

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

### 70<sup>th</sup> INTERIM MEETING

Orlando, Florida

November 12–15, 2016

#### CALL TO ORDER AND MISCELLANEOUS BUSINESS

**CALL TO ORDER:** The House of Delegates convened its 70<sup>th</sup> Interim Annual Meeting at 2 p.m. on Saturday, Nov. 12, in the Pacific Ballroom of the Dolphin Tower at the Walt Disney World Swan and Dolphin Resort in Orlando, Florida, Susan R. Bailey, MD, Speaker of the House of Delegates, presiding. The Sunday, Nov. 13, Monday, Nov. 14, and Tuesday, Nov. 15, sessions also convened in the Pacific Ballroom. The meeting adjourned following the Tuesday morning session.

**INVOCATION:** The following invocation was delivered by Rev David Miller, pastor of the First United Methodist Church in Winter Haven, Florida.

What I want to do is to pray and to pray a blessing for you. Two reasons for this. Today—six months ago to this day—not more than 15 miles from this hotel, 49 people were killed and more than 50 injured in the worst mass shooting by a single shooter in history. And among the heroes that night were the doctors of the Orlando Regional Medical Center, who as the wounded came in in trucks—they had run out of ambulances—they went to work according to your Declaration of Professional Responsibilities, treating the injured with compassion and competency. They are a bright reminder of the gift of men and women like you who heal and restore.

Second, we've just elected another president, and whether that makes you cheer or makes you cry, we can agree that we are a divided nation. And more than ever we need leaders who understand that our wellbeing is linked together. I'm grateful for the AMA and for you as physicians and your commitment to work together for the collective human wellbeing. And so please allow me to pray for you now.

Loving God, thank you for those who give their lives in the service of others. Thank you for their perseverance through long years of education and internship, thank you for their willingness to keep practicing in the midst of challenges; challenges of healthcare, challenges of insurance, challenges of running a practice. Thank you for the sacrifices they make to heal others.

Give them wisdom to make sound decisions. Help them to draw upon the best of their education and experience to bring relief and restoration. Sharpen their skills and raise their voice that they may prevent disease, alleviate pain, speed healing. Make them wise in their judgments, sympathetic in their interactions, and successful in their practices. Strengthen them and bless them we ask in your holy name. Amen.

**AWARD PRESENTATIONS:** The following awards were presented during the opening session on Saturday, Nov. 12.

- Distinguished Service Award – Bennet Omalu, MD, of French Camp, California for meritorious service in the science and art of medicine.
- Isaac Hays and John Bell Award for Leadership in Medical Ethics and Professionalism – Linda Stone, MD, from the Ohio State University College of Medicine.
- Special Award for Meritorious Service – W. Jefferson “Jeff” Terry, MD, (posthumously)

#### Medical Executive Lifetime Achievement Awards

- Steven C. Duffy, recently retired Executive Vice President and CEO of the American Academy of Facial Plastic and Reconstructive Surgery
- Katie O. Orrico, American Association of Neurological Surgeons / Congress of Neurological Surgeons
- K. Edward Shanbacker, Executive Vice President, Medical Society of the District of Columbia
- Steven E. Weinberger, MD, recently retired executive vice president of the American College of Physicians

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

**CREDENTIALS:** The Committee on Rules and Credentials reported that on Saturday, Nov. 12, 492 out of 552 delegates (89.1%) had been accredited, thus constituting a quorum; on Sunday, Nov. 13, 511 delegates (92.6%) were present; on Monday, Nov. 14, 523 (94.7%) were present; and on Tuesday, Nov. 15, 530 (96%) were present.

### **RULES REPORT - Saturday, November 12**

#### **HOUSE ACTION: ADOPTED**

Madam Speaker, Members of the House of Delegates:

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 her 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 2016 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. **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.
8. **Conduct of Business by the House of Delegates**  
Each member of the House of Delegates, and the AMA Officers and Board of Trustees resolutely affirm a commitment to be courteous, respectful and collegial in the conduct of House of Delegate actions, characteristics which should exemplify the members of our respected and learned profession.

