

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

### 162<sup>nd</sup> ANNUAL MEETING CHICAGO, ILLINOIS June 15–19, 2013

#### CALL TO ORDER AND MISCELLANEOUS BUSINESS

**CALL TO ORDER:** The House of Delegates convened its 162<sup>nd</sup> Annual Meeting at 2 p.m. on Saturday, June 15, in the Grand Ballroom of the Hyatt Regency Chicago, Andrew W. Gurman, MD, Speaker of the House of Delegates, presiding. The Sunday, June 16, Monday, June 17, Tuesday, June 18, and Wednesday, June 19, sessions also convened in the Grand Ballroom. The meeting adjourned Wednesday morning.

**INVOCATION:** The following invocation was delivered by Reverend Sheryon A. Cosey, staff chaplain at the University of Chicago Comer's Children's Hospital.

Let us pray. And let us pray to whatever the spirit is that you hold near and dear to you. Spirit of love, we ask you to first let us know that we acknowledge your presence in this body, we acknowledge your presence in our lives, and we acknowledge your presence in the lives of others. We thank you for this time together.

We have seen the video. We have seen the pain. We have seen the suffering. But even in those moments of despair, on this Saturday afternoon, we acknowledge your presence in the lives of those who were injured and the lives of those who lost loved ones, because in viewing that video, for everyone that suffered, there was someone there to help. For every one that was in pain, there was someone there to comfort. For every one that shed tears, there was someone to help dry them.

So we acknowledge your joy in the midst of sorrow. We acknowledge your comfort in the midst of despair. And we also acknowledge the body that is gathered here this afternoon for a time that you each have been called, such as this. So whether it's Boston, whether it's New Town or whether it's Chicago, we lift up you, Holy Spirit, to let this body know that because of their hands, others will be comforted. Because of their talents and gifts, others will be healed. And because of their dedication, others can go on knowing that because of the Holy Spirit, that you care.

So as this meeting goes forward, I ask the Holy Spirit that is within us all to bless each and every one of you as only that Holy Spirit can bless, to give each one of you the peace that only that Holy Spirit can give and to continue to strengthen you and protect your hands as only the loving and Holy Spirit can do.

Amen.

**REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS:** The following reports were presented by John C. Kincaid, MD, Chair:

**CREDENTIALS:** The Committee on Rules and Credentials reported that on Saturday, June 15, 457 out of 524 delegates (87.2%) had been accredited, thus constituting a quorum; on Sunday, June 16, 479 delegates (91.4%) were present; on Monday, June 17, 510 (97.3%) were present at the start of the session and 512 (97.3%) out of 526 were present at the conclusion of the session; on Tuesday, June 18, 516 (98.1%) out of 526 were present at the start of the session and 517 (98.1%) out of 527 were present at the conclusion of the session; and on Wednesday, June 19, 517 (98.1%) were present.

Note: On Monday afternoon, the House admitted the American Society of Echocardiology and the Gay and Lesbian Medical Association, increasing the number of delegates by two. On Tuesday morning, the House approved bylaws to establish the Women Physicians Section, thus creating a total of 527 total seats. See Board of Trustees Report 6, Council on Long Range Planning and Development Report 1 and Council on Constitution and Bylaws Report 3.

**RULES REPORT - Saturday, June 15****HOUSE ACTION: ADOPTED**

Your Committee on Rules and Credentials recommends that:

1. House Security

Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend.

2. Credentials

The registration record of the Committee on Rules and Credentials shall constitute the official roll call at each meeting of the House.

3. Order of Business

The order of business as published in the Handbook shall be the official order of business for all sessions of the House of Delegates. This may be varied by the Speaker if, in his judgment, it will expedite the business of the House, subject to any objection sustained by the House.

4. Privilege of the Floor

The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

5. Procedures of the House of Delegates

The November 2012 edition of the "House of Delegates Reference Manual: Procedures, Policies and Practices" shall be the official method of procedure in handling and conducting the business before the AMA House of Delegates.

6. Limitation on Debate

There will be a 3-minute limitation on debate per presentation subject to waiver by the Speaker for just cause.

7. Nominations and Elections

The House will receive nominations for President-Elect, Speaker, Vice Speaker, Trustees and Council Members on Saturday afternoon, June 15. Speeches will be limited to candidates for officers, with no seconding speeches permitted. The order will be selected by lottery.

The Association's 2013 annual election balloting shall be held Tuesday, June 18, as specified in the Bylaws, and the following procedures shall be adopted:

Accredited Delegates may vote any time between 7:30 a.m. and 8:45 a.m. by reporting to the polls in Columbus K-L of the Hyatt Regency Chicago. The Committee on Rules and Credentials will certify each delegate and give him/her an "authority to vote" slip. The slip will then be handed to an election teller, who will provide the voter with a ballot and provide assistance as necessary.

The announcement and confirmation of the election results will be called for as soon as possible and appropriate.

In instances where there is only one nominee for an office, a majority vote without ballot shall elect on Saturday.

## 8. Conflict of Interest

Members of the House of Delegates who have a substantial financial interest in a commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest before testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.

## 9. Conduct of Business by the House of Delegates

Each member of the House of Delegates and the AMA Officers resolutely affirm a commitment to be courteous, respectful and collegial in the conduct of House of Delegates actions, characteristics which should exemplify the members of our respected and learned profession.

### SUPPLEMENTARY REPORT – Sunday, June 16

#### HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS

#### EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 201, 202, 213, 214 220, 223, 224, 312, 314, 406, 407, 417, 418 and 501

The Committee on Rules and Credentials met Saturday, June 15, 2013. The Speakers asked the Committee on Rules and Credentials to review the recommendations for placing resolutions introduced at this meeting of the House of Delegates on the Reaffirmation Calendar. Reaffirmation of existing policy means that the policies reaffirmed remain active policies within the AMA policy database and therefore are part of the body of policy that can be used in setting the AMA's agenda. It also resets the "sunset clock," so such policies will remain viable for 10 years from the date of reaffirmation. The Committee recommends that current policy be reaffirmed in lieu of the following resolutions (current policy and AMA activities are listed in the Appendix to this report):

1. Resolution 201 - Supplemental Nutrition Assistance Program
2. Resolution 202 - Increasing Public Service Opportunities for Specialists
3. Resolution 213 - Prescribing Controlled Substances in Long-Term Care
4. Resolution 214 - Gun Control and Research
5. Resolution 220 - Firearm Safety
6. Resolution 223 - Promote MDs and DOs to Use Physician and Surgeon Designations
7. Resolution 224 - Reduction of Gun Violence
8. Resolution 312 - Basic Life Support Knowledge and Skills for Physicians
9. Resolution 314 - Maintaining Ophthalmology Residency Positions
10. Resolution 406 - Acceptance of Entertainment Trauma
11. Resolution 407 - Tobacco Harm Reduction
12. Resolution 417 - Reaffirm Support of the Clean Air Act
13. Resolution 418 - Proper Pediatric Restraints Available on Airline Transportation
14. Resolution 501 - Radiation Exposure Registry

#### APPENDIX

1. Resolution 201 - Supplemental Nutrition Assistance Program
  - D-150.983 Food Stamp Incentive Program
  - D-150.987 Addition of Alternatives to Soft Drinks in Schools
  - D-150.981 The Health Effects of High Fructose Syrup
  - H-150.937 Reducing the Price Disparity Between Calorie-Dense, Nutrition-Poor Foods and Nutrition-Dense Foods
  - H-150.933 Taxes on Beverages with Added Sweeteners
  - H-150.944 Combating Obesity and Health Disparities
  - H-150.953 Obesity as a Major Public Health Program
  - H-150.960 Improving Nutritional Value of Snack Foods Available in Primary and Secondary Schools
  - H-440.902 Obesity as a Major Health Concern

