



Robert Wood Johnson
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To
Benjamin W. Eidem, MD, FASE
Stephen H. Little, MD, FRCPC, FACC, FASE

Subject: 2023 Annual American Medical Association HOD meeting Summary Report

Dear Drs Eidem and Little:

This is a brief summary of the 2023 Annual AMA HOD meeting that ran from June 9-14th, 2023 at Chicago. Approximately 800 out of 900 delegates attended the meeting which was quite successful. Choice of masking was left to the discretion of the individual. Overall, this was a successful meeting.

This meeting is organized first into caucuses which are made up by organ system from subspecialty societies and the other half of delegates are from state associations. ASE currently has two delegates which allows us considerable latitude in leveraging in the services of AMA on many topics that you are well aware of.

At the assembly there is first the collection of resolutions that may be sent in by any delegate from either state associations or subspecialty societies for consideration. The reference committees' function much like congressional hearings, where each resolution is presented by its advocate to a committee and anybody that is attending the hearings can stand up and comment upon. Controversial topics take long periods discussion. These resolutions are then worked through by the reference committee and are recommended for adoption or not adoption or are rewritten, revised, or consolidated with multiple resolutions. The reference committees also hear reports from various parts of the AMA, usually on topics that were reports from previous meetings.

The cardiovascular medicine caucus gives us an opportunity to directly meet with delegates from ACC, other subspecialties societies such as SCAI, ASNC, HRS, lipid association, American Heart Association, etc. This gives us a good cross section of how other organizations are viewing these issues. There is also a subspecialties service caucus which encompasses all subspecialty societies that meets multiple times throughout the meetings. Dr Rahko, Irene Butler and I attended these meetings and they give you another cross-sectional flavor as to what other subspecialties societies are interested in and concerned about.

Though there were a limited number of resolutions pertinent to cardiology community broadly and to ASE in particular, there were many interesting and important resolutions which were discussed. I will provide a summary of the meeting below:

Monday, 6/12/23:

-The house business started with Medicare physician payment reform. Temporary patches, ongoing payment cuts, freezes and redistribution of Medicare physician payment system have left physician practices and patient access to care at serious risk. When adjusted for inflation, Medicare physician payment has effectively declined 26% from 2001 to 2023. This led to a new AMA campaign to make Washington listen.

-AMA council on medical education insisted that we train future physicians to lead interprofessional care teams in education and practice. Also a lot of discussion regarding opposition to scope-of-practice expansions that threaten patient safety.

-AMA plans to encourage medical schools to make students more aware of loan-forgiveness programs while seeking to cut other expenses that burden medical students.

-A resolution addressed to stop excessive punishments for low-level drug crimes which was adopted, and also apply this retroactively to those who were convicted or sentenced.

-There was a resolution that was adopted for changing the vision requirements for drivers. It was that it was time for another look at vision requirements for drivers as the 20–40 vision-acuity standard required of drivers in many states was established more than 90 years ago. Recent research shows no scientific basis for this standard and shows there is no increased crash risk between 20–40 and 20–70 vision. This resolution addressed that denying people a driver’s license without evidence to support that denial can result in isolation, depression, higher medical expenses and unnecessary medical visits. AMA will support efforts to standardize vision requirements for unrestricted and restricted driver’s licensing privileges.

-This following resolution had a lot of debate: The FDA has proposed banning menthol-flavored cigarettes and flavored cigars. The state of California has already done so. In response, tobacco companies have introduced new products that offer the “cooling sensation” of menthol cigarettes, but without the menthol taste. Delegates responded to this apparent attempt to evade the ban by directing the AMA to advocate that tobacco products that use additives to create a ‘cooling effect’ should be treated as a tobacco product with a characterizing flavor for legal and regulatory purposes.

-The subjective nature of grading medical students on performance during clinical rotations has come under scrutiny for its unreliability. Research indicates that despite the weighting of clinical clerkship grades in residency applicant selection, these grades are currently inconsistent and biased.

-Telehealth was also looked at closely. Telehealth has helped boost access to historically underserved populations. The AMA wants to continue ensuring that patients in underserved areas and seniors with complex health conditions have the technology skills to take advantage of this new mode of care. The AMA plans to encourage policymakers to determine what resources and training patients would need to maximize the benefits of telehealth and its potential to improve health outcomes.

-Physicians affirm, and clarify duty to promote equitable care. AMA's newly adopted ethics policy advising physicians and health care organizations on their roles in advancing health equity.

