

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

### 75<sup>th</sup> INTERIM MEETING NATIONAL HARBOR, MARYLAND November 10-14, 2023

#### CALL TO ORDER AND MISCELLANEOUS BUSINESS

**CALL TO ORDER:** The House of Delegates convened its 75th Interim Meeting at 6 p.m. Friday, November 10, in the Maryland Ballroom of the Gaylord National Resort & Convention Center, National Harbor, MD, Lisa Bohman Egbert, MD, Speaker of the House of Delegates, presiding. The Saturday, November 11, Monday, November 13, and Tuesday, November 14, sessions also convened in the Maryland Ballroom. The meeting adjourned following the Tuesday afternoon session.

**INVOCATION:** The following invocation was delivered by Medha Bhagwat, PhD. Dr. Bhagwat holds a PhD in Biochemistry and was a scientist at the National Institutes of Health for 22 years doing research in biochemistry, Molecular biology, bioinformatics and Genomics. After retiring from NIH, she studied Vedanta philosophy at Chinmaya Mission Mumbai and serves as a Vedanta teacher:

What a beautiful way to start the meeting, by lighting the candles. It is considered to be auspicious to light a lamp because it removes darkness and brings in brightness. It removes all the negative energy and brings in positive energy. So this is what all of us are doing by starting the meeting with lighting a lamp. We are bringing in positive, keeping aside all the negative; bringing in hope, removing despair; bringing in health, removing sickness.

May your efforts in this meeting and in your hometown bring in the light of better physical and mental health, removing the obstacles in the patient care, and confronting current public health crisis.

As it was just mentioned, Diwali is just around the corner. In various parts of India it's celebrated at different days. So from today, actually, in certain parts of India, Diwali begins. Diwali has the same principle: lighting the lamp, bringing in brightness, positiveness; removing the negative; bringing in joy, bringing in hope, health. And it is a triumph of good over evil. It is a triumph of knowledge over ignorance. It is a triumph of unity over division. So may your knowledge and your united efforts in this meeting help you tackle some of the advocacy issues that you are trying to discuss and also help reduce the challenges all of you are feeling as healers.

I wish you all the best for your meeting. And I will end this with one invocation prayer, which is in Sanskrit. This mantra is based on the same principle of removing the negative and bringing in the positive energy.

*[Chants in Sanskrit]*

The loose translation in English is: "Please take me from unreal to real, from darkness to light, and from death to immortality. Oh, peace, peace, and peace unto all." Happy, Diwali, and all the best for your meeting.

**STATEMENT BY CHAIR OF THE AMA BOARD OF TRUSTEES:** AMA Board of Trustees Chair Willie Underwood, III, MD, MSc, MPH, delivered the following statement to the House of Delegates on Friday, November 10.

Yesterday, after significant deliberation and based upon policy previously passed by our House of Delegates, your AMA Board published a statement responding to the ongoing violence in Israel and Gaza. It is important for me to communicate this message to you. The Board's statement reads as follows:

“A conflict unfolding in Israel and Gaza has caused suffering and death on an immense scale. We have heard from many of our physicians and medical student members expressing heartbreak and outrage about the human tolls inflicting Israelis, Palestinians, and others.

The American Medical association stands with the physicians and healthcare personnel who are on the front lines of this crisis and throughout the world, who are risking their lives to provide crucial medical care to anyone who was injured. In these times of war, we must remember that physicians and other healthcare workers are there to save lives and to ease suffering.

Policy passed by the AMA House of Delegates communicates physicians’ humanitarian responsibilities at time of war, including: (1) first, imploring all parties at all times to understand and minimize the health cost of war on civilian populations generally and adverse effects of physicians’ persecutions in particular; (2) support the efforts of physicians around the world to practice medicine ethically in any and all circumstances, including during war times, episodes of civil strife, or sanctions, and condemn the military targeting of health care, facilities and personnel, and using denial of medical services as a weapon of war by any party wherever and whenever it occurs, (3) advocate for the protection of physicians’ rights to provide ethical care without fear of persecution. It is critical that medical neutrality is observed because physicians and healthcare professionals must have the ability to carry out their work and administer urgent care to those in need.

We also support efforts to deliver humanitarian aid and medical supplies to those facing a humanitarian crisis.”

Thank you very much. and I give that on behalf of our Board of Trustees.

**REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS:** The following reports were presented by Christopher Garofalo, MD, Chair:

**CREDENTIALS:** The Committee on Rules and Credentials reported that on Friday, November 10, 508 out of 705 delegates (72%) had been accredited, thus constituting a quorum; on Saturday, November 11, 627 delegates (88%) were present; on Monday, November 13, 659 (93%); on Tuesday, November 14, 672 (95%) were present.

### **RULES REPORT - Friday, November 10**

#### **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 his 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 2023 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 90 second 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 an interest that is or may be material to the matter being considered and that would reasonably be expected to impair the objectivity of the individual who is testifying, must publicly disclose that interest immediately prior to 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 abide by our AMA Code of Conduct.

9. Respectful Behavior

Courteous, collegial, and respectful behavior in all interactions with others, including delegates, is expected of all attendees at House of Delegates meetings, including social events apart from House of Delegates meetings themselves.

### **SUPPLEMENTARY REPORT - Saturday, November 11**

#### **HOUSE ACTION: ADOPTED AS FOLLOWS LATE RESOLUTIONS 1001 AND 1002 ACCEPTED**

##### **(1) LATE RESOLUTION**

The Committee on Rules and Credentials met Friday, November 10, to discuss Late Resolution 1001, 1002, 1003, and 1004. The sponsor of the late resolution met with the committee and 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.

