AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

JUNE 2021 SPECIAL MEETING
ONLINE
June 11-16, 2021

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 243rd meeting at 7 p.m. Central Daylight Time, Friday, June 11, using an online platform, Bruce A. Scott, MD, Speaker of the House of Delegates, presiding. The House convened again online on Monday, June 14, Tuesday, June 15, and Wednesday, June 16. The meeting adjourned on Wednesday afternoon. Reference committee hearings were conducted online on Saturday and Sunday. The House was not in session on those two days.

INVOCATION: The following invocation was delivered by Rev. Ross Chellis, Senior Pastor of Duncan Memorial United Methodist Church in Georgetown, South Carolina:

Grace and peace to you, and greetings from historic Duncan Memorial in Georgetown, South Carolina, the first Methodist church of South Carolina. I'm Reverend Rossiter Chellis, and on behalf of our entire congregation, thank you for the opportunity to join the American Medical Association's annual meeting. I want to thank you for the work that you have accomplished as an organization, but also in your daily lives, especially in light of the challenges of this past year. Let us pray.

> Almighty God, thank you for the opportunity to gather as one body. And while we come to this occasion from different places, from different backgrounds, we gather in mutual love and respect for one another. We gather in the spirit of one humanity, acknowledging the dignity and the beauty of all people, and we give thanks and praise to you for the blessing of unity, which is possible for all of us.
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> O giver of grace and mercy, you know the full effect of COVID–19 on our nation and indeed our global community. You know as well the pain encountered through all tragedy, illness, and disease as our emotions rose and fell in waves this past year. We acknowledge before you that there were moments where we felt lost, moments when our isolation gave way to loneliness, where our distancing devolved into division. And yet in your steadfastness you remained faithfully present and active in our collective life. You did not overlook us, you did not forget us, nor did you forsake us. In your abundant goodness, you chose to love us, and you lifted us up in your love. You called us to a greater love and you inspired us to share your love through service to others.
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> O giver of strength and wisdom, thank you for the individuals gathered among us today. Thank you for all doctors, nurses, medical professionals, scientists, all who have given themselves to serving the wellness of others, for serving the wellbeing of all people. Thank you also for the leadership of the AMA, who has worked so diligently at a most pressing time. We celebrate their wisdom and their work, and we give thanks and praise to you for their selfless giving.
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> We appeal to you once more to provide strength and wisdom to the new class of leadership that will be moving the work of the AMA forward. May your favor be shown to them. May you bless the entirety of the AMA so they may be a blessing to all people. May the fullness of light shine even on the darkest of times, places and situations.
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> Amen.
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> Blessings to you and blessings upon your work. Amen.

REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Tripti Kataria, MD, Chair:

CREDENTIALS: The Committee on Rules and Credentials reported that on Friday, June 11, 454 out of 691 delegates (65.7%) had been accredited, thus constituting a quorum; on Monday, June 14, 491 (71.1%) delegates were online at

the start of the session; on Tuesday, June 15, 475 (68.7%) were present at the start of the session, and on Wednesday, June 16, 383 (55.4%) were present to start the session.

RULES REPORT - Friday, June 11

HOUSE ACTION: ADOPTED

Mister Speaker, Members of the House of Delegates: Your Committee on Rules and Credentials recommends the following rules for this Special Meeting of the House of Delegates:

1. Special Meeting of the House of Delegates (HOD)
   In accord with the official "Call for the Special Meeting" dated March 22, 2021, the AMA House of Delegates will convene via a virtual platform on June 11-16, 2021, for the purpose of leadership transitions that would otherwise be addressed in association with an Annual Meeting of the HOD and to conduct priority business of the Association.

2. House of Delegates Security
   Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly credentialed shall be permitted to vote or comment.

3. Credentials
   The registration record of the Committee on Rules and Credentials shall constitute the official roll call at this Special Meeting of the House. Delegates have been issued unique Business and Election Credentials for use during the virtual meeting and should guard them carefully. If a credential is compromised, it should be reported immediately to HOD@ama-assn.org. Recredentialing can be accomplished by notifying the HOD office electronically, in which case a new credential shall be issued and the previous credential made void. Only delegates or their alternate may vote on business before the House. See deadline for recredentialing for voting in elections below.

4. Business of the House of Delegates
   The order of business as published shall be the official order of business for this Special Meeting. This may be varied by the Speaker, subject to any objection sustained by the House. Under the bylaws, business is restricted to that for which this Special Meeting has been called. The House of Delegates will determine which resolutions meet the criteria for consideration at this Special Meeting. No further business shall be entertained.

5. Privilege of the Floor
   Delegates may request the privilege of the floor via the virtual platform. An alternate may request the privilege of the floor when "seated" for his/her delegate. 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. Procedures of the House of Delegates
   As per the official "Call for the Special Meeting" and per the Bylaws governing the Special Meeting, discretion shall be given to the Speaker to conduct the business before the AMA House of Delegates.

7. Limitation on Debate
   There will be a 90-second limit on debate per presentation, subject to waiver by the presiding officer for just cause, on any oral presentation.

8. No Second Required
   To expedite consideration of motions before the House, motions shall be assumed to have a second unless an objection to the assumption of a second for a specific motion is expressed.

9. Nominations and Elections
   The House will receive nominations for President-Elect, Speaker, Vice Speaker, Trustees and Council Members during the Opening Session of this Special Meeting. Credentialed delegates who wish to make a nomination from

the floor should do so by typing or copy/pasting the Action Term "NOMINATE" followed by the nominee's name and the position for which he/she is being nominated into the "Ask a Question" box at the bottom of the "Join the Queue" page in LUMI.

Example: NOMINATE Jane Doe for Council on Medical Service.

Only credentialed delegates may make nominations from the floor, with no seconding of nominations required. Any candidate to be nominated from the floor must submit a Conflict-of-Interest disclosure prior to the election. Speeches will be limited to officer candidates in contested elections, with no seconding speeches permitted.

After nominations are closed, any candidate in an uncontested race will be deemed elected by acclamation. Elections for contested positions will occur during the Election Session scheduled for 9 am CDT, June 15, 2021. Only credentialed delegates may vote in the elections. Recredentialing for the Election Session must occur not later than 6 pm CDT, Monday, June 14.

10. Conflict of Interest
Members of the House of Delegates who have a substantial financial interest in a commercial enterprise, whose interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest.

11. Respectful Behavior
Courteous and respectful dealings in all interactions with others, including delegates, AMA and Federation staff, and other parties, are expected of all attendees at House of Delegates meetings.

SUPPLEMENTARY REPORT – Friday, June 11

HOUSE ACTION: LATE RESOLUTIONS 1001 AND 1004 ACCEPTED
LATE RESOLUTIONS 1002 AND 1003 NOT ACCEPTED

LATE RESOLUTIONS

The Committee on Rules and Credentials met Sunday, June 6, to discuss Late Resolutions 1001 - 1004. Sponsors of the late resolutions conferred with the committee online and were given the opportunity to present for the committee's consideration the reason their resolution(s) 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	COVID-19 Crisis in India (Resolution 611)
Late 1002	Prohibition of Racist Characterization Based on Personal Attributes
Late 1003	Free Speech and Civil Discourse in our American Medical Association
Late 1004	Non-Physician Title Misappropriation (Resolution 233)

CLOSING REPORT

HOUSE ACTION: ADOPTED

Mister Speaker, Members of the House of Delegates:

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Scott, and the Vice Speaker, Doctor Egbert, 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, This Special Meeting of the House of Delegates of the American Medical Association has been convened virtually; and

Whereas, This Special Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of deliberations and fellowship; therefore be it

RESOLVED, That expressions of deep appreciation be made to our Speakers, Doctors Bruce Scott and Lisa Egbert, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Special Meeting of the House of Delegates.

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

FINAL REPORT OF THE RESOLUTION COMMITTEE
June 2021 Special Meeting of the House of Delegates

HOUSE ACTION: RECOMMENDATIONS ADOPTED

This is the Final Report of the Resolution Committee. By last night's deadline, 23 resolutions had been extracted from the list of those not meeting the priority threshold. Having considered the resolutions along with sponsors' priority statements and rankings as well as staff comments, the Committee has prepared this final report with recommendations.

The resolutions are listed below in three groups:
- items recommended for consideration,
- items that have not met the priority threshold and have not been extracted, and
- extracted items, which will be presented to the House for a decision regarding their consideration.

The Final Report will be handled as a consent calendar on Friday evening, June 11, during the Opening Session. Each extracted item will be put to a vote to either sustain the recommendation of the Resolution Committee or to overrule its recommendation, without further debate. The House by majority vote will decide which items become the business of the HOD.

For extracted items, the Committee's report includes the author's own priority, the name of the extractor, the sponsor's the extraction statement and the Resolution Committee's score (the average across 31 individuals). Some items also include a comment from the Committee or from AMA staff experts.

