

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

174th ANNUAL MEETING CHICAGO, ILLINOIS June 6-11, 2025

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 174th Annual Meeting at 6 p.m. Friday, June 6, 2025, in the Grand Ballroom of the Hyatt Regency, Chicago, IL. Lisa Bohman Egbert, MD, Speaker of the House of Delegates, presiding. The Saturday, June 7, Monday, June 9, Tuesday, November 10, and Wednesday, November 11 sessions also convened in the Grand Ballroom. The meeting adjourned following the Wednesday session.

INVOCATION: The following invocation was delivered by Pastor Carolyn Carter-Ellis, interim pastor at the Way of the Cross Church in Chicago. She is also the group manager for the AMA International Medical Graduate Section and AMA employee for almost 48 years:.

I stretch my hand to thee. No other help I know, for if thou withdraw thyself from me no other shall I go. I come to you humbly to thank you for your grace and your mercy. I invite you to be present among us by the power of your Holy Spirit. Father, we declare that we love you and look to you, for all of our help comes from you, Lord.

We thank you for this day and your way made of love through your son, Jesus Christ. We pray that your love will flow with us as we gather together at this annual meeting to promote the art and science of medicine and the betterment of public health.

We thank you for traveling grace and mercy for all of our Board, officers, staff, and House of Delegate families. Lead us by your spirit as we work together and cohesively to take care of the policy business set before us.

We thank you, Father, for the service of Dr. James Madara for 14 years. We thank you for our incoming EVP, Dr. John White; and we thank you for our AMA President, incoming President, Board officers, Speakers of the House, and staff. Help us to work together to continue the mission of our AMA. We pray a special blessing for our own Dr. Bobby Mukkamala and know that you are the healer with all power in heaven and earth.

These are challenging times, but we rest in the peace and joy of knowing that you've given us, and knowing all power is in your hands. May our hearts continue to overflow with thanksgiving and our mouths proclaim your everlasting greatness.

In the mighty name of Jesus I pray.
Thank God.
Amen, amen, amen.

REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Alisha D. Reiss, MD, Chair:

CREDENTIALS: The Committee on Rules and Credentials reported that on Friday, June 6, 459 out of 729 delegates (63%) had been accredited, thus constituting a quorum; on Saturday, June 7, 639 out of 729 delegates (88%) were present; on Monday, June 9, 696 out of 729 (96%) were present; on Tuesday, June 10, 707 out of 733 (97%) were present; and on Wednesday, June 11, 707 out of 733 (97%) were present.

RULES REPORT - Friday, June 6**HOUSE ACTION: ADOPTED**

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

1. **Standing Rules**
The current edition of the “House of Delegates Reference Manual: Procedures, Policies and Practices” serves as our standing rules delineating the official method of procedure in handling and conducting the business before the AMA House of Delegates.
2. **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.
3. **Credentials**
The registration record of the Committee on Rules and Credentials shall constitute the official roll call for this meeting of the House.
4. **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.
5. **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.
6. **Limitation on Debate**
There will be a 90 second limitation on debate per presentation subject to waiver by the Speaker for just cause.
7. **Conflict of Interest**
Members of the House of Delegates who have an interest that is or may be material to the matter being considered and that would reasonably be expected to impair the objectivity of the individual who is testifying, must publicly disclose that interest immediately prior to testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.
8. **Conduct of Business by the House of Delegates**
Each member of the House of Delegates and the AMA Officers resolutely affirm a commitment to abide by our AMA Code of Conduct.
9. **Respectful Behavior**
Courteous, collegial, and respectful behavior in all interactions with others, including delegates, is expected of all attendees at House of Delegates meetings, including social events apart from House of Delegates meetings themselves.

SUPPLEMENTARY REPORT - Saturday, June 7**HOUSE ACTION: ADOPTED AS FOLLOWS****LATE RESOLUTIONS 1003, 1005, 1006, AND 1007 ACCEPTED****LATE RESOLUTIONS**

The Committee on Rules and Credentials met Friday, June 6, 2025, to discuss Late Resolutions. 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 – Ensuring Accessibility and Inclusivity of CDC Resources
- Late 1005 – Preserving the Specialty of Occupational and Environmental Medicine
- Late 1006 – Opposition to the Decertification of Independent Universities from the Student and Exchange Visitor Program
- Late 1007 – Protecting Evidence-Based Medicine, Public Health Infrastructure and Biomedical Research from Politicized Attacks

Recommended against acceptance:

- Late 1001 – Annual Scorecard to Evaluate the AMA's Impact
- Late 1002 – Review of Past Resolutions
- Late 1004 – Preventing Sleep Deprivation and Supporting Medical Student Wellness

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 6-11; 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 2024 Interim Meeting of the House of Delegates, held November 8-12, 2024, were approved.

ADDRESS OF THE PRESIDENT: AMA President Bruce A. Scott, MD delivered the following address titled, “Turning Anger into Action,” to the House of Delegates on Friday, June 6, 2025.

Madame Speaker, members of the Board, delegates, colleagues and guests ... it’s an honor to speak to this House of Delegates for the final time as AMA president.

