REVIEW OF 2015 ACTIVITIES:

The following physicians served on the Oklahoma AMA Delegation for 2015:

**Delegates:** Sherri Baker, MD, Jack Beller, MD, Jay Gregory, MD, and Bruce L. Storms, MD.

**Alternate Delegates:** Peter Aran, MD, Sam Dahr, MD, Jenny Boyer, MD, and Julie Hager, MD.

**AMA 2015 Annual Meeting – June 5-10 (Chicago, IL):**

All four (4) OSMA/AMA Delegates as well as all four (4) of the Alternate Delegates, attended the Annual Meeting held in Chicago. Several Specialty Society delegates represented Oklahoma, including: 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.

Christopher Sudduth, MD and Jane Detrich, 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: Drew Cameron (MSII), Kanika Garg (MSI), Michael Quinton (MSI) and Allen Wang (MSIII).

**AMA 2015 Annual Meeting Highlights:**

Steven J. Stack, MD, an emergency physician practicing in Lexington, Ky., was sworn in as the 170th president of the American Medical Association (AMA). Stack, who is the organization’s youngest president in the past 160 years, planned to focus his tenure on advancing the AMA’s three strategic areas: improving health outcomes for the 86 million Americans living with pre-diabetes and the 70 million with hypertension; accelerating change in medical education to ensure physicians are prepared to meet the needs of a 21st Century health care system; and enhancing physician satisfaction and practice sustainability.

During the AMA Annual Meeting, the following actions were taken:

- **Ensure Greater Health Care Transparency.** As part of its ongoing efforts to ensure greater health care transparency that can improve health outcomes, increase the value of health care spending and strengthen physician-patient relationships, the AMA passed two new policies that address the growing interest in health care data and price transparency.

- **Allow physician-led organizations to proactively access meaningful health information.** Over the past few years, large amounts of health care information have increasingly become publically accessible through the Centers for Medicare and Medicaid Services (CMS) and other sources, such as all-payer claims databases, registries and qualified entities (QEs). While more health information is available to the public, much of the released data is not timely or actionable and lacks context. New AMA policies aim to address these limitations and ensure physicians, practices, care systems, physician-led organizations and other relevant stakeholders can proactively access meaningful health care information that will help physicians improve the
quality reporting of patient care data, foster more medical innovation and enable new delivery and payment models. In addition, they support efforts to improve the health literacy of patients so they can understand the health care pricing information that they may access.

- **No Medical Rationale for Military to Exclude Transgender Individuals.** The AMA, adopted policy that there is no medically valid reason to exclude transgender individuals from service in the military of the United States. The new AMA policy also affirms that transgender service members should receive care according to the same medical standards that apply to all other military personnel.

- **New AMA Policy Aims to Help Human Trafficking Victims.** A staggering 12.3 million adults and children are enslaved in human trafficking around the world at any given time according to the United Nations’ International Labor Organization. To help address this growing epidemic, the AMA today adopted policy to ensure that physicians are trained to report suspected cases of human trafficking to the appropriate authorities while ensuring victims have the medical, legal and social resources they need.

- **Strengthening Prescription Drug Monitoring Programs.** In the midst of a national opioid misuse epidemic, the AMA bolstered its support for Prescription Drug Monitoring Programs (PDMPs). According to 2013 data from Centers for Disease Control and Prevention, the number of deaths from prescription overdoses exceeded those from gunshot wounds and motor vehicle accidents.

**Oklahoma Sponsored Resolutions:**

The following resolution was sponsored by the Oklahoma Delegation and submitted to the AMA 2015 Annual Meeting:

**2015 Oklahoma Resolution 3 – Response to Unreasonable Government Mandates:**

The Resolve from this resolution asked that the American Medical Association represent their members and all practicing physicians by taking a stand against participation in ICD-10, Meaningful Use and PQRS, by actively encouraging practicing physicians not to comply with these requirements.

This resolution was forwarded to the AMA for consideration. AMA determined that it presented a legal or ethical problem; therefore it was designated as a “deferred resolution” to be sent to the AMA Rules and Credentials Committee for a recommendation. Oklahoma sent AMA Alternate Delegate Sam Dahr and other representatives to testify at the Rules and Credentials Committee; however that committee did not accept the resolution and therefore it was not forwarded to the AMA House of Delegates for consideration because of AMA’s Ethical Concerns.

