

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

73rd INTERIM MEETING

San Diego, California

November 16–19, 2019

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 73rd Interim Meeting at 2 p.m. on Saturday, Nov. 16, 2019 in the Seaport Ballroom of the Manchester Grand Hyatt in San Diego, California, Bruce A. Scott, MD, Speaker of the House of Delegates, presiding. The Sunday, Nov. 17, Monday, Nov. 18, and Tuesday, Nov. 19 sessions also convened in the Seaport Ballroom. The meeting adjourned following the Tuesday morning session.

INVOCATION: The following invocation was delivered by former AMA President Andrew W. Gurman, MD.

The Talmud, which is a book of Jewish wisdom, teaches us that it's okay to move to a city that doesn't have a synagogue and it's okay to move to a city that doesn't have a mikveh. A mikveh is a ritual bath that one immerses in for purity at various times in one's life. But it says that you can't move to a city that doesn't have a doctor. So even several thousand years ago our sages knew the importance of medicine.

The Talmud also teaches us that in the myriad arteries, veins, ligaments, tendons, joints, that that array of the human body gives glory to our creator. So as we convene today to do what I believe is truly inspired in holy work, to take care of our patients and our profession, to each of us through our own faith tradition that brings us here in our tradition of responsibility and our care for our fellow man, I wish each of you the strength to engage in these deliberations, the insight and creative spark to do so with great wisdom, and the satisfaction that we all derive in doing this.

Amen.

AWARDS: The following awards were presented during the opening session on Saturday, Nov. 16.

- Distinguished Service Award – Otis Webb Brawley, MD, of Atlanta, Georgia.
- Benjamin Rush Award for Community Service – William Hester, MD, from Florence, South Carolina.

Medical Executive Lifetime Achievement Awards were presented to the following individuals:

- William O. Huckabay, Jr., recently retired executive director of the Shreveport Medical Society, Shreveport, Louisiana;
- Dale Mahlman, recently retired executive vice president of the Nebraska Medical Association, Lincoln Nebraska;
- G. Randy Marshall, executive director of the New Mexico Medical Society, Albuquerque, New Mexico; and
- Newell E. Warde, PhD, executive director of the Rhode Island Medical Society, Providence, Rhode Island.

REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Cheryl Gibson Fountain, MD, Chair:

CREDENTIALS: The Committee on Rules and Credentials reported that on Saturday, Nov 16, 552 out of 640 delegates (86.2%) had been accredited, thus constituting a quorum; on Sunday, Nov. 17, 600 delegates (93.8%) were present; on Monday, Nov. 18, 600 (93.8%) were present; and on Tuesday, Nov. 19 605 (94.5%) were present.

RULES REPORT – Saturday, November 16**HOUSE ACTION: ADOPTED**

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 2018 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 2-minute limitation on debate per presentation subject to waiver by the Speaker for just cause.
7. **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.
8. **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.
9. **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, November 17**HOUSE ACTION: ADOPTED AS FOLLOWS****LATE RESOLUTIONS 1001 (222) and 1002 (223) 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, November 16, to discuss Late Resolutions 1001–1002. 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 – Appropriate Use of Scientific Studies and Data in the Development of Public Policy

Recommended not be accepted:

- Late 1001 – State Board Scope of Practice Expansion Beyond Statute
[Note: Late 1001 was accepted by House vote]

(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 204 – AMA Position on Payment Provisions in Health Insurance Policies
- Resolution 209 – Federal Government Regulation and Promoting Patient Access to Kidney Transplantation
- Resolution 218 – Private Payers and Cognitive Care Services
- Resolution 306 – Financial Burden of USMLE Step 2 CS on Medical Students
- Resolution 803 – Encourage Federal Efforts to Expand Access to Scheduled Dialysis for Undocumented People
- Resolution 804 – Protecting Seniors from Medicare Advantage Plans
- Resolution 911 – Basic Courses in Nutrition
- Resolution 927 – Climate Change
- Resolution 928 – CBD Oil and Supplement Use in Treatment
- Resolution 931 – Vaping Ban for Under 21 and Additional Regulations

