



THE ARIZONA MEDICAL ASSOCIATION, INC. RESUME  
HOUSE OF DELEGATES – 2019 ANNUAL MEETING  
June 1, 2019

The 2019 meeting of the House of Delegates of the Arizona Medical Association, Inc. held at 5040 W. Wild Horse Pass Blvd, Chandler, AZ 85226, on Saturday, June 1, 2019, reconvened at 12:15 pm with Ronnie Dowling, MD, Speaker of the House, presiding.

**CREDENTIALS** The Committee on Credentials reported a quorum present and the House duly constituted.

**ROLL CALL** Sign-in sheets indicated that 65 Delegates, Past Presidents and members of the Board of Directors were present. It was moved and carried to accept the sign-in sheets in lieu of a roll call.

**MINUTES** Minutes of the meeting of the House of Delegates held June 2, 2018, were approved as distributed electronically.

**STANDING RULES** The standing rules for the House were presented:

**IT WAS MOVED AND CARRIED TO ADOPT THE FOLLOWING STANDING RULES:**

- ALL DELEGATES MUST SIGN-IN SO THEIR ATTENDANCE MAY BE CERTIFIED.
- ALL DELEGATES WILL WEAR BADGES TO IDENTIFY THEM AND THEIR VOTING ELIGIBILITY.
- WHEN ADDRESSING THE MEETING, DELEGATES MUST INTRODUCE THEMSELVES BY NAME AND BY AFFILIATION.
- ONLY DELEGATES ARE ELIGIBLE TO VOTE.
- NON-VOTING MEMBERS MAY SPEAK TO ANY ISSUE WITH A MAJORITY VOTE OF THE HOUSE.
- ALL CELL PHONES, PAGERS, ETC. SHOULD BE ON VIBRATE OR SILENT.
- DRESS CODE IS CASUAL.

**NOMINATIONS** The Committee on Nominations presented a slate of nominees for office and, with no nominations being made from the floor, nominations were closed.

**ELECTION RESULTS**

The following were elected to positions and terms as indicated:

- |  |                             |
|--|-----------------------------|
| <b>PRESIDENT-ELECT (2019-20)</b>                         | <b>Ross F. Goldberg, MD</b> |
| <b>VICE PRESIDENT (2019-20)</b>                          | <b>Miriam Anand, MD</b>     |
| <b>TREASURER (2019-21)</b>                               | <b>Leigh Neumayer, MD</b>   |
| <b>VICE SPEAKER OF THE HOUSE (2019-21)</b>               | <b>Marilyn Laughead, MD</b> |
| <b>AT-LARGE MEMBER, EXECUTIVE COMMITTEE (2019-20)</b>    | <b>Jason Jameson, MD</b>    |
| <b>AT-LARGE MEMBER, EXECUTIVE COMMITTEE (2019-20)</b>    | <b>Nadeem Kazi, MD</b>      |
| <b>AT-LARGE MEMBER, EXECUTIVE COMMITTEE (2019-20)</b>    | <b>James Nachbar, MD</b>    |
| <b>DELEGATE TO THE AMA (1/1/2020-12/31/21)</b>           | <b>Gary Figge, MD</b>       |
| <b>DELEGATE TO THE AMA (1/1/2020-12/31/21)</b>           | <b>M. Zuhdi Jasser, MD</b>  |
| <b>ALTERNATE DELEGATE TO THE AMA (1/1/2020-12/31/21)</b> | <b>Ross Goldberg, MD</b>    |
| <b>ALTERNATE DELEGATE TO THE AMA (1/1/2020-12/31/21)</b> | <b>Michael Hamant, MD</b>   |
| <b>AT-LARGE DIRECTOR (2019-22)</b>                       | <b>Sarah Coles, MD</b>      |
| <b>MARICOPA DIRECTOR (2019-22)</b>                       | <b>Dawn Cohen, MD</b>       |
| <b>MARICOPA DIRECTOR (2019-22)</b>                       | <b>Ricardo Correa, MD</b>   |
| <b>MARICOPA DIRECTOR (2019-22)</b>                       | <b>Pamela Murphy, MD</b>    |
| <b>PIMA DIRECTOR (2019-22)</b>                           | <b>Robert Aaronson, MD</b>  |

PIMA DIRECTOR (2019-22)  
RURAL DIRECTOR (2019-22)  
RURAL DIRECTOR (2019-22)  
RESIDENT PHYSICIAN (2019-20)  
MEDICAL STUDENT (2019-20)

Ilana Addis, MD  
David Beyer, MD  
William Thrift, MD  
Laura Hamant, MD  
Adam Roussas

**SHORT TERM POSITIONS**

AT-LARGE DIRECTOR (2019-20)  
AT-LARGE DIRECTOR (2019-21)

Roy Lowenstein, MD  
Christopher Bailey, MD

**REFERENCE COMMITTEE ON BYLAWS AMENDMENTS**  
**2019 BYLAWS RESOLUTIONS AMENDED AND ADOPTED**

The Bylaws Resolutions only contain areas of the Bylaws that were amended. The Chapters and Sections that remained without amendments, are omitted from the body of the Resolutions, but do remain within the Bylaws.

**RESOLUTION A01-19, CHAPTER I (DEFINITIONS) – CHAPTER III (MEMBERSHIP)**

**Chapter I Definitions**

Except where the context otherwise requires, as hereinafter used:

“Rural member” means an Association member, practicing or residing in counties other than Maricopa and Pima.

**CHAPTER II General**

**Section 1. Name** – The name of this corporation shall be the Arizona Medical Association, Inc., henceforth known as “Association”.

**Section 2. Purpose** - On behalf of member physicians, the Association promotes leadership in the art and science of medicine and advocates for economically sustainable medical practices, the freedom to deliver care in the best interests of patients, and health for all Arizonans.

**Chapter III Membership**

**Section 3. Classes of Membership:** — The Association shall consist of members in the following classes: Active, Fifty-Year Club, Associate, Service, Affiliate and Honorary.

**(A) Active Members**

The qualifications for Active membership (other than for residents and medical students) shall be that the individual must (1) hold a degree of Doctor of Medicine or its equivalent or Doctor of Osteopathic Medicine and (2) hold an unrevoked license to practice medicine and surgery or osteopathic medicine and surgery in Arizona, subject only to the provisions for loss of membership (Chapter II, Section 4).

Residents and Fellows who are licensed or registered with the Arizona Medical Board or the Arizona Osteopathic Board of Examiners shall be eligible for Active membership.

Full-time students in Arizona who are pursuing a course of study leading to the degree of Doctor of Medicine or Doctor of Osteopathic Medicine in an accredited school of medicine or osteopathic medicine shall be eligible for Active membership in the Association.

**Duties and Privileges.** An Active member shall have all the duties and privileges of the Association as herein provided and shall be required to pay such dues and assessments as may be determined by the Board. Members seventy years of age or older in active practice may be required to pay such dues as may be determined by the Board and shall be exempted from assessments. Resident and student members shall be required to pay such dues as may be determined by the Board and shall be exempted from assessments.

