The 2020 meeting of the House of Delegates of the Arizona Medical Association, Inc. held virtually via Zoom with Ronnie Dowling, MD, Speaker of the House, presiding. The meeting was called to order at 9:04 am.

**CREDENTIALS**
Ms. Jacqueline Hoffman, Chair Committee on Credentials reported a quorum is present and the House duly constituted. There are 53 delegates entitled to vote and will constitute the Roll; these Delegates include:
- 7 Past Presidents
- 27 Board Members
- 6 At-Large Delegates
- 3 Maricopa County Delegates
- 2 Pima County Delegates
- 2 Rural County Delegates
- 0 Resident Physicians
- 2 Medical Students
- 4 Specialty Society Delegates

**STANDING RULES**
Dawn Cohen, Chair Committee on Standing Rules, moved the follow rules be adopted:
With no objections the Rules were adopted:
- All ArMA Delegates and guests shall be registered.
- The presence of a quorum shall be established based on the Credentials Committee Report.
- Delegates joining and leaving the meeting will be identified by the electronic software being used for this ArMA 2020 House of Delegates meeting.
- ArMA Delegates in good standing who have complied with the registration requirements shall be eligible to vote.
- Only credentialed Delegates shall be able to speak to an issue.
- Delegates when addressing the House of Delegates must identify themselves by name and affiliation.
- All votes taken at this meeting shall be taken by electronic voting or by unanimous consent.
- Members shall not speak more than once to a question until all others desiring to speak the first time have done so; speeches shall be limited to two minutes.
- The names of those making motions will not be recorded in the minutes.
- Delegates will keep their audio muted until recognized to speak unless they have an interrupting motion. Guests will also keep their audio muted.
- Non-delegate ArMA members may only speak with permission by an affirmative majority vote of the Delegates.
- Each attendee is responsible for his or her electronic connection.
- These House of Delegates Standing Rules may be suspended or amended after adoption by a two-thirds vote of the Delegates.

**AGENDA**
With no objections the Agenda was adopted.

**MINUTES**
The Minutes of the meeting of the House of Delegates held June 1, 2019, were distributed electronically and with no objection, they were approved.
NOMINATIONS

Due to the COVID-19 pandemic the ArMA 2020 elections were held electronically in April. Timothy Fagan, MD, moved that the Officers, At-Large Members of the Executive Committee and Directors elected electronically at the beginning of April 2020 be ratified. Without objection the motion was approved.

APRIL 2020 ELECTION RESULTS

The following were elected to positions and terms as indicated:

**PRESIDENT-ELECT (2020-21)**
Miriam Anand, MD

**VICE PRESIDENT (2020-21)**
Jennifer Hartmark-Hill, MD

**SECRETARY (2020-22)**
Nadeem Kazi, MD

**SPEAKER OF THE HOUSE (2020-22)**
Ronnie Dowling, MD

**AT-LARGE MEMBER, EXECUTIVE COMMITTEE (2020-21)**
Timothy Beger, MD
Sarah Coles, MD
Jason Jameson, MD

**DELEGATE TO THE AMA (1/1/2021-12/31/22)**
Daniel Aspery, MD
Ronnie Dowling, MD
Michael Hamant, MD
Timothy Fagan, MD

**DELEGATE TO THEAMA (1/1/2021-12/31/22)**
Jennifer Hartmark-Hill, MD

**ALTERNATE DELEGATE TO THE AMA (1/1/2021-12/31/22)**
Marc Leib, MD

**AT-LARGE DIRECTOR (2020-23)**
Arash Araghi, DO
Kathryn Coan, MD
May Mohty, MD
Katherine Glaser, MD
Timothy Graham, MD
Richard Neff, MD
Laura Hamant, MD
John Trickett, MD
Mr. Timothy Durr
Mr. Adam Roussas

