**AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**76th INTERIM MEETING**
**WALT DISNEY SWAN AND DOLPHIN RESORT**
**November 8-12, 2024**

**CALL TO ORDER AND MISCELLANEOUS BUSINESS**

**CALL TO ORDER:** The House of Delegates convened its 76th Interim Meeting at 6 p.m. Friday, November 8, in the Pacific Ballroom of the Walt Disney Swan and Dolphin Resort, Orlando, FL. Lisa Bohman Egbert, MD, Speaker of the House of Delegates, presiding. The Saturday, November 9, Monday, November 11, and Tuesday, November 12, sessions also convened in the Pacific Ballroom. The meeting adjourned following the Tuesday session.

**INVOCATION**: The following invocation was delivered by Chaplain Jason Fletcher, pastor and director of the Apopka Christian Academy and a military chaplain for the Florida Army National Guard with multiple continental US deployments:

> I'd like to ask this evening as we pray if I could have everyone stand to their feet, please. And as we pray, I'll pray after my faith tradition, but if you'll bow your heads with me just in honor this evening.
>
> Heavenly Father, we invite you here and invoke your blessing on this event. We come before you humbly and with gratitude as we gather to celebrate the mission and work of the American Medical Association. We thank you, God, for the gifts of knowledge, compassion and skill that you have granted those here at the AMA who serve in medicine, striving to improve public health and advance the art and science of healing.
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> Lord, you have blessed us with leaders who embrace the responsibility of leadership, and we recognize the efforts of those who've come before us, whose vision and advocacy have advanced patient care and public health. Their unwavering commitment inspires us here today to continue to remove obstacles, lead the change in preventing disease and drive forward the future of medicine. And we thank you for each member who is here tonight to continue to lead with integrity, excellence and ethical behavior that has defined the AMA's work and continue to shape its legacy.
>
> Lord Jesus, we ask that you continue to guide each physician, inspire the hearts of each and every leader here and fill all who work in health care with your spirit of wisdom. May tonight's gathering reaffirm each person's dedication and the dedication of the AMA to tackle the biggest challenges in health care, train the leaders of tomorrow and serve others.
>
> I pray your blessing on this event. Heavenly Father, continue to lead us to turn our heart towards you each and every day.
>
> And we pray all this in your most holy and wonderful name.
>
> And everyone said, Amen.

**REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS**: The following reports were presented by Robert H. Emmick, MD, Chair:

**CREDENTIALS**: The Committee on Rules and Credentials reported that on Friday, November 8, 482 out of 707 delegates (68%) had been accredited, thus constituting a quorum; on Saturday, November 9, 622 delegates (88%) were present; on Monday, November 11, 669 (95%) ; on Tuesday, November 12, 675 out of 708 (95%) were present

**RULES REPORT - Friday, November 8**

**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, November 9**

**HOUSE ACTION: ADOPTED AS FOLLOWS**
**LATE RESOLUTIONS 1001, 1002, AND 1003 ACCEPTED**

LATE RESOLUTIONS

The Committee on Rules and Credentials met Friday, November 8, 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 1002 – Restoring Annual and Interim Meeting Schedule
- LATE 1003 – National Preparedness for IV Fluid Shortages

Recommended against acceptance:

- LATE 1001 – Establish Pregnancy as a Federal Qualifying Life Event Triggering a Special Enrollment Period *[NOTE: Late 1001 was accepted by House vote]*

**CLOSING REPORT**

**HOUSE ACTION: ADOPTED**

Madam Speaker, Members of the House of Delegates:

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

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

Whereas, The Interim Meeting of the House of Delegates of the American Medical Association has been convened in Orlando, Florida, the period of November 8-12; and

Whereas, This Interim Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of policy deliberations and fellowship; and

Whereas, The City of Orlando 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 Walt Disney World Swan and Dolphin Resort, to the City of Orlando, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Interim Meeting of the House of Delegates.

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

**APPROVAL OF MINUTES**: The Proceedings of the 2024 Annual Meeting of the House of Delegates, held June 7-12, 2024, were approved.

**ADDRESS OF THE PRESIDENT**: AMA President Bruce A. Scott, MD delivered the following address to the House of Delegates on Friday, November 8, 2024.

