AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-17)

Report of Reference Committee on Amendments to Constitution and Bylaws

Edmund R. Donoghue, Jr., MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 12 – Specialty Society Representation in the House of Delegates – Five-Year Review
2. Council on Constitution and Bylaws Report 1 – Amended Bylaws – Specialty Society Representation – Five-Year Review
3. Council on Ethical and Judicial Affairs Report 2 – Ethical Physician Conduct in the Media
4. Resolution 002 – Intimate Partner Violence Policy and Immigration
5. Resolution 004 – Tissue Handling

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

6. Board of Trustees Report 5 – Effective Peer Review
7. Resolution 001 – Disaggregation of Data Concerning the Status of Asian-Americans
8. Resolution 003 – Revision of AMA Policy Regarding Sex Workers
9. Resolution 007 – Giving Rights to Ectopic Pregnancies

RECOMMENDED FOR REFERRAL

10. Board of Trustees Report 7 – Medical Reporting for Safety-Sensitive Positions
11. Council on Ethical and Judicial Affairs Report 1 – Competence, Self-Assessment and Self-Awareness
12. Council on Ethical and Judicial Affairs Report 3 – Supporting Autonomy for Patients with Differences of Sex Development
15. Resolution 006 – Physicians’ Freedom of Speech
(1) BOARD OF TRUSTEES REPORT 12 - SPECIALTY SOCIETY REPRESENTATION IN THE HOUSE OF DELEGATES - FIVE-YEAR REVIEW

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 12 be adopted and the remainder of the report be filed.

Board of Trustees Report 12 recommends that the American Association of Neuromuscular & Electodiagnostic Medicine, American College of Rheumatology, American Society for Dermatologic Surgery, Inc., American Society of Clinical Oncology, American Society of Maxillofacial Surgeons, American Society of Plastic Surgeons, Radiological Society of North America and the Society of Thoracic Surgeons are in compliance with the five-year review requirements of specialty organizations represented in the HOD and retain representation in the AMA House of Delegates. It also recommends that since the Society of Nuclear Medicine & Molecular Imaging failed to meet the requirements for continued representation in the AMA HOD, they be placed on probation and be given one year to increase their AMA membership. Finally, the report recommends that since the American Academy of Sleep Medicine and the American Society of Cytopathology failed to meet the requirements for continued representation after a year’s grace period to increase membership, that they not retain representation in the House of Delegates.

Testimony centered on the third recommendation of the report. The American Academy of Sleep Medicine gave updated member numbers, however that number still falls under the 20% threshold. A member of the Council on Constitution and Bylaws clarified that the only options for action in this instance are to either fully renew membership or not renew. It was noted that removal from the House of Delegates does not impact an organization’s membership in the SSS, and those affected organizations are encouraged to participate in that capacity as they are still considered to be valued resources. In keeping with the established bylaws, your Reference Committee recommends that Board of Trustees Report 12 be adopted.

(2) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1 - AMENDED BYLAWS - SPECIALTY SOCIETY REPRESENTATION - FIVE-YEAR REVIEW

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Constitution and Bylaws Report 1 be adopted and the remainder of the report be filed.

This report and the recommendations contained therein clarify the actions which must be taken by the HOD regarding specialty societies found to be noncompliant after a one year grace period.

Your Reference Committee did not receive any testimony for this item. As such, your Reference Committee recommends that Council on Constitution and Bylaws Report 1 be adopted.
(3) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 2 - ETHICAL PHYSICIAN CONDUCT IN THE MEDIA

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Ethical and Judicial Affairs Report 2 be adopted and the remainder of the report be filed.

Council on Ethical and Judicial Affairs Report 2 provides guidance for physicians who are speaking to or appearing in the media. This report was submitted and referred back to the Council at A-17 due to concerns surrounding language regarding speaking to only one’s specialty. This language has been addressed in the current iteration of the report, allowing for physicians to speak on issues for which they have the requisite experience.

Testimony supported adoption of this report and appreciated the change in language from the last iteration of the report. Your Reference Committee agreed with testimony suggesting that “politics” and “public health” are relevant and influential areas (along with the noted areas of “medicine, journalism and entertainment”). However, your Reference Committee felt that the guidance offered in the report (particularly (c) and (d)) adequately covers these areas. Your Reference Committee believes this to be a timely and important report and therefore recommends that Council on Ethical and Judicial Affairs Report 2 be adopted.

(4) RESOLUTION 002 - INTIMATE PARTNER VIOLENCE POLICY AND IMMIGRATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 002 be adopted.

