

Jack Resneck Jr., MD

**Address to the AMA House of Delegates
Interim Meeting 2022
November 12, 2022**

What Unites Us

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

On my [inauguration night](#), I shared the story of Georgene Johnson, a middle-aged woman who, having recently taken up jogging, *thought* she'd signed up for a local 10k race ... only to realize several miles in that she had mistakenly started running the Cleveland marathon.

If you heard my speech, you may recall that after a bit of crying and failed efforts to get back to the starting line, she finished all 26.2 miles.

Asked later what she had been thinking during the race, Georgene said:

“This isn't the race I trained for.

This isn't the race I entered.

But, for better or worse, this is the race I'm in.”

Physicians have been running our own marathon these last three years, and we, too, are discovering unexpected challenges at every mile.

How can a profession that put its lives on the line to lead our nation through this pandemic ...

... that continues to fight an onslaught of medical disinformation amid increasing hostility and threats...

How can we at the same time face ominous Medicare cuts as practice costs surge ...

As giant health care mergers concentrate market power ...

And as an ever growing list of administrative demands pull us away from what drew us to medicine in the first place – caring for our patients.

A scary question just crossed my mind: How much will all of our EHR in-baskets grow in the few minutes I'm at this microphone? I shudder to imagine.

Predictably, we are now seeing soaring rates of physician burnout, climbing from 38 to 63 percent in 2021. One-in-five physicians say they will leave practice within the next

two years.

I've felt many emotions over the past five months.

Most often I've felt pride in our profession and gratitude for the privilege to serve.

But those statistics have me deeply *worried*.

As article in the The Atlantic last year got right to the heart of the matter. The author wrote: "Health-care workers aren't quitting because they can't handle their jobs. They're quitting because they can't handle being unable to do their jobs."

I think a lot of us here – and our colleagues around the country - can identify with this sentiment.

We haven't lost the will to do our jobs ... we are frustrated that our health care system is putting too many obstacles in our way.

That's why we need the AMA. That's why we need organized medicine.

That's why we need each other – to eliminate those obstacles that are driving burnout in the first place, barriers erected in Washington and in state capitols, by health insurers and PBMs, and in our places of work.

But let me first talk about another emotion I've been feeling lately. It's brought on by something most of us, as doctors, never expected to face.

I'm *angry*.

I'm **angry** about how science and medicine have been politicized ... about the flood of disinformation that seeks to discredit data and evidence, undermine public health, and misrepresent the wise policy of this House and our AMA's work to implement it.

It began with COVID, and lies meant to sew confusion and divide our nation.

Lies about masking ... you don't need them, so don't wear them.

Lies about vaccines ... they have microchips, or don't work, so don't use them.

Lies about public health leaders and even frontline physicians ... they're profiteering from the pandemic, so don't trust them.

You are ambassadors of truth, doing the difficult work to reject these falsehoods and impart your knowledge to a weary public.

But this fight is intensifying. More and more we are seeing attempts to undermine the

work of organized medicine by those who seek to divide.

By those who are weaponizing disinformation and misrepresenting our health equity efforts ...

Distorting what gender-affirming care entails ...

Ignoring mountains of evidence about what is needed to address the public health crisis of gun violence ...

Or denying the serious health consequences patients can face in states that are restricting access to comprehensive reproductive health care, including abortion.

You know and I know that we did not pick these fights, and that our organization isn't on any political team.

The AMA is fiercely non-partisan. We have evidence-based, open debates in this House ... and our actions are driven by the policies that *you* create.

And *you* represent every state, every specialty, employed and independent settings, rural and urban communities. You come from every point across the political spectrum. I can attest to that last part from the emails you all send me!

We are influential individually as physicians and collectively as the AMA because we are the grown-ups in the room. We follow the evidence. Science is our North Star.

And because we work with political leaders, from *any* party, at *any* time, when they are willing to help us improve the health of the nation.

But make no mistake. When politicians insert themselves in our exam rooms to interfere with the patient-physician relationship ... when they politicize deeply personal health decisions, or criminalize evidence-based care ... we will not back down.

