Physician Advocacy:  
The AMA Annual Meeting 2019

by the Missouir Delegation to the AMA and compiled by Charles Van Way, III, MD

The Annual Meeting of the AMA House of Delegates (HOD), is democracy at its disorderly finest. Delegates representing all states and most medical societies meet in Chicago to consider what the AMA should do, whether direct action, policy, advocacy, or education. The AMA HOD regularly considers a wide range of issues, but certain areas are emphasized each year. In 2019, the most important issues were:

- Expanding access to affordable health care coverage.
- Making augmented intelligence work for patients and physicians.
- Suicide among physicians and physicians-in-training.

The first session of the HOD was broken into by a group of demonstrators who called loudly for the AMA to support “Medicare for All.” Evidently, in the view of these activists, only their views are allowed to be heard. The group of about 50 demonstrators left after about a quarter of an hour, still chanting and waving signs.

As a matter of policy, the AMA has long been skeptical of expanding access to Medicare. Seema Verma, the Administrator of the Center for Medicare and Medicaid Services, spoke to the HOD at a later session. She opposed opening up Medicare to the general public, in large part because it would destroy the program for seniors. She expressed the commitment of CMS to simplify the paperwork burden, improve the transparency of EHR systems, and, as she put it, “level the playing field” for independent physician practices.

Universal access to health care is an important guiding principle for the AMA. The debate has always been, how should that be provided? Both the single-payer system and “Medicare for all” substitute government support for the existing system of employee-based insurance. About 180 million people, 60% of those under 65, would lose their coverage, which would be incredibly disruptive. The fee schedules under Medicare are already inadequate to support private practice physicians, and would become even lower under single-payer or “Medicare for all.” The AMA has consistently supported a pluralistic system which provides various options both to patients and physicians.

A number of other resolutions and reports about health care financing and access were considered by the HOD. Existing policy against the single-payer system was upheld, by a wide margin. There was support for universal access to essential public health services, such as vaccination. There was support for public health efforts to counter vector-borne diseases, which have increased in recent years. Better health care for people in jail and prisons was advocated. The HOD asked for a study of whether or not universal basic income proposals would increase access to care. There is an increasing sense that Affordable Care Act is not adequate, and should be reformed. What form this should take is being enthusiastically discussed. Possibilities include “public option,” more Federal subsidies for the insurance purchase, increased incentives for employer-based insurance, and still other proposals. The increased cost of drugs was discussed, with resolutions calling for limits on drug prices, increased transparency, and regulation of pharmacy benefit managers.

Health equity is emerging as an important concern. Many factors, usually lumped together as “determinants of care”, can lead to health disparities. These determinants include poverty, lack of education, adverse environments, previous trauma, as well as other factors. The AMA Foundation continues to support additional studies in this area. Promotion of health equity has become an additional goal of the AMA, and provides a standard by which interventions in the health system can be evaluated. For example, a resolution strongly supported universal
access to essential public health services. Another called for elimination of non-medical exemptions to vaccination. Still another called for universal vaccination of immigrant children, whatever their legal status.

The HOD has adopted new policy on augmented intelligence (AI), also called “artificial intelligence,” will become increasingly common in both health care and in health care education. An extensive report on the place of AI in medical education was put out by the Council on Medical Education.

In the area of medical practice, the HOD dealt with several important issues. “Prior Authorization” continues to burden physicians and their staff. The AMA is working to do away with it, or at least lessen its burden. Medicare Advantage programs have become increasingly “Medicare Disadvantage” programs, with limited networks, low reimbursement, and arbitrary administrative rules. The AMA has adopted an “Employed Physicians Bill of Rights,” continuing its commitment to ensure that all physicians can practice with as much autonomy and as few restrictions as possible. The AMA would like to see restrictions on the purchasing of practices by corporate entities. Especially in oncology, dermatology, and gynecology, this has often produced very unsatisfactory results for physicians. In some cases, the original purchaser has sold a bundle of practices on to a second entity less favorable to the physicians involved.