Resolution 002 is concerned with the mandatory reporting laws that exist in the United States. The laws generally mandate a health care professional to report suspected domestic violence. There is concern that undocumented immigrants who are victims of domestic violence may be reluctant to seek medical treatment for fear of being identified to immigration authorities. The resolution asks that the AMA encourage appropriate stakeholders to study the impact of mandated reporting of domestic violence policies on individuals with undocumented immigrant status and identify potential barriers for survivors seeking care. Furthermore, the resolution asks that the AMA work with community based organizations and related stakeholders to clarify circumstances that would trigger mandated reporting of intimate partner violence and provide education on the implications of mandatory reporting on individuals with undocumented immigrant status.

Testimony was in support of this resolution. Several noted that this is a vulnerable group who needs protection, and that current AMA policy supports this resolution. Therefore, your Reference Committee recommends that Resolution 002 be adopted.
(5) RESOLUTION 004 - TISSUE HANDLING

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 004 be adopted.

Resolution 004 is concerned with recent laws that mandate the interment of tissue obtained from the termination of a pregnancy, which is a departure from disposal methods of tissues obtained during other medical procedures. Because this requirement has no scientific basis and has practical implications for patients and physicians, the resolution asks that the AMA adopt policy stating that fetal tissue obtained during the termination of a pregnancy should be handled no differently than tissues obtained during other medical procedures. The resolution further asks that the AMA strongly oppose any proposed laws or regulations that would require the handling of fetal tissue obtained during the termination of a pregnancy differently than tissues obtained during other medical procedures.

Testimony was overwhelmingly supportive of this resolution. A suggestion was made to amend the resolution to add language stating “consistent with AMA policy”, but your Reference Committee recognizes that AMA policy is an ever-changing body of work and this additional language may not be applicable in the future. Your Reference Committee recommends that Resolution 004 be adopted.

(6) BOARD OF TRUSTEES REPORT 5 - EFFECTIVE PEER REVIEW

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Recommendation 2 in Board of Trustees Report 5 be amended by addition to read as follows:

2. That AMA Policy H-375.962, “Legal Protections for Peer Review,” be amended by addition to read as follows:

...Peer Review Immunity and Protection from Retaliation. To encourage physician participation and ensure effective peer review, entities and participants engaged in good faith peer review activities should be immune from civil damages, injunctive or equitable relief, and criminal liability, and should be afforded all available protections from any retaliatory actions that might be taken against such entities or participants because of their involvement in good faith peer review activities. (Modify Current HOD Policy);

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 5 be adopted as amended.
D-375.987 “Effective Peer Review” (adopted I-16) states that “[o]ur AMA study the current environment for effective peer review, on both a federal and state basis, in order to update its current policy to include strategies for promoting effective peer review by physicians and to consider a national strategy for protecting all physicians from retaliation as a result from participating in effective peer review.” This report responds to that directive, amending appropriate policy where applicable, and directing the AMA to provide guidance, consultation and model legislation concerning protections from retaliation for physician peer review participants, upon request of state medical associations and national medical specialty societies.

Testimony was largely in favor of adopting this report. Those testifying noted that these protections are particularly important as more physicians are employed in hospital systems. An amendment was offered suggesting that language be added to include review of non-physician practitioners. While your Reference Committee recognizes that there are circumstances where physicians are called upon to evaluate the activities of advance practice providers or other non-physician practitioners, this is not true “peer” review and nevertheless may still be covered by the existing language that states “peer review activities” (emphasis added). Your Reference Committee also heard testimony related to the addition of language regarding reporting incompetent colleagues or “offending entities”; however, the AMA already has numerous policies which address such reporting (e.g., E-9.4.3 Discipline & Medicine; E-9.4.2 Reporting Incompetent or Unethical Behavior by Colleagues; E-9.3.2 Physician Responsibilities to Impaired Colleagues; H-275.998 Physician Competence; H-375.984 Peer Review). Finally, some testimony suggested adding “good faith” prior to the term “peer review” where applicable in H-375.962, “Legal Protections for Peer Review” to be consistent with H-225.942 “Physician and Medical Staff Member Bill of Rights” and to emphasize legitimate peer review activities from sham peer review. Your Reference Committee recommends that Board of Trustees Report 5 be adopted as amended.