**(B) Fifty-Year Club Members**

Members who have practiced medicine for fifty years or longer, at least half of that time in Arizona, may be honored by elevation to the Fifty-Year Club at the discretion of the Board. Fifty-Year Club membership, once granted, shall be deemed a lifetime privilege, regardless of continuation of licensure or status of practice, unless revoked by action of the Board of Directors.

**Privileges.** Fifty-Year Club members shall enjoy all of the privileges of Active members but shall not be required to pay Association dues and shall be exempted from assessments.

**(C) Associate Members**

Associate membership may be granted by the Association to Doctors of Medicine or Osteopathic Medicine who (1) are permanently disabled and unable to practice, (2) are retired from active practice and are not eligible for Fifty-Year Club membership, (3) have left practice in the State of Arizona for temporary military service or further training, (4) are duly accredited in foreign countries and are engaged in medical missionary and similar educational and philanthropic work in Arizona, or (5) are physicians who reside in another state or country.

**Duties and Privileges.** Associate members shall have all the duties and privileges of Active members except the right to serve as a Delegate or to hold elected office. Associate members shall be required to pay such dues as may be determined by the Board and may be exempted from assessments.

**(E) Affiliate Members**

Affiliate membership may be granted by the Association to (1) Arizona dentists who are members in good standing of their state association, (2) Arizona pharmacists who are active members of their state association, (3) teachers of medicine and allied sciences in Arizona who are not otherwise eligible for membership in the Association and (4) those persons certified as physicians' assistants who reside in Arizona.

**Duties and Privileges.** Affiliate members shall enjoy the privileges of attending meetings of the Association, but shall not have the right to serve as Delegates or to hold elected office. Affiliate members shall be required to pay such dues as may be determined by the Board and may be exempted from assessments.

**(F) Honorary Members**

The House may elect at any annual meeting as Honorary members of this Association, Doctors of Medicine or other persons who are distinguished for their services or who have risen to preeminence in the profession of medicine and surgery provided the candidate for membership has performed a meritorious service for the public, the physician community, or the Association.

**Privileges.** Honorary members shall enjoy the privileges of attending meetings of the Association and will have the right to serve as Delegates. Honorary members shall not be required to pay Association dues and may be exempt from assessments.

**Section 4. Disciplinary Actions: —**

**(A)** Active, Associate, Service, or Affiliate membership in the Association shall be terminated by:

- (1)** transfer of membership to the medical association of another state;
- (2)** action of the Board; with a two-thirds vote of the total membership of the Board being required to expel;
- (3)** revocation of the member's license to practice in Arizona;
- (4)** termination of enrollment in medical school of student Active members;
- (5)** failure to pay Association dues and assessments within six months of the date such become payable, unless such failure is exempted as otherwise outlined in the bylaws.

**(B)** Active, Associate, Service, or Affiliate membership in this Association shall be suspended by:

- (1)** action of the Board;
- (2)** failure to pay the annual dues and assessments before the delinquency date determined by the board, unless such failure is exempted as otherwise outlined in the bylaws.

**(C)** Honorary membership in the Association may be withdrawn upon a two-thirds vote of the total membership of the Board.

**(D)** Any physician refused membership in the Association or who is suspended or loses membership may appeal to the Board for reconsideration. The Board may affirm, modify, or change its decision in its discretion.

## RESOLUTION A02-19, CHAPTER IV (OFFICERS & DIRECTORS) – CHAPTER VI (BOARD OF DIRECTORS)

### Chapter IV Officers and Directors

#### Section 1. The following shall be officers and directors of the Association:

##### Board Officers:

- Outgoing Past President
- Immediate Past President
- President
- President-Elect
- Vice President
- Secretary
- Treasurer
- AMA Delegation Chair
- Chief Executive Officer

All of the officers, with the exception of the Chief Executive Officer, shall, by virtue of their position, be members of the Board.

##### Board Directors:

The following shall, by virtue of their position, also be members of the Board.

- Speaker of the House
- Vice-Speaker of the House
- Delegates to the American Medical Association
- Alternate delegates to the American Medical Association
- At-large, Maricopa, Pima and Rural Directors
- Resident Physician Representatives
- Medical Student Representatives
- At-large Members of the Executive Committee
- Members of the Association who are Officers or Trustees of the American Medical Association

All Arizona medical school deans, who are ArMA members, will be invited to attend the Board of Directors meetings as non-voting members in an ex-officio status.

##### Section 2: Officers: —

**(A) Outgoing Past President:** — The Outgoing Past President shall serve as a resource on Association activities and, upon the President's request, aid the President by accepting special assignments when appropriate.

**(B) Immediate Past President:** — The Immediate Past President, aside from specific duties otherwise herein assigned, shall, upon the President's request, advise and counsel the President in the discharge of the office of the President and aid the President by accepting such special assignments as may become appropriate.

**(D) President-Elect:** — Aside from specific duties otherwise herein assigned, the President-Elect shall prepare for the office of President by assisting the President in the discharge of the President's duties. The President-Elect shall be Vice-Chair of the Board and shall preside at any meeting in the absence of the President.

**(H) AMA Delegation Chair:** — The AMA Delegation Chair, who shall be an AMA Delegate elected every two years by the Delegation, subject to approval of the Board, shall serve as liaison between the Executive Committee and the AMA Delegation.

**(I) Chief Executive Officer:** — The Chief Executive Officer shall have such duties as outlined in Chapter VI, Section 8.

##### Section 3. Directors: —

**(A) Speaker:** — The Speaker shall preside at the meetings of the House and shall perform such duties as custom and parliamentary usage require.

**(B) Vice-Speaker:** — The Vice-Speaker shall assist the Speaker in the discharge of the Speaker's duties at the request of the Speaker or in the absence of the Speaker.

**(C) Delegates to the American Medical Association and Alternate Delegates to the American Medical Association:** — The Delegates to the American Medical Association shall represent the Association and its members in meetings of the House of Delegates of the American Medical Association according to the rules of that body. In the absence of any Delegates to the American Medical Association at its meetings, the Alternate Delegates shall represent the Association and its members in

such meetings according to the rules of that body. The House shall elect AMA Delegates and Alternates in accordance with the AMA Constitution and Bylaws.

**(D) Constituent Directors:** -- the remaining Directors shall be chosen by the entire voting membership of the Association to fill the seats reserved to At-Large, Maricopa, Pima, Rural, Resident Physician, and Medical Student Board members. Each Director shall represent the entire Association and carry out his or her duties in a manner they believe to be in the best interests of the Association as a whole and not limited to their specific constituency.

**Section 4. Directors and Officers Liability Insurance:** The Board shall procure Directors and Officers Liability Insurance, Errors and Omissions Insurance, and such other insurance, of the types and in the amounts as the Board deems necessary to protect the persons serving as Directors and Officers (including, where applicable, management employees) from unreasonable liability arising from their service to the Association.