Madam speaker, members of the board, delegates, colleagues and guests, it is an honor to speak to you this evening.

The day after returning home from the incredible high of my inauguration, I was in the hospital to see a consult - you know, doing my real job, practicing medicine. A physician whom I did not know… and since we're at Disney, I'll call him "Dr. Grumpy", came up to me and bluntly asked, "So how are you going to fix it?"

"I don't know," I told him. "I haven't seen the patient yet."

He shook his head. "I'm not talking about a patient. Aren't you the new president of the AMA? I mean how are you going to fix health care? It's a real mess."

Little did I know, he was just getting started.

"We're getting paid less every year for working harder. They keep piling more administrative 'stuff' on us. The insurance companies and the administrators have all the power. I'm ready to get out as soon as I can."

Still somewhat stunned, but shifting back into my AMA mode, I acknowledged his concerns and explained that I too experienced all these challenges. Then, pulling a line from my inaugural address, I proclaimed, "and I'm ready to fight, fight for our profession, fight for our patients."

His cool response…"Well, it's about damn time."

So, I asked the obvious question: "Are you an AMA member?"

"No," he told me. "I quit years ago. I read something the AMA did and it really *turned* me off."

Ignoring all my media training, I said back to him, "The first step to *Fix It* is for you to join us so we can fix it, together."

Thankfully, the people here in this room know that the work to fix what's broken in health care belongs to each of us, and to all of us. And I'm optimistic, because we're in the most magical place on earth.

Much of my travel this year has been to rural areas. You see, I've been pitched as the "rural physician", even though my practice serves a metropolitan area of almost a million people. I guess if you're from Kentucky, you're rural.

Accordingly, my travels have taken me to Mississippi, Louisiana, Arizona, Utah, Tennessee, Texas, Iowa, Indiana, Idaho and South Dakota - twice. I have seen Mount Rushmore, not to mention the world's largest Buffalo, and nearly missed my plane from Sun Valley because the streets were filled with the annual "trailing of the sheep."

At one point, after visiting a critical access hospital in a remote area I drove to the "regional" airport. Now, I have been on some small planes and through some small airports, but never before had I seen a sign on an airport entrance that read: "At lunch, back shortly."

So, I waited in the small parking lot. After a bit another car pulled up and a man in a suit walked over to the door, seeing the sign he returned to his car. A bit later, a woman inside flipped the sign over and welcomed us in. We followed her over to the rental car counter and she processed our returns. When I walked to the ticketing desk, there was the same woman. She checked us in, along with a family of four who had arrived. It was going to be a full flight. Then she proceeded over to the TSA area and announced security for the flight was now open. When she asked the guy in front of me for his ID, he said: "You just saw my ID a minute ago at check-in." She responded," Sir, that was for airline check-in, this is TSA." A few minutes later, we saw the same lady loading the bags onto the small plane. The other guy turned to me and said, "If she's flying the plane, I'm driving."

This is emblematic of health care today, as fewer physicians are asked to do more and more. You see, the challenges that health care faces are not hypothetical. They are here now, and they are magnified in rural areas where patients

today face a shortage of 20,000 primary care physicians, where 80 percent of counties lack specialty care, and where eleven hundred counties are without a single obstetrician.

We have all heard the alarming statistics …1 in 5 physicians hope to leave their practice in the next two years, 1 in 3 plan to reduce their hours, 40 percent of medical students are unsure they ever want to enter clinical practice. These are not just statistics; these are our colleagues, our brothers and sisters in this profession.

I want to read part of a letter, shared with me by a friend, from an OB/GYN in a rural area:

*To my patients,*

*With profound sadness and a heart full of memories, I am writing to inform you that after 27 years of dedicated service, my practice will be closing on October 31, 2024. This decision marks the end of a chapter that has been filled with joy, challenges, and countless moments of connection with each of you.*

*The world of independent medical practice has become increasingly difficult to navigate, and despite my deep love for this work and for all of you, the financial pressures have reached a point where I can no longer sustain the practice.*

*It breaks my heart to step away, knowing how much trust you have placed in me over the years. I am keenly aware of the challenges you may face in finding new care, especially given the strain on other practices in our community*

*I am deeply grateful for the trust you have placed in me, and it has been an absolute privilege to be a part of your lives. Thank you for allowing me to be your doctor, your confidant, and your advocate.*

This letter broke my heart. We cannot afford to lose even one more doctor. But the financial reality we face makes letters like this more common.