(7) RESOLUTION 001 – DISAGGREGATION OF DATA CONCERNING THE STATUS OF ASIAN-AMERICANS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 001 be amended by addition to read as follows:

RESOLVED, That our American Medical Association support the disaggregation of demographic data regarding Asian-Americans and Pacific Islanders in order to reveal the within-group disparities that exist in health outcomes and representation in medicine. (New HOD Policy)

RESOLVED, That our American Medical Association support the disaggregation of demographic data regarding ethnic groups in order to reveal the within-group disparities that exist in health outcomes and representation in medicine. (New HOD Policy)
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 001 be adopted as amended.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Resolution 001 be changed to read as follows:

DISAGGREGATION OF DEMOGRAPHIC DATA WITHIN ETHNIC GROUPS

Resolution 001 asks that the AMA support the disaggregation of data regarding Asian-Americans in order to reveal the within-group disparities that exist in health outcomes and representation in medicine.

Your Reference Committee heard testimony in support of the importance of disaggregating such data as significant disparities exist within subgroups and current data collection practices do not allow capturing of these differences. It was noted that the type of data collection should be clarified, current terminology should be used in reference to ethnic groups, and that other non-Asian ethnic groups should be acknowledged. Additional language was offered to illuminate these points. Therefore your Reference Committee recommends adopting this Resolution 001 as amended.

(8) RESOLUTION 003 - REVISION OF AMA POLICY REGARDING SEX WORKERS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 003 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend the text of HOD Policy H-20.898, “Global HIV/AIDS Prevention,” by addition and deletion to read as follows:

H-20.898 Global HIV/AIDS Prevention

Our AMA supports continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives or grantees pledges of opposition to prostitution sex work the exchange of sex for money or goods (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA amend the text of HOD Policy H-20.922, “HIV/AIDS as a Global Public Health Priority,” by addition and deletion to read as follows:
H-20.922 HIV/AIDS as a Global Public Health Priority

In view of the urgent need to curtail the transmission of HIV infection in every segment of the population, our AMA:

1. Strongly urges, as a public health priority, that federal agencies (in cooperation with medical and public health associations and state governments) develop and implement effective programs and strategies for the prevention and control of the HIV/AIDS epidemic;

2. Supports adequate public and private funding for all aspects of the HIV/AIDS epidemic, including research, education, and patient care for the full spectrum of the disease. Public and private sector prevention and care efforts should be proportionate to the best available statistics on HIV incidence and prevalence rates;

3. Will join national and international campaigns for the prevention of HIV disease and care of persons with this disease;

4. Encourages cooperative efforts between state and local health agencies, with involvement of state and local medical societies, in the planning and delivery of state and community efforts directed at HIV testing, counseling, prevention, and care;

5. Encourages community-centered HIV/AIDS prevention planning and programs as essential complements to less targeted media communication efforts;

6. In coordination with appropriate medical specialty societies, supports addressing the special issues of heterosexual HIV infection, the role of intravenous drugs and HIV infection in women, and initiatives to prevent the spread of HIV infection through prostitution, the exchange of sex for money or goods;

7. Supports working with concerned groups to establish appropriate and uniform policies for neonates, school children, and pregnant adolescents with HIV/AIDS and AIDS-related conditions; and

8. Supports increased availability of anti-retroviral drugs and drugs to prevent active tuberculosis infection to countries where HIV/AIDS is pandemic.

9. Supports programs raising physician awareness of the benefits of early treatment of HIV and of "treatment as prevention," and the need for linkage of newly HIV-positive persons to clinical care and partner services (Modify Current HOD Policy); and be it further RESOLVED, That our AMA amend the title and text of HOD Policy H-515.958, “Promoting Safe Exit from Prostitution,” by addition and deletion to read as follows:

H-515.958 Promoting Safe Exit from Prostitution Sex Work Compassionate Care and Alternatives for Individuals Who Exchange Sex for Money or Goods

Our American Medical Association supports efforts to offer individuals opportunities to for a safe exit from prostitution the exchange of sex for money or goods sex work safely if they individuals choose to do so, and supports as well as access to in pursuit of compassionate care and "best practices"-based
services whether or not they choose to continue in sex work. Our American Medical Association also supports legislation for programs that provide alternatives and resources to individuals who exchange sex for money or goods, choosing to leave sex work and offer alternatives for those to individuals arrested on sex work-related charges divert prostitution rather than penalize them through criminal conviction and incarceration. (Modify Current HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 003 be adopted as amended.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Resolution 003 be changed to read as follows:

REVOLUTION OF AMA POLICY REGARDING INDIVIDUALS WHO EXCHANGE SEX FOR MONEY OR GOODS

Resolution 003 concerns the use of the language “prostitute” and “prostitution”; these terms are now considered pejorative and stigmatizing. The terms “sex worker” and “sex work” are the utilized terms in the medical and public health research communities. Therefore, the resolution asks that the AMA amend HOD Policies H-20.898, H-20.922, and H-515.958 to change all language referring to “prostitution” and “prostitution” to instead be that of “sex worker” and “sex work”.

