

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

**171st ANNUAL MEETING
CHICAGO, ILLINOIS
June 10–15, 2022**

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 171st Annual Meeting at 5 p.m. Friday, June 10, in the Grand Ballroom of the Hyatt Regency Chicago, Bruce A. Scott, MD, Speaker of the House of Delegates, presiding. The Saturday, June 11, Monday, June 13, Tuesday, June 14, and Wednesday, June 15 sessions also convened in the Grand Ballroom. The meeting adjourned following the Wednesday morning session.

INVOCATION: The following invocation was delivered by Swami Sharanananda. Inspired by Swami Chinmayananda and trained by Swami Tejomayananda, he became a brahmachari in 1988, and has served the Chinmaya mission centers all over India, and now serves as the resident acharya in Chicago:

Now we'll do a universal prayer. And we ... that, O Lord, let me hear everything whatever is auspicious. Let me see whatever is beautiful, whatever is nice, whatever is pure. Let me speak everything whatever is truth. By that, as the doctors, they take care of the physical health, prayers keep the mind healthy. When body is taken care of, then the need of the mind.... So I'll do a prayer, saying the blessings. Let me ... everybody, not one or two people, but everybody. [Remainder of prayer in native dialect]

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

CREDENTIALS: The Committee on Rules and Credentials reported that on Friday, June 10, 542 out of 689 delegates (85.1%) had been accredited, thus constituting a quorum; on Saturday, June 11, 590 delegates (92.6%) were present; on Monday, June 13, 618 (97%) were present at the start of the session and 619 of 693 delegates (96.7%) were present at the end of the session; on Tuesday, June 14, 619 (96.7%) were present; and on Wednesday, June 15, 619 (96.7%) were present.

Note: During Monday's business session, the were granted representation in the House of Delegates (see Board of Trustees Report 2), which increased the number of delegates seats to 693.

RULES REPORT - Friday, June 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 June 2022 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. Nominations and Elections

The House will receive nominations for President-Elect, Speaker, Vice Speaker, Trustees and Council Members on Friday evening, June 10. Once nominations are closed there shall be no further nominations. All nominated candidates for any open or potentially open position will be included on the ballot unless they specifically ask for their name to be withdrawn from nomination. Nomination speeches will be limited to officer candidates in contested elections, with no seconding speeches permitted. The order of speeches for each office will be selected by lottery.

The Association’s 2022 annual election balloting shall be held Tuesday, June 14, as specified in the Bylaws, and the following procedures shall be adopted: Elections will take place from 8 to 8:30 a.m. Tuesday, June 14 during an Election Session in the House. All voting delegates should be seated in the House by 7:45 a.m. Only credentialed delegates will be allowed in the delegate seating area. Elections will be sequentially with president-elect first, followed by other officers and then councils in alphabetical order.

In instances where there is only one nominee for an office, a majority vote without ballot shall elect on Friday.

8. 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.

9. 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.

10. 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, June 10

HOUSE ACTION: **ADOPTED AS FOLLOWS**

LATE RESOLUTION 1001 NOT ACCEPTED

EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 102, 104, 105,

106, 107, 112, 115, 126, 128, 204, 206, 214, 235, 244, 303, 311, 312, 313, 318, 320, 409,

419, 426, 507, 620, 704, 706, 707, 709, 711, 712, 713, 714, 715, 718, 719, 720, 722, and 725

(1) LATE RESOLUTION

The Committee on Rules and Credentials met Thursday, June 2, to discuss Late Resolution 1001. 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 not be accepted:

- Late 1001 - The Need for STEMI, OHCA and Shock Centers of Excellence

(2) REAFFIRMATION RESOLUTIONS

The Speakers asked the Committee on Rules and Credentials to review the recommendations for placing resolutions introduced at this meeting of the House of Delegates on the Reaffirmation Calendar. Reaffirmation of existing policy means that the policies reaffirmed remain active policies within the AMA policy database and therefore are part of the body of policy that can be used in setting the AMA's agenda. It also resets the sunset clock, so such policies will remain viable for 10 years from the date of reaffirmation. The Committee recommends that current policy be reaffirmed in lieu of the following resolutions (current policy and AMA activities are listed in the Appendix to this report):

- Resolution 102 – Bundling Physician Fees with Hospital Fees
- Resolution 104 – Consumer Operated and Oriented Plans (CO-OPs) as a Public Option for Health Care Financing
- Resolution 105 – Health Insurance that Fairly Compensates Physicians
- Resolution 106 – Hospice Recertification for Non-Cancer Diagnosis
- Resolution 107 – Medicaid Tax Benefits
- Resolution 112 – Support for Easy Enrollment Federal Legislation
- Resolution 115 – Support for Universal Internet Access
- Resolution 126 – Providing Recommended Vaccines Under Medicare Parts B And C
- Resolution 128 – Improving Access to Vaccinations for Patients
- Resolution 204 – Insurance Claims Data
- Resolution 206 – Medicare Advantage Plan Mandates
- Resolution 214 – Eliminating Unfunded or Unproven Mandates and Regulations
- Resolution 235 – Improving the Veterans Health Administration Referrals for Veterans for Care outside the VA System
- Resolution 244 – Prohibit Reversal of Prior Authorization
- Resolution 303 – Fatigue Mitigation Respite for Faculty and Residents
- Resolution 311 – Discontinue State Licensure Requirement for COMLEX Level 2 PE
- Resolution 312 – Reduce Financial Burden to Medical Students of Medical Licensure Examinations
- Resolution 313 – Decreasing Medical Student Debt and Increasing Transparency in Cost of Medical School Attendance
- Resolution 318 – CME for Preceptorship
- Resolution 320 – Tuition Cost Transparency
- Resolution 409 – Increasing HPV Vaccination Rates in Rural Communities
- Resolution 419 – Advocating for the Utilization of Police and Mental Health Care Co-Response Teams for 911 Mental Health Emergency Calls
- Resolution 426 – Mental Health First Aid Training
- Resolution 507 – Federal Initiative to Treat Cannabis Dependence
- Resolution 620 – Review of Health Insurance Companies and Their Subsidiaries' Business Practices
- Resolution 704 – Employed Physician Contracts
- Resolution 706 – Government Imposed Volume Requirements for Credentialing
- Resolution 707 – Insurance Coverage for Scalp Cooling (Cold Cap) Therapy
- Resolution 709 – Physician Well-Being as an Indicator of Health System Quality
- Resolution 711 – Reducing Prior Authorization Burden
- Resolution 712 – The Quadruple Aim – Promoting Improvement in the Physician Experience Providing Care
- Resolution 713 – Enforcement of Administrative Simplification Requirements – CMS
- Resolution 714 – Prior Authorization Reform for Specialty Medications
- Resolution 715 – Prior Authorization – CPT Codes for Fair Compensation
- Resolution 718 – Degradation of Medical Records
- Resolution 719 – System Wide Prior and Post-Authorization Delays and Effects on Patient Care

- Resolution 720 – Mitigating the Negative Impact of Step Therapy Policies and Nonmedical Switching of Prescription Drugs on Patient Safety
- Resolution 722 – Eliminating Claims Data for Measuring Physician and Hospital Quality
- Resolution 725 – Compensation to Physicians for Authorizations and Preauthorizations

APPENDIX

Resolution 102 – Bundling Physician Fees with Hospital Fees

- Medicare Physician Payment Reform D-390.961

Resolution 104 – Consumer Operated and Oriented Plans (CO-OPs) as a Public Option for Health Care Financing

- Options to Maximize Coverage under the AMA Proposal for Reform H-165.823
- Health System Reform Legislation H-165.838

Resolution 105 – Health Insurance that Fairly Compensates Physicians

- Physician Payment Reform H-390.849
- Medicare Reimbursement of Office-Based Procedures H-400.957
- The Preservation of the Private Practice of Medicine D-405.988