APPENDIX

- Resolution 204 – AMA Position on Payment Provisions in Health Insurance Policies
 - Authorized Assignment of Benefits, D-390.995
- Resolution 209 – Federal Government Regulation and Promoting Patient Access to Kidney Transplantation
 - Assuring Patient Access to Kidney Transplantation, D-370.983
 - Cost-Saving Public Coverage for Renal Transplant Patients, H-370.963
 - UNOS Kidney Paired Donation Program, H-370.960
- Resolution 218 – Private Payers and Cognitive Care Services
 - Consultation Follow-Up and Concurrent Care of Referral for Principal Care, H-390.917
 - Consultation Codes and Private Payers, D-385.955
 - Medicare’s Proposal to Eliminate Payments for Consultation Service Codes, D-70.953

- Medicare Policy Change, H-390.884
- Non- Medicare Use of the RBRVS, D-400.999
- Resolution 306 – Financial Burden of USMLE Step 2 CS on Medical Students
 - Clinical Skills Assessment During Medical School, D-295.988
- Resolution 803 – Encourage Federal Efforts to Expand Access to Scheduled Dialysis for Undocumented People
 - Health Care Payment for Undocumented Persons, D-440.985
 - Federal Funding for Safety Net Care for Undocumented Aliens, H-160.956
 - Addressing Immigrant Health Disparities, H-350.957
 - In addition, the AMA continues to advocate on behalf of the health care needs of undocumented persons. For example, in a 2018 letter to the Department of Homeland Security, the AMA emphasized the importance of access to health care services for individuals and families who are seeking admission into the U.S., an extension of stay, or change in immigration status. More recently, the AMA sent a letter to President Trump raising concerns with the Presidential Proclamation on the Suspension of Entry of Immigrants Who Will Financially Burden the United States Healthcare System.
- Resolution 804 – Protecting Seniors from Medicare Advantage Plans
 - Ban on Medicare Advantage "No Cause" Network Terminations, H-285.902
 - In addition, the AMA has directly engaged with the Centers for Medicare and Medicaid Services (CMS) regarding the need for improved tools for Medicare patients to more easily and accurately compare plans, including fee-for-service and Medicare Advantage (MA) plans. The AMA recommended to CMS that it adopt a suite of policy proposals to enhance network directory accuracy, network adequacy, network stability, and communication with patients about MA plans' physician networks. Specifically, the AMA urged CMS to ensure that the Medicare Physician Finder website is user-friendly and encouraged CMS to create a plan to effectively communicate with patients about network access and any changes to the network that may directly or indirectly impact patients. Moreover, the AMA highlighted that patients need to know whether they will need to keep changing physicians if they choose a particular MA plan due to networks changing significantly from year-to-year. Additionally, the AMA urged CMS to initiate a Network Adequacy Task Force that would allow CMS to engage on a regular basis with multiple stakeholders, including MA network physicians and Medicare patients or their representatives, to review current policies and develop new policies to address current issues with MA plans and comparisons.
- Resolution 911 – Basic Courses in Nutrition
 - Availability of Heart-Healthy and Health-Promoting Foods at AMA Functions, H-150.964
 - Physicians and Physicians-in-Training as Examples for Their Patients to Promote Wellness and Healthy Lifestyles, H-405.959
 - Basic Courses in Nutrition, H-150.995
- Resolution 927 – Climate Change
 - Global Climate Change and Human Health, H-135.938
 - AMA Advocacy for Environmental Sustainability and Climate, H-135.923
- Resolution 928 – CBD Oil and Supplement Use in Treatment
 - Cannabis and Cannabinoid Research, H-95.952
 - Cannabis Legalization for Medicinal Use, D-95.969
- Resolution 931 – Vaping Ban for Under 21 and Additional Regulations
 - Opposition to Addition of Flavors to Tobacco Products, H-495.971
 - FDA to Extend Regulatory Jurisdiction Over All Non-Pharmaceutical Nicotine and Tobacco Products, H-495.973
 - Oppose Efforts to Stop, Weaken or Delay FDA's Authority to Regulate All Tobacco Products, D-495.993
 - Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems (ENDS) and E-cigarettes, H-495.986