Supportive testimony was heard on the importance of updating AMA policy (which currently uses outdated and stigmatizing terminology) to reflect current terminology which describes the practice as opposed to labeling the individual. Amendments to the original resolution reflecting this was provided during testimony and supported. Some testimony advocated for the inclusion of the word “adult” to describe those who exchange sex for money or goods, but it was noted that any person younger than age 18 is a person who is being used for sex trafficking and not participating in the consensual exchange of sex for money or goods. Your Reference Committee recommends that Resolution 003 be adopted as amended.
(9) RESOLUTION 007 - GIVING RIGHTS TO ECTOPIC PREGNANCIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the following resolution be adopted in lieu of Resolution 007:

RESOLVED, that our AMA oppose any policies that interfere with the patient-physician relationship by giving probate, inheritance, a social security number, or other legal rights to an undelivered pregnancy, or imposing legislative barriers to medical decision-making by changes in tax codes or in definitions of beneficiaries.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the title of Resolution 007 be changed to read as follows:

POLITICAL INTERFERENCE IN THE PATIENT-PHYSICIAN RELATIONSHIP

Resolution 007 asks that the AMA oppose any policies that give legal rights (such as probate, inheritance, and social security numbers to ectopic and/or molar pregnancies. It also asks that the AMA oppose any personhood measure not based on sound scientific or medical knowledge, or which threatens the safety and effective treatment of patients. Finally, the resolution asks that the AMA oppose any imposition on medical decision-making or the patient-physician relationship by changes in tax codes or in the definitions of beneficiaries.

Substitute language was offered in testimony in order to streamline the intent of the resolution. Subsequent testimony demonstrated significant support of this substitute, including support of the author. As such, your Reference Committee recommends that the substitute resolution be adopted in lieu of Resolution 007.

(10) BOARD OF TRUSTEES REPORT 7 - MEDICAL REPORTING FOR SAFETY-SENSITIVE POSITIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Board of Trustees Report 7 be referred.

Board of Trustees Report 8-I-16, “Medical Reporting for Safety Sensitive Positions,” which sought to address Resolution 14-A-16 of the same title, was referred at the 2016 Interim Meeting of the AMA House of Delegates. Testimony indicated that the report
content missed the resolution’s original intent. Although there are systems in place to
screen pilots and others in safety sensitive positions for serious medical conditions, it
was stated that these patients often look for medical care outside of these systems, and
subsequently fail to be reported. The Board of Trustees conferred with the authors to
clarify the intent of Resolution 14-A-16. Board of Trustees Report 7-I-17 creates policy
which alerts physicians that they may have new responsibilities as a result of changes in
regulations of the FAA regarding medical certification of pilots and addresses the
implications of these changes for pilot and public safety.

Testimony regarding this report largely supported referral. Concerns were raised
regarding the obligations that the FAA’s new “BasicMed” program puts on physicians
who are not aviation medical examiners and the lack of knowledge and education that
general practitioners have regarding the rules and regulations of aviation licensing.
Other issues such as equating mental and physical illnesses, conflicts of interest, and
medical liability in particular were raised. Testimony also noted the lack of uniformity of
physician reporting of potentially impaired conditions for motor vehicle operators, which
may give insight to potential reporting issues for aircraft operators. Finally, your
Reference Committee believes that it would be appropriate for the scope of a future
report to address other safety sensitive positions such as bus drivers, train engineers,
and other similarly situated professionals. Therefore, your Reference Committee
recommends that Board of Trustees Report 7 be referred for further study to address
these concerns.

(11) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 1 - COMPETENCE, SELF-ASSESSMENT AND
SELF-AWARENESS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Council on Ethical and Judicial Affairs Report 1
be referred.

Physicians at all stages of their professional lives need to be able to recognize when
they are and when they are not able to provide appropriate care for the patient in front of
them or the patients in their practice as a whole. Council on Ethical and Judicial Affairs
Report 1 provides guidance for physicians regarding competence, self-assessment, and
self-awareness when practicing medicine.

Your Reference Committee heard mixed testimony on this item. While testimony was
supportive of the spirit of the report as an aspirational document, concerns were raised
about the ability of physicians to fulfill the recommendations. Your Reference Committee
discussed cited data regarding the tenuous nature of “self-awareness” as well as the
lack of reliable tools and resources available to assist physicians in self-assessment. It
was noted that the House of Delegates would benefit from a scientific analysis of the
available data and tools related to this issue. Therefore your Reference Committee
recommends that Council on Ethical and Judicial Affairs Report 1 be referred.
(12) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 3 - SUPPORTING AUTONOMY FOR PATIENTS
WITH DIFFERENCES OF SEX DEVELOPMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Council on Ethical and Judicial Affairs Report 3
be referred.

