, having just graduated last month from the Kentucky College of Osteopathic Medicine - his wife Cheryl, and their four children, Ava, Micah, Claire and Samuel. My brother Mike and his wife Suzanne, and my uncle, Al Breitenbach.

Inaugural speeches are intended to inspire the audience, rally the troops, and lay out the president's priorities for the coming year. I intend to do that, but in a little different way than you might expect. This is actually a fairly intimate group in this room tonight. Most of us know each other reasonably well. So, my remarks tonight are going to be a little more personal - a little more about us - and our roles and responsibilities as we wrap up the HOD tomorrow and return home to our "day jobs."

Earlier this spring, the AMA released the results of a physician survey that affirm my own view of medicine as a career choice:

- Half of physicians believe their choice of medicine was not just a job, but a calling.
- Three out of four of us are primarily motivated by the opportunity to make a difference in the lives of our patients.
- And nearly three out of four of us knew we wanted to be physicians before we were out of our teens.

For me, that calling came a little later. I did not feel the specific calling to be a physician until early in college. After I finished high school, like many of you, I knew I wanted to help people, to make a difference, but I thought I was going to do this by becoming a math teacher. I was really turned on by helping other students understand math and science.

But after a year or two at the University of Missouri, it dawned on me how much of being a physician was being a teacher, essentially teaching people about their own health, and that maybe medicine, for me, would be the highest and best calling and the way to fulfill my desire to make a difference in people's lives in a very direct way. So, I changed my major from math to microbiology and set my sights on becoming a family physician.

Our hometown of Mountain Grove is a low-income, underserved area. The population is less than 5,000. Median household income is less than \$28,000 per year, compared to a state-wide average of \$50,000 per year. Many people are unemployed, uninsured and in other ways fall through the cracks in society.

Debbie and I saw our return to Mountain Grove as a "mission" that appealed to our desire to serve and make a difference in the lives of patients and our community. And it is still our mission 34 years later to serve our neighbors and friends. My practice continues to be immensely rewarding and satisfying. Hardly a week goes by that I don't get a card or a comment from a patient or family member thanking me for helping them get the care they need.

But every day I also see patients who need tests or treatments, who are still uninsured or haven't met their deductible, and due to this, often delay necessary care. Because of these patients, I see firsthand, every day, why the AMA's unwavering goal of affordable health insurance coverage for all is worth fighting for. Keeping this issue front and center is critical as we debate health system reform again and again and again!

Just a couple of weeks ago I had the honor of delivering the commencement address at the Kentucky College of Osteopathic Medicine. As I mentioned earlier, that event was especially meaningful for me because my son, Nathaniel, was presented with his doctor of osteopathic medicine degree at that ceremony. It just so happens that his Dean, Dr. Boyd Buser, is president of the American Osteopathic Association and with us on stage this evening.

Recognizing that those young men and women are our future colleagues and the physicians to whom we will one day leave this profession, I tried to impart some words of wisdom about leadership, words that I hoped they wouldn't forget five minutes after I finished speaking. I told them that whether or not they thought of themselves as leaders, simply by virtue of being physicians, they ARE leaders. Patients will look to them to lead their care. Other members of the health care team will look to them for leadership. And our profession needs them to be involved and to lead.

I gave them a challenge in the form of a question. I said to them: You are a leader. What kind of leader will you be? I think that question applies to every medical student, resident, and physician in this room tonight. What kind of leaders will we be?

I recognize that every physician here is already a leader at some level. Sitting behind me there are state medical society presidents, AMA past presidents, AAFP and AOA presidents, and the Board. There are many past and future state and specialty society presidents in the audience.

But being accomplished in our field, or holding formal leadership positions within our organizations, does not automatically make us good leaders. We must each continually ask ourselves: What kind of leaders will we be?

I submit to you that physician leadership is less about a title or position and more about being a positive influence in whatever setting we find ourselves. Leadership is:

- Modeling the behaviors we need from others.
- Working cooperatively.
- Developing solutions by consensus.
- Improving care by drawing on the unique skills of all members of the health care team.
- And demonstrating integrity and respect in our interactions with others.

There are three areas where physician leadership is absolutely critical right now:

- In advocating for health reform in today's political environment,
- In describing and shaping the future of health care, and
- In mentoring those who will one day follow us in this profession.

About 10 years ago, the AMA launched a campaign to raise awareness about the 50 million Americans who were uninsured, and to develop solutions to expand coverage. We worked with both parties in Congress on the "Voice for the Uninsured" campaign. Both political parties were very open to our policy suggestions, and in fact, many of our policy proposals were showing up in recommendations from think tanks and legislation on both sides of the aisle. Everyone understood the costs involved in expanding coverage to tens of millions of Americans who were uninsured.

