

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

NOVEMBER 2020 SPECIAL MEETING

Online

November 13-17, 2020

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 243rd meeting at 7 p.m. Central Time on Friday, Nov. 13, 2020 using an online platform, Speaker Bruce A. Scott, MD, presiding. The House convened again online on Saturday, Nov. 14, Monday, Nov. 16, and Tuesday, Nov. 17. The meeting adjourned on Tuesday afternoon.

INVOCATION: The following invocation was delivered by Rev. Kimberly Jackson, an Episcopal priest at the Church of the Common Ground in downtown Atlanta, Georgia.

At this point, undoubtedly, you've grown accustomed to gathering in this way; not in a big room where you can greet and hug your colleagues, but instead virtually, physically distanced from your friends, many of whom you only see once a year at conferences such as these. And because of the pandemic, because of the nature of your jobs, many of you have lost colleagues, people with whom you just shared a drink with last year at the end of a conference session. So in the midst of the strangeness and the weightiness of this time, and during a season in which all eyes are on medical professionals, let us turn our hearts and our minds towards the one who is greater than us all. Let us pray.

Dear One, whom we call by many names, we come to you with hearts full: full of grief for loved ones lost, colleagues missed, and grief for a world fraught with illness and division. We come with hearts full of thanksgiving as well: thanksgiving for the gift of technology that brings us together, for advances in medical science that helps bring healing to the world, and thanksgiving for our friends and loved ones who support us on our journeys.

We ask that you would also fill our hearts with hope. Give us hope for new cures, hope for peace, hope for renewed joy. Finally, I ask that you would bless this special meeting of the AMA. Please allow this meeting to further AMA's calls to help bring health equity to each of us all. I pray this in the name of all that is love.

Amen.

AWARDS: The following awards were presented during the opening session on Friday, Nov. 13.

- Distinguished Service Award – Vivian W. Pinn, MD, Washington, D.C.
- Distinguished Service Award – Camran Nezhat, MD, Palo Alto, California.
- Benjamin Rush Award for Community Service – Charles E. Moore, MD, Atlanta, Georgia.
- AMA Foundation Award for Health Education - Alëna A. Balasanova, MD, Omaha, Nebraska.

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

- Mark Andrejeski, recently retired Executive Vice President of the American College of Rheumatology;
- Douglas E. Henley, MD, recently retired Executive Vice President and Chief Executive Officer of the American Academy of Family Physicians, and a former member of the House of Delegates;
- Penny S. Mills, recently retired Executive Vice President and Chief Executive Officer of the American Society of Addiction Medicine;
- Catherine M. Rydell, CEO Emeritus of the American Academy of Neurology;
- Philip A. Schuh, Executive Vice President and Chief Financial Officer of the Medical Society of the State of New York;
- Robert "Bob" W. Seligson, Executive Vice President and Chief Executive Officer of the North Carolina Medical Society; and
- Tenna Wiles, Chief Executive Officer of the Palm Beach (Florida) County Medical Society.

The Medical Executive Meritorious Achievement Award was presented to the following individual:

- Ms. Susan D'Antoni, Chief Executive Officer of the Montgomery (Maryland) County Medical Society

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

CREDENTIALS: The Committee on Rules and Credentials reported that on Saturday, Nov 14, 374 out of 640 delegates (58.4%) had been accredited at the start of the session, thus constituting a quorum; on Monday, Nov. 16, 479 (74.8%) were present; and on Tuesday, Nov. 17, 385 (60.2%) were present. As sessions progressed, as many as 620 delegates were participating concurrently. (Reference committee hearings were conducted Saturday and Sunday.)

RULES REPORT – Saturday, November 14

HOUSE ACTION: ADOPTED

Mister Speaker, Members of the House of Delegates: Your Committee on Rules and Credentials recommends the following rules for this Special Meeting of the House of Delegates:

1. **Special Meeting of the House of Delegates (HOD)**
In accord with the official “Call for the Special Meeting” dated September 3, 2020, the AMA House of Delegates will convene via a virtual platform on November 13 - 17, 2020 for the purpose of conducting priority and urgent business of the Association.
2. **House of Delegates Security**
Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly credentialed shall be permitted to vote or comment.
3. **Credentials**
The registration record of the Committee on Rules and Credentials shall constitute the official roll call at this Special Meeting of the House. Delegates have been issued a unique credential for use during the virtual meeting and should guard it carefully. If the credential is compromised, it should be reported immediately to HOD@ama-assn.org. Recredentialing can be accomplished by notifying the HOD office electronically, in which case a new credential shall be issued and the previous credential made void. Only delegates or their alternate may vote on business before the House.
4. **Business of the House of Delegates**
The order of business as published shall be the official order of business for this Special Meeting. This may be varied by the Speaker, subject to any objection sustained by the House. Under the bylaws, business is restricted to that for which this Special Meeting has been called. The House of Delegates will determine which resolutions meet the criteria for consideration at this Special Meeting. No further business shall be entertained.
5. **Privilege of the Floor**
Delegates may request the privilege of the floor via the virtual platform. An alternate may request the privilege of the floor when “seated” for his/her delegate. 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.
6. **Procedures of the House of Delegates**
As per the official “Call for the Special Meeting” and per the Bylaws governing the Special Meeting, discretion shall be given to the Speaker to conduct the business before the AMA House of Delegates.
7. **Limitation on Debate**
There will be a two-minute limit on debate per presentation, subject to waiver by the presiding officer for just cause, on any oral presentation.

8. No Second Required

To expedite consideration of the House, motions that are in order will not require a second to be considered by the House of Delegates.

9. Conflict of Interest

Members of the House of Delegates who have a substantial financial interest in a commercial enterprise, whose interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest.

10. 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

SUPPLEMENTARY REPORT OF COMMITTEE ON RULES AND CREDENTIALS

HOUSE ACTION: **ADOPTED**

(Late Resolution 1001 not accepted)

The Committee on Rules and Credentials met to discuss Late Resolution 1001. The sponsor of Late Resolution 1001 was 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.

Regarding the timeliness of submission, the Rules Committee believes that the timing of the presidential election, the possibility that the incumbent might not win reelection, and the potentially temporary nature of a presidential executive order were well known prior to the official deadline for resolution submission. The author of this resolution could, therefore, have acted prior to this deadline. On the issue of urgency, the Committee noted that (1) much of the Executive Order referred to in this late resolution has been included in regulations issued by the Administration, and even if the Executive Order were rescinded these regulations would persist; and (2) existing AMA policy as referenced in the Whereas of Late Resolution 1001 will enable AMA leadership to address issues of price transparency prior to the June meeting of the HOD in the absence of action taken at this Special Meeting.

Recommended not be accepted:

- Late 1001 – Supporting Executive Order 13877 on Price Transparency

CLOSING REPORT – Tuesday, November 17

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, This Special Meeting of the House of Delegates of the American Medical Association has been convened virtually; and

Whereas, This Special Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of deliberations and fellowship; therefore be it

RESOLVED, That expressions of deep appreciation be made to our Speakers, Doctors Bruce Scott and Lisa Egbert, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Special Meeting of the House of Delegates.