- D-440.954 Addressing Obesity
  - In addition, AMA advocacy activities also cover the goal of Resolution 201, as indicated in the following document:
    - AMA Letter to David Burr, Director, Program Accountability and Administration Division Supplemental Nutrition Assistance Program, US Department of Agriculture; May 27, 2011
2. Resolution 202 - Increasing Public Service Opportunities for Specialists
    - D-200.978 Addressing the Shortage of Child and Adolescent Psychiatrists
    - D-200.980 Effectiveness of Strategies to Promote Physician Practice in Underserved Areas
    - D-200.982 Diversity in the Physician Workforce and Access to Care
    - D-200.985 Strategies for Enhancing Diversity in the Physician Workforce
    - H-200.954 US Physician Shortage
    - D-305.960 Loan Repayment for Physicians in State Designated Shortage Areas
    - D-305.973 Proposed Revisions to AMA Policy on the Financing of Medical Education Programs
    - D-305.975 Long-Term Solutions to Medical Student Debt
    - D-305.979 State and Local Advocacy on Medical Student Debt
    - D-305.993 Medical School Financing, Tuition, and Student Debt
    - H-305.928 Proposed Revisions to AMA Policy on Medical Student Debt
  3. Resolution 213 - Prescribing Controlled Substances in Long-Term Care
    - H-280.958 Pain Control in Long-Term Care
    - H-120.969 Dispensing Controlled Substances to Long Term Care Patients
    - D-360.993 Recognition of the “Nurse as Agent” of the Prescriber in Long Term Care Settings
    - D-120.971 Promoting Pain Relief and Preventing Abuse of Controlled Substances
    - In addition, the AMA letter below supports the goals of Resolution 213:
      - AMA letter to the Food and Drug Administration; March 22, 2013
  4. Resolution 214 - Gun Control and Research
    - D-145.999 Epidemiology of Firearm Injuries
    - H-145.984 Data on Firearm Deaths and Injuries
    - H-145.997 Firearms as a Public Health Problem in the United States - Injuries and Death
    - H-515.971 Public Health Policy Approach for Preventing Violence in America
    - H-515.979 Violence as a Public Health Issue
    - In addition, the AMA letters described below support the goals of Resolution 214:
      - AMA/state and medical specialty society letter to President Barack Obama (same letter was sent to House and Senate leaders), expressing the AMA’s concern over the Newtown, Connecticut shootings and offering to work with the President and Congress on solutions to reduce the epidemic of gun violence; January 8, 2013.
  5. Resolution 220 - Firearm Safety
    - D-145.999 Epidemiology of Firearm Injuries
    - H-145.976 Censorship of Physician Discussion of Firearm Risk
    - H-145.978 Gun Safety
    - H-145.984 Data on Firearm Deaths and Injuries
    - H-145.988 AMA Campaign to Reduce Firearm Deaths
    - H-145.990 Prevention of Firearm Accidents in Children
    - H-145.997 Firearms as a Public Health Problem in the United States - Injuries and Death
    - H-515.971 Public Health Policy Approach for Preventing Violence in America
    - H-515.979 Violence as a Public Health Issue
    - In addition, the AMA documents and advocacy activities described below support the goals of Resolution 220:
      - AMA/state and medical specialty society letter to President Barack Obama (same letter was sent to House and Senate leaders), expressing the AMA’s concern over the Newtown, Connecticut shootings and offering to work with the President and Congress on solutions to reduce the epidemic of gun violence; January 8, 2013.

- AMA Letter to the Editor, authored by Dr. Wah, published in *USA Today*, entitled “Don’t legislate medicine;” May 28, 2012
  - AMA briefing paper entitled, “Keeping politics out of the exam room: protecting the patient physician relationship;” 2012
6. Resolution 223 - Promote MDs and DOs to Use Physician and Surgeon Designations
    - H-330.992 Medicare Definition of Physician
    - H-405.969 Definition of a Physician
    - H-405.976 Definition of a Physician
  7. Resolution 224 - Reduction of Gun Violence
    - D-145.999 Epidemiology of Firearm Injuries
    - H-145.984 Data on Firearm Deaths and Injuries
    - H-145.997 Firearms as a Public Health Problem in the United States - Injuries and Death
    - H-515.971 Public Health Policy Approach for Preventing Violence in America
    - H-515.979 Violence as a Public Health Issue
    - In addition, the AMA letters described below support the goals of Resolution 224:
      - AMA/state and medical specialty society letter to President Barack Obama (same letter was sent to House and Senate leaders), expressing the AMA’s concern over the Newtown, Connecticut shootings and offering to work with the President and Congress on solutions to reduce the epidemic of gun violence; January 8, 2013.
  8. Resolution 312 - Basic Life Support Knowledge and Skills for Physicians
    - H-300.999 Proficiency in Advanced Cardiac Life Support
  9. Resolution 314 - Maintaining Ophthalmology Residency Positions
    - H-200.955 Revisions to AMA Policy on the Physician Workforce
    - H-305.929 Proposed Revisions to AMA Policy on the Financing of Medical Education Programs
    - D-305.967 The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education
    - D-305.958 Increasing Graduate Medical Education Positions as a Component to any Federal Health Care Reform Policy
  10. Resolution 406 - Acceptance of Entertainment Trauma
    - H-485.995 TV Violence
    - H-515.974 Mass Media Violence and Film Ratings
  11. Resolution 407 - Tobacco Harm Reduction
    - H-495.985 Smokeless Tobacco
    - H-495.988 FDA Regulation of Tobacco Products
  12. Resolution 417 - Reaffirm Support of the Clean Air Act
    - H-135.984 Federal Clean Air Legislation
  13. Resolution 418 - Proper Pediatric Restraints Available on Airline Transportation
    - H-45.989 Child Safety Restraint Use in Aircraft
  14. Resolution 501 - Radiation Exposure Registry
    - D-455.999 Monitoring Patient Exposure to Ionizing Radiation
    - D-455.998 Ionizing Radiation Exposure in the Medical Setting

**CLOSING REPORT – Wednesday, June 19****HOUSE ACTION: ADOPTED**

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

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

Whereas, The Annual Meeting of the House of Delegates of the American Medical Association has been convened in Chicago, Illinois during the period of June 15-19; and

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

Whereas, The City of Chicago has extended to the members attending this meeting the utmost hospitality and friendliness; therefore be it

RESOLVED, That expressions of deep appreciation be made to the AMA Board of Trustees for arranging this meeting, to the management of the Hyatt Regency Chicago, to the City of Chicago, to the members of the Alliance who always contribute so substantially to our meetings, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Annual Meeting of the House of Delegates.

**APPROVAL OF MINUTES:** The Proceedings of the 66<sup>th</sup> Interim Meeting of the House of Delegates, held in Honolulu, Hawaii, Nov. 10–13, 2012, were approved.

**ADDRESS OF THE PRESIDENT:** AMA President Jeremy A. Lazarus, MD, delivered the following address to the House of Delegates on Saturday, June 15.

Mr. Speaker, Members of the Board, delegates, colleagues and guests, and our international friends. I'm honored to speak with you for the last time as President.

This is a bittersweet moment. I've long been involved in organized medicine—most of it associated with the AMA, and I want you all to know, I have truly loved serving this past year as your president. Of the many posts I've held: President of the Colorado Medical Society and the Colorado Psychiatric Society, Speaker of this House of Delegates, I can now report to you that nothing can completely prepare someone for all of the challenges encountered as the public face of the AMA.

Naturally, I had my expectations—and suspicions—of what it would entail. But after 12 months seeing up close the breadth and depth of this amazing organization, I better understand and appreciate our role in the minds of the public, physicians, and the political landscape that can so often undermine the best of intentions.

At times, I was surprised and occasionally blindsided by the whims of Washington politics and the world's random savagery. Each time, I proudly witnessed the AMA rally and rise to the occasion. In these 12 non-stop months, I've learned that one of the few constants is change and that you never know what life—or the government or science or mother nature—will throw at you.