No president walks this journey alone – so before I begin my formal remarks, please allow me to recognize my fellow trustees for their leadership, the many members of this House who have stood with me and encouraged me through all these years, my partners at Kentuckiana Ear, Nose & Throat as I have juggled my clinical duties with the demands of this office.

My family and friends who have given honest feedback...sometimes a little too honest, I thank them all.

And, most of all, the one person I absolutely, continuously depend upon, my partner in everything, my spouse – Christy.

Now, those who remember my days as Vice Speaker and Speaker will not be surprised when I say – “play the [video...](#)”

From the tone of that video you might have guessed that this is going to be a little different than a typical presidential address.

For those of you expecting the usual humor from me, I’m sorry to disappoint you.

Tonight, you’re going to hear from **Angry Bruce**.

I think the times call for some anger... because despite the best efforts of everyone in this room, and colleagues across the country ... our health care system is failing in fundamental ways.

It’s failing physicians ... and more importantly it’s failing our patients.

I’m angry because the dysfunction in health care today goes hand-in-hand with years of dysfunction in Congress.

I’m angry because physicians are bearing the brunt of a failed Medicare payment system. And while our pay has been cut by more than 33 percent in 25 years, we see hospitals and even insurance companies receiving annual increases.

Congress needs to know there is no “care” in Medicare if there are no doctors.

I’m angry because Medicare advantage plans are rewarded with a scheduled increase while doctors suffer yet another cut – or as one member in this House accurately described it “a gut punch to physicians.”

A health care giant suffers a cyberattack releasing private health information for almost half the country, pushing physician practices to the brink of failure, and then demands rapid repayment of loans made to these same practices?!

Reimbursement rates have been corrupted by a secretive, third-party entity for the benefit of insurance companies and at the expense of physician practices.

You bet I’m angry!

I’m angry because insurance companies – which are making record profits – are wasting our time and putting our patients’ health at risk by forcing us to argue with some bureaucrat over the care of our patients.

Not long ago, a woman came into my office with a large tumor in her maxillary sinus. The tumor was so massive that it was pushing into her eye.

After a thorough examination, I determined that surgery to remove the tumor was the best course of action. So, I sat down with her to go over her diagnosis and treatment plan. She understood it would be a major surgery, with significant risks, but also understood that it was necessary.

A week later, her health plan notified her, and me, that the surgery “was not medically necessary.”

Her insurance company said she should be treated with an antibiotic and nasal spray before they would approve surgery.

Are you kidding me?

An antibiotic and a nasal spray to treat her tumor?

Without seeing the patient, without talking to the patient, without completing even one year of medical school, this insurance representative determined that they knew more than her doctor, a board-certified subspecialist.

So, what are patients supposed to do? My patient was confused. She was stressed.

When I called her to explain that I had spoken to the medical director and gotten authorization to proceed, she said, “Doctor, you told me that I needed surgery, but my insurance company told me that all I needed was antibiotics.”

Sadly, we all know cases like this are not outliers or isolated events.

What insurance companies are doing to our patients is wrong...

Stepping between us and our patients is wrong...

Denying necessary and even life-saving care is just ...plain... wrong.

It’s no wonder that so many physicians are frustrated at a system that is undermining our judgement and eroding our patients’ trust.

You better believe I am angry! And I’m not alone.

We’ve all seen the numbers. Physicians are retiring early and leaving the profession in droves because eventually these frustrations and loss in pay become too much to overcome – especially for physicians like me in private practice.

As I have traveled America. I have heard the stories of physicians struggling to keep their practices afloat, and the tearful stories of them closing their practices. And how concerned they were for their patients after their doors were closed.

In November, I told you these stories made me sad...now, they make me angry.

Our patients cannot afford to lose great doctors. Not one more!

Do you know who else makes me angry? The physicians who sit in their homes or offices and complain...complain about the broken health care system and about our AMA – often confused and clueless about our AMA and all we are fighting for.

Instead of sitting there complaining, join us in the fight!

But here’s the thing.

Being angry just for the sake of being angry doesn't get us very far.

We have to turn our anger into action.

I know our patience is being tested by this new administration and Congress.

It seems that for every battle we get close to winning – that new and equally urgent battles arise.

The same House bill that brings us closer to finally tying future Medicare payments to the rising costs of running a practice, also takes us backwards by limiting access to care for millions of lower-income Americans.

Medicare, Medicaid, and the Affordable Care Act are literal lifelines for children and families for whom subsidized health coverage is their only real option.

We must do all we can to protect this safety net ... and continue to educate lawmakers on how best to target waste and fraud in the system without making it tougher for vulnerable populations to access care.

We've launched a grassroots campaign targeted at the Senate as we work for improvements in this bill, and we urge you to add your voice.

We must also continue to educate Congress on why our nation should be working to bring down the cost of a medical education, not erecting barriers to deter brilliant young minds from pursuing this noble profession.

The proposed changes in student lending practices in the reconciliation bill now with the Senate would make medical school unaffordable for many students.