**2015 Interim Meeting –November 14-17 in Atlanta, Georgia**

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 and Julie Hager, MD. OSMA President Woody Jenkins, MD, was seated as an Alternate Delegate. Several Specialty Society delegates represented Oklahoma, including: Jane Fitch, MD, American Society of Anesthesiologists; Jean Forsberg, MD, College of American Pathologists; Robert McCaffree, MD, American College of Chest Physicians and Saundra Spruiell, DO, American Board of Phlebology. Mary Ann McCaffree, MD represented Oklahoma as a member of the AMA Board of Trustees.
Omar Beidas, MD and Eudy Bosley, MD represented the AMA Resident and Fellow Section.

Medical student representatives for the OSMA Medical Student Section were: Bob Aran (MSIII), OSU, Drew Cameron (MSIII), OU-OKC, John Carradini (MSI), OU-Tulsa, Matthew Else (MSIV), OSU, Brady Iba (MSI), OU-OKC, Jeffrey LaCroix (MSIII), OU-OKC, Alexa Papaila (MSI), OU-OKC, Alexander Smith (MS3), OU-OKC, Allen Wang (MSIV), OU-OKC.

AMA 2015 Interim Meeting Highlights:

During the AMA 2015 Interim Meeting, the AMA voted to adopt policies on the following topics:

- **AMA adopted policy to help combat the spread of antibiotic resistant bacteria in all health care facilities.** The new policy encourages improved surveillance of antimicrobial resistance, supports implementation of antibiotic stewardship programs across the spectrum of care and renews existing support for incentivizing antibiotic development. The AMA also held an educational session during the meeting for physicians to share the latest tools available for improving antibiotic stewardship in the inpatient and outpatient settings and discuss ways to help providers alleviate uncertainty when prescribing antibiotics. The session was held in partnership with the CDC as part of its annual Get Smart Week campaign to promote antibiotic stewardship.

- **Ensuring Access to Mental Health Care for Medical Students, Resident and Fellow Physicians.** According to the American Foundation for Suicide Prevention, approximately 300 to 400 physicians die as a result of suicide in the U.S. each year and the rate of depression among medical students is 15 to 30 percent higher than the general population. In an effort to address this growing need, the AMA adopted policy aimed at ensuring medical students and resident and fellow physicians have access to potentially life-saving mental health services during their medical training. A recent study in *JAMA Psychiatry* found that despite an increase in suicidal thoughts and mental health problems among resident physicians, very few actually seek mental health services—citing concerns about confidentiality as one of the main reasons. To help address this barrier to care, the AMA's new policy promotes confidential, accessible, and affordable mental health services for medical students and resident and fellow physicians.

- **Improving Access to Naloxone to Prevent Opioid Overdose and Save Lives.** Building upon the AMA's efforts to combat opioid misuse and overdose, the AMA adopted policy to increase access to naloxone, a life-saving medication that can reverse the effects of an opioid overdose by restoring breathing and preventing death. According to the CDC, naloxone is responsible for saving the lives of more than 26,000 people in the U.S since 1996. To help increase access to naloxone for patients at risk of overdose, as well as make naloxone more readily available to family members and close friends of those at increased risk of overdose, the new policy encourages manufacturers or other qualified sponsors to pursue the Food and Drug Administration's application process for approval of naloxone as an over the counter medication.

- **Task Force to Reduce Opioid Abuse –** The AMA convened this task force to identify the best practices to curb opioid abuse and move swiftly to implement those practices across the country. This includes increasing the registration and use of prescription drug monitoring programs (PDMP), enhancing physician education, reducing the stigma of having an opioid disorder, improving access to comprehensive pain management, and increasing access to naloxone. The AMA will also continue to work with the administration and Congress toward developing balanced approaches to end prescription opioid misuse, as well as supporting congressional and state efforts to modernize and fully fund PDMPs.
- **Continues Efforts to Secure Adequate Funding for Graduate Medical Education.** The AMA renewed its support for securing alternative funding sources for graduate medical education (GME) to increase the number of medical residency slots needed to care for patients in today's health care system and to help address the national physician shortage. The AMA adopted policy to explore additional funding models for GME beyond those examined in the Institute of Medicine's 2014 report on GME governance and financing. Under the new policy, the organization will encourage insurance payers and foundations to enter into partnerships with state and local agencies, as well as academic medical centers and community hospitals, to expand GME funding. The policy also calls on organizations with successful GME funding models to share strategies, outcomes and costs for implementation. Additionally, the AMA plans to increase public awareness of the importance of graduate medical education, student debt and the state of the medical profession. The AMA has long advocated for the modernization of GME. This includes increased funding for medical residency slots, development of innovative practice models as well as residency positions that reflect societal needs. The AMA urged support of two federal bills, including the Creating Access to Residency Education (CARE) Act and the Resident Physician Shortage Reduction Act of 2015. These bills would increase funding for graduate medical education, improve access to health care for patients in underserved areas, and address physician shortages.