We're all familiar with the 29 percent reduction in Medicare payment to physicians since 2001. And now it's official – CMS proposes another 2.8 percent cut for next year**,** while at the same time estimating that our expenses to deliver care will increase by 3.5 percent. This is unsustainable and is pushing physician practices to the brink of financial ruin.

And it's not just Medicare because in most states Medicaid is based upon Medicare rates, and private payers - who are all keenly aware of the two-decade spiral of Medicare payments - often tie their physician contracts to the Medicare payment schedule. This puts us in an impossible position. Either turn away patients, reduce our hours, or close our doors for good. And in each of these scenarios, it's our patients who suffer, particularly our nation's elderly and disabled persons. This is why Medicare payment reform has been the AMA's top advocacy priority, and why it will continue to be until meaningful reforms are achieved.

So, how do we fix it?

Well, to quote the words of 233 bipartisan representatives in a Dear Colleague letter addressed to Congressional leadership:

*"To prevent the very real scenario of insufficient access to physicians treating Medicare patients, Congress must stop the 2.8 percent payment cut from occurring in 2025, enact targeted reforms to statutory budget neutrality requirements, and provide physicians with a payment update reflective of inflationary pressures."*

And last Friday, the Medicare Patient Access and Practice Sustainability Act of 2024 was formally introduced, a bill that would eliminate the 2.8 percent cut for 2025 and provide an update based upon the inflationary cost of practicing medicine. Now, Congress must prioritize passing this legislation during the lame duck session. Make no mistake, this is going to be an uphill battle. But I believe that with the unified voice of physicians from across the country, from every state and specialty …

Together, we CAN Fix it. We CAN Fix Medicare Now!

As physicians, we are also familiar with the needless delays and denials from prior authorization and the harm it causes for patients. We all know that prior authorization denials are rarely – if ever – rooted in science or evidence. When I get on the phone to appeal a denial with a so-called peer, it's often clear I'm not talking to someone who has been to medical school. It's almost never an otolaryngologist. Heck, most of them can't even say *otolaryngology*. But after years of sustained pressure from the AMA, united with our Federation partners – the education campaigns, model bills and persistent lobbying efforts – resulted in more than two dozen prior authorization reform bills enacted in states since 2023.

On a federal level, when we couldn't get Congress to Fix It, we went straight to CMS. And our advocacy was instrumental in a CMS final rule for 2024 for government-regulated health plans to reduce the timeframes for prior authorization, to improve transparency, and for payers, to move beyond fax machines. Congress is finally hearing our message.

Quoting from a letter to CMS, not from the AMA, but from the Chair of the U.S. Senate Committee on Finance and influential members of the House

*"Medicare Advantage plan use of prior authorization has skyrocketed – reaching 46 million requests in 2022 – burdening health care providers and delaying care."*

46 MILLION requests from Medicare Advantage plans alone … let that sink in. The letter goes on to say,

*"Overuse of prior authorization is not only harmful to patients, it hinders health care providers' ability to offer best in class service."*

I couldn't have said it better myself.

Our AMA, with your support, helped get the "Improving Seniors' Timely Access to Care Act" reintroduced this year. I'm happy to report that last week, a modified version of the bill was given a CBO score of zero dollars and now has 221 House co-sponsors and 54 Senate co-sponsors – that reflects true bipartisan, bicameral support. We also urge Congress to pass this bill before the end of the year! Together, we can fix it.

The final challenge that I want to address this evening is scope of practice expansion. Simply put, patients deserve to be cared for by a physician. And patients agree - with 95 percent of patients saying they want a physician involved in their diagnosis and treatment.

The data now confirms what we as physicians already knew – that non-physician providers use more resources, overprescribe antibiotics and opioids, order unnecessary diagnostic tests and imaging. And when you put it all together, patients that don't have a physician involved in their care have worse health outcomes and higher overall health care costs. And thanks to our combined advocacy – with bipartisan support, this time at the state level - we've secured significant scope victories to protect patients, defeating more than 80 bills this year, including those that would have removed physician supervision of nurse practitioners, allowed optometrists to perform eye surgery, and licensed naturopaths to prescribe medications.