Recommended for acceptance:

- Late 1002 – Laboratory Developed Tests Proposed FDA Rule

Recommended not be accepted:

- Late 1001 – Preventing Imminent Payment Cuts and Ensuring the Sustainability of the Medicare Program  
*[NOTE: Late 1001 was accepted by House vote]*
- Late 1003 – Treatment of Family Members

##### **(2) REAFFIRMATION RESOLUTIONS**

*[NOTE: No existing policies were reaffirmed in lieu of 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 202 – Protecting the Health of Patients Incarcerated in For-Profit Prisons
- Resolution 204 – Improving PrEP & PEP Access
- Resolution 206 – The Influence of Large Language Models (LLMs) on Health Policy Formation and Scope of Practice
- Resolution 207 – On-Site Physician Requirement for Emergency Departments
- Resolution 208 – Non-Physician Practitioners Oversight and Training
- Resolution 210 – Immigration Status in Medicaid and CHIP
- Resolution 216 – Saving Traditional Medicare
- Resolution 305 – Addressing Burnout and Physician Shortages for Public Health
- Resolution 306 – Increasing Practice Viability for Female Physicians through Increased Employer and Employee Awareness of Protected Leave Policies
- Resolution 803 – Improving Medicaid and CHIP Access and Affordability
- Resolution 804 – Required Clinical Qualifications in Determining Medical Diagnoses and Medical Necessity
- Resolution 807 – Any Willing Provider
- Resolution 808 – Prosthodontic Coverage after Oncologic Reconstruction
- Resolution 809 – Outsourcing of Administrative and Clinical Work to Different Time Zones - An Issue of Equity, Diversity, and Inclusion
- Resolution 814 – Providing Parity for Medicare Facility Fees
- Resolution 815 – Long-Term Care and Support for Seniors
- Resolution 817 – Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Models for Pediatric Health Care and Specialty Populations
- Resolution 819 – Amend Virtual Credit Card Policy
- Resolution 821: Modernizing the AMA/Specialty Society Relative Value Scale Update Committee (RUC) Processes
- Resolution 915 – Social Media Impact on Youth Mental Health
- Resolution 922 – Prescription Drug Shortages and Pharmacy Inventories
- Resolution 923 – Eliminating Eligibility Criteria for Sperm Donors Based on Sexual Orientation

#### APPENDIX

##### Resolution 202 – Protecting the Health of Patients Incarcerated in For-Profit Prisons

- Health Care While Incarcerated H-430.986
- Standards of Care for Inmates of Correctional Facilities H-430.997

##### Resolution 204 – Improving PrEP & PEP Access

- HIV, Sexual Assault, and Violence H-20.900,
- Pre-Exposure Prophylaxis (PrEP) for HIV H-20.895

##### Resolution 206 – The Influence of Large Language Models (LLMs) on Health Policy Formation and Scope of Practice

- Assessing the Potentially Dangerous Intersection Between AI and Misinformation H-480.935. Augmented Intelligence in Health Care H-480.940
- Augmented Intelligence in Health Care H-480.939

##### Resolution 207 – On-Site Physician Requirement for Emergency Departments

- Promoting Supervision of Emergency Care Services in Emergency Departments by Physicians D-35.976
- Scopes of Practice of Physician Extenders H-35.973
- Physician Assistants H-35.989
- Physician Assistants and Nurse Practitioners H-160.947
- Doctor of Nursing Practice H-35.970
- Guidelines for Integrated Practice of Physician and Nurse Practitioner H-160.950
- Models / Guidelines for Medical Health Care Teams H-160.906

Resolution 208 – Non-Physician Practitioners Oversight and Training

- Regulation of Physician Assistants H-35.965
- Physician Assistants H-35.989
- Principles Guiding AMA Policy Regarding Supervision of Medical Care Delivered by Advanced Practice Nurses in Integrated Practice H-360.987
- Need for Active Medical Board Oversight of Medical Scope-of-Practice Activities by Mid Level Practitioners H-270.958
- Of note, Board of Trustees (BOT) Report 12, *Promoting Proper Oversight and Reimbursement for Specialty Physician Extenders and Non-Physician Practitioners (A-23)* addressed this same issue and was adopted by the AMA's HOD at A-23.

Resolution 210 – Immigration Status in Medicaid and CHIP

- Opposition to Regulations That Penalize Immigrants for Accessing Health Care Services D-440.927
- Immigration Status is a Public Health Issue D-350.975

Resolution 216 – Saving Traditional Medicare

- Physician Payment Reform and Equity D-390.922
- Physician Payment Reform H-390.849
- Sequestration D-390.946

Resolution 305 – Addressing Burnout and Physician Shortages for Public Health

- Integrating Content Related to Public Health and Preventive Medicine Across the Medical Education Continuum D-295.327
- Funding for Preventive Medicine Residencies D-305.974
- Support for the Epidemic Intelligence Service (EIS) Program and Preventive Medicine Residency Expansion D-305.964
- Bolstering Public Health Preparedness H-440.892
- Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems D-440.922,
- The Future of Public Health H-440.965
- Centers for Disease Control Funding H-440.982

Resolution 306 – Increasing Practice Viability for Female Physicians through Increased Employer and Employee Awareness of Protected Leave Policies

- Policies for Parental, Family and Medical Necessity Leave H-405.960
- Parental Leave H-405.954

Resolution 803 – Improving Medicaid and CHIP Access and Affordability

- Empowering State Choice D-165.942
- Giving States New Options to Improve Coverage for the Poor D-165.966
- Medical Care for Patients with Low Incomes H-165.855
- Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
- Medicaid Waivers for Managed Care Demonstration Projects H-290.987

Resolution 804 – Required Clinical Qualifications in Determining Medical Diagnoses and Medical Necessity

- Managed Care H-285.998
- Prior Authorization and Utilization Management Reform H-320.939
- Clinical Practice Guidelines and Clinical Quality Improvement Activities H-320.949
- Emerging Trends in Utilization Management H-320.958
- Utilization Review by Physicians H-320.973

Resolution 807 – Any Willing Provider

- Any Willing Provider Provisions and Laws H-285.984
- Tiered, Narrow, or Restricted Physician Networks D-285.972
- Network Adequacy H-285.908

Resolution 808 – Prosthodontic Coverage after Oncologic Reconstruction

- Definitions of “Cosmetic” and “Reconstructive” Surgery H-475.992

Resolution 809 – Outsourcing of Administrative and Clinical Work to Different Time Zones - An Issue of Equity, Diversity, and Inclusion

- Proper Use of Overseas Virtual Assistants in Medical Practice H-200.947
- Processing Prior Authorization Decisions D-320.979

Resolution 814 – Providing Parity for Medicare Facility Fees

- The Site-of-Service Differential D-330.902
- Discontinuance of Federal Funding for Ambulatory Care Centers H-240.993
- Intrusion by Hospitals into the Private Practice of Medicine H-240.979
- Advocacy and Action for a Sustainable Medical Care System D-385.945
- Physician Payment Reform and Equity D-390.922

Resolution 815 – Long-Term Care and Support for Seniors

- Promoting and Ensuring Safe, High Quality, and Affordable Elder Care Through Examining and Advocating for Better Regulation of and Alternatives to the Current, Growing For-Profit Long Term Care Options D-280.982
- Financing of Long-Term Services and Supports H-280.945
- Policy Directions for the Financing of Long-Term Care H-280.991