Resolution 106 – Hospice Recertification for Non-Cancer Diagnosis

- Hospice Care H-85.955

Resolution 107 – Medicaid Tax Benefits

- Tax Deduction for Care Provided the Indigent H-160.969
- Income Tax Credits or Deductions as Compensation for Treating Medically Uninsured or Underinsured H-180.965
- Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982

Resolution 112 – Support for Easy Enrollment Federal Legislation

- Options to Maximize Coverage under the AMA Proposal for Reform H-165.823

Resolution 115 – Support for Universal Internet Access

- COVID-19 Emergency and Expanded Telemedicine Regulations D-480.963
- Increasing Access to Broadband Internet to Reduce Health Disparities H-478.980
- Addressing Equity in Telehealth H-480.937

Resolution 126 – Providing Recommended Vaccines Under Medicare Parts B And C

- Financing of Adult Vaccines: Recommendations for Action H-440.860
- Assuring Access to ACIP/AAFP/AAP-Recommended Vaccines H-440.875
- Appropriate Reimbursements and Carve-outs for Vaccines D-440.981

Resolution 128 – Improving Access to Vaccinations for Patients

- Financing of Adult Vaccines: Recommendations for Action H-440.860
- Assuring Access to ACIP/AAFP/AAP-Recommended Vaccines H-440.875
- Appropriate Reimbursements and Carve-outs for Vaccines D-440.981

Resolution 204 – Insurance Claims Data

- Research Handling of De-Identified Patient Information, H-315.962

Resolution 206 – Medicare Advantage Plan Mandates

- Ending Medicare Advantage Auto-Enrollment, H-285.905

Resolution 214 – Eliminating Unfunded or Unproven Mandates and Regulations

- Medicare's Appropriate Use Criteria Program, H-320.940

Resolution 235 – Improving the Veterans Health Administration Referrals for Veterans for Care Outside the VA System

- Access to Health Care for Veterans, H-510.985
- Expansion of US Veterans' Health Care Choices, H-510.983

Resolution 244 – Prohibit Reversal of Prior Authorization

- Preauthorization for Payment of Services, H-320.961
- Physicians Experiences with Retrospective Denial of Payment and Down-Coding by Managed Care Plans, D-320.995

Resolution 303 – Fatigue Mitigation Respite for Faculty and Residents

- Resident/Fellow Clinical and Educational Work Hours, H-310.907
- Fatigue, Sleep Disorders, and Motor Vehicle Crashes, H-15.958
- Light Pollution: Adverse Health Effects of Nighttime Lighting, H-135.932
- Residents and Fellows' Bill of Rights, H-310.912

Resolution 311 – Discontinue State Licensure Requirement for COMLEX Level 2 PE

- 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, D-275.950

Resolution 312 – Reduce Financial Burden to Medical Students of Medical Licensure Examinations

- Independent Regulation of Physician Licensing Exams, D-295.939 (2)
- Principles of and Actions to Address Medical Education Costs and Student Debt, H-305.925 (1, 2, 12, 16)

Resolution 313 – Decreasing Medical Student Debt and Increasing Transparency in Cost of Medical School Attendance

- Principles of and Actions to Address Medical Education Costs and Student Debt, H-305.925 (1, 10, 11, 12, 15, 16, 17, 18)
- Cost and Financing of Medical Education and Availability of First-Year Residency Positions, H-305.988 (1-7)

Resolution 318 – CME for Preceptorship

- Revisions to the Physician's Recognition Award, H-300.977
- Restoring Integrity to Continuing Medical Education, H-300.988

Resolution 320 – Tuition Cost Transparency

- Principles of and Actions to Address Medical Education Costs and Student Debt, H-305.925
- Cost and Financing of Medical Education and Availability of First Year Residency Positions, H-305.988

Resolution 409 – Increasing HPV Vaccination Rates in Rural Communities

- HPV Vaccine and Cervical Cancer Prevention Worldwide H-440.872

Resolution 419 – Advocating for the Utilization of Police and Mental Health Care Co-Response Teams for 911 Mental Health Emergency Calls

- Mental Health Crisis Interventions H-345.972

Resolution 426 – Mental Health First Aid Training

- Awareness, Diagnosis and Treatment of Depression and other Mental Illnesses H-345.984
- Increasing Detection of Mental Illness and Encouraging Education D-345.994

Resolution 507 – Federal Initiative to Treat Cannabis Dependence

- Cannabis and Cannabinoid Research, H-95.952
- Taxes on Cannabis Products, H-95.923

Resolution 620 – Review of Health Insurance Companies and Their Subsidiaries' Business Practices

- Insurance Industry Behaviors D-385.949

Resolution 704 – Employed Physician Contracts

- Promoting the AMA Model Medical Staff Code of Conduct and its Application to Employed Physicians D-230.985
- Physician and Medical Staff Member Bill of Rights H-225.942
- AMA Principles for Physician Employment H-225.950

Resolution 706 – Government Imposed Volume Requirements for Credentialing

- Reentry into Physician Practice H-230.953
- Privileging Physicians with Low Volume Hospital Activity H-230.954

Resolution 707 – Insurance Coverage for Scalp Cooling (Cold Cap) Therapy

- Strategies to Address Rising Health Care Costs H-155.960
- Aligning Clinical and Financial Incentives for High-Value Care D-185.979
- Medical Necessity and Utilization Review H-320.942
- Managed Care H-285.998
- Medical Necessity Determinations H-320.995
- Status Report on the Uninsured H-185.964

Resolution 709 – Physician Well-Being as an Indicator of Health System Quality

- Physician and Medical Student Burnout D-310.968

Resolution 711 – Reducing Prior Authorization Burden

- Remuneration for Physician Services H-385.951
- Approaches to Increase Payer Accountability H-320.968
- Prior Authorization and Utilization Management Reform H-320.939
- Opposition to Prescription Prior Approval D-125.992
- Prescription Drug Plans and Patient Access D-330.910

Resolution 712 – The Quadruple Aim – Promoting Improvement in the Physician Experience Providing Care

- Support for the Quadruple Aim H-405.955
- Augmented Intelligence in Healthcare H-480.939

Resolution 713 – Enforcement of Administrative Simplification Requirements – CMS

- Administrative Simplification in the Physician Practice D-190.974
- Police, Payer and Government Access to Patient Health Information D-315.992
- HIPAA Law and Regulations D-190.989
- CMS Administrative Requirements D-190.970

Resolution 714 – Prior Authorization Reform for Specialty Medications

- Remuneration for Physician Services H-385.951
- Approaches to Increase Payer Accountability H-320.968
- Prior Authorization and Utilization Management Reform H-320.939
- Prior Authorization Reform D-320.982
- Non-Formulary Medications and the Medicare Part D Coverage Gap H-125.977

Resolution 715 – Prior Authorization – CPT Codes for Fair Compensation

- Remuneration for Physician Services H-385.951
- Approaches to Increase Payer Accountability H-320.968
- Prior Authorization and Utilization Management Reform H-320.939
- Prior Authorization Reform D-320.982

Resolution 718 – Degradation of Medical Records

- Understanding and Correcting Imbalances in Physician Work Attributable to Electronic Health Records D-478.966
- Maintenance Payments for Electronic Health Records D-478.975
- Information Technology Standards and Costs D-478.996

Resolution 719 – System Wide Prior and Post-Authorization Delays and Effects on Patient Care

- Promoting Electronic Data Interchange H-190.978
- Administrative Simplification in the Physician Practice D-190.974
- Prior Authorization and Utilization Management Reform H-320.939
- Prior Authorization Reform D-320.982
- Processing Prior Authorization Decisions D-320.979

Resolution 720 – Mitigating the Negative Impact of Step Therapy Policies and Nonmedical Switching of Prescription Drugs on Patient Safety