Let's be clear: changing your name from physician assistant to physician associate - does not change the fact that you have not been to medical school.

The only way to fight these battles, to fix this problem, is with a unified front. And the AMA will not back down.

I recognize that we've just come to the end of a polarizing election, and that makes it all the more important that we find common ground on these issues that we know are harming our patients, our fellow physicians and our practices. Our AMA works with Democrats and Republicans to fix the flaws in our health system and improve public health, and that means advocating for meaningful solutions regardless of who is in power.

Be assured that we will **always** remain true to our mission. That we will always stand for science, follow the evidence, and be guided by the policies of this House.

I saw Dr. Grumpy again not long ago. I wasn't really looking forward to another encounter, but he approached me and said, "I've been following your work at the AMA. I've seen some of the quotes and interviews. You really are fighting for our profession and our patients." And then … he showed me his AMA membership card.
You see, this work, to advocate for our profession, for our patients, belongs to all of us, to all of you, to all in our profession.

At my first AMA meeting, I saw the power that physicians have when we come together as a unified body. All these years later I still believe the AMA makes a difference for our patients and our profession. I still believe…in the power of a unified profession. I still believe it …because I see our advocacy in action. I see the results.

I believe that together…WE CAN FIX IT!

Thank you.

**REPORT OF THE EXECUTIVE VICE PRESIDENT**: James L. Madara, MD, executive vice president of the Association, delivered the following address to the House of Delegates on Friday, November 10.

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

My wind down as CEO by chance paralleled the presidential election. Out of curiosity I revisited comments made by U.S. Presidents ending their terms. I'd separate those messages into two categories.

The most common approach was focused on the past – celebrating what had been accomplished. Let's call that the "end zone dance and spike-the-ball" category. However, the past is the past, and results already exist in record.

In contrast, the second category of parting message was a view toward the future – identifying challenges on the horizon. One example of this future-directed approach was provided by Dwight Eisenhower. In leaving the White House he famously cautioned against what he termed the "Military Industrial Complex"; how we had to maintain military strength but, in the process, not lose ourselves to militarism driven by the manufacturing opportunity and resulting positive market impact.

Another future-oriented message came from Jimmy Carter. His comments focused on the emerging challenge that emanates when narrow self-interest replaces a collective effort toward the greater good – impacting everything from the health of democracy to the viability of the planet.

These future-oriented approaches seem to me more a value-add than the backward-looking end-zone-dance approach. I'll deploy this eye-to-the-future approach to highlight some thoughts on two governance challenges we face. To do that, it's helpful to outline the context of my arrival at the AMA.

In 2011, the Chair of my search committee was Dr. Jerry Lazarus. At one point I was asked what I thought of AMA's governance. Assuming this wasn't a trick question (which it might have been), I gave a two-part answer. First, I told him that if one started with a blank sheet of paper, it's unlikely one would draw up our governance exactly as it exists. But secondly, the search committee indicated that the AMA was not satisfied with the way strategy was done – there were too many small projects of limited duration that did not amplify each other for impact. Additionally, the committee wanted an approach that, building on our policies, would bring our mission statement more to life. And there was a sense that dealing with those things could mitigate the bleeding in membership, reversing the downward membership trend that had existed for 40 years.

Thus my thought was that restructuring governance while at the same time developing a more impactful and focused strategic direction was combining two very heavy lifts. It would be good to focus on one. And in my view, the AMA would be better served focusing on that strategic mission-related vision, for the time being, while playing the existing governance hand. I believe Dr. Lazarus and the Committee saw sensibility in that – at least that was my interpretation since I was invited back!

That was the genesis of the AMA's three strategic arcs, driven by the three accelerators that I routinely overview in these presentations. From that, flowed elements such as our medical education consortium, the Center for Health Equity, our Health2047 innovation studio in Silicon Valley, and several other amplifying programs and initiatives

that I highlight in my regular remarks to the House. Along the way, AMA membership not only stabilized from its decades of decline, it **grew** by 30 percent.
With our mission-focused work now in place and having nearly 14 years' perspective, I'd like to return to the governance question asked of me in 2011. Not only is the environment quite different now, but our progress in the last 14 years has itself generated potential future challenges to our existing governance.