This is simply unconscionable when our country has a shrinking physician workforce to confront its growing health care needs.

I promise you that AMA's advocacy on this legislation continues.

And so while I might be angry at our health care system as it currently exists ... I am also confident that this House of Medicine can channel that anger into positive action.

You see, despite our frustrations, there are reasons for optimism.

AMA advocacy – amplified by our Federation partners in this room – has brought us close to achieving Medicare payment reform that ties future reimbursement to inflation, representing a foundational step toward reform that the AMA and our partners have long sought.

We urge the Senate to complete this first critical step on the road to permanent reform.

I'm confident that we'll get there ... just as we're all angry at the slow pace of progress.

Meanwhile, the AMA and our Federation partners have achieved significant prior authorization reforms in states around the country.

Federal legislation has been reintroduced that will right-size the prior authorization process, add transparency and reduce delays – all with bipartisan support.

We urge Congress to pass this important legislation now!

AMA advocacy – again with your help – secured more than 180 scope of practice wins over the last two years.

We've helped prioritize physician well-being by persuading a majority of state licensure boards and over 600 hospitals to remove stigmatizing language around past mental health from their credentialing forms.

And our Joy in Medicine program continues to recognize hospitals and health systems that are setting new standards for physician support and blazing a trail for others to follow.

As a result of these and so many other efforts across our profession, physician burnout is now on the decline.

And just this week, a federal court ruled that our lawsuit to hold MultiPlan accountable for its role in a price-fixing scheme could proceed.

We are demanding an end to the conspiracy that is suppressing out-of-network payment rates below fair levels.

We are seeing the results of our sustained advocacy.

But there is so much more that needs to be fixed, right now.

The film clip played earlier is from the movie “Network,” where a fictional anchorman unleashes his anger. It was more than a cathartic tirade; it was a passionate plea against apathy.

A largely forgotten movie, but a memorable call to action.

Are we finally mad enough that we are not going to take it anymore?

Here’s our challenge: While screaming from the window feels good, it’s not going to achieve the lasting change our health care system needs.

That change will come from uniting as a profession. Channeling our anger into a unified voice.

That’s the work of the AMA.

Finding consensus on issues with disparate opinions - that’s why we’re all here.

Our disagreements and debates aren’t symptoms of dysfunction; they are emblematic of our democratic process in action.

It’s what makes this House – and the policies that spring from it – so powerful, and so important.

It’s what intrigued me at my first AMA meeting 35 years ago and has kept me coming back ever since.

I recently read the obituary of a longtime AMA member ... his loving spouse is here with us this evening. David was said to always be patient and kind and able to solve any problem. His famous saying was, “All you need to fix anything are the tools and the time.”

As physicians, we have the tools – our empathy, our compassion and our training, which not only earns us the trust of our patients but the hope that we will step up and lead the charge to heal our health system.

And we are committed to take the time to fightfor as long as it takes ... because we understand the high stakes of what we do.

You and I would not be here today if we didn’t believe in the power of physicians, working together.

And so, we must meet the challenges of this moment with our own call to action.

True reform...lasting change ...won’t happen without you.

But the wrong reforms will.

Our AMA needs you. I am asking you ... and our profession is calling on you today, right here in this moment...

... keep telling your stories, those that anger you and those that inspire you, because the world is listening.

... keep advocating for your patients

... keep reaching out to your colleagues

... keep pushing for the future we all want.

Our profession is worth the fight.

Our patients are worth the fight.

It has been the highlight of my career to participate in, and later lead, the deliberations of this House of Medicine, to speak on your behalf... and to carry this mantle of leadership for our profession.

Thank you for the honor of being your AMA president.

It has been the privilege of a lifetime.

REPORT OF THE EXECUTIVE VICE PRESIDENT: James L. Madara, MD, executive vice president of the Association, delivered the following address title, "Saying Goodbye," to the House of Delegates on Friday, June 6.

Dr. Speaker, members of the board, delegates, colleagues and guests ... good evening and thank you for this opportunity to address you – after our 14-year journey together – for one final time as AMA's CEO.

We can all take pride in the mission-related strides the AMA has taken since 2011 ... in our financial strength, and, not incidentally, in our membership growth, which now exceeds 290,000 for the first time in decades.

At last year's Annual Meeting, I announced my intention to step down the end of this month. I rationalized that 12-month lead time as one that would facilitate a smooth search and handoff ... noting how, in this century, the U.S. men's Olympic 4x100 sprint teams were outstanding in composition but routinely lost the gold medal by failing to execute flawless handoffs.

I'm pleased to say our handoff will be a smooth one. The combined Board/House search committee has secured an outstanding successor – **Dr. John Whyte**, who was Chief Medical Officer of WebMd among a host of other experiences – and Dr. Whyte and I have already had time working together.

He'll be Introduced in a moment by Dr. Suk.

John, I give you my warmest welcome (as well as a burden or two!).

For my final comment, I will, as a way of thanking many for career development, briefly indicate what I think were inputs that helped along the way.