#### **Chapter V Election of Officers and Members of the Board**

**Section 1. General Qualifications:** — All elections of officers, the three At-Large Members of the Executive Committee and directors shall be conducted as a part of the business of the regular Annual Meeting of the House. Elections shall be by secret ballot unless candidates on the ballot are unopposed. The candidate who receives a majority vote for an office shall be elected to that office. If no one of three or more candidates for an office shall receive a majority of the votes cast, the two with the highest number of votes shall be the candidates in a run-off election. If there are two candidates only and the vote is a tie, there shall be a run-off election. All officers and members of the Board shall serve until their successors are elected and have accepted the office. Members of the Association who are officers or trustees of the American Medical Association shall automatically be members of the Board, without election.

**Section 3. Terms of Office; Qualifications:** — The following officers shall be elected for a one-year term: The President-Elect and Vice President. The President, Immediate Past President and Outgoing Past President, though not elected as such, also shall have one-year terms. The Secretary and Treasurer shall be elected in alternate years for a two-year term. The Speaker and Vice-Speaker shall also be elected in alternate years for a two-year term. The three At-Large Members of the Executive Committee shall be elected for a one-year term.

The Delegates and Alternate Delegates to the American Medical Association shall be elected in accordance with the bylaws of the American Medical Association. If the Association shall be entitled to more than one Delegate, the terms will be staggered, as determined by the Board. Any nominee for Delegate (an "AMA Delegate") or Alternate Delegate ("Alternate AMA Delegate") to the American Medical Association shall also be a member of the American Medical Association.

At-Large, Maricopa, Pima and Rural Directors shall be elected for a term of three years. The Resident Physicians and the Medical Students shall be elected for a term of one year.

Only those members of the House of Delegates who are members in good standing with the American Medical Association shall be eligible to vote for AMA Delegates and AMA Alternate Delegates.

**Section 5. Nominations:** — Nominations for elected offices to be filled shall be solicited by the Nominating Committee from the membership. Nominations shall be presented to the Speaker of the House at the Annual Meeting. Other nominations may be made from the floor prior to voting and at the time of the election meeting.

**Section 7. Election of Resident Physicians and Medical Student Directors:** - There shall be two (2) resident physicians and two (2) medical student directors on the board, each serving for a term of one year.

#### **Chapter VI Board of Directors**

##### **Section 2. General: —**

**(A) Operational Responsibilities:** — The Board shall be vested with the control and management of the affairs of the Association, subject only to directives from the House, The Articles of Incorporation, and these Bylaws. The Board shall have the full power and authority of the House between meetings of the House. The Board may adopt and revise policies relating to conflicts of interest, confidentiality, incurring of expenses, and other matters reflecting on the integrity and financial health of the Association.

**Section 4. Vacancies:** — The Board shall have the authority to appoint replacements for any vacancies in office and in its membership, such replacements to serve until the next annual election. In the event of a temporary inability upon the part of any officer or director to perform the duties of that office, the Board may appoint any other officer or director to

perform the function of said office without the office being vacated, such appointment to be limited to the period of inability and, in no event, to extend beyond the date of the next election. In the event the President's position is required to be filled, the Board shall select a replacement from the members of the Executive Committee. A vacancy in a Director's seat designated for a particular constituency shall be filled, if at all, by another person who satisfies the requirements for election to that position.

**Section 5. Finances; Budget; Accounting; Vote Required for Non-Budgeted Expenses; Use of Funds; Investments:** — The Board shall adopt an annual budget providing for the necessary expenses of the Association, which shall be presented to the House for information. The Board shall be responsible for the proper accounting and auditing of all funds and accounts of the Association. The Board may authorize the expenditure of funds for non-budgeted expenses, but funds collected from the membership and earmarked by the House for one purpose may not be used for another purpose without proper authorization from the House. The Board shall also have the authority to establish and utilize appropriate reserves, establish policies for dealing with the receipt and utilization of funds derived other than from member dues and assessments, establish foundations and subsidiaries and capitalize them, to cause the Association to guarantee the indebtedness of any such foundations, and otherwise to deal with money and property that may be received by the Association.

**Section 8. Chief Executive Officer; Offices:** — The Board shall employ a Chief Executive Officer, who need not be a physician, to manage and direct the activities of the Association and to perform the duties commonly required of the Chief Executive Officer of a corporation. The Chief Executive Officer shall be under the direction of the President and the Board, but shall supervise all other employees. The Chief Executive Officer shall be an officer of the Association, but shall not be a member of the Board of Directors or the Executive Committee.

#### **RESOLUTION A03-19, CHAPTER VII (SECTIONS) – CHAPTER IX (HOUSE OF DELEGATES)**

##### **Chapter VII Sections**

The Board may establish sections that provide learning and networking opportunities for physicians, fellows / residents, and medical students at different stages in their careers or with similar interests and background. The sections shall be permitted to adopt internal operating policies that govern their internal affairs. Such internal operating policies shall not be in conflict with the Bylaws of the Association and must be approved by the Board of Directors to become effective.

##### **Chapter-VIII Standing and Other Committees**

**Section 1. Appointment; Ex-officio Members** — There shall be standing committees as hereinafter specified. Unless otherwise provided for, the President shall appoint, with the advice and consent of the Board, the chair and members of each committee. Vacancies in membership of a committee shall be filled by appointment by the President, with the advice and consent of the Board. The chair or any committee member may be removed by the President, with the advice and consent of the Board. The President, President-Elect and Secretary shall be ex-officio members of all committees in addition to the appointed members. Meetings of all committees may be held by electronic communication.

**Section 2. Term:** —The term of appointment for committee members and committee chairs shall be prescribed by the Board.

**Section 5. Standing Committees and Functions:** — The standing committees and their functions shall be:

**(A) Articles of Incorporation and Bylaws:** —The functions of the Committee on Articles of Incorporation and Bylaws shall be to serve as a fact-finding and advisory committee pertaining to the Articles of Incorporation and Bylaws and to recommend such changes as it deems appropriate for action by the House of Delegates. In addition, the committee shall (1) respond to resolutions of the House of Delegates by issuing an analysis of such resolutions and/or preparing proposed amendments to the Articles of Incorporation and Bylaws; and (2) respond to directives by the Board by issuing an analysis of the directives and/or preparing proposed amendments. All proposed amendments prepared in response to the House or Board directives shall be presented to the Board for its consideration.

**(B) Executive:** — The Executive Committee shall consist of the physician officers and the three At-Large Members. The functions of the Executive Committee shall be to (1) review and summarize routine matters and correspondence for Board action; (2) develop policy positions and alternatives for consideration and decision by the Board; (3) develop affirmative plans for the Association to consider and be acted upon by the Board; (4) act as advisor to the Chief Executive Officer and conduct annual review of his/her performance and make adjustments to compensation as deemed appropriate; and (5) study and make recommendations concerning long range and strategic objectives for the Association.

**(D) Legislative & Government Affairs (L&G) Committee:** The functions of the L&G Committee shall be to examine issues of concern to physicians, health care organizations and patients. This Committee is responsible for establishing the positions that the Association takes in negotiating or advocating on those particular issues.

**(E) Public Health Committee:** Consisting of physicians and public health professionals, this Committee discusses medical issues related to public health in our state. The Committee is intended to be the arena in which the Association's public health professionals have the opportunity to champion issues that need attention and evoke positive changes for Arizona's citizens.