**SUPPLEMENTARY REPORT – Sunday, November 13**

**HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS  
EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 801, 819,  
921, 922 and 923**

**REAFFIRMATION RESOLUTIONS**

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 that such policies will remain viable for ten 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 801 Increasing Access to Medical Devices for Insulin-Dependent Diabetics
2. Resolution 819 Nonpayment for Unspecified Codes by Third Party Payers
3. Resolution 921 Raise the Minimum Age of Legal Access to Tobacco to 21 Years
4. Resolution 922 Responsible Parenting and Access to Family Planning
5. Resolution 923 Reverse Onus in the Manufacture and Use of Chemicals

**APPENDIX**

- Resolution 801 - Increasing Access to Medical Devices for Insulin-Dependent Diabetics
  - H-185.939, Value-Based Insurance Design
  - H-155.960, Strategies to Address Rising Health Care Costs
  - D-330.928, Strategies to Strengthen the Medicare Program
  - In addition, the AMA is prioritizing the prevention of type 2 diabetes within its strategic focus area aiming to improve health outcomes. The AMA is collaborating with key stakeholders to develop new approaches to prevent progression of prediabetes to type 2 diabetes. Also, recent AMA advocacy efforts have called for improvements to Medicare Advantage for patients living with multiple chronic conditions. Specifically, the AMA has stated that Medicare Advantage plans should be allowed and encouraged to provide coverage for services pursuant to new payment and delivery models that improve care for beneficiaries with multiple chronic conditions.
- Resolution 819 - Nonpayment for Unspecified Codes by Third Party Payers
  - H-70.914, Opposing Coverage Decisions Based Solely on ICD-10 Code Specificity
  - H-70.958, Medicare ICD-10 Coding Requirements
- Resolution 921 - Raise the Minimum Age of Legal Access to Tobacco to 21 Years
  - H-495.986, Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems (ENDS) and E-cigarettes
- Resolution 922 - Responsible Parenting and Access to Family Planning
  - H-75.987, Reducing Unintended Pregnancy
- Resolution 923 - Reverse Onus in the Manufacture and Use of Chemicals
  - D-135.987, Modern Chemicals Policies
  - D-135.976, Modernization of the Federal Toxic Substances Control Act (TSCA) of 1976
  - H-135.956, Human and Environmental Health Impacts of Chlorinated Chemicals
  - H-135.973, Stewardship of the Environment
  - H-135.942, Modern Chemicals Policies

**SUPPLEMENTARY REPORT – Monday, November 14****HOUSE ACTION: RECOMMENDATION ADOPTED  
LATE RESOLUTION 1001 ACCEPTED****LATE RESOLUTION**

The Committee on Rules and Credentials met Sunday, November 13, to discuss Late Resolution 1001. The sponsors of the late resolution met with the Committee to consider the late resolution, and were given the opportunity to present for the Committee's consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting.

Recommended for acceptance:

- Late 1001 – Support for DACA-Eligible Health Care Professionals

**CLOSING REPORT – Tuesday, November 15****HOUSE ACTION: ADOPTED**

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

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

Whereas, The Interim Meeting of the House of Delegates of the American Medical Association has been convened in Orlando, Florida, during the period of November 12-15, 2016; and

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

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

RESOLVED, That expressions of deep appreciation be made to the AMA Board of Trustees for arranging this meeting, to the management of the Walt Disney World Swan and Dolphin Resort, to the City of Orlando, 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 Interim Meeting of the House of Delegates.

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

**APPROVAL OF MINUTES:** The Proceedings of the 165<sup>th</sup> Annual Meeting of the House of Delegates, held in Chicago, Illinois, June 11–15, 2016, were approved.

**ADDRESS OF THE PRESIDENT:** AMA President Andrew W. Gurman, MD, delivered the following address to the House of Delegates on Saturday, Nov 12.

Delegates, colleagues, honored guests:

Earlier in today's session, I was honored to present the AMA's Distinguished Service Award to Dr. Bennet Omalu, the physician who first identified chronic brain damage as a major factor in the injury and death of professional football players. Our three-minute ceremony did not do justice to his story, however.

Born in Nigeria, and granted citizenship by this country last year, Dr. Omalu is a true American hero. As a young pathologist, Dr. Omalu conducted an autopsy on former Pittsburgh Steelers center Mike Webster. As he told Frontline, "I saw changes that shouldn't be in a 50-year old man's brain." He named the condition Chronic Traumatic Encephalopathy (CTE) and his findings were published in the journal *Neurosurgery*.

Immediately, he felt the full weight of disapproval of the National Football League, a multi-billion dollar industry with an army of lawyers, experts and public relations professionals. But Dr. Omalu was confident in his findings and held firmly to the science, despite great personal risk to his employment and immigration status.

Imagine being in his position. You are practicing medicine in a foreign country. Your immigration status is dependent upon your continued employment. Imagine your professional competence being called into question by numerous experts, lawyers, and prominent physicians. As his reputation was attacked, Dr. Omalu must have spent many sleepless nights. Eventually Dr. Omalu was proven right. This was a tipping point, as our society started looking more closely at the safety of athletes. As a result, the NFL, the NCAA and even Pop Warner football have implemented new rules to reduce players' head trauma. As you all know, this concern has spread to other sports. In fact, Dr. Omalu's long-term legacy may well be fewer injuries among young Americans, and kids all over the world, as more safety protocols are adopted in sports.