We will always stand up for our policies ... for physicians ... and for our patients.

This House recently affirmed the importance of access to comprehensive reproductive health care services, including abortion and contraception. Since we last gathered in Chicago in June, many states have raced to criminalize abortion in the wake of Dobbs, and the drivers of disinformation have been at it again.

Now they are falsely claiming that we have exaggerated or even fabricated stories about the real consequences of those laws ...

Stories about patients with ectopic pregnancies, sepsis or bleeding after incomplete miscarriages, or cancers during pregnancy – patients who are suddenly unable to get the standard of care that was unremarkable for decades ... patients who now must, absurdly,

travel hundreds or thousands of miles across the country to exercise their choice, and obtain basic medical care.

Denying our experience is helping prop up restrictive laws that are creating chaos – and leaving physicians in impossible positions.

I never imagined colleagues would find themselves tracking down hospital attorneys before performing urgent abortions, when minutes count ... asking if a 30 percent chance of maternal death, or impending renal failure, meet the criteria for the state's exemptions ... or whether they must wait a while longer, until their pregnant patient gets even sicker..

In some cases, unstable patients are being packed into ambulances and shipped across state lines for care.

To those who are forcing physicians into these ethical dilemmas, your efforts are reckless and dangerous.

As I told Congress, medicine is complicated, and doctors didn't pick this career because it's easy. What makes the practice of medicine interesting are the uncertainties of diagnosing and treating patients, and how each patient brings their own preferences and values into the equation.

Tough decisions we make together with patients every day don't fit neatly into statute. Our jobs are hard enough without politicians second-guessing our decisions.

We're already seeing serious downstream consequences. Some patients with lupus and rheumatoid arthritis can't get their Methotrexate prescriptions filled. Medical students, residents, and fellows in many states are being robbed of opportunities to train in the breadth of reproductive health care.

Who will want to train in states where physicians can go to jail for providing the care their patients want and need?

We also know the impact of these unjust laws fall most directly on low-income communities and those who have been historically marginalized.

The AMA has filed briefs in about a dozen state and federal courts this year, met with the White House, testified before Congress, called attention to these injustices in media interviews, and continue to work on every front to mitigate the risks our patients face in the post-Dobbs era.

But I can't sugar-coat how dangerous it is for physicians to know that governors, legislators, state attorneys general, and law enforcement are all perched on their shoulders in exam rooms, waiting to judge decisions we make in partnership with our patients. It's getting mighty crowded with all those folks squeezing into our exam rooms!

We didn't pick this political fight ... but we will stand up for our patients, for the policies of this House, and for our profession.

More lies cloud our ability to care for transgender patients. Drivers of disinformation say that gender-affirming care clinics are performing genital mutilation surgeries on teens, not involving families in care decisions, or using medical treatments on young children who show up after wondering for one day if they are trans.

The bearers of these damaging falsehoods now say that our call for the DOJ to investigate those who threaten, provoke, or carry out violence against physicians or children's hospitals was a call for censorship and for government to investigate and detain anyone who disagrees with us.

That's simply untrue, but it's part of an effort to criminalize gender-affirming care. Physicians understand the evidence that it, along with lessening stigma and discrimination in the community, reduces depression and suicide risk among transgender or nonbinary adolescents.

Or consider the unscrupulous tactics of those who misrepresent our work on health equity.

Whether raising awareness and addressing hypertension in Black women ... suing the FDA to crack down on menthol cigarettes ... pushing upstream to influence determinants of health ... or working to ensure equity in digital health and innovation, we undertake this work because we see clear evidence of appalling inequities and racial injustice ... and because our ethical and moral compasses demand that we act.

And again, the genesis of this work lies in the policies of this House.

But a recent Wall Street Journal op-ed erroneously and offensively claimed that because of these efforts, we are admitting unqualified Black and Hispanic students to medical school, risking the public's health. And a fascist group protested outside of a Boston hospital, alleging that specific physician leaders who were engaged in health equity were killing white patients.

Enough is enough.

We cannot allow physicians or our patients to become pawns in these lies.

