

**AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES****172<sup>nd</sup> ANNUAL MEETING****CHICAGO, ILLINOIS****June 7–12, 2024****CALL TO ORDER AND MISCELLANEOUS BUSINESS**

**CALL TO ORDER:** The House of Delegates convened its 173rd Annual Meeting at 6 p.m. Friday, June 7, in the Grand Ballroom of the Hyatt Regency Chicago, Lisa Bohman Egbert, MD, Speaker of the House of Delegates, presiding. The Saturday, June 8, Monday, June 10, Tuesday, June 11, and Wednesday, June 12 sessions also convened in the Grand Ballroom. The meeting adjourned following the Wednesday morning session.

**INVOCATION:** The following invocation was delivered by Rev. George Washington Carver Walker, Jr. Rev. Walker is the pastor of St. Mark AME Zion Church in East Chicago, Indiana.

O thou in whose presence our souls take delight, on whom in affliction we call, you are our comfort by day and our song in the night, our hope, our salvation, and our all. We approach the beginning of this conference with reverence and with thanksgiving. We reverence you because you have once again dispensed upon us your divine grace that has afforded us another day to move, live, and to have our being.

We honor you today for gathering in one space healthcare professionals who have mastered various areas of medical specialties that contribute to the overall health and wellbeing of your people. In this very room there are persons who have unique and intense knowledge of immunology, anesthesiology, and dermatology. In this very room are persons who are well versed in radiology, neurology, oncology, and urology. In this very room are persons who are gathered in the area of gynecology, pneumatology, pathology, and cardiology. In this very room are men and women of different hues, religions, and cultures, but have one common commitment, and that is for the healing of your people. We thank you for every person in here, but we acknowledge that there is a city, a nation, and a world that is sick out there, not just physically, but psychologically, emotionally, morally, politically, and socially. But we thank you for being the Master Physician and are able to not only give us a proper and accurate diagnosis, but are also able to supply us with a hopeful prognosis, for your Word declares, "If my people, who are called by my name, would humble themselves and pray, and seek my face, and turn from their wicked ways, then you would hear from heaven." Forgive our sins, and heal the land.

God heal us from our selfish selves that we may more clearly hear from you, and may we be forever mindful that access to proper health care should not be a privilege for some, but a right for all; that health care is not just for the wise and wealthy, but also for the least and the last and the left out.- Let us be reminded daily of that part of the Hippocratic Oath that encourages the remembrance that there is art to medicine as well as science, and that warmth and sympathy and understanding may outweigh the surgeon's knife and the chemist's drug. Give us the courage to rise above that which would lower our ethical standards to adequately care for the sick and others who are in need.

You, therefore, are invited to be the unseen guest during the next few days of deliberation. And may we leave with a renewed desire to continue to serve this present age, our calling to fulfill. Yes, save us from weak resignation to the evils we deplore. Let the search for thy salvation be our glory evermore. Grant us wisdom, grant us courage for the living of these days, for the living of these days.

This we ask in the name of the one who was before there was a "was" and will be when "was" is no more. Let every heart say together, Amen.

**REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS:** The following reports were presented by L. Carlos Zapata, MD, Chair:

**CREDENTIALS:** The Committee on Rules and Credentials reported that on Friday, June 7, 480 out of 707 delegates (67.9%) had been accredited, thus constituting a quorum; on Saturday, June 8, 620 delegates (87.7%) were present; on Monday, June 10, 672 of 707 (95.1%) were present; on Tuesday, June 11, 679 of 707 (96%) were present; and on Wednesday, June 12, 679 of 707 (96%) were present.

### **RULES REPORT - Friday, June 7**

#### **HOUSE ACTION: ADOPTED**

Your Committee on Rules and Credentials recommends the following temporary rules for this meeting:

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 for this 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 their 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 2024 edition of the "House of Delegates Reference Manual: Procedures, Policies and Practices" shall constitute our standing rules delineating 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 during the Opening Session of the House of Delegates on Friday evening, June 7. 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. Officer candidates in contested elections will give speeches during the Opening Session of the House. The order of speeches will be selected by lottery.

The Association's 2024 annual election balloting shall be held Tuesday, June 11 from 8:00 to 8:30 am during an Election Session. Only credentialed delegates will be allowed in the delegate seating area. Elections will be held 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 8

#### HOUSE ACTION: **ADOPTED AS FOLLOWS**

**LATE RESOLUTION 1001 ACCEPTED**

**LATE RESOLUTIONS 1002, 1003 AND 1004 NOT ACCEPTED**

**EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 111, 114, 115, 229, 232, 233, 238, 242, 243, 248, 249, 250, 252, 253, 317, 523, 524 and 717.**

#### (1) LATE RESOLUTION

The Committee on Rules and Credentials met Friday, June 7, to discuss Late Resolutions 1001, 1002, 1003, and 1004. The sponsors of the late resolutions met with the committee and were given the opportunity to present for the committee's consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting.

Recommended for acceptance:

- Late 1003 - The HRSA – Organ Procurement and Transplantation Network (OPTN) Modernization Initiative
- Late 1004 - Regulation of Nicotine Analogue Products

Recommended against acceptance:

- Late 1001 - National Shortages of Stimulant Medication
- Late 1002 - Update the Status of Virtual Credit Card Policy, EFT Fees, and Lack of Enforcement of Administrative Simplification Requirements by CMS

#### (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 203 – Medicaid Patient Accountability
- Resolution 207 – Biosimilar Use Rates and Prevention of Pharmacy Benefit Manager Abuse
- Resolution 211 – Deceptive Hospital Badging 2.0
- Resolution 213 – Access to Covered Benefits with an Out of Network Ordering Physician

- Resolution 221 – Reforming Medicare Part B Drug Reimbursement to Promote Patient Affordability and Physician Practice Sustainability
- Resolution 228 – Waiver of Due Process Clauses
- Resolution 237 – Encouraging the Passage of the Preventive Health Savings Act (S.114)
- Resolution 240 – Expanding Visa Requirement Waivers for NY IMGs Working in Underserved Areas
- Resolution 241 – Healthcare Cybersecurity Breaches
- Resolution 244 – Graduate Medical Education Opportunities for American Indian and Alaska Native Communities
- Resolution 311 – Physician Participation in Healthcare Organizations
- Resolution 413 – Sexuality and Reproductive Health Education
- Resolution 431 – Combatting the Public Health Crisis of Gun Violence
- Resolution 508 – AMA to support regulations to decrease overdoses in children due to ingestion of edible cannabis
- Resolution 510 – Study to investigate the validity of claims made by the manufacturers of OTC Vitamins, Supplements and “Natural Cures”
- Resolution 512 – Opioid Overdose Reversal Agents Where AED’s Are Located
- Resolution 712 – Full Transparency – Explanation of Benefits
- Resolution 713 – Transparency – Non-Payment for Services to Patients with ACA Exchange Plans with Unpaid Premiums
- Resolution 715 – Electronic Medical Records Submission