Resolutions Meeting the Priority Threshold and Recommended for Acceptance as Business:

1. Res. 001 - Discrimination Against Physicians Treated for Medication Opioid Use Disorder (MOUD)
2. Res. 003 - Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions
3. Res. 004 - AMA Resident/Fellow Councilor Term Limits
4. Res. 006 - Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients
5. Res. 007 - Nonconsensual Audio/Video Recording at Medical Encounters
6. Res. 009 - Supporting Women and Underrepresenting Minorities in Overcoming Barriers to Positions of Medical Leadership and Competitive Specialties
7. Res. 015 - Opposition to the Criminalization and Undue Restriction of Evidence-Based Gender-Affirming Care for Transgender and Gender-Diverse Individuals
8. Res. 022 - Maternal Levels of Care Standards of Practice
9. Res. 023 - Pandemic Ethics and the Duty of Care
10. Res. 024 - AMA Bylaws Language on AMA Young Physicians Section Governing Council Eligibility
11. Res. 105 - Effects of Telehealth Coverage and Payment Parity on Health Insurance Premiums
12. Res. 121 - Medicaid Dialysis Policy for Undocumented Patients
13. Res. 122 - Developing Best Practices for Prospective Payment Models
14. Res. 123 - Medicare Eligibility at Age 60

15. Res. 201 - Ensuring Continued Enhanced Access to Healthcare via Telemedicine and Telephonic Communication
16. Res. 206 - Redefining the Definition of Harm
17. Res. 210 - Ransomware and Electronic Health Records
18. Res. 212 - ONC's Information Blocking Regulations
19. Res. 213 - CMMI Payment Reform Models
20. Res. 215 - Exemptions to Work Requirements and Eligibility Expansions in Public Assistance Programs
21. Res. 216 - Opposition to Federal Ban on SNAP Benefits for Persons Convicted of Drug Related Felonies
22. Res. 217 - Amending H-150.962, Quality of School Lunch Program to Advocate for the Expansion and Sustainability of Nutritional Assistance Programs During COVID-19
23. Res. 218 - Advocating for Alternatives to Immigrant Detention Centers that Respect Human Dignity
24. Res. 219 - Oppose Tracking of People who Purchase Naloxone
25. Res. 226 - Interest-Based Debt Burden on Medical Students and Residents
26. Res. 227 - Audio-Only Telehealth for Risk Adjusted Payment Models
27. Res. 228 - COVID-19 Vaccination Rollout to Emergency Departments and Urgent Care Facilities (incorrectly listed as 233 in initial report)
28. Res. 229 - Classification and Surveillance of Maternal Mortality
29. Res. 230 - Considerations for Immunity Credentials During Pandemics and Epidemics
30. Res. 232 - Preventing Inappropriate Use of Patient Protected Medical Information in the Vaccination Process
31. Res. 304 - Decreasing Financial Burdens on Residents and Fellows
32. Res. 305 - Non-Physician Post-Graduate Medical Training
33. Res. 308 - Rescind USMLE Step 2 CS and COMLEX Level 2 PE Examination Requirement for Medical Licensure
34. Res. 309 - Supporting GME Program Child Care Residency Training
35. Res. 310 - Unreasonable Fees Charged and Inaccuracies by the American Board of Internal Medicine
36. Res. 311 - Student Loan Forgiveness
37. Res. 314 - Standard Procedure for Accommodations in USMLE and NBME Exams
38. Res. 318 - The Impact of Private Equity on Medical Training
39. Res. 319 - The Effect of the COVID-19 Pandemic on Graduate Medical Education
40. Res. 401 - Universal Access for Essential Public Health Services
41. Res. 402 - Modernization and Standardization of Public Health Surveillance Systems
42. Res. 403 - Confronting Obesity as a Key Contributor to Maternal Mortality, Racial Disparity, Death from Covid-19, Unaffordable Health Care Cost while Restoring Health in America
43. Res. 406 - Attacking Disparities in Covid-19 Underlying Health Conditions
44. Res. 407 - Impact of SARS-CoV-2 Pandemic on Post-Acute Care Services and Long-Term Care and Residential Facilities
45. Res. 410 - Ensuring Adequate Health Care Resources to Address the Long COVID Crisis
46. Res. 411 - Ongoing Use of Masks by and Among High-Risk Individuals to Reduce the Risk of Spread of Respiratory Pathogens
47. Res. 413 - Call for Increased Funding and Research for Post Viral Syndromes
48. Res. 414 - Call for Improved Personal Protective Equipment Design and Fitting
49. Res. 415 - Amending H-440.847 to Call for National Government and States to Maintain Personal Protective Equipment and Medical Supply Stockpiles
50. Res. 417 - Amendment to Food Environments and Challenges Accessing Healthy Food, H-150.925
51. Res. 420 - Impact of Social Networking Services on the Health of Adolescents
52. Res. 421 - Medical Misinformation in the Age of Social Media
53. Res. 503 - Access to Evidence-Based Addiction Treatment in Correctional Facilities
54. Res. 601 - $100 Member Annual Dues Payment Through 2023
55. Res. 602 - Timely Promotion and Assistance in Advance Care Planning and Advance Directives
56. Res. 608 - Sharing Covid-19 Resources
57. Res. 609 - COVID-19 Crisis in Asia
58. Res. 610 - Promoting Equity in Global Vaccine Distribution
59. Res. 702 - Addressing Inflammatory and Untruthful Online Ratings
60. Res. 706 - Prevent Medicare Advantage Plans from Limiting Care
61. Res. 707 - Financial Incentives for Patients to Switch Treatments
62. Res. 711 - Opposition to Elimination of "Incident-to" Billing for Non-Physician Practitioners

The following late resolutions have been recommended by the Committee on Rules & Credentials for acceptance. While acceptance of late resolutions is dependent on a favorable vote by the House, the Resolution Committee has determined that the late resolutions meet the threshold for priority.

63. Late 1001 - COVID-19 Crisis in India
64. Late 1002 - Prohibition of Racist Characterization Based on Personal Attributes
65. Late 1003 - Free Speech and Civil Discourse in our American Medical Association
66. Late 1004 - Non-Physician Title Misappropriation

Resolutions Not Meeting the Priority Threshold and Not Extracted

1. Res. 005 - Resident and Fellow Access to Fertility Preservation
2. Res. 008 - Organ Transplant Equity for Persons with Disabilities
3. Res. 010 - Updated Medical Record Policy Regarding Physicians with Suspended or Revoked Licenses
4. Res. 012 - Increasing Public Umbilical Cord Blood Donations in Transplant Centers
5. Res. 016 - Denouncing the Use of Solitary Confinement in Correctional Facilities and Detention Centers
6. Res. 017 - Improving the Health and Safety of Sex Workers
7. Res. 018 - LGBTQ+ Representation in Medicine
8. Res. 019 - Evaluating Scientific Journal Articles for Racial and Ethnic Bias
9. Res. 020 - Amendment to Truth and Transparency in Pregnancy Counseling Centers, H-420.954
10. Res. 021 - Expanding the Definition of Iatrogenic Infertility to Include Gender Affirming Interventions
11. Res. 101 - Piloting the Use of Financial Incentives to Reduce Unnecessary Emergency Room Visits
12. Res. 102 - Bundling Physician Fees with Hospital Fees
13. Res. 103 - COBRA for College Students
14. Res. 104 - Medicaid Tax Benefits
15. Res. 107 - Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance
16. Res. 108 - Implant Associated Anaplastic Large Cell Lymphoma
17. Res. 109 - Support for Universal Internet Access
18. Res. 110 - Healthcare Marketplace Plan Selection
19. Res. 113 - Support for Universal Internet Access
20. Res. 114 - Reimbursement of School-Based Health Centers
21. Res. 115 - Federal Health Insurance Funding and Co-Payments for People Experiencing Incarceration
22. Res. 117 - Addressing Healthcare Accessibility for Current and Aged-Out Youth in the Foster Care System
23. Res. 118 - Contracted Health Plans Must Apply the Same Level of Benefits Concerning Patient
24. Res. 119 - Caps on Insulin Copayments with Insurance
25. Res. 120 - Postpartum Maternal Healthcare Coverage Under Children's Insurance
26. Res. 204 - Insurers and Vertical Integration
27. Res. 205 - Protection of Peer-Review Process
28. Res. 208 - Increasing Residency Positions for Primary Care
29. Res. 209 - Making State Health Care Cost Containment Council Datasets Free of Cost and Readily Available for Academic Research
30. Res. 211 - Permitting the Dispensing of Stock Medications for Post Discharge Patient Use and the Safe Use of Multi-Dose Medications for Multiple Patients
31. Res. 214 - Status of Immigration Laws, Rules, and Legislation During National Crises and Addressing Immigrant Health Disparities
32. Res. 220 - Equal Access to Adoption for the LGBTQ Community
33. Res. 221 - Support for Mental Health Courts
34. Res. 222 - Advocating for the Amendment of Chronic Nuisance Ordinances
35. Res. 223 - Supporting Collection of Data on Medical Repatriation
36. Res. 224 - Using X-Ray and Dental Records for Assessing Immigrant Age
37. Res. 225 - Insurance Coverage Transparency
38. Res. 231 - Increasing Access to Menstrual Hygiene Products
39. Res. 301 - Medical Education Debt Cancellation in the Face of a Physician Shortage During the COVID-19 Pandemic
40. Res. 302 - Non-Physician Post-Graduate Medical Training

41. Res. 306 - Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training
42. Res. 307 - Updating Current Wellness Policies and Improving Implementation
43. Res. 315 - Representation of Dermatological Pathologies in Varying Skin Tones
44. Res. 316 - Improving Support and Access for Medical Students with Disabilities
45. Res. 405 - Traumatic Brain Injury and Access to Firearms
46. Res. 408 - Screening for HPV-Related Anal Cancer
47. Res. 416 - Expansion on Comprehensive Sexual Health Education
48. Res. 418 - Reducing Disparities in HIV Incidence Through Pre-Exposure Prophylaxis (PrEP) for HIV
49. Res. 419 - Student-Centered Approaches for Reforming School Disciplinary Policies
50. Res. 501 - Ensuring Correct Drug Dispensing
51. Res. 502 - Scientific Studies Which Support Legislative Agendas
52. Res. 504 - Healthy Air Quality
53. Res. 505 - Personal Care Product Safety
54. Res. 506 - Wireless Devices and Cell Tower Health and Safety
55. Res. 603 - AMA Urges Health and Life Insurers to Divest from Investments in Fossil Fuels
56. Res. 607 - Support for Texas-CARES Program
57. Res. 701 - Physician Burnout is an OSHA Issue
58. Res. 703 - Employed Physician Contracts
59. Res. 708 - Medicare Advantage Record Requests
60. Res. 709 - Insurance Promotion of Preventive Care Services via Incentive-Based Programs
61. Res. 710 - Step-Edit Therapy Contributes to Denial of Care and Has Not Demonstrated Improved Patient Outcomes or Overall Cost Savings