That first input was to have outstanding mentors – from **Dr. Ramzi Cotran**, Chair of Pathology at the Brigham, to **Don Randel**, President of the University of Chicago, and many others, to whom I owe a debt of gratitude. But I've found that mentorship is provided not only by those above.

If one recruits folks who report to you that are superior to yourself, mentorship also comes from below. I cannot think of a better example of such inverse mentorship than what I had from the senior management team here at the AMA – I thank you all for the many insights you provided me. The AMA is fortunate to have you.

Mentors were also critical in another way. Observing them I also developed a set of guideposts for navigating difficult decisions.

A few of those:

- Always take the high road—seems subjective, but it’s usually clear;
- Don’t mistake a dropped ball by a colleague as a conspiracy; and....
- Life is too short—if you’re not having some fun, you aren’t in the right place.

These are simple principles, but ones that have served me well.

Now, while mentorship and principles are important, so is luck.

For example, in 1991 I was one of four finalists selected by the American Gastroenterological Association for that year’s Physician-Scientist Award. The final selection involved an interview by a panel of scientists. The setting was a first-floor hotel conference room in Washington on a hot spring day, with the window open for ventilation.

The judging panel - five renowned scientists in the field – sat on one side of a table which was draped in a white tablecloth. On the opposite side of the table was a chair for the candidate being interviewed. When it was my turn, shortly into my interview, a squirrel – taking advantage of the open windows, leapt into the room – dashed under the table, weaving between the judge’s feet.

What followed was a chaotic, all-hands effort to herd that squirrel out of the room – the judges and I waving napkins, pulling off the tablecloth, and even thrusting chairs ... like lion tamers.

After substantial effort that poor squirrel was guided back out the window into the D.C. wild. By the time we re-assembled the room, my interview time was over, and the next candidate was invited in.

As luck would have it, I got the award – even though my so-called interview was more akin to an episode of *Bugs Bunny* than to any formal academic discussion. So, take the luck when it comes to you.

Mentorship, support of others, some decision guideposts and a bit of luck – those have been key ingredients of my career. But no source of support has been more important than one’s partner.

I’m especially grateful to my wife, **Vicki**, and other family members ... our son Max’s family, with his spouse Audra, and our grandchildren Owen and Auriah, all here ... and our daughter Alexis, who remains in New York with her husband Dmitri and their toddler Aleena and newborn Delila.

The importance of a supportive partner was captured well by **Peter Agre**. Peter is a Nobel Laureate for his work on water channels – or aquaporins. While Dean at University of Chicago, I invited Peter to give our commencement address. At dinner, he told this story:

Peter and his wife, Mary, were driving to Mary’s hometown in Minnesota. They stopped for gas. Peter went inside to buy mints. Glancing out toward the pumps, Peter saw Mary engaging in animated conversation with a man having a disheveled appearance.

The man and Mary then shared an embrace before the man drove off. Once back on the road, Peter asked Mary what had happened back there. She explained that man had been her boyfriend throughout high school.

Peter couldn’t help but say, “Well, he looked a bit disheveled. Aren’t you glad you married me instead?”

To which Mary replied, “Peter, if I had married him, he would have won the Nobel Prize.”

That story well captures the power of partner support. And so, extending that sentiment to my own life: Vicki, thank you for your unyielding support, wisdom, and partnership throughout our journey.

And thank you to the AMA for the honor of serving you for the last 14 years.

Thank you.

INTRODUCTION OF NEW CEO AND EVP, JOHN J. WHYTE, MD, MPH: The following remarks were presented to the House of Delegates on Friday, June 6, 2025, by Michael Suk, MD, JD, MPH, MBA, Chair, AMA Board of Trustees.

It was on this stage one year ago that Dr. Madera announced his plans to retire as AMA's Executive Vice President at the end of this month. What followed was a thorough national search by a committee composed of members of this House and the Board to find the right person to build upon our momentum and lead this organization into the future. I'm delighted to share with you that we have found that person.

Dr. John Whyte is a nationally known physician, executive, corporate strategist, public health advocate, and communication expert. He brings extensive corporate, governmental and clinical experience to the role of AMA's Executive Vice President and CEO to lead the day-to-day operations of the AMA.

A board-certified internal medicine physician for nearly 30 years, and notably a longtime AMA member, Dr. Whyte joins the AMA from WebMD, where he's served as its chief medical officer since 2018. He is credited with helping to grow the media company's strategic partnerships and vision, building relationships with nonprofit government and private sectors to expand WebMD's influence and helping lead the company's evolution from a digital contact platform to an interactive wellness hub that directly connects patients to physicians.

Prior to joining WebMD, Dr. Whyte served as the Director of Professional Affairs and Stakeholder Engagement at the US Food and Drug Administration's Center for Drug Evaluation and Research. In that role, he drove strategies for adaptive trial design and fostered stakeholder engagement critical to regulatory innovation.