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

**REPORT OF THE RESOLUTIONS COMMITTEE
November 2020 Special Meeting of the House of Delegates**

HOUSE ACTION: RECOMMENDATIONS OF THE RESOLUTIONS COMMITTEE ADOPTED

[Editor's note: The Resolutions Committee was appointed to assess each resolution's urgency or priority and to recommend that only those resolutions rising to a certain level of urgency or priority be considered. The committee's report follows. Its recommendations were accepted, and none of the extracted resolutions were considered as business. Those resolutions do not automatically move to the next meeting of the House.]

Resolutions Committee - Final report Consent Calendar

The Resolutions Committee has recommended the following resolutions have met the urgency/priority threshold for consideration at this meeting and will be considered.

- 005 Racism as a Public Health Threat
- 007 Access to Confidential Health Care Services for Physicians and Trainees
- 008 Delegate Apportionment During COVID-19 Pandemic Crisis
- 010 Racial Essentialism in Medicine
- 011 Elimination of Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education, Research and Clinical Practice
- 101 End of Life Care Payment
- 105 Access to Medication
- 114 Establishing a Professional Services Claims-Based Payment Enhancement for Activities Associated with the COVID-19 Pandemic
- 202 Cares Act Equity and Loan Forgiveness in the Medicare Accelerated Payment Program
- 203 COVID-19 Emergency and Expanded Telemedicine Regulations
- 205 Telehealth Post SARS-COV-2
- 206 Strengthening the Accountability of Health Care Reviewers
- 211 Creating a Congressionally- Mandated Bipartisan Commission to Examine the U.S. Preparations for and Response to the COVID-19 Pandemic to Inform Future Efforts
- 212 Copay Accumulator Policies
- 213 Pharmacies to Inform Physicians When Lower Cost Medication Options are on Formulary
- 218 Crisis Payment Reform Advocacy
- 306 Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for expedited action by the American Medical Association
- 307 USMLE Step Examination Failures During the Covid-19 Pandemic
- 309 Preserve and Increase GME funding
- 404 Early Vaccination for Correctional Workers and Incarcerated Persons
- 406 Face Masking in Hospitals During Flu Season
- 407 Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems
- 408 An Urgent Initiative to Safeguard COVID-19 Vaccine Programs
- 409 Protestor Protections
- 410 Policing Reform
- 411 Support for Eviction and Utility Shut-Off Moratoriums during Public Health Emergencies
- 412 Availability of Personal Protective Equipment (PPE)
- 413 Protecting Healthcare Professionals in Society
- 414 Availability of Personal Protective Equipment (PPE)

- 415 Support Public Health Approaches for the Prevention and Management of Contagious Diseases in Correctional Facilities
- 508 Home Infusion of Hazardous Drugs
- 509 Hydroxychloroquine and Combination Therapies – Off-Label Use
- 602 Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA
- 606 Adopting the Use of the Most Recent and Updated Edition of the AMA Guides to the Evaluation of Permanent Impairment
- 710 A Resolution to Amend the AMA's Physician and Medical Staff Bill of Rights
- 712 Increase Insurance Company Hours for Prior Authorization for Inpatient Issues

The following resolutions have not met the urgency/priority threshold for consideration at this meeting and have not been extracted, and will not be considered:

- 002 Resident and Fellow Access to Fertility Preservation
- 003 Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients
- 102 Hospice Recertification for Non-Cancer Diagnosis
- 104 Reinstatement of Consultation Codes
- 106 Bundling Physician Fees with Hospital Fees
- 107 COBRA for College Students
- 108 Consumer Operated and Oriented Plans (CO-OPs) as a Public Option for Health Care Financing
- 109 Health Insurance that Fairly Compensates Physicians
- 110 Medicaid Tax Benefits
- 111 Payment for Regadenoson (Lexiscan)
- 112 Private Payor Payment Integrity
- 204 Studying Physician Supervision of Allied Health Professionals Outside of their Fields of Graduate Medical Education
- 207 AMA Position on All Payer Database Creation
- 208 Insurance Claims Data
- 209 Physician Tax Fairness
- 210 Prohibit Ghost Guns
- 216 Expungement and Sealing of Drug Records
- 301 Creating a More Accurate Accounting of Medical Education Financial Costs
- 303 CME for Preceptorship
- 305 Parental Leave and Planning Resources for Medical Students
- 402 Air Quality and the Protection of Citizen Health
- 403 Support for Impairment Research
- 416 Support for Vote-by-Mail
- 502 Drug Manufacturing Safety
- 503 Federal Initiative to Treat Cannabis Dependence
- 504 Supplemental Resources for Inflight Medical Kit
- 505 Regulation and Control of Self-Service Lab
- 506 Education for Patients on Opiate Replacement Therapy
- 507 Pharmacy Benefit Managers and Drug Shortages
- 601 Support for the Establishment of Medical-Legal Partnership
- 603 Report on the Preservation of Independent Medical Practice
- 605 Development of Resources on End of Life Care
- 701 Degradation of Medical Records
- 702 Eliminating Claims Data for Measuring Physician and Hospital Quality
- 703 Medicare Advantage Record Requests
- 704 Government Imposed Volume Requirements for Credentialing
- 705 The Quadruple Aim - Promoting Improvement in the Physician Experience of Providing Care
- 706 Physician Burnout is an OSHA Issue
- 707 Physician Well-Being as an Indicator of Health System Quality
- 708 Reducing Prior Authorization Burden
- 709 Addressing Inflammatory and Untruthful Online Ratings

The following resolutions have been **EXTRACTED** from the list of resolutions that have not met the urgency/priority threshold for consideration at this meeting, but each will be voted on by the House of Delegates.

- 001 AMA Resident/Fellow Councilor Term Limits
- 004 Nonconsensual Audio/Video Recording at Medical Encounters
- 006 Addressing Maternal Discrimination
- 009 Support of Learner and Trainee Participation in Peaceful Demonstrations and Other Forms of Public Advocacy
- 103 Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance
- 113 Most Favored Nation Executive Order
- 115 Integrating Social Determinants of Health and Quality Measurement
- 201 Permitting the Dispensing of Stock Medications for Post Discharge Patient Use and the Safe Use of Multi-dose Medications for Multiple Patients
- 214 Increase Advocacy Efforts in Support of the Treat and Reduce Obesity Act
- 215 Advocating for Alternatives to Immigrant Detention Centers that Respect Human Dignity
- 217 Support for Universal Internet Access
- 302 Student Loan Forgiveness
- 304 Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training
- 308 ECFMG 2024 Accreditation Requirement for World Federation Medical Education (WFME) Recognition
- 310 Non-Physician Post-Graduate Medical Training
- 401 Fatigue Mitigation Respite for Faculty and Residents
- 405 Attacking Disparities in COVID-19 Underlying Health Conditions
- 417 Support for Safe and Equitable Access to Voting
- 501 CBD Oil Use and the Marketing of CBD Oil
- 510 Access to Opioid Agonist Treatment for Incarcerated Persons
- 604 Timely Promotion and Assistance in Advance Care Planning and Advance Directives
- 711 Prevent Medicare Advantage Plans from Limiting Care

APPENDIX – Extractor’s Statement and Resolutions Committee Response

The following resolutions have been **EXTRACTED** from the list of resolutions that have not met the urgency / priority threshold for consideration at this meeting in the judgment of the Resolutions Committee. They are listed in numerical order along with the statement of the delegate who extracted the item and a statement from the Resolutions Committee. Each item will be voted on individually without further debate. Delegates may wish to review the comments in the online forum and add pro or con comments on the forum regarding the urgency / priority of the items. The Forum will remain open until 10 a.m. Saturday, Nov. 14.