## APPENDIX

## Resolution 203 – Medicaid Patient Accountability

- Physician Payment Reform H-390.849
- Work of the Task Force on the Release of Physician Data H-406.991

## Resolution 207 – Biosimilar Use Rates and Prevention of Pharmacy Benefit Manager Abuse

- Abbreviated Pathway for Biosimilar Approval H-125.980
- Substitution of Biosimilar Medicines and Related Medical Products D-125.989
- Pharmacy Benefit Manager (PBM) Control of Treating Disease States D-120.924
- Price of Medicine H-110.991
- Third-Party Pharmacy Benefit Administrators H-110.963

## Resolution 211 – Deceptive Hospital Badging 2.0

- Clarification of the Title “Doctor” in the Hospital Environment D-405.991
- Need to Expose and Counter Nurse Doctoral Programs (NDP) Misrepresentation D-35.992
- Professional Nurse Staffing in Hospitals H-360.986
- Clarification of Healthcare Physician Identification: Consumer Truth & Transparency D-405.974
- Proper Visual Identification of Nonphysicians Who See Patients H-35.984
- Truth in Advertising H-405.964
- Definition of a Physician H-405.969

## Resolution 213 – Access to Covered Benefits with an Out of Network Ordering Physician

- Direct Primary Care H-385.912

## Resolution 221 – Reforming Medicare Part B Drug Reimbursement to Promote Patient Affordability and Physician Practice Sustainability

- Medicare Prescription Drug and Vaccine Coverage and Payment D-330.898

## Resolution 228 – Waiver of Due Process Clauses

- Waiver of Due Process Clauses H-230.950

## Resolution 237 – Encouraging the Passage of the Preventive Health Savings Act (S.114)

- Value-Based Decision-Making in the Health Care System D-155.994
- The US Preventive Services Task Force Guide to Clinical Preventive Services H-425.988
- Value of Preventive Services H-460.894
- Preventive Medicine Services H-425.987

## Resolution 240 – Expanding Visa Requirement Waivers for NY IMGs Working in Underserved Areas

- Conrad 30 J-1 Visa Waivers D-255.985
- Diversity in the Physician Workforce and Access to Care D-200.982
- J-1 Visas and Waivers D-255.993

## Resolution 241 – Healthcare Cybersecurity Breaches

- Ransomware and Electronic Health Records D-478.960

## Resolution 244 – Graduate Medical Education Opportunities for American Indian and Alaska Native Communities

- Indian Health Service H-350.977

## Resolution 311 – Physician Participation in Healthcare Organizations

- Participation of Physicians on Healthcare Organization Boards H-405.953

## Resolution 413 – Sexuality and Reproductive Health Education

- Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968

## Resolution 431 – Combatting the Public Health Crisis of Gun Violence

- Firearms as a Public Health Problem in the United States - Injuries and Death H-145.997
- Gun Violence as a Public Health Crisis D-145.995
- Further Action to Respond to the Gun Violence Public Health Crisis D-145.992
- Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care H-145.975

## Resolution 508 – AMA to support regulations to decrease overdoses in children due to ingestion of edible cannabis

- Marketing Guardrails for the “Over-Medicalization” of Cannabis Use D-95.958
- Cannabis Legalization for Adult Use (commonly referred to as recreational use) H-95.924
- Cannabis Product Safety D-95.956

## Resolution 510 – Study to investigate the validity of claims made by the manufacturers of OTC Vitamins, Supplements and “Natural Cures”

- Dietary Supplements and Herbal Remedies H-150.954

## Resolution 512 – Opioid Overdose Reversal Agents Where AED’s Are Located

- Increasing Availability of Naloxone and Other Safe and Effective Overdose Reversal Medications H-95.932

## Resolution 712 – Full Transparency – Explanation of Benefits

- Universal Explanation of Benefits Forms H-390.865
- Misleading Explanation of Benefits Language by Insurance Carriers H-190.994

## Resolution 713 – Transparency – Non-Payment for Services to Patients with ACA Exchange Plans with Unpaid Premiums

- Health Insurance Exchange and 90-Day Grace Period H-185.938

## Resolution 715 – Electronic Medical Records Submission

- Standardized Preauthorization Forms H-320.944
- National Health Information Technology D-478.995
- Electronic Data Interchange Status Report H-315.979

**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 Annual Meeting of the House of Delegates of the American Medical Association has been convened in Chicago, Illinois, the period of June 7-12; 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.

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 Interim Meeting of the House of Delegates, held Nov. 10–14, 2023, were approved.

**ADDRESS OF THE PRESIDENT:** AMA President Jesse M. Ehrenfeld, MD, MPH, delivered the following address to the House of Delegates on Friday, June 7.

Dr. Speaker, Dr. Vice Speaker, Members of the Board, delegates, colleagues, and guests.

It's my honor to be with you this evening and to address this House for the last time as your AMA president.

On inauguration night, one year ago, I took the oath of office fully aware of the privilege and responsibility that comes with a high-profile position like this one.

The responsibility to speak out against injustices that our patients and fellow physicians face.

The responsibility to stand up for science and the high ethical standards of our profession.

The responsibility to give voice to the everyday challenges physicians are experiencing, helping lead us to a better health care system that is more inclusive, more sustainable, and that better supports the needs of physicians so that we can take the best possible care of our patients.

This all sounds simple enough when I say it out loud, but work of this importance comes with incredible personal costs that I didn't fully appreciate when I began this role. Late night meetings. Extended travel itineraries crisscrossing time zones and continents. Interminable flight delays. Nearly constant airport food. Prepping for interviews, podcasts, radio, reporter roundtables, live television appearances. Time away from home, my patients, and my practice measured in weeks, not hours.

These kinds of demands would take a toll on anyone, but when you're a husband and a father to a 5-year-old and a 17-month-old, the weight of your decisions are magnified.

One night, after tucking my eldest son Ethan into bed, I let him know that I'd be on a plane later that evening and would miss breakfast the next morning. He turned to me and asked, "Why do you have to be AMA president?"

Every person in this room knows that a question like that from a child cuts through the heart. But it wasn't the first time in our home that the question had been asked. Before deciding to run for this office, my husband Judd and I had conversations where we asked ourselves, "Why do this now?"

It's a question perhaps many of you have asked yourselves over the years as you've juggled your work and home responsibilities with this difficult job of physician advocate – a job that seems to get more complicated and challenging with each passing year.