Resolutions Not Meeting the Priority Threshold but Have Been Extracted

1. Res. 011 - Truth, Reconciliation and Healing in Medicine and Medical Education
2. Res. 013 - Combatting Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism
3. Res. 014 - Supporting the Study of Reparations as a Means to Reduce Racial Inequalities
4. Res. 106 - Socioeconomics of CT Coronary Calcium: Is it Scored or Ignored?
5. Res. 111 - Towards Prevention of Hearing-Loss Associated Cognitive Impairment
6. Res. 112 - Fertility Preservation Benefits for Active-Duty Military Personnel
7. Res. 116 - Caps on Insulin Co-Payments for Patients with Insurance
8. Res. 202 - Prohibit Ghost Guns
9. Res. 203 - Ban the Gay/Trans (LGBTQ+) Panic Defense
10. Res. 207 - Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education
11. Res. 303 - Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Initiating a Process Enabling Them to Take the USMLE
12. Res. 312 - AMA Support for Increased Funding for the American Board of Preventive Medicine Residency Programs
13. Res. 313 - Fatigue Mitigation Respite for Faculty and Residents
14. Res. 317 - Medical Honor Society Inequities and Reform
15. Res. 404 - Support for Safe and Equitable Access to Voting
16. Res. 409 - Weapons in Correctional Healthcare Settings
17. Res. 412 - Addressing Maternal Discrimination and Support for Flexible Family Leave
18. Res. 507 - Evidence-Based Deferral Periods for MSM Donors for Blood, Corneas and Other Tissues
19. Res. 604 - Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis
20. Res. 605 - Amending G-630.140, Lodging, Meeting Venues and Social Functions
21. Res. 606 - AMA Funding of Political Candidates who Oppose Research-Backed Firearm Regulations
22. Res. 704 - Eliminating Claims Data for Measuring Physician and Hospital Quality
23. Res. 705 - Improving the Prior Authorization Process

APPENDIX – Extraction Statements and Resolution Committee Assessments

The Resolution Committee evaluated each resolution using the following scale based on the prioritization matrix, with higher scores meaning higher priority:

5 - Top Priority Resolution: One of the very most important resolutions
4 - High Priority Resolution: Important Issue but not a top priority
3 - Medium Priority Resolution: Somewhat important issue, medium priority
2 - Low Priority Resolution: Lower priority issue, there is likely little impact
1 - Not a Priority Resolution: This is not a priority at this time

Each extracted resolution is listed below along with the original author's rank (i.e. its rank among the number of resolutions submitted by that same delegate, delegation or section), the extraction statement from the delegate that requested the extraction, followed by the Resolution Committee's average priority score and any comments from AMA staff.

Note: Extraction statements and comments were limited to 150 words.

Resolution 011, Truth, Reconciliation and Healing in Medicine and Medical Education
Original author's rank: 1 out of 1
Extracted by: Luis E. Seija, MD, Delegate, Minority Affairs Section

Extraction statement: Last month, the AMA committed itself to "fostering pathways for truth, racial healing, reconciliation and transformation for AMA's past by accounting for how policies and processes excluded, discriminated and harmed communities, and by amplifying and integrating the narratives of historically marginalized physicians and patients."

Dr. Harmon also reinforced that fulfilling our AMA's mission "requires us, as an organization and as a profession, to recognize past harms and take meaningful steps to correct them" and "humble enough to admit we don't know everything but committed to finding out." Moreover, "it requires us to learn, to understand, and to help lead through new partnerships and alliances."

Critical examination of our organization's past is inextricably linked to our growth today. A combined task force focused on restorative justice is a concrete and actionable step in achieving optimal health for all.

If equity is on the docket, Res. 011 should be, too.

Resolution Committee score: 2.69 (2 = low priority)

Resolution 013, Combatting Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism
Original author's rank: 18 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: When this priority statement was written only two states had adopted laws combatting natural hair discrimination and cultural headwear in the workplace. As of now, 12 states have passed laws called *Creat(ing) A Respectful and Open World for Natural Hair (CROWN)*. Within medical schools, residencies, and hospital settings, professionalism guidelines are euro-centric and penalize non-euro-centric phenotypic features being displayed in the healthcare setting, leading to decreased job satisfaction and increased burnout for already marginalized and underrepresented groups**.**

Current AMA and federal policy does not recognize guidelines that discriminate against natural hairstyles and cultural headwear as workplace discrimination. However, targeted hairstyles and/or headwear are known proxies for racial, ethnic, religious, and/or sexual minority groups and thereby should be protected by Title VII of The Civil Rights Act. Our AMA can be a leader in setting standards that will make healthcare more welcoming and open to all.

Resolution Committee score: 2.62 (2 = low priority)

Resolution 014, Supporting the Study of Reparations as a Means to Reduce Racial Inequalities
Original author's rank: 19 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: Resolution 014 is timely with pending legislative discussion and due to our AMA's movement over the past year toward redressing our contributions to medical racism for decades. This resolution asks the AMA to **study** mechanisms of economic and healthcare reparations, **a necessary, vital next step if the AMA truly intends to advance racial justice in medicine**. This issue is also urgent, given that **legislation regarding studying reparations has been introduced** at federal (including House Resolution 40 "Commission to Study Reparation Proposals for African Americans Act"), state, and local levels, making now an ideal time for the AMA to take action. This resolution **gives our AMA the opportunity to lend a powerful voice, at an extremely timely and important juncture,** towards true health equity through the **study of the feasibility of reparations** and their potential to contribute to **undoing the deep health disparities that hold our nation back**.

Resolution Committee score: 2.48 (2 = low priority)

Resolution 106, Socioeconomics of CT Coronary Calcium: Is it Scored or Ignored?
Original author's rank: 2 out of 2
Extracted by: Kim Williams, MD, Delegate, American College of Cardiology

Extraction statement: Ethnic inequities in healthcare remain, particularly in cardiovascular disease. Coronary artery calcium scoring (CACS) is often not available in hospitals located in medically underserved areas with a greater population of poor, Black residents with a high cardiovascular mortality. (*Ikram M, et al. Who Gets Scored and Who Gets Ignored? Socioeconomics, Availability and Pricing of Coronary Artery Calcium Scoring. J Am Coll Cardiol 2021 May Vol. 77 Issue No. 18_Supplement_1 pp 1465-1465.*)

We request AMA's help in making CACS available to all, through insurance regulatory policy or legislation, as it currently is in the state of Texas. This aligns with the AMA mission to help eliminate health care disparities.

Resolution Committee score: 2.02 (2 = Low priority)
Comments: CMS Report 6-A-19 provides a detailed analysis of why certain valuable health care services qualify for federally mandated zero-dollar coverage and others do not. Before a service is mandated as a zero-dollar benefit in accordance with the ACA, it must be recommended by one of the ACA-designated expert organizations based on their review of the scientific evidence. Policy H-425.997 supports insurance coverage for evidence-based, cost-effective preventive services. Policy H-165.856 states that benefit mandates should be minimized to allow markets to determine benefit packages and permit a wide choice of coverage options.

Based on the analysis recently performed by CMS in CMS Report 6-A-19, this resolution is reaffirmation of current policy with little to no change.

Resolution 111, Towards Prevention of Hearing-Loss Associated Cognitive Impairment
Original author's rank: 2 out of 2
Extracted by: Louise Andrew, MD, Delegate, Senior Physicians Section

Extraction statement: Unaddressed hearing loss has a disproportionately negative impact on minoritized and marginalized populations, a top Priority of our AMA.

Population-wide, unaddressed hearing loss is the single MOST significant (9%) remediable cause of later cognitive decline. There is a steep (>$100B) societal cost in later dementia, for every year that hearing loss is NOT effectively addressed.

AMA has not broached the connection between hearing loss and cognitive decline, nor the importance of preventive hearing screening and remediation at MIDlife.

Pending Congressional bills add urgency, one requiring immediate advocacy to assure proper study, with a January 1, 2022 enactment deadline. The second cuts physician input into hearing remediation. Neither bill yet addresses the criticality of MIDlife hearing.

Our AMA has a unique opportunity for upstreamist leadership, advancing awareness of a humane, cost-effective and equitable approach to reducing cognitive decline.

Timely action is essential.

Resolution Committee score: 1.97 (1 = not a priority at this time)
Comments: AMA policy addresses the issues raised in Resolution 111. Policy H-185.929 supports coverage of hearing loss tests and also policies that increase access to hearing aids, other technologies, and services that alleviate hearing loss and its consequences. Additionally, this topic was addressed by the Council on Medical Service in 2015 (Council Report 6-I-15) and was discussed by House of Delegates most recently at the 2019 Annual Meeting when additional policy was adopted.

Resolution 112, Fertility Preservation Benefits for Active-Duty Military Personnel
Original author's rank: 5 out of 5
Extracted by: Albert Hsu, MD, Delegate, American Society for Reproductive Medicine

Extraction statement: American Society for Reproductive Medicine (ASRM) is actively working on legislation (no bill number yet) in this Congress on the important issue of fertility preservation benefits for active-duty military personnel, and it would be helpful to have supportive AMA policy for these efforts.

Resolution Committee score: 1.76 (1 = not a priority at this time)
Comments: Resolution 112 is addressed by current AMA policy, and by the Council on Medical Service in 2016 (Council Report 1-I-16). Policy H-510.984 supports efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and provide treatment within the standard of care to address infertility due to service-related injuries; and encourages the DOD to offer service members fertility counseling and information on relevant health care benefits provided through TRICARE and the VA at pre-deployment and during the medical discharge process.

Resolution 116, Caps on Insulin Co-Payments for Patients with Insurance
Original author's rank: 25 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: Federal and state action on this topic is imminent. While CMS agreed to instate insulin copayment caps at $35 per month for Medicare Part D plans starting this year, Congressional action on instating patient protections for the cost of insulin is pending. Colorado was the first to cap insulin copayments in 2019, followed by another 10 states capping at various amounts in 2020. **Another 30 states are considering legislation this year**, with states such as Texas successfully enacting related bills. Many of these laws only apply to certain segments of the insurance market. Given the **federal and state momentum** on this issue ongoing at the current juncture, our AMA must support these efforts to include as many plans as possible in federal and state legislation, to ensure consistency in insulin affordability in states across the nation, and expand access to this essential medication for our patients.

