

**AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**77<sup>th</sup> INTERIM MEETING  
CHICAGO, ILLINOIS  
November 14-18, 2025**

**CALL TO ORDER AND MISCELLANEOUS BUSINESS**

**CALL TO ORDER:** The House of Delegates convened its 77<sup>th</sup> Interim Meeting at 6 p.m. Friday, November 14, 2025, in the Maryland Ballroom of the Gaylord National Resort and Convention Center, National Harbor, MD. Lisa Bohman Egbert, MD, Speaker of the House of Delegates, presiding. The Saturday, November 15, Monday, November 17 session also convened in the Maryland Ballroom. The meeting adjourned following the Monday session.

**INVOCATION:** The was provided via pre-recorded video by Interfaith America who is the nation’s leading nonprofit promoting fruitful interaction across religious differences in civic spaces, including health-related organizations. Treating religious diversity as an asset rather than a threat, it is building a movement that bridges the faith and health divide and thus strengthens health outcomes, provider wellbeing, and the communities to which we belong. The blessings being provided showcase a vision of pluralism that elevates common values while respecting meaningful differences.

**REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS:** The following reports were presented by Tate Hinkle, MD, Chair:

**CREDENTIALS:** The Committee on Rules and Credentials reported that on Friday, November 14, 478 out of 733 delegates (65%) had been accredited, thus constituting a quorum; on Saturday, November 15, 642 out of 733 delegates (88%) were present; on Monday, November 17, 689 out of 733 (94%) were present.

**RULES REPORT - Friday, November 14**

**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. The 90 second limitation will also apply to testimony in the in-person reference committee hearings.
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 15**

#### **HOUSE ACTION: ADOPTED AS FOLLOWS LATE RESOLUTIONS 1001, 1003, AND 1005 ACCEPTED**

#### LATE RESOLUTIONS

The Committee on Rules and Credentials met Friday, November 14, 2025, to discuss Late Resolutions 1001, 1002, 1003, 1004 and 1005. 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 1001 – Preserve Coverage for Peripheral Nerve Blockade in Chronic Pain
- Late 1003 – Oppose Unfair Hospital Privilege Decision Based on Insurance Plan Participation
- Late 1005 – Enhancing Healthcare System Preparedness to Address Veteran-Specific Health Disparities

#### Recommended against acceptance:

- Late 1002 – Further Enabling AMA BOT Expediency for Actions, Advocacy, and Responses During Urgent Situations
- Late 1004 – Incorporating Critical Medical Treatment Planning into Emergency/Disaster Preparedness

### **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 National Harbor, Maryland, the period of November 14-18; 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 National Harbor 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 Marriott Gaylord National Resort & Convention Center, to the City of National Harbor, 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 2025 Annual Meeting of the House of Delegates, held June 6-11, 2025, were approved.

**ADDRESS OF THE PRESIDENT:** AMA President Bobby Mukkamala, MD delivered the following address titled, "Healers and Warriors," to the House of Delegates on Friday, November 14, 2025.

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

It is an awesome sight to stand on this stage and look out upon the incredible diversity of our profession.

Almost a thousand physicians

Every state and specialty.

Different backgrounds and ethnicities.

Some educated and trained here in the U.S., others abroad. But each of us committed to advancing medical practice to create a better future for our colleagues and our patients.

This House – this family– represents what is truly great about our AMA. These gatherings – and the impassioned and informed debates on this floor – showcase the very best of our profession

I can only simply say thank you for giving me purpose.

When we last convened this House in June – you challenged us to speak louder. To be more resolute against the headwinds we face.

We heard you and I'm proud to say that over the past five months that's exactly what we did.

And the measurements are telling us we are successful. AMA's social media posts have been viewed over 18 million times since June – more than doubling our engagement from the first half of the year.

We've spoken out against the extraordinary financial pressures facing all of us but especially those like me on the front lines – pressure due to 25 years of declining Medicare payment rates.

We opposed the administration's decision to remove well-respected physicians from the advisory panel on immunizations, and have repeatedly warned against government intrusion into our exam room.

We called for physicians to be exempt from an outrageous application fee for H-1B visas – a hundred thousand dollars per doctor – recognizing the vital role that IMGs, like my parents, play in a health system stretched far too thin.

We've continued to push back against non-science – nonsense – and we loudly reaffirmed the importance of immunization in protecting generations of children from deadly disease like measles.