**MEDICAL STUDENT (2020-21)**
Mr. Timothy Durr
Mr. Adam Roussas

**SHORT TERM POSITIONS**

**ALTERNATE DELEGATE TO THE AMA (1/1/2021-12/31/21)**
Ms. Jacquelyn Hoffman

2020 BYLAWS RESOLUTION AMENDED AND ADOPTED

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

**RESOLUTION A01-20, Bylaws Revisions**

**Chapter III Membership**

**Section 4. Disciplinary Actions:** —

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

1. action of the Board; with a two-thirds vote of the total membership of the Board being required to expel;
2. revocation of the member’s license to practice in Arizona;
3. termination of enrollment in medical school of student Active members;
4. 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.

**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-Elect shall appoint, with the advice and consent of the Board, the chair and members of each committee who will serve during his or her presidency. 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.
Chapter IX House of Delegates
Section 4. Committees of the House - At or before each Annual Meeting the Speaker, in consultation with the President-Elect, 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. If there is a conflict, the speaker selection shall prevail.

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.

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 and President-Elect, more than one Committee on Resolutions may be appointed.

Section 6. Participation by Nondelegates in Meetings of the House: — All meetings of the House, except its executive sessions, shall be open to members of the Association; nondelegate members may participate in such meetings upon an affirmative majority vote of the House.

Section 7. 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; and
(D) when necessary, amend the Articles and Bylaws

Chapter X Dues and Assessments
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), they shall be uniform within each classification, except for Service, Resident Physician and Medical Student members (Chapter III, Section 3) and new members. Discounts may be offered, including tiered pricing, for subsets of members, including groups.

Brenda Gentz, MD Chair of the ArMA Committee on Bylaws, moved that the Secretary of the Association be authorized to correct article and section designation, punctuation, and cross-references, and to make such other technical and conforming changed as may be necessary to reflect the intent of the society in connection with the Bylaws Amendments. Without objection the motion was adopted.

2020 RESOLUTIONS AMENDED AND ADOPTED

RESOLUTION 02-20, Mental Health Parity
Resolved, the Arizona Medical Association supports parity in the treatment of mental health conditions, and in reimbursement, through the implementation of rules and regulations for the enforcement of the reporting and compliance called for under Title 20, Arizona Revised Statutes, Chapter 28, Mental Health Parity, and the Mental Health Parity and Addiction Equity Act.

RESOLUTION 03-20, Pandemic Preparedness
Resolved, that ArMA urges the following actions by state and local public health authorities as well as hospitals:
(1) the use of sensitive screening methods for illness;
(2) expanded testing for COVID-19;
(3) the development of plans for surge capacity and periodic exercises; and
(4) acquiring prudent reserves of essential drugs and equipment.

RESOLUTION 04-20, Equitable Distribution of Pandemic Resources
Resolved, that the Arizona Medical Association advocate directly through Arizona State and County Governments and directly to the people of Arizona, and through the American Medical Association for fair and equitable access to PPE, testing, therapeutics, and safe and effective vaccines should they become available.
RESOLUTION 05-20, Public Health Crisis Mandates
Resolved, that ArMA’s Legislative and Government Affairs Committee review as necessary governmental or executive public health mandates made as an emergency declaration and forward their recommendation to the Executive Committee for decision.

2016 RESOLUTIONS READOPTED WITHOUT AMENDMENT

RESOLUTION 06-20 Transfer of Jurisdiction Over Required Clinical Skills Examinations to U.S. Medical Schools (Originally 04-16)
RESOLVED, That the Arizona Delegation to the American Medical Association (AMA) ask the AMA to work with the Federation of State Medical Boards and state medical licensing boards to advocate for the elimination of the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) exam as a requirement for Liaison Committee on Medical Education-accredited graduates who have passed a school-administered, clinical skills examination; and be it further

RESOLVED, That the Arizona Delegation to the American Medical Association (AMA) ask the AMA to amend D-295.998 by insertion (bold) and deletion (strike-through) as follows:

**Required Clinical Skills Assessment During Medical School D-295.998**
Our AMA will encourage its representatives to ask the LCME, to 1) determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should “develop a system of assessment” to assure that students have acquired and can demonstrate core clinical skills, and 2) require that medical students attending LCME-accredited institutions pass a school-administered clinical skills examination to graduate from medical school.