Resolution Committee score: 1.87 (1 = not a priority at this time)
Comments: Resolution 116 is addressed by current AMA policy, and by the Council on Medical Service in 2018 (Council Report 7-A-18). Policy H-155.960 stipulates that consideration should be given by health plans to tailor cost-sharing requirements to patient income and other factors known to impact compliance. Similarly, Policy H-110.990 states that cost-sharing requirements for prescription drugs should be based on considerations such as the unit cost of medication, availability of therapeutic alternatives, medical condition being treated, personal income, and other factors known to affect patient compliance. Policy H-125.977 advocates for economic assistance, including coupons and other

discounts for patients, whether they are enrolled in government health insurance programs, enrolled in commercial insurance plans, or are uninsured. Policy H-110.986 supports value-based pricing for pharmaceuticals.

Resolution 202, Prohibit Ghost Guns
Original author's rank: 15 out of 15
Extracted by: Leanna Knight, Regional Medical Student Delegate, New York

Extraction statement: This resolution is highest priority for action at this HOD for the following reasons:

The AMA stated that firearm safety is a public health crisis, and has passed many policies to support firearm safety. Violence in the US, particularly gun violence, is rising at dramatic rates over the last 2 years. Ghost guns are increasingly being used in violent crimes, because those who should not own a firearm, avoid background checks and other safeguards to obtain these firearms. Purchase of ghost guns almost always involves a process that crosses state lines- a federal legislative solution is the best one to address this issue. This resolution would expand policy on firearm safety and will cover a critical gap in policy that must be addressed as soon as possible.

Several state legislatures are now considering bills on ghost guns, timely AMA policy now is critical and would positively impact these bills.

Resolution Committee score:1.97 (1 = not a priority at this time)
Comments: Although the resolve uses the word weapons, this resolution is specific to "ghost guns" i.e., homemade firearms. The AMA already has strong and clear policy including Firearm Availability H-145.996, which would apply to all firearm purchasers and registration. As such, the AMA has current policy specifically on point and thus, this resolution is already actively being worked on.

Resolution 203, Ban the Gay/Trans (LGBTQ+) Panic Defense
Original author's rank: 5 out of 15
Extracted by: Leanna Knight, Regional Medical Student Delegate, New York

Extraction statement: While the resolution focuses on anti-LGBTQ+ violence, the resolution speaks for the entire LGBTQ+ community. The AMA has policies to support LGBTQ+ people who face inequities, but does not have policy specifically in relation to the unacceptable LGBTQ+ defense. This resolution when passed will fill a policy gap. 59% of the LGBTQ+ population live in states that do not prohibit such legal defenses. When considering the impact and prioritization of this resolution we argue that the entire LGBTQ+ population is affected by living with the threat of identity based harassment or violence and no community should live in fear. LGBTQ+ people are under attack by multiple state legislatures. LGBTQ+ people are less likely to see their docs because they feel unheard and unseen. This resolution should be seen as high priority-an opportunity to address identity based violence and to show patients that physicians in the AMA are allies.

Resolution Committee score: 1.87 (1 = not a priority at this time)

Resolution 207, Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education
Original author's rank: 7 out of 12
Extracted by: Christopher Libby, MD, Delegate, Resident and Fellow Section

Extraction statement: Physicians must retain our ability to self-regulate and assessing our blind spots is critically important to this end, particularly in our Scope of Practice offensive. Data from the requested study would save us from a potentially embarrassing PR nightmare – an outing of In-Name-Only Physician Supervision of allied health workers.

The pandemic has worsened the scope creep of non-physician coverage of hospital services which increasingly limits educational training opportunities for residents and students. It is time to get ahead of and reverse this trend on all fronts for trainees, for our patients, and for the sanctity of our profession. Thank you.

Resolution Committee score: 1.97 (1 = not a priority at this time)

Resolution 303, Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Initiating a Process Enabling Them to Take the USMLE
Original author's rank: 1 out of 1
Extracted by: Michael Aronow, MD, Delegate, American Orthopaedic Foot and Ankle Society

Extraction statement: AMA policy maintains that the term physician should be reserved for MDs and DOs. However, other health care providers including podiatrists, optometrists, chiropractors, and dentists have been designated as physicians by Medicare and a majority of States. We believe that any podiatrist who wants to be called a physician should pass all three parts of the USMLE, and receive education, residency training, and board certification that meets standards comparable to those of the LCME, ACGME, and the AMBS. If podiatry is willing to attempt to meet these standards, we believe that they should be given the opportunity to succeed or fail, and demand that other non-physician health care providers do the same. If our AMA feels that the study requested in this resolution study is not the best path towards deciding whether or not to support this process, our AMA should make it a priority to find another way.

Resolution Committee score: 1.92 (1 = not a priority at this time)

Resolution 312, AMA Support for Increased Funding for the American Board of Preventive Medicine Residency Programs
Original author's rank: 1 out of 1
Extracted by: Al Osbahr, MD, Delegate, American College of Occupational and Environmental Medicine

Extraction statement: I am a delegate from ACOEM and current chair of AMA Section Council of Preventive Medicine. We ask to extract resolution 312 from the resolution committee report. It is expedient that the AMA work to improve funding for the established preventive medicine/public health residencies. They need funding to survive. The funding sources for residencies are budgeting now. Lack of AMA advocacy here can mean inadequate funding and possibly losses of public health residency slots and effectively damaging crucial development of future public health physician leaders. Postponing funding means no increased monies until possibly 2023. This delay could be devastating to our nation's public health. It is now that we need public health leadership cultivated in residency programs. This Leadership was sorely needed during the pandemic. We implore the AMA House of Delegates to reconsider support for resolution 312.

Resolution Committee score: 2.58 (2 = low priority)

Resolution 313, Fatigue Mitigation Respite for Faculty and Residents
Original author's rank: 2 out of 2
Extracted by: Josephine Nguyen, MD, Delegate, Women Physicians Section

Extraction statement: It is critically important that our AMA promulgate education regarding critical importance of self-care and fatigue mitigation and physician health and well-being, especially to prepare our workforce during the current pandemic and for future pandemics. Fatigue mitigation plans are vitally important to trainee health and well being and are essential when trainees are required to work extended shifts that may make it unsafe to drive home. Having either a quiet place to nap at work or an alternative means of transportation home is therefore vitally important. This item is urgent and timely given the many demands that the pandemic has made upon faculty and trainees in the past year.

Resolution Committee score: 2.71 (2 = low priority)

Resolution 317, Medical Honor Society Inequities and Reform
Original author's rank: 3 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: Over the last year, many schools have either drastically reformed their selection criteria for AOA and the Gold Humanism Honor Society or ended AOA selection. The vast majority of schools have not, but will begin discussing reforms **this academic year** in response to national pressure. But no consensus exists on the best way forward. The Coalition for Physician Accountability recommended in their late April report that medical education should prioritize "exploring" bias in honor society selection, specifically listing AOA and GHHS, and honor society filters in residency application. However, the **release of the report is not the end**--CPA's constituent organizations, including AMA, must now help implement those recommendations. **Since AMA CME will need several months to study this issue comprehensively, we need to pass this resolution now.** That will ensure that their expert recommendations are well-timed to **support schools discussing reforms this fall and winter, for selection next spring.**

Resolution Committee score: 2.35 (2 = low priority)

Resolution 404, Support for Safe and Equitable Access to Voting
Original author's rank: 2 out of 12
Extracted by: Christopher Libby, MD, Delegate, Resident and Fellow Section

Extraction statement: Even if you do not support the content of this resolution, please acknowledge that it is relevant, timely, and deserving of open discussion by voting to include it in HOD business. AMA policy 225.952 asserts that "Our AMA supports the unfettered right of a physician to exercise his/her personal and professional judgment in voting…"

Although we are optimistic, we cannot be confident COVID-19 or other epidemics will remain controlled this Fall and could once again severely restrict voting. As local, state, and national elections take place over the next few months, it is essential our national voting system remains robust and resilient. It is an important and urgent civic duty to support measures that ensure our colleagues and patients do not have to risk their health and safety when voting. Please cast your "unfettered" vote to hear the pros and cons of this important discussion.

Resolution Committee score: 2.73 (2 = low priority)

Resolution 409, Weapons in Correctional Healthcare Settings
Original author's rank: 1 out of 1
Extracted by: Kenneth Certa, MD, Delegate, American Psychiatric Association

Extraction statement: The Section Council on Psychiatry requests that Resolution 409 be considered at this meeting. Policy is being made now. We need to stop this before it is implemented widely.

- This resolution asks to eliminate any mandate for physicians (not correctional or law enforcement officers or staff) to carry weapons. Physicians are already exempted from carrying lethal weapons such as firearms.
- The Bureau of Prisons has indicated that the mandate to carry batons is a pilot and being evaluated. Ending an active policy is difficult; that's why it's critical to address this issue in the planning/trial stage.
- This could irrevocably harm the physician-patient therapeutic alliance.
- This is not related to police reform. It is focused on preserving the physicians' role as healer regardless of the treatment setting.
- This would not stop a willing physician from choosing to carry a weapon.

Resolution Committee score: 2.39 (2 = low priority)

Resolution 412, Addressing Maternal Discrimination and Support for Flexible Parental Leave
Original author's rank: 1 out of 2
Extracted by: Josephine Nguyen, MD, Delegate, Women Physicians Section

Extraction statement: The U.S. Bureau of Labor Statistics data shows that four times as many women dropped out of the labor force in September of 2020 compared to men (865,000 women compared to 216,000 men). The number of women leaving their jobs started to significantly increase around August 2020, right before the school semester started. Since physicians were excluded from the Family First Coronavirus Response Act, some physicians had no choice but to work part time or take unpaid leaves to ensure proper childcare and home schooling. Pandemic-related unpaid leaves have set many women back financially and professionally. Without policies that call for work equity and flexibility for those caring for children, gender equity will never be achieved. Because the pandemic is ongoing, this resolution is extremely urgent and timely. We encourage the AMA to support this resolution so that parents, especially women physicians, can have both careers and families.