Previously, in stints at HHS and CMS, Dr. Whyte gained a deep understanding of health policy, reimbursement strategies and the critical intersection of clinical innovation and payment models. He's also a familiar face and voice to many of us, having joined the AMA as a medical student and serving in leadership roles on the Council on Long-Range Planning and the Resident and Fellow Section Governing Council. He was recently appointed to the AMA's Committee to Help Guide the Future of Technology in Medicine. In other words, he is a solid fit for this role at this pivotal moment for health care, and he's already with us, beginning his transition period with the AMA on June 2 before officially assuming the role of Executive Vice President and CEO on July 1.

There are no shortage of issues facing physicians and patients today, but we know Dr. Whyte's extensive experience with health policy, digital media, new-business development, government, and clinical practice, as well as his years of engagement with the AMA, will serve him well and serve us well as we confront the challenges and opportunities together.

It's my pleasure to welcome Dr. John Whyte.

Dr. Whyte will make his first remarks to the HOD as Executive Vice President at our Interim Meeting in November.

Thank you very much.

REPORT OF AMPAC BOARD OF DIRECTORS: The following report was submitted by John W. Pool, MD, Chair of AMPAC.

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding our activities this election cycle. As 2025 progresses, our profession continues to face multiple challenges in regard to health care policy which will directly impact our practices and our patients. AMPAC will help our profession, and our patients meet those challenges. We remain committed to our core mission - to provide physicians with opportunities to support physician-friendly candidates who will help advance an advocacy agenda that protects our profession and our 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 Delegates members who have supported AMPAC this year, especially those contributing at the Capitol Club levels. AMPAC has instituted a new \$5,000 Diamond level. I am pleased to report there are now 42 Diamond members and climbing—a special thank you to all of you. Your commitment strengthens AMPAC's ability to support AMA advocacy and support champions of medicine.

As of May 31, receipts for the start of the 2026 election cycle total \$594,180 reflecting a 21% overall increase in revenue compared to the same period in the previous cycle. Notably, hard dollar contributions have risen by 27%. Contributions from physicians supporting AMPAC for the first time have increased by 25% over last year, and this influx of new contributors marks a promising expansion of AMPAC's donor base. Meanwhile, participation in AMPAC's Capitol Club remains strong with 529 members and we anticipate a significant boost in Capitol Club membership during this meeting.

Our newly invigorated AMPAC Board has played a vital role in prioritizing AMPAC's fundraising. This is making an impact and positioning AMPAC for even greater success. However, this momentum is only possible with the unwavering support of the leaders within the AMA. The AMA Board of Trustees, the entire House of Delegates, along with AMA Councils and Sections, play a critical role in AMPAC's strength and effectiveness. Leadership starts at the top, and the visible, active engagement of these groups is essential to encouraging wider participation across the organization. I am proud to report that the entire AMPAC BOD has contributed at the Diamond or Platinum level.

To build on our progress, AMPAC has set bold participation goals: 85% engagement from the House of Delegates and 100% participation from AMA Councils and Sections. Meeting these targets will require a shared commitment, but with strong leadership, we are confident we can achieve these ambitious benchmarks. If you haven't supported AMPAC yet, now is the time. Investing in AMPAC means standing up for your patients as we shape the policies that impact how we care for those we serve. We strongly encourage members of the HOD, Councils and Sections 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.ampaonline.org/>

If you are an AMPAC Capitol Club member, we hope to see you at the luncheon on Monday, June 9 at 12:30 p.m., featuring special guest Douglas Brinkley, an acclaimed presidential historian and best-selling author. This event is a great way to connect with colleagues and who have demonstrated their leadership by supporting AMPAC at the Capitol Club level. Dr. William Clark, of Georgia, is the winner of the 2025 AMPAC Political Participation Award which will be presented to him at the luncheon.

AMPAC serves as the bipartisan political action committee of the AMA, established to advance the advocacy mission outlined by the HOD. By building strong relationships with policymakers, AMPAC helps the AMA guide legislative action that supports physicians and strengthens patient care.

Political Action

The 2026 election cycle is shaping up to be another competitive one, especially in the House, as Republicans hold their slimmest majority since the Great Depression. 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. Meanwhile in the Senate, even though

thirty-five seats are on the ballot, control of the upper chamber is likely to come down to just six or seven competitive contests. Republicans hold a six-seat majority, and Democrats face an uphill battle to regain control. Democrats need to defend four competitive seats, win the two Republican seats considered competitive, and flip two more seats. Their hopes likely depend on the Maine Senate race and Republican Sen. Susan Collins is no stranger to winning competitive and costly elections.

AMPAC will be closely monitoring this highly contentious landscape by looking at opportunities in open-seat 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 payment reform showing movement, even in Congress' current state, your AMPAC contributions are creating critical strategic interactions with those in the best positions to move key priorities forward. AMPAC is excited to have 21 physicians in the 119th Congress, the most we believe since 1820. And many of these physician members are in key positions to be helpful to organized medicine.

Though the mid-term election is still a little over 500 days away, AMPAC has begun making early, strategic contributions to members of Congress in key positions for organized medicine. AMPAC will continue to monitor congressional retirements, potential redistricting changes in key states, and work to support and advance the AMA's advocacy agenda.