CLOSING REPORT – Tuesday, November 19

HOUSE ACTION: ADOPTED

Mister Speaker, Members of the House of Delegates:

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Scott, and the Vice Speaker, Doctor Egbert, 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 Interim Meeting of the House of Delegates of the American Medical Association has been convened in San Diego, California, during the period of November 16-19, 2019; and

Whereas, This Interim 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 San Diego 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 Manchester Grand Hyatt, to the City of San Diego, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Interim Meeting of the House of Delegates.

Mister Speaker, this concludes the Report of the Committee on Rules and Credentials, and we recommend its adoption

APPROVAL OF MINUTES: The Proceedings of the 168th Annual Meeting of the House of Delegates, held in Chicago, June 8–12, 2019, were approved.

ADDRESS OF THE PRESIDENT: AMA President Patrice Harris, MD, MA, delivered the following address to the House of Delegates on Saturday, Nov. 16.

Physicians Matching the Moment: Earning public confidence in an era of mistrust

Mister Speaker, officers, delegates, physician colleagues, distinguished guests.

Beyoncé. Stephen Covey. Mr. Rogers. I bet you’ve never heard those three names mentioned in the same sentence before. What could they possibly have in common? The answer to that question - each reminds us of the importance of trust.

In a classic cover, Beyoncé tells us: “Trust in me and I’ll be worthy of you.” The late Stephen Covey, author of *The 7 habits of highly effective people*, called trust “the glue of life” and “the foundational principle that holds all relationships.” And every preschooler’s best friend, Mr. Rogers, testified before Congress “One of the first things a child learns in a healthy family is trust.”

I see the significance of those words in my practice as a child and adolescent psychiatrist. I imagine I’m not alone and everyone in this room can attest to the importance of trust in our relationships, in our daily lives, and in our interactions with our patients. And yet, unfortunately, we find ourselves today in an era of distrust. Three in four Americans say they have lost trust in the federal government. Two in three say we’re losing trust in one another. From advertising and government to media and technology – trust in our American institutions seems near an all-time low.

But do you know who people still trust – and continue to hold in high esteem? Us, their doctors. Physicians are routinely ranked among the most trusted professions. How have we maintained that level of trust when we see it slipping away in other areas of society? Because of the values of our profession, and our aspirations to meet the three dimensions of trust: competency, honesty and compassion. Let’s take a closer look at how each of these connect to our work.

First, competency, which is rooted in our adherence to science and evidence. Our patients trust their physicians and the AMA because we fight for science, calling out quackery and snake oil when we see it. We counter the loud propaganda of anti-science voice with facts. Consider the anti-vaccine movement, now spreading fear and false information on social media. The AMA is fighting back by making sure vaccines are widely available and that exemptions in vaccine regulations are solely for medical reasons. We are fighting back by urging leading social media and technology companies to ensure their platforms only promote accurate, timely and scientifically sound information. Our patients' trust requires us to do no less.

Evidence tells us our country's history of discriminatory policies has led to health disparities that persist today for women, low-income families and communities of color. Channeling the difficult lessons learned in our fight for equity in medicine, the AMA, based on policy passed by this House, is committed to the pursuit of health equity and culturally competent care for all patients. In the last six months, Dr. Aletha Maybank and her team have built a strong foundation for the Center for Health Equity, to ensure that health equity is imbedded into the DNA of our organization and is foundational to all our work.

The evidence tells us that prior authorization delays access to necessary care and may lead to life-threatening emergencies. That's why the AMA has activated a grassroots campaign – and is advocating for prior authorization reforms in Congress, through the regulatory process, and in legislatures across the U.S. If insurance companies believe they're more qualified than physicians to decide what patients need, let us be very clear, that's a fight we are willing to have and we will not back down.