Dr. Omalu, thank you. We are so proud that you spoke up. You exemplify the values we all aspire to in the practice of medicine: professionalism, dedication to science, and commitment to patients.

In our own best moments, we are all as confident in our own instincts and findings, as well as the science that underpins them; and we are willing to fight for our patients, even in the face of seemingly insurmountable odds. While few of us will have the occasion to demonstrate the courage Dr. Omalu showed, we can all remember that, in medicine, it is principles and values like his that make us powerful. That's what unifies us. What shapes us as leaders.

A few minutes ago, I was presented with a copy of the AMA's newly updated *Code of Medical Ethics*. This *Code* has been a guiding force for practicing medicine honorably since the AMA's first meeting back in 1847. The AMA's Principles of Medical Ethics, the bedrock of the *Code*, focus strongly on patients. The Preamble states:

"As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self."

The Principles state:

We are to "support access to medical care for all people."

We are to provide "competent medical care, with compassion and respect for human dignity and rights."

We are to regard our "responsibility to the patient as paramount."

For most of us, I suspect, this is instinctive. This impulse to serve our friends and neighbors is the reason we went to medical school. As Hippocrates said more than two millennia ago, "Wherever the art of medicine is loved, there is also a love of humanity."

Being a healer is a tremendous privilege, and a tremendous responsibility. As healers, we must embrace advocacy for our patients and for medicine. You have heard me say this before, but it bears repeating: what happens in the halls of Congress is as important to our patients and practices as what happens in the halls of academia or the halls of our offices and hospitals. I view advocacy as a critical professional responsibility of all physicians. The *Code*

directs us to “respect the law and also recognize a responsibility to seek changes, which are in the best interests of our patients.” That’s exactly what we are doing at the AMA: pursuing public policies that are in the best interests of our patients, and of all people.

When 49 young men and women were murdered at the Pulse nightclub not 20 miles from this hotel, this House immediately voted to expand our longstanding policy on gun safety to support waiting periods and background checks on all firearm purchasers. This House also singled out gun violence, calling it a public health crisis, and urging Congress to clarify that the Centers for Disease Control and Prevention must be allowed to research gun violence. Astoundingly, politics has thwarted funding of research on this topic despite more than 30,000 deaths caused by guns each year.

Another example: When a drug manufacturer raised the price of its life-saving Epi-pens more than 400 percent in seven years, putting children at risk and causing economic hardship for their parents, the AMA called on the manufacturer to rein in the exorbitant costs. That pressure, combined with public outrage, motivated the manufacturer to reduce patient costs to a more reasonable level within days. And it’s not just Epi-pens. Consumers’ out-of-pockets costs have risen 20 percent for prescription drugs from 2013 to 2015 with little explanation. That’s why, on November 1<sup>st</sup> the AMA launched a website—[TruthinRx.org](http://TruthinRx.org)—inviting consumers to share how rising prices are affecting their health.

When the Zika virus began putting Americans at risk, especially pregnant women and their children, the AMA provided much needed guidance on our online Zika Resource Center. The AMA also called on Congress to make available the necessary funding to prepare the nation to fight the Zika threat. I am pleased to report that in September, Congress finally approved 1.1 billion dollars to fight this threat.

A couple of years ago, the AMA took responsibility to play a leading role in addressing the opioid epidemic that is claiming the lives of 78 Americans every day. Under the able leadership of Patrice Harris, our Board Chair, the AMA’s Task Force to Reduce Opioid Abuse continues to make a difference in drawing important attention to what physicians must do to fight the epidemic. Thanks to the combined efforts of the Task Force, we are making progress. Physicians and other health professionals are registering for and using state-based prescription drug monitoring programs (PDMPs) more frequently; state legislatures have passed more than two dozen new laws increasing access to naloxone, thanks to AMA and state medical society advocacy; and opioid prescribing decreased in every state in the nation last year.

In another victory, Congress passed the AMA-supported Comprehensive Addiction and Recovery Act, or CARA in July, which includes a number of provisions to strengthen state-run PDMP programs and expand naloxone availability to first responders. We will continue to fight to assure this new law is sufficiently funded so that it may succeed.

These advocacy efforts represent our values in action. When we take a stand for patients, we take a stand for medicine. After all, we cannot effectively serve patients if we are bogged down by burdensome regulations, or if our patients cannot access care because of insurance mergers or narrow networks.