Resolution Committee score: 2.68 (2 = low priority)

Resolution 507, Evidence-Based Deferral Periods for MSM Donors of Blood, Corneas and Other Tissues
Original author's rank: 1 out of 1
Extracted by: Lynn Parry, MD, Delegate, Colorado

Extraction statement: If the AMA is intent on matching action to words, Resolution 507 is a top priority, as it fills gaps in AMA policy regarding a discriminatory FDA policy unsupported by evidence. AMA has spoken repeatedly for evidence-based guidelines for MSM blood donation, yet current AMA policy regarding MSM corneal or tissue donation is ineffective.

This resolution is consistent with AMA's strategic plan. It is especially timely, as the MSM tissue ban deprives approximately 3200 patients of vision-restoring surgery annually. Correcting AMA policy on this issue would send a powerful message that AMA opposes structural barriers and unequivocally supports diversity, equity, and inclusion.

Since the MSM tissue ban is classified as regulatory guidance (not an official regulation), it could be updated with relative bureaucratic ease. Any further delay in AMA advocacy would leave thousands of patients blind, while allowing inequitable health policy against the LGBTQ community to endure.

Resolution Committee score: 2.58 (2 = low priority)

Resolution 604, Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis
Original author's rank: 1 out of 1
Extracted by: Jerry Abraham, MD, Delegate, California

Extraction statement: COVID-19 has shown how critical physician leadership is to building the social will for translating our best available science into coordinated and urgent evidence-based public health measures. The National Academy of Medicine (NAM) announced a new Grand Challenge on Climate Change and Human Health in October 2020. NAM is engaging with key leaders in the Biden Administration, including the newly established White House National Climate Advisor and the new HHS office of Climate Change and Health Equity to be led by a Senior Advisor to Secretary Becerra.
Our AMA has only 7 disparate policies on climate and does not have any dedicated staff organizing physician leadership to engage in these pivotal conversations on this time-sensitive public health crisis. The Biden Administration has identified the climate crisis as one of the top 4 issue priorities and we're not prepared.

Resolution Committee score: 2.44 (2 = low priority)
Comments: Without questioning the matter of climate change or its possible health effects, it remains unclear whether the establishment of a center is urgently required or should be at our AMA, particularly at a cost of $7.2 million. Many other organizations have the expertise necessary for near-term study of the issues.

Resolution 605, Amending G-630.140, Lodging, Meeting Venues and Social Functions
Original author's rank: 44 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: We understand and fully support the intention of G-630.140 in ensuring that our financial contributions and publicity align with our organizational values. However, the policy as written has been very detrimental to student recruitment and engagement. Given the significant time and financial constraints of medical students, the ability to hold regional meetings in accessible locations is critical to both our membership and advocacy efforts. Several regions within the Medical Student Section are unable to hold in-person meetings in a majority of their member states. With the resumption of in-person meetings in the upcoming year, amending this policy now is necessary to allow these medical students to meet in an accessible location.

Resolution Committee score: 2.0 (2 = low priority)

Resolution 606, AMA Funding of Political Candidates who Oppose Research-Backed Firearm Regulations
Original author's rank: 35 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: According to the gun violence archive, 19,000 individuals have died due to firearms and 260 mass shootings have occurred in 2021. Emergence from the pandemic has coincided with an increase in gun violence. Historically, the AMA has endorsed a strong public health based approach to firearm regulation with several existing policies that strongly advocate for firearm safety and bans on automatic weapons (H-145.997, H-145.996, H-145.985), but groups that oppose these measures regularly make donations to political candidates. As a PAC affiliated organization that regularly supports political candidates, it is incumbent upon us to encourage candidates not to accept donations from groups opposing public health measures we support. This resolution was originally to be submitted at annual 2020, and received extensive feedback and updates from advocacy and various sections of the AMA. Now is the time for it to be brought to the floor.

Resolution Committee score: 2.24 (2 = low priority)

Resolution 704, Eliminating Claims Data for Measuring Physician and Hospital Quality
Original author's rank: 1 out of 2
Extracted by: Jay Gregory, MD, Delegate, Oklahoma

Extraction statement: Resolution 704 should be a "High Priority" resolution and discussed by the HOD. Claims data is currently generated by hospital coders with no knowledge of the true quality of care delivered during a patient's episode of care. As we speak, this data is being used to rank physicians and hospitals and reported to the public. It may be used currently or in the future in payment models for physicians. Yes, there is existing policy on this subject, but what we have done in the past has not changed the course of the debate. I would ask for the indulgence of the House to allow this discussion to be heard in order for our AMA to change our tactics and present the information to the new administration in yet another attempt to correct the injustice of the use of claims data in place of true outcomes data.

Resolution Committee score: 2.34 (2 = low priority)
Comments: The AMA has significant policy on quality measurement and its use. H-450.947 states performance measures must be subject to the best-available risk-adjustment for patient severity of illness. Policy H-450.966 urges national medical specialty societies and state medical associations to participate in efforts to develop, implement, and evaluate quality and performance standards and measures. Policy H-406.988 urges insurance companies to not use claims or other administrative data as the sole determinant of quality of care rendered or physician payment.

Importantly, outright opposing the use of claims data is short-sighted. There may be a time when claims data is richer and physicians agree with some measures.

Finally, the issue of administrative claims measures is an area in which the AMA is very active. For example, in its 2021 MPFS/QPP proposed rule comments, the AMA raised extensive concerns with administrative claims measures. The AMA engages tirelessly with stakeholders and administrations on this issue.

Resolution 705, Improving the Prior Authorization Process
Original author's rank: 1 out of 1
Extracted by: Michael Hamant, MD, Delegate, Arizona

Extraction statement: The resolution is timely and pertinent to physician's practices as prior authorization has become increasingly onerous.

The resolution demands transparency in the prior authorization process so that at the time of prescription denial, information is given to the prescriber so that the prior authorization process can be entirely avoided, saving the practice time, and avoiding therapeutic delay for the patient.

Resolution Committee score: 2.18 (2 = low priority)
Comments: Recognizing that prior authorization continues to burden patients and their physicians, the AMA is deeply committed to on-going advocacy based on strong policy that addresses the concerns raised by this Resolution and the PacWest Conference. Prior Authorization and Utilization Management Principle 11 states that all utilization review denials should provide the plan's covered alternative treatment and detail the provider's appeal rights. Policy H-320.939 supports continued widespread prior authorization advocacy, including promotion and/or adoption of the Prior Authorization and Utilization Management Reform Principles and AMA model legislation. Policy H-125.979 supports enabling physicians to receive accurate, real-time formulary data at the point of prescribing. Policy D-110.987 supports improved transparency of PBM operations, including that patient-specific formulary information be available to patients and to prescribers at the point-of-care in EHRs.

APPROVAL OF MINUTES: The Proceedings of the November 2020 Special Meeting of the House of Delegates, conducted online Nov. 13-17, 2020, were approved.

ADDRESS OF THE PRESIDENT: AMA President Susan R. Bailey, MD, delivered the following address to the House of Delegates on Friday, June 11.

Mister Speaker, officers, delegates, physician and student colleagues, distinguished guests, it is a privilege to address you for the final time as AMA President.

Serving as your president has been the honor of my professional life, and I thank you for the trust you have placed in me to carry the mantle of leadership for our organization in this historic and extremely challenging moment.

No one has shouldered more in this pandemic than our courageous colleagues on the frontlines, brave men and women from every state who have gone above and beyond in service to their patients and communities. You will remain in our hearts and in our thoughts long after this pandemic is over.

I began my presidency talking about the hero's journey that we travel as physicians, beginning with the spark of inspiration to choose medicine and continuing, with the help of a mentor, through hardship and struggle before emerging a stronger and more resilient leader.

COVID–19 has presented us with the ultimate test. And though the pandemic will continue for some time, I am more confident than ever that our physician community will emerge from it stronger, wiser, and more resilient than before and that in facing these challenges we have inspired countless others, doctors we may never know, to choose medicine and begin journeys of their own.

To travel the hero's journey is to honor and emulate all those who came before: men and women of great courage and selflessness who broke barriers so that others could follow.

I told you last June that my heroes had always been doctors, but today I would like to tell you about another hero whose journey has influenced my own.

I never met General James Earl Rudder, a decorated war hero and rancher from a tiny Texas town most people have never heard of, but his story is one of incredible bravery, both on the battlefield and off, and through his struggle in the face of bitter opposition, Rudder's journey profoundly influenced my own, ultimately paving the way for me to become AMA President.

Earl Rudder was a second lieutenant in the Army Reserves while a student at Texas A&M in the early 1930s. But he so impressed his commanding officers that by the time war had erupted in Europe a decade later he was leading a battalion of highly specialized Army Rangers. On June 6, 1944, D–Day, Rudder, just 34 years old, led his Ranger battalion onto the beaches at Normandy and up the 100–foot vertical cliffs at Pointe du Hoc under heavy German fire. His unit suffered major casualties, and Rudder himself was severely injured, but survived, and later went on to lead the 109th Infantry Regiment in the Battle of the Bulge.

After the war, Rudder returned to Texas, but a quiet life on his family's ranch was not in the cards. He was appointed to restore order and public trust in the scandal–ridden Veterans Land Board; his reputation for integrity and selfless service had followed him home. Soon after, he accepted an offer to become Vice President of Texas A&M University. Two years later, Rudder was named President of the university at a time of rapid societal change. Until then, Texas A&M was largely an agricultural and military school, and was virtually all male. Women could attend some classes, but could not receive a degree.

But Rudder understood instinctively that the university needed to change to become a world–class academic power, and he fought a very public battle against hostile foes to diversify Texas A&M's student body, including the admission of women as full–time students.

Only a decade later, I was accepted as the first woman to Texas A&M's College of Medicine, part of a charter class that is in part credit to one man's incredible courage and his journey. My graduation in fact fell on the 37th anniversary of Rudder's charge into Normandy.