- **Calls for Ban on Direct to Consumer Advertising of Prescription Drugs and Medical Devices.** Responding to the billions of advertising dollars being spent to promote prescription products. AMA adopted new policy aimed at driving solutions to make prescription drugs more affordable. Physicians cited concerns that a growing proliferation of ads is driving demand for expensive treatments despite the clinical effectiveness of less costly alternatives. The United States and New Zealand are the only two countries in the world that allow direct-to-consumer advertising of prescription drugs. Advertising dollars spent by drug makers have increased by 30 percent in the last two years to $4.5 billion, according to the market research firm Kantar Media. The new AMA policy:
  - calls for convening a physician task force and launching an advocacy campaign to promote prescription drug affordability by demanding choice and competition in the pharmaceutical industry, and greater transparency in prescription drug prices and costs.
  - responds to deepened concerns that anticompetitive behavior in a consolidated pharmaceutical marketplace has the potential to increase drug prices. The AMA will encourage actions by federal regulators to limit anticompetitive behavior by pharmaceutical companies attempting to reduce competition from generic manufacturers through manipulation of patent protections and abuse of regulatory exclusivity incentives.
  - monitors pharmaceutical company mergers and acquisitions, as well as the impact of such actions on drug prices. Patent reform is a key area for encouraging greater market-based competition and new AMA policy will support an appropriate balance between incentives for innovation on the one hand and efforts to reduce regulatory and statutory barriers to competition as part of the patent system.

- **Taking Bold Steps to Reduce Burdens of Meaningful Use Program.** Recently, an AMA-led coalition of 111 medical societies called on Congressional leaders to refocus the Meaningful Use program on the goal of achieving a truly interoperable system of electronic health records. This urgent call for action comes in the wake of the administration’s decision to move ahead with implementation of Stage 3 of the Meaningful Use (MU) program despite widespread failure of Stage 2. In a string of letters to House and Senate leaders, the AMA and other medical societies noted that what has emerged from the administration is a “morass of regulation” for a program that has “failed to focus on interoperability and has instead created new barriers to easily exchange data and information across care settings.” The
AMA adopted new policy that would enhance its efforts to accelerate the development and adoption of universal and enforceable electronic health record (EHR) interoperability standards for all vendors before the implementation of the Medicare Incentive Based Payment System (MIPs).

- **Support for Veterans to Paramedics Transition Act of 2015.** The AMA adopted policy calling for support of federal, bi-partisan legislation that would expedite and streamline paramedic training for returning veterans who have already received emergency medical training while in the military.

- **AMA Bolsters Efforts to Ensure Consumer Access to Health Care Amid Proposed Insurance Mergers.** The AMA adopted policy aimed at strengthening its efforts to ensure consumers maintain access to quality, affordable health care in the insurance marketplace. The new policy calls for opposing consolidation in the health insurance industry that could result in anticompetitive markets.

**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 30% of OSMA members paid their AMA dues through their county society or the OSMA, AMA shows Oklahoma’s 2015 AMA membership number was 3,347 which was an increase of 17 over the 2014 membership number of 3,330. The AMA membership number includes students, residents, life members and a number of physicians who joined the AMA directly. This number entitles Oklahoma to four (4) delegates and four (4) alternates for the 2016 year.

**The 2016 AMA Annual Meeting will be held June 10-15, 2016 at the Hyatt Regency Hotel in Chicago, IL.** Per AMA Bylaws, “on-time” resolutions are those that are received no later than May 12. In order to accommodate processing deadlines, only those resolutions that are received by Wednesday, May 4, will appear in the initial delegate Handbook. Resolutions received after that date will be included in the Handbook Addendum or distributed onsite as necessary. 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 12) will be distributed on Sunday, June 12 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 Walt Disney World Swan/Dolphin on November 12-15, 2016.**

The Oklahoma AMA Delegation will meet on Saturday, April 16th, following the OSMA House of Delegates to discuss plans for the upcoming AMA Annual Meeting in June. The Delegation will also discuss plans for Mary Anne McCaffree, MD’s Campaign to seek election as the AMA President-elect in June, 2016. 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)*