RESOLUTION 07-20 Maintenance of Certification (MOC) (Originally 05-16)
RESOLVED, That the Arizona Medical Association investigate legislation such as that proposed in other states to prohibit hospitals from denying admitting privileges solely on the basis of failure to participate in Maintenance of Certification, or to prohibit insurers from refusing to pay for services rendered by a physician who has not maintained certification.

RESOLUTION 08-20 Medical School Autonomy (Originally 06-16)
RESOLVED, That the Arizona Medical Association will work to ensure that Liaison Committee on Medical Education accredited medical schools have independent governance, under the direction of the Dean, who has both responsibility and authority to direct the medical school.

RESOLUTION 09-20 Salary Caps Health Care Leaders (Originally 09-16)
RESOLVED, That the Arizona Medical Association opposes actions that cap salaries or benefits of personnel, including physicians.

RESOLUTION 10-20 Controlling Spread of Zika And Mosquito-Borne Illnesses (Originally 11-16)
RESOLVED, That ArMA supports State and Federal efforts to control the spread of Zika virus and other mosquito-borne illnesses in Arizona, and encourages the provision of the necessary funding to support these efforts.

RESOLUTION 11-20 Appropriate Use of Antimicrobial Medications (Originally 12-16)
RESOLVED, That ArMA urges the development and deployment of education and training, by the state public health agency and by hospitals and other health care organizations, for physicians and other health care providers on the appropriate prescription and use of antibiotics in order to minimize the emergence of resistant strains.

RESOLUTION 12-20 Public Health Funding in Arizona (Originally 13-16)
RESOLVED, That ArMA supports the provision of increased, strategic and transparent funding at the state and county levels for public health.

RESOLUTION 13-20 Exercise Is Medicine (Originally 4-12; Readopted as 18-16)
RESOLVED, That the Arizona Medical Association encourage physicians to review and assess their patients’ physical activity level and, where appropriate and following risk assessment for safety, counsel patients on the benefits of exercise and, where appropriate, write prescriptions for exercise and make referrals.
RESOLUTION 14-20 Pharmacist Medication Switching (Originally 7-12; Readopted as 19-16)
RESOLVED, That ArMA work with the Arizona Board of Pharmacy to discourage medication switching based solely on financial incentives and there should be a valid clinical reason or formulary preference for requesting such changes.

RESOLUTION 15-20 Minimum Liability Insurance Limits (Originally 9-12; Readopted as 20-16)
RESOLVED, That the Arizona Medical Association lawfully assist physicians and medical societies to oppose requiring hospital-based or hospital-affiliated physicians or groups to carry minimum medical professional liability insurance with limits greater than that determined by appropriate medical staff or consistent with industry standards; and be it further

RESOLVED, That the Arizona Medical Association vigorously oppose physicians being required to contractually indemnify hospitals for liability; and be it further

RESOLVED, That the Arizona Medical Association assist in educating its members on all issues surrounding medical liability insurance limits.

RESOLUTION 16-20 Waive Patient Limit Treating Opioid Dependence (Originally 11-12; Readopted as 22-16)
RESOLVED, That the Arizona Medical Association support strategies to eliminate the limits on the total number of patients actively in opioid dependence treatment by an individual physician and streamline the certification process for physicians to provide this therapy; and be it further

RESOLVED, That the Arizona Medical Association should issue a statement and actively pursue legislation to end the 100-patient limit and enable certified doctors to prescribe to all appropriate patients with opioid dependence. This advocacy would include writing a letter to members of the Judiciary Committee and meeting with key members of Arizona’s congressional delegation while back in their home districts to secure bill sponsors and help assure approval of the amended language.