- Step Therapy D-320.981
- Step Therapy H-320.937
- Medicare Advantage Step Therapy D-320.984
- Eliminate Fail First Policy in Addiction Treatment H-320.941
- Prior Authorization and Utilization Management Reform H-320.939

Resolution 722 – Eliminating Claims Data for Measuring Physician and Hospital Quality

- Claims Based Data as a Flawed Quality of Care Measure H-406.988
- Quality Management H-450.966
- Development of Quality Measures with Appropriate Exclusions and Review Processes H-450.927
- Pay-for-Performance Principles and Guidelines H-450.947

Resolution 725 – Compensation to Physicians for Authorizations and Preauthorizations

- Payer Measures for Private and Public Health Insurance D-180.984
- Strengthening the Accountability of Health Care Reviewers D-185.977
- Managed Care H-285.998
- Prior Authorization Relief in Medicare Advantage Plans H-320.938
- Prior Authorization and Utilization Management Reform H-320.939
- Abuse of Preauthorization Procedures H-320.945
- Approaches to Increase Payer Accountability H-320.968

- Processing Prior Authorization Decisions D-320.979
- Require Payers to Share Prior Authorization Cost Burden D-320.980
- Payer Accountability H-320.982
- Prior Authorization Reform D-320.982
- Preauthorization D-320.988
- Remuneration for Physician Services H-385.951

CLOSING REPORT

HOUSE ACTION: ADOPTED

Mister Speaker, Members of the House of Delegates:

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Scott, and the Vice Speaker, Doctor Egbert, for the outstanding manner in which they have assisted our deliberations by their fair and impartial conduct of the House of Delegates and to commend the members of the House for their cooperation in expediting the business before us.

Your Committee wishes at this time to offer the following Resolution:

Whereas, The Annual Meeting of the House of Delegates of the American Medical Association has been convened in Chicago, Illinois during the period of June 10-15; and

Whereas, This Annual 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 Chicago 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 Hyatt Regency Chicago, to the City of Chicago, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Annual Meeting of the House of Delegates.

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

APPROVAL OF MINUTES: The Proceedings of the November 2021 Special Meeting of the House of Delegates, held online Nov. 12–16, 2021, were approved.

ADDRESS OF THE PRESIDENT: AMA President Gerald E. Harmon, MD, delivered the following address to the House of Delegates on Friday, June 10.

Good evening, Mr. Speaker, Madam Vice Speaker, Members of the Board, delegates, colleagues, guests.

As a disclaimer, I am a family doctor, and I play one on TV.

I can't tell you how thrilled I am to be here in person tonight for the first time in my presidential year. Ironically, it's occurring at the end of my year as my term comes to an end, but I'm just real grateful for your support during what's been a unique and challenging period for medicine, for the nation, for the world.

This is also the first time I get to express in person my gratitude to so many: to the members of the House of Delegates for honoring me as your President; to my fellow officers, trustees; especially to Chairman Mukkamala and the presidents before me, Bailey and Harris; to the wonderful senior leadership and employees that work for the AMA. I can't begin to thank you enough as we've learned and grown throughout these two difficult years.

In the audience tonight you'll also find a handful of my immediate family here in Chicago. I'm pleased to have here up front two of my eight grandchildren, Porter and DuPre Harmon—you all stand up there. There over here up front. I warned them about this.

This is their first visit to the big city in Chicago. They get to see escalators and tall buildings. They're excited about that.

Also sitting with them is their grandmother—my high school classmate, my girlfriend, spouse, guidance counselor, enabler-in-chief of over five decades—Linda Harmon.

Words can't describe how, how fully blessed I am with Linda and with my family, and how absolutely lost I would be without their constant love, accommodation, and support throughout my career. They're a true example of a team in action.

You know, as coronavirus continues its inevitable, relentless drive to infect every human being on the planet, it appears to be at the same time a little bit less threatening to those who've been vaccinated and boosted. Hospitalizations and deaths from COVID, thankfully, remain low right now. But as new Omicron subvariants crop up and create surges, it's impossible for us to say where we might be later on this summer and into the fall.

In several prior speaking opportunities, I compared the COVID-19 pandemic to war. Both can be a matter of life and death; both can be extremely costly in human and economic terms; and the price of fighting both can often lead to physical, emotional, and financial exhaustion. This has certainly been the case for doctors and other health care workers who have borne an outsized burden caring for the sick over the last couple of years, especially those on the front lines in hospitals and clinic settings.

Now as COVID-19 gradually moves to an endemic stage we must work to ensure that capacity to fight the virus remains strong, that our hospitals don't become overwhelmed again, that the public remains vigilant about minimizing their risks through vaccinations and other means. We continue to recognize and remember the courageous men and women in our medical community who gave their all responding to COVID. In the darkest days of the pandemic, amidst fear, confusion, and systems pushed to the brink, it was up to doctors to hold it all together.

Let's not forget, even apart from the pandemic this is a challenging time to practice medicine. We find ourselves on the frontlines of responding to the epidemic of gun violence in our schools, our communities, and hospitals. Sometimes we even ourselves are the targets of direct attack.

We're also subject to increased government interference in the patient-physician relationship and the practice of medicine. Whether the issue is women's reproductive health, care for transgender persons, or appropriate treatments for COVID, you know, the AMA, we should demand that the government get out of our exam rooms.

Despite all the challenges, it's physicians who are rising to this moment. Day after day, it's physicians our nation turns to hour after grueling hour for answers, for treatment, for help.

You've taken care of our nation at great personal sacrifice. It's time our nation renews its commitment to you. We need a recovery plan for America's doctors, and the AMA is ready.

The recovery plan we've developed recognizes sacrifices physicians have made over the past couple of years and lays out concrete actions that policymakers must take for physicians and the patients we serve:

- We need to expand telehealth
- We need to reform the Medicare payment system
- We need to stop unsafe scope expansion
- We need to fix prior authorization
- We need to reduce physician burnout, to retain and rebuild our work force, and address the stigma around mental health

If necessity is the mother of invention, nowhere has that been more apparent than in the enormous shift we've all experienced to remote care during the pandemic: remote meetings, remote care. In March of 2020, as everything

closed down, physicians discovered we had to find new ways of providing care for our patients, for those who needed it. So 90 percent of us adopted telehealth, treating patients, and half of us for the very first time.

Many patients also found for the first time they could receive services in the comfort and safety of their own homes. Due to the AMA advocacy, CMS made changes to ensure that telehealth payment rates were equivalent to in-person services, including audio-only visits, which means telephone calls.

And then a funny thing happened: doctors and patients discovered this ain't such a bad idea under any circumstances. It's safe, it's convenient, and for many patients it's certainly less time consuming than a drive and a trip to the visit to the office. In my rural community, patients have substantial barriers, geographic barriers—like rivers, swamps, islands—that contribute to substantial, long travel delays. Digital health is a godsend to these patients. It's not appropriate for suturing a wound or setting a broken bone, but it's a hugely beneficial method for chronic disease management, for care coordination, and things like telepsychiatry for a community like mine with an exceptional shortage of behavioral health resources.

We know the vast majority of patients and physicians want this type of care to extend beyond a declared public health emergency. Telehealth's here to stay, and we are fighting to update our laws and regulations to reflect that fact.

Another component of the AMA recovery plan: leading the charge on Medicare payment reform.

Medicare physician payments are the only component of health care delivery subject to budget neutrality; another the dirty word. Adjusted for inflation, our rates have fallen 20 percent just 2001; an average of about one percent a year. As a result of various legislative and regulatory provisions implemented prior to and during the COVID, we were threatened actually with a 10 percent pay cut this past January. Thanks to the pressure of the AMA and others in organized medicine, Congress acted at the last minute to prevent these cuts. Now, this was a major victory, but we shouldn't have to suffer this annual cliffhanger.