Resolution 001 - AMA Resident/Fellow Councilor Term Limits

- Amar Kelkar – Resident and Fellow Section

This resolution proposes bylaws changes to reduce the term-length of RFS Council positions to expand access to these opportunities for trainees in shorter residency programs. This resolution was passed in the RFS at I-19 based on a study done by the RFS Delegates demonstrating a bias towards trainees in longer training programs filling Council positions. Because the next set of Council elections within the HOD will take place in June 2021, and CCB will need time to analyze the changes and issue a report based on the requested bylaws changes, further delay will affect another batch of trainees who are missing out on opportunities to gain valuable Council experience early in their careers. We ask for extraction so that CCB has adequate time to complete their Report by A-21 as that meeting may also be virtual.

- Resolutions Committee

The Resolutions Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a future in-person meeting, the Resolutions Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 004 - Nonconsensual Audio/Video Recording at Medical Encounters

- William Reha, Virginia

This resolution asks the AMA to develop policy on nonconsensual audio/video recordings during medical encounters. Studies already show this is occurring at significant rates and will likely increase with the expansion

of telehealth during and post-pandemic. The AMA should take a lead role in developing guidelines for both physicians and their patients on this subject. There is strong support of this resolution in the online forum.

- Resolutions Committee

The Resolution Committee notes that our AMA already has extensive policy on this issue. While this resolution makes a subtle addition to current policy, the Resolution Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 006 - Addressing Maternal Discrimination

- Josephine Nguyen - WPS Delegate

This resolution is timely not only for our patients but for providers as well. Given the COVID-19 pandemic, many families have been either forced to or have chosen to home school their children. Women have been the ones to historically take on the responsibilities of caring for the children. For working mothers, they now have to make sure their child/children are properly engaged in home schooling education while juggling responsibilities of their job. Many women will have to take time off in order to do this. This increased responsibility could hinder women from moving up in the workforce and exacerbate issues surrounding discrimination.

- Resolutions Committee

The Resolutions Committee notes that our AMA already has extensive policy on this issue. Therefore, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 009 - Support of Learner and Trainee Participation in Peaceful Demonstrations and Other Forms of Public Advocacy

- Luis E. Seija - Minority Affairs Section

Given the current state of race relations in the United States, the ongoing division in the country related to racial injustice, and the undeniable racial and ethnic disparities in health outcomes, especially with regard to COVID19 and police brutality, it is imperative the AMA express explicit support of medical trainees who choose to participate in social justice demonstrations. Trainees have many different reasons for participating in demonstrations be it identification with the targeted populations or wanting to publicly express support for their colleagues. This is an action that trainees should be free to participate in without undue concerns of potential backlash from their affiliate institutions.

- Resolutions Committee

The Resolutions Committee acknowledges that this resolution deals with an issue of some importance, however, the AMA already has extensive policy on the issue. Therefore, the Resolutions Committee believes this resolution does not meet the threshold for urgency/priority for business of the November Special meeting.

Resolution 103 - Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance

- Amar Kelkar - RFS

In the context of the ongoing COVID-19 pandemic (where job loss has led to the loss of employer-based health insurance), an election (resulting in a new administration wishing to address issues with health insurance in its early planning), and the planned discussion of CMS 1 (outlining a non-employer-based "public option"), we believe this resolution to be timely and necessary. By extracting Resolution 103, we can have this discussion paired with CMS 1, which will add further clarity to whatever AMA policy results.

- Resolutions Committee

The Resolutions Committee notes that current AMA policy (H-165.829 and H-165.843) specifically addresses this resolution. Therefore, the Resolution Committee has determined that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 113 - Most Favored Nation Executive Order

- Ed Balaban, Association for Clinical Oncology

The Most Favored Nation executive order (EO) was signed in Sept. 2020 and is expected to begin in 2021. This EO grants authority for the implementation of a demonstration project affecting some drugs and biologics in Part B and D Medicare. Current AMA policy, D-330.904, opposes policies and demonstration projects that could undermine access to the best course of therapy. The EO triggers the concern that hurried, untried, and unproven

demonstration projects will negatively affect health care access and interrupt ongoing critical therapy. This resolution seeks opposition to this executive order and the implementation of this hastily proposed demonstration project that will predictably affect care during the ongoing COVID Public Health Emergency and beyond. This should be viewed as urgent because of its anticipated start in early 2021. AMA intervention is essential to help the Biden Administration understand the need to repeal this EO.

- Resolutions Committee

Only the author of this resolution submitted a statement of urgency/priority. No additional comments regarding its urgency/priority were posted in the Online Forum. The Resolutions Committee has determined that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 115 - Integrating Social Determinants of Health and Quality Measurement

- Russell Libby – Integrated Physician Practice Section

The IPPS urges that IPPS Res 115, Integrating Social Determinants of Health and Quality Measurement, be extracted. While the IPPS supports CMS 7, Health Plan Initiatives Addressing Social Determinants of Health, we note the report does not address the important issue of quality measurement in relation to SDOH, which is central to IPPS Res 115. Given that physician payment tied to performance and quality measures is inexorably linked with SDOH, we believe Res 115 provides needed context and guidance for addressing physician payment that should be considered alongside the findings of CMS 7. In the event of extraction and passage of IPPS Res 115, in addition to CMS 7, the combination of the two directives will result in comprehensive policy on SDOH at a time when COVID had exposed the racial inequities in our health care system.

- Resolutions Committee

The AMA already has policy on the issue and is further addressed in the current CMS 7 report. While this resolution makes a subtle addition to current policy, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 201 - Permitting the Dispensing of Stock Medications for Post Discharge Patient Use and the Safe Use of Multi-dose Medications for Multiple Patients

- Kevin Flaherty – American Academy of Ophthalmology

What could be more urgent than patients with no insurance needing cataract surgery who can't afford their \$200+ eye drips and hospital operating rooms are throwing them away as medical waste. Elective surgery is now opening up but there are patients who have lost their health insurance and are relying on charity care for their eye surgery. The charity care doesn't pay for the post op drops and the drops (antibiotic and prednisolone) costing over \$200 are just thrown away after one drop is used. We have the means to help solve this problem, we have contacted the National Association of State Boards of Pharmacy who are willing to help if we (AMA) ask. I am respectfully asking to reconsider Resolution 201 to be included in the special meeting of the HOD.

- Resolutions Committee

The Resolutions Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a future in-person meeting, the Resolutions Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 214 – Increase Advocacy Efforts in Support of the Treat and Reduce Obesity Act

- Ethan Lazarus – Obesity Medical Association

Of the 240,000 US deaths attributed to COVID-19, those with comorbid obesity are 3.5x-7.4x more likely to end up on a ventilator* and more than 3x more likely to die. Yet insurance companies continue to refuse to pay for the most basic obesity treatments including medications and IBT.