RESOLUTION 17-20 ALARA Medical Diagnostic Radiation Principles (Originally 12-12; Readopted as 23-16)
RESOLVED, That Arizona Medical Association support the use of the ALARA (As Low As Reasonably Achievable) principles when using medical diagnostic imaging, particularly ionizing radiation; and be it further

RESOLVED, That the Arizona Medical Association supports the use of reference material for both patients and physicians available through programs such as the Image Wisely and Image Gently (pediatrics) programs.

RESOLUTION 18-20 ArMA Mandate Policy (Originally 13-12; Readopted as 24-16)
RESOLVED, That pending legislation containing an insurance mandate should be individually evaluated using the progressive criteria below:
  1. Is it good for the individual patient? If no -- Non-support. If yes, question #2.
  2. Is it beneficial to the people of Arizona? If no -- Non-support. If yes, question #3.
  3. Does the entity being mandated support it? If yes -- Support. If no, question #4.
  4. Evaluate societal benefit vs. cost; potential precedence for other issues, consider other possible options to meet needs without mandate; consider position of Active Study.

RESOLUTION 19-20 Mandated Prescription Policy (Originally 14-12; Readopted as 25-16)
RESOLVED, That ArMA support policy that does not allow any insurance company or pharmacy benefit manager to mandate that patients receive maintenance medication by mail; or restrict maintenance medication to a one-month supply at a local pharmacy; or impose a financial penalty for choosing a three-month supply at a local pharmacy, rather than by mail; or mandate that only a 30-day or 90-day supply will be covered by insurance through action of the Arizona Department of Insurance and pursue legislation if appropriate.

RESOLUTION 20-20 Advantage Plan Home Visits Without Established Relationship (Originally 15-12; Readopted as 26-16)
RESOLVED, That the Arizona Medical Association will seek to prohibit insurance companies from mandating home visits conducted by physicians or other health care providers who do not have an established provider-patient relationship.

RESOLUTION 21-20 Board Certification and Licensure (Originally 18-12; Readopted as 27-16)
RESOLVED, That ArMA oppose any efforts to require board certification, maintenance of certification or maintenance of licensure programs, such as the Federation of State Medical Boards Program, as a condition of licensure or re-licensure either by legislative means or by policy of the Arizona Medical Board.
RESOLUTION 22-20 Medical Home (Originally 5-08; Readopted as 29-12, 28-16)
RESOLVED, That ArMA supports the concept of the “medical home” and appropriate funding for the provision of health care in coordination with primary care and other physicians and care providers and the maintenance of an accessible, comprehensive central medical record that contains all pertinent information about the patient while preserving confidentiality.

RESOLUTION 23-20 Level Playing Field (Originally 15-08; Readopted as 32-12, 30-16)
RESOLVED, That the Arizona Medical Association strongly support the elimination of contract language that contains "best price clauses" or contracts that allow for "silent PPO networks" that negatively impact physician payment."

RESOLUTION 24-20 Diabetes Monitoring and Teaching (Originally 23-96; Readopted as 28-00, 21-04, 24-08, 36-12, 31-16)
RESOLVED, That the Arizona Medical Association endorse the concept of longitudinal care in managing diabetes and other chronic diseases; and be it further.

RESOLVED, That the Arizona Medical Association continue to explore ways to encourage insurance companies to provide coverage for all aspects of diabetic patient education.

RESOLUTION 25-20 Health Care Legislation (Originally 2-84; Readopted as 14-88, 39-96, 25-04, 25-08, 37-12, 32-16)
RESOLVED, That, if any health care commission or panel be designed or mandated by the Arizona Legislature, it include a practicing physician recommended by the Arizona Medical Association and licensed in the State of Arizona as a full voting member.