A first challenge emanates from the size of this House of Delegates. In my first appearance in the House in 2011, there were just over 500 delegates. Today there are over 700. There are a few factors that have contributed to this increase - one being the decision to balance representation between state and specialty societies. However, another driver, accounting for nearly 40 percent of this increase in House size, is a consequence of membership growth. In our current governance, increases in membership directly result in an increase in the number of delegates.

A House of substantial size provides both opportunity and challenge. Opportunity in adding yet more diverse opinions, experiences and contributions. On the other side of that coin, large deliberative bodies can be cumbersome and inefficient. Through what rational lens might one examine the "right size" of this House. Is 700 delegates and growing, a sufficient representation of our 1 million physicians? Or is the House becoming too large?

Studies that analyze the size of representative bodies provide insight into such questions. General conclusions suggest that as representative bodies increase in size, they tend to spend more money …and the quality of democracy generally declines.

But what is too small or too large? While there's no agreed upon rule for assessing optimal size, there are guideposts. The "cube root law", which is a commonly cited math model, is one. It specifies that the optimal number of seats in a legislature relates to the cube root of the population represented. Since there are approximately 1 million physicians in the U.S., the cube root would suggest a House of just 100 delegates. Now 100 would seem too small for our House since, for example, nearly 200 societies are here represented. But while 100 may not make sense, does seven times that 100 value deserve attention?

Our nation once tied the number of members in the U.S. House of Representatives to its population. Recognizing what this would eventually mean given our nation's rapidly expanding population, Congress acted to cap the size of the House of Representatives to 435 members in the Reapportionment Act of 1929, before later adjusting for the statehood of Alaska and Hawaii and then once again readjusting back to 435. The U.S. House has undergone reapportionment multiple times – it's contentious, but doable. Perhaps another guidepost is the simple fact that the AMA House is now significantly larger than a joint session of Congress, which represents some 330 million Americans. The bottom line is that if we plan on continued growth in membership, but don't consider the downstream effects on the size of this House, we could eventually find our functionality challenged.

If one emerging governance challenge is the size of the House, a second is the nature of representation within our House. An increasing number of physicians are employed. Roughly 42 percent of physicians were employed when I began in 2011, but now that number is above 50 percent. In the 1980s 76 percent of physicians owned their own practices. By 2022, that number had fallen to 44 percent. My sense is that there will always be a critical physician segment in private independent practice – though shrinking in size – but this population will need to be supported, and indeed the need for support is greater than it has ever been for this group. But with a growing number of physicians employed and in groups we will need be equally attentive to these voices and needs as well.

In the AMA's first century, this House was dominated by independent physicians in general practice. Medical advances of the 20th century changed the practice of medicine, leading to greater specialization, hence the development of our diverse group of specialty societies. The governance of the AMA adapted to this change and, as I mentioned, took action to increase representation of specialty societies to bring them in balance with our state societies.

Now in this century, we see a shift toward employed groups of physicians, and that leads to yet another profound change in the make-up of our physician community. In response, we have added new value propositions to attract more groups of employed physicians - necessary to continue membership growth. Importantly, we've done so while maintaining attentiveness and support for independent small practices. How unwise it would have been for us to ignore specialization in the 20th century. In this century we similarly need to engage the employed physician groups.

It's possible this trend toward employment also needs to factor into decisions about the balance of this House, to ensure that our policymaking body always reflects our changing profession. For example, currently when groups of employed physicians become members, they largely are portioned out in representation to existing state or specialty societies.

Yet physicians that are employed and in groups also are likely to have their own particular needs. A step toward recognition of this fact was already taken with the creation of the Integrated Physician Practice Section, which provides a pathway to submit resolutions and thus influence policy. However, is this level of representation a sufficient voice for what is now greater than 50 percent of physicians? This is another important question to consider as our membership – as well as the total physician population – rebalances between individual physicians and employed physician groups.

The two questions I raise – the size of the House and the representation of employed physician groups — are governance questions and thus the purview of this House, acting with the fiduciary oversight of our Board. These are not questions that can be resolved by your management team. I highlight these questions simply feeling duty-bound to do so as these are likely fundamental challenges for the future ... challenges characterized by a stealth quality of slow creep toward a future point that could feel more existential. Just as we present a balanced portfolio of short term and long-term mission work, so too does longer-term consideration of governance structure likely need to be in the mix.

