

REPORT OF THE AMERICAN MEDICAL ASSOCIATION DELEGATION

A-2010

Subject: Annual Report

Presented by: Bruce L. Storms, MD – Delegation Chair

1 **REVIEW OF ACTIVITIES:**

2 The following physicians represented the Oklahoma AMA Delegation for the 2009 AMA meetings:

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4 **Delegates were:**

5 Bruce Storms, MD, Chair	W. Frank Phelps, MD
6 Jack Beller, MD	Jennifer Trotman, MD
7 Jay Gregory, MD	Robert Weedn, MD
8 William Oehlert, MD	

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11 **Alternate Delegates were:**

12 Sherri Baker, MD	Diane Heaton, MD
13 Jenny Boyer, MD	Richard Reutlinger, MD
14 Steven Crawford, MD	Dana Stone, MD
15 Julie Hager, MD	

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18 **2009 Annual Meeting – June 13-17**

19 All OSMA AMA Delegates and 4 Alternate Delegates, which included Jenny Boyer, MD, Steven
20 Crawford, MD, Julie Hager, MD, and Diane Heaton, MD, attended the Annual Meeting held in
21 Chicago, Illinois. Mary Ann McCaffree, MD, represented Oklahoma as a member of the AMA Board
22 of Trustees.

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24 Several Specialty Society delegates represented Oklahoma, including Dewayne Andrews, MD, AMA
25 Section on Medical Schools; Norman Dunitz, MD, American Association of Hip & Knee Surgeons;
26 Jane Fitch, MD, American Society of Anesthesiologists; Jean Forsberg, MD, College of American
27 Pathologists; Mayo Gilson, MD, American College of Physician Executives and Robert McCaffree,
28 MD, American College of Chest Physicians. In addition, Julie Hager, MD represented the OSMA
29 Young Physician Section. Timothy Townsend, MD, represented the OSMA Resident & Fellow Section.
30 Brett Fillmore, Ryan Mascarenhas, and Christopher Sudduth represented the OSMA Medical Student
31 Section.

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33 **Oklahoma Sponsored Resolutions:**

34 The following resolutions were sponsored by the Oklahoma Delegation:

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36 **Resolution 101, “Function as a Critical Outcome to be included in Health Care Reform**
37 **Legislation,”** was introduced by the American Academy of Physical Medicine and Rehabilitation;
38 American College of Rheumatology; American Association of Oral and Maxillofacial Surgeons;
39 American College of Cardiology; American Association of Neuromonitor & Electrodiagnostic
40 Medicine; North American Spine Society; American Academy of Allergy, Asthma, & Immunology;
41 American Society of Anesthesiologists; and the Oklahoma Delegation. The resolution called upon the
42 AMA to support health care reform that meets the needs of all Americans including people with
43 injuries, disabilities, and chronic conditions, and as such values function and its improvement as key
44 outcomes to be specifically included in national health care reform legislation.

45 **HOUSE ACTION: RESOLUTION 101 ADOPTED AS AMMENDED.**

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1 **Resolution 203, "Right to Privately Contract,"** was introduced by the Alabama, Arkansas, Delaware,
2 District of Columbia, Florida, Georgia, Guam, Kansas, Louisiana, New Jersey, North Carolina,
3 Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia Delegations; The Triological
4 Society; American Academy of Fiscal Plastic and Reconstructive Surgery Delegation. The resolution
5 called upon asks that our AMA Board of Trustees immediately make as its highest priority: (1) the
6 enactment of federal legislation that ensures and protects the fundamental right of physicians to
7 privately contract with patients, without penalties for doing so and regardless of payer within the
8 framework of free market principles with the goal of accomplishing this by 2010; and (2) the restoration
9 of fairness to the current health care marketplace through changes in statutes and regulations so that
10 physicians are able to negotiate (individually and as defined groups) fair contracts with private sector
11 and public sector health plans.