Expecting the unexpected has helped me become a better dancer—because the course of advocating for medicine and promoting the AMA's agenda has more twists and turns than a tango danced during an earthquake. Were it a song, it might be Sheryl Crow's "Every Day is a Winding Road." In it, she sings about "swimming in a sea of anarchy," but it's important to remember, every day, we are getting a little bit closer to the goal. For me, those first steps were a doozy.

Just after my inaugural, the Supreme Court ruled that personal responsibility to obtain health insurance coverage—the so-called individual mandate—is constitutional. It cleared the path to extend health insurance coverage to millions of people, many of whom will become our new patients. At the same time, the Court struck down the Affordable Care Act’s mandatory Medicaid expansion. At the AMA, we believe Medicaid expansion is necessary for needy citizens to get the care they deserve, but for the program to be viable, I believe we all agree, physicians must be adequately reimbursed.

Fortunately, the provision in the ACA that calls for raising Medicaid pay to Medicare levels for primary specialties from 2013–2014 will help. That’s why, when proposals surfaced to eliminate this increase at the end of last year, the AMA organized 261 state, national and specialty medical societies in a letter of opposition. And guess what, Congress actually listened! Yet another example of why it’s important to proactively confront these problems with a unified voice.

As states began wrestling with Medicaid and Health Insurance Exchanges, the AMA mobilized, working with medical and specialty societies to assure access to care for as many as possible, despite the patchwork of state approaches. Whether state or federally run, exchanges will start operating early next year, and countless physicians, including many in this room, will participate in and benefit from these exchanges. The AMA is working to minimize whatever burdens they might create. For instance, we made inroads in the federal rules to help physicians, and we continue to work with groups such as the National Association of Insurance Commissioners and the National Conference of Insurance Legislators to cement these hard-fought gains.

Other policy debates raged outside the halls of power. A month after my inaugural, in my home state of Colorado, a gunman opened fire in a movie theater, killing 12 and wounding 58 more. In December, a different young man, in a matter of minutes, killed 26 people, 20 of them children, at a Connecticut elementary school. First there was shock, and then, dozens of physicians, physician organizations and other health care professionals mobilized within days, even hours, to again denounce the plague of gun violence.

It also brought to the forefront problems with our mental health system and our capacity to prevent at least some of these tragic events. As a psychiatrist myself, I was at the same time all too aware of the potential backlash against mental health patients. Some may paint them all with the same broad brush of potential violence, but we know that the vast amount of violence—whether guns are involved or not—has no relation to mental illness. So we went to work on initiatives to remove the stigma still present against those with mental illness and to offer better treatment options for those affected. Shortly after Sandy Hook, we met with Administration officials in Washington to discuss a strategy to address gun regulation, mental illness and public education, and though legislation has not passed this year, we remain committed to seeing it happen.

We also believe strongly that physicians must be able to have frank discussions with their patients and families about firearm safety issues and risks. Maybe fewer 4-year-olds will accidentally shoot a parent or sibling, and we are pleased also that the CDC will again be able to begin epidemiological research on gun violence to better inform the ongoing debate.

The tragedy in Newtown isn’t the only high-profile event that has sparked AMA action. We recently reiterated our ethical position opposing physician involvement in force-feeding hunger strikers. That takes me from the search for more information to the subject of TMI, Too Much Information.

In February, my travels took me to a Senate hearing on the Sunshine Act, the new transparency regulations regarding interaction between physicians and representatives from the pharmaceutical, medical device and other industries. This provision will require those companies to report any payments or other “transfers of value” they make to physicians on an annual basis and to publish that information via a public database. The AMA has long supported greater transparency between physicians and industry, but as I declared to the Senate directly, we want the law implemented appropriately and physician rights to challenge false or misleading reports protected.

Now for the hard work: to get the word out. CMS starts tracking this information on August 1<sup>st</sup>, and not everyone’s aware of it. So we’ve launched a Sunshine Act resource page on our website to educate physicians on the requirements, and we’re offering online modules and webinars to explain it in detail. As dermatologists tell us, sunshine might feel good but it’s also important to apply some good sunscreen.

In another practice issue, the AMA has launched the Integrated Physician Practice Section to help physicians shape policy that enhances physician satisfaction and improves practice sustainability. It's now crystal-clear to me that the future of medical care depends much on how well physician-led integrated practices work to keep patients healthy, and how well they function for their physician members.

In my practice, I've seen thousands of patients one at a time. Now we can leverage what we can do for so many more patients by working more effectively together. That's what the IPPS is all about. It will address the issues and needs facing physicians in group and integrated practices, and provide a forum for those who have moved into the many new non-traditional types of practice. To you, I say "Welcome to our House of Delegates."

Our work isn't just among individual physicians, of course. Will Rogers said, "If you want to be successful, it's just this simple. Know what you are doing. Love what you are doing. And believe in what you are doing." Following that credo is why in the past year the AMA earned more than 125 legislative victories at the state level—from insurer transparency to preserving medical liability reforms—by working with state medical societies across the nation.

For instance, AMA support and resources, combined with the tireless advocacy efforts of the Kentucky Medical Association, led to legislation to expand access to quality medical care while ensuring physician leadership of health care teams. Georgia enacted a state physician shield act based on AMA model legislation. The AMA was proud to help the Maryland State Medical Society, Nevada State Medical Association, and Texas Medical Association successfully push for legislation based in part on the AMA's model bill on Truth in Advertising.

In a major decision earlier this week, the US Supreme Court ruled that individual physicians can come together as a group to fight the unfair business practices of large health insurance companies. *Sutter v. Oxford Health Plans* concludes a dispute that alleged the company systematically bundled, down-coded and delayed payments for 20,000 physicians in its network. The AMA-led brief with the Medical Society of New Jersey noted that health insurers know that arbitrating disputes with individual physicians works to their advantage. They allow contract violations and underpayments to persist and leave physicians helpless to fight them, but thanks to this ruling, thousands of physicians will be allowed to use class arbitration against a health insurer that has underpaid them for more than a decade. This finally gives physicians a weapon to challenge unfair payment practices.

Thursday, the Supreme Court ruled again and affirmed the AMA position opposing patents on the human genome. To ensure the Supreme Court heard our voices loud and clear, the AMA joined with other health care organizations to file a brief to defend a federal court ruling that invalidated gene patents. This ensures that scientific discovery and medical care based on insights into human DNA will remain freely accessible and widely disseminated, not hidden behind a thicket of exclusivity.

And in the interests of a free flow of information, we established the JAMA Network, which provides easier access for physicians to vital, breaking medical news. For the next few months, access will be free with the new JAMA app, a tremendous service for all physicians in the US and around the world.

Then there were issues that can be neither sparked nor solved with a single gesture or action but that require ongoing attention. For instance, we made progress improving the health insurance billing and payment system. At the AMA, we didn't wait for Congress to act on this issue on behalf of consumers and physicians. Our efforts to tame the chaotic health insurance billing and payment system has cut in half the number of incorrectly paid medical claims, according to our fifth annual National Health Insurer Report Card.

I'm also happy to report significant progress in our long campaign to convince Congress to eliminate the Sustainable Growth Rate physician payment formula in Medicare. Thanks in part to the relentless education efforts of the AMA and more than 100 physician groups and others, we see a light at the end of this tunnel. The House Energy and Commerce Committee recently released a draft of legislation to repeal the SGR and replace it with a fair and stable physician payment system, building on a framework jointly developed with the Ways and Means Committee. The Senate Finance Committee is also making progress toward developing legislation to reach this goal.

In our discussions with each of these panels, we are hearing the messages delivered by medicine echoed back to us: that one size does not fit all and that in addition to a viable fee-for-service payment option, physicians in their diverse practice settings, specialties, and communities must be free to choose new payment and delivery models that work best for them and their patients. Finally, we might have the right prescription to put this issue to rest.



The SGR is of course a big issue. I'll turn my attention now to the big picture. I would like to note the positive reaction I've seen to the AMA's new strategic plan. Like the enthusiastic response to our \$11 million grant-funded initiative to accelerate change in medical education for the 21<sup>st</sup> century. Last night, it was my honor to announce the 11 grant recipients. I look forward to their important work to bring needed change to how we educate and train future physicians.