For me, I keep coming back to the same answer: This moment in health care demands my attention – this is my fight.

This moment in health care demands all of our attention. It is all of our fight.

The stakes are high.

The risks to patients are growing.

The demands on physicians are unrelenting.

The world around us is mired in uncertainty, misinformation and mistrust.

And so, we summon our strength and speak out. We use our voice. We lean on one another for support and encouragement.

We fight for what we know is right.

A better health care system.

A more accessible health care system.

A more equitable health care system.

A more financially sustainable health care system.

I will take one more flight if it means unburdening physicians from the administrative headaches that are driving burnout and early retirements.

I'll keynote one more conference if it means technology innovators have a greater understanding of what physicians need so that they design smarter digital tools that actually improve health and make our jobs easier.

I'll take one more meeting on Capitol Hill if it means my husband and I and our boys and other LGBTQ+ families can get the health care we need in a system free from bias, stigma and discrimination.

I do this work - every one of us in this room does this work – because the future of our profession and our nation's health cannot be left to chance.

This is why we fight.

Last fall, after we gathered for the Interim Meeting at National Harbor, I had the opportunity to fly to Greensboro, North Carolina, to meet with the Old North State Medical Society – one of the oldest medical societies for Black physicians in the United States.

Their work began in the years after the Civil War, spanned the Reconstruction period, Jim Crow, and the 1960s Civil Rights Era – and continues to this day.

I was invited to visit with them, meet their leaders, and deliver an address about our AMA's work to advance equity and social justice in medicine.

I was honored by their invitation, but our AMA's long and well-documented history of exclusion and discrimination weighed heavily on my mind. It's why Black physicians created organizations like Old North State in the first place.

For much of our history, our AMA wouldn't have received an invitation like this ... and, if we had we would not have had much to say.

But on that crisp fall afternoon we had meaningful improvement to discuss. An update on our deep work to help solve long standing health inequities, address determinants of health, create pathways for a more diverse physician workforce, ensure that medical devices and technologies work for all patients, and the steps we're taking to right past wrongs of our organization.

This spring, I was invited to meet with leaders from HHS, the Department of Labor, and the Treasury to share AMA views about a proposed rule that will finally end a 16-year battle with insurance companies who have failed to comply with the landmark 2008 mental health parity law.

More than a decade after final regulations were released, patients are still nine times more likely to have to go out of network for mental health, behavioral health or substance use treatment than for medical or surgical services. This is not mental health parity. And despite the efforts of the last two administrations, the health plans have flagrantly flouted the rules and compliance with little to no consequence.

A new rule will finally put some teeth into this law – and make it much easier for patients to access the mental health care they need and for physicians to be appropriately compensated for the care they provide.

On another day in New Orleans at the Uniformed Services Academy of Family Physicians, I spoke to hundreds of active-duty physicians about how our AMA was fighting drastic cuts to military medical personnel that could negatively impact military families, readiness, and national security.



Last fall, after the FDA lifted its ban on gay men donating blood – something our AMA had advocated for over many years – Judd and I made our first lifesaving donations ... marking an important end to a hurtful and discriminatory practice.

On Match Day in March, I spoke to graduating medical students at Harvard at a time of heightened tensions over global events, challenging them to use their voice for good, in service to their patients and humanity.

And just yesterday, I was in the Oval Office at the White House, meeting with senior administration officials about how health systems must step forward to address the public health crisis of gun violence...a conversation that the AMA has been critical in advancing.

On these occasions – and so many others throughout my presidency – I was reminded of the importance of showing up. Of taking risks.

Of engaging in difficult conversations.

Of telling our story .... sharing our vision as dictated by the policies of this House.

That's the power of what we do.

I show up.

You show up.

We show up.

In all the ways that matter to patients and physicians – the AMA shows up.

That is our mission.

I began my presidency talking about the important ways the AMA has evolved since I was a medical student – becoming a more inclusive organization and courageous ally to many, including myself, who faced prejudice or discrimination simply because of who they are, where they were born, or what they believe in. I am so proud of the AMA's growth, and to have had a hand in helping us change for the better.

We still have consequential work ahead of us – barriers to break down, inequities to erase, and shared priorities to advance. Although the pace of change can be frustratingly slow, I want to assure you tonight that we are making meaningful progress and we are being recognized for lending our powerful voice to the cause of equity and justice.

Diversity as a concept, and people from different backgrounds in specific, are under attack: here in the United States, and around the world from extremist groups and movements that are surging in popularity.

Extremism, oppression, and discrimination including antisemitism which I have personally been the target of, are antithetical to the values of the medical profession and our AMA must always stand up for democracy, pluralism, equity and human rights.

This work is an essential part of who we are as physicians, and what we are as an organization.

We continue to follow the science and evidence, explore new ideas, move in new directions, right past wrongs.

We lead with ethics and our values. We advocate for patient-centered design in new technology.

We're defining the guardrails for safe and effective health AI and innovation.

We're developing strategies to revolutionize medical education and training ... defending patient and physician autonomy ... and speaking out against medical discrimination.

As our nation continues to grapple with the drug overdose epidemic, our AMA is showing up to change policies and save lives. And last year, we saw a drop in overdose deaths for the first time in five years... a welcome sign of progress in this long and deadly battle.

When one of the nation's largest health insurers was suddenly hit by a cyberattack, and the process to submit health care claims for reimbursement was frozen, physicians were lost and didn't know where to turn.

Once more, our AMA showed up ... creating resources for physicians desperate for information while pushing federal agencies and insurance companies to take immediate action to solve the payment debacle.

This is why we fight.

We do more than just combat problems, we also drive the change we are striving to create.

AMA recognized 72 hospitals and health systems through our Joy in Medicine program last year, creating an unmatched understanding of best practices and solutions to solve the burnout crisis that health systems across the country can learn from and implement.

Solving the crisis of physician burnout and ensuring that medicine remains a highly desired profession is why we fight.

Reforming our broken Medicare payment system that punishes doctors for being doctors is why we fight.

Medicare reimbursement has plummeted 29 percent since I was in medical school. 29 percent, and that's after the AMA was able to claw back half of the planned cuts for 2024.

Medicare reform is our top advocacy priority because it's crippling the sustainability of physician practices, threatening patient access to care, and choking the pipeline for future physicians.

I am proud to stand here before this House to tell you that momentum is shifting toward significant reform. And we are changing the conversation. Thanks to our AMA's comprehensive Fix Medicare Now campaign, multiple hearings, media visibility, and our extremely persistent lobbying efforts, there is now broad acceptance that the current Medicare payment models don't work. And there is growing support in Congress for Medicare reforms aligned with AMA's models that seek to put physicians on equal footing with all other health care providers.