We also need a permanent solution to end the battles that threaten the economic survival of physician practices. We must lay the groundwork within medicine and among policymakers to address the flaws and bring stability to the Medicare payment system.

We've got to, we have to be able to predict financial returns with reliability in order to invest technologies and infrastructure like technologies and treatments. In short, we're really done with short-term patches and looming cuts. This just ain't no way to run a railroad.

The next element of our recovery plan is stopping unsafe scope expansions. Quality, affordable health care is only possible with teamwork. We do rely on nonphysician providers—on nurses, other health care workers—to do the invaluable work that they are trained to do. My practice, for example, has a superb team of staff delivering this team-based care. We've got physicians, APRNs, physician assistants, social workers, dedicated office staff, and others all under one roof. But our patients need to trust that a physician is leading this team and their care. We've got years more education, and thousands of hours more clinical training than other members on this very important team, and we're better prepared to treat complex cases and complications.

You know, we can draw an analogy with, let's say, aircrew shortages such as the aviation industry is currently facing. Some of you may have experienced that traveling here. There's an industry in airplane flying with which I have some experience. You know, a ground crew and the flight attendants play absolutely critical roles in getting airplanes off the ground and to their destinations safely. The airline industry just could not function without them. But no one suggests that they fly the planes or that we use them to fill an expected shortage of airline pilots. Experience and training count when it comes to both passenger safety and patient safety.

You know, since this is primarily a state issue, we're working with our federation partners through the Scope of Practice Partnership to defeat the recurring, unending scope-of-practice expansion bills that are passed, proposed during each state legislature annually.

The next element of our recovery plan proposes that one of the—fix one of the burdens that physicians find most frustrating: prior authorization.

You know, we had a recent AMA survey and it showed that 93 percent of doctors reported that hurdles imposed by prior authorization for medication, for testing and procedures resulted in significant care delays for their patients. You know, four out of five doctors said that these processes have led patients to abandon treatment. Abandon treatment—can you believe it?

Navigating these hurdles is an incredible burden for physicians and nurses and staff. They've got to spend a lot of valuable patient care time doing this. I've personally done this more times than I can count in order to make sure my patients got the care they needed.

Four years ago, the AMA developed a Consensus Statement on Improving the Prior Authorization Process, together with other national organizations representing health care plans and providers. And unfortunately since then insurers have done precious little to implement them. These were agreed-upon improvements.

It's time to hold them accountable. That's what we're doing, that's exactly what we're doing. We're pushing for legislative and regulatory remedies at the federal and state levels. About a dozen states now have comprehensive reforms in place, many based on the AMA's model legislation.

The final element of our physician recovery plan, and potentially the most important, is to develop a health system that retains existing physicians, attracts new physicians, and reduces burnout.

For over a decade, the AMA has been working to remove administrative barriers like prior authorization that can clearly lead to burnout. But we know solutions have to go a lot further. We've got to have ways to find doctors to address their mental health needs without fear of negative repercussions, be able to practice their skills without threats of hostility or violence.

This past March we took a great step forward with the passage of the Dr. Lorna Breen Health Care Provider Protection Act. This new law, which was named after a young physician who took her life early in the pandemic, will direct more funding and resources to support the mental health needs of physicians. Shortly before her death, Dr. Breen had been concerned and anxious that the stigma of reaching out for help, which she needed, would permanently damage her career.

You know, if we're honest, some of us might have had that—felt like that ourselves sometimes and had the same concern. That's why the AMA is working at state and national levels to reform outdated language in medical licensing applications and employment agreements, credentialing credentials that could be stigmatizing. We're supporting legislation to create confidential physician wellness programs so doctors and medical students will have somewhere to go when they need that kind of help.

America's doctors are a precious and irreplaceable resource. Physician shortages, already projected to be severe before COVID, have become a public health emergency. If we aren't successful with this recovery plan, it'll be even more challenging to bring talented young people into medicine and fill that expected shortage. There is no easy path to becoming a doctor, but we know we must address these barriers that are keeping people out, particularly students from underrepresented communities:

- We need to reduce the amount of that medical student debt as soon as—they need to complete their educations; currently over \$200,000—especially if we're attracting physicians to rural America.
- We need to expand the number of residency slots.
- We need to Medicare-funded positions that Congress put in place decades ago.
- We need to win funding from Congress that supports the creation of new medical schools and residency programs at historically Black colleges and universities, Hispanic-serving institutions, and tribal colleges and universities.

Providing and encouraging pathways for people from underrepresented communities to enter the medical profession is a key component of our AMA health equity work over the past couple of years. It's been such a major focus. I'm proud to have been able to play a role in advancing racial justice and health equity in medicine during my presidential year. This work is long overdue, and it just must continue.

You know, my friends, this recovery plan is ambitious, but it's doable. The AMA is here to be our unified voice to lawmakers and to those in positions of power. The recovery plan's how we're going to move forward. By prioritizing

and meeting the needs of physicians, we also improve patient care. We're all better off when doctors can focus on medicine.

In each of these speeches that I've had during my presidential year, I've asked us to remember the words of Revolutionary War physician and a major general, Joseph Warren, killed at the Battle of Bunker Hill. He asked his countrymen to remember that their decisions and actions at that critical time in history would affect the lives of generations of Americans yet unborn.

As my term as President comes to an end and as we push for a recovery plan for America's physicians, understanding what's at stake for the future of our profession, for our patients, for our country, I ask again that we act worthy of ourselves. I give you my solemn vow that I shall endeavor to do that, just that, each and every day.

And I thank you.

PRESENTATION BY THE IMMEDIATE PAST PRESIDENT: Susan Rudd Bailey, MD, immediate past president of the AMA, made the following presentation to the House of Delegates on Friday, June 10.

Mr. Speaker, President Harmon, Dr. Madara, delegates and guests,

Thank you for giving me a few minutes to formally address this House in person for the first and only time as one of your presidents.

The COVID-19 pandemic kept us apart in body, but not in spirit. And thanks to the leadership of this organization, and especially our speakers, our House of Delegates and its policy-making processes have gone forward.

Now, I was the first and, heaven knows, I hope the last AMA president to fulfill my duties as the chief spokesperson of this organization totally virtually. I didn't make a single trip. But we had a job to do educating our colleagues and our patients about the SARS-CoV-2 virus and how to overcome it, so we pivoted to utilize every tool we could to reach out to you, to reach out to the scientific community, to politicians, to regulators, and especially our patients. And as a result, our AMA's messages were heard by more people than ever before.

Now, if I had a choice between the typical AMA presidency, visiting all of you in person, as much as I love you all, going to countless meetings and hearings and reception and not getting to do any of these things, but instead leading this profession through an unprecedented global pandemic, I would choose the latter all over again.

Our AMA made a difference, and it was incredible to be a part of that.

I want to thank my family, of course, and all of my dear friends at the Tarrant County Medical Society, the Texas Medical Association, and the Texas Delegation to the AMA; the American Academy of Pediatrics; the American College of Allergy, Asthma and Immunology; and the American Academy of Allergy, Asthma and Immunology. Your support has meant the world to me.

Now, when I was inaugurated as your 175th president virtually, I talked about heroes and how the physician's journey is the hero's journey, and how heroes need sidekicks along the way. Well, it's time for me to step back and make way for others to lead this journey now. It's time for me to be the sidekick. But know that I will always support you and our great organization as we strive to promote the art and science of medicine and the betterment of public health. It has been the honor of a lifetime to be AMA president, and I thank each and every one of you for your ideas, your support, and for being the best companions on this journey I could possibly imagine.

Thank you, and I love you all.

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, June 10.

Mr. Speaker, members of the Board, delegates, colleagues, happy birthday. It's our 175th anniversary, and the gift that we're giving to ourselves is being here together.