He was a hero in every sense of the word and inspired me, as well as hundreds of thousands of other students.

I mention him now because it's impossible to know whose lives we touch when we stand up for what's right. The same can be said for our work together at the AMA and the countless people we inspire through our leadership, our advocacy, and our action.

We inspire others when we fight to advance telemedicine as a lifeline for patients and physician practices crippled by the severe economic impact of this pandemic. Because of our work, physicians had the resources, the support, and the confidence to implement remote care into their practices and give patients access to these services no matter where they lived.

We inspire others when we call attention to the impact of racism and social injustice on people of color, and when we help build communities to address the root causes of health inequities.

We inspire others when we fight for the financial support to keep struggling practices afloat, securing billions in aid during this pandemic, and when we push to expand access to meaningful and affordable health coverage by championing enrollment subsidies and defending against cuts to the Affordable Care Act in Congress and the courts.

We inspire others when we're successful in removing administrative burdens that interfere with patient care and when we fight for greater transparency across healthcare, giving physicians access to leading experts who will answer their most urgent questions.

We inspire others when we deliver the tools and resources they desperately need in health crises like COVID–19; when we stand up for science, evidence and data; when we work to build confidence in safe and effective COVID vaccines; and when we are a credible and reliable source for information in a time of rampant misinformation.

We inspire others when we protect our patients from unanticipated medical bills and the devastating financial loss that can result from a health emergency; when we create resources and training to stem the rise in physician burnout; when we advocate for common sense solutions to gun violence and ending our nation's drug overdose epidemic.

And we inspire others when we work in close coordination with our federation partners at the state and local levels, and across every specialty, who are as invaluable to physicians, policymakers, and the public in their local communities as we are on a national scale.

At the AMA, particularly after such a difficult year, we know that physicians need more than just our support. We need the AMA's power and influence to accomplish what we cannot possibly do on our own: to make our jobs a little easier, to remove the common pain points that interfere with patient care, to make our health system more accessible and more equitable for all people, to protect the patient–physician relationship from interference or outside influence.

This is the legacy of the AMA, and of organized medicine. Only organized medicine can do this work. Only we can deliver what physicians and patients most need in a crisis.

My friends and colleagues, COVID–19 is a watershed moment in history. It is both an epic tragedy and at the same time one of the greatest scientific achievements in our lifetimes. How we emerge from this pandemic will say a lot about where we go from here, the values we hold, the priorities we fight for.

Through struggle and triumph, we have lit the way for a better AMA; a better health system; and a stronger, healthier nation. More importantly, we've inspired a whole new generation of young students to pursue medicine and to become the physician leaders they are meant to be; to carry the work of the AMA forward. They are the legacy of this moment, and they are the most valuable gift to medicine we could possibly leave.

Thank you, and best wishes for a great meeting.

REPORT OF THE EXECUTIVE VICE PRESIDENT: James L. Madara, MD, executive vice president of the Association, delivered the following report to the House of Delegates on Friday, June 11.

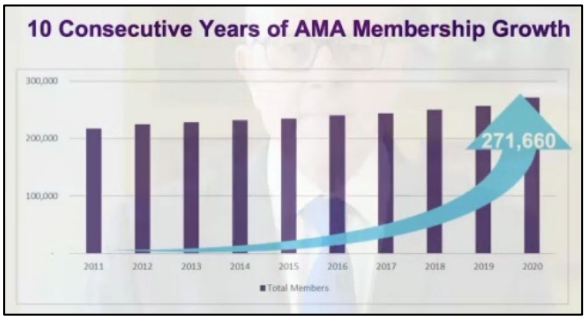
Mr. Speaker, members of the board, delegates, and colleagues, we have witnessed even in the darkest days of this pandemic the brilliance and resiliency of our fellow physicians. Time and again—through hardship and setbacks, through surges and lockdowns, against a rising tide of anti–science rhetoric and political grandstanding—physicians rose to the extraordinary challenge of COVID–19. Physicians stood tall, and the AMA stood with them.

Through the struggles of the past year, we saw a renewed and vigorous AMA; an AMA that's more nimble and more focused; one that not only gives voice to the urgent needs of physicians in a crisis, but through science and advocacy provides expertise and support to empower physicians to meet any challenge.

When physicians needed an ally on their side against COVID–19, they turned to the AMA, and the AMA delivered.

We may never in our lifetime see another threat to public health the size, the magnitude, and complexity of COVID-19; let's certainly hope we don't. But it didn't take a global pandemic for the work of the AMA—for our strategic arcs and accelerators—to resonate with physicians, with medical students and residents.

I'll share three slides that illustrate how far the AMA has come over the last decade and that clearly demonstrate our growing influence on both healthcare and public health.

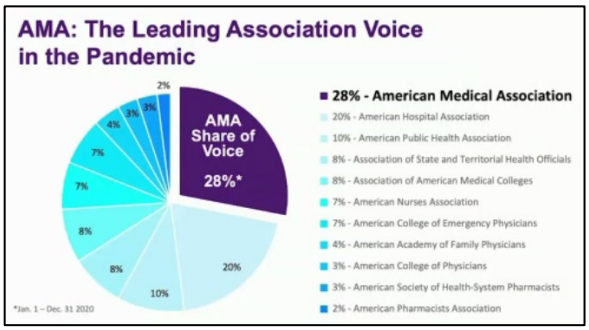


This year the AMA celebrates 10 years of steady growth among dues–paying members, as shown here. In terms of raw numbers, AMA membership has grown by more than one–third since 2011. In fact, dues–paying membership increase in 2020 was the greatest year–over–year jump in the last 70 years—that's seven–zero, 70 years. This remarkable feat is the result of a focused strategy to build our reputation and create multiple physician

points of engagement across our newly developed digital channels, and it reflects both a recognition of our success, but also a validation that our strategic arcs of removing obstacles to patient care; of driving the future of medicine through improved education, training and innovation; and of leading the change and charge to prevent chronic disease. These are right on target.

This is the work the AMA does day in and day out, even in a pandemic, to improve both the clinical environment and patient outcomes, to build practice sustainability, and to elevate the concerns of our physician community to those who can lend a hand. These aren't easy lifts. Rather, these involve big, seismic changes in healthcare that the AMA confronts. And physicians, by placing their trust and support in us, see the AMA as their powerful ally in patient care.

Slide Two highlights the AMA's growing leadership on issues concerning public health.



In a year defined by a once–in–a–lifetime health crisis, the AMA was the leading nonpartisan voice in 2020 as measured by our share of voice. We were first among all other associations in healthcare or public health. Share of voice is a standard metric factoring in an organization's media exposure.

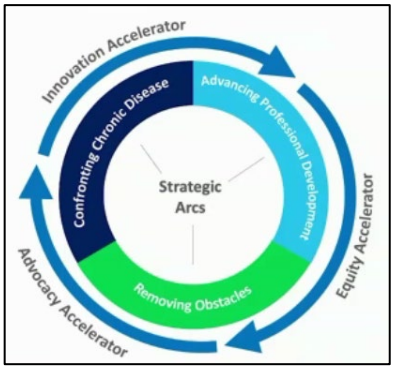
What these data reveal is that on any given day last year, if a worried parent, a business owner, or caregiver turned on the news or read an article or scrolled through their social media feeds in order to better understand this novel virus, that person was more likely to hear from the AMA than from any other health or public health association.

With daily COVID videos, podcasts, and a robust digital presence online, and through AMA News, AMA's website recorded 20 million unique visitors in 2020. That exceeds the combined totals from the prior two years.

Additionally, online traffic surged 40 percent across the JAMA Network thanks to an expanded digital presence. The public and physicians also benefited from AMA's COVID–19 Resource Center, which provided insights on COVID diagnosis and treatment, vaccines, and other critical information for physicians to share with their patients.

Slide Three shows the core strategy that has performed so well.

Our three strategic arcs, shown in the inner circle, each are propelled by our three shared accelerators represented in the outer circle. The accelerators in that outer circle are innovation, advocacy, and equity.



Now, the AMA's historic work on advocacy is really well known, and you'll also be familiar with AMA's innovation ecosystem sculpted over the last decade. In fact, the AMA was named Digital Health and Innovation Nonprofit of the Year for 2020 by an influential group of technology and business leaders. In addition, CB Insights, which provides market analytics to companies and investors, named their top 27 corporate innovation labs in healthcare for 2020. Health2047, our independently operating innovation company in Silicon Valley, ranked second among this distinguished group.

A more recent area of concentration, our third accelerator that also touches on all three strategic arcs, is our effort to advance health equity, an effort which, like other elements of the strategic framework, is rooted in the policies adopted by this house. Last month, the AMA released its strategic plan for the health equity accelerator, which lays out five strategies needed to move toward a more equitable health future. These include:

1. Embedding equity and racial justice throughout the AMA by developing antiracism and equity practices, programming, policies, and culture.
2. Building alliances with historically marginalized physicians and other stakeholders.

3. Pushing upstream to address determinants of health and understand the root causes of inequities. By focusing upstream, toward the origins of inequities, this work takes us squarely into the public health arena.
4. Ensuring that equitable structures and opportunities in innovation are reflected in AMA's efforts to advance digital health.
5. Fostering pathways for truth and reflection through honest conversations about AMA's past to define and understand how our own policies and practices through history have contributed to the unequal health system that we see today. Why? Well in order to advance equity, we have to understand how we arrived at this current state.

Just as the accelerators of advocacy and innovation were years in the making, the AMA's strategic plan on equity is the result of two years of preparation led by our Center for Health Equity.

Now, the AMA is neither first nor alone in dealing with health equity as a core strategic element. Many organizations have worked against inequities and injustices in healthcare for decades, and the AMA has voiced concerns in these areas as well. But now we are intentional and deeply committed to this work. It is part of our core framework. Toward this end, our ability to build alliances and to bring partners to the table across healthcare and other sectors is a strength that we will deploy for this purpose.