Political Education Programs

The 2025 Candidate Workshop took place, March 28-30, at the AMA offices in Washington, DC. Registration for the program was strong with 22 participants. This included: 17 member physicians and five member residents and students.

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 Bob Oander, MD of Missouri, who shared his stories and insights from the campaign trail as a physician candidate for office.

Promotion is currently underway for the 2025 Campaign School. The program will take place September 11-14 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 want to extend our sincere appreciation to members of the House of Delegates who continue to support AMPAC and our mission. Your active involvement in both political and grassroots advocacy is essential to amplifying the voice of organized medicine on Capitol Hill. Your dedication not only helps shape sound health care policy but also ensures that the interests of physicians and patients remain front and center in Washington, DC.

RETIRING AMA OFFICERS, DELEGATES AND MEDICAL EXECUTIVES

Connecticut

Bollepalli Subbarao, MD

Kentucky

J. Gregory Cooper, MD

David J. Bensema, MD

Maryland

Harbhajan Ajrawat, MD

Stephen Rockower, MD

Minnesota

Dave Renner

Mississippi

Randy Easterling, MD

New York

Charles Rothberg, MD

Oregon

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INAUGURAL ADDRESS: Bobby Mukkamala, MD, was inaugurated as the 180th President of the American Medical Association on Tuesday, June 10, 2025. Following is his inaugural address entitled, “What Our Patients Deserve.”

Good evening and thank you.

It is an incredible honor to address all of you for the first time as the president of the American Medical Association— and to do so surrounded by family, friends and colleagues who are so dear to me.

Many of you have traveled great distances to be with us tonight, and it means so much to me that you are here.

I have thought a lot about this moment – and what it would feel like to stand at this podium, under these bright lights, with so many distinguished leaders in medicine, so many mentors, seated behind me.

To call this moment humbling doesn’t capture it. It’s moving. It’s awe-inspiring.

It’s motivating because you feel like the world of medicine has placed an enormous responsibility on your shoulders to speak for our entire profession, to call attention to the challenges our patients face, and to illuminate the very common frustrations that are driving physicians away from medicine.

A few months ago, I didn’t know if this night would even be possible.

As I lay in recovery from brain surgery at the Mayo Clinic, with tubes and wires monitoring my every movement, this night – this honor – this opportunity to improve health care seemed a very distant dream.

I am here tonight because of the brilliance of many skilled physicians, because of the enduring love and patience of my family and friends, and because our health care system, for all its flaws – and there are many – is still the best in the world for people like me.

But that is not true for everyone. Most patients who walk through our doors have a much different experience.

Will insurance cover this procedure?

How much is this medication?

How long do I have to wait to see a specialist for this lump in my neck?

These are questions that a vast majority of patients have to ask themselves. They experience a system that is ailing and in serious trouble.

Like me, our health system needs the input of many skilled physicians – physician leaders across every state and specialty – who are working together with incredible purpose and urgency.

It needs the AMA more than ever ... leaders in our profession speaking with one firm and commanding voice.

Our patients deserve better.

Our physicians deserve better.

Our nation deserves better.

The importance of access to physician care is very much on my mind tonight. Right now, in order to save dollars from the federal budget, many in government are seeking to cut basic health insurance from the most vulnerable in our communities. From the kind of people I see every day in my practice in Flint.

Another reason I am here and able to take the presidential oath tonight is because of the incredible advancements our nation has made in biomedical research and medical treatments that simply would not have been possible without the brilliance of physicians and scientists and considerable financial investments by our government.

In fact, the medicine I'm currently taking – an IDH inhibitor– to help prevent growth and maybe even shrink my residual brain cancer, is a drug that was developed through a close partnership between pharmaceutical companies, academic researchers, and the National Institutes of Health – with major government-funded support.

Millions of people like me, none of whom have this privilege, this stage, and this microphone are alive tonight thanks to decades of government investment into research and exploratory science at leading universities and institutes. We cannot lose sight of what medicine and science have achieved in our lifetimes.

And we cannot abandon this progress and endanger the health of millions whose illnesses could have been treated had we stayed on course.

This is not a path toward greatness ... it is retreating from our moral obligation to provide compassionate care for all who need it.

We owe a tremendous debt to those who've blazed a path so that we could walk.

I stand here tonight on the shoulders I quite literally stood on as a kid, those of my parents, Apparao and Sumathi, two immigrants from India who settled in this country believing it offered them – and their future children – opportunities that simply were not possible at home.

They made great sacrifices to come to the U.S. in the early 1970s without knowing anyone. Without a community to guide them. They practiced medicine and cared for patients at a time when our country desperately needed it.

They are part of a generation of immigrants – like those before them and those who still cross our borders today – who, perhaps more than anyone else, believe in what has long been called *The American Dream*.

They see our patchwork nation as a fertile land of near limitless opportunities, and they give back by building communities – and raising their children to be leaders and to help others.

It was my parents who, let's say – gently – nudged me to pursue medicine after I briefly flirted with becoming a broadcast journalist.