The AMA strongly believes competition is essential in health care to keep premiums low, to be sure patients have access to care, and to be sure physicians are fairly compensated for the work we do. That’s why we have aggressively fought to block the proposed mergers of health insurance giants Anthem and Cigna, and Aetna and Humana. Our own analyses continue to show that these mergers would significantly reduce competition and threaten health care access, quality and affordability. We have detailed our concerns in correspondence with the U.S. Department of Justice, testimony before Congress, and extensive lobbying of state officials around the country. These efforts were rewarded in July when the Department of Justice and attorneys general from several states sued to block both proposed mergers.

And now, let’s discuss one of the top advocacy priorities for each of us and for the profession, both now, and in the future. That is, of course, MACRA. MACRA, as you know, stands for the Medicare Access and CHIP Reauthorization Act. This is the law that eliminated the much-loathed Sustainable Growth Rate formula and created a new Medicare payment system. Now that many of us have finally learned what the acronym MACRA stands for, CMS is going to stop using it! Isn’t that just like Washington? Keep ‘em guessing.

From now on, the new payment system created by the MACRA law will be known as the Quality Payment Program, or QPP. Or, maybe, since Q-P-P is unpronounceable, the program formerly known as MACRA! QPP is the most significant change to Medicare's physician payment system in a generation. The AMA's response is designed to meet the enormity of that challenge. We have been working nonstop on two fronts: both to modify the new regulations where necessary, and to help physicians navigate and prepare for this change.

We worked extensively with state and specialty medical organizations so that medicine would speak with one voice on the draft regulations.

In June, we submitted a 67-page comment letter with detailed recommendations CMS should adopt to improve the proposed rule.

Both before, and since, our Advocacy staff has been working diligently with CMS to ensure that the agency understands physicians' needs and takes them into account in every regulation. Thanks to these efforts, the AMA has found a willing ally in Andy Slavitt, Acting Administrator of CMS, and his senior team.

Today, I am pleased to report that our advocacy efforts have paid off, and CMS has adopted a majority of the AMA's recommendations in its Final Rule.

Let me tell you how they paid off:

- We asked for a longer transition period to prepare for the QPP. The Final Rule gives us one.
- We said the penalties were too severe and physicians needed more time to prepare. The Final Rule gives four options by which physicians can avoid penalties in the first year.
- We said the reporting burden was too heavy and complicated. The Final Rule reduces a number of required reporting measures, making it easier for physicians to comply.
- We said the low-volume threshold was too low. The Final Rule raises the threshold so that more physicians are exempt from the program.
- We asked for more flexibility for physicians practicing in small, rural and medically-underserved settings. The Final Rule gives us that flexibility; and
- We asked for policy changes to give physicians more opportunities to implement Alternative Payment Models. The Final Rule expands possibilities for physician-led APMs.

These successes are thanks to our hard work at building relationships with CMS. We led with our values, and they listened. Even so, this is still a work in progress. Let's remember that Medicare was enacted 51 years ago, and we are still tweaking it, so it is not surprising that there is more work to be done on MACRA. The AMA is in a unique position to make recommendations on behalf of all physicians and will continue to do so.

The second front we are working on is highly practical. We are building tools and resources to arm physicians with information and help them prepare for the transition now. Last month we launched the Payment Model Evaluator, an innovative tool that will give you an initial assessment so you can determine how your practices will be impacted by the QPP. It's a simple online questionnaire—that you or your practice administrator can find on AMA's website—that suggests guidance for participating in the QPP payment model that is best for your practice.

We have also added modules on topics like value-based care and quality improvement to our STEPS Forward™ collection of practice improvement strategies to help you transition to the QPP. Also available is a podcast series produced by Reach MD that examines elements of the new payment system and what physicians need to do to prepare. Remember that the transition to Medicare's Quality Payment Program will take years, but the AMA is committed to helping you prepare for every milestone.

Friends, this week we shared a moment of tremendous impact in our country. A new day dawned Wednesday. To borrow the metaphor of sailing used by Cecil Wilson during his presidency: we don't know if the seas will be calm or rough, but we do have our North Star to navigate with. We remain devoted to our mission to promote the art and science of medicine and the betterment of public health. The policies that have been developed by this House of Delegates serve our patients and our profession well. These are our guides: our mission, our policies and our values.

We will evaluate future changes in health coverage against three metrics:

- Will the proposals cover more, the same or fewer people? Because we know that people who don't have insurance live sicker and die younger.
- Do the proposals provide adequate access, choice and coverage?
- Do the proposals advance high quality care?

As long as we adhere to these principles, we will be fine. Our patients will be fine, our profession will be fine and our country will be fine.

Thank you for the honor of serving as your president and the privilege of doing this work.

**REPORT OF THE EXECUTIVE VICE PRESIDENT:** The following report was presented by James L. Madara, MD, Executive Vice President of the American Medical Association, on Saturday, Nov. 12.

