REPORT OF THE AMERICAN MEDICAL ASSOCIATION DELEGATION

Subject: Annual Report
Presented by: Bruce L. Storms, MD – Delegation Chair
Sherri Baker, MD – Delegation Vice-Chair
Kathy Musson, CAE, Associate Executive Director (Staff Liaison)

REVIEW OF 2016 ACTIVITIES:

The following physicians served on the Oklahoma American Medical Association (AMA) Delegation for 2016:

Delegates: Sherri Baker, MD, Jack Beller, MD, Jay Gregory, MD, and Bruce L. Storms, MD.
Alternate Delegates: Peter Aran, MD, Jenny Boyer, MD, Julie Hager, MD and Woody Jenkins, MD.

AMA 2016 Annual Meeting – June 10-15 (Chicago, IL):

The 2016 AMA Annual Meeting took place in Chicago June 10-15, 2016 at the Hyatt Regency Hotel. All four (4) OSMA/AMA Delegates, as well as all four (4) of the Alternate Delegates, attended the meeting. Several Specialty Society delegates represented Oklahoma, including: M. Dewayne Andrews, MD, AMA Section on Medical Schools; Jane Fitch, MD, American Society of Anesthesiologists; Jean Forsberg, MD, College of American Pathologists; Robert McCaffree, MD, American College of Chest Physicians; and Saundra Sprueill, DO, American Board of Phlebology. In addition, Mary Ann McCaffree, MD represented Oklahoma as a member of the AMA Board of Trustees.

Eudy Bosley, MD and Christopher Sudduth, MD attended the AMA Annual Meeting representing the OSMA Resident/Fellow Section (RFS). Medical students representing the OSMA Medical Student Section (MSS) from Oklahoma were: Bob Aran (OSU-Tulsa), John Carradini (OU-Tulsa), Brady Iba (OU-OKC), Austin McCullough (OU-OKC), Sarah Tran (OSU-Tulsa) and Sarabeth Williams (OU-OKC).

OSMA Staff members Ken King, Kathy Musson, Wes Glinsmann, Donna Bartlett and Stacie Sawvell attended the AMA annual meeting. Kathy Musson served as staff liaison for the Heart of America Caucus (HOA) since Oklahoma was designated as the host for 2016 and 2017. The OSMA staff also assisted with Mary Anne McCaffree’s campaign for President-elect and helped host the Oklahoma Reception held in her honor on Sunday, June 12th.

AMA 2016 Annual Meeting Highlights:

- Code of Medical Ethics modernized for first time in 50 years
  Physicians affirmed a comprehensive update of the nearly 170-year-old AMA Code of Medical Ethics, the conclusion of a meticulous project started eight years ago to ensure that this ethical guidance keeps pace with the demands of the changing world of medical practice.

- AMA calls for gun research, background checks to prevent violence
  Recognizing that gun violence is a public health crisis, the AMA voted to urge background checks and a waiting period for all firearms purchasers and will lobby Congress to overturn legislation that for 20 years has prevented the Centers for Disease Control and Prevention from researching gun violence.
• Ethical considerations prompt new telemedicine ground rules
With the increasing use of telemedicine and telehealth technologies, delegates adopted new policy that outlines ethical ground rules for physicians using these technologies to treat patients.

• Physicians are guiding new payment system, CMS chief says
In the effort to design the new Medicare payment system, Andy Slavitt, acting administrator of the Centers for Medicare & Medicaid Services (CMS), said that the driving factor behind many of the changes was physician input.

• Public Health Initiatives
At the heart of policymaking of the AMA is the mission to promote the betterment of public health. Physicians adopted policies that will help improve consumer safety and reduce harm—they range from preventing drug overdose to delaying school start times and supporting paid sick leave.

• How physicians are making EHRs interoperable
Electronic health records (EHR) have consistently caused problems for physicians due to a lack of interoperability. Physicians and health IT developers explained how physicians must lead—and are leading—the way forward.