Resolution 817 – Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Models for Pediatric Health Care and Specialty Populations

- Enhanced SCHIP Enrollment, Outreach, and Reimbursement H-290.976
- Health Care Access for Medicaid Patients H-385.921
- CMMI Payment Reform Models D-385.950
- Alternative Payment Models and Vulnerable Populations D-385.952

Resolution 819 – Amend Virtual Credit Card Policy

- CMS Administrative Requirements D-190.970
- Physician Credit Card Payments by Health Insurance Companies D-190.972
- Virtual Credit Card Payments H-190.955
- Physician Choice of Practice H-385.926

Resolution 821: Modernizing the AMA/Specialty Society Relative Value Scale Update Committee (RUC) Processes

- Arbitrary Relative Value Decisions by CMS D-400.983
- Non-Medicare Use of the RBRVS D-400.999
- RBRVS Development H-400.956
- Refining and Updating the Physician Work Component of the RBRVS H-400.959
- Refinement of Medicare Physician Payment System H-400.990

Resolution 915 – Social Media Impact on Youth Mental Health

- Teens and Social Media H-478.976

Resolution 922 – Prescription Drug Shortages and Pharmacy Inventories

- Legalization of Interpharmacy Transfer of Electronic Controlled Substance Prescriptions H-120.923
- Third Party Payers Mandating Doctor and Patient Transfers of Prescriptions H-120.927
- Access to Medication H-120.920
- Safe and Efficient E-Prescribing H-120.921

Resolution 923 – Eliminating Eligibility Criteria for Sperm Donors Based on Sexual Orientation

- Blood Donor Deferral Criteria H-50.973

**CLOSING REPORT****HOUSE ACTION: ADOPTED**

Madam Speaker, Members of the House of Delegates:

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Egbert, and the Vice Speaker, Doctor Armstrong, 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 National Harbor, Maryland, the period of November 10-14; 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 National Harbor 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 Marriott Gaylord National Resort & Convention Center, to the City of National Harbor, 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.

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

**APPROVAL OF MINUTES:** The Proceedings of the 2023 Annual Meeting of the House of Delegates, held June 9-14, 2023, were approved.



**ADDRESS OF THE PRESIDENT:** AMA President Jesse Ehrenfeld, MD, MPH, delivered the following address to the House of Delegates on Friday, November 10.

Dr. Speaker, Dr. Vice Speaker, Members of the Board, delegates, and guests, thank you all for being here tonight and for the work you do every day in your home states to advocate for patients and physicians.

Your work - and the work of this House over the next several days - is more important than ever. I am particularly grateful to stand before you as a veteran, on the day we celebrate and honor our nation's veterans. And I want to give another special thank you to all of the veterans here tonight.

In my first six months as president of our AMA, I have had the opportunity to speak to physicians, residents and medical students from all around the country and I've heard from them how the extraordinary pressures of practicing medicine in this environment continue to mount...painting a grim picture about the state of health care in our country. But I didn't need to travel far to hear about these challenges - I've seen them personally.

On Inauguration night, I told the story of a dear friend of mine and medical school classmate, an emergency room physician in California, who worked tirelessly on the frontlines throughout COVID. Two years ago, he took his own life. He was an energetic and loving soul ... a brilliant and caring doctor ... who felt the weight of the pandemic on his shoulders. He struggled to get out from under it. I knew he struggled, but I didn't know how to help him. And he didn't know how to ask for help. I am still deeply troubled by his death, just as I am haunted knowing there are thousands of people in his community who can no longer receive his care.

More recently, another exceptional physician, a woman whom I personally recruited to lead the LGBTQ health clinic at Vanderbilt University Medical Center, abruptly quit the program, no longer able to cope with political pressures and distorted half-truths about the work she was doing. I watched her post pictures online hugging her friends and colleagues goodbye as she packed up her family to move to another state to practice medicine unburdened by restrictive state laws. Sadly, she is not the first, the last, nor the only physician I know who has made the difficult choice to leave a community they love because of legislative overreach ... in order to practice medicine the way they know it should be practiced.

And a few weeks ago, I walked into the physicians lounge at the Medical College of Wisconsin in Milwaukee where I am an anesthesiologist. There I saw an experienced colleague whom I know well completely break down - so clearly exhausted and overwhelmed.

That is the picture of our health care system in 2023, and it is not a happy one. Everyone in this room has stories like these - perhaps from a friend or colleague, or something that you have personally experienced. What physicians endure today is often hidden from the patients we care for or the lawmakers whose decisions heavily influence our work.

Up on the screen, you'll see photos from a project called "The Disposables," which was created by artist Jeremy Rosario to highlight stories of physicians who have died by suicide. This image on the screen is of Dr. Scott Jolley, an emergency department physician in Utah who tragically took his own life during the pandemic. Crafted from disposable medical equipment and devices, this installation is a powerful reminder of those we have lost - and the work that we must do to prevent these tragedies from happening again.



It is our job as physicians - and as leaders in this profession - to bring these stories to light. To lock arms with one another ... and to speak with one powerful voice to those we need to hear us. Medicine is not just at a crossroads ... it's at a crisis. And we demand action.

I know the work of advocacy is not easy - and it goes far beyond what most of us learned in medical school. But the truth is, nobody is going to do this difficult work for us. It has to be us. Speaking truth to power has to be us. Pushing lawmakers to act has to be us. Fighting in court to protect patients from regressive and discriminatory new laws and



from unsafe scope of practice expansions has to be us. Demanding reforms to a Medicare payment system that penalizes us for being doctors ... has to be us.

You're going to hear a lot about Medicare payment reform at this Interim Meeting because of the high stakes involved and because of the damaging cuts physicians have had to cope with over the last 20 years. We are using this occasion, sitting here in the shadow in the U.S. Capitol, to highlight our grassroots Fix Medicare Now campaign. We have a Fix Medicare Now booth for you to get engaged on this issue, and we are hosting an expert panel discussion on this topic on Sunday that we hope you attend. Physicians aren't the only ones who have to contend with a broken health care system - our patients are suffering too.

My parents live in Jacksonville, Florida. They are in their 70s and, like many their age, they suffer from a variety of age-related ailments, from chronic disease to mobility limitations. They require complex care and a need to see a number of specialists. They relied on a trusted and longtime primary care physician to coordinate their team. That is until their primary care physician stopped seeing Medicare patients.