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

May we never again have an election quite like that! Now that it's over, we do congratulate all of the newly elected. We commit to work with all on behalf of patients and their physicians.

The intended genius of the United States—reflected by this House—is not that we all have to agree on each issue, but that we have a forum to debate our disagreements before a vote determines our course. And in this work, let's not become blocked by needless worry that steals energy or sidetracks.

A quick story: Early in my Deanship at University of Chicago, I thought it would be good to have a faculty cocktail reception to celebrate the upcoming academic year. I arrived in the big tent set up for the occasion to find some 300 faculty, sipping wine, quietly chatting, but with less noise than I'd expect; and a mood that felt strained. So I asked a couple of people what the deal was. They told me that an unusual gathering like this is only called when a shoe is about to drop, so they were anxious to hear what was coming next.

It was fun to go to the microphone with downcast eyes, looking as dour as possible, and then cheer-up to let folks know we were simply there to celebrate, build community, and have fun! Things really picked up! Watching the next hour as the wave of noise steadily rose over the tent, I noted that released anxiety is a stimulator of thirst!

The tension from this election brought back memories of that night in the tent, anxiety about the future and perhaps even a dollop of dread. We have work in front of us, for sure, but let's simply focus on our task. Our country is comparatively solid. In fact, most other countries would happily trade for our strengths.

That's one of the reasons that, despite political divisions in this country, the AMA has always—and will always—commit to working with all elected bodies and appointed agencies, on a bipartisan basis. Democrats, Republicans and Independents, political appointees and career civil servants, toward advancing the mission that I so love to recite: “To Promote the Art and Science of Medicine and the Betterment of Public Health.”

Others take note. The AMA recently was lauded for our bipartisanship by the well-known public relations and communications firm, APCO Worldwide. Their annual survey of the 50 most effective professional associations in the U.S. ranked the AMA first overall, not just in the health care sector where we have always been strong, but across all industries. The survey included health organizations such as AHIP, PhRMA and the American Hospital Association, but also groups like the US Chamber of Commerce, the Business Roundtable, the National Association of Manufacturers—50 of the most visible associations in our country.

The 15 characteristics they surveyed—what research had shown to be the most reliable measures of effectiveness—included: bipartisanship, self-regulation, coalition building, membership mobilization, stakeholder communication, being good stewards of the industry's reputation, just to name a few. Among these 15 characteristics, across these 50 prestigious associations, the AMA ranked first in eight (no organization had achieved that before). In six of the remaining seven categories, the AMA ranked second overall, better than 48 of the other 50 cross-industry associations. How good is that? Consider that we finished second overall in the category of “social media and modern communication”. The only group to beat us: the Internet Association!



As a result, we were invited to Washington DC to meet CEOs of these other organizations and share how the AMA was achieving this high degree of efficacy. This is a remarkable credit to our team at the AMA, to the oversight provided by our Board, and to the work of, and thought-leadership, in this House. Congratulations to all!

The AMA was recognized in other ways in 2016 as well: from President Obama's shout-out praising AMA's work on opioids, to the state medical societies in Colorado, Georgia and Florida thanking us for our efforts to block the insurance mergers.

Another example: at the annual Health 2.0 conference in Silicon Valley—a conference focused on emerging technologies—a professor from Yale came up to me and said, “You know, there's a lot of noise at this conference, one has to search for the signal, but it seems to me the AMA is producing all signal, no noise”. That was nice to hear! The AMA contributed to that meeting in many ways. I was interviewed on the main stage about my remarks from our annual meeting where I'd used the provocative term “digital snake oil of the 21st century.” That was an easy exchange since physicians celebrate progress in digital health that produces great tools.

At the same time, we don't hesitate to call out those products that are unhelpful and may even do harm. For example a blood pressure app, which actually failed at high rates in detecting high blood pressure, yet for two years, this was one of the most frequently downloaded health apps. A regulatory framework for this digital field is needed, and we hope to work with stakeholders to make that happen.

Additional success was our monumental breakthrough to repeal SGR last year, which laid the foundation for our work in 2016 to both improve MACRA and to create tools to simplify transitions for physicians, work done across our units of professional satisfaction, advocacy, communications, and IT making use of our recently enhanced digital capabilities.

We developed a number of tools, such as a MACRA Action Kit, our Payment Model Evaluator, and our award-winning STEPS Forward™ modules. Some of the AMA digital tools are recognized by CMS as fulfilling practice improvement requirements.

Dr. Gurman has already celebrated the revision of the *Code of Ethics*. As I mentioned earlier, one of the recognitions the AMA received from APCO was for self-regulation. Elements such as the *Code* undoubtedly played a part in that.