**(F) Nominating Committee:** — The functions of the Nominating Committee shall be to (1) solicit nominations for the elected positions (2) finalize a slate of candidates, for recommendation to the House of Delegates and (3) present its nominations to the Speaker at the Annual Meeting.

The Nominating Committee shall consist of the last three Past Presidents, who are still residing in Arizona, with the most immediate of these serving as chair, plus eight members appointed by the Executive Committee, with approval of the Board, from the existing Board of Directors, two of whom shall be At-Large, two of whom shall be Maricopa, two of whom shall be Pima and two of whom shall be Rural. Any deviations from this composition must be approved by the Board.

**(G) Resolutions Committee:** — The functions of the Resolutions Committee shall include: (1) on request, assist in writing resolutions based on issues, if presented by members of the Association, committees, counties, specialty societies and other ArMA constituencies; (2) consider, recommending readoption or non-readoption, current Association policy; (3) present its own resolutions to the House for consideration and debate; and (4) give its opinion relative to resolutions, changes in operations, bylaws and rules and regulations. Nothing in this paragraph will preclude any member or ArMA constituency from submitting or presenting a resolution directly to the House for consideration.

**Section 5. Appointment of Other Committees:** — All other committees as deemed necessary or appropriate shall be appointed by the President and exist at the pleasure of the Board of Directors, for one or more purposes and for a time period to be determined when the committee is established.

## **Chapter IX House of Delegates**

**Section 3. Election of Delegates; List Thereof:** — Sufficiently in advance of the Annual Meeting the Maricopa and Pima County Medical Societies and each specialty and subspecialty society shall designate delegates and to represent them in the House and shall send to the Secretary of the Association a list of such elected delegates. Delegates must be current in their ArMA dues to serve in this role.

**Section 4. Committees of the House:** — At or before each Annual Meeting the Speaker shall appoint such committees which may expedite the business of the House of Delegates. This may include Committees on Credentials, Resolutions, Amendments, and such other committees as the Speaker may designate.

Resolutions may be proposed by (1) the Board, (2) any member of the House, (3) any county society, (4) any committee or section of the Association, (5) the Resolutions Committee, or (6) by any ArMA member or ArMA constituency.

Any resolution, other than those which amend the Bylaws, adopted by the House of Delegates shall become null, void and of no effect if not re-adopted within four years from the effective date of the adoption or re-adoption of the resolution.

At the discretion of the Speaker, more than one Committee on Resolutions may be appointed.

**Section 8. Powers and Duties of the House:** — The House shall:

- (A)** elect all officers and directors of the Association except officers or trustees of the American Medical Association;
- (B)** vote on all memorials and resolutions presented to it;
- (C)** instruct the Board on its wishes respecting the operations of the Association;
- (D)** when necessary, amend the Articles and Bylaws; and
- (E)** hold all powers and duties not otherwise specifically delegated herein.

## **RESOLUTION A04-19, CHAPTER X (DUES AND ASSESSMENTS) – CHAPTER XII (AMENDMENTS)**

### **Chapter X Dues and Assessments**

**Section 1. Fixing of Annual Dues; Payments; Reinstatements; Collections; Enforcement:**

- (A)** The amount of annual dues shall be determined by the Board of Directors.

**(B)** The annual dues and the dues and assessments of the Association shall be payable January first of the year for which it is due.

**Section 3. Equality Within Membership Categories of Dues and Assessments:** — While the amount of dues or assessments may vary as between classifications of membership (except as to certain classes upon which none may be levied as provided in Subsection 5 hereof), they shall be uniform within each classification, except for Service, Resident Physician and Medical Student members (Chapter II, Section 3) and new members (Chapter IX, Section 4). The Board, in its discretion, may offer discounts, including tiered pricing, for group members.

#### **Chapter XI Parliamentary Authority**

**Section 1. Governing Rules:** — The rules contained in the latest revised edition of Robert’s Rules of Order Newly Revised shall govern the Association and the House in all cases to which they are applicable and in which they are not inconsistent with the Bylaws.

**Section 2. Parliamentarian:** - A Parliamentarian may be appointed by the President. The Parliamentarian shall be present during the House to provide advice and guidance to the Speaker and to members of the House. The Parliamentarian shall provide advice and guidance to the officers and the Board as required. A Parliamentarian who is a credentialed delegate shall have a vote.

#### **Chapter XII- Amendments**

**Section 2. Notice of Proposed Amendments:** — Written copies of all proposed amendments shall be distributed by the Secretary to all members of the House at least four weeks before the meeting at which the same will be considered. Written notice may be transmitted electronically.

### **REFERENCE COMMITTEE ON RESOLUTIONS** **2019 RESOLUTIONS ADOPTED WITHOUT AMENDMENTS**

#### **RESOLUTION 08-19, EDUCATION AND PUBLIC AWARENESS ON VACCINE SAFETY AND EFFICACY**

**RESOLVED**, the Arizona Medical Association oppose legislation that would have the intended or actual effect of increasing or promoting vaccine hesitancy.

#### **RESOLUTION 09-19, PRESERVATION OF ARIZONA’S SUNRISE PROCESS**

**Resolved**, the Arizona Medical Association work to ensure that the Arizona Sunrise Process be utilized when considering the licensing and regulation of health care professions and oppose legislation that circumvents the Sunrise Process as outlined in statute.

### **2019 RESOLUTIONS AMENDED AND ADOPTED**

#### **RESOLUTION 02-19, DISCRIMINATORY QUESTIONS ON APPLICATIONS FOR MEDICAL LICENSURE (1<sup>st</sup> Resolve)**

**RESOLVED**, that the Arizona Medical Association (ArMA) recommend that decisions about physician licensure, credentialing, and recredentialing be based on professional performance.

#### **RESOLUTION 06-19, HEALTH PROTECTIONS AGAINST THE INTRODUCTION OF CONTAGIOUS DISEASES DUE TO POPULATION MIGRATION**

**RESOLVED**, That the Arizona Medical Association work with state officials and other appropriate stakeholders to ensure that all migrants, refugees, and asylum seekers coming to Arizona are provided with appropriate health screenings for diseases including but not limited to chronic, infectious, and psychiatric disease; and be it further

**RESOLVED**, That the Arizona Medical Association work with state officials and other appropriate stakeholders to ensure that all migrants, refugees, and asylum seekers coming to Arizona are provided with appropriate information to receive follow up care for the diseases which they are screened.

#### **RESOLUTION 07-19, ARIZONA MEDICAL ASSOCIATION HOUSE OF DELEGATES ANNUAL MEETING**

**Resolved**, that the Arizona Medical Association Annual House of Delegates meeting be held at least four weeks in advance of the American Medical Association Annual House of Delegates meeting.



**RESOLUTION 10-19, ALLOWING AMA DISCUSSION REGARDING HEALTH CARE REFORM TO INCLUDE SINGLE PAYER (MEDICARE FOR ALL) PROPOSALS**

**RESOLVED**, That the ArMA American Medical Association delegation will continue to support discussion of all health care options.