Now, though we've navigated challenges since 2020, we should also recognize how fortunate we are. Imagine this same pandemic just 30 years ago: no mRNA platforms for vaccines, uncertain pathways to development for antivirals, no Zoom or Teams platforms, weak Internet communications, primitive cellphones, no Door Dash or Instacart. As difficult as this has been, society was fortunate to have so many ways to mitigate the impact of this pandemic.

And in that context, it's amazing to think back to where medicine was 175 years ago. In 1847 there were no standards for medical education; quackery was rampant. The AMA responded by creating those standards for education, as well as the Code of Medical Ethics, tools that have served us well during the greatest public health crisis in a century.

Physician-led studies revealed how a simple pronation of patients with COVID could ease the need for ventilators. And physicians played a critical role in pushing back against the quackery and misinformation swirling around the pandemic. Instead we promoted science and the best evidence available. You know, simply put, the AMA's staying power over 175 years is remarkable. Consider that the Dow Jones Industrial Average no longer has a single business from the original Dow Jones group, and yet the Dow Jones was founded half a century after the AMA. That's remarkable staying power.

That longevity is due to the nature of our work: promoting the art and science of medicine and the betterment of public health.

And while the AMA has so contributed in three different centuries, health care has constantly evolved with new threats, new scientific breakthroughs, new treatments, and new technologies. Those advancements have greatly changed how we diagnose, treat, and care for our patients, but it's that last element, caring, that maybe has changed the least, for health care remains intimate and personal. The need for a physician's caring relationship with her patients is timeless. And that's why the AMA fights to remove obstacles that get in the way of such care. That's why we lead the charge to prevent chronic disease. And that's why we drive the future of medicine through innovations in physician education. Those are our three arcs of the strategic framework, a framework which has positioned the AMA as the physician's powerful ally in patient care.

Protecting the sanctity of the patient-physician relationship has underpinned our most high-profile public health achievements, from our actions against tobacco to our work supporting childhood vaccinations, or seatbelts in automobiles, or opposing discrimination against those affected by AIDS, or improving patient access to care, or strengthening funding for child health and a robust safety net.

We're proud of this work. And our legacy suggests the AMA can tackle the challenges of tomorrow as well. To maintain our relevance in the future, we simply need to ensure that our work of today is worthy of that legacy.

A generation from now, what will folks say were our most enduring contributions to improving the health of our nation?

Dr. Harmon laid out five areas of focus for the Recovery Plan for America's Physicians, a plan that is responsive to the heavy toll on physicians while confronting the pandemic: support telehealth, reform Medicare payment, stop scope creep, fix prior authorization, and reduce physician burnout.

Now, our actions also extend beyond advocacy for these elements of the Recovery Plan. They extend to our initiatives that empower patients, particularly those from historically marginalized communities, to manage chronic illness, from diabetes prevention and care to guidance on self-measured blood pressure control. They also extend to the AMA Ed Hub, our digital education platform, now featuring content from multiple specialty societies and universities. They extend to forward-looking projects like the emerging In Full Health initiative, which engages industry to advance equity in health care innovation. It encourages digital solutions that address the needs of marginalized communities, while also ensuring that the new tools don't unintentionally embed bias.

Actions extend to our ever-expanding portfolio of corporate spinoffs from our Silicon Valley corporate development enterprise. Health2047 launched its ninth company this year, RecoverX, a venture which pairs AI and evidence-based medicine to provide optimized decision-support tools. And that also extends to our people, the creative spark and expertise behind all of our work.

Within our management ranks, we have just welcomed new leaders in five critical roles.

Following a distinguished career at Johns Hopkins as Weisfeldt Professor and Director of the Osler Training Program, Dr. Sanjay Desai now leads the AMA's work, transforming medical education.

Joining us as our new Editor-in-Chief of JAMA is Dr. Kirsten Bibbins-Domingo, an expert on cardiovascular disease, structure of clinical studies, and health equity. She is past Chair of the Department of Epidemiology and Biostatistics as well as a founding Director of the Center for Vulnerable Populations at the University of California, San Francisco. She also served as past Chair of the U.S. Preventive Services Task Force.

Dr. Freddy Chen will lead our Health, Science and Ethics Unit, and joins us from the University of Washington, where he was Professor and Vice Chair in the Department of Family Medicine, and previously served as a Robert Wood Johnson Clinical Fellow, as well as having roles at HRSA and serving as a Kerr-White Scholar for Primary Care Research at the Agency for Health Care Research and Quality.

Lori Prestesater is our new Senior Vice President for Health Solutions, where she has led our sales and marketing efforts since 2018. Lori is past Executive Vice President and Chief Revenue Officer at AxisPoint Health and has served in several senior executive positions at McKesson.

And lastly, Andra Heller, the AMA's new General Counsel, who brings more than 20 years' experience navigating complex issues in health care and health data analytics. Andra was most recently Associate General Counsel for IBM, as well as general counsel for IBM Watson Health.

Now, these are five nationally recognized exceptional leaders who chose the AMA because of who we are, who we speak for, our opportunities to influence science and clinical practice, and what we aspire to do in building our legacy for the next 175 years. And, by the way, another 175 years takes us to the end of the 22nd Century, the Year 2197, which I know is difficult to wrap one's head around. But even the early Star Trek Enterprise was to have taken place in the mid, not the late, 22nd Century. So imagine that.

Nobody knows what our health system will be in another 50 years, let alone another 175. But I think we know that if physicians are not freed and better supported to spend time with patients, if we do not deal more effectively with the surge of chronic disease, and if we do not precisely educate physicians for the reality of the coming century, if we fail in those efforts, there isn't any model of health care that can work. And that's why I call these precompetitive needs; elements that are needed for any health system to be functional and competitive. Physicians need this transformation, and they need AMA to lead it. Our patients also expect that of us.

Our strategic framework is rooted in the policies of this House. Several policies form the fabric of each of the three strategic arcs, as well as the cross-cutting accelerators of advocacy, innovation, and equity. That framework for long-term transformation is a needed complement to the pressing work of now, such as in the AMA Recovery Plan for America's Physicians. And it's the diversity of ideas, of expertise, and experience held within this body—and the honest, civil, and open debate it inspires—that is the wellspring nurturing our future.

So best of luck for a successful meeting. It's wonderful, and I have to say it's a bit moving, to see all of you here together once again.

Thank you very much.

REMARKS OF THE CHAIR OF THE AMPAC BOARD: The following remarks were presented to the House of Delegates on Friday, June 10 by Stephen Imbeau, MD, Chair of the AMPAC board.

Dr. Madara, I'm an old Trekkie, and I love your new phrase, "This is the moment." It's incredible, here we are in real life together.

And, as Lisa's already said, I'm Steve Imbeau, Chair of the AMPAC Board of Directors.

We are completely voluntary at AMPAC, and we rely on your generosity to fund our mission of electing political leaders who will champion our advocacy. Unfortunately, we're young compared to what we've just heard; we're only 65 years old.

Each year we aim for 100 percent House of Delegates participation. As the leaders and policymakers of AMA, I want you all to support our essential advocacy programs. However, not such a happy note, I suppose, we are hovering now at only about 40 percent AMPAC participation in this House. This percentage has been dropping for the last two years, Although interestingly enough across the United States among rank-and-file physicians we are holding our own or actually up a couple percentage points across the United States, but we're not up here, in this House. Your peers are supporting AMPAC better than you, so please help us together to step up.

If you've not had a chance to make your 2022 AMPAC investment, probably not right now, but tomorrow go outside this room to our booth and contribute. We won't have Linda Ford here to strongarm you, but we still want you to go to the booth. And you can go to ampaonline.org to contribute.

I want to thank our board members, who have been stellar in fundraising so far this year: Dr. Jim Milam, Dr. Janice Tilden-Burton, and our student board member, Hart Edmonson.

