

Report of the American Medical Association Annual Meeting

by Charles W. Van Way, III, MD & the Missouri AMA Delegation

The 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD) was held in Chicago, June 7-12, 2024. The HOD is the policy-making body of the AMA, so the Annual Meeting considers many issues. These include new policies to promote public health, reports on previous concerns, calls for new legislation, and initiatives for regulatory issues. The meeting also included inauguration of the new President and elections for President-Elect, Board of Trustees (BOT), several Councils, and the Speaker and Vice-Speaker. Bobby Mukkamala, MD, was elected to be President-Elect of the AMA. Lisa Egbert, MD, was re-elected as Speaker. John Armstrong, MD, was re-elected as Vice-Speaker.

Highlights

Outgoing President, Jesse Ehrenfeld, MD, spoke at length, both at Organization of State Medical Association Presidents (OSMAP) and at the opening session of the HOD.

“There is privilege and great responsibility that comes with being a physician. There is a responsibility to be an advocate, speak out against injustices, stand up for science, and give voice to the real-world challenges facing physicians. But being an advocate comes with personal costs. Why should any of us fight for change?” Dr. Ehrenfeld said that he kept coming back to the same answer. “This moment in health care demands

the attention of all of us. It is our fight.” Furthermore, “We fight for what we know is right. A better health care system. A more accessible health care system. A more equitable health care system. A more financially sustainable health care system. The future of our profession and our nation’s health cannot be left to chance. This is why we fight.”

James Madara, MD, Executive Director, highlighted the 175-year history of the AMA. The AMA’s position as the physicians’ powerful ally in patient care “has never been more secure—nor more evident.”

The AMA has achieved “outstanding financial stability.” Membership has “climbed to levels not seen for decades.” Dr. Madara took over as the AMA’s CEO in 2011, succeeding Michael Maves, MD, who he credited for stabilizing the AMA’s finances and operations. This stability allowed Dr. Madara to concentrate on developing a policy-driven strategic plan with focus and impact, which has allowed the AMA to flourish. Dr. Madara announced that he will leave his post in June 2025. His focus will be to ensure that there is a productive and trouble-free transition to the next Executive Director.

Racheal Kunesh, President of the AMA Alliance, spoke of the Alliance as a catalyst for change. Its role is to advocate, educate, and connect on behalf of physicians. She outlined current initiatives of the Alliance.

How the AMA Works

Turning to the business of the AMA, the HOD guides the AMA, setting policy, and recommending action to be taken. This is done in one of two ways. Resolutions are submitted to the HOD by delegates, proposing policy changes, or action. The HOD may accept, reject, or modify them. Also, the BOT or one of the Councils may submit a report which contains recommendations for policy or actions. These recommendations are discussed by the HOD, and may be adopted, modified, or rejected.



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Summary of Issues

An ongoing issue is reform of the Medicare physician payment system. See the website: <https://fixmedicarenow.org>. Virtually all speakers referred to the need to reverse the payment cuts, which have totaled 30% over the last 25 years. The BOT Reports 6 and 12 outlined current efforts and policy on Medicare payment reform, recommending among other things that the AMA should appeal to the public at large to mobilize support. Resolution 427 called for continuing payment for telemedicine as was allowed during the pandemic.

There was continuing concern that physicians are losing control over their work environment. This issue was mentioned in several presentations. It isn't a policy issue since the AMA has strong policy support for physician autonomy. But this concern was evident throughout the meeting. The BOT Report 24 dealt specifically with preservation of independent practice for physicians.

Medical education is always a concern of the AMA. Passage to graduate medical education (GME) continues to be problematic for some graduates, with six to eight percent of seniors in American MD and DO schools being unable to find further training through the match system. American graduates of foreign schools have a much higher rate of not matching. Resolution 302 called for the AMA to consider alternatives to the present match system. Certainly, aspects of the system could be adjusted. For example, excluding international applicants is discriminatory. Resolution 315 condemned this practice. But the basic issue is the lack of GME positions. Resolution 312 proposed to create training opportunities in the Indian Health Service, like the Veterans Administration Health Care System. This



MSMA members represented Missouri to the American Medical Association's Annual Meeting, advocating, testifying, and collaborating. Thank you to Drs. Ed Cabbabe, George Hruza, Charles Van Way, III, Ravi Johar, Elie Azrak, Peggy Barjenbruch, Albert Hsu, Joe Corrado, Kelly Schmidt, and medical students Charlie Adams and Sham Manoranjithan for representing Missouri physicians and patients.

would provide new training slots, especially in primary care, and would improve health care for a neglected segment of our population. It would require major upgrade to the IHS, which may be difficult to get through Congress. There were no other initiatives to increase residency positions. That said, the number of first year positions continues to increase, reaching 30,000 in 2023. But the numbers of applicants, including qualified international graduates, continues to increase as well, as does the shortage of practicing physicians.