**2019 RESOLUTIONS AMENDED, RETITLED AND ADOPTED**

**RESOLUTION 11-19, OPPOSITION TO RHETORIC EQUATING LEGAL MEDICAL PRACTICE TO CRIMINAL CONDUCT**

**RESOLVED**, That ArMA oppose rhetoric that labels or equates legal medical practice with criminal conduct.

**2019 RESOLUTIONS REFERRED TO EXECUTIVE COMMITTEE**

**RESOLUTION 02-19, DISCRIMINATORY QUESTIONS ON APPLICATIONS FOR MEDICAL LICENSURE (2<sup>ND</sup> & 3<sup>RD</sup> Resolves)**

**RESOLVED**, that ArMA will encourage Arizona Medical Board (AMB) to rescind questions regarding the past medical history of mental health problems on medical licensure applications, and be it further

**RESOLVED**, that ArMA will encourage AMB, if they wish to retain questions about the health of applicants on medical licensing applications, to use the language recommended by The Federation of State Medical Boards that reads, "Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)."

**RESOLUTION 03-19, PHYSICIAN HEALTH PROGRAMS**

**RESOLVED**, that the Arizona Medical Association will oppose any referrals to a Physician Health Programs (PHP) that does not preserve full due process protections including the right to an appeal, the right to know the basis for a referral to a PHP, knowledge of the outcome of any referral, who made the referral, legal recourse for malicious referrals, and recourse to an independent review mechanism.

**RESOLUTION 12-19, POLICY AND PROCEDURE FORMAT AND REVIEW (With a report back to the HOD in 2020)**

**RESOLVED**, Policy and procedure documents be concise and consistent, and be it further

**RESOLVED**, That all new policy and procedure documents are reviewed annually at the House of Delegates.

**2019 RESOLUTIONS REFERRED TO COMMITTEE ON PUBLIC HEALTH**

**RESOLUTION 04-19, Hazards of Legalized Recreational Marijuana**

**RESOLVED**, that the Arizona Medical Association promote restrictions on providing marijuana to minors under the age of 21 and strongly discourage its use by persons whose brains are not yet fully mature; and be it further

**RESOLVED**, that the Arizona Medical Association promote strong measures to keep schools and school events marijuana-free as well as tobacco-free; and be it further

**RESOLVED**, that the Arizona Medical Association promote educational efforts at least as strong as those for tobacco to inform the public about the dangers of marijuana.

**2019 RESOLUTIONS NOT ADOPTED**

**RESOLUTION 05-19, PROTECTION OF HEALTH AND SAFETY OF WOMEN AND GIRLS**

**RESOLVED**, that the Arizona Medical Association opposes requiring women or girls to disrobe in the presence of biologic males and supports defining the exposure of male genitalia in settings reserved for women or girls to be indecent exposure; and be it further

**RESOLVED**, that the Arizona Medical Association supports prohibiting persons with a Y chromosome from participation in competitive women's and girls' athletic events.

**2015 RESOLUTIONS READOPTED WITHOUT AMENDMENT**

**RESOLUTION 13-19 PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) (ORIGINALLY 3-15)**

**Resolved**, That the Arizona Medical Association is supportive of Provider Orders for Life-Sustaining Treatment (POLST) in Arizona.

**RESOLUTION 14-19 PROMOTING QUALITY CONTINUING MEDICAL EDUCATION (ORIGINALLY 11-15)**

**RESOLVED**, That the Arizona Medical Association take necessary action to update the current Arizona licensure requirement for continuing medical education to include a minimum of 20 hours of AMA PRA Category 1 or equivalent credit over the biennial registration term.

**RESOLUTION 15-19 FIREARM HARM REDUCTION (ORIGINALLY 13-15)**

**RESOLVED**, That the Arizona Medical Association encourage the renewal of federal funding to the Centers for Disease Control for gun violence research.

**RESOLUTION 16-19 INDOOR TANNING REGULATION (ORIGINALLY 14-15)**

**RESOLVED**, That ArMA work with a coalition of organizations to seek legislative reform that raises the age of consent for indoor tanning to 18 years of age.

**RESOLUTION 17-19 CRIMINALIZING MEDICAL PRACTICE (ORIGINALLY 2-11, READOPTED 17-15)**

**RESOLVED**, That the Arizona Medical Association oppose any attempt by the Congress or the Arizona Legislature to enact laws which place a criminal penalty on the legitimate practice of medicine.

**RESOLUTION 18-19 HOSPITALISTS (ORIGINALLY 33-06; REFERRED TO EXECUTIVE COMMITTEE 6/5/2010; AMENDED AND ADOPTED AS 3-11, READOPTED 18-15)**

**RESOLVED**, That the Arizona Medical Association:

Strongly support the rights of qualified physicians to see their patients in all settings and to bill for their services;

Support the right of patient choice of hospitalists as appropriate when requested by the attending physician or the patient.

**RESOLUTION 19-19 PATIENT CONFIDENTIALITY; ELECTRONIC INFORMATION EXCHANGES (ORIGINALLY 7-11, READOPTED 19-15)**

**RESOLVED**, That the Arizona Medical Association shall encourage physicians to educate their patients about the drawbacks as well as the advantages of participation in health information exchanges.

**RESOLUTION 20-19 PRIOR AUTHORIZATION PAYMENTS TO PHYSICIANS (ORIGINALLY 9-11; READOPTED 21-15)**

**RESOLVED**, That the Arizona Medical Association pursue any channels available in order to ensure that whenever a physician or other medical provider is required to obtain prior authorization, the provider is entitled to bill and be paid, similar to any other service provided.

**RESOLUTION 21-19 FAIL FIRST INSURANCE MANDATES (ORIGINALLY 10-11; READOPTED 22-15)**

**RESOLVED**, That the Arizona Medical Association actively work with the Arizona Legislature and the Arizona Department of Insurance to limit routine Fail First policies.

**RESOLUTION 22-19 INCREASING J-1 PRIMARY CARE PHYSICIAN VISAS (ORIGINALLY 19-11; READOPTED 23-15)**

**RESOLVED**, That the Arizona Medical Association work with Federally Qualified Health Centers, other interested entities and the Arizona Medical Board to modify Arizona statutes or their interpretation to allow an earlier licensure and subsequent insurance company credentialing so J-1 primary care physicians can start work in underserved Arizona locations after completion of a U.S. residency program.

**RESOLUTION 23-19 ANESTHESIA SERVICES (ORIGINALLY 27-11; READOPTED 25-15)**

**RESOLVED**, Anesthesia services, including interventional pain medicine, are the practice of medicine; and be it further

**RESOLVED**, Anesthesia services should be personally performed by a physician or occur under the immediate supervision of a physician.

**RESOLUTION 24-19 FOOD SAFETY CONCERNS (ORIGINALLY 3-07; READOPTED 28-11, 26-15)**

**RESOLVED**, That the Arizona Medical Association encourage the promotion of physician and public education concerning food safety and food borne illness, including food selection, storage, handling and preparation and, be it further

**RESOLVED**, That the Arizona Medical Association Committee on Public Health continue to work with appropriate agencies, such as Arizona Department of Health Services, to promote food safety.