This Tuesday I want you all to come, assuming you're Capitol Club members, to our first luncheon in three years. Our special guest is Mara Liasson. She's a national political correspondent who's been with us before, well known to you all. She works for—did I say "you all" right? She works for NPR and is a Fox News contributor. She will give us her insights on the upcoming November elections and is known for spotting political trends.

So this luncheon, we want you to come. Don't miss it. But you need to be a Capitol Club member. I want to see you there, and so if you're not a member, another reason to go across the hall and join AMPAC. We'd be glad to have you.

And thank you again for your support, your good will, and, even though I'm not quite 65 yet, for the years of service that AMPAC has provided.

Thank you very much.

REPORT OF THE AMPAC BOARD: The AMPAC Board of Directors provided this written report to the House of Delegates:

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. Over the past two years, the COVID-19 pandemic has continually stressed the already struggling health care system in our country leading to unprecedented pressure on physician practices and their patients. As the country slowly turns the corner on the pandemic, these stressors still pose a massive challenge to our health care system. Issues like time consuming prior authorizations, loss of expanded telehealth coverage and looming cuts to physician Medicare payments remain as major roadblocks to how physicians provide quality care for their patients. The hardships faced by the medical community these past two years have only strengthened our commitment to our 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

Thank you to the House of Delegate members who have given to AMPAC in 2022, especially those at the Capitol Club levels. Your support during this midterm election year provides the necessary resources so the AMA can carry out its advocacy mission while helping AMPAC elect medicine-friendly candidates to federal office.

This year, AMPAC has begun pulling out of the haze of pandemic fundraising and into a positive transition period of growth for AMPAC membership across many areas. AMPAC has raised a combined total \$1,284,877 in hard and corporate funds for the 2022 election cycle. AMPAC's hard dollar receipts are up by 18 percent over last year and corporate receipts are up 45 percent. Additionally, AMPAC's Capitol Club continues to show solid growth over the last several months with a 5 percent increase in membership with 533 members and this growth is expected to continue during this meeting.

Each year AMPAC strives to hit 100 percent AMPAC participation within AMA's House of Delegates. AMPAC ended 2021 with only 55 percent HOD participation and currently participation stands at 38 percent which is well below where AMPAC should be during an important election year. There are many HOD members who have not physically attended an AMA meeting due to the pandemic, and as the leaders in the House of Medicine we strongly encourage members in their HOD leadership role to invest in AMPAC by stopping by AMPAC's Booth which is located in the foyer outside the Grand Ballroom during this meeting or by visiting <https://www.ampaconline.org>.

Finally, all current 2022 Capitol Club members are invited to attend a Capitol Club event on Tuesday, June 14 at 12 p.m. with special guest Mara Liasson, a well-respected political correspondent for NPR and Fox News contributor. There will be safety measures in place during this event such as additional tables spaced out with fewer seats at each table as a precaution to protect attendees so they can participate safely in the event in addition to the AMA's Health & Safety Masking policy which will be utilized as well.

We can only be as effective as we are united in our efforts to support our own advocacy mission and we hope to count on the support of HOD members during this meeting to boost overall AMPAC HOD participation.

Political Action

The 2022 electoral landscape has come into better focus since the first of the year and the political season is well underway. All states have approved new Congressional maps ahead of midterm elections now less than six months away and AMPAC is keeping step as a key player to ensure medicine's interests stay at the forefront of the national debate. In February, the AMPAC Board completed its Congressional Review Committee budgeting process. Since then, staff have been working diligently with the AMA government affairs unit as well as partners in state medical societies to identify the best opportunities for AMPAC to support those champions of medicine and other members of Congress in key positions to advance the issues most critical to physicians and their patients. As of the writing of this report, AMPAC has invested over half a million dollars in the 2022 elections and expects activities will intensify as November fast approaches. While uncertainty remains for some states and congressional districts, early AMPAC contributions to U.S. House and Senate incumbents most important to advancing medicine's agenda, including lawmakers in leadership roles and/or on key legislative committees, are helping move the needle on issues such as telemedicine, prior authorization and MACRA. In other races where congressional district boundaries are still unclear or the field of candidates remains unsettled, AMPAC waits for the dust to settle but remains vigilant and ready to take advantage of opportunities to assist friends of medicine.

Political Education Programs

Over the course of two weekends in March, physicians, medical students, and physician spouses from across the country took part in the 2022 Candidate Workshop held virtually due to the ongoing COVID-19 pandemic. During the program, nineteen participants heard from a bipartisan group of political experts on a wide range of topics including: the importance of a disciplined campaign plan and messaging, the secrets of effective fundraising, what kinds of advertising may be right for your campaign, how to leverage the media as well as how to build an effective campaign team and grassroots organization. U.S. Representative Mariannette Miller-Meeks, MD (R, IA-2), a former program graduate, was the keynote speaker and AMPAC is happy to report that the virtual program received high marks from participants, a few of whom have since announced their run for public office this cycle.

After two years of hosting the political education programs virtually, AMPAC is excited to announce that the 2022 Campaign School is scheduled to be held in-person September 29 – October 2 at the AMA offices in Washington, DC. 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 will be placed into campaign teams and with a hands-on approach, our team of political experts will walk them through the simulated campaign and will apply what they learn in real-time exercises on strategy, vote targeting, social media, paid advertising, and public speaking. Insider tactics will be taught by experts on both sides of the political spectrum. The in-person program will follow all AMA safety protocols to ensure the safety of participants and staff. As always, the political education programs remain a member benefit with registration fees heavily discounted for AMA members. Registration will open soon on [AMPACOnline.org](https://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

Nebraska

David Watts, MD

New York

Thomas Donoghue
John J. Kennedy, MD
Abdul Rehman, MD

Utah

Patrice Hirning, MD

Virginia

Randolph Gould, MD
Edward Koch, MD

American College of Physicians

Bob Doherty

American Urological Association

Terrence "Terry" Grimm, MD
Kathleen Shanley, PhD

Senior Physician Section

Louise B. Andrew, MD, JD
Thomas (Tom) Sullivan, MD

AMA Officers

Russ Kridel, MD
Susan Rudd Bailey, MD

REFERENCE COMMITTEES OF THE HOUSE OF DELEGATES (A-22)

Reference Committee on Amendments to Constitution and Bylaws

Nicole Riddle, MD, US and Canadian Academy of Pathology, Chair
 Sara Coffey, DO, American Psychiatric Association
 Alan Hartford, MD, PhD, New Hampshire*
 Po-Yin Samuel Huang, MD, California
 Theodore Jones, MD, Michigan*
 Richard Labasky, MD, MBA, Utah*
 Peter H. Rheinstein, MD, JD, MS, Academy of Physicians in Clinical Research

Reference Committee A (Medical service)

Steve Y. Lee, MD, Association for Clinical Oncology, Chair
 Robert C. Gibbs, MD, Kansas
 Jay A. Gregory, MD, Oklahoma
 Tra'Chella Johnson Foy, MD, Florida
 Joyce Lee, Massachusetts, Regional Medical Student*
 Sarah Marsicek, MD, American Academy of Pediatrics*
 Scott Pasichow, MD, MPH, American College of Emergency Physicians*

Reference Committee B (Legislation)

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 Richard A. Geline, MD, Illinois*
 Christine Kim, MD, Society of Interventional Radiology
 Michelle Knopp, MD, Ohio, Sectional Resident
 Joshua Lesko, MD, American College of Emergency Physicians*
 Dale M. Mandel, MD, Pennsylvania*
 Edward Tuohy, IV, MD, Society for Cardiovascular Angiography and Interventions*

Reference Committee C (Medical education)