We're also making progress in our work in our strategic focus area aimed at enhancing professional satisfaction and practice sustainability. Our work will enable physicians to make more informed choices about their practice environment.

Finally, I'm gratified for the rave reviews for our initiative to improve health outcomes. Our initial targets are cardiovascular disease and type 2 diabetes and to improve health outcomes for people with these conditions. As physicians, we know the devastation these and other chronic diseases impose on our patients and the system. This will allow all of us to join this effort. Toward this end, the AMA is also supporting the Medicare Diabetes Prevention Act, which provides coverage for the National Diabetes Prevention Program as a Medicare benefit. It's estimated an expansion of community-based diabetes prevention programs like this one would save \$191 billion over 10 years. So call your member of Congress and ask them to cosponsor S. 452 or H.R. 962.

I've just scratched the surface, and Dr. Madara will provide a more detailed update on our plan. These are big issues and big stakes. On the table is a better health care system, better outcomes for our patients, better training and education for tomorrow's physicians, and a brighter practice picture for physicians today.

And throughout, our compass for our strategic plan is the AMA Code of Medical Ethics. It tells us that we must recognize responsibility to patients first and foremost, as well as to society, to other health professionals and to ourselves. To witness ethics in action, think back on the response to a deadly turn in the winding road just two months ago, with two horrific incidents involving explosions: two bomb blasts detonated at the Boston Marathon finish line and still another in a fertilizer plant in the town of West, Texas.

Personally, the Boston tragedy struck especially close to my heart. I've run that race many times. I know exactly what it feels like to cross the finish line, exhausted and yet exhilarated. I can tell you that as a psychiatrist and runner, this is one of those events that challenges a doctor's best training.

In the Washington Post, columnist Mike Wise, who also runs marathons, described why this tragedy captured hearts and headlines around the world. "Of all places to ruin and end lives," he wrote, "where the runners work so hard to embrace a pure and noble goal. Of all places to attack the majesty of the human spirit: at the finish line." So many enter this race to overcome a personal loss or reach a personal goal as an act of therapy. To attack it, Wise wrote, "is so wrong and personally destructive, it's almost unspeakable." For runners throughout the country as well as those who support their loved one's ambitious goals, this was an attack on our spirit as much as upon the fragility of human flesh. Those who came to the finish line exhilarated to complete this grueling race fell from the highest high to the lowest low. Our hearts sank with them. Yet at the same time, many brave people exemplified who we are as Americans.

I watched this violent violation on the news and then, on a rainy, gloomy night, flew to Boston to do a television interview to offer perspective on this nightmare. It was also the same night the second suspect was chased down and cornered. Soon after the tragedy, I spoke to the Massachusetts Medical Society. I was reminded how the Boston Marathon is not just a competition among runners, it's an institution embroidered into the fabric of the city, and it reminded me, too, of an event almost 40 years ago when I flew to Boston to take my oral exams in psychiatry.

It rained that night, too, and when I arrived then at my hotel, a helicopter circled the block, shining a spotlight on the crowd in front of my destination, I never found out who or what it sought. I was already anxious about my tests, and this sure didn't help. It tells me that stresses and traumas that happen to us are often relived and stay with us a long time, and we may never know in advance what might trigger it. We know what the immediate reaction is to an explosion, however, and that's paralyzing shock.

But in Boston, instead of being frozen in horror, bystanders fashioned tourniquets from their own clothing and carried casualties to safe havens for medical attention. One pediatric resident who ran the race, without hesitation jumped over the barricades and evaded the police cordon to attend to the injured. A surgeon who had finished the

race an hour before the bombings was at home and was called in to the hospital. He didn't hesitate for an instant. Volunteers turned a medical tent near the finish line into a triage station, and a network of nearby hospitals was ready in minutes, expertly executing disaster plans to quickly treat the 180 people injured in the blasts. Many said they were "just doing their jobs."

I don't see it that simply. These were images that are only seen during the worst of war, not on the streets of a major city. This level of bravery and presence of mind, saved many lives. It reminded me that as Americans, this is who we are as a people, and I have rarely been more proud to be a physician.

In the *New Yorker*, George Packer noted that when we look around at this country, we see many institutions that don't work. In Boston, the institutions of civilization met our highest standards of courage, competence and humanity. We saw it in the fertilizer factory explosion in West, Texas. And we saw that same human compassion again in the quick, effective response for the injured in Moore, Oklahoma after a tornado last month. For the victims and for physicians—the Marathon, West Texas, Oklahoma—if the unexpected happens we want to be ready. And as you saw in our video tribute earlier, they were.

This year's Boston marathon reminded me of another thing, that as AMA president, I may have spent the year negotiating these twists and turns amid unexpected events and the milestones of our advocacy achievements, but I wasn't alone either. While any marathon is an individual effort, I always knew my journey was part of many support teams.

Through the dedication of AMA staff, of the members of state and specialty societies I met in my travels to my friends and colleagues in this House of Delegates and the insights and inspiration I received from everyone in my travels—and especially the support from my wife Debbie—each one of you was right alongside me. The degree to which successes are possible during an AMA presidency are as much the result of your efforts as mine.

One of the most uplifting moments of this past year was giving the commencement address at my alma mater, the University of Illinois-Chicago medical school, just across the Loop from where we're gathered today. The faces of these bright young graduates and the many languages they spoke told me we're well on the way to enhancing diversity among physicians and being better equipped to tackle disparities.

I saw *JAMA* Executive Editor Dr. Phil Fontaneros hood his own son, who graduated with an MD/PhD. I also had the honor to hood my own son Ethan and my daughter-in-law Melissa. These are moments when one generation is blessed by the next. As parents, we must have done something right. I'm also happy to tell you, at this meeting Ethan debuts as a new delegate from the American Society of Bariatric Physicians. Way to go, Ethan, and welcome! Your determination and talent is helping patients get off medications for diabetes, hypertension and cholesterol and restoring a hopeful future to their lives. You are making a difference and I'm very proud of you, just like all of you sitting here—at every age, at every stage of career—who work every day to improve the health and lives of your patients.

The passing of years gives us more than grey or thinning hair. It also brings clinical advances, new technologies like electronic health records and increasingly complex administrative requirements. For those who pursue a career in medicine, it can be a lot to juggle and maybe more than was bargained for, but for all of the challenges and frustrations—medicine above all is a profound calling—one that helps people when they need help the most. That, dear friends and colleagues, is something worthy of pride and optimism at any age, or any stage in one's career. And I can assure you that we all have even something more to offer.

For me, these past 12 months through airports, countries, and Capitol Hill, the winding road of medicine has been an incredible journey. Though sometimes lonesome and sometimes uncharted, it presents some pretty spectacular views along the way, and for that, I will always be very grateful. Now it's up to you to keep on running. Our profession is worth it. This country needs us to be our very best, and together, this generation and all that follow, will cross every finish line together! Thank you.

**REMARKS OF THE CHAIR OF THE AMPAC BOARD:** The following comments were offered by John W. Poole, MD, on Saturday, June 15.

My name is John Poole, and I'm here to ask you for money. That's my job, and I'm proud to do it.

I'd briefly like to highlight three reasons why everybody in this House should be a member of AMPAC. First of all, we owe it was a duty to our patients as their advocates. Next, it's the responsibility of leaders of the House of Medicine to set an example. And, finally, it can be an honorable thing to participate in politics. Yes, you heard me right, it's an honorable thing.

So I'd first like to say, I believe it's our duty to our patients to invest in AMPAC. We took a vow to first do no harm. Our patients will be harmed unless we fix this present system. Our patients will be harmed unless AMA policy becomes the law of the land. Just think how much better it would be that things that we debated and decided over the next several days were to become the law of the land. AMPAC can help facilitate that.