We are keeping the pressure on because our current system is unsustainable ... and because physicians shouldn't have to worry about how they'll keep the lights on.

Protecting our patients from unsafe scope of practice expansions by nonphysicians is why we fight.

These bills are relentless – optometrists seeking to perform eye surgery ... naturopaths pushing for the authority to prescribe medication. Our AMA helped defeat more than 100 of these outrageous scope bills last year, and dozens so far in 2024.

We know that scope expansion directly impacts our most vulnerable patients, including my fellow veterans, which is why I testified in a Congressional hearing on veterans' affairs to discuss how these expansions threaten the quality of care that our veterans, my shipmates, and I receive.

Our patients' health is why we fight.

Eliminating physician busywork is why we fight.

We all have horror stories to share about the overused prior authorization process that results in delay after delay until, too often, patients give up and abandon necessary testing and treatments altogether. We as physicians and the patients we serve deserve better.

That's why we welcomed news last year that United Healthcare and Cigna each reduced the volume of their prior authorization requirements by at least 20 percent ... and why we celebrated a CMS final rule that makes long-overdue changes to the prior authorization process for government-regulated health plans and reduces decision times.

These changes will save physician practices and our health care system an estimated \$15 billion over the next 10 years – never mind the countless hours and incalculable frustration of physicians and our patients. This simply would not have happened without AMA advocacy.

Lately some of our country's largest chain stores and pharmacy retailers have decided to scale back – or end entirely – their experiments in health care by closing many of their walk-in clinics.

Despite their stated goal of expanding health care access to patients with limited options, these corporations were unable to create a health care model that was financially viable. And now, their closures are creating gaps in care for thousands of patients who came to rely on them.

Think about that. These are some of the largest, for-profit companies in the world, and they can't make today's primary health care model sustainable.

If they can't make it work, how can we possibly expect physicians to?

That's a challenge I will continue to prioritize as I leave the presidency.

How can we make the practice of medicine sustainable? How can we ensure access to care? How can we continue to recruit and support the best and brightest into medicine?

This is why we fight.

Our families are why we fight.

Our patients are why we fight.

Our colleagues and our profession are why we fight.

And why we're going to keep fighting until this work is done.

Thank you for the honor and the privilege of serving as your AMA president.

**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 7.

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

Twenty-four years ago, the AMA greeted a new century mired in controversy and uncertainty. Our financial foundation was frail. A series of high-profile disputes led to the abrupt departures of those in senior management, including a number of my CEO predecessors.

In other words, things were a bit of a mess.

That's in stark contrast to where the AMA is today.

We now have outstanding financial stability. Membership - which had progressively declined for the 40 years prior to 2011 - has, since then, climbed to levels not seen for decades. In fact, total AMA membership is up more than 30 percent since I became CEO in 2011.

For the past decade we have successfully implemented the AMA's first long-range strategic framework – built on the policy meta-signals of this House – a framework that has brought focus and impact.

Our reach has never been greater. Record-breaking web traffic and video views. Record media visibility. Ever-expanding resource offerings through the JAMA Network and the AMA Ed Hub.

Our important CPT coding solutions were digitized and served up with markedly improved tools. A new credentialing tool is emerging to save physicians time.

The AMA venture studio in Silicon Valley, Health2047, has spun out nine companies that reflect the commercial translation of our strategic framework – technology companies that offer solutions to streamline administrative burdens on physician practices, or provide a platform for small practices to participate in clinical trials, or differentiate subtypes of obesity – defined by this House as a disease – that require differing therapeutic interventions.

What we have invested in creating those companies have already attracted ten times that investment from others.

We're leading a revolution in medical education and training ... as well as the fight against hypertension - our nation's number one cause of death and disability.

We're fighting to remove obstacles that undermine the patient-physician relationship, and we strongly lean against outdated payment frameworks that interfere with, rather than support, patient care.

Those arcs of our strategic framework are aided by advocacy, innovation and equity – three accelerators recognized nationally in their own right.

Our position as the physicians' powerful ally in patient care has never been more secure – nor evident.

How did we get from the mire at the turn of the century to where we are today?

In 2001, my immediate predecessor, Dr. Michael Maves, led a management team then focused simply on righting the ship – both financially and operationally. That difficult work, done in concert with the evolving AMA Board, restored AMA's stability - an enormous benefit when I arrived as CEO.

That restored foundation – no longer wobbly – allowed me to build a strong management team that, following House policy and Board approvals, created the now widely regarded strategic framework.

My current contract as CEO ends in one year -- in June 2025. At that time, I will have had the privilege of serving in this role for 14 years – a long time for a CEO in an organization like ours – in fact, the longest since Dr. Jim Sammons was appointed to this position more than half a century ago.

At a time when the average CEO tenure in either associations or corporate America is in the range of four to six years, my 14 years might be cast as long of tooth!

Given this, I recently informed our Board Chair, my friend and colleague Dr. Willie Underwood, that I will leave my position as my contract expires next June.

Such decisions are not easy. As has been said about life the C-suite ... when things are tough you shouldn't leave, but when things are great it's hard to leave.

Many things are great with our AMA at this moment, and that made this decision particularly hard.

While I'm proud of what we've accomplished together in my time here – and I will say more about that at Interim – my focus now shifts to ensuring a smooth and effective transition to the next CEO.

While ruminating on such a transition, my initial thought naturally drifted toward organizational accomplishment - financial, strategic and operational. But in studying the history of such transitions, it became clear that legacy is also defined by the quality of the handoff to the next CEO... the extent to which support is given, assistance provided, in any way sought, whatever best positions the AMA for ongoing success.

A McKinsey exploration of CEO transitions drew a clever analogy with the U.S. men's 4x100-meter relay event. This relay was introduced at the 1912 Summer Olympics held in Stockholm. The relay team has four of the country's best and fastest 100-meter sprinters; each of whom run one leg of the race, before handing the baton to the next.

The United States dominated this event throughout the 20th century - winning gold in 15 of the 20 Summer Olympics between 1912 and 2000. But in the five summer Olympics since, the U.S. men's team failed to win the gold, earning just one lesser medal during that entire period. It was a shocking result considering our past dominance, and the fact that the U.S. teams were heavy favorites to win gold in each of those years.

What happened? Why had our nation's sprinters suddenly underperformed?

The answer was simple – faulty handoffs. At their lowest point - the 2020 Summer Games in Tokyo - one writer described the handoffs of our relay team as evocative of the Keystone Cops.

By the way, the U.S. men are once again favored to win gold in this event at the upcoming Paris Summer Olympics. Watch the handoffs.

The quality of handoff to AMA's next CEO is likewise critical, and I look forward to helping in any way I can.