The next important characteristic of trustworthiness is honesty, or as my grandma used to say, truth-telling. As physicians, we are honest with our patients even when the news may be difficult to share or not what they were expecting. Bringing that honesty and truth-telling to bear, the AMA uses our voice to speak out for those who – for far too long – had no voice. That's why the AMA opposes the administration's child separation policy at the southern border, knowing those traumatic experiences will likely lead to adverse health effects over a lifetime. That's why we support humane treatment for all immigrants and why we called for oversight of detention facilities, and access to basic health service, including vaccines. Children are not supposed to be in cages no matter who, what, why or how.

The AMA is a force for honesty and truth-telling in protecting the LGBTQ community. That's why we oppose the Pentagon's ban on transgender persons in the military. Gender identity does not and should not disqualify someone from serving our nation. And that's why we continue to fight proposals that would eliminate the Affordable Care Act's non-discrimination protections for women and LGBTQ people.

The AMA is a force for honesty and truth-telling in the assault on physicians' freedom of speech. That's why we fought back when the administration imposed a "gag rule" on physicians under Title X, preventing us from having evidence-based conversations with our patients and recommending appropriate referrals for care. We fought back when lawmakers in North Dakota passed a law requiring physicians to tell our patients that medical abortion may be "reversible," a patently false claim.

Will patients trust us if we are not thorough in our counseling? Or if we are forced to give false or misleading information? No, they will not. The patient-physician relationship is the cornerstone of health care and the trust in this relationship depends on open and honest conversations about all of our patient's health care options.

The third dimension of trust is to exhibit care and concern for others, to demonstrate compassion. Our patients trust us because they know we are committed to seeing, acknowledging and sharing their human experiences – not only their joy but also their pain.

As President Teddy Roosevelt said, "People don't care how much you know until they know how much you care." And by the way, no one has the market cornered on care and compassion or heart. Physicians are caring, compassionate healers. Medicine is a caring, compassionate profession. And our patients rely on our training and our compassion. They rely on us to not only understand the nuances of diagnosis and treatment, but also how family dynamics may affect a patient's ability to follow a course of care. Our patients rely on us to understand that the head is connected to the rest of the body and appreciate the connection between mental health and overall health. They rely on us – and our Code of Ethics demands – that we advocate to change those laws and policies that are contrary to the interests of our patients.

Competency, honesty, and compassion: the three dimensions of trust. But to that list there is one more quality that I consider essential: purpose. Our purpose is found in our mission – To promote the art and science of medicine and the betterment of public health.

But, ultimately, these are just words on paper – noble as they may be. It's up to us to bring our mission to life. We, the AMA, give life to our mission when we fight for the uninsured and the underinsured and for anyone who fears the next medical bill could drain their family's savings. We give life to our mission when we help physicians better care for patients struggling with a substance use disorder and when we call on policymakers to enforce mental health parity laws. When we model a path forward for states and develop a national opioids roadmap, as we did this year, to provide expert guidance in fighting this epidemic.

We give life to our mission when we promote solutions to surprise billing that keep patients out of the middle of conflict and hold insurers accountable. When we fight for common sense gun laws to keep our communities and neighborhoods safe. When we pull back the curtain on the dangers of e-cigarettes and vaping, working at the highest levels to sustain decades of progress on youth smoking. When we fight for user friendly, interoperable electronic health records, eliminating one of the major contributors to physician burnout. When we fight to remove the obstacles of documentation burden that interfere with patient care. And we give life to our mission when we lead in the new frontier of digital health, AI and technology.

These ongoing efforts shape our organization's purpose – which is why each of us is here today. Our mission matters. Especially in this moment. In this era of distrust, I would submit to you that the AMA is just what the doctor ordered. And we – both individually and collectively – are more than a match for this moment.