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 Alec Calac, California, Regional Medical Student*
 Michael Feldman, MD, Congress of Neurological Surgeons*
 David M Lichtman, MD, American Society for Surgery of the Hand
 John C. Moorhead, MD, American College of Emergency Physicians
 Elizabeth U. Parker, MD, Washington*

Reference Committee D (Public health)

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 Jade Anderson, MD, American College of Radiology, Sectional Resident
 Nicholas Argy, MD, Massachusetts
 Jean R. Hausheer, MD, Oklahoma*
 Man-Kit Leung, MD, California
 Laurel Ries, MD, Minnesota*
 Sherif Z. Zaafran, MD, Texas*

Reference Committee E (Science and technology)

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 Druv Bhagavan, Missouri, Regional Medical Student
 Mark A. Dobbertien, DO, Florida
 Nancy Ann Ellerbreek, MD, American College of Radiology
 Karl Napekoski, MD, American Society of Dermatopathology*
 Elizabeth Torres, MD, Texas*
 Raymond Tsai, MD, California*

Reference Committee F (AMA finance, governance)

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 Veronica K. Dowling, MD, Arizona
 Cheryl Gibson Fountain, MD, American College of Obstetricians and Gynecologists
 Stuart J. Glassman, MD, MBA, American Academy of Physical Medicine and Rehabilitation
 Rebecca L. Johnson, MD, Florida*
 Shilpen A. Patel, MD, American Society for Radiation Oncology
 William Reha, MD, Virginia

Reference Committee G (Medical practice)

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 Shawn Baca, MD, Florida*
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 Don Lee, MD, Wisconsin*
 Laura Shea, MD, Illinois
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Committee on Rules and Credentials

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 Donald J. Swikert, MD, Kentucky
 Thomas Vidic, MD, Indiana*

Chief Teller

Erin Harnish, MD, Washington

Assistant Tellers

Amit Ghose, MD, Michigan*
 Alexis Mason, MD, Alabama*
 Bing Pao, MD, California*
 Angela Self, MD, Texas*
 Yasser Zeid, MD, Texas*

* Alternate delegate

INAUGURAL ADDRESS: Jack Resneck, Jr, MD, was inaugurated as the 177th President of the American Medical Association on Tuesday, June 14. Following is his inaugural address.

The Race We're In

With so much pain and despair in the last two years, in the wake of this pandemic and a politically fractured country, I admit to having had real questions, and some trepidation, as I approached this presidency. Questions about whether we could collectively—all of us in organized medicine—move beyond the serious challenges we face. I wondered if I could make a difference. Then Rabbi Stacy, whom we heard from this evening, told me a story that struck a chord.

It's the story of Georgene Johnson, a middle-aged woman from Cleveland who, 30 years ago, took up jogging. Eager for a little competition, she signed up for a local 10k run. Georgene showed up on the morning of the race, began her stretching exercises, and, when she heard the starting signal, took off running with the crowd. Five miles in, Georgene began to wonder why the course hadn't doubled back towards the start as she expected. Confused, she asked an official, and discovered she was running the Cleveland Marathon. Her 10K was scheduled to commence an hour later.

Georgene started crying. She tried to make her plight known to officials and bystanders. But no one was able to give her a ride back to the starting area. So, Georgene just... kept ... running.

She thought to herself: This isn't the race I trained for. This isn't the race I entered. But, for better or worse, this is the race I'm in. Georgene finished the Marathon. All 26 point 2 miles, in four hours and four minutes. She had never run more than 8 miles before.

So here we are, in 2022. Many of you have shared with me your own doubts about the future of medicine, and about the promise of our advocacy. When you joined this profession, you probably didn't anticipate shouldering the weight of a pandemic that has taken the lives of over a million Americans. Or working in a health care system stretched so thin that at times physicians seemed to be the only thing holding it together—sometimes with duct tape.

While so many of our patients have supported us as we cared for them—banging pots and pans or howling from their windows in the early days of Covid—I doubt you imagined a divided country such as this, where physicians and public health officials often face anti-science aggression, and threats of violence simply for doing our jobs. You probably didn't plan on insurers questioning every prescription, and every procedure you asked for. Or government criminalizing routine and vital health care, enshrining discrimination against our LGBTQ patients, or attacking a woman's right to control health care decisions that should only be between her and her doctor.

No, this isn't exactly the race we trained for. But this is the race we are in. And while it would be easy to get overwhelmed by despair, as I begin this new role, I've never been prouder of my physician colleagues. I've never been prouder to be part of this profession. And I've never been prouder of our AMA.

In the early weeks of Covid-19, despite an appalling lack of PPE and testing capacity, physicians put their lives on the line and ran toward the burning fire, not away from it. Who can forget the images of doctors sleeping in tents and garages to protect their families from exposure? Or traveling to New York, and the Navajo Nation, to help exhausted colleagues and desperate patients. Indeed, some of our colleagues lost their lives.

As the pandemic wore on and the country splintered, manipulated by the rampant spread of misinformation, some of you faced patients in emergency departments and ICUs denying the realities of this virus even as they were being intubated. I'm proud of doctors who in small and large ways kept working to educate our communities. I'm proud of individual physicians in every state, from every specialty, who patiently explained the benefits of vaccination to their patients. I'm thankful to public health officials who endured relentless pressure from politicians, faced physical threats from angry strangers, or even lost their jobs.

When there is urgency, there is the possibility of unity.

And so now, as we gather for the first in-person inauguration since the start of this pandemic, I'm urging all of us to choose the promise of our greatest hopes, not our fears. Let's pledge tonight to bring to the journey ahead the same urgency and innovation that led to accelerated vaccine development and widespread adoption of telehealth in response to Covid.

Let's sustain that urgency and apply it to fix those frustrations Gerry Harmon gave voice to on Friday. Dysfunction that interferes with what drew us all to medicine in the first place—caring for patients. Obstacles that drive burnout, dissatisfaction, early retirements, and sometimes even depression and suicide.

That's why we're forcefully advocating for a Recovery Plan for America's Physicians. This includes fixing a deeply flawed Medicare payment system that hasn't seen a real inflation update in two decades, that requires burdensome reporting of irrelevant measures and has yet to implement any of the dozens of innovative payment models designed by physicians to improve quality and reduce cost. It includes removing the hurdles that health insurers and others create to deny high quality, evidence-based care to patients.

For example, I remember when prior authorization was focused on a few brand-new, high-cost medications, but when prescribing a generic steroid cream invented in the 1960s started to involve several days of faxes, phone calls, and appeals, it was clear we had sunk to a new low.

It includes supporting team-based care, but not pretending that every health care practitioner has the same training and experience as physicians. Patient safety demands that we lift up physicians for their expertise, as leaders of health care teams. It includes ensuring physicians have the technical support and insurance coverage to integrate telehealth and other digital tools into their practices. And that new health innovations, such as AI, are created in collaboration with physicians on the front lines who will deploy them, with evidence that they are user-friendly, effective, and actually drive meaningful health outcomes not just hype outcomes.

This is the race we are in.

The Covid pandemic has broadened awareness of longstanding health inequities, as the nation observed appalling adverse outcomes for Black, Latinx, Indigenous, and other historically marginalized communities. It brought to light the institutionalized systems that have perpetuated racism and gender discrimination in medicine for as far back as we want to look.

The AMA has not always been on the right side of history. But we have enormous capacity to reduce harms and advance equity, and that begins with reckoning openly with our past mistakes—making space for healing and transformation.

I am immensely proud of our House of Delegates and our Board of Trustees for their commitment to a more just and equitable health care system, work that is grounded in science and evidence and is the foundation for the more equitable future we all seek.

I'm proud of the leadership of our Center for Health Equity. I'm optimistic because their efforts are not siloed but are becoming embedded across AMA teams focused on medical education, advocacy, science, publishing, litigation, chronic disease, and innovation. I always try to approach this topic with humility. Some in this audience have far more health equity expertise than I, and some bring lived experiences that I do not. But among the many privileges afforded to me by birth was a family who recognized racial inequities in our communities, and in some cases, spoke up.