On these issues and so many others, the AMA remains a steady, trusted voice for science, for evidence, and for ethics that underpin our profession.

But physician advocacy is not just about the opposition we face. It's also about progress we make — and finding common ground to advance the goals of physicians for the good of our patients.

That's why we've worked with federal leaders to modernize e-prescribing, strengthen interoperability, and fight information blocking — long-standing frustrations for every clinician that could be so much better if they simply move us beyond using fax machines!

We've supported efforts to expand nutrition education in medical schools — emphasizing prevention and lifestyle changes as cornerstones of better health and more efficient health care

We welcomed the administration's AI Action Plan — because we believe health technology must be ethical, transparent, and led by physicians.

We said thank you for taking action to protect our patients from massive drug costs on medications like GLP-1s.

And we applauded long-overdue prior authorization reforms that *could*, maybe, just maybe, actually work this time!

The AMA will work with anyone to fix the problems in health care that are driving burnout and physician shortages, that burden us with excessive paperwork and badly designed technology – not a person on the other end that drops us from a 99204 to a 99203. All of these challenges limit people's ability to get the care they need.

This is more than a commitment we share. It is a pledge we took to do what's right.

If you heard my [inaugural address](#) in June or have seen me at events or interviewed on television, you know that my hometown of Flint, Michigan, is always close to me. In fact, it is the lens through which I see the very best and worst of our health system.

Flint is a city of startling contradictions. Fiercely proud and filled with tenacity yet deeply troubled by the societal challenges that contribute to high rates of chronic illness, depression, psychological distress. and other conditions that lead to lower life expectancy and diminished quality of life.

There are wonderful doctors in Flint – like my wife Nita, an OBGYN, with whom I'm lucky to share both my life and my practice.

But there are far too few doctors to meet my city's needs and our country's needs.

Wait times for specialists like us can be measured in months.

More than one third of Flint residents live at or below the poverty line and are enrolled in Medicaid.

So, I think about the AMA's advocacy priorities as they relate to my hometown – knowing that the same cracks in the health system that are devastating physicians and residents of Flint are doing the same in communities across our country

When the most challenged communities in our country confront public health issues like lead in the water and also the double whammy of lacking the most basic health coverage: Medicaid...

We can do better.

In South Dakota – where I spoke last month– there is one primary care physician for every 760 residents, among the highest gaps in the nation.

In Mississippi – where I spoke this summer – there is a significant shortage of OBGYNs – threatening to make matters worse in a state already grappling with some of the worst rates of infant and maternal mortality.

And in Nebraska – where I appeared in August – about two-thirds of its counties are considered medically underserved, with many rural hospitals struggling to stay open.

How do we live with this failure in so many health outcomes? How is this possible in a nation that spends more money on health care – a lot more – than any other country on earth?

And more important for the work we will do here this week: How can we work together to fill these cracks?

How can we leverage the power of the AMA - of every state and specialty society – to achieve this?

Let's start with the most basic: physicians need a sustainable payment model that supports both employed and independent doctors – reflecting the increasing costs of actually running a practice.

We have tried before and will keep trying, even harder – including for Medicare and Medicaid – until our lawmakers share our wisdom in this investment.

We need an adequate physician workforce to alleviate stress on the system and ensure patients always have access to a physician-led team.

We need those doctors to be the best and most highly skilled we can attract – no matter where they're from.

We need a health system that incentivizes preventive care like routine checkups and screenings so that we can spot a health concern before it becomes a life-threatening emergency.

We need to remove barriers to medical school education and make sure all who pursue medicine have a foundation that will prepare them for the health challenges of tomorrow instead of today's massive, increasing debt.

We need technology that enhances, not hinders, our work — tools where we spend less time looking at our screens and more time looking at our patients.

And we need relief from administrative demands that drive burnout, and relief given to us by a system that not only allows – but encourages us – to take care of our own mental health needs and feel the joy in medicine.

This isn't the health system we have today, but it is the health system our AMA is fighting for.

And with your help – and your voice – and our perseverance– this is the health system we will have.

In this room we are a very special physician community – a community of advocates and leaders focused on the biggest health challenges our country faces.

But for me, I continue to face a very personal health challenge that I have not kept a secret.

In fact, my family jokes that I can't stop talking about it. And they're probably right, but it's because I milk 'em for sympathy and use it like a get out of jail free card.

But actually, I share my story of recovery from brain cancer wherever I can because every so often someone reaches out to me to say, "That happened to me, too."