But just couple of years later, in the wake of the 2008 election, the debate over the Affordable Care Act became very partisan. Many consensus positions that had bipartisan support were being abandoned, not because they were wrong, but because the wrong party proposed them.

We are seeing a similar scenario unfolding now in the health reform debate. There are some factions in Washington that both then and now are saying not only "no," but "Hell no" when it comes to working together, even on some of the most basic principles of access, availability and affordability.

I submit to you: that might be good theater, but it is not good policy, it's not good politics, and it is definitely not good leadership. Good leadership is constructive, consensus-building and principled. Yet, good leadership lays down few absolutes.

Here's an AMA example that is very near and dear to those here tonight: no one who has gained insurance under the ACA should lose it. But this principle from our health reform objectives is flexible and practical. We are willing to consider options for better, more cost-effective ways to cover the uninsured than we are doing now.

Our measure of any policy change should be this: Does it represent progress? Is it an improvement? We must oppose efforts to weaken the health care system or cause our patients harm. And we must always be open to alternative approaches to achieve our goals. We cannot allow ourselves or our debate to be corrupted or co-opted by the hyper-partisan political climate. We, as physicians, as a profession, are better than that. As physician leaders, we bear greater responsibility within our profession and society. We must continue to put our patients before politics.

Physicians are trained and experienced in difficult conversations. Let's put that expertise to work. Our role in today's advocacy climate means de-escalating highly charged partisan rhetoric. It means working with all stakeholders on issues that are simply too big to be left to the parochial interests of one party or the other. When it comes to health care advocacy, we are the leaders. What kind of leaders will we be?

Beyond reform, physician leadership is critical in describing and shaping the future of health care. The AMA, hands down, is the organization in the best position to understand the problems that patients and physicians face and help develop solutions to improve the quality and delivery of health care in America.

On Saturday, Dr. Madara told us about recent successes in the AMA's strategic arcs of endeavor. It's a new way of describing the many ways the AMA is shaping health care, but the mission and purpose remain the same.

- The AMA is leading the way by listening to, supporting and empowering physicians and medical students in their quest to provide the best patient care.

- The AMA is leading the way as a representative of all physicians through our House of Delegates, as we work together to bring to life the ambitious AMA mission to improve the health of our nation.
- And of critical importance, the AMA is leading the way by serving all physicians through our three interconnected strategic arcs, which demonstrate our commitment to helping physicians grow professionally, solving physician workflow needs, and improving the practice environment.

I am passionate about all of this work, because it will allow us

- To be better prepared,
- Have better tools, and
- Give better patient care.

Taken together, this is the way we will restore the joy to the practice of medicine. When it comes to shaping the future of our profession, we are the leaders. What kind of leaders will we be?

Finally, physician leadership means encouraging and mentoring those who will follow us. We must ensure that others are ready to take our place. Tom Peters, the author of several books about business management, puts it this way: “Leaders don’t create followers; they create more leaders.” We must encourage and mentor students, residents and our younger colleagues and be an example of leadership for them, so they can in turn, become the leaders their patients, practices and our profession so desperately need.

I’ve had the opportunity to speak to several student and resident groups recently. I always encourage them to join all of their relevant professional societies: county, state, specialty, and, of course, the AMA. Why? There are many reasons, but in the context of tonight’s remarks, physicians need to support one another now more than ever before. Our medical societies provide a network of professional support that is one ingredient in the antidote to burnout. We lift one another up during times of difficulty and encourage one another to be our best. When it comes to encouraging and mentoring others in our profession, we are the leaders: What kind of leaders will we be?

Every day, I marvel at what a gift it is to do what we have the privilege of doing as physicians. I feel intense gratitude to have had the opportunities I have had to help patients, families, and my profession. I am eager to serve you and our profession this coming year and to continue the great work that we are doing together.

I’ll close by posing the question one last time: As physicians, we are leaders. What kind of leaders will we be?

Tonight, I challenge each of you, and re-dedicate myself, to be the leaders that our patients, our practices and hospitals, and our profession need us to be.

Let us be the leaders who bring consensus solutions to difficult issues.

Let us be the leaders with the creativity and drive to shape the future of medicine.

Let us be the leaders who mentor our next generation of physicians.

Let us be the leaders John Quincy Adams envisioned when he said, “If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”

Thank you.