-“Multiple services” can refer to two evaluation-and-management (E/M) services, a procedure plus an E/M service, or two or more procedures provided by the same physician during a single patient encounter. This includes appending a CPT modifier 25 to an E/M service code on a claim to indicate the code is a significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of the procedure or other service.

Tuesday, 6/13/23:

-Roughly one in four women physicians will experience infertility, which is well above the estimated 9–18% in the U.S. general population. Infertility, high-risk pregnancies and miscarriages have been associated as causes, consequences or both of higher rates of burnout suggesting female physicians are already at higher risk of burnout than their male colleagues due to the difficulty of effective work-life integration and other factors. AMA plans to advocate that academic and employed physician practices contract with insurance providers to provide infertility coverage that defrays the steep costs for fertility treatments. In addition, they are looking to work with other key stakeholders to encourage full support of physicians desiring to have families to allow for flexible work policies and clinical coverage for those undergoing fertility treatments.

-Another resolution discussed opposition to mandated reporting of mandated reporting or disclosure of patient information related to sexual orientation, gender identity, gender dysphoria, intersex identity, and any information related to gender transition for all individuals, including minors.

-International medical graduates (IMGs) are a significant and vital part of the physician workforce, representing a quarter of practicing physicians—and physicians in training—in the U.S. Yet their path to licensure—complicated for any physician—is prohibitively complex. The barriers to licensure for IMGs include cost differences between IMGs and U.S. MD and DO students with medical students who are taking the exam outside the U.S. paying about 30% more per each administration of the exam. AMA will work for more equitable exam fees for all medical students and trainees, including IMGs.

-The HODs directed the AMA to advocate for the establishment and enforcement of legislation or regulations that ensure only physicians supervise the provision of emergency care services in an emergency department.

-The AMA also will collaborate with relevant stakeholders including state and specialty societies to oppose legislation or regulation allowing pharmacists to test, diagnose and treat medical conditions—a scope-of-practice expansion that was introduced in 17 states.

-Resident physicians face barriers to accessing mental health assessments including cost, time, stigma and pervasive cultures of stoicism, even when mental health services are available and free, resulting in low use. New AMA policy calls for resident physicians to automatically get mental health screenings unless they opt out, and have access to mental health, substance-use awareness and suicide-prevention screening programs.

-Women physicians giving birth for the first time are 32 years old on average, five years later than the average age of other first-time mothers. There was discussion to encourage interested parties to increase access to strategies by which medical students can preserve fertility (such as cryopreservation of oocytes, sperm, and embryos), with associated mechanisms for insurance coverage.

-There was a lot of discussion regarding AI. The AMA's first policies on augmented intelligence (AI)—often called artificial intelligence—were adopted in 2018 and recognized the technology's potential for enhancing patient and physician decision-making and improving health outcomes. The policies are being fine-tuned to ensure its positive aspects are funneled toward the benefit of patients and physicians while heightening awareness of the negative aspects that can cause harm.

-To make it easier for IMGs to show that they are qualified for residency, AMA acknowledges the necessity and validity of ECFMG source verification, however encourages state medical licensing boards, the Federation of State Medical Boards, and other credentialing entities to accept certification by the ECFMG (a member of Intealth) as proof of primary source verification of an IMG's international medical education credentials.

-To protect physicians and boost patient access, the House of Delegates took action to ban noncompetive contracts for physicians in clinical practice who are employed by for-profit or nonprofit hospitals, hospital systems or staffing company employers.

Wednesday, 6/14/23:

-As health insurance companies turn to AI to speed up patient claim and prior-authorization decisions, - the AMA will advocate for greater regulatory oversight of the practice.

-Extreme Risk Protection Order (ERPO) laws vary by state, but are generally risk-based, temporary and preemptive protective orders that authorize the removal of firearms from individuals at high or imminent risk for violence against themselves or others. A resolution was adopted to train doctors on ERPO.

-Social isolation and loneliness have been recognized as significant public health concerns, adversely affecting mental well-being as well as quality of life. New policy to encourage research to assess how forming networks earlier in life helps to reduce loneliness and social isolation for adults, with a special focus on marginalized populations and communities with limited access to resources was adopted. There was discussion regarding educational programs for patients and physicians on the topic.

-This next resolution led to a lot of discussion about BMI. BMI is easy to measure and inexpensive. It also has standardized cutoff points for overweight and obesity and is strongly correlated with body fat levels as measured by the most accurate methods. But BMI is an imperfect measure because it does not directly assess body fat. For adults, measuring BMI and waist circumference may be a better way to predict weight-related risk. But for children, there is no good reference data for waist circumference, which makes BMI-for-age the gold standard.