There was strong support to maintain physician compounding of medicines as a part of the practice of medicine. In a dozen or so states, boards of pharmacy have tried to regulate compounding by physicians, a matter of great concern to many different specialty groups.

Physician-assisted suicide is a major ethical issue. The AMA continues to oppose this, regarding it as a breach of medical ethics. There was a heated discussion concerning this, as some physicians feel it should be authorized, if not encouraged. There are those who wish to rename it “aid in dying,” a less harsh description. But the HOD voted to continue the AMA’s opposition to physician-assisted suicide, although leaving open the possibility that individual physicians in some states may disagree.

There was discussion of legalization of marijuana. A resolution called for the AMA to study the costs and benefits of legalization. The Surgeon General of the U.S., Jerome Adams, MD, stated that “there was no such thing as medical marijuana.” The AMA has opposed marijuana legalization, either medical or recreational. There was very little sympathy in the HOD for marijuana legalization, but there was also a general recognition that it has widespread public support. It is AMA policy that the restrictions should be relaxed enough to permit controlled research on marijuana and its derivatives. A particular resolution questioned what to do when a patient who takes medical marijuana is admitted to the hospital. Across the country, and in Missouri, several large health systems have opted out of issuing certificates to allow the purchase of marijuana.

Nicotine use in general and “vaping” in particular were the subject of several resolutions. The consensus was
that it should be possible to legally limit nicotine levels in products. The increased use of vaping by children and teenagers is concerning, and should be better controlled by regulations and by law enforcement.

The meeting of the Organization of State Medical Association Presidents (OSMAP) on the day prior to the HOD meeting was, as always, devoted to state issues. AMA President Barbara McAneny, MD, spoke of the current directions of the AMA, and in particular on the importance of health equity. Gary Price, MD, the president of the Physicians’ Foundation, spoke of their work on defining determinants of health, and on their support of local initiatives in health. The opioid crisis was discussed. There has been progress. Deaths have stopped increasing, although still excessive. There has been a 33% drop in prescribing over last five years. There was a presentation on the successful joint effort of physicians in New York and New Jersey to oppose legalization of recreational use of marijuana – at least for this year. Physicians from California and Washington discussed their efforts to remove non-medical exemptions to vaccination.

Several people from Missouri served in leadership roles. David Barbe, MD, ended his term on the Board of Trustees, and will be moving on to a leadership role in the World Medical Association. Edmund Cabbabe, MD, serves on the Council for Long Range Planning and Development. Charles Van Way, III, MD, continues to serve on the Steering Committee of OSMAP.

Patrice Harris, MD, was inaugurated as the 174th president of the AMA. A child psychiatrist from Georgia, she is the first African-American woman to lead the AMA. She has promoted universal access to health care, better access to mental health services, and improvement of health care in underserved minorities. She has been a strong advocate of care for abused and neglected children throughout her career.

Susan Bailey, MD, was elected to be President-Elect. A physician from Texas, she has been the Speaker of the HOD for the past four years. She is a strong advocate of private practice. Her election marks the first time that the President, Past President, and President-Elect are all women.

All of the reports and resolutions adopted in the meeting are available on the AMA website. Highlights from the meeting are at https://www.ama-assn.org/house-delegates/annual-meeting/highlights-2019-ama-annual-meeting.

Young Physicians Section Report by Albert Hsu, MD & Laurin Council, MD

The Young Physician Section (YPS) of the AMA includes physicians < 40 years of age *or* within the first 8 years of practice. In Chicago, AMA-YPS adopted three resolutions to be forwarded to the HOD in November, on Basic Courses in Nutrition; Ensuring Access to Safe and Quality Care for our Veterans; and Public Health Impacts and Unintended Consequences of Cannabis for Medicinal and Recreational Use. US Surgeon General Jerome Adams, MD, provided an inspirational lunchtime talk about his efforts to fight the opioid epidemic, reduce stigmas, and ensure patient access to life-saving naloxone. He also mentioned the importance of showing the links between community health and economic prosperity.