Every time we build one of those connections – it's a bond. And those bonds get stronger whether they are open and honest conversations with our colleagues, or even with our patients.

I have no sorrow for what I am going through. In fact, oddly, I am grateful for the preparation God gave me before I took on this responsibility.

I am thankful for being a patient challenged by the very things that I – that we – fight for as doctors: improved access to care, and a more responsive health care system

It was one year ago today actually that I stood at a microphone and gave an update to what was then called the Minority Affairs Section. The words weren't coming out right, and were it not for this house showing its concern, my diagnosis of astrocytoma would have been delayed.

I thank this house. I thank you for fighting for me when I wear my patient gown instead of my white coat.

This work of ours sustains me.

When we love what we do — when we're fighting for something that matters — we don't tire. We move forward. We run.

I often check how many days I have left as AMA president. Today it says 204.

I do this not because I'm fatigued but because, when I see the days I have left to run, I'm energized. I run harder because I see the finish line approaching.

Our mission — restoring the joy, meaning, and respect that first drew us into medicine — our mission is worth every ounce of effort.

It is worth the fight.

We must be one AMA — unified, resolute, and committed to the health of our patients and the strength of our profession.

So tonight, I challenge every physician in this room: Let us be healers, yes — but let us be warriors when necessary.

Warriors when we need to fight. Fight for our patients. Fight for our colleagues. Fight for the future of medicine.

Let's tear down barriers and lead with purpose and compassion.

Let us fight when necessary.

Let us heal always.

And let us lead together, forever

Thank you.

**REPORT OF THE EXECUTIVE VICE PRESIDENT:** John J. Whyte, MD, MPH executive vice president of the Association, delivered the following address title, "The Future of the AMA," to the House of Delegates on Friday, November 14, 2025.

Madam Speaker, members of the Board, esteemed delegates, colleagues, and friends-

It is an honor to stand before you tonight as the new CEO of the American Medical Association. I am humbled and energized by the work we do together.

We often talk about the AMA as one big family ... and on nights like this we see why.

Thank you for welcoming me into your family.

And thank you for your calls ... your texts ... and all the notes of encouragement. It means so much to me and my family.

We gather tonight at one of the most consequential times for health care in America.

You — the House of Delegates — play a pivotal role in this seminal period. You are the voice of our profession. In every motion passed, in every policy debated, you carry forward not just the concerns of today, but the legacy of medicine itself.

Tonight, I want to talk about something we all care deeply about:

The Future of the AMA.

The AMA has never been static. Since 1847, we've evolved with the science, with society, and with the profession. From establishing the first code of medical ethics, to our unrelenting fight for access to care, we have always stood on the front lines of change.

But history isn't enough. Legacy alone doesn't protect patients, or support physicians, or address burnout. That takes vision. That takes action. So let me be clear: The future of the AMA is not something we wait for. It's something we shape — with urgency and unity.

At the heart of our work is you — the physician.

Our surveys show it. Your testimonies affirm it. The practice of medicine today is tougher than ever. Administrative burdens continue to climb. Burnout remains dangerously high. And new challenges — from workforce shortages to the explosion of generative AI — are reshaping how we practice care.

But here's the good news:

We are not bystanders. We are architects.

That's why I'm strengthening our advocacy strategies to cut red tape and restore autonomy. We are pushing back on excessive prior authorization ... fighting for fair Medicare reimbursement ... and investing in physician well-being — not as an afterthought, but as a moral and strategic priority.

Because the future of the AMA must put physicians first — not just in rhetoric, but in real results.

In a time when misinformation spreads faster than truth, and science is often politicized, the AMA must remain a beacon of evidence, integrity, and trust.

We are elevating science-based policy. We are supporting public health messaging. I'm sure you have all seen numerous statements we have issued and an ambitious social media strategy — all backed by action. And we are fiercely defending the patient-physician relationship from interference — whether it comes from politics, algorithms, or bureaucracy.

This is not just about facts. It's about trust. And in the noise of a fractured information landscape, our voice — your voice — must be clearer than ever.

I've always been a lover of history — so it's great to work at a place that's over 170 years old. To put that into context — when you come to the Chicago office, you can visit our archives. And on the 47<sup>th</sup> floor is a display showing how the AMA fought medical quackery in the early 20<sup>th</sup> Century — the numerous potions and concoctions that promised to cure disease and prolong life.

We led by focusing on science and encouraging people to talk to their doctor. Well — what's old is new again. Cause that's what we are doing now!