**RESOLUTION 25-19 DIRECT PHYSICIAN PAYMENT FOR NON-CONTRACTED EMERGENCY SERVICE (ORIGINALLY 9-07; READOPTED 30-11, 27-15)**

**RESOLVED**, That the Arizona Medical Association work with the Arizona Department of Insurance to ensure direct payment to physicians providing non-contracted emergency care.

**RESOLUTION 26-19 STANDARDIZE MANAGED CARE CONTRACTS (ORIGINALLY 17-07; READOPTED 33-11, 29-15)**

**RESOLVED**, That the Arizona Medical Association work to achieve the use of a standardized contract format by all payers for physician services including the introduction of legislation if necessary.

**RESOLUTION 27-19 DISASTER PLANNING (ORIGINALLY 18-07; READOPTED 34-11, 30-15)**

**RESOLVED**, That the Arizona Medical Association continue to develop and refine readily-available information for office-based physicians as to their role in various disaster situations.

**RESOLUTION 28-19 ARIZONA MEDICAL ASSOCIATION SUPPORT FOR REDUCING AIR POLLUTION (ORIGINALLY 10-61; READOPTED 38-91, 35-95, 32-99, 29-03; AMENDED, RETITLED AND ADOPTED 60-07; READOPTED 37-11, 31-15)**

**RESOLVED**, That the Arizona Medical Association support finding effective solutions to air pollution.

**RESOLUTION 29-19 TISSUE AND ORGAN DONORS (ORIGINALLY 4-82; READOPTED 19-86, 20-90, 26-94, 42-98, REFERRED 40-02, AMENDED AND READOPTED 3-03; READOPTED 30-07, 38-11, 32-15)**

**RESOLVED**, That the Arizona Medical Association encourage education of physicians, hospital personnel, lay groups and the general public to improve the donation of tissue and organs for transplant.

**RESOLUTION 30-19 CORPORATE COMPLIANCE RESOLUTION (ORIGINALLY 15-99, READOPTED 0-03, 32-07, 40-11, 33-15)**

**RESOLVED**, That the Arizona Medical Association oppose any requirement that physicians sign hospital corporate compliance policies in order to obtain hospital privileges.

**RESOLUTION 31-19 REINSTATEMENT OF MANDATORY HELMET LAWS (ORIGINALLY 20-87; READOPTED 29-91, 30-95, 28-99, 26-03, 35-07, 41-11, 34-15)**

**RESOLVED**, That the Arizona Medical Association actively support the passage of a mandatory helmet law in Arizona.

**RESOLUTION 32-19 MEDICAL STAFF RESPONSIBILITY FOR PATIENT CARE (ORIGINALLY 7-83; READOPTED 23-87, 32-91, 31-95, 29-99, 27-03, 36-07, 42-11, 35-15)**

**RESOLVED**, That the Arizona Medical Association continue to support the concept of the medical staff having responsibility for quality of care of patients in the hospital.

**RESOLUTION 33-19 PHYSICIAN SUPERVISION OF PARAMEDICAL SPECIALISTS (ORIGINALLY 10-83; READOPTED 24-87, 33-91, 32-95, 30-99, 28-03, 37-07, 43-11, 36-15)**

**RESOLVED**, That the Arizona Medical Association continue to support the concept that a physician be involved in the supervision of all professionally related paramedical specialists.

**RESOLUTION 34-19 OPEN STAFF POLICY IN ARIZONA HOSPITALS (ORIGINALLY 23-67; READOPTED 46-91, 39-95, 33-99, 30-03, 38-07, 44-11, 37-15)**

**RESOLVED**, That the Arizona Medical Association records its opposition to any action by any community hospital or group of hospitals, which would, by action or implication, interfere with the present successful "open staff" policy in effect in the community hospitals of Arizona; and be it further

**RESOLVED**, That the Arizona Medical Association continue to support the programs of hospitals practicing the "open staff" policy.

**RESOLUTION 35-19 MANDATORY FULL DISCLOSURE BY INSURANCE COMPANIES (ORIGINALLY 10-74; READOPTED 50-91, 41-95, 35-99, 32-03, 39-07, 45-11, 38-15)**

**RESOLVED**, That the Arizona Medical Association recommend that the Arizona Department of Insurance more closely monitor mandatory full disclosure of coverage in terms of cost, compliance of coverage and relationship of coverage to current medical and hospital costs so that the patient clearly understands his coverage.

**RESOLUTION 36-19 FOOD AND DRUG ADMINISTRATION (ORIGINALLY 13-74; READOPTED 51-91, 42-95, 36-99, 33-03, 40-07, 46-11, 39-15)**

**RESOLVED**, That the Arizona congressional delegation be urged to support legislation to ensure adequate input by practicing physicians into all Food and Drug Administration regulations.

**RESOLUTION 37-19 OPTOMETRISTS AND THE USE OF DRUGS (ORIGINALLY 4-77; READOPTED 46-91, 52-95, 40-99, 36-03, 43-07, 47-11, 40-15)**

**RESOLVED**, That the Arizona Medical Association actively oppose any legislation the purpose of which is to directly or indirectly extend to optometrists the authority to practice medicine or surgery.

**RESOLUTION 38-19 TAX CREDITS AND OTHER INCENTIVES TO DISADVANTAGED AREA MEDICAL PRACTICES (ORIGINALLY 4-73; READOPTED AS 49-91, 40-95; 34-99; 31-03, 44-07, 48-11, 41-15)**

**RESOLVED**, That the Arizona Medical Association actively support national legislation to grant federal income tax credit and other incentives to medical practices established in disadvantaged communities and areas of critical physician need; and be it further

**RESOLVED**, That the Arizona Medical Association actively support state legislation to grant state income tax credit and other incentives to physicians who establish medical practices in disadvantaged communities and areas of critical physician need.

**RESOLUTION 39-19 ANTIVIVISECTION LEGISLATION (ORIGINALLY 36-95; READOPTED 42-99, 38-03, 45-07, 49-11, 42-15)**

**RESOLVED**, That the Arizona Medical Association is supportive of medical research, including animal models with appropriate safeguards, to further medical knowledge.

**RESOLUTION 40-19 SOCIAL SECURITY NUMBER (ORIGINALLY 13-76; READOPTED 52-91, 43-95, 44-99, 40-03, 47-07; 51-11, 44-15)**

**RESOLVED**, That Arizona physicians go on record as opposing generic prescribing as not always in the best interest of good patient care.

**RESOLUTION 41-19 PHYSICIAN MEMBERS ON BOARDS OF DIRECTORS OF HOSPITALS (ORIGINALLY 15-66; READOPTED 43-91, 37-95, 43-03; COMBINED WITH 51-95 IN 1999 AND READOPTED 47-99; READOPTED 43-03, 50-07, 53-11, 46-15)**

**RESOLVED**, That the Arizona Medical Association urge the governing boards of all Arizona hospitals to provide voting membership on the governing board to the chief or president of the medical staff and additional staff physicians as appropriate.