In the HOD, several YPS-relevant topics included:

- Legislation for ‘Mature Minor’ Consent to Vaccinations
- Bullying in the Practice of Medicine
- Destigmatizing the Language of Addiction
- Peer Support Groups for Second Victims
- Dispelling Myths of Bystander Opioid Overdose

If you or someone you know is a young physician who may be interested in getting involved in the MSMA-YPS, please contact Stephen Foutes at stephen@msma.org or 800-869-6762.

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PRESIDENT’S FORUM

MSMA: Let Us Help You
by James DiRenna, DO

In April, I was honored to become the President of the Missouri State Medical Association. These past few months I have traveled (when Mother Nature allowed) to the Tennessee Medical Association’s annual meeting and Congress of Delegates where a group of robust physicians took on their mission to ban vaping statewide for those 18 years and younger. This resolution moved to the American Medical Association’s June meeting in Chicago where they brought forward the resolution to ban underage vaping. Not only was this a well-attended national meeting, but history was made with their electing the first African American female psychiatrist as their 174th President ~ Patrice Harris, MD, of Atlanta, Georgia.

Locally of course, April and May at the state capitol are a hotbed of activity. MSMA was there en masse in their white coats, walking the halls, showing solidarity. We lobbied representatives on scope of practice, prior authorization difficulties, and Medicaid and Medicare issues. We are very fortunate to have savvy lobbyists who kept track of last minute legislative shenanigans in both the House and the Senate that could have been detrimental to medicine.

I’m often asked “Why should I become member of MSMA”? You either believe in organized medicine or you don’t. I have always leaned heavily on advocacy because I have learned that medical awareness which honors the role of the physician/patient relationship has to be the focus. But more importantly, an organization is only as good as its membership. Grab a friend, grab an associate, call a member who has not renewed. Our staff is happy to help. Call our 800 number to talk about membership benefits: 800.869.6762

It’s very basic - help us help you.

RFS Report by Joanne Loethen, MD

The Resident and Fellow Section of the American Medical Association (AMA) convened at this year’s Annual Meeting in Chicago June 7-8. MSMA members Brette Harding, MD (ENT-MU), Jared Lambert, MD (EM-MU), Joanne Loethen, MD (MP-UMKC), and Nathan Nolan, MD (IM-MU), represented Missouri’s physicians-in-training as the section discussed issues pertinent to residents and fellows.

Issues ranged from supporting states who allow mature minors to consent for vaccinations, discouraging the use of non-FDA approved infant oximetry monitors, improving facilitation of physicians-in-training seeking mental health care through physician health programs, and advocating for reclassification of complex rehabilitation technology to improve access for patients.

Aside from policy actions, the RFS heard from Barbara McAneny, MD, AMA President, who spoke to the ongoing priorities of the AMA. Dr. McAneny shared how AMA is actively working to remove obstacles that interfere with patient care, lead the charge on public health crises, and advance the future of healthcare innovation.

The Surgeon General, Jerome Adams, MD, MPH, spoke to the RFS and encouraged early-career physicians to stay engaged in healthcare change, and then expanded on how the opioid crisis continues to cripple our nation. John Andrews, MD, Vice President of GME Innovations at the AMA, spoke to the RFS about the new Reimaging Residency Initiative. Through this initiative, a total of $15 million has been awarded to eight GME programs investing in projects that promote systemic change in GME. This initiative compliments the Accelerating Change in Medical Education Consortium of 37 medical schools working to transform medical education across the continuum of medical training.

Missouri’s residents and fellows continue to have an active presence at both the state and national level through the support of the MSMA RFS. For more information on getting engaged with the MSMA as a resident, visit www.msma.org/resident-fellow-section. For complete details on the AMA Annual Meeting, visit www.ama-assn.org or follow AMA on Twitter, Facebook, or Instagram using the handle @americalassn.

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