In response to Resolution 3-A-16 regarding infants born with differences of sex
development, this report amends E-2.2.1 Pediatric Decision Making to clarify a
physician’s responsibility to support a minor’s autonomy and right to an open future.

While testimony for this report was largely supportive, concerns were raised regarding
the unintended consequences for general pediatric decision-making in addressing the
original resolution by amending this ethics opinion. Likewise, the title of the report
specifically names differences of sex development but the recommendation is broader,
which seemed confusing and problematic and indicates that the concerns raised by the
original author were not yet fully addressed. Incidentally, the authors of the report
indicated that Board of Trustees Report 8-I-16 (of the same title, referred at that
meeting) offered a better framework to address their specific concerns. Therefore Your
Reference Committee recommends that Council on Ethical and Judicial Affairs Report 3
be referred.

(13) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 4 - MERGERS OF SECULAR AND
RELIGIOUSLY AFFILIATED HEALTH CARE
INSTITUTIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Council on Ethical and Judicial Affairs Report 4
be referred.

This report responds to D-140.956 which directs the AMA to “conduct a study of access
to care in secular hospitals and religiously-affiliated hospitals to include any impact on
access to services of consolidation in secular hospital systems and religiously-affiliated
hospital systems.” The report provides guidance to physicians who are in leadership
positions that have or are contemplating a merger.

While testimony regarding this report was largely supportive, your Reference Committee
cited several issues. The first recommendation of the report asks to rescind AMA policy
D-140.956 which directed this report. However, while the authors of the original
resolution appreciated CEJA’s ethical analysis on the issue, they are still seeking a study
on the effect of hospital mergers on access to care. This could be accomplished by
retaining the policy and urging the Council on Medical Service to write a report in
response. Further, concern was heard regarding the use of the phrase “at the minimum”
in (c), because this does not reflect current market realities. Your Reference Committee suggests that the AMA would benefit from a study of the related access to care issues regarding Recommendation 1, and more consideration given to the concern in (c) by CEJA. Given these concerns, your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 4 be referred.

(14) RESOLUTION 005 - PROTECTION OF PHYSICIAN FREEDOM OF SPEECH

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 005 be referred.

Resolution 005 concerns a physician’s First Amendment right to express good faith views on medical therapies and issues. Physicians are increasingly being sued for expression of their views on medical issues, most recently on the expression of views related to treatment of chronic pain and medical marijuana. These lawsuits are expensive, produce anxiety, and are having an impact on physician’s willingness to speak out on controversial medical issues. The resolution asks that the AMA strongly oppose litigation challenging the exercise of a physician’s First Amendment right to express good faith opinions regarding medical issues. Furthermore, the resolution asks the AMA’s House of Delegates encourage the AMA Litigation Center to provide such support to a constituent or component medical society whose members have been sued for expressing good faith opinions regarding medical issues as the Litigation Center deems appropriate in any specific case.

Testimony supported the intent of this resolution; however concerns were raised regarding the use of the term “good faith”. Your Reference Committee recognizes that this is a complex and sensitive issue and therefore recommends that Resolution 005 be referred in order to investigate the optimal language needed in order to accomplish the goals of this resolution.

(15) RESOLUTION 006 - PHYSICIANS’ FREEDOM OF SPEECH

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 006 be referred.

Resolution 006 addresses a physician’s First Amendment right to free speech. Recently, physicians have been disciplined or terminated by their employers for expressing their personal viewpoints on their social media accounts. The resolution asks that the AMA encourage the Council on Ethical and Judicial Affairs to amend Ethical Opinion 1.2.10, “Political Actions by Physicians”, by adding in language that physicians should indicate that they are expressing their constitutionally guaranteed personal views, and not that of
their employers, and that physicians should be allowed to express their personal opinions without being subjected to disciplinary actions or termination.

Testimony supported the spirit of this resolution; however, concerns were raised regarding the appropriate wording of the additional clauses offered by the author. Your Reference Committee recognizes the complexity of this issue and therefore recommends that Resolution 006 be referred.
Madam Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Nicolas Argy, MD, JD, Dennis Galinsky, MD, Billie Luke Jackson, MD, Nancy L. Mueller, MD, Sally J. Trippel, MD, MPH, Arlo F. Weltge, MD, and all those who testified before the Committee. I would also like to thank staff persons Danielle Chaet and Amber Ryan for their assistance.

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