We are all familiar with the reasons why physicians stop seeing Medicare patients and they typically come down to one thing - an inadequate reimbursement rate that, if you're in private practice, makes it tougher and tougher to keep the lights on. Too many seniors, like my parents, have gotten the same letter notifying them that their doctor was no longer able to see Medicare patients. This usually leads to a frustrating and frantic search for a replacement and too often causes harm, as delays occur, things get missed in the transition, and patients often end up having to travel farther to receive necessary services. Sadly, this is playing out all over America. More than 100 million Americans don't have regular access to a primary care physician, a number that has nearly doubled over the last decade. Many of you may face similar situations in your own families, in your own practices, or you've watched a colleague's practice pushed to financial ruin because of our failed Medicare reimbursement system.

The chart up on this screen tells the story. Adjusted for inflation, physician payment under Medicare has dropped 26 percent since 2001 - my first year of medical school - far greater than the rates at inpatient or outpatient hospitals, or at nursing facilities. With more cuts planned next year. Meanwhile, we've all experienced high inflation, rising personnel costs, and increased practice costs that exacerbate these cuts. So, here's what we're going to do - we're going to send Congress a message - tonight ... right now - and tell them - enough is enough.



I want everyone to take out their phones and scan the QR code you see on the screen. This takes you directly to our new Fix Medicare Now website, where you can scroll to the bottom of the mobile screen and select Take Action Now. From there, you can send an email directly to your representative in Congress and tell them to stop the Medicare cuts planned for 2024. I see you all getting out your phones and logging on. I'll wait.

In addition to stopping cuts planned for 2024, we're also pushing Congress to pass the Strengthening Medicare for Patients and Providers Act, a bipartisan bill in the House of Representatives that would do what the AMA has long advocated for - link the Medicare physician payment schedule to the Medicare Economic Index, and finally put physicians on an equal fiscal footing with other providers in the Medicare system. I don't know many businesses in any industry that could withstand a 26-percent drop in revenue and still survive - much less an industry like ours that is so essential to the health, vitality and economic well-being of our nation.

Fixing our unsustainable Medicare reimbursement system is illustrative of why we created our Recovery Plan for America's Physicians in the first place, and why it remains the focus of our state and federal advocacy. When a system

becomes so broken that, year after year, it places greater financial pressure on physicians - in fact penalizing them for providing care to Medicare patients - we cannot simply shrug our shoulders and ignore. The cuts are too deep, too relentless, and they touch too many lives - physicians and patients alike. We must keep the pressure on. And we will.

Ok, everyone put their phones away.

By now, I know you're all familiar with the pillars of our AMA Recovery Plan. But I can tell you this plan has really struck a chord with physicians because they speak to universal frustrations we all share.

- I. Reforming Medicare
- II. Stopping scope expansions that threaten patient safety
- III. Expanding telehealth opportunities
- IV. Fixing the onerous prior authorization process; and
- V. Removing the stigma around physician burnout and prioritizing good mental health.

These aren't just words on paper. The AMA is making real progress on each of these pillars. AMA advocacy this year helped bring about a new CMS regulation that right-sizes prior authorization in Medicare Advantage plans by ensuring continuity of care ... by improving the clinical validity of coverage criteria ... by increasing transparency of health plans' processes ... and by reducing care disruptions. And we continue to work closely with state and specialty societies to provide legislative language, talking points, data, and other resources to push for important prior auth reforms in legislatures across the U.S.

Here too we are making an impact. About a dozen states have now adopted comprehensive prior auth reforms, many based on the AMA model bill, and there have been more than 30 reform bills introduced in the states in the 2023 legislative sessions. And we're seeing momentum build for reform in the private sector as well. Cigna and United Healthcare, two of our nation's largest insurers, have announced their own voluntary reform efforts to reduce prior authorization hassles. It remains to be seen how significant this change will be, but this is a huge victory for physicians and patients who have long been frustrated by prior auth demands. Insurers know the pressure is on. Policymakers know the pressure is on. This progress may not be as fast as we all want, but it is happening. And we can feel good about that.

AMA also continues to fight inappropriate scope of practice expansions by nonphysicians - wherever they flare up. In September, I had the honor of testifying in front of a House subcommittee hearing on veterans' affairs to represent the AMA and discuss how scope expansions can threaten the quality of care that our veterans, my shipmates, and I receive. And at that hearing, I sat next to an optometrist who, on the record, referred to himself as a physician. That was yet another outrageous reminder of why we need to continue to push back against these expansions. And why we need lift up physicians as leaders of health care teams.

Our efforts are making a difference. AMA advocacy - in coordination with Federation partners - has achieved more than 85 state-level scope wins so far in 2023. We have much to be proud of in this work, but we all know the bills will keep coming. We cannot afford to lose our focus or our resolve.

And finally, in our comprehensive strategy to reduce physician burnout, we continue to honor and celebrate employers and practices that are doing right by physicians and the patients we serve. Last month, AMA recognized 72 health systems, hospitals and medical groups as part of our annual Joy in Medicine program which evaluates employers on their leadership, teamwork, practice efficiency, and other criteria to develop a roadmap for reducing burnout that others can follow. Created just four years ago, our Joy in Medicine program has become a national model by which our nation's best hospitals and health systems should be judged because it not only recognizes exemplary practices but takes the next crucial step by providing clear and evidence-based best practices to help others understand where they succeed and where they fall short. This is the most effective way to elevate health system performance and accountability by targeting the systemic drivers of burnout.

On all of these issues, I continue to be guided by a sense of optimism and purpose because I see the real progress that we have made ... I see the capacity of everyone in this room to force change that makes a real difference in the lives of patients and physicians. There is no doubt that this is hard work - but our voices, our stories, and our experiences are powerful ones - and we must amplify them to shine a light on what is truly happening in our health care system.

It has to be us. It has to be us because we experience the realities of a broken health care system each and every day. It has to be us because we know the care our patients deserve and how best to deliver it. It has to be us because, despite ongoing efforts to undermine faith in science and medical institutions ... people still trust and believe their physicians. It has to be us because we will always put science and the ethics of our profession first.

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 Friday, November 10.

Doctor Speaker, members of the board, delegates, and guests.

In June, my comments to this House focused on the importance of uniform support of our endorsed policies as a means to strengthen physician voice and further empower the impact of those policies. Tonight, I'll focus on a less philosophical aspect of our work ... how we effectively balance the immediate needs of physicians and patients while maintaining focus on our long-term strategic goals - goals that lend gravitas and add integrity to this iconic organization.