12 **HOUSE ACTION: RESOLUTION 203 ADOPTED AS AMMENDED.**

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14 **Resolution 312, "Proposed Fee Increase by the Accreditation Council for Continuing Medical**
15 **Education,"** was introduced by the New Jersey, Louisiana, and Oklahoma Delegations. The resolution
16 asked that our American Medical Association to strongly urge the Accreditation Council for Continuing
17 Medical Education to reconsider the proposed fee increase. If the ACCME refuses, the resolution further
18 asks our AMA to investigate and recommend ways by which physicians may receive appropriate,
19 accredited continuing medical education other than through ACCME-accredited activities.

20 **HOUSE ACTION: RESOLUTION 203 ADOPTED.**

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22 **Resolution 417, "Secondhand Smoke,"** was introduced by the Oklahoma Delegation. The resolution
23 called upon AMA to urge the President of the United States to issue an Executive Order making all
24 federal workplaces, including buildings and campuses, entirely smoke free and urge its federation
25 members to do the same.

26 **HOUSE ACTION: RESOLUTION 417 ADOPTED.**

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28 **Resolution 724, "Reimbursement for Services,"** was introduced by the Oklahoma Delegation. The
29 resolution called upon the AMA, Congress, and appropriate federal agencies support efforts to ensure
30 that physicians and other providers receive payment from insurance companies in a timely fashion and
31 that the AMA ascertain that any legislative or regulatory solution shall ensure that principles of
32 transparency and accountability are applied to the insurance industry.

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34 **HOUSE ACTION: RESOLUTION 724 POLICIES REAFFIRMED.**

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38 **AMA Special Highlights**

39 During a speech that drew a standing ovation at the Saturday, June 13th, Opening Session, AMA
40 President Nancy H. Nielsen, MD, PhD, compared the monumental moment at hand for America's
41 physicians—the nationwide debate about health system reform—to one of the greatest in the country's
42 history, D-Day. While the battle for affordable health insurance and quality health care for all
43 Americans is one not yet won, Dr. Nielsen said it's both battles *and* bridge-building in which physicians
44 have been heavily engaged. As physicians continue to fight specific battles and form certain bridges,
45 she called on doctors to do their part in building one vital bridge in particular. "We have a chasm in
46 health care in this country," Dr. Nielsen said. "We have to help build a bridge across it if there is any
47 hope of creating a better future for our patients and our profession."

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49 As physicians, patients and other health care stakeholders await health system reform legislation from
50 Congress, Rep. Tom Price, MD, R-Ga., called on delegates to use their collective voice to ensure that
51 any proposal preserves the vital relationship between physicians and their patients. The AMA is
52 actively advocating for health system reform that covers the uninsured, makes private insurance more

1 affordable, increases the value the nation receives from its health care spending, and enhances
2 prevention and wellness for patients. The AMA opposes any public plan that forces physicians to
3 participate, expands the fiscally challenged Medicare program or pays Medicare rates. But the AMA is
4 willing to consider other variations of a public plan that are being discussed in Congress, including a
5 federally chartered co-op health plan or a level playing field option for all plans.
6

7 In an earnest appeal to America's physicians on Monday, June 15th, President Barack Obama pledged to
8 work with the AMA to reform the nation's health care system in a way that works best for patients and
9 doctors alike. Obama, the first U.S. president to address the House since Ronald Reagan in 1983, cited
10 countless priorities that are consistent with the AMA's health system reform principles, such as covering
11 the uninsured, making insurance more affordable, increasing the value physicians receive from health
12 care spending and enhancing prevention and wellness for all patients. He also commended the AMA for
13 joining with other health care stakeholders to help reduce the rate of growth in health care spending by
14 1.5 percent over the next decade. The president said any health system reform bill must include ways to
15 help replicate best practices, incentivize excellence and close cost disparities. He emphasized the need
16 to scale back defensive medicine by exploring ways to help reduce physicians' fears of lawsuits. And he
17 said the practice of paying incentives to doctors based on the volume of tests and services they
18 provide—many of which are unnecessary—needs to go. AMA President Nancy H. Nielsen, MD, PhD,
19 who introduced Obama to the House, applauded the president's commitment and underscored the
20 AMA's engagement with his administration and members of Congress to achieve meaningful reforms
21 that benefit patients and physicians.
22