All of this is exacerbating the burnout crisis in medicine. Doctors, facing threats and obstacles on so many fronts, are tired.

Some are wearing down and leaving the profession they have dedicated their lives to.

Telling them to be more resilient, or to do more yoga, and to enjoy a free dinner from the hospital CEO isn't going to heal the burnout. While wellness has its place, to focus solely

on resilience is to blame the victim.

We need to fix what's broken – and it's not the doctor.

While the AMA is partnering with practices and health systems to implement proven strategies and remove pain points that make caring for patients harder, we're also addressing the larger obstacles that drive burnout at the system level.

That's the foundation for our [Recovery Plan for America's Physicians](#).

One pillar of that plan is Medicare payment reform.

As we emerge from the worst of COVID, as practice costs have surged in the face of substantial inflation, and physicians struggle to retain staff, I can't think of a worse time for Medicare to threaten almost eight-and-a-half percent across the board payment cuts. How demoralizing!

Our AMA is fighting to stop those cuts, and I'm glad to see all of Medicine aligned in this effort. We must and will keep the pressure on Congress to act before the end of the year.

But simply blocking every planned cut, as we've done before, isn't good enough.

Physicians deserve financial stability, including automatic, positive, annual updates that account for rising practice costs. And it's time for reform of unfair budget neutrality rules that penalize doctors for things beyond our control.

That's exactly what the AMA and over 120 other medical societies are demanding – and we're laying the groundwork to achieve these goals.

It won't happen overnight, but Congress is finally beginning to understand how unsustainable and unfair it is to treat physicians so differently than hospitals, nursing facilities, and others.

Restoring joy in medicine also requires reducing friction and obstacles that interfere with quality patient care. And there really isn't a more infuriating example than onerous prior authorization demands.

It's not just costly and annoying for our practices – it does real harm to our patients.

I won't repeat the statistics – you've all heard me rail about this before. Yet again this week, from my hotel room here, I found myself filing out prior auth form for generic topical steroids invented in the 1960s.

As someone who rarely loses my temper, my clinic staff know that if I do start hollering, I'm probably on a so-called “peer-to-peer” appeal call, arguing about a denial and a non-

sensical alternative recommendation, with someone who has never heard of the disease I'm treating.

But I'm glad to report that the momentum is shifting. Almost every policymaker I talk to has experienced an unfair delay or denial for themselves or a family member.

The House of Representatives overwhelmingly – and in bipartisan fashion – passed a bill to begin to address prior auth in Medicare Advantage plans. We still have to overcome some hurdles in the Senate, but I'm encouraged by what we have done.

That includes work in states around the country that are enacting their own prior auth reforms, many modeled on AMA's proposals.

Also at the state level, the entire House of Medicine has partnered to stop dozen and dozens of unsafe scope expansion proposals.

In my home state of California, our governor was persuaded to veto a radical bill that would have allowed optometrists to perform laser eye surgery, ocular injections, and other complex procedures. Not only is it unsafe to remove physician leaders of the health care team, but a growing body of evidence shows that doing so actually increases cost.

Guided by evidence, driven by quality and patient safety, we'll keep fighting for physician-led teams.

Some of the challenges we're facing weren't unexpected. But like Georgene Johnson in her unplanned marathon, some are surprising.

Taking a lesson from Georgene, I'm neither deterred nor hopeless.

I'm determined.

The wise policy that emerges from debates in this House gives us the map we need to navigate the course ahead of us – even if it's not exactly the race we trained for.

Yes, we face the threat of reckless Medicare cuts, and too many obstacles erected by health insurers, at a time of growing burnout.

Yes, there are unprecedented attacks on our profession, on science, and on our patients.

But, like me, you're here because you believe our collective action can make a difference.

You believe in science and in the humanity of our profession.

Most importantly, you share a resolve to use the power of organized medicine to fight back against the pressures we face ... to create a health system that is more equitable,

more accessible, and that works better for doctors and patients.

On this, we are united.

On this, we will never waver.

We will never back down.

Thank you.

###