We've also made education a cornerstone of our success. New AMA education products and tools are helping physicians across specialties earn CME credit. We believe that when physicians obtain CME they should feel that pragmatic, practical learning, applicable to their practice was achieved, not that they wasted time on topics of questionable value to their specific practice.

And our consortium of 32 medical schools, working toward building the future of medical education, continues to leap forward. One month from now our textbook creating a third field of science in medical school—Health Systems Science—will be released. The announcement of the release last week attracted substantial attention. This nascent field will enable a systemic understanding of health care and thus comport with the shift in disease burden which has occurred over the last half century, a shift from dominantly episodic to dominantly chronic disease. This new health systems science will be adopted in the AMA consortium and without doubt, spread to curricula across the country.

We are seeing in all of our work that our greatest impact results from strategic partnerships and alliances. In 2016, we partnered with the American Heart Association, the CDC, and others to improve health outcomes in prediabetes and hypertension. Common chronic diseases such as these account for more than 80 percent of health care spending. We worked nationally and across dozens of states to expand access and enrollment in effective Diabetes Prevention Programs, including an innovative scaling statewide partnership in Michigan focused on communities at high risk. By the way, special thanks to the Michigan State Medical Society for its critical involvement on this project, along with more than 40 other Michigan organizations.

We applauded CMS' landmark decision to expand coverage of the Medicare DPP model to Medicare patients at risk for developing type 2 diabetes, underscoring the value of prevention in reducing health care costs. This CMS decision also highlights the success of our own three-year DPP pilot in partnership with the YMCA of America and the Center for Medicare and Medicaid Innovation across eight states to increase physician referrals for patients living with prediabetes.

Also this year we launched a national ad campaign to raise awareness about the dangers of prediabetes and encourage people to take the online quiz we constructed to assess their personal risk. The result of this ad campaign? Already a quarter-million people have assessed their risk using our tool. More than 700,000 people explored our online site. This ad campaign was the result of a partnership between the AMA, the CDC, and the American Diabetes Association, along with the Ad Council. The value of media donated to our campaign has already surpassed 23 million dollars, a great example of the leveraging power of partnerships.

Throughout 2016 we expanded our Innovation Ecosystem to bridge the digital divide for physicians, and begin to address the immense problem of fragmentation across our disconnected health care non-system. We both attracted and collaborated with tech innovators and entrepreneurs at MATTER in Chicago, a health care incubator for more than 120 companies; and this past January we launched Health2047 in San Francisco, an innovation studio that has attracted outstanding talent in Silicon Valley. The overall goal is to design and develop technologies optimized for more efficient, effective practices and continuity of care, and better health. And, this fall we launched the AMA's Physician Innovation Network, where physicians and entrepreneurs can connect and collaborate on developing health care solutions. Think of it as eHarmony for physicians and entrepreneurs!

So, what's AMA's goal in creating these opportunities for innovation? It's simple: We aspire to save physicians one hour a day.

Over the last few years the AMA made a series of bold decisions, decisions that have tangibly increased our standing and visibility nationally. Our work to create the medical school of the future, to better health outcomes in chronic disease, and to improve professional satisfaction, all have real traction and produced innovative products and tools that now can be expanded in the service of patients and physicians.

Many external validators now recognize that we are "living the mission". And now we are developing additional new, bold ideas—ones that I will discuss in the future—that will make practicing physicians acutely aware, day-by-day, of the strong career ally they have in their corner, that ally being the AMA.

When I traveled to DC in September to explain how the AMA had suddenly become a model for the effective association of the future, the subsequent discussion settled on the pillars that make exceptional, leadership associations. These included:

- Performance aligned with high expectations; clearly defined high impact moonshots will drive work that is highly ambitious
- Recognize the value in relationships, and accomplish tangible real-world results through partnerships
- And a narrative that drives success, but also rings true since the basis for that narrative are those real-world results,

These pillars now characterize your AMA, being referred to at that meeting as "the AMA model". A model that I believe will come to epitomize what a 21<sup>st</sup> century association can and should be.

Thank you.

**COMMENTS FROM THE CHAIR OF THE AMPAC BOARD:** The following comments were offered by Robert Puchalski, MD, on Saturday, Nov. 12.

Thank you, Madam Speaker. Good afternoon, fellow delegates. As my term sadly expires, I speak to you for the final time as the Chair of AMPAC, an organization created in a bipartisan fashion to advance the political agenda of the AMA.

Given the results of the election, I was tempted to deliver this speech using some of the mannerisms and slogans of our presidential candidates, but my wife reminded me that my hands probably weren't big enough for one candidate and that my head probably wasn't big enough for the other. After being humbled by this comment, she suggested that I once again speak from the heart, and that's what I'll do.