23 Beginning in 2011, Medicare physicians who implement and report meaningful use of electronic health
24 records (EHRs) will be eligible for an initial incentive payment of up to \$18,000, and early adopters
25 could receive a five-year bonus of up to \$44,000. These provisions and others were outlined in Monday
26 morning's education session, "Overview: American Recovery and Reinvestment Act (ARRA) Health
27 Information Technology Provisions." More than 130 people heard the session—both in person and
28 online.
29

30 The AMA is in the process of building a Web-based portal for physicians that will offer clinical
31 resources, point-of-care clinical references and patient education options from the nation's leading
32 sources. This portal will have practice management references like those in the AMA's "Appeal that
33 Claim" campaign and tools to help navigate the claims process as well as assist with the financial
34 infrastructure of a practice. It will also contain professional resources around ethics, continuing
35 education and helping physicians enhance their careers.
36

37 **AMA Reference Committee Highlights**

38 **Reference Committee on Amendments to Constitution and Bylaws**

39 **The AMA adopted** Council on Ethical and Judicial Affairs (CEJA) Report 2, which sets identified
40 ways in which physicians and other stakeholders in health care could work together to ensure sufficient
41 access to appropriate health care for all people. The report affirmed that health care is a fundamental
42 human good that affects the opportunity to pursue life goals, reduces pain and suffering, helps prevent
43 premature loss of life and provides people with information needed to plan for their lives.
44

45 **The AMA adopted** CEJA Report 3, which sets ethical guidelines for physicians on how to handle a
46 breach of patients' electronic health records. The report was based on physicians' dedication to prevent
47 harm to patients, to respect patient privacy and autonomy, and to uphold trust in the patient-physician
48 relationship.

1 **The AMA adopted** CEJA Report 4, which addresses the conflict of interest that arises when a
2 physician is responsible for supervising a non-physician clinician who is also the physician's
3 employer. The report recognizes that physicians in such arrangements must give precedence to their
4 ethical obligation to act in the patient's best interest by always exercising independent professional
5 judgment, even if that puts the physician at odds with the employer or supervisor.

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7 **Reference Committee A**

8 **The AMA adopted** policy supporting health system reform alternatives that are consistent with AMA
9 principles of pluralism, freedom of choice, freedom of practice and universal access for patients.

10 **The AMA resolved** to oppose the practice of gender rating in individual insurance markets and to
11 advocate for states to ban the use of gender rating in setting rates, premiums, co-pays, surcharges or
12 coverage for patients. The AMA also resolved to advocate for states to prohibit the existence of a prior
13 cesarean section as a basis for underwriting or rating insurance, including denying, canceling, limiting
14 or excluding coverage, charging a higher premium or denying claims, and to advocate for maternity
15 coverage as a part of any covered benefit by individual insurance carriers.

16 **The AMA voted to adopt recommendations** from the Council on Medical Service Report 8, which
17 include supporting the patient-centered medical model as a way to provide care to patients without
18 restricting access to specialty care and advocating that all health plans and the Centers for Medicare &
19 Medicaid Services use a single standard to determine whether a physician practice qualifies to be a
20 patient-centered medical home.

21 In addition, **the AMA adopted** a set of principles that should be upheld in the development of any
22 Medicare physician payment reform efforts, including ensuring that reform efforts promote improved
23 patient access to care; are designed with input by the physician community; ensure payment rates that
24 cover the full cost of sustainable medical practice; include participation options for all physicians; and
25 ensure an appropriate level of physician decision-making authority over any shared-savings
26 distributions.

27
28 **Reference Committee B**

29 **The AMA approved** a Board of Trustees report that reaffirms two pieces of existing policy. The first
30 recommends that the AMA enhance physicians' collective bargaining abilities within existing antitrust
31 laws and continue meeting with the Justice Department and Federal Trade Commission (FTC) to
32 enhance their understanding of the unique nature of medical practice and to seek interpretations of
33 antitrust laws that reflect that nature. The second suggests that the AMA reopen dialogue with the
34 Justice Department and FTC concerning more flexible approaches to physician network joint ventures.