In 2011, soon after being hired as CEO of the AMA, a senior trustee said this in conversation, "The beautiful thing about the AMA is that at every meeting I attend I hear about a variety of work being done of which I had not previously been aware." That seemed odd to me because I knew that an effective long-term strategy depends on clarity of focus.

Strategists like Michael Porter - a senior professor of strategy at Harvard's Business School, probably known to most of you - famously said that organizations aiming for impact- can't be all things to all people. He added that one necessary aspect of strategy- is choosing what not to do. In other words, a coherent strategy relies not only on selecting the most important areas on which to focus, but also choosing the areas of lesser importance that will not be pursued, as a means of being crystal clear about what one hopes to accomplish. Not only does Porter emphasize the criticality of focus in strategy, but he and many others emphasize maintaining that focus for the long term and calling it essential to success. In his words: "Strategy must have continuity, it can't be constantly reinvented." So, having this context in that conversation so many years ago, I had to wonder: is the AMA trying to do too much? Are we, as the metaphor goes, trying to "boil the ocean"?

I'm sure it's no coincidence that the selection committee that recruited me indicated a major organizational aspiration and charge as the new CEO was to create an organizational strategy. To respond, our management team took an inventory of the active projects within the AMA at that time. We wanted to see if there was evidence of the organizational focus that the selection committee and Board sought. We discovered 110 active projects ... projects that often seemed unrelated to one another. This suggested a lack of intellectual, strategic, and practical cohesion - a lack of focus.

As we were exploring in this way, I heard one of the AMA's elected leaders elegantly present organizational accomplishments at a national gathering. For the first several minutes it seemed a lot of interesting things were being done, but deep into the presentation it seemed far too broad to accomplish anything real and lasting. It was a dissociated laundry list of interesting, but not particularly cohesive, topics. Where was the overall strategy which, as strategists might say, required focus, cohesion and commitment over substantial periods of time?

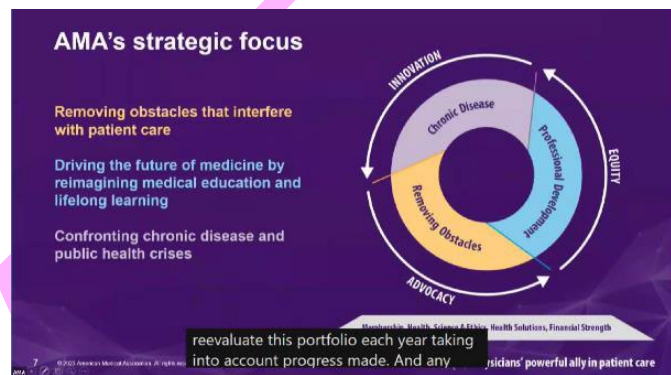
Now it is also true that the AMA's need for a long-term strategic plan occurs in the context of a dynamic health care environment. An environment which includes regular fiats from courts, federal and state agencies, as well as shifts in societal direction. All of these unexpected short-term matters must also be addressed. So, the net of this requires the ability to respond to short-term environmental challenges along with responses to the long-term strategic needs. It requires what I'll call a balanced portfolio of organizational activity and the capacity to be ambidextrous. The capacity to balance short-term matters with a focused, long-term vision.

The AMA has indeed shown a great ability to generate short-term responses to suddenly emerging challenges. The Covid pandemic wasn't all that long ago, after all. But those urgent needs must be paired with long-term strategic goals aligned with our mission. As Lee Bolman, an expert in leadership, states: "A vision without a strategy remains simply an illusion." So here is how our House policies fit in. In 2011 we were dealing with multiple short-term

elements, but we essentially lacked a long-term strategic component of our portfolio. So, the Board tasked me with developing this strategy to bring greater focus, and therefore impact, to our work.

The first step was to create a process to apply the tools of strategy - establishing priorities - isolating issues of lasting importance, while also deciding what not to do. To accomplish that, we created several evaluation criteria, which the Board then refined and approved. That allowed us to judge the desirability and feasibility of existing projects. The management team graded the projects using those board criteria, and managements evaluation of such was validated by an external panel of experts. Two additional elements were critical in this prioritization process. First, the critical input of the reports of our Council's. And second, the fact that any long-term strategic framework had to both align with and amplify AMA's policy portfolio. In that portfolio we discovered meta-signals - aggregates of policies around broad central themes - that would bring focus by taking individual elements with high priority and combining them into an intellectually cohesive theme. This process of triangulation of existing project evaluations, abstracting the content of Council reports, and AMA policy meta-signals - together informed the creation of AMA's long-term strategy ... and it reflected a "balanced portfolio of activity" that was approved by and embraced by our AMA Board at the time. We, of course, continue to refine and re-evaluate this portfolio each year, taking into account progress made and any shift in environmental context.

This is a graphic representation of that strategic development work. At this point I hope all have some familiarity with this. Three long term strategic arcs are depicted in the central circle. One is protecting the future of the profession by reimagining medical education for the 21st century. This arc started at the medical school level and has grown to a 37-school consortium whose work is ongoing. This was extended to reimagining residency and now continues with our focus on precision education. The work of the last several years has resulted in the AMA resuming its place as the thought leader in physician education.



A second strategic arc, concerns the challenge of chronic disease. A challenge which consumes 90 percent of our nation's four-plus-trillion dollar health care spend. Here we have focused on hypertension - the number one cause of death and disability in our country and, even though there is a reliable biological marker and excellent therapies, nearly half of our hypertensive population remains uncontrolled. Here we have created the MAP program that results in improved blood pressure control, have piloted this product, and can actually now see a pathway to diminish adverse cardiovascular events and stroke.

And, as a third arc, we have the all-important focus on removing obstacles that interfere with patient care - from prior authorization to a sustainable Medicare payment model that are represented in the AMA Recovery Plan for America's Physicians, which Dr. Ehrenfeld just discussed.

As work in these areas evolved, we recognized - as reflected in council reports and house policy - that additional factors accelerated gains in each of these three strategic arcs. These accelerators, three in number and noted by the external circle, include health equity, since inequities are a glass ceiling to progress in each arc. You'll recall a recent component of work in this area includes the Task Force for Truth, Reconciliation, Transformation and Healing, which I touched on in June and was responsive to a House request. This task force has been formed, reports to the Board, is actively engaged in its work, and we foresee its work being completed in approximately two years.