Politics is the process whereby our AMA policy can become public policy, and AMPAC can help facilitate that. I firmly believe that political action is good patient care. I also think it's our responsibility as leaders to invest in AMPAC.

Last year, 65 percent of this House were members of AMPAC; 29 percent at the Capitol Club level; 65 percent is way too low. If that was our organic chemistry grade, we probably wouldn't have gotten into medical school, and we probably wouldn't be here today. I think that a hundred percent of this House should be AMPAC members and most at the Capitol Club level.

Finally, I think that politics can be an honorable thing. So, again, you heard me right. It's an honorable cause to advocate for our patients. There are presently 20 physicians serving in Congress. They join a long, proud and noble tradition of physicians being involved in politics. Four doctors signed the declaration of independence. Three doctors attended the constitutional convention. That led to a bill of rights and the right to petition our government. AMPAC can help us exercise that right.

I was going to quote from Shakespeare's Henry V, a classic description of duty, responsibility and honor, but I'm just a general surgeon. I am non-cognitive specialist. I shouldn't even be reading Shakespeare, let alone quoting it.

So I am going to close with this: When those four doctors pledged their sacred honor and signed the Declaration of Independence, they didn't say, "I can't afford it," "I don't have time," "Someone else will do it for me," "It doesn't make any difference," "There's too much money in politics." No, they knew they were risking not only their practices and their properties, they knew they were risking their very lives.

I'm not asking you to risk your life. I am asking you to invest a tiny bit of your property and protect your patients, your practice and your profession. Thank you.

**REMARKS OF THE EXECUTIVE VICE PRESIDENT:** The following remarks were presented by James L. Madara, MD, Executive Vice President of the American Medical Association, on Saturday, June 15.

Mister Speaker, Mister President, members of the Board, delegates, guests:

Just a year ago, I outlined at this meeting a bold, ambitious long-range strategic plan. Since then, I've had several opportunities to share our plan with physicians and health care leaders across the spectrum. The result: the AMA has been uniformly praised for its boldness and vision. As one distinguished leader put it, "Everyone needs to hear about this work, Jim. Spread yourself thin." Just three weeks ago at the annual meeting of the Society of Surgeons of the Alimentary Tract, after outlining our plan, chairs of surgery from three different medical schools told me they were joining the AMA as soon as they returned home.

As you know our plan tracks to a large number of policies developed by the House and was also shaped by the work and reports of our councils, sections and special groups. This plan doesn't tip-toe around the edges of what's wrong; rather it aggressively addresses the core issues which ail us most. Our plan focuses on three vital strategic areas:

- Improving health outcomes
- Accelerating Change in Medical education
- Enhancing physician satisfaction and practice sustainability

Progress now exists in each of these three areas, let me update you.

First up, improving health outcomes for our patients. Two months ago, our President, Dr. Lazarus, announced the first two conditions targeted in this initiative: cardiovascular disease and Type 2 diabetes. We all know how these two conditions devastate our country, affect both our nation's finances and public health, but most of all, how they adversely affect our patients.

Currently, more than 100 million people in the US have diabetes or pre-diabetes. As many as 1 in 3 adults could have diabetes by 2050 unless we do something. Meanwhile, one in every three deaths in the US is attributed to cardiovascular disease. And almost 70 million Americans have high blood pressure, and this is the number one risk factor worldwide for both disability and death. The combined cost of these diseases exceeds \$500-billion each year. Or, put another way, \$5 trillion over the next decade. Something has to be done.

As the sole physician organization whose reach and depth extends beyond our members and includes policy makers, thought leaders, universities, and community organizations, we must intervene. Here is what other physician leaders had to say following our public announcement at the National Summit on Health Disparities just a few weeks ago.

(A short video clip on AMA participation in this area was shown.)

So, you see what these physician leaders think about our work. They're excited, enthusiastic, motivated. They want us to succeed. We're now establishing the partnerships needed to tackle the three major indicators for developing these conditions: high blood pressure, high blood glucose and high cholesterol.

Our initial efforts to combat cardiovascular disease centers on patients with hypertension, who have not been able to meet their blood pressure goal. Believe it or not, that comes to more than 30 million people. We've now established multiple partnerships in this effort. Let me just give you a flavor of this. For example, we are partnering with the Armstrong Institute for Quality and Safety at Johns Hopkins. Our combined goal is eliminating preventable harm due to these factors while achieving the best patient outcomes at the lowest cost. And how could we have a better focus than one with 30 million citizens at risk?

In the area of type 2 diabetes, our initial focus will be pre-diabetes, specifically, increasing referrals of patients at risk for diabetes to evidence-based diabetes prevention programs. To that end, we've already begun working with the YMCAs of America. We're entering pilots of clinical-community linkages with local Ys that offer the diabetes prevention program in three of our major cities. This relationship with the Y is a sign of our being out in the community, on the ground, not simply theoretical. It is deemed so important that it is being funded by the CMS Innovation Center. We are also connecting with societies of the federation around this work.

Participating Y's will deliver this CDC-developed Program that preliminary studies show to effective in reducing the incidence of diabetes. Some of these affected people do not have links to physicians and this offers an opportunity to link these folks to our profession.

When we approached CDC officials to discuss our interest in working with the Y, they were excited. Dr. Tom Frieden the Director of the CDC has personally conveyed his delight with the actions of the AMA and let me know our entry in this domain is exceedingly important to public health in his opinion. This is the kind of broad-multiparty collaboration that is needed to get to our result: success in improving health outcomes. Just a flavor, much more to come.

In the second of the three strategic focus areas, we will accelerate the pace of change in medical education. Most important, we must match the current education and training of our medical students, who are the future delegates of this House, to the environments in which they'll practice.

A year ago, some questioned why the AMA felt compelled to drive change in medical education. I think some had forgotten the AMA's historic contributions. Last week I was scanning through a new textbook titled "Medical Neurobiology" by Peggy Mason. The second sentence of the Preface in her book began "In 1905, the AMA boldly recommended broad changes in medical education ...". Peggy then went on to give examples of the changes we proposed that ultimately led to the Flexner Report. By the way, I sent Peggy a follow-up note to let her know her book was excellent and that she had me at that second sentence. As Peggy recognized in her book, improving medical education was the AMA's job at the beginning of the 20<sup>th</sup> century, and it's again our job here at the start of the 21<sup>st</sup> century.

So what is the work? Well, a clear gap has emerged between physician training and the day-to-day realities of our health care system. Today medical education focuses primarily on the individual, yet physicians increasingly practice in teams. Today medical students get much of their clinical training through in-patient settings, yet for every person admitted to the hospital there are 300 out-patient visits.

Leaders of health care systems see need for educational improvements. Dr. Glenn Steele, CEO of Geisinger tells us that it can take up to 2 years to bring medical school grads up the level he feels they should be when they leave medical school. Physician leaders at Scott & White, Virginia Mason and Mayo say the same. Here again, the AMA's leadership will coalesce others eager to eliminate these gaps, and ensure medical school grads are prepared to meet the challenges of today's health care system.

Underpinning this effort is an \$11 million grant initiative. We invited the nation's medical schools to submit proposals for enhancing education. We were blown away by the enthusiastic response: 82 percent of accredited US medical schools responded. This tremendous response is a clear sign these schools had been considering structural change for some time, they simply needed someone to lift the gate and give support to make it happen. We are lifting that gate and also providing support.

The AMA will make this happen just as we did 100 years ago. Last night, at a great event held at the Chicago Cultural Center, the AMA announced the 11 schools selected to establish this ground-breaking consortium. Here are the schools that were selected. (Recipient schools projected: Indiana University School of Medicine, Mayo Medical School, NYU School of Medicine, Oregon Health & Science University School of Medicine, Penn State College of Medicine, The Brody School of Medicine at East Carolina University, The Warren Alpert Medical School of Brown University, University of California, Davis School of Medicine; University of California, San Francisco School of Medicine; University of Michigan Medical School, and Vanderbilt University School of Medicine.) While the AMA and these 11 schools will do the heavy lifting over the next five years, the lessons learned will be shared throughout the medical school community and we will once again be the root of a structural reformation of medical education in our country.