35 **The AMA voted** to support law and public policy that would provide an open source electronic health
36 record that meaningfully represents the interests of physicians and patients, and that embodies an open
37 standards platform that is both interoperable at large and supports diverse substitutable software
38 applications based on open or proprietary code. The AMA will work with the Department of Health and
39 Human Services and other agencies to implement this policy.

40 **The AMA voted** to caution health care policy-makers that money from the health information
41 technology (IT) provisions outlined in the American Recovery and Reinvestment Act will cause a
42 sudden rise in the demand for health IT products and services, which may result in inflated prices for
43 physicians. The AMA also will advise health care policy-makers, as well as physicians, that the ongoing
44 maintenance of health IT can be costly and that this ongoing expense will fall to physicians long after
45 that money is exhausted.

46 **The AMA adopted** new policy to communicate to the federal government that the electronic medical
47 record (EMR) incentive program should be made consistent with AMA principles by removing penalties
48 for noncompliance and by providing inflation-adjusted funds to cover all costs of implementation and
49 maintenance of EMR systems. The AMA also will support the concept of electronic prescribing, as well

1 as the offering of financial and other incentives for its adoption. However, the AMA will strongly
2 discourage a funding structure that financially penalizes physicians that have not adopted such
3 technology.

4 After hearing strong and impassioned testimony, **the AMA voted** to include in its top advocacy
5 priorities: 1) the enactment of federal legislation that ensures and protects the fundamental right of
6 patients to privately contract with physicians, without penalties for doing so and regardless of payer,
7 within the framework of free market principles, with the goal of accomplishing this by 2010, and 2) the
8 restoration of fairness to the current health care marketplace through changes in statutes and regulations
9 so that physicians are able to negotiate—individually and as defined groups—fair contracts with private
10 sector and public sector health plans.

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12 **Reference Committee C**

13 **The AMA House of Delegates (HOD) acted to collaborate with the Association of American**
14 **Medical Colleges** to advocate that Congress rescind funding caps on graduate medical education
15 (GME) imposed by the Balanced Budget Act of 1997 and expand funding for GME positions in
16 specialties and geographic regions with medical work force shortages.

17 **The AMA-HOD recommended** the development and implementation of educational experiences in
18 public health, preventive medicine, disaster preparedness and health care economics across the
19 continuum of medical education starting in medical school and extending to continuing medical
20 education.

21 **Delegates recommended that the AMA pursue** diversity on all test and oversight committees of the
22 United States Medical Licensing Examination to better reflect the diverse perspectives of multiple test-
23 takers, including international medical graduates.

24 **Delegates also recommended that the AMA advocate** to pursue increased funding for medical student
25 scholarships and loan forgiveness programs, oppose efforts to reduce medical school funding and
26 reinstate loan repayment deferment programs during residency training.

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28 **Reference Committee D**

29 **The AMA House of Delegates resolved** to urge the Department of Health and Human Services
30 Emergency Care Coordination Center, in collaboration with the Centers for Disease Control and
31 Prevention and other stakeholders, to assess shortfalls in funding, staffing, vaccine, drug and data
32 management capacity, and prepare for an influenza pandemic or other serious public health emergency.

33 **The AMA will also urge** the president and Congress to provide funding and other resources to help
34 bolster the infrastructure and capacity of state and local health departments to prepare for, respond to
35 and protect the population from an influenza pandemic or other serious public health emergency.

36 **The AMA adopted policy** to support the redirection of federal resources toward the development and
37 dissemination of more comprehensive health and sex education programs that are shown to be
38 efficacious by rigorous scientific methodology, including those that include scientifically accurate
39 education on abstinence, in addition to contraception and condom use, transmission of STDs and HIV,
40 and teen pregnancy.

41 **The House also adopted Council on Science and Public Health Report 4**, which supports continued
42 research on vitamin D and its metabolites, particularly long-term studies that address the benefits,
43 adverse outcomes and potential confounders across all life-stage groups.

