



**HMA Live at AMA!**  
Special Meeting N21  
**Day 5**  
November 16, 2021

Good morning, again, HMA Members!

It's Day 5 of the American Medical Association House of Delegates November 2021 Special Meeting. The end's in sight; this is our final day. The plan is to power through lunch (At least in the Central Time Zone) to get this thing done.

We started at 5:00 AM today. Only 377 of 691 Delegates, 55% of the House, were present when the meeting reconvened. As the session progressed, there eventually were at least 476 members, or 69%, of the HOD voting.



So, let's go over business.

The Council on Medical Education had been tasked in 2018 with studying the issue of continued competency of older physicians. Due to the COVID-19 pandemic, its report, **GUIDING PRINCIPLES AND APPROPRIATE CRITERIA FOR ASSESSING THE COMPETENCY OF LATE CAREER PHYSICIANS**, was delayed until this meeting. The overriding objectives were clinical competency and patient safety.

(By the way, did anyone else read that Japan officially changed its definition of the elderly to people >75 years old a few weeks ago?)

The Council produced a very thorough report, fourteen single-spaced pages in length, on this subject. It included review of assessment practices employed internationally. Australia considers individualized assessment of physicians as young as 55 years-old. The province of Ontario, Canada performs chart reviews to assess all practicing physicians who had not been assessed in the last five years at age 70 and then every five years if they continue actively practicing. In some countries there are mandatory retirement ages. It's a fascinating report.

The Council's report recommended eight guiding principles, including proactive education and remediation.

Testimony was largely supportive but included concerns about the right to due process and the potential for age discrimination. In the end, the RefCom, with the assistance of the Council, added due process protection and broadened the scope of these principles and recommendations to the entire professional continuum. Debate in the House was largely supportive, also, and the recommendations were approved, replacing previous AMA Policy.

Yes, the word count on this topic is much higher than my usual reporting. I am somewhat of a healthcare delivery and policy wonk and our physician population is aging, which impacts patient care. We'll see if this will help.

There are disparities in the physician workforce in rural communities across the United States. The AMA will study the impact of "structural urbanism" and federal payment policies on rural workforce disparities.

There was a passionate debate about policing reform, a subject driven by the Medical Student Section. There are evidence-based studies that, among other things, qualified immunity (A Federal mandate providing specific categories of governmental workers, including police, protection from civil lawsuits.) and the provision of militarized equipment have adverse effects on public health and disproportionately affect certain population segments. Passion was present on both sides of the debate. Eventually this was referred for further study and a follow up report.

(Inter)Net neutrality and public health was addressed. As in Hawaii, there is discordance in broadband access and speed. This affects the ability to practice telehealth. Sometimes the transmission speed of broadband can limit telehealth and faster speeds can require premium payment. The AMA supports net neutrality. Hopefully the bipartisan infrastructure program will solve some of these issues.

The AMA will continue engage with CMS to vigorously fight against sequestration and for increases in physician reimbursement.

The range of issues that are brought before the HOD is broad.

There was a measure to address minimum wages and poverty, since this affect health equity. This was eventually referred.

Even that resolution to provide postpartum care to non-citizen immigrants generated healthy debate. It was eventually adopted.

There was an interesting discussion of assuring voting access, with evidence presented that this affects public health. The discussion seems to demonstrate geopolitical divisions, if you catch what I mean.

And that's it, folks. The Speakers had stated that we could work until Midnight CST tonight since nobody has to run to pack or catch a plane, but we ended 14 hours early, I guess. That means

we had time to debate some of the 28 business items that weren't approved for Extraction. But that would have meant a nineteen-hour day for Bernie Robinson and me.

Next up will be the AMA HOD Annual Meeting, which is scheduled for June 11-15, 2022 in Chicago. Hopefully that will be a truly live meeting, even with 10-12 hours of travel both to and from the meeting.



Last thoughts. Some of you, especially newcomers to these reports, may be wondering what happens with all these high-minded words and well-intentioned actions or recommendations. Or some might be thinking, "What's the point?"

Even though the majority of America's physicians aren't AMA members, it is the largest physician membership advocacy organization in the country. The AMA has a large staff that supports its members, does administrative and healthcare research, maintains and updates AMA Policies. It has a lobbying office in Washington, D.C. It's doesn't represent a large single-specialty organization of physicians. It is a very large multi-specialty organization representing just about every field of medicine. Every state medical society, every large specialty every organization, every medium-to-small specialty organization that meets specific qualifying criteria is a member, or wants to be a member, of the AMA. That's why our AMA gets to call itself the Family of Medicine. I discussion the family issues in a previous report but, when it comes to influence, Congress and the Executive Branch of the Federal government listen to the AMA more than any other physician advocacy organization.

The AMA doesn't write Federal healthcare policy, but it wields a lot of influence of policy that's written. The AMA was the chief organization that made the Sustainable Growth Rate (SGR) policy go away. The AMA mobilized the early response to the COVID-19 pandemic while the government was organizing its efforts. The AMA was the major reason that the early exemption from MIPS reporting was granted. JAMA is now a well-respected medical journal and the online JAMA Network is similarly a respected source of medical information.

This isn't the American Medical Association of a decade or two ago. I am honored to be one of your HMA Delegates to the AMA HOD and proud to provide these reports to you. Thank you for your trust.

Again, if anyone has questions, please feel free to email me. Better yet, if you have an idea or suggestion for something to bring to the House of Delegates, let me know. You could affect AMA Policy and U.S. healthcare.

Aloha,  
Roger  
Roger Kimura, MD  
AMA Delegate  
Our Hawaii Medical Association