If this were hypertension and insurers refused to pay for all available treatments, our AMA would take up the fight much more aggressively. But with obesity, the most stigmatized of all diseases, current legislation languishes while our patients die.

We need to get our patients access to the treatments they deserve and not allow them to continue to die without treating their underlying conditions. Please consider this resolution now to prevent tens of thousands more unnecessary deaths.

- Resolutions Committee

The Resolutions Committee notes that the HOD has considered similar resolutions on this topic in the recent past. We do not believe there has been significant new developments and therefore recommend that the HOD focus on other higher priority resolutions at this virtual meeting.

Resolution 215 - Advocating for Alternatives to Detention Centers that Respect Human Dignity

- Pauline Huynh - MSS

The MSS respectfully disagrees with the Resolution Committee's decision and, instead, supports Resolution 215 as a priority business item. Detainees and detention center staff represent a vulnerable population with exacerbated health inequities in the setting of the COVID-19 pandemic. Immigrant detention centers have faced significant spikes in COVID-19 cases, with a documented detainee case rate that is 13.4 times higher than that of the general U.S population. This is due to overcrowded conditions and failure of centers to comply with Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) COVID-19 Pandemic Response Requirements. This resolution has the potential to mitigate COVID-19 inequities, COVID-19 transmission, ICU bed shortages, as well as the morbidity and mortality resulting from substandard detainment conditions. We strongly urge its consideration at this November meeting because these patients cannot wait 6 more months.

- Resolutions Committee

The Resolutions Committee recognizes that our AMA has extensive existing policy on the issue. Our AMA is already extremely active in this space. We believe that our current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 217 - Support for Universal Internet Access

- Pauline Huynh - MSS

The MSS respectfully disagrees with the Resolution Committee's decision for Resolution 217 and, instead, supports this as a priority business item. Due to physical distancing guidelines, reliance on internet connectivity has surged, to parallel access to education and telemedicine. One in five households with school-age children still do not have personal broadband internet access at home, preventing them from learning during critical years of development. Furthermore, it is probable that a stimulus package and infrastructure plan will be proposed before our June 2021 meeting, which will likely address internet access. This resolution is critical to discuss now because it will provide our AMA the opportunity to highlight and support legislation to reduce barriers and increase access to broadband internet, which has been designated a social determinant of health. We strongly urge Resolution 217's consideration at this November meeting.

- Resolutions Committee

The Resolutions Committee recognizes that our AMA already has policy on the issue and. is active on this issue. Rather than divert the HOD attention from other resolutions, we believe the AMA should continue current activities based upon existing policy. While this resolution makes a subtle addition of little impact to current policy, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Current policy covers the issue, or the resolution offers a subtle nuance, change, or clarification of little impact.

Resolution 302 - Student Loan Forgiveness

- Shastri Swaminathan - Illinois

I am writing on behalf of the Great Lakes States Coalition to extract Resolution 302. The Public Service Loan Forgiveness Program permits borrowers who make 120 qualifying monthly payments to have the remainder forgiven. The General Accounting Office issued a report showing that out of 54,000 applications, only one 1% had received loan forgiveness. The average student loan debt in 2007 (the first year of eligibility under this program) was \$150,00 for private medical school graduates. This level of indebtedness presents a substantial ongoing burden and harm to early career physicians who have already deferred many important milestones due to their training. They are opening their practice, purchasing a home, getting married and starting a family. To continue to live under this burden when there is potential for relief presents an urgent call for us to act. Please listen to this podcast by Michael Lewis to learn more: <https://www.radiopublic.com/950774f9-a048-4576-a49d-e1add66c634b/ep/s1!1c964> Reference: https://www.gao.gov/products/GAO-19-595?mobile_opt_out=1

- Resolutions Committee

The Resolutions Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new. The Council on Medical Education testified that this is not a priority and should not be considered at this meeting. The Resolutions Committee agrees that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 304 - Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training

- Amar Kelkar - RFS

The issue of minimum standards for parental leave has been ongoing, but the ABMS recently put out recommendations to be active as of July 1, 2021, including, "Member Board eligibility requirements must allow for a minimum of 6 weeks of time away from training for purposes of parental, caregiver and medical leave at least once during training, without exhausting all other allowed time away from training and without extending training." The ACGME is currently updating its own recommendations and we believe that this Resolution provides the necessary impetus for the AMA to be involved in advocating for trainees while these decisions are being made. Since these decisions will be most likely be finalized before the start of the next academic year (July 1, 2021), this resolution is timely and needs to be discussed along with the friendly amendment already offered on the VRC by CME after discussions on this resolution.

- Resolutions Committee

The Resolutions Committee notes that our AMA already has policy on the issue. While this resolution makes a subtle addition to current policy, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 308 - ECFMG 2024 Accreditation Requirement for World Federation Medical Education (WFME) Recognition

- Leah Yuan – Massachusetts, Regional Medical Student

I would like to extract resolution 308 regarding ECFMG 2024 accreditation requirement. We believe that this is urgent because a large percentage of our primary care physicians are IMGs and the 2024 deadline of this requirement will severely impact our the practice of our IMG physicians. Thank you.

- Resolutions Committee

The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. The whereas statements indicate that the WFME based accreditations standards have been extended to 2024. While a resolution may be in order at a future in-person meeting, the Resolution Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 310 - Non-Physician Post-Graduate Medical Training

- Amar Kelkar - RFS

Based on numerous testimonials of examples from the past year posted in the Virtual Reference Committee of diminished quality of training and loss of educational opportunities that will continue to worsen if not addressed, as well as comments by the Council on Medical Education calling this, "a very pressing and timely matter," we believe the issue of post-graduate non-physician training must be discussed by the House of Delegates at this Special Meeting.

- Resolutions Committee

The Resolution Committee recognizes the importance of this topic, specifically protecting the terms residency and fellowship, and compensating residents. However, this is a long standing issue that does not require immediate response. Therefore, the Resolutions Committee believes it does not meet the timeliness threshold of this meeting as this is an ongoing high level priority and this resolution does not change that.

Resolution 401 - Fatigue Mitigation Respite for Faculty and Residents

- Josephine Nguyen - WPS Delegate

We believe this resolution to be timely because the COVID-19 pandemic has caused physicians and physicians-in-training to increase their workloads due to complicated coverage schedules when colleagues are either exposed and have to quarantine or are actually ill. Furthermore, the stress of the social climate and the pandemic has increased fatigue amongst providers, necessitating an increased need for support.

- Resolutions Committee

The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new. The AMA already has extensive policy on the issue. Council on Medical Education testified that this is not a priority and recommended against consideration. The Resolutions Committee agrees that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 405 - Attacking Disparities in COVID-19 Underlying Health Conditions

- Kim Williams - American College of Cardiology

Poorly controlled diabetes, hypertension, and obesity make COVID-19 a killer. Currently, many people with these conditions are neglecting medical visits and letting prescriptions lapse.