44
45 **Reference Committee E**

46 **The AMA adopted recommendations** from the Council on Science and Public Health in support of
47 widely disseminating the report “The Use of Hormones for ‘Anti-aging’: A Review of Efficacy and
48 Safety” to inform physicians, policymakers and the public about the current scientific evidence on the
49 use of hormones as anti-aging agents. The recommendations support that the AMA take the position that

1 proponents of any hormone or other substance as an anti-aging agent have the responsibility to prove
2 that any claims of positive benefit/risk be supported by well-designed, randomized, placebo-controlled
3 clinical trials.

4 **The AMA adopted policy** to publicly call for enhancement of the protocols, authority, oversight and
5 funding, as well as encourage public health leadership, at the federal agencies charged with regulation
6 of the food industry and maintenance of a safer food supply, and to monitor the success of such efforts.
7 Furthermore, the policy asks the AMA to support transparency and tracking of foods from the point of
8 origin to the point of sale, as well as timely coordination in activities of multiple federal agencies
9 involved in the regulation of the food industry and maintenance of a safer food supply. The policy also
10 requires a report back on the progress made on assuring a safer food supply for the American public at
11 the 2010 Annual Meeting of the AMA House of Delegates.

12 **Reference Committee F**

13 **The AMA voted to approve various recommendations from a report by the Speakers' Special**
14 **Advisory Committee on the House of Delegates (HOD). Among those recommendations, the AMA**
15 **will:**

- 17 • Appoint a task force to look into the structure and function of a meeting that could replace the
18 Interim Meeting of the AMA House of Delegates (HOD) as it's currently structured; the role and
19 function of AMA-HOD members at the replacement meeting; the timing and location of the
20 replacement meeting; the timing of the Annual Meeting of the AMA-HOD; how and when the
21 AMA would transition to the replacement meeting; how to maximize the value and minimize the
22 cost of the replacement meeting; and how to address the concerns of the various AMA councils,
23 sections and special groups regarding how the timing and nature of the replacement meeting would
24 affect their work. The task force will report back to the AMA-HOD during the 2009 Interim
25 Meeting.
- 26 • Establish a new type of business item, an "information statement," to bring issues to the
27 awareness of the AMA-HOD or the public, draw attention to existing policy for purposes of
28 emphasis, or simply make a statement. Such items of business will be included in the AMA-HOD
29 handbook and include appropriate attribution but will not go through the reference committee
30 process, be voted on in the AMA-HOD or be incorporated into AMA-HOD proceedings.
- 31 • Encourage sponsors of resolutions to post draft resolutions on the AMA Web site before official
32 submission to allow members of the AMA-HOD, other AMA parties, AMA members and other
33 invited parties to provide input.
- 34 • Use its corporate Web site to provide ways for members of the AMA-HOD, AMA members and
35 other invited parties to provide comments on the activities and work of the AMA's councils.
- 36 • Use the opening session of the AMA-HOD more for substantive discussion and less for
37 ceremonial purposes. The AMA also will move most award presentations to more appropriate
38 venues than the opening session.
- 39 • Pilot-test virtual reference committees in the AMA-HOD. The AMA also will encourage the
40 AMA's sections to use virtual reference committees.

41 **Reference Committee G**

42 **The AMA adopted recommendations from Council on Medical Service Report 4** that call for
43 reaffirming current policy that supports requiring hospitals, physicians and other health care providers to
44 make information about fees and prices on frequently provided services and procedures readily
45 available to consumers. Reaffirmation of current policy was also proposed which opposes changes in
46 the Medicare and Medicaid hospital reimbursement systems that result in cost shifting to private
47 patients, noting the adverse effects on the private sector of such cost shifts in efforts to save dollars for
48 federal programs. A report recommendation also calls for encouraging hospitals to adopt, implement,
49

1 monitor and publicize policies on patient discounts, charity care, and fair billing and collection
2 practices, and to make access to those programs readily available to eligible patients.