**RESOLUTION 42-19 PRINCIPLES OF PATIENT-CENTERED FORMULARIES (ORIGINALLY 19-99; READOPTED 45-03, 52-07, 54-11, 47-15)**

**RESOLVED**, That the Arizona Medical Association support the development of a unified process for rational, patient-centered formulary management.

**RESOLUTION 43-19 PAYMENT FOR PHYSICIANS' SERVICES (ORIGINALLY 20-99; READOPTED 46-03, 53-07, 55-11, 48-15)**

**RESOLVED**, That the Arizona Medical Association work to convince, or seek legislation to require, health plans to offer actuarially sound payments to physicians.

**RESOLUTION 44-19 REQUEST FOR CONTRIBUTIONS (ORIGINALLY 1-83; READOPTED 25-87, 34-91, 33-95, 31-99, 49-03, 56-07, 56-11, 49-15)**

**RESOLVED**, That the Arizona Medical Association will not make contributions to organizations outside the federation of medicine (county societies, specialty societies and the AMA), which policy may be altered at the discretion of the Arizona Medical Association's Executive Committee.

**RESOLUTION 45-19 HIV/AIDS, HEPATITIS C AND OTHER BLOOD BORNE PATHOGENS (ORIGINALLY 8-03; READOPTED 57-07, 57-11, 50-15)**

**RESOLVED**, That the Arizona Medical Association recognizes that HIV/AIDS, Hepatitis C and other blood borne pathogens present a serious health threat in Arizona and elsewhere; and be it further

**RESOLVED**, That the Arizona Medical Association encourage its members to (a) recommend early screening for the HIV/AIDS and Hepatitis C viruses whenever any patient engages in high risk activities and (b) recognize the public health risks of these diseases and encourage their patients to refrain from engaging in high risk activities.

**RESOLUTION 46-19 MANAGED CARE RESPONSIBILITY FOR FOLLOW-UP CARE AFTER EMERGENCY DEPARTMENT CONSULTATION (ORIGINALLY 23-99; READOPTED 48-03, 55-07; AMENDED AND READOPTED 59-11; READOPTED 52-15)**

**RESOLVED**, That the Arizona Medical Association continue to seek legislation and/or regulation clearly defining the responsibility of managed care plans and state health agencies to approve and compensate for both immediate and necessary follow up care provided by non-contracted providers caring for patients acquired through emergency department consultation and/or in situations where a contracted provider cannot be secured in a timely manner regardless of the health-care setting.

**RESOLUTION 47-19 REFERRED HOUSE OF DELEGATE RESOLUTION UPDATES (ORIGINALLY 12-07; AMENDED AND READOPTED 60-11; READOPTED 53-15)**

**RESOLVED**, That resolutions that are referred during the Arizona Medical Association House of Delegates are subject to report back to the following year's House of Delegates.

**RESOLUTION 48-19 SHAM PEER REVIEW EDUCATION (ORIGINALLY 15-07; AMENDED AND READOPTED 61-11; READOPTED 54-15)**

**RESOLVED**, That the Arizona Medical Association continue to educate physicians about the existence, characteristics and legal implications of sham peer review and how physicians can make the peer review system function in a fair and just manner.

**RESOLUTION 49-19 PAYMENT TERMINOLOGY (ORIGINALLY 19-07; AMENDED AND READOPTED 62-11; READOPTED 55-15)**

**RESOLVED**, That the Arizona Medical Association continue to support the use of the term "payment" for physician compensation, rather than the term "reimbursement".

**RESOLUTION 50-19 ROUTINE CHILDHOOD IMMUNIZATIONS (ORIGINALLY 21-99; READOPTED 47-03, 54-07; AMENDED AND READOPTED 65-11; READOPTED 56-15)**

**RESOLVED**, That the Arizona Medical Association continue to work to ensure that all insurers, health maintenance organizations and managed care companies that cover immunizations for children provide and pay at a reasonable rate, in a timely manner, for routine childhood immunizations in compliance with the annual Recommended Childhood Immunization Schedule.

**RESOLUTION 51-19 HEALTH INFORMATION SHARING (ORIGINALLY 6-11; AMENDED AND READOPTED; RETITLED, AMENDED & ADOPTED 57-15)**

**RESOLVED**, That the Arizona Medical Association support the collaboration between methods of health information sharing into a common method.

**RESOLUTION 52-19 BOARD CERTIFICATION – TRUTH IN ADVERTISING (ORIGINALLY 12-11; AMENDED AND READOPTED 58-15)**

**RESOLVED**, That the Arizona Medical Association will continue to work to broaden the awareness of physicians who advertise that they are "board certified" without listing the agency, organization or entity granting this standing, that they are at risk of penalty or investigation by the Arizona Medical Board for unprofessional conduct.

**2015 RESOLUTIONS AMENDED AND READOPTED**

**RESOLUTION 53-19 OPPOSITION TO COMPULSORY USE OF GENERIC DRUGS (ORIGINALLY 1 & 5-67, READOPTED 44-91, 38-95, 43-99, 39-03, 46-07, 50-11, 43-15)**

**RESOLVED**, That Arizona physicians go on record as opposing mandatory generic prescribing as not always in the best interest of good patient care.

**RESOLUTION 54-19 IMPROVING CHILDHOOD VACCINATION RATES IN ARIZONA THROUGH PARENTAL EDUCATION (ORIGINALLY 9-15)**

**RESOLVED**, That the Arizona Medical Association (ArMA) supports adopting requirements that parents (or guardians) who do not wish to have their children vaccinated shall receive public health-approved counseling that provides scientifically accurate information about the childhood diseases, the available vaccines, the potential adverse outcomes from catching the disease, the risks unvaccinated children pose to children who cannot be vaccinated for medical reasons, the risks of vaccine side effects, and the procedures that are implemented to exclude unvaccinated children if an outbreak of disease occurs in the area administered by the local or state public health agency, and be it further

**RESOLVED**, That ArMA supports adopting requirements that parents annually must sign an affirmative statement that acknowledges the risks they are accepting for their own children and the children of others by claiming a personal exemption from mandatory vaccination requirements, and be it further

**RESOLVED**, That ArMA work with the Arizona Department of Health Services to include in the affirmative statement an acknowledgement of the risk to other children, pregnant females, and immunosuppressed individuals.

**RESOLUTION 55-19 SUPPORTING VALLEY FEVER AWARENESS, EDUCATION, AND FUNDING (ORIGINALLY 10-15)**

**RESOLVED**, that the Arizona Medical Association (ArMA) take the following actions to accomplish Valley Fever awareness, education funding:

1. Use ArMA media such as its website, its magazine, and press releases to promote *Coccidioidomycosis* visibility, its importance as a public health problem, and how its members could improve their clinical practices to the benefit of their patients;
2. Ally itself with the Arizona Osteopathic Medical Association; the Arizona Lung Association; the Arizona Academy of Family Practice; the Arizona Chapter of the American Lung Association; the American College of Physicians, Arizona Chapter; the American Academy of Pediatrics, Arizona Chapter; the Arizona Infectious Diseases Society, any other appropriate stakeholders; and jointly take a public position that *Coccidioidomycosis* is an important public health issue.
3. Encourage (but not mandate) ongoing physician education on *Coccidioidomycosis*, especially for physicians seeking an Arizona license who have not been trained in Arizona.
4. Work with the deans of the medical schools in Arizona to encourage the teaching of *Coccidioidomycosis* in their curriculum.
5. Work with the directors of residency and fellowship programs to emphasize the importance of teaching about *Coccidioidomycosis*. Refer the tutorial on Valley Fever jointly sponsored by ArMA and freely distributed by the Valley Fever Center for Excellence.