As I said just a few months ago, we, the physicians of the AMA, believe we can uplift our entire profession. We believe we can improve care for ALL of our 300-plus million fellow Americans and stand as leaders in health care across the globe. We can do this because people trust us and because we will always strive to be worthy of their trust.

I began with Beyoncé, and so I'll close with Beyoncé, who once said, "I don't like to gamble, but if there's one thing I'm willing to bet on, it's myself." I'll channel Beyoncé and say I don't like to gamble, but if there's one thing I'm willing to bet on it's you, my colleagues, our profession and our AMA.

Thank you.

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, Nov. 16.

The Human Touch in Driving the Future of Medicine

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

Last year, Elon Musk, Tesla's founder and a leading innovator, made a remarkable observation. His Tesla Model 3 had fallen significantly behind its production schedule. Musk concluded the underlying reason was related to the near complete reliance on automation. Robots were doing all the work – from soup to nuts. Musk realized there were specific tasks on the line that required actual people for optimization, and so he tweeted "excessive automation at Tesla was a mistake ... humans are underrated."

This story captures two principles: the first is that to produce something of value, one needs to perform a complicated series of discrete actions in a highly coordinated way; and second the best outcomes may require powerful technologies optimally mixed with distinctively human capabilities. Both principles are embedded in the work of the AMA. So, let's explore these a bit further.

Illustrating the first principle—something of value the AMA is producing for physicians through separate but coordinated actions—consider our work in chronic disease. To understand the scope of this work, we have to go back five years and to the incremental steps along the way. But we'll also look a year ahead to see where we're going.

We started with House policies and council reports around the widespread and significant health burdens of diabetes and hypertension. These diseases are strong drivers of our nation's health care spending, and impediments to national productivity. So the AMA developed tools that physician offices could deploy in order to accurately measure blood pressure and improve rates of blood pressure control.

Pilots showed remarkable success - so we began to scale them in partnership with the American Heart Association. To further enhance and broaden understanding of blood pressure control, including how to mitigate the factors that result in measurement inaccuracies, we created electronic learning modules in our Steps Forward program. In parallel, we developed a robust physician learning platform, the AMA Ed Hub®, to disseminate these blood pressure modules, as well as a host of other educational assets. I'll say more about the Ed Hub in a moment.

Our national Target BP initiative now connects with more than twelve hundred nodes: some, entire health systems, others, individual physician offices. By the end of 2021, our goal is to have 22 million patients with hypertension enrolled, 2.5 million of which will already have systolic pressures lessened by at least 10 mmHg, which projects a significant decline in serious adverse events.

Integrated with this work will be our health equity efforts. Not only do we want to control hypertension, but we want to ensure improvements are shared equally across income, gender, ethnicity and race. In fact, early next year we'll announce a social impact investment on the West Side of Chicago through our new Center for Health Equity that will help address the upstream social and living inequities that can impact health and contribute to chronic disease.

During all of this, our JAMA Network continues to deepen our understanding of hypertension, for example in younger populations. In our medical school consortium, our Health Systems Science curriculum includes such things as cultural competency, predictive analytics, and longitudinal care – all important in hypertensive populations.

We know that blood pressure measured in the office can be misleading due to factors like the white-coat effect, not to mention the hustle and bustle of the clinical environment. Self-measured blood pressures taken at home can be more reliable, provided they are taken correctly. But it's not particularly helpful to have patients showing up in the exam room with scraps of paper, or hand-written notes trying to recall their numbers. Enter IHMI, the AMA's Integrated Health Model Initiative, which has recently developed an electronic means of capturing remote blood pressure without cumbersome paper flow. This new tool, using HL7 and FHIR standards, can automatically collect and digitally embed and organize such remote measurements in the electronic health record. It will be tested in large systems – that is, in the wild – in 2020.

This IHMI product will confirm, by patient attestation, that blood pressure was taken under the correct conditions, that the patient was rested, bladder empty, back supported, and so forth. Further, our tool has methods of essentially separating signal from noise over multiple measurements. Thus, in the near future, accurate and verified remote blood pressures will be able to be entered and organized into a patient's EHR without physician offices needing to do anything.