Resolution 405, supported by MSDC, ACC, and ACLM, calls on local governments to encourage patients to see their physicians, refill prescriptions, and regain control, using the full range of medical and lifestyle approaches to attack underlying conditions. One aspect is nutrition, including plant-based meals, referring to diets emphasizing vegetables, fruits, and other healthy foods, including Mediterranean, vegetarian, or other healthy American diets. This term is already part of AMA policy H-150.949 for hospitals. Resolution 405 notes this option for people with underlying conditions, in sync with the policies of the American Heart Association, American College of Cardiology, American Association of Clinical Endocrinologists and the Academy of Nutrition and Dietetics.

So far, state and local governments are not urging their citizens to urgently address these conditions. With this resolution, we will save lives, particularly those with comorbidities leading to higher mortality in our communities of color.

- Resolutions Committee

The Resolution Committee notes that the AMA is active on this issue. Rather than divert the HOD attention from other resolutions, we believe the AMA should continue current activities based upon existing policy.

Resolution 417 - Support for Safe and Equitable Access to Voting

- Amar Kelkar - RFS

As the COVID-19 pandemic continues to endanger the public health and our citizens continue to participate in national, state, and municipal elections, advocating for safety while voting is necessary for the betterment of public health. Municipal elections will continue to take place through the pandemic, as well as elections with national implications such as the Senate runoff elections on January 5th. As local and state governments make accommodations to voting procedures, they will look to the AMA when we provide recommendations on issues of public health. We have already seen the unfortunate consequences of crowded in-person voting in the Wisconsin primaries in April 2020 and we cannot afford to stand idly by waiting for more casualties. This is of paramount importance to our patients, particularly our most vulnerable and our AMA needs strong policy to stand in support of the health of our patients as they exercise their civic rights.

- Resolutions Committee

The Resolution Committee acknowledges that the resolution deals with an issue of some importance, however, it will likely have limited impact in the near future and can be addressed at a later date. Therefore, the resolutions committee believes this resolution does not meet the threshold for urgency/priority for business of the November Special meeting.

Resolution 501 - CBD Oil Use and the Marketing of CBD Oil

- Mike Miller - Wisconsin

CBD use and sales are proliferating at a rapid rate. It is misrepresented as good for everything and below the 0.3% THC threshold--but there is no verification of that Docs need to know that CBD from kiosks at the mall is the same as CBD in Epidiolex, and the FDA approved package insert talks about drug-drug interactions.

This is urgent.

And can vaping of THC and CBD products be good during this pandemic of a viral disease that usually involves the lungs?

- Resolutions Committee

The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a

future in-person meeting, the Resolution Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 510 - Access to Opioid Agonist Treatment for Incarcerated Persons

- David Walsworth - Michigan

On behalf of the Michigan Delegation, I'm writing to extract Res. 510. The AMA reports more than 40 states have conveyed increases in opioid-related mortality. This issue is timely as incidents of relapse and substance use initiation have grown as job losses, social isolation, and stress mounts due to the pandemic. AMA advocacy for opioid use disorder policies related to the consequences of COVID-19 should include the needs of justice-involved individuals, especially since studies have shown that "individuals reporting opioid use are significantly more likely to be involved with the criminal justice system compared to people with no opioid use." The use of validated screening tools to identify withdrawal and determine potential need for treatment for opioid use disorder at time of entry into a correctional facility is critical.

- Resolutions Committee

The Resolution Committee notes that the AMA has already accomplished the request of this resolution. AMA Policy D-430.997, "Support for Health Care Services to Incarcerated Persons," the AMA supports NCCHC standards as well as encourages all correctional systems to support NCCHC accreditation. Additionally, AMA model state legislation already includes language providing for screening of inmates upon admission to a facility. Therefore, AMA Policy and model state legislation already support the proposed amendment and this Resolution is duplicative of current AMA policy. Rather than divert the HOD attention from other resolutions, we believe the AMA should continue current activities based upon existing policy.

Resolution 604 - Timely Promotion and Assistance in Advance Care Planning and Advance Directives

- Louise Andrew - Senior Physicians Section

With over 150,000 US cases daily and increasing rates and deaths anticipated, AD are an even more significant, yet widely under-recognized health equity issue with organizational priority, demanding both urgent leadership, and direction. Front-line providers experience anguish, making end-of-life decisions for patients unable to indicate their wishes, unable to communicate with families who are denied access. Not a few physicians and other healthcare providers have died of Covid, without taking these measures themselves.

If we delay taking action, serious, deleterious, yet preventable consequences to a large group of physicians and patients, especially Seniors, will predictably result.

Prior policy on this issue does not go far enough in educating, motivating, or equipping physicians to undertake these difficult, but necessary conversations with their own families, and with their patients. Our AMA is the most appropriate group to take on this issue in healthcare. This is a reasonable approach to an horrific problem

- Resolutions Committee

Only the author of this resolution submitted a statement of urgency/priority. No additional comments regarding its urgency/priority were posted in the Online Forum. The Resolution Committee has determined that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 711 - Prevent Medicare Advantage Plans from Limiting Care

- Susan Hubbell - AAPMR

As cosponsors of 711, AAPM&R and AANEM ask that the HOD vote to include 711 as business. Medicare Advantage plans are routinely denying admission to acute inpatient rehabilitation facilities (IRF) for their enrollees, often based on their restrictive coverage guidelines, in situations where standard Medicare programs will pay for IRF stays. During this COVID-19 pandemic, medical knowledge about the long-term and disabling consequences of these severe infections is growing daily. Post-COVID syndrome includes stroke, coronary and peripheral artery disease, peripheral nerve and inflammatory muscle complications, amputations, "brain fog", and prolonged respiratory impairments. Medicare's IRF guidance suggests that IRF care is appropriate for patients with disability and complex medical situations requiring daily visits by physician specialists, and access to testing and treatment. Instead, Medicare Advantage plans are sending large numbers of these patients to skilled nursing facilities that lack the resources to manage complex, multi-organ and neurologic problems.

- Resolutions Committee

The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a

future in-person meeting, the Resolution Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

APPROVAL OF MINUTES: The Proceedings of the June 2020 Special Meeting of the House of Delegates, conducted online on June 7, 2020, were approved.

ADDRESS OF THE PRESIDENT: AMA President Susan Rudd Bailey, MD, delivered the following address to the House of Delegates on Friday, Nov. 13.

Reimagining the Future of Medicine in a Post-COVID World

Mister Speaker, officers, delegates, physician and student colleagues, distinguished guests,

In my inaugural address in June, I talked about how a hero's journey is symbolic of the journey we walk as physicians. Our journey starts with a moment of inspiration to pursue medicine. We find a mentor to show us the way. We encounter struggles and hardships before emerging stronger and more resilient forever changed by the experience.

Few times in history have we embodied the hero's journey like we have in this past year. In June I talked about Harry Potter, Star Wars, and The Wizard of Oz, but much of the last few months have felt more like the dystopian world of The Hunger Games. COVID-19 has brought immense challenges and pain for so many, including our physician community. We have struggled mightily at times.

Some of us know a colleague who lost their life to COVID-19. Many of us have fallen ill, or we have watched a family member or loved one battle the virus. We have done things in 2020 that we could not have imagined, shining a spotlight in an uncomfortable place—on ourselves—as we repeatedly cried out for more protective equipment to keep us and our patients safe. For the financial aid to keep our struggling practices afloat. For the information and resources to make sense of it all. To provide counsel for our patients. To better understand what we were up against.