Another obvious accelerator across each arc is our advocacy - here in DC as well as in the courts - to memorialize our progress by helping sculpt laws and their regulatory frameworks.

The third accelerator is innovation - creating new products and solutions for physicians that improve delivery of care.

And, of course, none of this work would be possible without a solid foundation, shown as the supporting structure at the bottom. A foundation of must-haves that include membership, health science and ethics, a strong financial base,



and excellent support services for our business units. Each of you has a handout at your seat that highlights AMA's strategic focus in greater detail. I'll expand slightly on that third accelerator.

Innovation and digital health tools have been on the mind of many physicians in recent years, further emphasized with the continued emergence of AI. Innovation takes on many forms, and innovative work is now routinely done by the AMA management team. However, some forms of innovation are facilitated by an environment of a different type. For that reason, the AMA's innovation or venture studio, Health2047, was launched in the heart of Silicon Valley in 2016. The strategic pillars of Health2047 are the commercial translation of the AMA's strategic arcs - so the alignment is tight. Nine companies have been launched to date and have attracted investment from others - in fact, for every dollar the AMA has invested in these companies, between two and ten dollars have been invested by others. Critically, unlike other products and services we often get in health care, companies originating from Health2047 define problems at the level of the patient-physician interface and having a focus of improving the environment for physicians.

For example, one company, SiteBridge, creates a “clinical trial in a box”, which will allow even small practices to participate in clinical trials with resulting positive aspects for patients and practice revenue empowering the practice. Another company, Zing Health, is a physician-led Medicare Advantage plan that focuses on patient needs in marginalized communities, and in so doing extends the capabilities of physicians practicing there - a dramatic need in our society. While Health2047 launches such companies, it also helps inform and develop products coming out of the AMA itself.

For example, after several successful pilots, the AMA is in process of launching a business named “VeriCre”, which provides physicians a “credentialing wallet” so you don't have to wait weeks to restart a practice in a new environment. This AMA business would not have been possible without Health2047 expertise and participation. Several other examples exist.

In essence, it's critical that we respond to immediate challenges but also maintain a long-term vision for the future ... a vision rooted in House policy, committed to taking on large challenges over time. Challenges such as physician education for 21st century, dealing with the tsunami of chronic disease, and freeing physicians from administrative burdens so patient care can again be our focus. And that is what our decade-long journey has been about - the ambidexterity of addressing needs in the moment while simultaneously engaging in a focused long-term vision of success. And by these means, promoting the art and science of medicine and the betterment of public health.

Thank you.

**REMARKS BY INVITED GUEST:** The following remarks were presented to the House of Delegates on Friday, November 10 by Paul Friedrichs, MD, Director of the White House Office of Pandemic Preparedness and Response:

Dr. Speaker, Dr. Vice Speaker, friends and colleagues, it is an honor and a privilege to be here tonight with you as the Inaugural Director of the White House Office of Pandemic Preparedness and Response. But before I share a few thoughts with you, I do have to confess to a disclaimer, because I am a member of the AMA, and I have been for more than 30 years, and I'm very proud of that. My wife, a practicing internist here in DC, is also a member of the AMA, because America's medical association is important.

I'd like you to join me, and we're going to take a trip in the Wayback Machine here to a couple of points in history. Nineteen years ago today I was in a godforsaken place in the middle of Iraq during the Fallujah battle. And those of you who remember that recall that that was the bloodiest conflict that the United States had been involved in since Vietnam. During the busiest time for our unit, we cared for 74 casualties requiring surgical stabilization in 24 hours. We did not save everyone, but we saved everyone who could be saved, with the lowest died-of-wounds rate in the history of mankind, and we did that through teamwork. We did that through trust in each other. We did it with a commitment to every patient who walked through the door, whether they were American or not. They were our patients, and we gave them the best possible care that we could. Many of us still carry the memories of those we didn't save, but we know we did everything we could, and we knew that there were colleagues to take care of those patients when we sent them home.

Now let's take the wayback machine a little bit closer to today - three years ago, November of 2020, the depths of the pandemic. Thousands of people are dying a day, and yet across medicine you, our colleagues, as teams were taking

care of those sick men and women as they came in, old and young. We partnered because we care so deeply about those who rely on us, who trust us to be there when they need us. We partnered with the pharmaceutical industry and with researchers to bring forward safe and effective vaccines faster than had ever been done in the history of mankind. And with those we saved millions of lives. We did that because we trusted each other; we worked together as a team, and we offered hope in the depths of that pandemic that there was a way out of that.

And so I stand before you today now as the director of an office that's tasked to capture the best of what happened over the last three-and-a-half years and ask for your help. You know, we often say, "Hey, I'm, I'm from the government, and I'm here to help you." Well, I'm not going to tell you that tonight. I'm going to tell you just the opposite. I'm here because I need your help. I need your partnership, I need your trust, and I need your advice.

As we look across America today—and you heard some of it earlier this afternoon—we're facing a crisis of trust in basic science and medicine. People are questioning the foundation of the practice of public health in a way that most of us have never seen in our lives before. We're facing questions about who they can turn to for medical information, a question that when I started my career was a given. You went to your doc. And I will say I've got a sister-in-law who's a nurse practitioner. It's not bad to go to nurse practitioners, also. She's very good at what she does. Our nursing colleagues and our pharmacy colleagues and our physical therapy colleagues are part of the team that has been that trusted voice of safe and effective health care for as long as medicine has existed. Really dating back to modern medicine starting with the Flexner Report that came out of this AMA, out of America's medical association. So our office is dedicated to trying to pull together the best of science and technology so that we have the cutting edge innovations that we can offer to mitigate future biological threats.

We're also committed to bringing together and convening stakeholders across the House of Medicine and with industry partners and with those who can reach out to those patients who no longer are willing to accept that we're the only voice that they will receive medical information from, because the reality today is that we are going to need all of the voices speaking with one voice if we're going to reach those who have lost confidence in us as physicians or in our healthcare system broadly. And we need your help with it. We need the recognition that this is a partnership: to reach underserved communities, to reach those who, for whatever reason, feel that someone like me is not the best messenger to convince them of the choices that they have to make.

As we look at what we can do together, there is an opportunity to regain trust through our shared commitment to patients. There's an opportunity to demonstrate that we in the House of Medicine truly are committed, as we said on the first day that all of us started medical school, to the care of those who rely on us when they're ill; to those who are healthy, who rely on us to help them remain healthy; to the families who bring their children or their grandparents in and trust us to care for them. Our job is to try and plan for and mitigate future biological threats.