Thanks for indulging me by listening to these thoughts as I edge toward the end of my AMA CEO duties. For those of you who have served in this House since 2011, you've now sat through 27 of my addresses. So, thanks for your patience – and I celebrate your resilience!

We've made tremendous strides in advancing our mission, our membership, our advocacy … defending science and staking out critical positions that seek to create a more just and equitable health system and, in addition, have created a far more innovative AMA. Doing so, we have shown, by action, that we "promote the art and science of medicine and the betterment of public health". So perhaps we can allow ourselves the imaginary pleasure of spiking the ball, each in our own way.

Thank you and best wishes.

**REMARKS OF THE AMA ALLIANCE PRESIDENT:** The following remarks were presented to the House of Delegates on Friday, November 8 by Patricia Klettke, President of the AMA Alliance:

In 1922 permission was granted by the American Medical Association to form the *Woman's* Auxiliary to the AMA. It took another 60 years for us to recognize that male spouses could also benefit from membership. Our name changed to the AMA Auxiliary in the 1980s. We continued to support the AMA, and raised millions in funds for AMA-ERF. By the start of the next decade, we realized that the term "auxiliary" was not as accurate a description for us as "alliance", *partners with* medicine, and we became the AMA Alliance. We developed community health projects *and* we developed leaders.

During this time period, we also acknowledged that our emphasis on "spouse" was excluding the life partners of many of the physicians we support. *You* define your relationship, and we support you by including your spouse or partner. Well, that was a step in the right direction.

Many of you, though, are unaware that *you* can be members of the Alliance. *Any* medical student or physician who is eligible for membership in the AMA is also eligible for membership in the AMA *Alliance*, whether or not you have a spouse or partner. If you *do* have one, you may join independently *or* as a couple. If you do not, you may join individually.

We can't define your relationship, nor can we define your family. *Every* physician, *every* spouse or partner, we do this for you. We do this *with* you. Together we're stronger. Together we're family. So join us, and visit us at our table.

Have an amazing and productive meeting. Thank you.

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

For over 60 years AMPAC has proudly amplified the voice of medicine in Washington. We have been dedicated to supporters like you, and as AMPAC's first female chair I am especially honored to continue that tradition of firsts. As the outgoing chair, though I'd like to share some other amazing firsts that you may not have been remembering for AMPAC.

In 1961 we were the first nonunion PAC to be created, committed to AMA's advocacy mission. In 1973 the National Advocacy Conference, currently known as the NAC, was created and founded by AMPAC for our ability to advance our advocacy work. In 1985 AMPAC developed campaign schools, the first of their kind. We have now trained over 1900 physicians and their spouses and partners to be able to be candidates and effective partners in campaigns across the country. In 1978 we gave our first independent expenditures. These are monies directed towards specific candidates to allow enhanced participation of the AMA in influencing their campaigns and their success. And in 1999 the Capital Club was born: the advanced ability to participate in AMPAC membership. And today, in 2024, the Diamond Level, the $5000 membership, is being introduced at this meeting to allow a maximum investment.

You may have seen our signs. We have nearly 40 physicians who have donated over $25,000 in their lifetime to the PAC. A particular shoutout and hand, not to embarrass him, but to celebrate him: Dr. John Poole has given over $50,000 to the PAC in his career. Not to cut the celebration short, but in the interest of brevity, our innovation continues. I wanted to share with you the results of this election as it relates to AMPAC's participation briefly.

We raised over $1.69 million in this election cycle, an uptick of over seven percent from the last election cycle. We spent $1.4 million on individual campaigns, over 250 races. We had a greater-than-88 percent success rate, and some of the races have not fully been tallied, as you know. We spent $950,000 on two specific independent expenditures on two physician candidates. Those races are so close they have yet to be called; they're within thousands of votes. But we participated in local ads in support and additional campaigning for two physicians, and that is an absolutely incredible, pivotal opportunity, because this election cycle we have between 20 and 24 physicians that will end up in Congress. Just for perspective, five of the freshmen are physicians, one of whom is a graduate of our Campaign School. We have three graduates of Campaign School that we know of that are active in Congress currently. And if we get over 21 physicians in Congress, it will be the first time since 1819. The advocacy is working.

