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 though 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 bi-partisan 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 – bi-lingual, bi-cultural 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.