RESOLUTION 26-20 Arizona Medical Board; Physician Advocacy (Originally 10-00; Readopted as 28-04, 26-08, 38-12, 33-16)
RESOLVED, That the Arizona Medical Association continue to monitor the activities of the Arizona Medical Board and to advocate that all appropriate due process be accorded physicians involved in Arizona Medical Board investigations.

RESOLUTION 27-20 Patient Rights in The Health Care Environment (Originally 22-96; Readopted as 27-00, 33-04, 29-08, 40-12, 35-16)
RESOLVED, That the Arizona Medical Association adopt the following patient right principles:
(1) The ability of patients to freely choose and continue to see the physician of their choice.
(2) The ability of patients to obtain standardized information about all health plans offered in the state.

RESOLUTION 28-20 Scientific Integrity ( Originally 8-04, Amended and Readopted as 31-08; Readopted as 42-12, 37-16)
RESOLVED, That ArMA continue to urge the federal government to use only sound medical science to formulate public health decisions to safeguard scientific integrity in federal policymaking.

RESOLUTION 29-20 Universal Immunization Access (Originally 11-92; Readopted as 27-96, 17-00, 20-04; Amended and Readopted as 35-08; Readopted as 44-12, 38-16)
RESOLVED, That the Arizona Medical Association continue to actively work with interested parties to develop and enact the means whereby affordable vaccines are made available to physicians’ offices creating greater access to immunizations for primary immunization programs; and be it further

RESOLVED, That the Arizona Medical Association actively work with interested parties to educate providers with respect to Arizona’s immunization efforts and citizens about the importance of immunizations.

RESOLUTION 30-20 Labor Epidural/Spinal Analgesia (Originally 24-96; Readopted as 29-00, 22-04; Retitled, Amended and Readopted as 36-08; Readopted as 45-12, 39-16)
RESOLVED, That ArMA endorse the policy that labor epidural/spinal analgesic procedures should be a medical decision made between a woman in labor and her physician.

RESOLUTION 31-20 Clinical Decisions in The Best Interest of Patients (Originally 18-87; Readopted as 28-91; Referred as 57-95; Readopted as 25-96, 30-00, 23-04; Retitled, Amended and Readopted as 37-08; Readopted as 46-12, 40-16)
RESOLVED, That the Arizona Medical Association strongly feels that clinical decisions regarding care which is in the best interest of patients should be decided by the treating physicians and their patients and should not be compromised because of fiscal considerations.
RESOLUTION 32-20 Support of Practicing Physicians (Originally 6-08; Retitled, Amended and Readopted as 49-12; Readopted as 41-16)
RESOLVED, That ArMA strive to support practicing physicians through public education, advocacy and convening payers, hospitals and physicians to enhance the ability of practicing physicians to meet the needs of their patients.

RESOLUTION 33-20 AIDS/HIV Infection (Originally 14-92; Readopted as 29-96, 18-00, 29-04, 27-08; Amended and Readopted as 51-12; Readopted as 43-16)
RESOLVED, That the Arizona Medical Association continue to use scientific data in developing its policies to prevent transmission of HIV infection.

RESOLUTION 34-20 National Physician Licenses (Originally 5-12; Readopted as 45-16)
RESOLVED, That the Arizona Medical Association declare that the State of Arizona, through its licensing board should always retain the right to decide whether or not to grant a medical license; and be it further

RESOLVED, That the Arizona Medical Association work to defeat any effort by the Arizona Legislature or the Arizona Medical Board to waive Arizona’s right to medical licensing decisions or to abide by a national licensing protocol.

RESOLUTION 35-20 Pharmacist Prescribing (Originally 6-12; Readopted as 46-16)
RESOLVED, That the Arizona Medical Association oppose federal and state legislation allowing pharmacists to independently dispense medication beyond the limits of the original prescription of the prescribing practitioner.