3 **The AMA adopted principles from Board of Trustees Report 18** that call for the release and accurate
4 use of physician data, including patient privacy safeguards, data accuracy and security safeguards,
5 transparency requirements, review and appeal requirements, physician profiling requirements, quality
6 measurement requirements and patient satisfaction measurement requirements. Additional
7 recommendations of the report call for policy on the release of claims and payment data from
8 governmental programs and using such policy as a basis for draft model legislation; creating additional
9 tools to assist physicians in dealing with the release of physician data; continuing to monitor the status
10 of, and take appropriate action on, any legislative or regulatory opportunities regarding the appropriate
11 release and use of physician data and its use in physician profiling programs; and monitoring Web sites
12 and programs that collect and use data on patient satisfaction and taking appropriate action when
13 safeguards are not in place to ensure the validity of the results.

14 Furthermore, these recommendations call for continuing and intensifying efforts to educate employers,
15 health care coalitions and the public about the potential risks and liabilities of pay-for-performance and
16 public reporting programs that are not consistent with AMA policies, principles and guidelines.

17 **The AMA voted to not adopt policy** that called for review and consolidation of its existing policy
18 regarding the National Practitioner Data Bank (NPDB) and reporting back to its members with an
19 assessment of the current practices of the NPDB. This assessment would have specifically identified
20 who is eligible to be listed on the NPDB and to whom the information on the NPDB is available.

21
22 **Election Results:**

23 **On Tuesday, June 16th, 2009 the AMA House of Delegates elected** David O. Barbe, MD, a family
24 physician in Mountain Grove, Mo., to the AMA Board of Trustees (BOT). Both Ardis D. Hoven, MD,
25 an infectious disease specialist in Lexington, Ky., and Robert M. Wah, MD, an ob-gyn and reproductive
26 endocrinologist in McLean, Va., were re-elected to the AMA-BOT. Raj Ambay, MD, a plastic surgery
27 resident at the University of Wisconsin, Madison, was elected to the resident/fellow position on the
28 board. And Justin B. Mahida, a medical student at The Ohio State University in Columbus, Ohio, was
29 elected to the board's medical student position.

30
31 Dr. Barbe's election to the AMA-BOT opened an additional spot on the AMA Council on Medical
32 Service. In addition to Columbus, Ohio, neonatologist Craig W. Anderson, MD, delegates elected
33 Danvers, Mass., cardiologist Thomas E. Sullivan, MD, to the council.

34
35 **Also on Tuesday, the House elected** Baltimore internist and National Medical Association President-
36 elect Willarda V. Edwards, MD, and re-elected New London, Conn., thoracic surgeon Michael M.
37 Deren, MD, to the AMA Council on Constitution and Bylaws. Jason W. Sharp, MD, a radiology
38 resident at the University of Texas Southwestern in Dallas, was elected to the resident/fellow position
39 on the council.

40
41 To the AMA Council on Medical Education, **the House elected** William McDade, MD, a Burr Ridge,
42 Ill., anesthesiologist, and Darlyne Menscer, MD, a Charlotte, N.C., family physician; and re-elected
43 Baretta R. Casey, MD, a Hazard, Ky., family physician; Mahendr S. Kochar, a Milwaukee internist; and
44 Richard B. Reiling, MD, a Charlotte, N.C., surgeon.

45
46 **Delegates elected** Ilse R. Levin, DO, a Massachusetts internist and epidemiologist, and Bobby
47 Mukkamala, MD, a Flint, Mich., otolaryngologist, to the AMA Council on Science and Public Health.
48 L. Shane Hopkins, MD, a radiation oncology resident at Roswell Park Cancer Institute in Buffalo, N.Y.,
49 was elected to the resident/fellow position on the council.

1 **By acclamation** on Saturday, June 13th, 2009, Winter Park, Fla., internist Cecil B. Wilson, MD, was
2 elected president-elect; Denver psychiatrist Jeremy A. Lazarus, MD, was re-elected to a third term as
3 speaker; and Altoona, Pa., hand surgeon Andrew W. Gurman, MD, was re-elected to a third term as vice
4 speaker.