The third strategic focus area is a most critical one: our ambitious plan to create a better health care system for the country. And to do so with the underlying assumption that a better health system will only emerge if the critical providers, the physicians, have a more satisfying and sustainable practice environment. Thus, we will identify, support and disseminate the models of care delivery and payment that promote the long-term sustainability of and satisfaction with medical practice.

Now, when we first announced our intention to focus on physician satisfaction and practice sustainability, we heard concerns from outside this body that perhaps we were being a little self-serving, that it wouldn't resonate with anyone other than physicians.

I was told by two leaders in other sectors that "no one cares if physicians are satisfied." This I found shocking. I asked whether they thought physicians were important in health care delivery. They said "of course, physicians are central." I asked if they measured and cared about patient satisfaction, the answer was "yes." I asked if they cared about nursing satisfaction, the answer was "yes." I asked if they worried about the satisfaction of non-physician staff...again "yes." I asked that, since they thought physicians were central to health care and since they thought the satisfaction of all other non-physician people in the system was critical, didn't they think they had missed something

in logic? The answer that came back was, thankfully, but slowly, yes. But, coupled with the comment that there were insufficient data to demonstrate in a variety of working environments how to satisfy physicians.

It is not self-serving to say physician satisfaction is important. It is self-evident to say so; and anyone who denies this is simply being foolish. Physician satisfaction does matter. A preliminary study by Rand reveals that patients of satisfied physicians better adhere to their care recommendations. Another Harvard Study of over 16,000 practicing US physicians found that dissatisfied physicians were 2-3 times more likely to leave medical practice than their more satisfied colleagues. This is not what we need in the face of 30-million newly insured patients seeking care in this coming year.

As I mentioned, healthcare executives will often eventually confide that satisfied physicians would be good for patients and good for healthcare, but they just don't know how to get there. What healthcare systems need, and what physicians yearn for, are proven strategies that can enhance physician satisfaction, while improving patient outcomes across practice settings. Here again, the AMA's leadership on this critical issue is not only needed, it is our responsibility to you, to every physician, to our patients and to the health care system overall.

We have now partnered with Rand to conduct in-depth research on 30 diverse physician practices in six states which were selected in collaboration with state medical societies. Yesterday, those of you who attended the inaugural IPPS meeting heard some of the early indicators emerging from this work. As this work is completed and its findings published later this year, we will begin to create tools and resources you can use to improve these critical indicators of physician satisfaction and practice sustainability. We will promote successful models, and these models are emerging, in both the public and private sectors. And we will work with hospitals and health plans to fight and shape government policy and legislation that enables these models.

In short, we will do everything in our power to restore joy in medicine; to ensure that every physician, in every practice environment, can thrive in our evolving health care system. We will provide the data, analytics and tools; and repeat this process cycle-by-cycle for sequential improvement, boot strap to a more satisfying and sustainable environment for practice.

In concluding let me say that, at our Interim Meeting last November, I acknowledged that advancing these three strategic areas will be a challenge. In fact, I referred to them as our "AMA moonshots." Because that is exactly what they are: highly aspirational, unapologetically bold, and fully worthy of our attention. The AMA, through all the work you do here in this proud body, has a long and distinguished history of tackling this country's most difficult health-related challenges. Just two examples: we did it in the 1800s by establishing the first code of medical ethics; we chased the then wide-spread quackery out of our nation. And we did it when JAMA published statements from tobacco companies' own files, proving they had known the dangers of smoking for more than 30 years; thus forcing that industry to own up to the health problems created by the products it sold.

But despite all we have accomplished, there are those who still doubt our physician resolve. Teddy Roosevelt, a president of great resolve, had this to say about naysayers in his famous 1910 "man in the arena" speech. "It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena. Whose face is marred by dust and sweat and blood. Who errs. Who comes up short again and again—because there is not effort without error and shortcoming. But who does actually strive to do the deeds."

You are the men and women in the arena. You stand at the pro and con microphones here in this House and fiercely defend your points of view. You—representing more than 185 medical societies from every state, specialty and practice setting—bare the dust and sweat of lending your voices and your insights in shaping medicine's future. You vote on policy and you emerge as one, a single House united behind shared positions. You give AMA's voice. Power in communities across the nation and in our nation's capital. You, along with our members across the country, our advocacy efforts, the practice tools we offer, and the research and education we provide—the five components that comprise the AMA Equation—give us the resolve to continue to lead, now into our 166<sup>th</sup> year.

And now, through this strategic plan, you will once again move our mission forward: to promote the art and science of medicine and the betterment of public health. This mission, our mission, is compelling and the path to achieving it is clear. Our work is not easy, but I am confident America's physicians are up to the challenge. The AMA is right where it should be, right where it must be. We have once again entered the arena. Thank you.

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

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding AMPAC's activities. As the oldest non-labor political action committee in the United States, AMPAC has a proud history of working in concert with the state medical political action committees to elect federal officeholders who support the AMA's legislative agenda to benefit patients and physicians.

#### AMPAC Membership Fundraising

AMPAC is currently off to a strong start for the 2013 year which is critical to preparing for the 2014 midterm elections. At the start of this election cycle, AMPAC has raised \$847,765.90 in total, consisting of \$677,790.36 in hard funds and \$169,975.54 in soft funds. AMPAC is currently outperforming its fundraising from the start of the 2012 election cycle by 9 percent. AMPAC hard dollar receipts are up by 14 percent and this has been a consistent trend over the last several years.

In order for AMPAC to be competitive and successful in the future, we need to continue to focus heavily on growing the AMPAC's Capitol Club program. Only five months into the year, Capitol Club participation has been a tremendous source of strength for direct AMPAC receipts. Through May, there are 660 Capitol Club members, surpassing 2011's year-end total of 654 Capitol Club members and only 82 members short of surpassing last year's 741 Capitol Club members. AMPAC's Capitol Club Platinum currently has 51 members, surpassing last year's 42 Platinum members. Capitol Club Gold currently has 238 members and Capitol Club Silver has 371 members.

As a benefit of Capitol Club, AMPAC will be hosting its annual Capitol Club luncheon on Tuesday, June 18th and all current Capitol Club Platinum, Gold and Silver contributors have been invited to attend and former Senator Joe Lieberman from Connecticut is our special guest. Senator Lieberman will be discussing the partisan polarization of politics in Washington, DC and it will be a very informative event that you will not want to miss.

Additionally, AMPAC will be raffling off a trip for two to Napa Valley, California in September 2014. AMPAC's "Napa Valley Fall Harvest Getaway" includes round-trip airfare for two to San Francisco, and accommodations for 4 days and 3 nights at the luxurious Meadowood Napa Valley Resort located in St. Helena, California. Meadowood offers golf, tennis, croquet, hiking, swimming, spa, wine education and a Michelin three-star restaurant dining experience all on a private 250-acre estate. The lucky winner of the sweepstakes will be drawn at the AMPAC Booth and announced Tuesday, November 12 during the House of Delegates business section at the Interim meeting in National Harbor, Maryland. All current 2013 Platinum, Gold and Silver contributors are automatically entered into a drawing for the sweepstakes.

Finally, in order to keep the interest and needs of physicians like you front-and-center in Congress during the coming legislative battles, AMPAC needs your support. I am a firm believer that there is strength in numbers and our participation numbers within the House of Delegates is far behind where we should be as the leaders of the Association. HOD participation is 46 percent with just 27 percent of members participating at the Capitol Club level including 17 Platinum members, 66 Gold members and 42 Silver members. As your colleague and a Capitol Club Platinum member, I strongly encourage you to stop by the AMPAC booth and contribute; it is the most valuable investment that you can make in your profession.