Missouri Resolutions

Two Missouri resolutions were of particular interest. Resolution 306 called for studying alternatives for unmatched medical school graduates, such as Missouri's Assistant Physician law. This was referred to the BOT for further study, which accomplished the purpose of the resolution. Resolution 006, asking for revisions to the current code of ethics to allow physicians to treat friends and family members, where appropriate, met with general approval. But it was felt to be included under existing policy.



Drs. Kelly Schmidt and Albert Hsu testify at Reference Committees.

Equity in Health Systems

Equity in the health system was a recurring theme in the meeting. There were three lecture sessions during the meeting on aspects of equity, considering barriers to patient care within the health system for disabled patients, members of minority groups, and barriers within the insurance system. The BOT Report 10 was an annual report on health equity. Several resolutions advocated for various aspects of equity. Resolution 416 called for furthering environmental justice and equity by supporting occupation-based screening programs. Resolution 220 called for “restorative justice” in treating substance use disorders. Resolution 224 called for antidiscrimination protection for LGBTQ+ youths in foster care. There was particular concern for American Indian and Alaskan Native (AI/AN) care. Resolution 242 addressed cancer care in Indian Health Service facilities. Resolution 215 called for improvements in elder care within AI/AN communities.

Other Issues: Employed Physicians, Scope Creep, Technology & Augmented Intelligence

As part of the ongoing effort to ensure all physicians have access to the AMA, a decision was made to charge the Organized Medical Staff Section (OMSS) with representing employed physicians. This represents a logical extension of the OMSS, which

already represents many employed doctors. In another decision (Council on Long Range Planning and Development, Report 1), the Lesbian, Gay, Bisexual, Transvestite, Queer Section (LGBTQ+) was created. Sections represent major subgroups within the AMA and are provided with staff and financial support.

There was discussion of “scope creep.” Non-physician groups are constantly trying to gain privileges formerly reserved for physicians. The AMA funds opposition to such actions, which are most commonly at the level of state legislatures. Resolution 201 called for research into political misinformation about scope of practice. There is continued concern over the role of non-physician providers. Scope of practice issues and conflicts between training of physicians and training of non-physician providers were discussed. Finally, movement of non-physician providers between specialties can interfere with physician practices, because of the time and effort invested in training such providers.

There is a concern that emergency departments, often in rural areas, are often not staffed by physicians. Resolution 204 called for federal legislation to mandate physician supervision of emergency departments. While there may be a “carve-out” for rural hospitals in actual legislation, there should be a clear statement from the AMA.

There was action taken in response to the increasing role of computer technology in health care.



In the House of Delegates, from left, Drs. Kelly Schmidt, Peggy Barjenbruch, Edmond Cabbabe, Elie Azrak, Charles Van Way, III, and Joe Corrado.

Resolution 606 called for establishing a task force on computers and technology, with the intent of moving towards a permanent Council on Technology. This will be a significant increase in the ability of the AMA to deal with the rapidly-changing environment in technology.

Of particular concern is AI. The AMA defines AI as “augmented intelligence” rather than the more commonly-used “artificial intelligence.” It’s an AMA thing. In any case, an extensive BOT Report 15 dealt with augmented intelligence in health care. Resolution 202 dealt with use of AI and advanced technology to deny insurance claims. Resolution 246 dealt with AI in health care. Together, these contained several pages worth of recommendations and new policies. The HOD sent the whole question back to the BOT for more study, and the issue will be considered again at the AMA Interim Meeting in November.

War, Drugs, Gun Violence & Nutrition

Resolutions 603 (with 610) called for a cease fire in the “Israel-Palestine” war. After considerable discussion, the original resolution was voted down. A compromise resolution passed, urging “peace in Israel and Palestine in order to protect civilian lives and healthcare personnel.”