5
6 **2009 Interim Meeting – November 6-10, 2009**

7 The 2009 Interim Meeting was held in Houston, Texas. All OSMA AMA Delegates attended the
8 Interim Meeting with the exception of William Oehlert, MD. The following Alternate delegates
9 attended the Interim Meeting: Rick Reutlinger, MD and Dana Stone, MD. Several Specialty Society
10 delegates represented Oklahoma at the Interim Meeting, including M. Dewayne Andrews, MD, AMA
11 Section on Medical Schools; Norman Dunitz, MD, American Association of Hip & Knee Surgeons;
12 Jane Fitch, MD, American Society of Anesthesiologists; Jean Forsberg, MD, College of American
13 Pathologists; Robert McCaffree, MD, American College of Chest Physicians; and Mayo Gilson, MD,
14 American College of Physician Executives. Timothy Townsend, MD, represented the OSMA Resident
15 & Fellow Section. The Medical Student Section was also represented by Ryan Mascarenhas, Brett
16 Fillmore, and Christopher Sudduth.

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18 **The following are highlights from the Interim Meeting:**

19 The Saturday, November 7th, Opening Session of the 221st meeting of the AMA House of Delegates
20 marked a defining moment and crucial meeting in AMA history. Spurring action and unity, Dr. Rohack
21 urged physicians to run the race of health system reform together as a profession—despite those who
22 will stop at nothing to derail reform. After all, “together we are stronger” is “not an empty slogan,” he
23 said, “but a promise.” As a foundation for such unity, Dr. Rohack pointed to the AMA’s seven
24 principles for health system reform and reminded physicians of their ethical responsibility to the
25 profession and their patients. Also during the Opening Session, the House recognized Regina
26 Benjamin, MD, as the nation’s next U.S. surgeon general and acknowledged the AMA Physician
27 Outreach Recruiting Program and its volunteers for 25 years of promoting AMA membership.

28
29 Just hours after delegates discussed the possible outcome of health system reform legislation during the
30 Saturday, November 7th afternoon open forum, the U.S. House of Representatives brought medicine one
31 step closer toward comprehensive reform this year. The U.S. House passed H.R. 3962, the Affordable
32 Health Care for America Act, late Saturday evening by a vote of 220-215. Among the AMA’s principles
33 for reform, this bill would significantly expand health insurance coverage to Americans, empower
34 patient and physician decision making and institute meaningful insurance market reforms. In addition, it
35 would make substantial investments in quality, institute prevention and wellness initiatives, provide
36 incentives to states that adopt certificate-of-merit and/or early offer liability reforms and reduce
37 administrative burdens. This legislation, which the AMA and several other national physician
38 organizations supported, was among one of many topics covered at Saturday’s forum, which featured
39 AMA President J. James Rohack, MD, and Richard Deem, the AMA’s senior vice president of
40 advocacy. Dr. Rohack and Deem spoke about the AMA’s rationale for supporting H.R. 3962, the AMA’s
41 overall strategy for reform and the dynamic in Washington, D.C. The two also spoke about reform
42 earlier in the day during a special session co-sponsored by the AMA’s sections and special groups.

43
44 Infected by the 2009 H1N1 influenza virus, a single resident physician went to work in a hospital in
45 Ohio and exposed 166 people. That scenario is what concerns Michael Bell, MD, of the Centers for
46 Disease Control and Prevention’s (CDC) Division of Healthcare Quality Promotion. “Most exposure
47 inside hospitals is from sick personnel,” Dr. Bell said, not the actual patients themselves. Dr. Bell made
48 that point to a packed room during Monday’s educational session, “H1N1 influenza update: What every
49 physician needs to know,” which was broadcast live online. He also discussed how to manage the H1N1
50 flu in physician practices, pointing to two specific ways doctors can help control infection: keeping sick

1 people from coming to work, and identifying, covering and sequestering sick patients who come to
2 physicians' offices.

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4

5 **CONCLUSION:**

6 The 2010 AMA Annual Meeting will be held June 12-16, 2010 in Chicago. Resolutions for the AMA
7 Annual Meeting need to be sent to the AMA by May 5th. The OSMA will be sending only half of the
8 AMA Alternate Delegates to each of the Annual and Interim Meetings in order to stay within the AMA
9 Delegation's budget. The Interim Meeting will be held in San Diego, California, November 6-9, 2010.

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11 Respectfully submitted,

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14 Bruce L. Storms, MD