The future of the AMA depends on our credibility. And credibility is earned — every day, in every word, in every stand we take.

That's why I was delighted to announce just yesterday the AMA's new [Community Health Impact Lab grants](#). Our goal is simple but ambitious: invest in physician-led, community-centered projects that improve health outcomes among populations, particularly those that are marginalized or disadvantaged. This program is about innovative solutions led by those who know their communities best – doctors on the frontlines.

You want to solve the problems of health care – let physicians do their job ... unencumbered by excessive regulation and administrative burden!

We can solve the problems of health care because we are the ones who know it the best.

Our vision is a health system that is inclusive, just, and grounded in our oath to serve all.

Technology is changing our world. AI diagnostics. Wearables. Virtual care. These are not science fiction — they are here. They are powerful. But they are not without risk.

The AMA believes technology should extend the human touch, not replace it. We believe in guardrails, not blind adoption. And we are leading national efforts to shape ethical standards for AI in healthcare.

Innovation without humanity is not progress — it's peril.

That's why I was proud to announce the creation of the [AMA Center for Digital Health and AI](#) – putting physicians at the center of shaping, guiding and implementing transformative technologies.

Physicians must be leaders in AI because we understand the needs of patients better than anyone. We know what works – and what doesn't.

We must lead conversations about AI policy and regulation ... workflow integration ... education and training. And we must do this as one medical community – one family – so that we unlock the extraordinary potential of this technology.

The future of the AMA must be both visionary and vigilant.

Across medical schools and residency programs, I see a new generation of physicians — smart, passionate, diverse, and deeply driven by mission.

But many of them are asking hard questions:

“Does the AMA speak for me?”

“Does organized medicine reflect my values?”

“Is this a place where I belong?”

Let me say unequivocally: Yes. The answer is Yes, it must be.

If we are to remain the unified voice of medicine, we must listen deeply, adapt courageously, and welcome broadly. We must work together – because truly together we have more power.

The future of the AMA must belong to the next generation — not just as members, but as leaders.

We won't always agree. We come from different specialties, practice settings, ideologies. And yet, in this House — this unique, powerful House — we come together for something bigger than ourselves.

We are not just protecting a profession. We are protecting the sacred bond between doctor and patient. We are guarding the soul of medicine.

And we do that better together.

Because the future of the AMA — and medicine itself — depends on our unity of purpose.

So where do we go from here?

We keep fighting.

We keep evolving.

We keep leading.

We strive for impact in our relentless pursuit of a healthier America.

We speak with moral clarity. We act with strategic strength. We honor our past by building our future.

And we do it — together. Each step of the way.

Because this is our calling. This is our charge.

This is the future of our AMA.

Thank you.

**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 on 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. Physicians face major roadblocks to providing quality care, including lagging Medicare payments that fail to keep pace with inflation, limited Medicaid access for their patients, burdensome prior authorization requirements, and rising prescription drug costs. Additional challenges include steep new H-1B visa fees for foreign-born physicians and restrictions on medical student loans and repayment options. These obstacles reinforce our commitment to AMPAC's core mission—supporting federal candidates who work with physicians to strengthen patient care. We also continue to invest in developing physician advocates through our political education programs, which equips them with all the tools necessary to engage effectively in campaigns or run for office themselves.

### **AMPAC Membership Fundraising**

AMPAC's fundraising has shown strong growth throughout the 2025–2026 election cycle. As of November 1, total receipts are \$981,362, reflecting a 24% increase over the same point in the previous cycle, with hard dollar contributions up 29%. Overall Capitol Club membership has grown by 3% this year, including 52 Capitol Club Diamond contributors giving \$5,000 annually. This strong performance underscores the impact of AMPAC's renewed strategic initiatives aimed at enhancing visibility and engagement. Key efforts include a website refresh, data-driven microtargeting, a physician testimonial video campaign, a new quarterly newsletter, and expanded outreach from the AMPAC Board to strengthen partnerships with state medical societies and specialty HOD delegates. These efforts are making a measurable difference in positioning AMPAC for long-term success.