As we approach the end of 2020, the pandemic feels a little different now. We don't know if it is the end of the beginning, or the beginning of the end. But we are a bit wiser and a bit tougher than before. We don't know everything about the journey ahead, but there is plenty we do know.

This year has shown us the best in physicians and our health care community—the nurses, assistants and staff personnel who are always on our side. Who are in the trenches with us even in the most difficult of times and that understand the importance of physician-led teams. But this year also has revealed how politics can be corrosive and how misinformation and anti-science rhetoric can impede our ability to respond in a health emergency and can magnify the cracks and inequities in our health system.

Nine months into our fight against COVID-19, the pandemic is as dangerous as ever. We have reached record highs, a milestone of more than 100,000 new cases a day. Surges continue across the country. More than 10 million of our fellow citizens have become infected. Nearly two hundred and fifty thousand have died. We have learned in this most difficult year that no person and no community is safe from this virus. It reaches everyone, no matter their background, their income, or their politics.

And yet, in face of this pandemic, perhaps the greatest threat to public health in our lifetimes, physicians have heroically answered the call. Time and again, through surges and plateaus, working under intense pressure and at great personal risk, our physician community has risen to the challenge of this moment. We have done this with courage and with selflessness because of our singular dedication to our patients' health. And now, with a new year ahead and possible vaccines on the horizon, we are about to make a fresh start. Change is in the air.

Never again can we allow the politics of division to undermine our ability to deliver the very best care to our patients. Never again can we allow anti-science bias and rhetoric to undermine our public health institutions and discredit the work of physicians, scientists, and researchers. Never again can we allow a campaign of misinformation and disinformation to co-opt conversations around public health and to sow divisions that only serve to prolong the suffering of so many. Never again can we allow public health officials to feel the pressure of threats and intimidation

simply for doing their jobs. And when lives are at stake, never again should physicians have to fight a war on two fronts – caring for severely ill patients in a raging pandemic while at the same time battling a public relations war that questions the legitimacy of our work and our motives. This is unacceptable, and we will not go back.

While we have seen the best of physicians in 2020, we were reminded again of the power of the AMA and of the entire Federation community working on our behalf and being our voice when it mattered most. Our AMA created tools and resources—all grounded in credible science and evidence—to help us respond to this historic crisis. We pushed the administration to accelerate production for testing and PPE. Our AMA helped establish a financial lifeline for struggling physician practices, securing tens of billions of dollars in financial support, grants and interest-free loans to infuse practices with much-needed capital to survive this pandemic. Our AMA was a leading national voice in support of science, evidence and data as the surest path through this pandemic, launching a major public health campaign to encourage everyone, everywhere to Mask Up. All of us should be proud of how the AMA has stood up for physicians this year.

As with every hero's story, we must learn from the trying times we have experienced. We must grow and move forward because that is what a hero is asked to do. That is what physicians are expected to do. That is what we expect of ourselves.

All of us are eager to see an end to this pandemic. And with encouraging new reports about vaccines in the late trial stages, there is tremendous excitement about what the new year will bring. But we are not there yet. All of us need to continue to do our parts. We need to remain steadfast and focused until the very end. We should not underestimate the fight in our opponent. Every time we feel like we have COVID-19 on the ropes, here and abroad, we see it roaring back. We have to remain strong and follow where the science leads us.

The next few months will be buzzing with anticipation about the post-COVID world that will emerge. Regardless of when that day arrives and when normalcy returns, whatever that looks like, our AMA will play a critical role in shaping the health system of the future. A system that ensures that everyone has access to the affordable and meaningful coverage they need. A system that relies on science, evidence, and data to guide our approach to public health and prevention. A system free of the historic barriers to care and ensures that all patients stand on equal footing. A system that supports and integrates a revitalized public health infrastructure. A system that protects the patient-physician relationship from outside influence at all costs. And a system that prioritizes physician health and wellness and eases administrative burdens that take us away from what we do best, caring for our patients.

Despite the challenges of this past year, and they have been extraordinary, I continue to believe in the power of organized medicine to fix the persistent problems in our health system. I believe in science and evidence to light our way. And I believe in the strength and resolve of physicians to take on any challenge and rise to any moment. The hero's journey is our journey. And we are exactly where we are meant to be.

Thank you.

REPORT OF THE EXECUTIVE VICE PRESIDENT: James L. Madara, MD, executive vice president of the Association, delivered the following report to the House of Delegates on Friday, Nov. 13.

COVID-19 is a Painful Validation of our Long-term Vision for Health Care

Mister Speaker, members of the board, delegates, colleagues,

When we gathered in San Diego one year ago--in person and under very different circumstances--the debate focused on the alarming increase in vaping and e-cigarette use among teens; the proliferation of mobile health applications--some good, some otherwise--and the administration's concerning policies toward refugees and the treatment of immigrants along the southern border.

None of us foresaw what the next 12 months would bring.

The work of the AMA is long-term and policy driven. Progress takes place each day, one foot in front of the other, in the halls of Congress, with state regulatory bodies, and through the courts. But on occasion, a crisis of scale--

unanticipated—appears. A crisis that requires nimbleness and flexibility of response. A crisis like the pandemic of 2020. There are many lessons to be learned from this pandemic, some painful, some illuminating.

For me, COVID-19 revealed that AMA's long-term strategic framework, our vision for health care, is on the right track. In fact, this framework powers our immense work to meet the challenge of this pandemic. So, in a sense, the pandemic validates the direction of our work.

Our three strategic arcs--first, removing obstacles that interfere with patient care; second, driving the future of medicine by reimagining medical education, including life-long learning; and third, confronting chronic disease and other public health crises--this foundational work of the AMA was revealed to be as relevant and urgent for COVID as it was one year ago. Intersecting with these three arcs are three shared accelerators: advocacy, health equity and innovation, which amplify and scale the work of each arc.

COVID-19 exposed gaps, inefficiencies and inequities within our health system. And it identified elements that our system must better incorporate. Take telemedicine, for example. Physicians are often early adopters of technology, whether robotic surgery, remote patient monitoring, or telehealth. The secret sauce for adoption by physicians is that the technology must work as intended, that it's efficient for physicians, that it's effective for patients, and that it protects or improves, rather than worsens, health equity.

Prior to COVID-19, we witnessed a movement toward telehealth use. But the use of telehealth exploded in the early days of the pandemic. Almost overnight, many physicians re-orientated large swaths of their practices toward telehealth. To navigate this new world, physicians turned to the AMA.

At the federal level, AMA advocacy pushed to eliminate barriers to widespread adoption of telemedicine; work that removed restrictive limits on where a patient could be located to receive telehealth services. With AMA's urging, CMS changed these and other restrictions, opening up the world of telemedicine to millions more patients. We are now urging to remove these restrictions permanently. The AMA also worked to ensure that physicians were compensated for remote care in order to recognize the demonstrated value of remote interactions.