I don't want to be remembered in transition as part of the Keystone Cops!

Perhaps the major accomplishment of the AMA over the last many years has been to cement our reputation as a mission-driven organization with impact, not simply a trade organization. This returns us to the roots of our founding in 1847 when we led medicine away from quackery and toward care driven by a foundation of medical ethics.

And the transition to the next management team needs to be robust given the challenges we face.

Challenges of soaring chronic disease, of physician shortage and burnout.

The challenge to strengthen physician voice in an era of increasing consolidation across health care.

The challenge of providing equitable, high-value care for all, and wrestling to keep both corporate interests and political actors out of the exam room so that the patient-physician relationship remains sacrosanct.

The challenge of defining the appropriate and productive role for health care technology, from AI in all its forms to application of quantum dots and benefits from new developments in material science.

AI will transform what we do. While it's important that we avoid related harms that could emerge, it's equally important that we don't fall into a defensive crouch. While avoiding harms we need to maximize AI and other emerging tools for the benefit of our patients ... to grasp the promise of these transformations ... in other words, to play offense with these tools as well as defense.

These challenges demand steadfast leadership by physicians – by the AMA – so that we maintain momentum.

Our incoming Board Chair, another colleague and friend, Dr. Mike Suk, will organize a search for my successor. Meanwhile, I'll be doing everything I can to make this transition seamless and, of course, I appreciate all your efforts in doing the same.

A smooth transition and quality handoff in 2025 will undergird our most treasured ability... and that's the ability: "to promote the art and science of medicine and the betterment of public health."

Thank you, and see you in November.

**REMARKS OF THE CHAIR OF THE AMPAC BOARD:** The following remarks were presented to the House of Delegates on Friday, June 8 by Brooke Buckley, MD, Chair of the AMPAC board.

Thank you, Dr. Speakers. Thank you so much for allowing me a moment to address the AMA House of Delegates.

As stated, I am a general surgeon and the chair of AMPAC. I come to you tonight to remind you that AMPAC is our bipartisan Political Action Committee that is focused on facilitating medicine-friendly candidates into federal legislature. This is our opportunity to take our policies that we craft so thoughtfully here at the House of Delegates and turn those into legislature and law.

As you may be aware, this is an election year. As a political action committee, we tend to rotate on two-year cycles. Election years matter. Our opportunity to influence who is elected and how they position themselves towards our policies matters more in an election year than in an off-cycle year.

Currently, we stand at 44 percent of the House as members of AMPAC. Our goal is 100 percent. In fact, we haven't been over 80 percent since 2018. This is our year to ask you, please, if ever, join AMPAC. Make our voices heard. We raised over \$108,000 last year at this meeting. Our goal this meeting is \$150,000. Let's make that goal real. Let's change the face of this year's election and move medicine forward.

I would ask that each of us give a hundred dollars. If you can give more, absolutely join the Capitol Club: donate 5000. But each of us should walk out of this building having donated at least a hundred dollars towards what we have donated a week of our life, and so much more to be able to advocate for our profession and our patients. You should have seen a QR Code card on your seat. There's also scrolling on the screen as well as QR Codes outside. And for those of you that prefer the analog, the booth is outside this door, and you can go and talk to people and reap your AMPAC membership.

I want to just highlight what we have heard about Medicare reform. What we have heard about the group of bills that are before us to change the way that physician payments and the support of the practice of medicine occurs is because of the fueled opportunities to engage with legis-lature with our lobbyists, to be able to bring all of our work together; all of our passion together; all of the efforts, grassroots, lobbying, advocacy. AMPAC dollars fuel these efforts and keep them sustained and keep them ongoing. This is not a sprint, it is a journey, and so our annual subscription, our membership to AMPAC matters, year over year, person by person, dollar by dollar.

Finally, on Tuesday John Meacham will be our speaker. As you know, he's a beloved historian-author, and has addressed our AMPAC before, but it's been a long time, and with open arms we welcome him. He just released a new book, and there's a special signing opportunity for Platinum members, so we hope that you join us. But most of all go to the booth. Use your QR Code. Give us all the reasons that you want to challenge, and then give us your dollars so that we can continue to move our agenda forward.

Thank you.

**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. In 2024 the country faces several challenges in health care, including many that directly impact physician practices and their patients. Issues like the yearly threat of cuts to physician Medicare payments, lack of an annual inflationary update under the Medicare Economic Index (MEI), time consuming prior authorizations and sky rocketing prescription drug costs remain as major roadblocks to how physicians provide quality care for their patients. In the face of these ongoing challenges to the medical community we remain steadfast in 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**

Many thanks to the House of Delegate members who have already demonstrated their support to AMPAC during this election year. We especially appreciate those who generously contributed at the Capitol Club levels. Your generosity will empower AMPAC to advance the advocacy initiatives proposed by the AMA and establish a strong groundwork for our allies and champions in the medical field who are running for federal office in 2024.

This year, AMPAC continues showing growth across all areas. AMPAC's cycle receipts through May 31 are \$1,385,195.58 in total which represents an 8 percent increase compared to the previous election cycle. Specifically, AMPAC's hard dollars have risen by 9 percent. Participation in AMPAC's Capitol Club remains pivotal in ensuring a consistent revenue stream during this election year. In recent weeks there has been solid growth, particularly following the announcement and promotion of the Capitol Club luncheon speaker. Currently, there are 553 members, which is a 2 percent increase compared to the 543 members at this same time last year. We anticipate further growth during this meeting.

Every year, AMPAC aims to achieve 100% participation within the American Medical Association's (AMA) House of Delegates (HOD). In 2023, AMPAC achieved 75% HOD participation, but currently, participation stands at only 44%, which falls well below the target for halfway through an election year. As leaders in the House of Medicine, we strongly encourage HOD members to invest in AMPAC by visiting AMPAC's Booth, conveniently located in the foyer outside the Grand Ballroom during this meeting or by visiting <https://www.ampaconline.org/>

Finally, all current 2024 Capitol Club members are invited to attend a Capitol Club event on Tuesday, June 11 at 12 p.m. with special guest speaker Jon Meacham, Presidential Historian and Pulitzer-Prize winning author. The luncheon is invitation-only for all 2024 Capitol Club members and will take place on Tuesday, June 11 at 12:00 p.m. There will be an additional VIP book signing event at 11:30 a.m. prior to the luncheon for all 2024 Capitol Club Platinum members.

AMPAC serves as the bipartisan political action committee of the AMA, established to advance the advocacy mission outlined by the HOD. Our effectiveness relies on our collective commitment to supporting this

essential political tool and advancing the AMA's advocacy initiatives. We encourage all HOD members to join forces, boost overall AMPAC HOD participation, and help us achieve our \$150,000 goal during this meeting.