Well-organized clinical data is critically needed by physicians; but so too is recognizing the time required to evaluate such data. This is where our AMA-convened CPT and RUC processes come into play. The CPT editorial panel created codes for remote self-monitored blood pressures, codes that have been valued by RUC and now accepted by CMS for recognition next year. This ensures new revenue will be available to physicians as they evaluate these life-saving data.

When complete, our collective work will have ushered in more accurate and organized measures of blood pressure, better insights into how to better control blood pressure, no paperwork and added revenue to physicians for evaluating and acting on hypertension, the number one killer in our society.

This blood pressure story is but one example of how we're harnessing the power of the AMA, expertise across our many units, cross-leveraging our many strengths and doing so in a systematic and coordinated fashion. There are other examples I could have chosen to highlight the AMA's well-coordinated efforts, such as right-sizing prior authorization. But since I mentioned the AMA Ed Hub, let's fill that out a bit. After two years in development, the Ed Hub launched in May with broad AMA content, as well as content sourced in collaboration with the American College of Radiology. And other specialties have indicated they, too, are attracted to this platform as have major institutions.

The Ed Hub has additionally begun electronically syncing CME offerings with boards, such as those represented by internal medicine and pediatrics, and it has the capability of electronically connecting with state licensing processes. The Ed Hub CME automatic tracking is now piloting in North Carolina, Tennessee, and Maine, with more states to follow.

AMA's Ed Hub is also piloting a program in partnership with our Silicon Valley innovation company, Health2047. If successful, the result will introduce an augmented intelligence arm to further enrich and personalize physician training and education. A prototype is already being tested.

Imagine a future where your CME choices are crafted as a bespoke menu, customized to what you actually see in your practice and where the hassles of filling out forms for credentialing and licensing disappear. That's the pathway we're building.

As for the second principle related to the tongue-in-cheek quote that "humans are underrated," I'd like to conclude with a brief thought on the dynamic that occurs when physicians deploy and interact with the powerful new tools and machines of the future. Tools and machines such as AI are already showing such promise in many of our fields.

As a medical student, I, like many of you, counted blood cell types in the standard way of the time. I diluted samples by a known amount and put them on a slide with etched squares and covered with a special coverslip, allowing known volumes to be viewed in each square. I held a clicker in my hand and clicked while counting the number of cells of this or that type. One cell, two cells, three cells, four cells – you get the picture. Then I did the calculation to correct for dilution and volume, and voila! I had a blood count. Those under 40 in this room are probably wondering, "what on earth is Jim talking about?" Many of the older crowd know well.

My subsequent career included laboratory medicine and such rudimentary tasks had been replaced by machines. But each time a machine replaced a task, some new more interesting and meaningful task that advanced clinical care would be created. Then that new task would be replaced by even newer machines. Rinse and repeat.

Going from clickers to coulter counters to flow cytometers to cell separators, and each time the old task was replaced by a new and more interesting task, allowing advances in diagnosis and therapy. Now if you think the simple blood cell counts now performed in the office or on the floor are boring, try a hand clicker and get back to me.

My point is this: when it comes to powerful new tools and machines, it's important to remember these replace tasks, not jobs. It's our role to imagine new frontiers – new tasks – that further advance our fields with yesterday's brute labor now taken up by the machines.

A recent study by the Brookings Institute examining how various industries will be affected by AI-like approaches estimated that those in health care will have plenty of room to create exciting new tasks. Estimates are that, on average, about one quarter of our tasks can be automated, with a range from 10 to 50 percent. Now, if you add removing administrative burdens, these numbers may even be far too low. So, I'm confident that, as technology automates the old tasks we now muddle through, we will generate more precious time with patients on one hand while also creating new tasks that will be more intellectually fulfilling.

Even an innovator like Musk will occasionally need to remind us that, when it comes to machines, they make great partners. They'll never replace human touch or human ingenuity. Count me among those excited about the future of medicine, and the powerful new tools that will define the new era of personalized patient care, and also personalized physician education driven by the AMA Ed Hub.