And as we look across the future that we face, we actually have one in front of us right now. If—I hope—I'm going to share a little secret with you. We just finished the month of October. October's happened every year in my life. I won't speak for everybody, but for at least me October's happened every year. And shortly after October happens people start getting hospitalized with RSV, and some of them die. And then people start getting hospitalized with flu, and many of them die. And now people start getting hospitalized with COVID, and many of them die. As much as we would like for these infectious diseases to not be our focus, I suspect you all know that last week 180 Americans died of COVID every day. Do the math on that. That's tens of thousands of Americans still dying of preventable infectious diseases. So I'm here to ask for your help. We are the wealthiest nation, with the most extraordinary healthcare system, with resources that almost no country in the world has. We have the best-trained physicians, nurses, and colleagues. I ask for your help, and I offer you my thanks.

Thanks for 30 years of collaboration and collegiality here in the House of Delegates and across the AMA. Thanks for your commitment throughout your career to care for our patients. And, most importantly, I hope you'll join me on Sunday at 2:00 and give me your advice on how we can partner to better care for our patients as we work in the White House Office of Pandemic Preparedness and Response.

Thank you, thank you, thank you.



**REMARKS OF THE AMA ALLIANCE PRESIDENT:** The following remarks were presented to the House of Delegates on Friday, November 10 by Racheal Kunesh, President of the AMA Alliance:

Two minutes. That's the average time it takes my internal medicine spouse to complete two EHR tasks. It also happens to be the time I have to address you. So let me get down to business.

For more than a hundred years the AMA Alliance and our state and local affiliates have provided a vital connection for physician families. My amazing board and nearly 90 volunteers across the nation are working together to fulfill our mission to build healthier communities by connecting physician families and collaborating to educate and advocate. We carry out this mission by leveraging our core values, which appropriately form the word SERVE-U: Support, Educate, Respect, Value, Empower, and Unite. We do this in many ways, including one of the most important: educating everyone about physician burnout and suicide, as well as other community health issues.

We're building year two of our Leadership Academy Cohort, equipping our members with skills that they can use in any leadership position. We empower our members with resources to support each other, including our outstanding Physician Family Alliance in Motion Magazine. We unite to advocate for quality medicine at the state and national levels respecting and valuing each and every physician family member while we're doing this.

We know medicine isn't just a career; it's a calling. But we also know that it's a hard time to be a physician, with so many entities attacking your profession and your autonomy. We get it. We are here for you, not just as partners and families, but as allies and advocates. The Alliance is here for you and your family to amplify AMA's advocacy efforts while providing connection and support.

If your local or state medical society is not partnering with your Alliance, you are missing out on leveraging a great asset. If you and your partner aren't Alliance members, join us. Your Alliance membership gives you connection and support. It gives us the resources to be your most steadfast allies: a win-win situation.

Thank you.

**REMARKS FROM THE CHAIR OF THE AMPAC BOARD:** The following remarks were presented to the House of Delegates on Friday, November 10 by Brooke Buckley, MD, Chair of the AMPAC board.

Thank you for the opportunity to address the House. It is always staggering to be in front of this group of esteemed colleagues realizing what we each do every day on behalf of our patients and our communities. My name is Brooke Buckley. I am chair of AMPAC. I am a 25-year AMA member and a 20-year member of AMPAC.

I want to give a heartfelt thank you to all of you who have already committed to AMPAC this year. To date we are at 71 percent HOD participation. This is a higher rate than we've had in the last three years, but notably it also means that three out of ten of us have not yet committed to AMPAC. One hundred percent participation must be our goal.

As the delegates in the House of Medicine, we must demonstrate our commitment to the policy agenda through advocacy and support of medicine friendly candidates to Congress. AMPAC is our main mechanism to do this. We have 723 Capital Club members, and a special thanks to the 89 of us who have committed at the Platinum level. Your participation demonstrates your commitment to our shared success on behalf of the practice of medicine, our patients, and the betterment of public health. I challenge each of us to increase our personal giving to AMPAC this year.

As you know, we function on two-year election cycles. To date this year, we've raised \$790,000. To sufficiently support medicine-friendly candidates, let us commit this weekend to raising more than the \$120,000 we raised in June. Two hundred dollars per delegate in this room would get us there. I know that not all of you can give 200 - I know that many of you can give more.

PAC dollars give us access to lawmakers. We cannot afford to lose our voice. In the 2022 cycle, we made over \$1.3 million in investments to over 247 pro-medicine candidates. We grew the number of docs in Congress from 17 to 19. We must continue this work. Given the issues before us, we must do more. Our patients need us to do more. Monday we'll have the Honorable Greg Murphy, MD, from North Carolina, speak at our Capital Club luncheon. Please join the Capital Club and join us for lunch.

And, finally, I would be remiss if I did not mention that our executive director, Kevin Walker, retired last month after 38 years of service to our AMA and AMPAC. Kevin snuck out and did not let us celebrate him. However, I would say, if ever there is a moment to increase your commitment to AMPAC, I encourage us as a tribute to his service and dedication to the House of Medicine, please come to our booth, go to our website, [www.AMPACOnline.org](http://www.AMPACOnline.org), and recommit to our success.

Please contribute to AMPAC today.

Thank you.

**REPORT OF AMPAC BOARD OF DIRECTORS:** The following report was submitted by Brooke Buckley, 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 country continues to face a myriad of challenges in health care, including many that directly impact physician practices and their patients. Issues like the ever-looming cuts to physician Medicare payments, time consuming prior authorizations and sky rocketing prescription drug costs remain as major roadblocks to how physicians provide quality care for their patients.

The continuing challenges faced by the medical community have only strengthened our commitment to our core mission - 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**

The AMPAC Board thanks House of Delegate members who have already made a contribution to AMPAC this year and committed to supporting advocacy, especially those who gave at the Capitol Club levels. Your generosity enables AMPAC to advance the AMA's advocacy initiatives as we enter an important election year and build a solid foundation for our allies and champions running for federal office in 2024.

This year, AMPAC has moved into a period of growth in all areas and has seen a 17 percent increase in receipts over this same time in the 2021-2022 election cycle. Additionally, AMPAC's Capitol Club continues to trend upwards with 723 members, above the 2021 non-election year total of 620 which is a 16 percent increase. Growth is expected to continue during this meeting to close out the year.