And my family's story begins in our hometown of Flint, Michigan, a small Midwestern city whose growth, decline, and resurrection symbolize the very worst and best of our nation.

Flint is a city with a national reputation that simply does not paint the full picture. It has been my home throughout my life. A place where communities have struggled and rebuilt. A city with an underdog mentality – a tenacity – that constantly works toward a better future.

The Flint my parents arrived in was a bustling, thriving city thanks to the General Motors automotive plant that provided a steady paycheck and a good life for tens of thousands of residents. It was brimming with shopping and great restaurants downtown. It was quite a culture shock for my parents, who both grew up in farming families in rural India.

Becoming a doctor was a dream for many children in India – a dream that both of my parents had, but not one that was easily attainable.

My father's father owned a small farm – just 30 acres of land. And he sold that land – acre by acre – each year to earn the money to put his children through school. By the time my father graduated, all the land was gone.

Through hard work and the considerable sacrifice of their families, both of my parents achieved their dreams of becoming physicians – my father a radiologist and my mother a pediatrician. Married at the age of 25, they left India in pursuit of a better life.

A decade later, the Flint of my childhood was quite different. The major automotive plants had closed. People were losing scores of jobs and fleeing the city. Investments dried up, and along with it, so did the civic pride that once defined our city.

I too left Flint in 1988 to attend medical school at the University of Michigan, where I met a brilliant and beautiful young woman whose passion for medicine exceeded her initial passion for me. But I eventually wore her down.

After medical school and residency right here in Chicago, Nita and I returned to Flint, this time with newborn twin boys. We set up our independent practice determined to help the community that raised me and be part of our city's triumphant rebirth.

It was one of the most rewarding and challenging decisions I've ever made.

Post-industrial Flint had – and still has – incredible and heartbreaking health disparities. Widespread poverty, community disinvestment, and a man-made disaster of deteriorating lead pipes have contributed to high rates of obesity, chronic disease, cancers, infant and maternal mortality, and other conditions that paint a pretty bleak picture of health.

Life expectancy in Flint is about 12 years shorter than its suburbs

Nita, as an OBGYN, and I, as an otolaryngologist, see these health disparities up close. We live them with our patients, and we want for them what every physician wants for those in our care:

Longer, healthier lives.

Timely access to care.

Abundant healthy foods, a steady paycheck, and quality schools.

Health coverage that makes that care affordable instead of the number one cause of bankruptcy.

So, I ask myself, is the health system we have today capable of addressing the health needs for the people of Flint? The health needs of people anywhere in America?

Physicians, especially those like Nita and me in private practice, face extraordinary financial pressures just to keep our doors open.

Many have had to make difficult choices to lay off staff, or limit the number of Medicare or Medicaid patients they see, or to close their practices altogether. And when they do, it exacerbates an already crippling physician shortage in the U.S. that is likely to get much worse over the next decade.

Where are our patients supposed to turn?

A couple weeks before I was scheduled to fly to Mayo for brain surgery, a patient called me to schedule a follow up appointment for an ENT issue she had. I told her I would unfortunately be unable to see her for at least the next six weeks while I recovered from surgery.

After checking her options to see other ENTs in our area, she decided it would be quicker to just wait for me to return.

To return from brain surgery!

She didn't know – none of us could know – if I would even be able to practice medicine on the other side of this. In fact, I wrote a note to my office and operating room staff thanking them for 25 years of working together, in case there wasn't a 26th.

But that's the state of medicine today.

Too few physicians, stretched far too thin, attempting to care for a growing patient population but instead dealing with computer and phone "permissions."

Like many of you, prior authorization hassles with insurance companies, even over the most routine of treatments like insulin for diabetics, are an endless frustration for me, my small staff, and our patients.

A few months ago, my staff had to call an insurer about a prior authorization issue because "Mukkamala" wasn't coming up as a provider in their system.

I've been in practice for 25 years and yet, somehow, I wasn't on the list of the largest insurer in our state?

This is not a sustainable health care model.

It is unnecessarily complicated.

And I'm afraid it only gets worse from here if we cannot press Congress and policymakers to address the most egregious failures of our current system and put health care back on solid ground.

This won't happen by accident.

This won't happen because members of Congress suddenly have an "epiphany" that they are failing physicians and patients and worsening the deep health divides in our nation.

It only happens because physicians, in great numbers, stand up and demand that it happens.

That is the work of the AMA.

That is the work across organized medicine and physicians in every state who are in the trenches with us.

Our patients and our colleagues are why we fight.

And why we will continue to fight until our health care system truly reflects the values of our profession.

Compassion.

Access.

A respect for human dignity and rights.

We have a long way to go. But I'm committed to this work, and I'm ready for this fight.

The AMA continues to sound the alarm about what two decades of declining Medicare payment to physicians is doing to independent practices and its disastrous ripple effects across health care.

We continue to call attention to the worsening physician shortage, driven by excessive administrative burdens and busy work that steal time from our day and contribute to an increasingly impersonal and bureaucratic system.

Is it any wonder that physician burnout continues to hover around fifty percent?