#### Political Action

While the 2014 elections are still more than a year away, AMPAC is beginning to lay the groundwork for a successful political cycle on behalf of medicine. The AMPAC Board's Congressional Review Committee has worked closely with state medical society PACs to make a handful of strategic, early 2014 Primary contributions to House and Senate candidates. AMPAC has also participated in select Special Primary and General Elections to fill vacancies in both the House and Senate. In addition, AMPAC has made bipartisan contributions of \$60,000 to House and Senate campaign committees and Leadership PACs.

As momentum in Congress begins to build for important physicians' issues such as Medicare payment reform, AMPAC will continue to support those lawmakers on key committees, long-time champions of medicine and other

strategically important legislators. This will include working to schedule events both in DC and in select states with targeted members of Congress to further strengthen key relationships and promote the AMA's legislative agenda.

#### Political Education Programs

AMPAC conducted a Regional Campaign and Grassroots Seminar with the Medical Society of the State of New York on April 11, with 35 attendees.

AMPAC conducted the Campaign School April 17-21, 2013 in Arlington, VA. Twenty-six attendees from 18 states included 17 physicians, 2 spouses, 3 medical students and 4 medical society staff. On February 15-17, AMPAC held the annual Candidate Workshop. Thirty-six participants from 17 states included 28 physicians, 4 medical students and 4 spouses.

AMPAC has also announced the dates of the 2014 Political Education Programs, to train physicians and other members of the medical family who want to be more involved in political campaigns. The Candidate Workshop will be held February 14-16, and the Campaign School will be held April 2-6. Both programs will be in Arlington, VA, and AMPAC covers all costs except transportation for AMA members, a significant benefit of your AMA membership. Please stop by the AMPAC booth for more information.

#### Conclusion

On behalf of the AMPAC Board of Directors, I would like to thank all of our members for their continued involvement in political and grassroots activities. Just as we have a responsibility to care for our patients, we also have a duty to our profession and to our patients to assure that the interests of medicine are properly represented in the halls of Congress.



## REFERENCE COMMITTEE MEMBERS

### Reference Committee on Amendments to Constitution and Bylaws

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 Anjali Dogra, MD, American Society of Anesthesiologists, Sectional Resident  
 Ronald L. Morton, MD, California  
 L. Elizabeth Peterson, MD, Washington\*  
 Kevin C. Reilly, MD, Radiological Society of North America\*  
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### Reference Committee F (AMA Finance; AMA Governance)

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### Tellers

Peter H. Rheinstejn, MD, Academy of Physicians in Clinical Research, Chief teller  
 Assistant tellers  
 Paul D. Bozyk, MD, Michigan\*  
 Kevin Burke, MD, Indiana\*  
 Sylvia A. Emory, MD, Oregon\*  
 Billie L. Jackson, MD, Georgia\*  
 Jan Kief, MD, Colorado\*  
 Claudia L. Reardon, MD, Wisconsin\*  
 Election tellers  
 James Bull, MD, Illinois\*  
 Andrea Hillerud, MD, Wisconsin\*  
 Kenneth M. Louis, MD, Florida\*  
 William Nicholson, MD, Minnesota\*  
 Alan Plummer, MD, Georgia\*

\* Alternate delegate

**INAUGURAL ADDRESS:** Ardis D. Hoven, MD, was inaugurated as the 168<sup>th</sup> president of the American Medical Association on Tuesday, June 18. Following is her inaugural address:

Good evening and thank you. A few weeks ago I had the honor of addressing the graduates at the University of Kentucky School of medicine. As I said to them, had you told me 30 years ago I would become AMA president one day, I would not have believed you. Back then I spent more time contemplating survival. Specifically, whether it was possible to survive biochemistry with one's sanity still intact. Today we know the survival part is possible. The sanity... well that's another matter.

The fact that I am standing here today is thanks in no small part to everyone behind me on this dais. The leaders of our state societies. The presidents who have gone before me and the members of our Board. Without your guidance, without your willingness to mobilize and take action on behalf of the physicians and patients of this country, the AMA would not be what it is today. So I would like to ask everyone in this room to join me in expressing our gratitude, and of course I also owe my gratitude to the family members, friends and colleagues who have supported me. Thank you all very much.

Tonight I stand before you as so many things. A woman. A Kentuckian. A lover of the finer things in life... basketball, Churchill Downs, and a good mint julep. Most importantly, I stand before you as a physician, specifically, an infectious disease specialist. When you tell people you're an infectious disease doctor you get a lot of reactions. Some greet you with a look of curiosity, mingled with thinly veiled anxiety. When you go to shake their hand they smile and offer an elbow. And before you've turned your back, they're dashing off to wash their hands. Others politely raise their eyebrows and say "Interesting," in approximately the same tone they would use to address a mortician. You can almost see the thoughts running through their minds. "So blood and guts were not good enough for her. She needed something more... Germs. Microbes. Deadly bacteria..."

The truth is, not a day passes where I don't give thanks for my choice of specialty. Like so many in this room, my experiences as a physician have molded me and made me who I am today.

I began my career back in the late 70s at the Lexington Clinic, a large, multispecialty practice. At the time I was the only infectious disease doctor in the community. I threw myself into my work, eagerly treating patients with an array of diseases, from TB to infective endocarditis to legionella. And then I started seeing a new kind of patient. Mostly young men, many of them very talented, afflicted with a horrific disease that killed them within months, sometimes even weeks. AIDS.

One of my patients at the time was a young gay man who taught in the local school system, Paul. Paul came into the emergency department suffering from pneumocystis pneumonia, one of the AIDS-defining infections. I told Paul what he had, and over the next few months we did everything we could to fight it. But the disease was stronger. Eventually I told Paul he needed to inform his family. But he wouldn't hear of it. His family didn't know he was gay, and he was terrified they would disown him. So instead, he told them he was sick. He didn't say how sick or with what.

Well one day Paul's family came to visit. They were from out of town, so they hadn't seen him in a while. They took one look at his emaciated frame and just fell apart. His sister grabbed me by the arm and said, "Doctor, you're a nice person, but you don't know what's wrong with my brother. We need to move him to the Mayo Clinic." You can imagine my exasperation.

This went on for a few days, but eventually I convinced Paul to tell his family the truth. I'll never forget the poignancy of that moment. Paul's mother looked at him and said, "Son, why didn't you tell us sooner? We don't care that you're gay. We love you, and we will always be at your side."

One of the great gifts of being a physician is how your patients change you. Just as you have an impact on them—comforting them, hopefully curing them—they leave an indelible mark on you. And it's not just the patients, but also their families.

My AIDS patients and their family members taught me about strength. About courage. And about never, ever passing judgment about something you do not understand. Unfortunately, the hardships for Paul and for countless patients like him were just beginning. Shortly after that encounter with his family Paul became progressively more

ill and unable to go to work. He lost his teaching position and with it his health insurance. It was a scene I witnessed over and over again.

First my AIDS patients faced the physical trauma of the disease itself. Next, they were terrified of discovery by employers, families and friends. Of being “outed,” and suffering from a disease people considered akin to the plague. Third, just when they needed health insurance the most, they lost it.

Then came the final straw. As AIDS began to spread, fear gripped the nation. People thought you could catch it on the street, riding the bus, or shaking hands. Some absurd laws were proposed, such as incarcerating AIDS patients so they could not infect the community. And the mood in Kentucky was no different. The state legislature was intent on passing a bill that would have made life significantly harder for my AIDS patients. And for me, that was one indignation too many. I may not have been able to save my AIDS patients at the time, but I knew I could do something about the legislature.

Right away I recognized it would take the clout of an organization like the Kentucky Medical Association. So I stepped up my involvement at my local society and was soon elected to the KMA House of Delegates. We fought the legislation, and I’m happy to say we won.

In that moment, I recognized the power of organized medicine. For the first time, I saw how an issue I faced in my exam room could be taken to a higher level. And if resolved at that higher level, the benefits would reach not only my own patients, but every patient in the state of Kentucky. To put it simply, in that moment I realized that the collective voice—the voice of America’s physicians—had the power to make a difference.