The drug epidemic continues unabated. Resolution 507 called for opposition to companies being in both medical and recreational cannabis sales. Resolution 503 called for regulation of hemp-

derived cannabis-like agents, which are presently not regulated by the FDA because of a loophole in the farm legislation. The farm bill (“Agriculture Improvement Act”) is currently before Congress and will last for the next five years. The resolution was referred, with the expectation that the AMA will support closing the loophole in the current farm bill. Resolution 508 called for regulation of cannabis products appealing to children, such as “gummies,” and was also considered to be covered by current policy. There was emotional debate in favor of the resolution. When the HOD reaffirms a policy, the policy will be extended for 10 years before being reconsidered under the “sunset” regulation. In a related action, Resolution 510 called for improved regulation by the FDA of false and misleading claims made by companies selling OTC vitamins. This also was a reaffirmation of existing policy. Resolution 517 asked for FDA regulation of nicotine analogue products. Such products, notably 6-hydroxy nicotine, are currently being marketed for vaping.

There has been a policy shift over the past several years towards decriminalization of drug possession for personal use and towards harm reduction as a general approach. The BOT Report 16 called for support for mental health courts, to include substance use. The BOT Report 17 summarized AMA policy on drug policy reform, recommending abolition of penalties for drug possession for personal use. While the recent failure of legalization in Oregon was cited, advocates



Missouri Delegate Charles Van Way, III, MD, listens to testimony as part of the Reference Committee E that heard issues on science and public health reports.

held that the failure of the Oregon experience is not relevant. The BOT Report 18 supported promotion of harm reduction initiatives, rehabilitation, and treatment for drug use. Resolution 229 called initially for opposition to legalization of psilocybin. It was amended to call for decriminalization of possession of psychedelics, entactogens (psilocybin), and related substances, very much in line with the policy shift.

The AMA has long been concerned about gun violence. The Council on Science and Public Health (CSPH) Report 11 studied the public health impact of “stand your ground” laws, concluding that the AMA should oppose such laws. Resolution 405 called for restrictions on firearm sales and for safe storage laws.

Nutrition as an aspect of public health is a continuing concern of the AMA. The CSPH Report 3 assessed the use of Body Mass Index (BMI). The report recognized the simplicity and widespread use of BMI, but also recognized its inaccuracies. BMI should be used with other measures of body composition to better define obesity and malnutrition. While the Council did not recommend abandoning the use of BMI, it recommended that BMI be used in conjunction with other measures of body habitus.

The meeting of OSMAP, the Organization of State Medical Association Presidents, takes place at the AMA meeting. As noted earlier, Jesse Ehrenfeld, MD, AMA President, spoke at length. Russell Libby, MD, gave an update on the activity of the Physicians’ Foundation. Raymond Tu, MD, from the DC Medical Society, spoke of their successful opposition to a piece of legislation which would have opened much of medical practice to non-physicians. There was

further discussion of the issue of financial solvency of local and state medical societies, a crucial issue for organized medicine at the local level. Melina Davis from Virginia spoke on their SafeHaven program, which has done a great deal to help physicians who require mental health services, or who are struggling with addictions.

On June 11, Bruce Scott, MD, was inaugurated as the 179th President of the AMA. In his inaugural address, he focused on family, on the role of physicians to change and improve the lives of their patients. He said the AMA must be an ally for physicians, fighting for reducing barriers to physician practice, against barriers to patients, and for reform of the health system. He concluded that “we will be defined by what we fight for.”

Physicians from Missouri continue to serve in leadership roles. David Barbe, MD, is Past President of the AMA. Edmond Cabbabe, MD, serves on the Council for Long Range Planning and Development, and is past Chair. Elie Azrak, MD, serves on the Board of AMPAC, the AMA Political Action Committee. Jerry Kennett, MD, serves on the Board of the AMA Foundation. Deepu Sudhakaran, MD, is on the Governing Council of the International Medical Graduate Section. Marc Mendelsohn, MD, serves on the Council on Science and Public Health. Charles Van Way, III, MD, is Vice President of OSMAP, the Organization of State Medical Association Presidents. Jeff Howell, JD, our Executive Director, was elected to the Board of Directors for ASMAC, the American Society for Medical Association Counsel.

This meeting considered over 230 reports and resolutions. This is only a summary of activities. The proceedings of the meeting, as well as summaries of addresses by Drs. Ehrenfeld, Madara, Scott, and others, are available on the AMA website. Highlights from the meeting can be found at <https://www.ama-assn.org/house-delegates/annual-meeting/highlights-2024-ama-annual-meeting>. Details of the AMA Recovery Plan for American Physicians can be found <https://www.ama-assn.org/amaone/ama-recovery-plan-american-physicians>. The Interim Meeting of the HOD is scheduled to take place in Orlando, Florida, November 9-13, 2024.

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