Our AMA envisions a nation in which all people live in thriving communities with a health system that values people equally and treats them equitably. We strive for all Americans to have access to meaningful, high–quality, and safe healthcare. But in the absence of equity, how can we possibly ensure optimization of access, quality, and safety? Through this plan, we will develop and provide physicians the tools, resources, and the understanding needed to identify and address inequities in their community of patients.

Now, obviously, change in healthcare and society won't happen overnight. It will take a continued effort by many—individuals *and* organizations—working in coordination and toward the same goal.

The late Peter Drucker, the celebrated business strategist, once said that "management is doing the thing right, but leadership is doing the right thing."

Our mission "to promote the art and science of medicine and the betterment of public health" very clearly defines the "right thing". And our policies define it with both clarity and even more granularity.

Through achievement, share of voice, growing membership, national recognition of our work in our three arcs and three accelerators, we further strengthen the AMA's position of leadership.

But how do we continue to increase our impact? Well, we do so through the hard work of doing what's right.

Thank you.

REMARKS FROM THE CHAIR OF THE AMPAC BOARD: The following remarks were presented to the House of Delegates on Friday, June 11 by Stephen Imbeau, MD, Chair of the AMPAC board.

On behalf of the AMPAC Board, I'm proud to remind you that this is our 60th anniversary, and so I want to briefly review our history.

In 1961, the world looked very much different. President Kennedy had just been inaugurated. John Coltrane's album My Favorite Things was ranked #1 and West Side Story was a 10–times Oscar winner. But even so, just this year we saw a new national monument erected to President Eisenhower, and just the other day I saw an advertisement for a West Side Story remake. Like these never–ending memories, AMPAC proudly remains potent and vital to American medicine.

It's no secret that each year we strive to attain 100 percent House of Delegates member participation in AMPAC. We can't do it without you, and as leaders and policymakers of the AMA House of Delegates, I hope you will all consider supporting this important function of our advocacy.

Right now we are down to only 30 percent AMPAC participation. We can and must do better. If you have not had a chance to make your 2021 AMPAC investment, please visit AMPAC online to contribute. Let's try to break AMPAC's HOD participation record of 80 percent that was set back in 2018.

For those of you that have already joined AMPAC, the AMPAC Board of Directors thanks you, especially our Capital Club members, without whom we would not have had such a positive outcome.

On Tuesday we will have an AMPAC virtual event for our 2021 Capital Club members. This year we had an unexpected turn of events and have rescheduled our previous speaker. We now have a new guest joining us, Ron Brownstein, American journalist, political correspondent, and senior analyst for CNN. Part journalist, part historian, and all shrewd political observer, Ron Brownstein will lead a discussion on the complexities of American politics today and take questions live during the event. This will be an event you won't want to miss. So if you are a Capital Club member, please join us on Tuesday. If not yet a Capital Clubber, go to AMPACOnline.org to make a Capital Club investment right now.

I wish everyone well. Hope to see you again in person in November.

REPORT OF THE AMPAC BOARD: The following report was presented to the House on Friday, June 11.

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding our activities this election cycle. As the nation slowly returns to normal, the COVID-19 pandemic will continue to have long-term effects on health care delivery in this country. The hardships faced by the medical community these past eighteen months have only strengthened our commitment to our 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

AMPAC is celebrating 60 Years of Political Action! In 1961 the members at the AMA realized the need for an advocacy arm to enhance the mission of the AMA and that year AMPAC was created as the first non-union Political Action Committee (PAC) in the country and has been advancing the mission of the AMA ever since.

We have had many achievements over the past sixty years that have had a lasting impact for physicians and medicine. AMPAC was the first professional member association PAC to use Independent Expenditures (IEs), which paved the way for the advocacy profession to significantly impact elections through paid advertising independently of a candidate or party in the political arena. AMPAC's campaign schools, established in 1985 has trained over 1,900 AMA members and spouses to be advocates and candidates and includes three physician graduate members that sit in Congress today. These are just a few of the advances AMPAC has made for the medical community over the last sixty years. We look forward to achieving many more, however the future of AMPAC's success relies on the ability to maximize funding from within our HOD.

Thank you to the House of Delegate members who have already contributed to AMPAC this year and especially those at the Capitol Club level. For those who have not had a chance to do so yet, we encourage you to make an investment today. Each year AMPAC's goal is to have 100% HOD AMPAC participation and so far, this year, we have only 30% HOD AMPAC participation. As a leader, we ask for your support during this special anniversary year, so help increase AMPAC participation in the HOD by visiting AMPACOnline.org to contribute. AMPAC is also hosting a virtual booth during this meeting, so visit AMPAC's website for more details and to view the schedule.

Finally, AMPAC is hosting a virtual event with Jonathan Swan, National Political Reporter for Axios. The virtual event is an invitation only event for all 2021 Capitol Club members and will take place on Tuesday, June 15 at 12:00 p.m. Central time. This will be an event you will not want to miss, and we hope that many of you will be able to attend. AMPAC's sixtieth anniversary is something everyone can be proud of, so we hope to count on the support of our House of Delegate members to make AMPAC's 60th year the best one yet.

Political Action

AMPAC has begun its normal process of considering contributions to candidates for the U.S. House of Representatives and the Senate for the 2022 elections. Because it is so early in the cycle, expect a slow pace of contributions limited only to those incumbents who are members of their parties' leadership, on key committees or otherwise in an important position to advance AMA priorities currently moving in Congress. The impact of Congressional redistricting is another important factor that will drive AMPAC towards a very cautious and deliberative approach to getting involved in races at this early date. Seven states—California, Illinois, Michigan, New York, Ohio, Pennsylvania, and West Virginia—will lose a seat. Five states—Colorado, Florida, Montana, North Carolina, and Oregon—are gaining one seat, and Texas will gain two. The highly contentious political process that will unfold in these and other states around the country could dramatically change race dynamics in a number of contests. Incumbents could be drawn together into one district forcing a member vs. member race. In other instances, the makeup of a congressional district may change so much that the incumbent decides to retire or jump to run in a neighboring district instead. In short, the 2022 political landscape remains murky to say the least and AMPAC will act accordingly and not rush to get involved in races that may look very different in a mere matter of months.

Political Education Programs

Over the course of two weekends in January, physicians, medical students, physician spouses and state medical society staff from across the country took part in the 2020 Campaign School held virtually due to the ongoing COVID-19 pandemic. During the program, twenty-four participants were placed into virtual campaign teams and with a hands-on approach our team of political experts walked them through a simulated campaign, teaching each of them everything they need to know to run a successful race as either a candidate or campaign staff. Senator John Barrasso, MD (WY), a former program graduate, was the keynote speaker and AMPAC is happy to report that the virtual program received high marks from participants, many of whom are seriously considering a run for public office this cycle. Dates and format have not been announced for the 2021 Campaign School this fall.

Due to the COVID-19 pandemic, AMPAC announced that the 2021 Candidate Workshop would also be held virtually this year. Building off the success of the virtual Campaign School, AMPAC staff worked with program trainers to convert the one-and-a-half-day in-person programming into a virtual format. Held over the course of two weekends in May, twenty-six physicians, medical students and state society staff participants learned the skills and strategic approach they will need as a candidate out on campaign trail. During the one-and-a-half-day program, participants learned how and when to make the decision to run, the importance of a disciplined campaign plan and message, the secrets of effective fundraising, the role of spouse and family and much more. Senator Bill Cassidy, MD (LA) and Representative Ami Bera, MD (CA), both former program graduates, provided taped remarks and the keynote session, respectively. AMPAC is proud to report that the virtual program also receives high marks from participants.

AMPAC is also proud to announce that Dr. Theresa Rohr-Kirchgraber was selected the winner of the 2021 AMPAC Award for Political Participation. This award recognizes an AMA or AMA Alliance member for their outstanding work through volunteer activities in a political campaign or a significant health care related election issue such as a ballot initiative or referendum. Dr. Rohr-Kirchgraber is from Indiana and was nominated by her peers on IMPAC and ISMA, as having demonstrated standout contributions through her efforts in political campaigns, fundraising, state and federal PAC education, and garnering support for healthcare related issues last election cycle. She spent a significant amount of time and played a vital role in campaign and fundraising for various initiatives that impacted her community. Dr. Rohr-Kirchgraber will be honored at the AMPAC Capitol Club event to be held virtually during the Annual Meeting.

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.

DISTINGUISHED SERVICE AWARD: Carolyn C. Meltzer, MD, Atlanta, Georgia, was nominated by the Board of Trustees and confirmed by the House of Delegates to receive the 2021 Distinguished Service Award. Russ Kridel, MD, Chair of the Board of Trustees, presented the following report.

The Board of Trustees is pleased to nominate Carolyn C. Meltzer, MD, for the 2021 Distinguished Service Award.

A nationally recognized physician leader, Dr. Meltzer has effectively promoted diversity, equity, inclusion, and well-being as vital to sustained excellence in healthcare through workforce development. Her expertise in implicit bias and systemic organizational biases that disadvantage underrepresented groups in medicine has inspired and benefited many.

Dr. Meltzer's research has focused on the use of imaging technology to enable quantitation of biomarkers of brain function. Through her cross-disciplinary imaging research and complementary work in unconscious bias, bioethics, gender equity and workforce development, as well as organizational culture and leadership studies, Dr. Meltzer has been a catalyst for the mentorship, career development, and promotion of women and groups that are historically underrepresented in medicine.

The Distinguished Service Award may be made to a member of the Association for meritorious service in the science and art of medicine, and your Board of Trustees believes that Carolyn C. Meltzer, MD, is a most deserving nominee for this, our highest award.

RETIRING AMA OFFICERS, DELEGATES AND MEDICAL EXECUTIVES

Florida Medical Association
W. Alan Harmon, MD

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Chief Teller
Gary D. Thal, MD, American Society of Anesthesiologist

* Alternate delegate

INAUGURAL ADDRESS: Gerald E. Harmon, MD, was inaugurated as the 176th President of the American Medical Association on Tuesday, June 15. Following is his inaugural address.