We appreciate the members of the House of Delegates who have contributed to AMPAC this year, particularly those giving at the Capitol Club major donor level. The continued support of HOD members is essential to amplifying the AMA's collective voice and driving meaningful progress. Influence does not happen by chance, it requires strategy, relationships, and the unified strength of physicians working together, which is what AMPAC makes possible. It also requires that as members of the HOD we demonstrate our leadership by contributing to AMPAC—hopefully at the Capitol Club level. Currently, overall HOD participation stands at 51%, with state delegations at 61% and specialty delegates at 38%. We encourage Delegation members who have not yet contributed for 2025 to consider doing so, there is still time, and contributions can be made by visiting the AMPAC booth or [www.AMPACOnline.org](http://www.AMPACOnline.org)

We are also pleased to announce the upcoming Capitol Club Luncheon on Sunday, November 16 at 12:00 p.m. All current Diamond, Platinum, Gold, and Silver Capitol Club contributors are invited to this ticketed event, with tickets available at the AMPAC booth. Our special guest speaker will be Mike Allen, co-founder and executive editor of Axios, who will share insider insights on the key political issues shaping Washington and the nation. We will also be announcing the lucky winner of this year's AMPAC "Chase the Northern Lights" Sweepstakes, who will enjoy a trip for two to Iceland.

As we look ahead to 2026, AMPAC remains focused on strengthening advocacy and ensuring the voice of medicine continues to be heard. Join us and help shape a stronger future for our profession and our patients.

### **Political Action**

AMPAC's political engagement is currently focused on the early contribution phase of the 2026 election cycle. During this period, contributions have been strategically directed toward incumbent candidates who are proven advocates for medicine, hold leadership roles within their parties, serve on influential committees, or occupy positions critical to advancing pro-medicine policies on Capitol Hill. Additionally, AMPAC has authorized early support for physician candidates in open-seat races where a clear choice has emerged, informed by insights from state medical society PACs and internal staff assessments.

Despite the partisan gridlock frequently highlighted in the media, AMPAC continues to provide critical relationship-building opportunities for AMA lobbyists and local physicians. These efforts include attending political events and engaging with lawmakers and candidates who play pivotal roles in shaping health care policy and legislation. As the year draws to a close, the pace of contributions is expected to accelerate in response to the growing need for direct engagement with key legislators.

Emerging areas of strategic focus include assessing the impact of ongoing redistricting efforts across several states and early primary contests in 2026, where competitive races are already underway.

Although the broader political environment presents significant challenges, AMPAC remains well-positioned to participate in critical races nationwide and to effectively communicate the AMA's priorities—particularly on Medicare payment reform and other pressing issues impacting America's physicians.

### **Political Education Programs**

The 2025 Campaign School took place September 11 – 14, at the AMA offices in Washington, DC. Interest in the political education programs remains strong with 22 registrants for this year's program. Of these, two participants are currently running for Congress in California and Pennsylvania. The Campaign School is renowned for its use of a simulated campaign for the U.S. House of Representatives. During the three-day program participants were placed into campaign teams and our team of bipartisan political experts walked them through 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 U.S. Senator John Barrasso, MD (R-WY) who spoke with the participants about his experiences as a physician legislator and the importance of having more physicians at the legislative table. 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.

Planning is currently underway for the 2026 Candidate Workshop. 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 is a powerful voice in Washington, DC.

**REMARKS BY DR MEHMET OZ:** Remarks were provided by the current Administrator of the Center for Medicare and Medicaid Services to the House of Delegates on Monday, November 17, 2025.

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

**Arizona**

Gary Figge, MD

**California**

Elizabeth McNeil

**Indiana**

William Mohr, MD  
Deepak Azad, MD  
Roberto Darroca, MD

**Massachusetts**

Ronald Dunlap, MD  
Lynda Young, MD  
Spiro Spanakis, MD

**Missouri**

Ed Cabbabe, MD

**Montana**

Jean Branscum

**South Carolina**

Gregory Tarasidis, MD  
Richard Osman, MD

**South Dakota**

Mary Carpenter, MD

**Tennessee**

Richard DePersio, MD

**Aerospace Medical Association**

Robert Orford, MD

**American Society for Clinical Pathology**

Edmond Donoghue, MD

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 Jason Jameson, MD, American Urological Association  
 Dale Mandel, MD, Pennsylvania  
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 Tashera Perry, MD, Indiana\*  
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 H. Clifford Sullivan, III, MD, American Society for Clinical Pathology\*

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### Reference Committee K

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 Charles Lopresto, DO, New York\*  
 Arlene Seid, MD MPH, American Association of Public Health Physicians

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 Cheryl Hurd, MD, MA, American Psychiatric Association  
 Helene Nepomuceno, MD, Sectional Resident, Nevada  
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