In April, the AMA launched an online Telehealth Implementation Playbook. And we helped launch a pilot collaborative, The Telehealth Initiative, involving groups of physician practices. This an effort to refine and test best practices for telehealth implementation, best practices that can then be scaled. More than 90 percent of physicians connected remotely with at least some patients in 2020, an inflection point that promises to shape delivery far into the future.

We are also analyzing how practices can best incorporate two very different workflows, this to inform the hybrid practices of the future that will need to best blend face-to-face with virtual visits. And we'll work to ensure that the challenges of efficacy, efficiency, and equity – along with privacy – are smoothly incorporated. As with all digital health, we must also make sure that every community and demographic benefits.

Similarly, COVID-19 has magnified the importance of our work to prevent chronic disease, highlighting, for example, the need for better population blood pressure control in order to diminish vulnerability to stressors such as COVID. We've seen over the last nine months how factors that increase risk—hypertension as one example—have produced far more serious effects of COVID-19. Minoritized communities have suffered in far greater numbers than other communities, another painful story of this pandemic.

The reasons for this alarming imbalance are complex but relate to and underscore the persistent inequities throughout both our health system and broader society. Inequities that place historically marginalized groups on unequal footing, severely limiting their ability to access the care they need.

The work to address social determinants of health is foundational to the AMA's Center for Health Equity. Work of this Center helped raise awareness of the devastating health effects of structural racism. Since the earliest days of this pandemic, our Center for Health Equity has called for comprehensive data collection by race and ethnicity to define the impact of COVID-19 on individual communities, information necessary to construct countering actions.

To help practices address the risk of lack of blood pressure control, the AMA released a reference guide for physicians and care teams to train their patients for self-measured blood pressure monitoring. AMA's Integrated Health Model

Initiative is simultaneously developing a digital tool to collect, analyze and organize such self-measured pressures. We also teamed with the American Heart Association and Essence Magazine on a new national campaign to advocate for improved heart health for Black women and their families.

We know from AMA's own collaborative research, recently published in *JAMA*, that hypertensive patients with health insurance have nearly twice the rate of blood-pressure control as those without insurance coverage. This undergirds and reaffirms our policies advancing coverage. That analysis also revealed that patients who have regular visits with their physicians are much more likely to have blood pressure controlled.

Physician practices continue to be under severe economic pressure from this pandemic. Our AMA's own nationwide survey physicians that shows medical practices have experienced a crippling 32 percent drop in revenue thanks to COVID-19. AMA has responded by helping secure more than 175 billion dollars in financial support to help with these struggles.

We also fast-tracked a series of new CPT codes and modifiers to assist public health responses in their understanding of the pandemic, and now are working on codes for the emerging vaccines.

And, as part of our ever-growing COVID-19 Resource Center, we created tools and content, including support and guidance to help physicians combat the enormous pandemic-related stress, the latest chapter in our years-long effort toward mitigation of physician burnout.

COVID-19 has tested all of us – and the full measure of its impact on physicians, on health care, and on society won't be known for some time. But the urgency and the challenges of this pandemic tell us that AMA's strategy is on the right path. It validates all that we are working to achieve. And it brings new meaning to our mission to promote the art and science of medicine and the betterment of public health.

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 this election cycle. The ongoing COVID-19 pandemic and its effects on health care delivery in this country has reaffirmed that our mission remains as important as ever to provide physicians with opportunities to support candidates for federal office who have demonstrated their support for organized medicine through 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 and work on campaigns or run for office themselves.

AMPAC Membership Fundraising

Thank you to the House of Delegate members who gave to AMPAC in 2020, especially those at the Capitol Club levels who continued to give to AMPAC in the face of extremely difficult times. As many of you know, the coronavirus pandemic made it a challenging time to fundraise for PAC's in Washington, DC. This situation forced many PACs, including AMPAC, to shift fundraising efforts and tactics ahead of the general election. Despite tough conditions, AMPAC and the AMA's advocacy outreach rose to the challenge of helping elect medicine-friendly candidates to federal office.

AMPAC has raised a combined total \$1,719,619 in hard and corporate funds for the 2020 election cycle. AMPAC's Capitol Club has 625 Capitol Club members to date which is down from last year and can be attributed to the pandemic-born fundraising environment. AMPAC had also established a special Election Investor level this year where members contributed \$220 in 2020 and there were 141 members who invested at this level. Currently, the HOD AMPAC participation stands at 51 percent compared to 2019 where the House ended with a 76 percent participation rate.

All current 2020 Capitol Club members were invited to attend a virtual Capitol Club event on Monday, November 16 from 12:45 to 1:45 p.m. eastern time with special guest Charlie Cook, a well-respected bi-partisan political handicapper and commentator. This will be an interactive virtual event and we hope that many of you will be able to attend. The winner of AMPAC's Great White Way Broadway Sweepstakes Getaway will also be announced during the HOD business session. The trip includes a stay at the historic Plaza Hotel and tickets to the musical sensation "Hamilton." The sweepstakes was planned before COVID and AMPAC staff will work with the winner to schedule the trip at the appropriate time.

As one election cycle ends, the next one begins. We can only be as effective as we are united in our efforts to support our own advocacy efforts and we hope to count on the support of our House of Delegate members as we look toward 2021.

Political Action (as of 11/9/20)

AMPAC's 2020 political activities helped advance medicine's agenda with key incumbents and other candidates who won their races. Input from state medical society PACs helped guide the AMPAC Board in strategic decisions on which candidates to support and at what level. In all, AMPAC invested nearly \$2 million in the 2020 cycle. This included direct contributions to 271 physician-friendly House and Senate candidates from both political parties (56% to Democratic lawmakers and 44% to Republican lawmakers). From a broader perspective a total of 248 AMPAC supported candidates won election/re-election. The total number of physicians in Congress will hold at 17 or fall to 16 depending on the outcome of Iowa's second congressional district where ophthalmologist Mariannette Miller-Meeks, MD, trails by less than 200 votes with 89% of the vote total reported. AMPAC's total win rate in the 2020 cycle was 92%.

AMPAC also executed an independent expenditure campaign on behalf of Dr. Cameron Webb, an internist running his first campaign for Congress as the Democratic candidate in Virginia's 5th Congressional District. While the seat leans Republican, AMPAC felt the race represented a true opportunity for medicine due to a few factors. First, the partisan makeup of the district has been trending less conservative recently. In September of this year AMPAC conducted polling in the district that revealed Trump leading Biden by just five points and strong support for Dr. Webb as well. Second, the more moderate incumbent in VA-5 lost in the GOP primary to a far-right candidate who advocated for many issues that were inconsistent with medicine's views. And finally, Dr. Webb himself represented an excellent candidate who shared many of the AMA's legislative goals as well as the AMA's core values.

While Dr. Webb ultimately came up short, AMPAC is proud of its efforts on behalf of medicine. Amid a brutal negative campaign, AMPAC's digital/social media-focused strategy filled a key gap for Dr. Webb by promoting his positive attributes as a candidate. This helped move the needle in the race as evidenced by increasingly tightening polls and national political experts like Charlie Cook moving the race from one that "leaned Republican" to a "toss up." The high click through rates and video completion rates that AMPAC's ads achieved far exceeded industry standards.