I'm confident in the physician's ability to always reach the next future state, in part because physicians will always have the AMA as their powerful ally in patient care and because we will forever strive to "promote the art and science of medicine and the betterment of public health".

Thank you and best for this Interim Meeting.

REMARKS FROM THE CHAIR OF THE AMPAC BOARD: The following remarks were presented to the House of Delegates on Saturday, November 16, by Lyle Thorstenson, MD, Chair of the AMPAC board.

Thank you, Mr. Speaker. Good afternoon, fellow delegates. I am Lyle Thorstenson from Nacogdoches, Texas, and it is my pleasure to be here today as the Chair of AMPAC, the bipartisan political action committee of our AMA.

As always, my first order of business on behalf of myself, and the rest of the AMPAC Board of Directors is to thank every person in this room who has supported AMPAC in 2019. As always, our goal is to have 100% of the members of this House participating in AMPAC. After all AMPAC is the vehicle that allows the AMA to advocate for and implement the policies that each of you has worked so tirelessly to craft.

I know that many of you chose to contribute to your state or specialty PAC, and while each of those is important, failing to support medicine's collective voice in federal elections has the potential to leave our advocacy efforts and the policies we work on in this House in a vulnerable position. The future of critical issues like surprise billing, MACRA reform and prior authorization is affected by who we elect to Congress. It is critical for our profession and our patients that we treat that we stay collectively engaged at the federal level.

Today, HOD participation in AMPAC stands at 74%. We can, and we must do better to ensure that the voice of organized medicine remains forceful in an ever-changing political environment where healthcare will continue to be a top priority in next year's election.

If you didn't join AMPAC in 2019 please, consider joining AMPAC to help us make sure the AMA is a powerful force during the 2020 elections.

You can do that right now by texting AMPAC to 202-831-8785 or by stopping by AMPAC's booth just outside of this hall where staff can help you support the advocacy efforts of our AMA!

Thank you!

REPORT OF AMPAC BOARD OF DIRECTORS: The following report was submitted by Lyle Thorstenson, 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 during the current election cycle. With all the uncertainty in our health care system today, our mission remains as important as ever - provide physicians with opportunities to support candidates for 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 grow their abilities through our political education programs, which include intensive training sessions that provide them with all the tools necessary to successfully take the next step by working on a campaign or to run for office themselves. We continue to work together with our state medical society PAC partners to carry out our mission.

AMPAC Membership Fundraising

A special thank you to those members who contributed to AMPAC in 2019. Your early support is important to our success and will help AMPAC continue to be effective this election cycle. AMPAC receipts for the cycle are nearing 1 million dollars and our success begins with you, the leaders in our House of Delegates. Currently, the HOD AMPAC participation stands at 74 percent and there is some work to be done as the House ended 2018 with a record-breaking 80 percent participation rate. There are 263 or 52 percent of HOD members who participate at the following Capitol Club levels: 25 Platinum members, 84 Gold members and 154 Silver members. If you have not made a 2019 contribution to AMPAC yet, I strongly encourage you to stop by the AMPAC booth today to join or renew your membership.

All current 2019 Capitol Club members have been invited to attend an exclusive Capitol Club Luncheon on Monday, November 18 with special guest Stephen Fried. Mr. Fried is an award-winning New York Times journalist, and his most recent work, *Rush*, is now a finalist for the George Washington Book Prize. AMPAC will be providing all 2019 Capitol Club Platinum members with a complimentary copy of *Rush* that can be signed by the author during their meet and greet opportunity prior to the Capitol Club luncheon from 11:30 am -12:00 pm in the Harbor Ballroom foyer.