We have worked closely with our board this year to innovate, to redesign our membership qualities and categories for the board for AMPAC. We've had tremendous support from the board, and we thank you.

Please go to the booth, join AMPAC, join us for the election debrief—I'm sure the chicken will be as amazing as the stories—on Monday at the Capital Club lunch at noon. And thank you everyone for your participation and for your advocacy through the AMA and AMPAC.

**REPORT OF AMPAC BOARD OF DIRECTORS:** The following report was submitted by Brooke Buckley, MD, Chair of AMPAC.

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding our activities this election cycle. The country continues to face a myriad of challenges in health care, including many that directly impact physician practices and their patients. Issues like the ever-looming cuts to physician Medicare payments, time consuming prior authorizations and sky rocketing prescription drug costs remain as major roadblocks to how physicians provide quality care for their patients.

The continuing challenges faced by the medical community have only strengthened our commitment to our core mission - to provide physicians with opportunities to support candidates for federal office who have demonstrated their support for organized medicine through a willingness to work with physicians to strengthen our ability to care for America's patients. In addition, we continue to help physician advocates grow their abilities through our political education programs, which include intensive training sessions that provide them with all the tools necessary to successfully take the next step and work on campaigns or run for office themselves.

**AMPAC Membership Fundraising**

Thank you to the House of Delegate members who contributed to AMPAC in 2024, especially those at the Capitol Club levels. AMPAC has shown continued growth this election cycle, with receipts now exceeding $1.69 million—a 6% increase compared to the previous cycle. Notably, AMPAC's hard dollars have risen by 7%. The Capitol Club currently boasts 715 members, and we anticipate further growth in participation during this Interim meeting.

Currently, the HOD State delegation's AMPAC participation is at 62%, which is notably lower than last year's 73%. We need your support. The backing of members within the House of Medicine is crucial as it empowers the AMA's advocacy team to effectively engage with lawmakers and policymakers, ensuring we can advance and protect your profession's interests. If you haven't yet contributed to AMPAC for 2024, or if you're interested in joining or renewing your AMPAC membership for 2025, we encourage you to visit AMPAC's booth in the AMA exhibit area or scan one of the many AMPAC QR codes located throughout the meeting area.

AMPAC is thrilled to introduce a new Capitol Club level for the 2025 membership year: Diamond, with a contribution of $5,000. This new level will bolster AMPAC's efforts and provide additional resources for AMA advocacy. We are also excited to host the Capitol Club luncheon on Monday, November 11 at 12:30 p.m. All current Capitol Club Diamond, Platinum, Gold, and Silver contributors are invited to this ticketed event, so stop by to get your ticket. Our special guest is Nate Silver, a pioneer in data journalism and founder of the acclaimed website FiveThirtyEight. Mr. Silver will share his insights on what pollsters got right and wrong with the election.

As one election cycle ends, a new one begins. Our effectiveness hinges on our unity and collective efforts to strengthen our AMA advocacy initiatives. Your ongoing support as leaders of the AMA House of Delegates is vital, so please consider making an AMPAC investment.

**Political Action (as of 11/7/24)**

In a deeply polarized electorate and in a highly competitive election cycle, AMPAC made an impactful mark on behalf of medicine investing nearly $2.4 million in the 2024 cycle. Both political parties underwent leadership changes in the House of Representatives in the 118th Congress. Despite a rough period of multiple and unprecedented leadership elections for the majority party in the House of Representatives, AMPAC was able to successfully navigate a path forward with both political parties. Working with state medical society partners and AMA Congressional Affairs, AMPAC provided prime access opportunities to build relationships and help advance medicine's legislative agenda with key decision makers in Congress on both sides of the aisle, strengthening many existing relationships and building new bonds with allies of medicine. Staff and physicians were able to inform members on the Hill and at home on issues of importance including Medicare physician payment reform, scope of practice, and prior authorization.

AMPAC spent more than $1.47 million in direct contributions to support 252 medicine-friendly House and Senate candidates from both political parties. These investments in friends of medicine will continue to ensure that the

AMA has a place at the table when important health care policy debates take place. Nearly 30 race outcomes are still unknown as states continue to tabulate votes and report election results. Of those races that have been decided however, 88% of AMPAC-supported candidates won election/reelection.