Political Education Programs

On February 28 – March 1, physicians, medical students, physician spouses and state medical society staff from across the country took part in the 2020 Candidate Workshop at the AMA offices in Washington, DC. As recent elections confirmed, being a strong candidate and running an effective campaign can be the difference between winning and losing a race. The AMPAC Candidate Workshop once again gave participants the skills and strategic approach they will need as a candidate out on campaign trail. During the one-and-a-half-day program, participants learned how and when to make the decision to run, the importance of a disciplined campaign plan and message, the secrets of effective fundraising, the role of spouse and family and much more. Dates and format for the 2021 Candidate Workshop have not been finalized.

Due to the ongoing COVID-19 pandemic, AMPAC announced that the 2020 Campaign School will take place virtually over the course of two weekends in January 2021. AMPAC is happy to report that interest in the upcoming virtual Campaign School was so strong that the program reached full capacity in record time. During the upcoming program participants will be placed into virtual campaign teams and with a hands-on approach our team of political experts will run them through a simulated campaign, teaching each of them everything they need to know to run a successful race as either a candidate or campaign staff.

AMPAC is also currently accepting nominations for the 2021 Award for Political Participation. Awarded every two years, the AMPAC Award for Political Participation recognizes an AMA or AMA Alliance member who has made significant personal contributions of time and talent in assisting friends of medicine in their quest for elective office at the federal and state level. These can include volunteer activities in a political campaign or a significant health care related election issue such as a ballot initiative or referendum. The full criteria for the 2021 AMPAC Award for Political Participation including how to submit a nomination can be found on 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

Arizona

Thomas Hicks, MD

Connecticut

Al Herzog, MD

Indiana

Rhonda Sharp, MD

Massachusetts

Richard Pieters, MD
McKinley Glover, MD
Kathryn Hughes, MD

Minnesota

Paul Matson, MD

Missouri

Jim Conant, MD
Patrick Mills

New York

Leah S. McCormack, MD

Oklahoma

Jana Timberlake

Texas

David C. Fleeger, MD
Arlo Weltge, MD

Wisconsin

Paul Wertsch, MD

American Association of Clinical Urologists

Richard S. Pelman, MD

American College of Emergency Physicians

Dean Wilkerson, JD, MBA, CAE

REFERENCE COMMITTEES OF THE HOUSE OF DELEGATES (I-19)**Reference Committee on Amendments to Constitution and Bylaws**

Charles J. Rainey, MD, JD, Wisconsin, Chair
 Jade Anderson, MD, Connecticut*, Sectional Resident
 Kyle P. Edmonds, MD, California
 Tristan Mackey, South Carolina, Regional Medical Student
 Thomas G. Peters, MD, American Society of Transplant Surgeons
 Peter H. Rheinstein, MD, JD, Academy of Physicians in Clinical Research
 Roxanne Tyroch, MD, Texas*

Reference Committee A (Medical service)

Hilary E. Fairbrother, MD, American College of Emergency Physicians, Chair
 Jorge Alsip, MD, Alabama
 Brooks F. Bock, MD, American College of Emergency Physicians
 Richard A. Geline, MD, Illinois*
 Kristina Novick, MD, Association for Clinical Oncology*
 William Reha, MD, Virginia
 Janet West, MD, American Academy of Family Physicians

Reference Committee B (Legislation)

A. Lee Morgan, MD, Colorado, Chair
 Elie Azrak, MD, Missouri
 Gary A. Delaney, MD, South Carolina
 Christopher Gribbin, MD, New Jersey
 Thomas Vidic, MD, Indiana*
 J. Mack Worthington, MD, American Academy of Family Physicians
 Anna Yap, MD, American Association of Public Health Physicians, Sectional Resident

Reference Committee C (Medical education)

David T. Walsworth, MD, Michigan, Chair
 Henry L. Dorkin, MD, Massachusetts
 Haidn Foster, Ohio, Regional Medical Student
 Tracey L. Henry, MD, American College of Physicians
 Ray Hsiao, MD, American Psychiatric Association
 Gunjan Malhotra, MD, American College of Radiology, Sectional Resident
 John K. Ratliff, MD, Congress of Neurological Surgeons

Reference Committee D (Public health)

Ankush Kumar Bansal, MD, Florida, Chair
 Carol D. Berkowitz, MD, American Academy of Pediatrics
 E. Christopher Bush, MD, Michigan*
 Faith Crittenden, Connecticut*, Regional Medical Student
 Keith Davis, MD, Idaho*
 John David Scott, MD, American Society of Metabolic and Bariatric Surgery
 Raymond K. Tu, MD, District of Columbia

Reference Committee E (Science & technology)

Joanna T. Bisgrove, MD, American Academy of Family Physicians, Chair
 Luis Alvarado, MD, Louisiana
 Peter C. Amadio, MD, American Association for Hand Surgery
 Karen Dionesotes, MD, American Psychiatric Association*, Sectional Resident
 Chadd Kraus, DO, Pennsylvania*
 Arthur N. Lurvey, MD, California
 Maximilian Pany, Massachusetts*

Reference Committee F (AMA finance, governance)

Michael D. Chafty, MD, JD, Michigan, Chair
 Jerry P. Abraham, MD, MPH, California
 David J. Bensema, MD, Kentucky
 Veronica K. Dowling, MD, Arizona
 Cheryl Gibson Fountain, MD, American College of Obstetricians and Gynecologists
 Stuart J. Glassman, MD, American Academy of Physical Medicine and Rehabilitation
 Lynda G. Kabbash, MD, American Academy of Allergy, Asthma & Immunology*

Reference Committee G (Medical practice)

Nicholas Argy, MD, Massachusetts, Chair
 John S. Antalis, MD, Georgia
 Stuart Greenstein, MD, American Society of Transplant Surgeons*
 Virginia E. Hall, MD, Pennsylvania
 Woody Jenkins, MD, Oklahoma*
 Pratistha Koirala, MD, Connecticut, Sectional Resident
 Michael Luszczak, DO, California

* Alternate delegate

Committee on Rules and Credentials

Gary D. Thal, MD, American Society of
Anesthesiologists, Chair
Afifa Adiba, MD American Academy of Child and
Adolescent Psychiatry, Sectional Resident*
Floyd A. Buras, Jr., MD, Louisiana
Mary Campagnolo, MD, New Jersey*
Pino D. Colone, MD, Michigan
Anna Heffron, Wisconsin, Regional Medical Student
Gary R. Katz, MD, Ohio

Resolutions Committee

Tripti C. Kataria, MD, American Society of
Anesthesiologists
J Brennan Cassidy, MD, California
Alain A. Chaoui, MD, Massachusetts
Robyn F. Chatman, MD, Ohio
Claudette E. Dalton, MD, Virginia
Jerry L. Halverson, MD, American Psychiatric
Association
David N. Henkes, MD, Texas
Joshua Lesko, MD, Virginia, Sectional Resident
Brandi Ring, MD, American College of Obstetricians
and Gynecologists
Patricia Turner, MD, American College of Surgeons

Assistance provided by Daniel Lee, Medical Student
Section

Chief Teller

Gary D. Thal, MD, American Society of
Anesthesiologists

* Alternate delegate