• Physicians take steps to address opioid overdose epidemic
Recognizing that the physician role in reducing opioid medication misuse, overdose and death is an important one, AMA delegates voted to support new policies which address factors that are critical to reversing the epidemic, including support for prescription drug monitoring programs, access to naloxone and identifying addiction medicine as a sub-specialty.

• Andrew W. Gurman, MD installed as President of the AMA. Dr. Andrew Gurman is an orthopedic hand surgeon in private practice in Altoona, Pa. During the last eight years, he has served as the speaker and vice speaker of the AMA House of Delegates and has been an active member of the AMA Board of Trustees.

Oklahoma Sponsored Resolutions:
The following resolutions were sponsored by the Oklahoma Delegation and submitted to the AMA 2016 Annual Meeting for consideration by the AMA House of Delegates:

Oklahoma Resolution 2 – Interstate Medical Licensure Compact.
This resolution was forwarded to the AMA (A-16) as Resolution 212 and referred to Reference Committee B for consideration.

AMA Resolution 212 asked that the AMA oppose the Federation of State Medical Boards’ Interstate Medical Licensure Compact (Compact). (New HOD Policy) Reference Committee B heard substantial testimony in opposition to Resolution 212. In particular, testimony highlighted the fact that the Compact is an alternative approach to medical licensure in states other than a physician’s primary state of licensure, and that traditional pathways to licensure remain for any physician who does not qualify for the Compact’s expedited process, or who chooses to not participate in the Compact. Testimony also offered that specialty certification is an initial requirement for participation in the Compact because those states that had existing expedited pathways uniformly required specialty certification, and as such,
the same would have to be included in the Compact for those states to participate. Testimony from a
member of the Interstate Medical Licensure Compact Commission also clarified that the Compact’s
definition of physician is for purposes of the Compact only, and does not alter a state’s medical practice
act. The Reference Committee heard testimony suggesting that the Compact is essential to initiatives to
create a federal medical license or federal telemedicine license. Finally, the Reference Committee heard
testimony from many of the seventeen states that have already joined the Compact, urging defeat of this
resolution. The Reference Committee understands that concerns remain regarding the Compact and
Maintenance of Certification (MOC), but heard testimony clarifying that the Compact itself does not
require MOC. However, the Reference Committee is aware that the Council on Legislation has
approved, and the AMA Board of Trustees will be considering at this meeting, model state legislation
that would address these issues. The Reference Committee believed that the Compact is a mechanism
through which the medical licensure process can be modernized while preserving state authority to
regulate the practice of medicine, and therefore, recommended that Resolution 212 not be adopted.

Oklahoma Resolution 4 – Merit-Based Incentive Payments

This resolution was forwarded to the AMA (A-16) meeting as AMA Resolution 213 and referred
to Reference Committee B for consideration.

AMA Resolution 213 asked that the AMA seek regulation or legislation to make the certified vendor-
based EHR’s accountable in legal and/or financial fashion for the quality and reliability of the reports so
that they are more aligned with the physicians who are judged by the reports. (Directive to Take Action)

Reference Committee B heard testimony in support of Resolution 213. Testimony noted that the AMA
is actively working to improve oversight of EHR vendors in many ways. For instance, the AMA has
supported federal legislation that would require vendors to undergo a star rating performance system
and incur financial penalties for data blocking. Second, the AMA has worked with the Office of the
National Coordinator for Health Information Technology (ONC) to enhance accountability of vendors
and recently wrote comments in support of a new proposed rule that would allow ONC to directly
review the EHR certification process. Finally, the MIPS proposed rule also includes provisions that
would require EHR vendors to undergo data integrity and submission criteria to ensure information is
valid and accurate. To acknowledge this ongoing work and to support efforts that are broader than legal
and financial requirements, an amendment to Resolution 213 was offered. The Reference Committee
recognized the support for improving EHRs and the advocacy efforts already being pursued by the
AMA. Therefore, Reference Committee B recommended that Resolution 213 be adopted as amended to
read as follows:

RESOLVED, That the AMA seek regulation or legislation advocate to make the certified vendor-based
EHRs accountable for the provision of reports in a format suitable to satisfy physician reporting
requirements in legal and/or financial fashion for the quality and reliability of the reports that they are
more aligned with the physicians who are judged by the reports.