Ironically, during my travels over the past year as president-elect I’ve been struck by just how many physicians feel disempowered. It’s not hard to imagine why. After all, we are living through some of the most dramatic changes to America’s health care system in a century: accountable care organizations, EMRs, physician quality reporting and health insurance exchanges.

When it comes down to it, physicians fear losing their autonomy. They fear that crucial health care decisions will be dictated by the government, or administrators, or health insurance companies. They fear someone else will tell them how to practice medicine—someone who has never sat next to a patient and delivered a life-saving treatment. Or a life-changing diagnosis.

I will not stand here today and tell you that change is not upon us. I will not deny that the ground is shifting beneath our feet. But I will tell you this: our foundation is solid. Because this platform of ours—organized medicine—is as solid as they come. It has survived some 166 years.

A Civil War, two World Wars, the Cold War and 34 presidencies. This platform yielded the first code of medical ethics, the first standards for medical education and the most widely circulated medical journal in the world.

This platform has helped physicians address challenges throughout the decades, whether it was fighting quackery at the turn of the century or promoting the adoption of modern surgical technique or battling the disease that has defined my career: HIV/AIDS. This platform is powerful. It was powerful 100 years ago. It was powerful 50 years ago. And it is powerful today. So yes, right now we are living through historic change. And some may lament that fact, but I say we are lucky, because the great thing about living through history, is we don’t have to just witness it. We can shape it.

Not far from my home in Lexington is a city called Georgetown, where they make Toyota cars. I’ve had the opportunity to tour the Toyota plant, and it’s fascinating to witness the transformation of steel coils into newly minted automobiles.

Even more fascinating is learning about the Toyota Way, with its focus on two key areas: respect for people, and “kaizen,” striving for continuous improvement. Each Toyota team member takes ownership of their part of the production process. If a problem emerges, the team member has the ability to stop the production line and fix it before sending it on. Moreover, team members actively contribute to process improvement. In fact, the company adopts more than 90,000 employee suggestions every year.

The Toyota Way is about innovation. It's about each individual bringing their own unique perspective and working with the group to continually advance the end product.

Just imagine if we took a similar approach to health care today. Imagine what we could accomplish if we face the challenges before us head on. Together we can ensure that a solo practice in rural South Dakota, an academic center in New York, and a large, integrated system in Chicago have equal chance at prosperity. Together we can combat the epidemic of chronic conditions plaguing the nation. Together we can foster innovation in medical education, so future physicians are better prepared for the realities of 21st century health care.

Together we can improve health care technology, so we don't have to spend two hours at the end of the day typing data into an EMR. Together we can achieve meaningful medical liability reform. Together we can eliminate the Independent Payment Advisory Board. And together we can put the so-called "sustainable" growth rate formula to bed once and for all! By standing together, united in vision and commitment, physicians can shape the health care system this country needs.

And I'm not just singing the party line. I'm speaking from first-hand experience. To continue my story, as most of you know, I was elected KMA president in 1993. That very same year, the governor of Kentucky attempted to pass legislation that would have made it virtually impossible for physicians to continue caring for the uninsured. So all of us at KMA banded together. We fought the legislation, and we prevented it from passing.

Meanwhile, here at the AMA we were fighting for reform at the national level. In the late 90s, as Chair of the AMA Council on Medical Service I had the opportunity to help develop policy for covering the nation's tens of millions of uninsured.

In 2007, as you will recall, we launched the "Voice for the Uninsured" campaign. We gave America's underserved a voice in the halls of Congress, on TV and in the newspapers, and the nation listened. Health system reform became a central topic of the 2008 presidential election. As a result, just eight months from now some 30 million Americans will gain access to insurance. People with pre-existing conditions. People struggling to make ends meet. People like my patient all those years ago, Paul. The fact is, each and every day, each and every one of us has the opportunity to make a difference.

If you hear in the doctor's lounge that your hospital is planning to ship their entire electronic medical program to a foreign country, speak up. If an administrator decides you need to see a new patient every 15 minutes, push back. If your practice is seeing a rise in addictions to prescription drugs, go to the local Rotary meeting. Or the school board meeting. Never forget the tremendous influence physicians carry in our communities. We are considered the indisputable authorities on health care. Whether it's in the church, the local civic organization, or the government, we bring something to the table no one else can, the physician perspective.

Of course those two words "physician perspective" can mean a lot of things. During this contentious time there are plenty of opinions to go around. So what exactly is the physician perspective? And how do we agree on the best path forward?

One of my favorite activities as a child was walking along the beach with my Aunt Rowena. She lived in Oregon and whenever we visited, Rowena would take me "treasure hunting" along the Pacific Coast. Treasures were things you could see, feel, and hear. We would see the driftwood blown up by a storm, the spindly sea urchins, the clouds on the horizon. We would feel the cold water dart between our toes, or run our fingers along the whorls of a shell. And we would hear the crush of waves over rocks, or bird calls on the wind. By the time we finished our walk we'd discovered an array of treasures, of details really, that hadn't been immediately apparent when we arrived.

During this controversial time, physicians need to take a step back and carefully examine their environment. We need to recognize all the options, weigh them, and dig into the details before rushing in with an opinion. Above all, we need to listen.

We need to take the politics out of medicine and listen to our colleagues not as Republicans, Democrats or Independents, but as physicians. Too often the members of America's health care system operate in silos. The pharmacy silo. The physician silo. The hospital silo. The insurance company, the government, the medical school.

If we are to fix the system, we need to step outside our silos and learn to connect to each other in a meaningful way. And there is another way.

A perfect example is the Ryan White Program, a national initiative that works with communities to provide care for HIV patients. I work at a Ryan White Clinic and have experienced the benefits of its physician-led, team-based approach.

As a physician I am like a quarterback, coordinating care for my patients. I work hand-in-hand with a team of physician assistants, nurses, pharmacists, counselors, dieticians, and case managers. Each of us has a role to play, whether it's ensuring a patient takes their medicine or addressing their psychological needs. Together we increase efficiency and improve outcomes. Together, we accomplish what none of us could have alone.

Colleagues, these days "change" has become something of a dirty word, something to be resisted at all costs. But the reality is change breeds opportunity, and more often than not, progress. The changes I've witnessed in my own lifetime have been incredible.

About 22 years ago, a young woman was brought into the emergency department suffering from grand mal seizures. We admitted her and discovered she had CNS lymphoma, one of the AIDS defining illnesses. Two weeks later, she died. About a month after that, I looked at the office schedule and saw a six-year-old boy on the list, Tommy. It turned out he was the son of the woman who had recently died. He'd gone to live with his aunt and uncle, and now they were concerned he might have AIDS.

So here was this poor little guy in my office. He was cute as a button. And smart. He didn't know what was going on, but he could tell by the tension in the room it wasn't good. My heart went out to him. I tested Tommy, and sure enough our fears were realized; he was HIV positive.

But fortunately a couple things were working in Tommy's favor. Number one: It was 1991, not 1981. And number two: he had HIV, not AIDS. In just a decade, the advances the medical field had made in its understanding of HIV were incredible.

Thankfully, Tommy responded well to treatment, and he continues to respond well to this day. Today Tom is 28 years old. He works on the family farm and leads a full, active life. In almost three decades, he has never once been hospitalized for HIV.

My fellow physicians, change can be scary, but we must never forget: change can also be good. Today we stand at a crossroads in the history of health care in this great nation. Behind us lies a century of failed attempts to improve the system. Ahead of us lie two distinct paths.

One is the path of inaction. Of glorifying the past, succumbing to partisan politics, and thwarting any attempt to move forward. The other is the path of action, of collaborating, innovating, and leading the drive toward productive change.

Colleagues, I think you know which path we belong on. And I look forward to walking it with you in the year ahead. Let's do right by our patients. Let's leverage the power of organized medicine. And let's never forget, the future of American health care is in our hands. Thank you.