The last two years have been an exciting time to be involved in the politics of medicine. This cycle began with the successful repeal of SGR and ended with a political revolution.

In 2016, AMPAC provided support for over 350 candidates running for federal office, and contributed nearly 2 million dollars. In addition, AMPAC also supported four physician candidates, two Republicans and two Democrats, with Independent Expenditures that helped propel three of them to victory. Consequently, I'm proud to say that we should have 14 physicians seated in the next Congress.

I'm also proud to report that we have a 78% AMPAC participation rate in our House of Delegates, the highest participation level in AMPAC HOD history on record. Please take a moment to give yourselves a round of applause.

And I am glad to share with you that "nearly half" of the HOD participates at Capitol Club Silver or higher, again, the most Capitol Club participation by our HOD members on record. This represents a 15% increase from two years ago.

Serving as your AMPAC Chair has truly been one of the highlights of my professional career. I am humbled by the responsibility that this House places in the hands of AMPAC. I can assure you that your best interests are represented well by the AMPAC Board and the members of AMA's Legislative team.

I am a passionate believer in Democracy. There are those that trivialize our system for its inefficiency. There are those that are demoralized by the negative campaign ads and the various faults of candidates. But let's remember that our Democracy is nothing but a reflection of our electorate. Even if we disagree over whether a Washington swamp is about to be drained or created, we can certainly agree that this political revolution will bring thousands of new minds to the halls of government.

Now, we must ask ourselves who do we want to educate these new people on health policy issues when they arrive? The AHA, the trial lawyers, the insurance companies, big pharma, or a united AMA made up of state and specialty societies that represent the entire country and the entire human body?

Now that the elections are over, it is time for all of us to reconcile the new political agendas in Washington. From my perspective as Chair of AMPAC, I feel this political revolution is less about uncertainty and more about opportunity. It is times like these that we need steady leadership. AMPAC is poised to provide this steady leadership, but not without your help.

Professional stewardship dictates that we should engage in uncomfortable conversations with our colleagues when we think they're doing the wrong thing clinically. Why should it be any different with the politics of medicine when we encounter colleagues that aren't willing to commit to the execution of our mission? We must remind them that we're not a health care think-tank; we're the American Medical Association. We must remind them that our policy compendium doesn't have legs. It can't walk into an office or make a phone call.

As you may recall, over the last two years I have repeatedly called for more participation at the Capitol Club levels by our leadership in the AMA. This includes Silver level or higher for House of Delegate members, Gold level or higher for Council members, and Platinum or higher for Board of Trustees and AMPAC Board members. I am proud that we have made great progress but I'm sure you can imagine the impact we could make if we all stepped up to the plate and contributed at the appropriate Capitol Club levels.

For those of you who aren't contributing at these levels you just gotta get up and do it. Consider it the price of leadership. I have four kids, my retirement isn't paid for, and I run a busy private practice. I get it. I really do get it. But please, just do the right thing. You'll feel better, and ultimately so will your patients.

Thank you.

**REPORT OF THE AMPAC BOARD OF DIRECTORS:** The following report was submitted by Robert Puchalski MD, Chair of AMPAC:

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding our activities during this current election cycle. Our mission remains to provide physicians with opportunities to support candidates for election to federal office who have demonstrated their support for organized medicine, including a willingness to work with physicians to strengthen our ability to care for America's patients. In addition, we continue to help physician advocates through our political education programs, which include intensive training sessions that provide them with all the tools necessary to successfully work on a campaign or to run for office themselves. We work hand-in-hand with our state medical society PAC partners to carry out our mission.

#### AMPAC Membership Fundraising

During the 2016 election cycle, AMPAC raised \$2,041,143 in hard dollars for candidate contributions. This amount, combined with AMPAC's corporate Political Education Fund receipts of \$350,000, brings the 2016 cycle total to \$2,391,143 which is comparable to the 2012 election cycle. AMPAC's direct fundraising hard dollar receipts increased by \$75,000 for a 9 percent increase over 2015 and are on track to surpass 2014 cycle hard dollar totals.

The House of Delegates (HOD) AMPAC participation is at 78 percent today - a 4 percent increase from where we ended in 2015. Additionally, the HOD AMPAC Capitol Club participation is at 46 percent which is up by 6 percent over the last election cycle. Our efforts will continue to focus on expanding HOD participation, especially in Capitol Club, since it will be critical to our efforts as we head into the next election cycle. Your personal participation, hopefully at the Capitol Club Silver level or higher, is very important.