Acting Worthy of Ourselves

Good evening. Thank you, Russ, and Sue. Thank you both for your service over the past year, and the past many years. And many thanks to Speaker Bruce Scott and Vice Speaker Lisa Egbert for putting this meeting together.

It is a privilege to address you now as president–only the third time a practicing physician from South Carolina has had that honor. The first was Dr. James Moultrie in 1851, and the second was Dr. Randy Smoak over 20 years ago. This, then, is a rather uncommon occurrence.

Let me begin by expressing my gratitude to everyone assembled in this virtual inauguration–the second in a row for the AMA as we continue in the throes of a now-historic viral pandemic.

So many people have supported me along the way, and I cannot thank you enough. If we were in person, I would recognize you and ask you to stand, but tonight, I will have to call you out virtually:

First, my colleagues within the AMA itself–officers, trustees, administrative leaders, co-workers, and the House of Delegates: thank you. Those at home in South Carolina who have supported me throughout my career, including my fellow physicians and co-workers at Tidelands Health and for many years at Waccamaw Family Medicine in Georgetown County: thank you all. My military colleagues across the nation, many of whom are still in active service: bless all of you for everything you have done and continue to do to serve our country. You truly are my heroes and role models.

The leaders in my community and state who have taken on roles of public responsibility and who have supported the medical profession in so many ways: thank you. The innumerable patients and the families who have given me so much more than I have given them. They have placed their lives and those of their family members sometimes quite literally in my hands. Their continued support of my service in organized medicine and the AMA has humbled me greatly.

And the most important of my supporters—and often the most under-recognized: my amazing family.

- My Mom Angelyne—who goes by the 'Call Sign' Buncie—raised my brother Randy, my sister Elizabeth, and me as an incredible single parent when our father was stricken with a fatal brain tumor at age 33. She'll be 91 years of age in two weeks, but still lively—and quick to give us pointed advice—thanks, Mom.

- My three children: Bevin, Kathy, Scooter and their families, and my eight grandchildren. All of them will recall that my military and medical duties resulted in missed graduations, missed proms, and missed family gatherings. Interrupted plans. And we all know that happens in doctor families. I love and appreciate you all.

- And finally, my 'Enabler-in-Chief,' who has made it possible for me to attend to those duties and supported the family in my absence: my wife and best friend of nearly five decades, Linda Harmon. There never will be enough words to express what you have meant and will always mean to me … and really, to all of us. If I could be half the person you are—I'd be twice what I am now. Thank you, Linda.

You know, a couple of days from now—June 17th—will be the 246th anniversary of the Battle of Bunker Hill. That was, of course, an early engagement in the Revolutionary War for freedom from oppressive control and taxation by the British Crown and government.

Among the casualties to the Continental Army was its ranking officer, Major General Joseph Warren, a 34-year-old physician. Three months before his death he gave a speech commemorating the Boston Massacre in which he exhorted his countrymen to preserve and defend liberty, which he described as "far dearer than life." He said, "On you depend the fortunes of America. You are to decide the important question, on which rest the happiness and liberty of millions yet unborn. Act worthy of yourselves."

Act worthy of yourselves.

Ninety years and two days after Bunker Hill, June 19th, 1865 marks another crucial day in American history. On that day, just after the end of the Civil War, federal troops took control of the state of Texas and proclaimed all enslaved people there free, an important step in extending the freedom fought for in the Revolutionary War to all people. I went to high school in Texas, and we recognized that date as Juneteenth.

And so, as we acknowledge these historic anniversaries this week, I ask you to join me in reflecting on the words of Doctor Joseph Warren and ask, "Are we acting worthy of ourselves in this moment? Of future generations?"

This is a consequential time in American history, and in the history of medicine. We, too, are at war against seemingly formidable adversaries:

- The COVID-19 pandemic which has led to the deaths of millions worldwide, and hundreds of thousands here at home.

- Prolonged isolation and its effects on emotional and behavioral health.

- Political and racial tension and the immense battle to rid our health system—and society—of health disparities and racism.

As we face these challenges, we must remember that our actions as physicians and as leaders, will have far-reaching consequences for our families, our patients and our communities, and will affect the lives and happiness of millions yet unborn.

Like many of you, I have experienced a roller-coaster of emotions over the past 18 months:

- The exhaustion of working 12 – 15-hour shifts alongside other front-line colleagues who were similarly physically and emotionally dragging;

- Attending seriously ill patients who were afraid to ask, "Will I survive?" because they were often fearful of what I might answer; and

- I specifically remember one senior patient with whom I spoke—behind a complex barrier of PPE—and when I reassured her that she was on track to recover from her COVID infection she grabbed my hand and with tears in her eyes, said, "Dr. Harmon, you're the first person to tell me that!"

Like you, I have seen the terrible outcomes of this devastating virus and have experienced the loneliness of being unable to gather with friends and colleagues—even for crucial events such as weddings or funerals.

Adding to the suffering, the COVID pandemic has revealed enormous gaps in how we care for people and communities in America, demonstrated in the disproportionate impact of this pandemic on communities of color and in the weaknesses of our under-funded and under-resourced public health infrastructure.

During such times of struggle and heartbreak, it is important for us to "remember our why." Why did we enter medicine? Why do we continue to struggle against overwhelming administrative and regulatory burdens? Why are we risking our health and our families during this global pandemic?

I would submit that the education, the training, the years of experience and sacrifice we have gone through has prepared us for such a time as this. This past year—and the year ahead—is WHY we, America's physicians and the AMA, are here.

As Viktor Frankl, a Holocaust survivor, wrote, "Those who have a 'why' to live, can bear with almost any 'how'."

We have heard for much of the last decade about 'physician burnout' and increasing dissatisfaction within our physician community. We understand why that happens, given the administrative hassles and the regulatory challenges we face, as well as a general lack of understanding and appreciation for other types of important work that doctors must do—academics, researchers, regulators, and administrators.

But in the past year we have seen a new appreciation for all of medicine. Americans realize how much they rely on their own personal doctors and other health care workers on the front lines. How much they depend on the researchers and scientists to develop treatments and vaccines, the medical educators and teachers who mentor and train the vital physician workforce, and other physicians in non-clinical jobs who deliver crucial health-care resources in an emergency.

The AMA's own surveys find that nearly 50 percent of doctors have experienced a 'renewal of purpose' among the tribulations of pandemic response. In a year defined by so much suffering and heartache, this is welcome news.

Colleagues, this past year has been extremely challenging, and we hope the worst of the pandemic is behind us.

Looking to the year ahead, we will need to "remember our why" to meet the very difficult, ongoing challenges we face in medicine:

- Recovering from the pandemic; vaccinating the nation;
- Removing unnecessary obstacles to care;
- Ending the nation's drug overdose epidemic;
- Improving outcomes for patients with chronic disease;
- Making technology work for the benefit of physicians and patients;
- Preparing future doctors to meet the needs of all people and our changing world;
- And, embedding the principles of equity and racial justice within the AMA and throughout our health system.

Just a few weeks ago, the AMA released a comprehensive strategic plan to guide us in our work to advance health equity and justice; and to improve the quality of care for people who have too long been marginalized. Meaningful progress won't happen until we, as doctors, recognize how profoundly systemic racism influences the health of our patients, and until we commit to taking action within our own sphere of influence.

As a family physician in a diverse state, I have treated people from all backgrounds, and have seen inequities up close, inequities that understandably lead to distrust.

A few months back, when rounding with our physician inpatient team, I was advised that a patient on the 3rd floor was a 70-year-old man with pneumonia who did not say much and was described as "difficult to communicate with." I went in to see him and found an older Black gentleman with a last name that was clearly local. As noted, he gave only one-word responses. Rather than continuing to quiz him about his illness and his symptoms in the traditional hospital model I sat and told him I had met and treated several folks with his surname. I asked where he lived and what he did for a living.

He replied, "mechanic."

I asked, "What type of mechanic?"

"Jet engine" was his reply (not a typical profession for Georgetown County by the way). I told him I some experience with jet engines, and then he opened up a bit. Turns out he had obtained a degree in aerospace and worked on jet propulsion engines for NASA at Langley Air Force Base where I had been assigned for three years. He was, quite literally, a rocket scientist. From there, we established a bond, and I was able to understand him, and address his health needs, with a more meaningful conversation.

We provide better care when we treat the patient and not the disease, and when we endeavor to overcome racial stereotypes in all our interactions.

Our equity plan, just like our other strategic goals, is ambitious and far-reaching. But as individual physicians, and as the nation's largest association of physicians, we are uniquely gifted with the intellectual, physical, and emotional skills to respond to each of these challenges.

When we invest years of our lives—and ask our families to sacrifice—let's remember it's not about 'us' but rather about the gifts and talents we possess to care for humanity.

We do not have to be on the AMA Board or elected to a position to lead—we lead just by being doctors every day in every category: researcher, administrator, regulator, teacher, bedside clinician, advocate.

The AMA can meet the health care challenges of this moment because our members are physicians acting worthy of themselves every day, in every venue. And in the process, we are moving medicine forward and positively affecting the lives of generations yet unborn.

Just a few weeks ago my wife Linda and I were at a softball game watching our granddaughters play. We were wearing our masks when a woman from the opposing stands came up carrying a toddler in her arms. She approached cautiously and asked, "Aren't you Dr. Harmon?" When I said 'yes' she said, "You won't recognize me, but this is my grandbaby here, and her mom is coaching first base. You saved her mother's life when she was born, and they are both here with me today because of your actions. Thank you again for being a doctor."

Patient stories like this remind me of my "why." They lift me up when I am down; give me the energy and enthusiasm to work on our ambitious agenda; and sustain me as a servant of the medical profession.

And so, I ask you, wherever you may find yourselves in this field—caring for patients, doing the work of advocacy, of education, of research, or being a supportive family member to the physician you care about—remember your why and pledge with me, as Doctor and Major General Joseph Warren said over two centuries ago, to Act Worthy of Ourselves and our calling.

Thank you.