Each year, AMPAC aims to achieve 100 percent HOD AMPAC participation within AMA's House of Delegates. AMPAC ended 2022 with 69 percent HOD participation, and this year AMPAC has 71 percent participation. While this is encouraging movement in the right direction, it is far lower than the all-time high of 76 percent HOD AMPAC participation in 2019. With a significant election cycle already underway, AMPAC strongly encourages leaders of the House of Medicine to invest in AMPAC. Please stop by AMPAC's booth which is located outside the ballroom during this meeting to contribute for 2023 if you have not done so already and consider making your commitment for 2024. You can also visit <https://www.ampaonline.org>

Last, all current 2023 Capitol Club members are invited to attend a Capitol Club event on Monday, November 13 at 12 p.m. with special guest Congressman Greg Murphy (NC-3) to discuss the top legislative issues facing physicians today. Dr. Murphy has partnered with the AMA on several important legislative priorities and is known to be balanced, and well respected. It is sure to be an informative event you will not want to miss so visit AMPAC's booth to pick up your event ticket and Capitol Club gift.

AMPAC is the bi-partisan political action committee of the AMA that was created to advance the advocacy mission set forth by the HOD. We can only be as effective as we are united in our efforts to support this political tool and further the AMA's advocacy initiatives. We hope to count on the support of all HOD members to boost overall AMPAC efficacy.

## Political Action

AMPAC remains in the early giving period of the 2024 election cycle. As such, contributions have been prioritized for incumbents who are strong allies of medicine, members of their parties' leadership, on key committees or otherwise in important positions to advance medicine-friendly policies on Capitol Hill. The AMA's intense focus on Medicare physician payment reform and efforts to rally support behind MEI-related legislation in Congress has helped to further guide AMPAC's strategy in creating opportunities for lobbyists to attend events with lawmakers who are integral to this effort. The pace of AMPAC contributions is likely to increase as the end of the year approaches and the need for increased face time with these and other key legislators ratchets up. Another emerging consideration is early 2024 primary states as some of the more competitive races are already in full swing.

While the overall political landscape remains murky, AMPAC remains well-positioned to take part in key races around the country and ensure that the AMA's message is properly communicated on Medicare and other key issues facing America's physicians.

## Political Education Programs

The 2023 Campaign School took place in-person, October 12-15, at the AMA offices in Washington, DC. Registration for the program was strong with 18 registrants. This included: 14 member physicians and four member students. Unfortunately, some of the registrants had to back out due to travel and medical reasons leaving 14 participants at the program. Of these, three had also taken part in the 2023 Candidate Workshop in late March. The Campaign School is renowned for its use of a simulated campaign for the U.S. House of Representatives, complete with demographics, voting statistics and detailed candidate biographies. During the three-day program participants were placed into campaign teams and with a hands-on approach, our team of bipartisan political experts walked them through a simulated campaign and applied what they learn in real-time exercises on strategy, vote targeting, social media, paid advertising, and public speaking. The program was capped off with a keynote session with Senator John Barrasso, MD of Wyoming.

Planning is currently underway for the 2024 Candidate Workshop. AMPAC is working with the program's lead trainer to identify dates in the spring and the program will be held in-person again at the AMA offices in Washington, DC. As always, the political education programs remain a member benefit with registration fees heavily discounted for AMA members. Program dates will be announced soon on AMPACOnline.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 AMA OFFICERS, DELEGATES AND MEDICAL EXECUTIVES****American Academy of Family Physicians**

Steve Richards, DO  
Hugh Taylor, MD  
Janet West, MD

**American Academy of Orthopedic Surgeons**

Graham Newson

**American Clinical Neurophysiology Society**

Marc Nuwer, MD

**American College of Physicians**

Susan Hingle, MD  
Len Lichtenfeld, MD, MACP

**American Psychiatric Association**

Saul M. Levin, M.D., M.P.A., FRCP-E, FRCPsych

**Kansas Medical Society**

Richard B. Warner, MD

**Massachusetts Medical Society**

Carol Allen, MD  
Lee Perrin, MD

**Michigan State Medical Society**

Michael Sandler, MD

**North Carolina Medical Society**

John A. Fagg, MD

**Oklahoma State Medical Association**

Donna Bartlett

**Pennsylvania Medical Society**

Peter S. Lund, MD, FACS  
Ralph Schmetz, MD, FACE, FACP

**South Carolina Medical Association**

H Timberlake Pearce Jr., MD

**Tennessee Medical Society**

John Ingram III, MD

DRAFT

**REFERENCE COMMITTEES OF THE HOUSE OF DELEGATES (I-23)****Reference Committee on Amendments to Constitution and Bylaws**

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 Joseph A. Adashek, MD, Nevada\*  
 Kenneth Andreoni, MD, American Society of Transplant Surgeons\*  
 Cee Ann Davis, MD, American College of Obstetricians and Gynecologists  
 Lisa Hatcher, MD, Indiana\*  
 Tate Hinkle, MD, American Academy of Family Physicians  
 Elana Sitnik, Regional Medical Student, New York

**Reference Committee B**

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 Sarah Fessler, MD, Rhode Island  
 Amar Kelkar, MD, American Society of Hematology  
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 Michael Medlock, MD, Massachusetts\*  
 Helene Nepomuceno, MD, Sectional Resident, Nevada

**Reference Committee C**

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 Marygrace Elson, MD, American College of Obstetricians and Gynecologists  
 Sabesan Karuppiah, MD, American Academy of Family Physicians\*  
 Leif Knight, MD, Sectional Resident, New York\*  
 Carlos A. Latorre, MD, MS, Mississippi  
 David Whalen, MD, Michigan\*

**Reference Committee F**

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 Robyn F. Chatman, MD, MPH, Ohio  
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 Richard F. Labasky, MD, MBA, Utah  
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 Michael B. Simon, MD, MBA, American Society of Anesthesiologists

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 Jana E. Montgomery, MD, American College of Cardiology\*  
 Bing Pao, MD, California

**Reference Committee K**

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 Elizabeth Suschana, Regional Medical Student, Connecticut\*  
 Elizabeth Torres, MD, Texas  
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 Angela Wu, MD, Sectional Resident, District of Columbia

**Chief Teller**

Thomas G. Peters, MD, Florida\*

**Assistant Tellers**

Thomas Atchison, Regional Medical Student, Ohio\*  
 Vikram B. Patel, MD, Illinois\*

\*Alternate Delegate