We continue to defend medical practice in our states through contentious battles over scope of practice, believing what our research clearly tells us – that patients want, deserve and simply do better when their medical care is directed by those with the most training: their doctors.

We continue to influence the design and function of health technology so that it enhances – it *augments* – what a physician can do.

We continue to educate others about the deepening health inequities and push for equity-centered policies that open doors to care for all who need it.

This is what it means to be a physician leader today in this dramatic moment for health care in our country.

What are we doing to create the kind of health system that meets the needs of our changing nation?

What are we doing to ensure that our country will always be a land of opportunity for people like my parents – people who came here for a better life, believing, one day, that their son or daughter could stand on a stage like this and carry this torch forward?

For so much of my career, my view of the patient experience and the needs of our health system have been sharpened by what I see in my practice and what I experience through the difficult work of organized medicine.

This perspective changed forever last November, at the AMA's Interim Meeting in Orlando. I was giving a rather routine talk to physicians and medical students at the Minority Affairs Section meeting when my speech became garbled and for a minute or two, I wasn't making any sense.

It was one of those moments when I was lucky to be in a room full of physicians that knew me well.

Although I didn't realize what was happening, colleagues in that room – some of whom are here tonight – worried that I might have suffered a stroke and urged me to get evaluated.

A few days later, an MRI revealed the kind of diagnosis that shakes a person to their core - an 8 cm temporal lobe cancer on the left side of my brain – one that likely had been growing for years.

A lot happens when you get diagnosed with a brain tumor.

There's a lot to process – not only for the person with the tumor but the loved ones in their life.

For me – a physician with a highly analytical mind who tries to keep his emotions in check – the question was simply: *Okay, I've got a brain tumor. Now what?*

I was fortunate that within a couple days of this MRI, I had half a dozen opinions from leading experts, and ultimately an appointment at Mayo Clinic with some of the world's best neurosurgeons and neuro-oncologists.

I had successful brain surgery last December -- and I stand here tonight incredibly grateful but also changed by this experience.

No, not because my brain is smaller. I've changed because I have a better understanding of our health care system. After 25 years as a practicing physician, I was at death's door as a patient.

As Nita and our sons will tell you, I have found a well of emotion inside me that I had long ago buried. Unfortunately for them, they now bear the brunt of it.

I speak to others about my experience as often as I can – to medical students and residents, to reporters, to fellow physicians and to fellow brain tumor patients.

I even started a file on my computer that I simply call “*tumor wisdom*” and in it I reflect on how fortunate I am, what insights I have gained about medicine, and what our patients need from us.

Some of these musings are quite personal, like the note that talks about how impatient and intolerant I can be with patients who have psychological needs on top of their physical needs.

I know this to be a character flaw, not in my patients, but in me – and I'm working on it.

Other notes relate to religion and the power of prayer and worship, beliefs that are important to my parents and millions of others, but, until now, had never been of great significance to me.

I now pledge myself to approach such things with open mindedness and not the cynicism from before.

But the very first note I wrote when reflecting on my cancer was this: If I lived just one mile away in almost any direction in Flint, if I didn't have the connections that come with being a prominent physician and now, president of the AMA, I would still be waiting for that MRI scan instead of healing at home.

And the outcome could have been much, much different.

There are tremendous gaps in our health care system that require our attention.

And it all starts with timely access to care.

That's why continuing to fight for adequate health coverage for our patients is so important.

Why fighting to repair and rebuild our physician workforce is so important.

Why fighting to spend more money on our patients and less on health care bureaucracy is so important.

Why fighting to remove the barriers to care that impact so many people is so important.

And why fighting for a sustainable, equitable health care model is so important.

This is the work of the AMA.

And it's the work that will sustain me throughout my presidency and however many years I have left to serve my community – and my profession.

One other note of “*tumor wisdom*” that I wrote down says: “*Don't wait to show affection to people until a moment like this.*”

And so, I stand here tonight with immense gratitude, not just for the support that I have received in the last few months, but for the support from loved ones and friends throughout my career and on my journey to becoming AMA president.

Thank you to my Michigan State Medical Society & Great Lakes State Coalition, their delegations here, and my advisors within. My home.

Thank you to my fellow otolaryngologists and our academy's delegation here. My home away from home.

Thank you to all of the people here tonight from Flint, including my office staff, for your patience and tireless support.

Thank you to my inner circle of friends and advisers within this House for helping me be a better leader.

Thank you to my fellow board members and those that preceded them for teaching me how to lead.

Thank you to the generation of leaders before me for paving the way – and for all that you have done to shape this organization.

And of course, thank you to my in-laws, my parents, my wife Nita, and my sons Nikhil and Deven – for absolutely everything.

There is no doubt that our nation and our profession face many challenges right now. And in moments like this it would be easy to fall into hopelessness and apathy.

But this is where we must find the motivation to drive us forward – to push the work of this organization forward.

I believe that physicians are built for moments like this.

We are problem-solvers.

We are advocates.

We are resilient.

And we are determined.

We must speak with one voice to demand a better future for our patients and our profession.

This is where we rise.

Thank you so much.