Oklahoma Resolution 6 – Lead and Copper Rule Compliance.

This resolution was forwarded to the AMA (A-16) meeting as AMA Resolution 409 and referred
to AMA Reference Committee D.

Resolution 409 (Lead and Copper Rule Compliance) was combined with Resolution 413 (Ban Lead in
Plumbing), Resolution 414 (Replace Municipal lead plumbing), Resolution 415 (regular monitoring of
water at school and daycare sites) and Resolution 416 (Timely and transparent data sharing for drinking water testing). Reference Committee D recommended that the following resolution be adopted in lieu of Resolutions 409, 413, 414, 415, and 416.

**AMA ADOPTED THE FOLLOWING RESOLUTION ON SAFE DRINKING WATER**

**RESOLVED,** That AMA support updates to the U.S. Environmental Protection Agency’s Lead and Copper Rule as well as other state and federal laws to eliminate exposure to lead through drinking water by: (1) Removing, in a timely manner, lead service lines and other leaded plumbing materials that come into contact with drinking water; (2) Requiring public water systems to establish a mechanism for consumers to access information on lead service line locations; (3) Informing consumers about the health-risks of partial lead service line replacement; (4) Requiring the inclusion of schools, licensed daycare, and health care settings among the sites routinely tested by municipal water quality assurance systems; (5) Improving public access to testing data on water lead levels by requiring testing results from public water systems to be posted on a publicly available website in a reasonable timeframe thereby allowing consumers to take precautions to protect their health; (6) Establishing more robust and frequent public education efforts and outreach to consumers that have lead service lines, including vulnerable populations; and (7) Requiring public water systems to notify public health agencies and health care providers when local water samples test above the action level for lead. HOD ACTION: Alternative Resolution 409 adopted as amended in lieu of Resolutions 409, 413, 414, 415, and 416. 8)

Seeking to shorten and streamline the compliance deadline requirements in the Safe Drinking Water Act (Directive to take action)

**2016 Interim Meeting –November 11-15 in Orlando, Florida**

Hundreds of physicians, medical students, residents and fellows met in Orlando, Florida November 11 to 15, 2016, to consider a wide array of proposals designed to help fulfill the AMA's core mission of promoting medicine and improving public health. AMA Delegates attending the Interim Meeting were Sherri Baker, MD, Jack Beller, MD, Jay Gregory, MD and Bruce Storms, MD. Alternate Delegates attending were Peter Aran, MD, Jenny Boyer, MD, Julie Hager, MD and Woody Jenkins, MD. OSMA President Kevin Taubman, MD, was seated as an Alternate Delegate. Several Specialty Society delegates represented Oklahoma, including: Jane Fitch, MD, American Society of Anesthesiologists; Robert McCaffree, MD, American College of Chest Physicians and Saundra Spruiell, DO, American Board of Phlebology.

Eudy Bosley, MD represented the AMA Resident and Fellow Section. Chris Sudduth, MD represented the Young Physician Section. Medical student representatives for the OSMA Medical Student Section were: Lauren Bessette (OSU-Tulsa), John Carradini (OU-Tulsa), Brady Iba (OU-OKC), Tom Labarthe (OU-OKC), Chelsea McKenzie (OU-Tulsa); Helga Skaftason (OU-Tulsa), Sarah Tran (OSU-Tulsa); and Trey Wells (OU-OKC).

OSMA Staff members Ken King and Kathy Musson attended the AMA interim meeting. Kathy Musson served as staff liaison for the Heart of America Caucus (HOA) since Oklahoma was designated as the host for 2016 and 2017.
AMA 2016 Interim Meeting Highlights:

- **AMA prepared to engage new administration on health reform**
  The AMA’s House of Delegates adopted a resolution voicing “firm commitment” to current AMA policy on health care reform. In its discussions with the Trump administration and Congress, the AMA will continue efforts to cover the uninsured and work to assure that future proposals do not result in loss of coverage for patients currently insured.