-Lastly, there was a lot of discussion against the use of any psychedelic or entactogenic compound (such as psilocybin or MDMA) to treat any psychiatric disorder except those which have received FDA approval or those prescribed in the context of approved investigational studies.

Ref Com C&B:

-CEJA Report 3: Deals with **short-term medical service trips**, which will be of interest to our society. These trips send physicians and physicians in training from wealthier countries to provide care in resource-limited settings for a period of days or weeks, have been promoted as a strategy to provide needed care to individual patients and, increasingly, to address global health inequities. These realities define fundamental ethical responsibilities for volunteers, sponsors, and hosts to jointly prioritize activities to meet mutually agreed-on goals; navigate day-to-day collaboration across differences of culture, language, and history; and fairly allocate host and team resources. Participants and sponsors must focus not only on enabling good health outcomes for individual patients, but on promoting justice and sustainability, minimizing burdens on host communities, and respecting persons and local cultures. Volunteers should be clear that they may be ethically required to decline requests for treatment that cannot be provided safely and effectively due to resource constraints. This report was sent back for further revisions.

-CEJA report 2 dealt with ethical principles for physicians in private equity owned practices physicians have a fundamental ethical obligation to put the welfare of patients ahead of other considerations, including personal financial interests. Physicians are asked to carefully consider the terms and conditions of the contracts to deliver health care services before entering into such contracts to ensure that those contracts do not create untenable conflicts of interests or compromise their ability to fulfill their fiduciary obligations to patients.

-There was significant discussion regarding GPT. A generative pretrained transformer (GPT) is an AI tool that produces text resembling human writing, allowing users to interact with AI almost as if they are communicating with another person. GPT is prone to errors and omissions that can fail at simple tasks, such as basic arithmetic, or insidiously commit errors that go unnoticed without scrutiny by subject matter experts. Patients might benefit from using GPT as a medical resource; however, unless its advice is filtered through health care practitioners, false or misleading information could endanger their safety; when consumers directly ask AI for emotional support or medical advice, they act outside the patient-physician relationship, and few guardrails exist. Most health care laws do not apply in the consumer context, however, the Federal Trade Commission (FTC) could designate false and misleading AI-generated medical advice as unfair or deceptive business practices that violate the FTC act, and the US Food and Drug Administration could hold software developers responsible if GPT makes false medical claims. AMA will work with FTC and other appropriate organizations to protect patients from false or misleading AI-generated medical advice

Ref Com D:

-BOT report 17 generated a lot of discussion about public health crises, especially climate change and firearm violence. Also recommended funding for public health infrastructure and work force including



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funding for preventive medicine residency programs. In addition, they recommended an update on the effort and initiatives by AMA gun violence task force.

Ref Com E

-Genetic Predisposition and Healthcare Disparities, Including Cardiovascular Disease in South Asians Residing in the United States, and that recognition of these is critical.

-Resolution 515 dealt with Kratom's use. They felt that Kratom should be regulated by the FDA, and its safety and efficacy should be determined through clinical trials before it can be marketed or prescribed as a treatment for any condition. OTC sales of kratom should be banned, and kratom should be available only by prescription from a licensed healthcare provider. Dr Tim Larsen from HRS spoke for cardiology caucus regarding JACC article from June, 2023 which demonstrated its 7 X potential for QTc compared to Azithromycin, and warned about potential public health concerns.

In summary, there was a huge volume of resolutions presented but the vast majority of them did not have direct impact on ASE and the vast majority did not have direct impact on cardiovascular disease or medical imaging. Again, it was our pleasure to serve ASE by attending the annual AMA 2023 meeting. Not only do we have the ability to interact on issues directly but also it is also vital to maintain our delegate status so that the society can maintain all the advantages particularly at the RUC committee where we can have direct access and not have to go through associations such as ACC. We also want to particularly acknowledge the outstanding support of Irene Butler and her tireless efforts to maintain the advocacy committee and at the same time maintain our presence at AMA. Irene has made multiple important contacts with AMA personnel and other subspecialty societies that are invaluable to ASE. Please feel free to contact us if you have questions or need additional information. Irene has all of the details if you so desire to explore any of these substantial reports or resolutions.

Sincerely,

Kamu Maganti, MD, FASE

Peter Rahko, MD, FASE

cc: Robin Wiegerink, MNPL, CEO of ASE

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