**RESOLUTION 56-19 RESTRICTIONS ON THE USE OF HAND-HELD DEVICES WHILE DRIVING (ORIGINALLY 12-15)**

**RESOLVED**, That the Arizona Medical Association (ArMA) encourage physicians to educate their patients regarding the public health risks of text messaging and all other uses of hand-held devices while operating motor vehicles or machinery.

**RESOLUTION 57-19 DEATH INVESTIGATION/CERTIFICATION (ORIGINALLY 15-15)**

**RESOLVED**, That ArMA supports changes to the Medical Examiner Act (ARS 11-594b) that will require any death meeting the criteria of a Medical Examiner Death Case (ARS11-593) must be seen by a pathologist.

**RESOLUTION 58-19 SUPPORT INCREASED ACCESS TO CARE (ORIGINALLY 11-07; READOPTED 31-11, 28-15)**

**RESOLVED**, That the Arizona Medical Association work with state efforts to develop a plan to improve access to care for all residents of the state.

**2015 RESOLUTION REFERRED TO THE EXECUTIVE COMMITTEE**

**RESOLUTION 24-15 RIGHTS OF CONSCIENCE (ORIGINALLY 24-11)**

**RESOLVED**, That Arizona Medical Association recognize the right of physicians not to be forced to violate their conscience and oppose any legislation or policy, whether by the government or by professional organizations or regulatory boards, that would punish physicians or restrict their practices because they refuse to perform or collude in procedures that they believe are contrary to their conscience.

**2015 RESOLUTION REFERRED TO THE BOARD OF DIRECTORS**

**RESOLUTION 45-15 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) (ORIGINALLY 6-83; READOPTED 22-87, 31-91, 49-95, 46-99, 42-03, 49-07, 52-11)**

**RESOLVED**, That the Arizona Medical Association staff continue to monitor the Arizona Health Care Cost Containment System (AHCCCS) and quality of care, fiscal accountability and eligibility standards as well as the difficulties experienced by providers.

## **2015 RESOLUTIONS NOT READOPTED**

### **RESOLUTION 2-15 ArMA BUILDING SALE; AUTHORIZATION**

**RESOLVED**, That the sale of the building owned by Arizona Medical Association, Inc. (the "Corporation") and located at 810 West Bethany Home Road, Phoenix, Arizona 85013, be, and hereby is, authorized on the terms and conditions presented to and approved by the Board of Directors, with such changes thereto as shall be determined by such officers as shall be authorized by the Board of Directors (the "Authorized Officers"), such determination to be conclusively evidenced by the taking of such action by such Authorized Officer; and be it further

**RESOLVED**, That the President, the Vice President and the Executive Vice President, and their authorized designees (the "Authorized Officers"), acting alone or collectively, are hereby authorized, in the name and on behalf of the Corporation, to negotiate, execute, and deliver any and all agreements and documents that such Authorized Officer may deem, with the advice of counsel and other professional advisors, necessary, appropriate or desirable to document and carry out the transactions authorized hereby, such determination to be conclusively evidenced by the taking of such action by such Authorized Officer; and be it further

**RESOLVED**, That each officer of the Corporation ("Officer") and his or her authorized designees is hereby authorized, in the name and on behalf of the Corporation, (i) to negotiate, make, execute, perform, acknowledge, verify, issue and deliver all such agreements and documents, amendments to agreements and documents, applications, resolutions, certificates, instruments, consents, acknowledgments, waivers, filings, financing statements, indemnities and other documents, (ii) to do or cause to be done all such acts and things; and (iii) to make all such payments and remittances, in each case, as such Officer or his or her authorized designee may deem necessary, appropriate or desirable in order to effectuate the full intent and purposes of the foregoing resolutions, such determination to be conclusively evidenced by the taking of such action by such person; and be it further

**RESOLVED**, That each Officer (including the Authorized Officers) is authorized to delegate, in whole or in part, any authority he or she may have pursuant to the foregoing resolutions to any employee, representative or agent of, or counsel to, the Corporation; and be it further

**RESOLVED**, That any and all actions heretofore taken by any Officer (including the Authorized Officers) or any authorized designee of such Officer with respect to any matter referred to or contemplated by any of the foregoing resolutions are hereby approved, ratified and confirmed as the act and deed of the Corporation in all respects. *(The sale of the Building has been completed in September 2018)*

### **RESOLUTION 8-15 E-CIGARETTES AND VAPORIZERS: A COMMUNITY HEALTH THREAT**

**RESOLVED**, That the Arizona Medical Association (ArMA) will urge elected officials and public health authorities to extend existing laws that govern the protection of minors and the general public from tobacco products to cover e-cigarettes, and be it further

**RESOLVED**, That ArMA strongly supports a ban on the use of e-cigarettes and vaporizers in public indoor areas, a requirement that these products be sold only by vendors licensed to sell tobacco, and a restriction on sales to minors, including a ban on online sales to minors. *(In 2017 the Policy on Tobacco & Other Nicotine-Delivery Systems was amended and adopted to incorporate all previous nicotine related policies including this Resolution).*

### **RESOLUTION 20-15 REQUIRING ELECTRONIC MEDICAL RECORDS USE FOR LICENSURE (ORIGINALLY 8-11)**

**RESOLVED**, That the Arizona Medical Association oppose legislation or medical board policy that would require physicians to implement electronic medical recordkeeping as a condition of licensure. *(This has become universally accepted as good medical practice)*

### **RESOLUTION 51-15 CANCER REGISTRIES (ORIGINALLY 9-03, READOPTED 58-07, 58-11)**

**RESOLVED**, That the Arizona Medical Association encourage physicians to actively participate in cancer registries. *(Arizona Administrative Code R9-4-404 requires physicians to report all cancer cases to Arizona Department of Health Services)*

**RESOLVED**, That the Arizona Medical Association encourage physicians to actively participate in cancer registries. *(Arizona Administrative Code R9-4-404 requires physicians to report all cancer cases to Arizona Department of Health Services)*

**2019 REPORTS (Distributed electronically prior to the meeting)**

**2019-20 ArMA Budget**

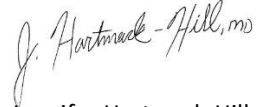
**2018-19 President's Report**

**ArMA AMA Delegation Report for the A-18 Meeting**

**Report On 2018 Referred Resolutions**

**NEW BUSINESS**

Having no other business before the House, the meeting adjourned sine die at 4:09 pm

A handwritten signature in cursive script that reads "J. Hartmark-Hill, MD".

Jennifer Hartmark-Hill, MD  
Secretary