Delegate’s Report

1996 ANNUAL MEETING OF THE HOUSE OF DELEGATES

Introduction

• The AMA House of Delegates met in Chicago, June 23-27, 1996.
• There were 430 delegates seated at the opening session of the House. On Tuesday, the delegates approved the applications for 12 additional specialty societies, granted one bonus delegate to two specialty societies that have unified membership with the AMA, and gave seats to three national medical societies: American Medical Women’s Association, American Osteopathic Association, and the National Medical Association. With these changes there will be 447 voting delegates at the Interim Meeting.
• The House agenda contained 104 reports and 210 resolutions.

A wide array of issues were considered in socioeconomics, science, medical education, public health and the structure of organized medicine, including future representational issues in the House of Delegates. The following are the highlights of the major issues considered at the meeting:

Study of the Federation

The House considered a subsequent report of the Federation Study that offered far-reaching changes in the structure and operation of the various levels within organized medicine. Among the recommendations approved by the House were:

1. The development of a “Statement of Collaborative Intent” that respects the autonomy of constituent organizations, but also characterized the nature of the working relationships that must exist among members of the new Federation if it is to achieve its objectives.
2. The recognition of a special need for coordinated action with regard to public policy activities for organizations represented in the AMA/Federation House of Delegates.
3. The establishment of a means to identify the best approach to incorporating special-interest medical associations and mode of practice organizations in the AMA/Federation House of Delegates.
4. The development of active outreach efforts to identify mechanisms and processes for increasing the participation of certain segments of the membership e.g., women physicians, solo practice, IMG’s, minority physicians, research physicians, employed physicians.
5. The establishment of a Federation Coordination Team to clarify roles and achieve active coordination of efforts in the Federation and to establish a process for pursuing collaborative efforts among Federation members. Procedures for the selection and operation of the FCT were established and the House called for all Federation units to provide financial support through annual contributions based on their total membership levels.
6. The establishment of a new delegate allocation formula that will provide more representation from specialty societies in the AMA House of Delegates. This new procedure includes:
   A. Once a year, the AMA will send a specialty-representation “ballot” to each AMA physician member, plus fourth-year medical student members, asking each member to identify on the ballot one specialty society to represent him or her in the AMA/Federation House of Delegates for the next year.
   B. The specialty-representation ballot will indicate that physicians should be members of the specialty society which they select on the ballot to represent them in the AMA/Federation
House of Delegates.

C. For the first three years, the number of delegates and alternate delegates allocated to a specialty society will be on the basis of one delegate and one alternate delegate for each 2000 AMA members, or portion of 2000 AMA members, who select that particular specialty society on the annual ballot and return to the AMA.

D. Starting in the fourth year, specialty society delegate allocation will be on the basis of one for each 1000 members or fraction thereof.

E. Each specialty seated in the House will be allocated at least one delegate.

This balloting process will commence in the Fall of 1996 and will serve as the basis for the 1997 delegate allocation.

Counseling and Testing of Pregnant Women for HIV

After extensive debate in the Reference Committee and on the floor of the House, the House approved a stronger policy on HIV testing of pregnant women by adopting an Oklahoma resolution that states:

Resolved, that the AMA support the position that there should be mandatory HIV testing of all pregnant women and newborns with counseling and recommendations for appropriate treatment.

HIV Related Actions

The House amended then adopted a report of the Council on Scientific Affairs with the following positions:

1. That the AMA continue to promote the physician’s office and other medical settings as the preferred settings in which to provide HIV testing.

2. That the AMA encourage physicians to make HIV counseling and testing more readily available in medical settings.

3. That the AMA monitor the use and efficacy of HIV home collection test kits as well as their impact on public health efforts to control HIV disease and reassess current AMA policy on HIV home test kits with a report back at the 1996 Interim Meeting.

4. That the AMA disseminate this report throughout the federation with a request that it be distributed to local physicians.

5. That the Board of Trustees present the House of Delegates with an update on these and related activities at the 1996 Interim Meeting and the 1997 Annual Meeting.

Point of Service Provisions in Managed Care Plans

The House continued a debate on mandatory point of service provisions that has spanned the last American Society for Reproductive Medicine (ASRM) policy mandating HIV testing for anonymous semen donors.

2. That the AMA encourage a uniform standard of mandatory HIV testing of semen donors that incorporates established CDC, FDA, and ASRM guidelines and responds to FDA regulations currently under review.

Physician-Assisted Suicide

The House considered a Board report and four resolutions on physician-assisted suicide. This issue captured the attention of the public media and the House deliberations were widely reported.

The delegates voted to reaffirm policies in opposition to physician-assisted suicide and spelled out additional activities for the AMA:

1. That the AMA initiate and educational campaign to make palliative treatment and care directions, based on values-based advance care planning, the standard of care for meeting the needs of patients at the end of life.

2. That the AMA continue to seek out opportunities to present the views of medicine on physician-assisted suicide and improving the quality of care for patients at the end of life.