### **Political Action**

2024 is shaping up to be an extremely competitive election cycle as control of both the House and Senate hang in the balance. In the closely divided House, the focus will be on the roughly 40-50 House districts considered to be among the most competitive in the country which will determine majority control in the next Congress. These districts stretch across the country from Alaska to Florida, Maine to California. While in the Senate, though thirty-four seats are on the ballot, control of the upper chamber is likely to come down to just seven or eight competitive contests.

AMPAC is taking advantage of this highly contentious landscape by looking at open-seat opportunity races, some of which involve physician candidates, as well as medicine-friendly incumbents to support and further strengthen the relationship with organized medicine. With issues such as prior authorization and Medicare reform showing movement, even in Congress' current, stagnant state, AMPAC contributions are creating critical strategic interactions with those in the best positions to move these key priorities forward.

As AMPAC completed its early giving phase in 2023 and held its Congressional Review Committee process at the beginning of this year, robust contribution activity is now underway. AMPAC has invested well over half a million dollars in the 2024 cycle and expects activities will intensify headed into the summer and the elections in the fall.

### **Political Education Programs**

The 2024 Candidate Workshop took place in-person, March 22-24, at the AMA offices in Washington, DC. Registration for the program was strong with 23 registrants. This included: 19 member physicians and four member residents and students. Of note, three participants were currently running for Congress, including Herb Conaway, MD, a current state legislator who is running in New Jersey's third Congressional district as a democrat and if he emerges from his primary, has a strong chance to win in November.

During the program participants heard from political experts on both sides of the aisle about what it takes to run a winning campaign. This included sessions on the importance of a disciplined campaign plan and message; the secrets of effective fundraising; what kinds of advertising may be right for your campaign; how to work with the media; as well as how to build your campaign team and a successful grassroots organization. The program also included a keynote session with Representative Mariannette Miller-Meeks, MD of Iowa, who shared her stories and insights from the campaign trail as a physician candidate for office.

Promotion is currently underway for the 2024 Campaign School. The program will take place July 25-28 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 express gratitude to all House of Delegates members who support AMPAC and our work. Your ongoing engagement in political and grassroots activities strengthens organized medicine's influential voice in Washington, DC.



**RETIRING AMA OFFICERS, DELEGATES AND MEDICAL EXECUTIVES**

**Michigan**

Richard E. Smith, MD FACOG

**New Mexico**

Stephen Lucero, MD

**Virginia**

Claudette Dalton, MD

**American Academy of Dermatology  
Association**

Cyndi Yag-Howard, MD

**American Association of Neuromuscular &  
Electrodiagnostic Medicine**

William Pease, MD

**American College of Radiology**

William T. Thorwarth, Jr. MD

**American Society of Anesthesiologists**

Candace E. Keller, MD

**American Urological Association**

Richard Pelman, MD

**REFERENCE COMMITTEES OF THE HOUSE OF DELEGATES (A-24)****Reference Committee on Amendments to Constitution and Bylaws**

Emily Briggs, MD, American Academy of Family Physicians, Chair  
 Kimberly Ibarra, Regional Medical Student, Texas  
 Theodore Jones, MD, Michigan  
 Candace Keller, MD, American Society of Anesthesiologists  
 Divya Srivastava, MD, American College of Mohs Surgery\*  
 Edward Tuohy, MD, Society for Cardiovascular Angiography and Interventions  
 Barbara Weissman, MD, California\*

**Reference Committee A**

Debra Perina, MD, American College of Emergency Physicians, Chair  
 Rebekah Bernard, MD, Florida  
 Jared Buteau, Regional Medical Student, South Carolina  
 Amish Dave, MD, Washington\*  
 Robert H. Emmick, Jr, MD, Texas\*  
 Richard A. Geline, MD, Illinois  
 Adam Rubin, MD, American Academy of Dermatology Association

**Reference Committee B**

Peter H. Rheinstein, MD, JD, MS, Academy of Physicians in Clinical Research, Chair  
 Matthew Burday, DO, Delaware  
 Tilden L. Childs, III, MD, American College of Radiology  
 Landon S. Combs, MD, Tennessee\*  
 Jennifer Hone, MD, California\*  
 Dayna Isaacs, MD, Sectional Resident, American Society for Clinical Oncology  
 Cheryl Gibson Fountain, MD, American College of Obstetricians and Gynecologists

**Reference Committee C**

Cheryl Hurd, MD, MA, American Psychiatric Association, Chair  
 Christine Kim, MD, American College of Radiology\*  
 Kevin H. McKinney, MD, Texas  
 Rianna McNamee, Regional Medical Student, New Jersey  
 Emily Volk, MD, College of American Pathologists\*  
 David Whalen, MD, Michigan\*  
 Christopher Wee, MD, Ohio

**Reference Committee D**

Dale M. Mandel, MD, Pennsylvania\*, Chair  
 Kevin Bernstein, MD, American Academy of Family Physicians  
 Christopher Bush, MD, Michigan\*  
 Shanna Combs, MD, Texas\*  
 John Maa, MD, California  
 Shaminy Manoranjithan, Regional Medical Student, Missouri  
 Kimberly Templeton, MD, American Academy of Orthopaedic Surgeons

**Reference Committee E**

Robert Panton, MD, Illinois, Chair  
 Catriona Hong, Regional Medical Student, Connecticut\*  
 Vivek U. Rao, MD, Texas\*  
 Erin Schwab, MD, Association for Clinical Oncology  
 Kenath Shamir, MD, Massachusetts\*  
 Carl J. Streed, Jr, MD, MPH, GLMA: Health Professionals Advancing LGBTQ Equality\*  
 Charles W. Van Way, MD, Missouri

**Reference Committee F**

Rebecca L. Johnson, MD, Florida, Chair  
 Brooks F. Bock, MD, American College of Emergency Physicians  
 Robyn F. Chatman, MD, MPH, Ohio  
 Robert A. Gilchick, MD, MPH, American College of Preventive Medicine  
 Robert F. Labasky, MD, MBA  
 Brandi Ring, MD, MBA, American College of Obstetricians and Gynecologists  
 Michael B. Simon, MD, MBA, American Society of Anesthesiologists

**Reference Committee G**

Yasser Zeid, MD, Texas\*, Chair  
 Rosalynn Conic, MD, Sectional Resident, American Academy of Physical Medicine and Rehabilitation  
 Janine Fogarty, MD, New York\*  
 Peter A. Hollmann, MD, Rhode Island  
 Robert C. Kramer, MD, American Society for Hand Surgeons  
 Brian Privett, MD, Iowa\*  
 Kim Yu, MD, American Academy of Family Physicians

**Committee on Rules and Credentials**

L. Carlos Zapata, MD, New York, Chair  
 Mark Bair, MD, RPh, Utah  
 Mary Ann Contogiannis, MD, North Carolina  
 Kyle P. Edmonds, MD, California  
 David J. Savage, MD, PhD, Association for Clinical Oncology  
 Jason S. Schneider, MD, GLMA: Health Professionals Advancing LGBTQ Equality  
 James W. Thomas, MD, Pennsylvania\*

**Chief Teller**

David Teuscher, MD, American Academy of Orthopaedic Surgeons

**Assistant Tellers**

Brian Grady, MD, California\*  
 Vikram B. Patel, MD, Illinois\*

\*Alternate Delegate

**INAUGURAL ADDRESS:** Bruce A. Scott, MD, was inaugurated as the 179<sup>th</sup> President of the American Medical Association on Tuesday, June 11. Following is his inaugural address.