AMPAC also invested over $915,000 in independent expenditures in support of two physician members of Congress running in two of the most competitive districts in the country this cycle: Rep. Mariannette Miller-Meeks, MD (R-IA) and Rep. Yadira Caraveo, MD (D-CO). AMPAC utilized a multi-media strategy to reach key demographics in each district to persuade voters to support these medicine-friendly candidates. Both of these races remain too close to call but both physicians are currently leading in their respective races and AMPAC remains optimistic that they will return to Congress.

The next Congress will tie or set a record number of physician members of Congress, at least in modern history. Several new physicians have been elected to the House of Representatives: Kelly Morrison, MD (D-MN), Bob Onder, MD (R-MO), Herb Conaway, MD (D-NJ), Maxine Dexter, MD (D-OR), and Mark Kennedy, MD (R-UT); all supported by AMPAC. Once all race results are finalized, the total number of physicians in the 119th Congress will be between 20 and 23.

**Political Education Programs:**

The 2024 Campaign School took place in-person, July 25 - 28, at the AMA offices in Washington, DC. Interest in the political education programs remains strong with 21 registrants for this year's program. Unfortunately, leading up to the program two participants had to withdraw leaving 19 members who participated. This included: 13 member physicians, two member spouses and four member students. Of these, two had also taken part in the 2024 Candidate Workshop in late March. The Campaign School is renowned for its use of a simulated campaign for the U.S. House of Representatives, complete with demographics, voting statistics and detailed candidate biographies. During the three-day program participants were placed into campaign teams and with a hands-on approach, our team of bipartisan political experts walked them through a simulated campaign and applied what they learned in real-time exercises on strategy, vote targeting, social media, paid advertising, and public speaking. The program was capped off with a keynote session from former Maryland state delegate Dan Morhaim, MD who spoke about his experiences as a physician legislator. The program once again received high marks with 100% of participants rating the Campaign School as "extremely valuable" in helping them understand the basic elements of a successful political campaign and 100% reporting they "very much agreed" that the AMPAC Campaign School helped them increase their level of experience in building a winning campaign.

Planning is currently underway for the 2025 Candidate Workshop. AMPAC is working with the program's lead trainer to identify dates in the spring and the program will be held in-person again at the AMA offices in Washington, DC. As always, the political education programs remain a member benefit with registration fees heavily discounted for AMA members. Program dates will be announced soon on AMPAConline.org.

**Conclusion:**

On behalf of the AMPAC Board of Directors, I would like to thank all members of the House of Delegates who support AMPAC and the work we do. Your continued involvement in political and grassroots activities ensures organized medicine a powerful voice in Washington, DC.

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

**Arizona**
Michael F. Hamant, MD
Jaclyn Rose Hoffman, MD

**Arkansas**
Gene Shelby, MD

**Iowa**
Robert Lee, MD

**North Carolina**
Darlyne Menscer, MD

**Ohio**
William Sternfeld, MD
Anthony Armstrong, MD

**Vermont**
Norman Ward, MD

**American Academy of Pediatrics**
Carol D. Berkowitz, MD, FAAP

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Michael Hanak, MD, American Academy of Family Physicians
Tate Hinkle, MD, American Academy of Family Physicians
Ana Leech, MD, MS, American Academy of Hospice and Palliative Medicine*
Ray Lorenzoni, MD, Connecticut*
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Scott Pasichow, MD, MPH, American College of Emergency Physicians*
Charles W. Van Way, MD, Missouri

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Samantha M. Thomas, Regional Medical Student, Nebraska*
Roxanne Tyroch, MD, Texas

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Sudeep Kukreja, MD, California*

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Laura McGuire, MD, Congress of Neurological Surgeons*
Anjlee Panjwani, Regional Medical Student, New York

**Chief Teller**
Gary Pushkin, MD, Maryland

**Assistant Tellers**
Adrinne Adams, MD, American Academy of Child and Adolescent Psychiatry*
Vikram B. Patel, MD, Illinois*
Vanessa Stan, MD, American Association for Geriatric Psychiatry*

*Alternate Delegate