During the Capitol Club luncheon, the lucky winner of AMPAC's 2019 Off to the Races Sweepstakes will be announced. Kentucky is the home to the first leg of the Triple Crown and is one of America's most spectacular horse racing events. The winner will receive round trip airfare for two and accommodations for 5 days/4 nights in beautiful downtown Lexington, Kentucky. This trip includes guided tours of famed local horse farms, distilleries and clubhouse level tickets to Derby races on Friday and Saturday. All 2019 Platinum, Gold and Silver contributors are automatically entered into the drawing for the sweepstakes.

Political Action

The 2020 Election season is upon us and AMPAC is working hard to leverage opportunities on medicine's behalf. Already this cycle, AMPAC has invested more than \$270,000 in political contributions, primarily to current members of Congress who are in leadership, sit on key committees, are true champions of medicine, and/or represent strategically important voting blocs of solutions-oriented legislators on both sides of the aisle. AMPAC is well-positioned to keep up and indeed exceed this pace as things heat up and targeted races take better shape heading into next year.

Health care issues continue to loom large in U.S. House and Senate races all over the country, and of course in the race for the White House, the debate over the future of America's health care delivery dominates the headlines. Partisan gridlock in Washington has left many issues important to medicine unresolved. Debates over how to address surprise billing, MACRA reform, drug price transparency, prior authorization abuses, and comprehensive reform approaches such as Medicare for All are expected to continue into next year's Congress and beyond. For AMPAC, this situation puts candidates running for federal office, and the positions they hold on these critical issues, into sharp focus.

The AMPAC Board's Congressional Review Committee will meet in February to set an initial budget for House and Senate candidates running this cycle. And as always, we are thoroughly researching competitive races and continuing to work closely with our colleagues in state medical societies and their political operations to help determine where AMPAC support will have the greatest impact on behalf of medicine. Factors that AMPAC weighs carefully in its decision-making process include race competitiveness, support for medicine's priority issues, and lawmakers in positions of leadership or on committees that most closely deal with legislation affecting physicians and their practices. AMPAC has also recently released its 2020 Candidate Survey. The candidate survey is another helpful tool, especially for first time candidates and challengers, to find out where candidates stand on the issues that matter most to medicine. The AMPAC 2020 Candidate Survey is given to all candidates contacting AMPAC and requesting support. It is also distributed to state medical societies and to the U.S. House and Senate party committees.

Political Education Programs

On September 26-29, physicians, medical students, physician spouses and state medical society staff from across the country took part in the 2019 Campaign School at the AMA offices in Washington, DC. As last year's elections confirmed, running an effective campaign can be the difference between winning and losing a race. The AMPAC Campaign School once again gave participants the skills and strategic approach they will need out on the campaign trail. Participants were placed into campaign teams and by using a hands-on approach our team of political experts ran them through a simulated campaign, teaching them everything they need to know to run a successful race.

AMPAC has also announced the dates for the 2020 Candidate Workshop which will take place February 28 – March 1 at the AMA offices in Washington, DC. During the one-and-a-half-day program, participants will learn what it takes to mount an effective run for office from our bi-partisan group of experts.

AMPAC will also be hosting a political education session at the AMA Interim Meeting. Titled "An Insiders 'How to' Guide to Running and Winning a Campaign," the hour-long session will provide an in-depth preview of the Candidate Workshop and how this intensive two-day program can prepare you with the tools you need to run a winning political campaign. The session will be held from 3-4pm on Sunday, November 17 in the Cortez Hill A/B meeting rooms.

For more information on this or 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**American Academy of Allergy, Asthma & Immunology**

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American College of Physicians

Mary Herald, MD

Lynne Kirk, MD

American Gastroenterological Association

Peter Kaufman, MD

American Psychiatric Association

Jeffrey Akaka, MD

American Society of Anesthesiologists

Jane Fitch, MD

American Society of Ophthalmic Plastic and Reconstructive Surgery

John Harrington, MD

American Urological Association

Aaron Spitz, MD

District of Columbia

Joseph Gutierrez, MD

Massachusetts

Thomas Sullivan, MD

Minnesota

David Luehr, MD

New York

John Ostuni, MD

North Carolina

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Ohio

Donna Woodson, MD

Virginia

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