My father and his siblings grew up in Clarksdale, Mississippi, and witnessed some of the unspeakable cruelties of racism. My uncle Myron, who was engaged in civil rights work, started an anti-segregation newspaper anonymously with several friends in the 1950s as an undergrad at Ole Miss. Once he was outed as a contributor, after death threats and his car being shot at on the highway, they had to stop publishing. When Myron returned to Ole Miss as a medical student, he was failed out for his views and had to abandon a career in medicine.

I can't claim I shared Myron's bravery, but I recognized, growing up in Shreveport, Louisiana, that some things I saw just weren't right. My understanding of racism was unsophisticated. It certainly wasn't informed by adequate dialogue with people experiencing redlining, educational discrimination, or violence. But I knew enough at age 16 to write an op-ed in our city's newspaper about the need to remove Confederate monuments from our courthouse lawn. You can imagine how that went over in 1987.

I was also influenced by stories of my great-grandmother. Widowed with two young children by the last great pandemic a century ago, she applied to medical school in the early 1920s and was accepted. But the misogynistic physicians in her small town made their objections clear- and laid out threats that derailed her plans.

These narratives prepared me to commit to a lifetime of listening and learning, to participate in, support, amplify, and continue to work toward a more equitable future. Make no mistake, this is all of our work. This cause belongs to all of us. And each of us must do our part to eliminate health inequities by engaging in anti-racist and anti-sexist work.

While important gains have occurred, Covid and a mountain of other evidence about health inequities remind us, painfully, that our work is far from over. Medical education of the past really didn't entirely train us for it, but this is the race we're in.

I have to admit that in my heart I'm an institutionalist. I believe those who show up can use levers of power to confront our system's flaws. One can approach those flaws with a desire to blow up the system, or from the inside, getting seats at leadership tables to bring about change. The insider approach doesn't have to be meek or apologetic. It can be powerful, focused, and infused with purpose. This is the nerdy policy part of my life, which my friends will force me to admit is most of my life. The part that loves talking tactics and strategies. The part obsessed with forging understanding and compromise to get something done. The part that left my parents fearing for decades that I might run for Congress. But it's also the part of me that knows the power of telling stories to convince policymakers and the public of our AMA goals. The stories from my own clinic. The stories from the frontlines that you share with me.

It's the part of me that is willing to go back to the drawing board with clever colleagues and staff to try again after failing to get a Congressional bill over the finish line to fix Medicare payment, or lower drug prices, or right-size prior authorization, or expand patient access to care. It's the part of me that won't give up on our AMA efforts to stop the public health crisis of gun violence, demanding waiting periods, universal background checks, red flag laws, and bans on assault-style weapons and high-capacity magazines that our House of Delegates policy supports. Enough is enough. I'll keep relentlessly showing up to accomplish those goals. It's the part of me that knows that local, state, and federal governments are not unmovable forces. They are our own creations, and change happens when we recognize that and engage.

Despite the enormous strain it's currently enduring, I maintain my belief in our American democracy, and the potential of our institutions to bend the arc of the moral universe toward a more just and more equitable system. Our presence here tonight is a part of that ecosystem of change. Change will not always be easy. Our journey together is not without challenge, but I am not so easily deterred. And neither are you.

I am deeply humbled to stand before you, to accept the honor of AMA president beside so many of my heroes, mentors, and dear friends. I don't take the responsibility of representing our profession lightly. I'm overwhelmed with gratitude for my family. When I was in high school and college, I'd often say that I did not plan to go into medicine. So much for that.

We can blame my father, a retired dermatologist, who woke up excited every day to see patients. If he ever had days when he dreaded work, he hid it extremely well. Burnout was not in his vocabulary. He loved medicine's intellectual challenges, learning from colleagues, and most of all, connecting with patients. His example was my blueprint, and it still is today. He never discouraged me from a career in medicine, and I'm optimistic that the amazing physicians and students in this room will work to leave behind a profession worthy of inheritance by yet another generation.

For my compulsion to organize everything around me, we can blame my mother, who developed a reputation as a fixer for community non-profits in need of putting their finances in order. Mom could analyze an organization, deducing its secret maps and keys to getting things done in a nanosecond.

Mom and Dad, thank you both for decades modeling integrity, compassion, optimism, and teamwork.

To my kids, Zachary and Amelia. You tolerate my work travels, which of course, you occasionally get to come along for, which I know is a plus. You love strange foods and new places as much as I do. You revel in my nerdiness and only make fun of my music selections or dad clothes occasionally. You are so much cooler than I was as a teen, but let's be honest, that's a pretty low bar. Seriously, I beam with pride in you both. You are kind, empathic, and loving. You work hard, and speak up, and push us when you think we're wrong. I'm confident the two of you will do your parts to leave the world a little better than you found it.

Thank you to my wife, Ellen, my partner, and my best friend. What you do, providing care to some of the most marginalized patients, inspires me and everyone who knows you. As a leader in your own right, you choose to do

some of the hardest and least appreciated work in our profession. You are not the strong woman behind me. You are the powerful woman beside me. As a fellow physician, you understand and support this passion of ours. I could not do any of this, nor would I want to, without you. Ellen, your love, your patience, your example give me the strength to try and change the world.

To my sister Else, thanks for your love and encouragement, for not letting any of this go to my head, and for pretending to be a rebel before realizing you were really another organizer like the rest of the family.

A lot of family and friends have traveled to join us today. That includes cousins, aunts, and uncles, friends from college at Brown and medical school at UCSF. It means so much to me to have you here with us.

I'm thankful to my mentors, mentees, colleagues, and friends at the AAD, UCSF, and the AMA, as well as the staff and management teams at each of these places. You have taught me so much and inspired me to become a better leader.

Thanks to my patients for the privilege of caring for you. For sharing your personal stories, health concerns, struggles and hopes with me. You remind us, as doctors, why we chose medicine in the first place, and why we come here, to the AMA, to advocate. You ARE THE WHY.

To my fellow AMA presidents ... Gerry, thank you for your history of service to our nation, your commitment to health equity, and your unparalleled ability to use just the right story—usually from rural South Carolina—to convince the most skeptical listener of our AMA viewpoint. Sue, thank you for fighting back against misinformation, for defending science, for teaching our nation about Covid, and for standing up for physicians when we needed it the most. And you did it all, serving as our media star, from the confines of your home TV studio. Patrice, you were our leader when Covid struck, and you accepted the charge with strength and grace. You brought clarity and leadership in moments when there was too little of either. As a result, you endured too many insults but fiercely defended us all. I'm filled with gratitude for your mentorship and your leadership on mental health and health equity. These presidents have shepherded our profession and our AMA through challenging times. I'm thankful for their friendship and inspired by their leadership.

A little more than two years ago, our nation was facing a virus we knew little about, and our health care system was in crisis. The world as we knew it closed. But today the world looks a little different. A little brighter. A little more hopeful. I am hopeful and optimistic because I know our AMA is a force for good for patients and for doctors. For more than two years physicians have put everything on the line.

Today, we are reminding policymakers that it's time our nation renews its commitment to doctors and the patients we serve. Today, we work to elevate and prioritize the voices of physicians over purveyors of disinformation. Today, we fight in legislatures and in court to keep politicians from inserting themselves into our exam rooms, and dangerously criminalizing evidence-based care, including contraception, abortion, and gender-affirming care. Today, we are intentionally and deeply committed to the work of health equity and racial justice. And today, for our nation's physicians who have bravely responded to a historic call without hesitation, we are a focused, science-based, nimble, influential, and powerful ally.

We will always have doctors' and patients' backs. This may not be the race we entered. But this is the race we're in. And together this is the race we'll win.

Thank you.