AMPAC's Capitol Club participation continued to play a role in AMPAC's fundraising efforts. The Capitol Club program experienced steady growth compared to last year with 880 members. In particular, AMPAC's Capitol Club Platinum is at 79 members compared to last year's membership of 72, which is a 10% increase. All current 2016 Platinum members have been invited to attend an exclusive Red, White and Stu reception on Sunday, November 13 with guest Stu Rothenberg. Rothenberg is the founding editor and publisher of the Rothenberg & Gonzales Political Report, a non-partisan political newsletter covering U.S. House, Senate and gubernatorial campaigns, and presidential politics. All 2016 Capitol Club members are invited to AMPAC's luncheon on Monday, November 14. During this event the winner for our annual sweepstakes will be announced and the winner will enjoy an incredible Alaskan Land and Cruise trip. All current Platinum, Gold and Silver contributors are automatically entered into the sweepstakes drawing and just maybe you will be the lucky winner!

We need your continued support as leaders of the AMA. Moving into the next election cycle we can only be as effective as we are united in our efforts to support our own advocacy efforts. If you have not made a contribution to AMPAC for 2016 or would like to join for 2017, please stop by AMPAC's booth which is located in the AMA's exhibit area one level up from the House of Delegates meeting room.

#### Political Action

AMPAC played an important role in influencing 2016 election outcomes on behalf of medicine. Working together with state medical society PACs, AMPAC invested nearly \$2 million in the 2016 cycle. This included direct contributions to 348 physician-friendly candidates for the U.S. House and Senate from both political parties (58% to Republican lawmakers and 46% to Democratic lawmakers).

AMPAC also executed four independent expenditure campaigns on behalf of physician candidates: challengers Neal Dunn, MD (R, FL-02), Roger Marshall, MD (R, KS-01) and Rep. Joe Heck, DO, (R, NV-SEN), and incumbent Rep. Ami Bera, MD (D, CA-07). Unlike in years past when AMPAC has focused IEs on broader "get out the vote" efforts, the goal in these races was to help them raise much needed campaign funds through an integrated mail and email solicitation program that reached over 56,000 physicians in all. After bruising primary contests, Dr. Dunn and Dr. Marshall had clear paths to victory on November 8. Both, however, had incurred significant primary debt that must be addressed quickly to prevent them from beginning the 2018 election cycle at a disadvantage. Doctors Bera and Heck were in two of the most tightly contested races in the country and needed every additional dollar possible in order to keep their campaign machinery running at top speed through the election.

The AMPAC IE program went three-for-four in 2016 as Dunn, Marshall and Bera all emerged victorious, while Heck ended up losing in one of the closer Senate races this cycle. From a broader perspective a total of 314 AMPAC

supported candidates won election/re-election and the total number of physicians in Congress has dipped slightly from 17 and now stands at 14. This is due mainly to retirements and physician incumbents seeking other office. AMPAC's total win rate in the 2016 cycle was 91%.

#### Political Education Programs

On February 18-19, AMPAC will host its 2017 Candidate Workshop at the AMA's Washington, DC headquarters. A streamlined format will focus on helping AMA members develop the skills necessary to run for public office. The workshop will provide a hands-on learning experience and feature political experts from both sides of the aisle providing expert instruction in how to run a winning campaign. Sessions will include topics such as: effective fundraising techniques, crisis management, public speaking, grassroots organization and in general, how to run a disciplined campaign. Interested applicants should apply at [ampaonline.org/apply](http://ampaonline.org/apply).

As AMPAC continues to transform its political education programs to be more in tune with a 21st century learning environment, programming will expand to allow remote learning through online training modules. The future of the AMPAC Campaign Schools, Candidate Workshop, Regional Grassroots Seminars, and other programs will rely heavily on this new cutting-edge technology that will supplement in-person events with interactive instruction and coursework that physicians can do from the comfort of their own home on a computer or mobile device. You are encouraged to find out more about these exciting programs by coming by the AMPAC and AMA Grassroots booths during this meeting, or by visiting [ampaonline.org](http://ampaonline.org).

#### 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.

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**Minnesota**

Benjamin Whitten, MD

**New York**

Susan Baldassari, MD

Arthur Fougner, MD

Sam Unterricht, MD

**North Carolina**

Zane T. Walsh, MD

**Ohio**

Evangeline Andarsio, MD

David Griffith, MD

**Pennsylvania**

Gretchen Evans

Michael A. Loesche

Dane Scantling, DO

Kishan M. Thadikonda

Jane A. Weida, MD

**South Carolina**

Terry Dodge, MD

Gerald A. Wilson, MD

**Vermont**

Robert Tortolani, MD

**American Academy of Family Physicians**

Joseph Zebley, MD

**American Medical Group Association**

Ronald H. Kirkland, MD, MBA

**American Society for Reproductive Medicine**

Barry Verkauf MD

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