3. That the AMA work with local, state, and specialty medical societies to develop programs to facilitate referrals to physicians qualified to provide necessary palliative and other care for patients seeking help in meeting their physiological and psychological needs at the end of life, and establish a faculty of physicians with expertise in end-of-life care who can provide consultations for other physicians in caring for patients at the end of life.

4. That the AMA disseminate this report throughout the federation with a request that it be distributed to local physicians.

5. That the Board of Trustees present the House of Delegates with an update on these and related activities at the 1996 Interim Meeting and the 1997 Annual Meeting.
three meeting of the House of Delegates. The Reference Committee reported that there were those in support of a policy that point of service provisions should be included in all health benefit plans that restrict access to physicians through closed panels or similar managed care techniques. These members advocated that “automatically” including a POS feature in every health benefit plan is the ultimate guarantee that patients will have a choice of physicians and will receive quality care.

Those opposed to mandatory POS features argued that this would require rescission of extensive and long-standing AMA policy on pluralism and would actually decrease patient choice by prohibiting a patient from freely choosing health care coverage. After much discussion the delegates voted to reaffirm existing AMA policy that states:

That the AMA take all appropriate action to require all health plans or sponsors of such plans that restrict a patient’s choice of physicians or hospitals to offer, at the time of enrollment and at least for a continuous one-month period annually thereafter, and optional “point-of-service-type” feature so that patients who choose such plans may elect to self-refer to physicians outside of the plan at additional cost to themselves.

**Ultimate and Extreme Fighting**

In an extension of AMA’s opposition to boxing and violence, the Pennsylvania delegation introduced a resolution opposing ultimate and extreme fighting. The House amended then adopted the resolution calling on the AMA to:

1. Oppose ultimate fighting and extreme fighting events.
2. Encourage states which have not banned these events to pass a law doing so.
3. Study the feasibility of encouraging federal or state prohibitions on media broadcast of these events.

**Tobacco Advertising**

The Hawaii delegation introduced a resolution on advertising tobacco in magazines, which decried the presence of these magazines in physicians’ waiting rooms. The House adopted a substitute resolution calling on the AMA to:

1. Urge physicians to mark the covers of magazines in the waiting area that contain tobacco advertising with a disclaimer saying that the physician does not support the use of any tobacco products.
2. Recommend to its members that they not subscribe to magazines that advertise tobacco products.
3. Again disseminate its list of magazines that do not publish advertisements for tobacco products.

**AAIM Related Issues**

Of specific interest were resolutions calling for the AMA to study the confidentiality and legality of “health data clearinghouses” (read MIB). Proposals to prohibit the use of genetic information for coverage decisions were referred to the Board of Trustees. The House was unclear of the definition of genetic testing and of the implications of a broad prohibition.

**CONCLUSION**

AMA house meetings provide a unique educational opportunity and I would encourage you to attend and participate. Any member of the AMA may present testimony at the Reference committee hearings and, of course, corridor discussions on the issues provide ample opportunities to get your views across.

If you cannot come to the meeting, you can still be represented through your delegate. Let your delegation know your opinions. You can also prepare a resolution and request that it be submitted to the AMA House of Delegates. Your delegates know how to best carry forth your point of view.

Thank you for giving me this opportunity to present this report.

I will be happy to respond to any questions.

Franklin A. Smith, MD
Delegate
Paul Hankwitz, MD
Alternate Delegate
ELECTION RESULTS

1996 AMA ANNUAL MEETING

PRESIDENT ELECT
  Percy Wootten, MD (Virginia)

SPEAKER, HOUSE OF DELEGATES
  Richard F. Corlin, MD (California)

VICE SPEAKER, HOUSE OF DELEGATES
  John A. Knott, MD (Indiana)

BOARD OF TRUSTEES
  Palma E. Formica, MD (New Jersey)
  J. Edward Hill, MD (Mississippi)
  Donald "Ted" Lewers, MD (Maryland)
  William H. Mahood, MD (for term ending 1997)
    (Pennsylvania)
  Donald J. Palmisano, MD (Louisiana)

COUNCIL ON CONSTITUTION AND BYLAWS
  Ronald J. Clearfield, MD (Pennsylvania)
  Cecil B. Wilson, MD (Florida)

COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
  Leonard J. Morse, MD (Massachusetts)
  Victoria N. Ruff, MD (Ohio)

COUNCIL ON MEDICAL EDUCATION
  Thomas S. Harle, MD (Texas)
  Rebecca J. Patchin, MD (California)
  Robert L. Phillips, Jr., MD (Resident Position)

COUNCIL ON MEDICAL SERVICE
  Duane M. Cady, MD (New York)
  William A. Fogarty, MD (Wyoming)
  Cyril M. "Kim" Hetsko, MD (Wisconsin)
  Joseph M. Heyman, MD (Massachusetts)
  F.M. "Mac" Mauney, Jr., MD (for term ending 1997)
    (North Carolina)

COUNCIL ON SCIENTIFIC AFFAIRS
  Ronald M. Davis, MD (Michigan)
  Scott D. Deitchman, MD (Georgia)
  John P. Howe, III, MD (Texas)
  Nancy H. Nielsen, MD (New York)