- **Physicians back steps toward value-based drug pricing**
  Value-based pricing has the potential to reduce prescription drug spending in the U.S. And with recent spikes in drug prices directly affecting patients, delegates looked to address increases by adopting new guiding principles to support value-based prescription drug pricing.

- **Physician who discovered CTE in NFL players gets AMA's highest honor**
  As the physician who made the initial discovery of chronic traumatic encephalopathy (CTE) in an NFL player in 2002, forensic neuropathologist Bennet I. Omalu, MD, MBA, MPH, overcame massive efforts to discredit him and his research. Today CTE is widely recognized as a health risk in millions of patients with histories of repetitive brain trauma, including military veterans. The AMA honored Dr. Omalu with its Distinguished Service Award.

- **Easing student loan debt one of several new med education policies**
  The AMA adopted several policies aimed at alleviating medical student loan debt, integrating mental illness and addiction treatment into training programs, and giving physicians in training more leadership and community health work opportunities.

- **As care team leaders, physicians should set right tone**
  The AMA adopted new policy that lays out the ethical obligations that physicians have to lead and participate in the team-based care model that research shows can improve health care quality and patient outcomes, enhance care access and slow the rate of medical spending while reducing burnout among health professionals.

- **Wounded veterans deserve infertility benefits**
  The Veterans Health Administration doesn’t cover assisted-reproductive technology benefits, including IVF, even though war injuries can cause infertility. Newly adopted AMA policy says that should change.

- **Policy aims driven by physicians’ core values**
  “This week we shared a moment of tremendous impact in our country,” AMA President Andrew W. Gurman, MD, said of the recent presidential election during the meeting’s opening session. “The policies that have been developed by this House of Delegates serve our patients and professions well. These are our guides: our mission, our policies and our values.”
• **Public health concerns prompt physician policy**

Delegates adopted several policies to promote the health of the nation. Public health issues addressed include distracted driving, dangerous coal-tar sealcoats and smoking among youth.

• **Joining the call for action to stem tide of gun violence**

The AMA has joined an advocacy effort, started by leading organizations representing physicians, public health professionals and attorneys, aimed at reducing gun-related deaths and injuries. The document seeks universal background checks on gun purchases, restrictions on the sale of military-style weapons and large-capacity magazines to civilians and more research on how to cut morbidity and mortality involving firearms.

**CONCLUSION:**

The AMA delegate apportionment is based on AMA membership records as of December 31st with one delegate apportioned for every 1,000, or fraction thereof, of AMA members within the state of Oklahoma. Although only 24% of OSMA members paid their AMA dues through their county society or the OSMA, AMA shows Oklahoma’s 2016 AMA membership number was 3,418 which was an increase of 73 over the 2015 membership number. The AMA membership number includes students, residents, life members and a number of physicians who join the AMA directly. This number entitles Oklahoma to four (4) delegates and four (4) alternates for the 2017 year.

**The 2017 AMA Annual Meeting will be held June 9-14, 2017 at the Hyatt Regency Hotel in Chicago, IL.** Due date for resolutions to be included in the Handbook is Wednesday, May 3. The deadline for “on-time” resolutions to be included in the Handbook Addendum is Thursday, May 11. All business will be posted on the AMA website, and most items will appear on the website several days or even weeks before the Handbook is compiled. Late resolutions (those received after May 11) will be distributed on Sunday, June 11 but will be accepted as business only if approved by 2/3 of the delegates present and voting. The Committee on Rules and Credentials will submit recommendations regarding the acceptance of late resolutions following procedures previously established by the House.

**The Interim Meeting will be held at the Hawaii Convention Center in Honolulu, Hawaii on November 11-14, 2017.**

The Oklahoma AMA Delegation will meet on Saturday, April 22nd, following the OSMA House of Delegates to discuss plans for the upcoming AMA Annual and Interim meetings. All physicians, residents and medical students attending the 2016 AMA Annual Meeting are invited to participate in the delegation’s planning meeting.

Respectfully submitted,

Bruce L. Storms, MD, Chair
Sherri Baker, MD, Vice-Chair
Kathy Musson, CAE, Associate Executive Director *(Staff Liaison)*