Good evening and thank you so much for that kind introduction, Dr. Underwood.

Thank you to my esteemed colleagues seated behind me ... the exceptional men and women who have held the office of AMA president with honor and distinction ... physician leaders from every state ... my personal guests who have joined me on stage, each of you has played an indispensable role in my life ... and to all of you... it is a privilege to speak to you tonight.

As you heard, I have attended 72 consecutive House of Delegates meetings, that's 36 inaugurations - I have to say, "This one is my favorite!"

I've witnessed amazing physician leaders, over the years, stand at this podium and take that oath. What a rare and precious honor it is for me to stand among the remarkable leaders who've preceded me, many of whom are on this stage with me tonight.

At my first AMA meeting, Stormy Johnson was the Speaker – he became my role model and my friend. Years later, I was lucky enough to share a podium with two amazing women, Sue Bailey, and Lisa Egbert. You each helped make me a better leader ... thank you.

One of those who is not on this stage tonight is Donald Palmisano. You might have noticed a chair left empty for him in the row of former presidents. Donald was my mentor when I was the young physician on the Board - he probably wondered what he did to deserve that punishment. We actually became close friends. He called me the "Young Grasshopper," taken from the movie, Karate Kid. I know he is here with me tonight in spirit, as he always promised he would be at my inauguration. Donald always believed, frankly even more than me, that someday I would take that oath. He learned from his father, a beat cop in New Orleans, the advice that he shared with me and so many others - "Do your homework, have courage, never give up." I was listening, Donald. I also want to recognize his widow, Robin, for honoring me with her presence here tonight. Thank you, Robin.

Thank you also to my family and dear friends who have traveled to be here this evening – it means so much to share this special moment with you. Pat, thank you for asking for God's blessing to watch over me and be with me as I embark on this journey.

I would not be here tonight without the support of the Kentucky Medical Association. I am sure it was Greg Cooper's nominating speeches that pushed me over the finish line to become the vice speaker, speaker, and now, president of the "whole dang AMA", as Greg would say. Thank you to the Southeastern delegation, the otolaryngology section council, the Texas Medical Association, and of course the ghost caucus – you may be ghosts to some, but you will always be great friends to me.

Thank you ALSO to my partners, past and present. I was fortunate to join two outstanding surgeons at Kentuckiana Ear, Nose & Throat after my fellowship. I am still with that practice today. I've gone from being the new guy with all the ideas to being the senior partner, a nice way of saying "the old dude." One of my original partners, Dr. Silk, and three of my current partners, Drs. Severtson, Higgins and Miller, are here tonight. Thank you for always supporting what I do...and taking on the extra work to make it possible.

I know that I only stand here tonight because of the love and support from so many people, many gathered here, and others...here in spirit. I am humbled, and grateful. And...I...AM...READY.

As I look out at the faces of so many fellow physicians, I am reminded of the enormity of the decision we made when we chose this profession, and our ability to change lives. I am reminded of the passion we share for this joy called medicine. I am in awe off the trust our patients place in us...to help them ... to heal them. And I am eternally grateful for the way my life was changed by a doctor.

My brother John and I enjoyed building and flying model airplanes as kids. One Saturday afternoon when I was about 12 years old, we were working on one of those planes in the garage of our family home. We needed something from up high in the rafters, so I climbed a ladder and was reaching above my head when the ladder slipped, and I fell. I grabbed for something, anything that would stop my fall ... and sure enough, what I caught was a large metal hook that held various tools. It went straight through my hand.

There I was – in pain and in shock, bleeding down my arm. My mom heard my brother’s screams and came running. Later she told me she almost fainted when she saw the hook through my hand. My parents got me to the nearest ER, hook-in-hand, with the spark plug wrench and other tools still hanging on it. After an examination by a general surgeon, the doctor pulled my parents to the other side of the curtain separating the exam bays. You all know the curtain I’m talking about. The doctor told my parents that I would need surgery and that I was unlikely to EVER regain normal use of my hand, AND I would probably lose at least two fingers. Let me tell you, those curtains are not as soundproof as we doctors sometimes think. I heard every ...single...word.

My parents were horrified...But they were not deterred. They believed in the power of physicians to heal ... and they were determined to find a doctor who could help me. They took me to Jewish Hospital, home to one of the premier hand surgery fellowship programs in the country. One of their lead surgeons, Dr. Joseph Kutz, operated on my hand that same day. He removed the hook...tools and all. Dr. Kutz saved my hand and spared my fingers ... FOREVER changing the course of my life... and, although I didn’t know it at the time, putting me on the path that led to tonight. To this stage ... to this incredible moment. I am a surgeon...using this very hand...because of a doctor.

Growing up in a small house in Louisville, with my parents, three sisters and two brothers...there were, shall we say, a few challenges. Not the least of which was the one bathroom we all shared. While neither of my parents had the opportunity to go to college, they both believed that education was the pathway to success. They worked hard and sacrificed so that my siblings and I could go to the best schools, always pushing us to excel. It’s in large part because of them that ALL of us are successful. Thank you to each of my brothers and sisters, all here tonight, for the positive example that you set for me. As the youngest boy in a large Catholic family – I knew there were only two professions that would make my mom most proud – doctor or priest – and I think Mom realized early on that the priest thing was not happening.

My mom is a remarkable woman - faith and family have always been at the center of her life. She hates it when I tell people her age, but at 96...she should be bragging. Still as sharp as a tack. I’ll admit when I can’t remember something, I call her, and she fills in all the details. She is sitting in the front row here with us this evening. Mom, it means the world to me that you are here tonight ... thank you.

My father, even at home, was always working. He might have been repairing something around the house, tinkering in the garage, or doing yard work. And as soon as we were old enough, he involved us in his projects. He taught me that every job is important, every role has an impact - not only because of the task performed, but the standard you set while performing it. My dad, who passed away in 2011, was our example that work didn’t stop until a task was done – and done right. In his own way my father made a medicinal product – of course, I mean bourbon. He worked his entire life at a distillery - and yet, he never drank. So much for, like father, like son. But, I know he’s looking down and smiling tonight. Thank you, Dad, for everything you did for our family and the values you instilled in me.

I know it’s hard to believe, but I was not the most athletically inclined kid. When teams were chosen, I was often the last one remaining. I would frequently hear, "You can have Bruce." But I found a different way to excel - rhetoric and debate. My trophies had little people standing behind podiums instead of holding a baseball bat or basketball. It was said that I had the gift of gab. My brother, John, reminded me the other day that my attempts at “rhetoric” with the neighborhood bullies often resulted in him getting in fights to protect me. But that gift of gab earned me a debate scholarship to Vanderbilt University where I honed my power of persuasion.

The best and most life changing thing I took away from Vanderbilt was not my degree, but the love of my life – Christy. We met as freshmen. We dated all through college and I finally convinced her to marry me after my second year of medical school – see that power of persuasion paid off! Many of you know Christy...she is definitely my better half, my sounding board, my editor and critic, travel agent and fashion adviser. She is my partner in everything, and my best friend. A wonderful mother to our children – Preston, Stephanie and Ian, “Mimi” to our two beautiful granddaughters. And the best spouse anyone could ever wish for. We celebrated our 39th anniversary last

week in Nashville where we met. It sounds romantic, but I was actually there for an AMA assignment ... and I convinced her to accompany me. Thank you, Christy, for your love. I am so thankful for you...and for us.

Preston, Stephanie and Ian - you are each so unique and wonderful in your own ways; your mom and I still sometimes wonder HOW you all came from the same gene pool. You ALL are intelligent, hardworking, driven, and most importantly, great human beings. As parents, we hope that our children find life partners who share their values, who love them, and make them happy. Kathryn, Kyle and Paige – the three of you are beyond what we could have hoped for. We are so blessed to have you in our family.

By the way, some of you may know that Christy grew up in Louisiana. So, I've made arrangements for a nod to her past at the end of this ceremony to get our celebration started.

So...that's how I got here. Now, let me tell you why I'm here.

I am passionate about practicing medicine. I am proud of our profession. What physicians do every day has the incredible power to change lives for the better. I'm proof of that. But as a practicing physician, I can only impact one person at a time. The AMA does for physicians and our patients what we as individual physicians cannot do.

At my first AMA meeting, I saw the power that physicians could have when we come together as a unified body. All these years later, I still believe the AMA can and does make a difference for our patients and our profession. We are COMMITTED to protecting the patient-physician relationship. Standing up for science and the ethical practice of medicine. Pushing back against reckless scope expansions. Fighting for fair payment that supports thriving practices. Pressing for relief from administrative burdens --- so that physicians can focus our attention on what matters most - our patients. The AMA is the physicians' powerful ally in Congress, in state capitals, in the court room, the board room and the exam room. And the policy issues we discuss and debate here....are my working reality.

I became a physician to care for patients, and we ALL know that's getting tougher every day. Our health care system should help physicians provide good care, NOT get in the way! Physicians are struggling with two decades of spiraling Medicare payment cuts and ever-increasing administrative burdens. These concerns are no longer theoretical. Almost two-thirds of physicians show signs of burnout. One-third plan to reduce their hours. One in five physicians are hoping to stop practicing or retire in the next two years. Physicians are literally closing their doors. We can't afford to lose even one more doctor!

As a physician in an independent practice, I live these issues every day. I see my colleagues struggling. I feel the urgency of the moment. AND I will bring that urgency to my presidency. You better believe I'm ready to fight. Fight for you. Fight for us. Fight for our profession and our patients. More than at any time I can remember, the AMA matters. But when the battles are difficult, and victory feels out of reach, it's important to remember our WHY. It's important to remember what brought us here...WHY we fight.

Not long ago, I was in the daily "grind" of my clinical practice, seeing patients and dealing with the typical hassles we all face. On the schedule, I saw the name of a patient I had operated on years before. I remembered Rayman distinctly - I had performed a relatively rare voice-sparing laryngeal cancer surgery on him. Rayman was a young man when he was diagnosed, and his cute little girl would come with him to his appointments. She always looked forward to the lollipops at the front desk. He had done well after his surgery and had been cancer free for five years of follow-up appointments. So, when I SAW his name appeared on my schedule, I feared the worst...a late recurrence ...or a new cancer. Far from it. Rayman greeted me with a big smile and a clear voice. He said, "I had to come to see you doc. I wanted you to know that I walked my daughter down the aisle last Saturday and I gave the toast...for ALL to hear...my daughter remembers you...and I will never forget you." "You saved my life. You saved my voice!" Needless to say, that was a special moment, my spirits were lifted, and the "grind" of daily practice was no more. My passion for medicine was renewed.

I have been blessed to receive many kind notes from patients and words of appreciation over the years. And as much as my patients say that I have helped them, it is their words, and their gratitude, that are my greatest rewards. This is why we fight. They are why we fight.

When I remember the look on the face of the man, and his spouse, when I told them that the tumor was benign and we were able to save his facial nerve, anticipating a full recovery...I am reminded of our power to heal. When I recall the smile of the teenage boy who looked in the mirror as I removed the splint from his previously twisted nose - and he was able to breathe through it for the first time in years ...I am reminded of our power to restore. When a woman told me that the repair of her facial fractures and scars gave her the confidence to leave an abusive relationship...restoring not only her beauty but more importantly her dignity ...I am reminded of our power to change lives. But most remarkable was the woman for whom I had little to offer who said, "Thank you for listening. Bless you and all the doctors for what you do." I am reminded, in each of these moments, of our power for caring and compassion. And...I extend my patient's gratitude to every physician here.

Years after my hand surgery, I returned to Jewish Hospital, not as a patient, but as an otolaryngologist. One day, I saw my surgeon, Dr. Kutz, in the physicians' lounge. I showed him my hand and I thanked him. He said he remembered the young boy with the hook and all the tools still attached. After thousands of hand surgeries, I suspect he was just being nice...but it didn't matter. He was my doctor. He changed my life. In so many ways...he made this night possible.

Each of us is shaped by experiences in our past. But on this night – inauguration night – we look forward to the possibilities of tomorrow. Our future...is not the one we wish for...but the one we FIGHT for – together. We are not defined by what divides us...but what unites us. We are bound together by our profession, and we must stand together as physicians. I am honored to be your president . . . and to lead us into that future. Now, let's get to work!

Thank you. Let the celebration begin!