RESOLUTION 36-20 Retail Medical Clinics (Originally 2-08, Readopted as 28-12, 47-16)
RESOLVED, That the Arizona Medical Association urges the appropriate state and federal agencies to regulate ventures between store based clinics and the stores in which they are located with an emphasis on the inherent conflicts of interest in such relationships, patients’ welfare and risk and professional liability concerns; and be it further

RESOLVED, That the Arizona Medical Association urges the Director of Arizona Department of Health Services ensure that its licensing division has applied and will continue to apply the same standards to retail clinics as to other outpatient treatment center licensees as are appropriate to their limited scope of practice.

RESOLUTION 37-20 Laser Surgery (Originally 18-91; Readopted as 28-95, 27-99; Referred as 25-03; Amended and Readopted as 9-08; Readopted as 30-12; Amended 48-16)
RESOLVED, That the Arizona Medical Association adopts as policy the following definition of “surgery” from the American College of Surgeons Statement ST-11: “Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instrument causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed or manipulated by closed reductions for major dislocations or fractures or otherwise altered by mechanical, thermal, light-based, electromagnetic or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife or scalpel.”; and be it further

RESOLVED, That the Arizona Medical Association further adopts as policy, AMA policy which states that patient safety and quality of care are paramount and, therefore, patients should be assured that individuals who perform these types of surgery are licensed physicians (defined as doctors of medicine or osteopathy) who meet appropriate professional standards.

RESOLUTION 38-20 Insurance Coverage for Contraceptives (ORIGINALLY 15-00; READOPTED AS 18-04, 23-08; 35-12; Amended 49-16)
RESOLVED, That the Arizona Medical Association, in cooperation with the Arizona Section of American College of Obstetricians and Gynecologists, seek to increase the insurance coverage for contraceptives including long-acting reversible contraceptives (LARC) through education, negotiation, regulation or other appropriate means to achieve this goal.
RESOLUTION 39-20 Physician Participation in Legal Executions (Originally 4-92; Readopted as 26-96, 16-00, 19-04; Amended and Readopted as 34-08; Readopted as 43-12, 50-16)
RESOLVED, That ArMA support the AMA’s position by opposing any and all attempts by state law, rules or regulations which would enable or require physician participation in executions, except for the legal determination and certification of death.

2016 RESOLUTIONS RETITLED, AMENDED AND READOPTED

RESOLUTION 40-20 Department of Insurance and Financial Institutions Legislation (Originally 03-16)
RESOLVED, That the Arizona Medical Association (ArMA) seek legislation, including necessary funding, to establish within the Arizona Department of Insurance and Financial Institutions (DIFI) a department whose responsibility it is to accept and resolve problems identified and presented by providers and patients regarding insurance company practices that impact the provision of medical services by physicians and other health care providers, and be it further,

RESOLVED, That ArMA seek the creation within the DIFI a system whereby providers can be assured that authorization for services will also serve as verification of the financial responsibility of the third party payer or managed care company to pay for the authorized treatment or diagnostic procedures, and be it further,

RESOLVED, That the DIFI be tasked to evaluate the timeliness of payments and take corrective action to assure they are in compliance with statute, and be it further,

RESOLVED, That the DIFI review and correct where necessary retrospective denial of payments for procedures already authorized and performed, and be it further,

RESOLVED, That the DIFI assess the impact on quality of patient care by unjustified delays in service authorizations, and take corrective action to address this problem.

RESOLUTION 41-20 End of Life Policy (Originally 47-12; Amended and Readopted as 10-16)
RESOLVED, That ArMA assist the physician community to engage effectively with patients and families regarding decisions, options, and care for these patients that include but is not limited to current ArMA policy:

1. Becoming fully informed of state law, which provides for health care power of attorney, living wills, advance directives, do-not-resuscitate orders and surrogate decision making where patients may lack such capacity;
2. Guidance for discussing advance directives with patients prior to the medical need for a medical power of attorney, living will or do not resuscitate order;
3. That medical schools be encouraged to include in curriculum dealing with death and dying;
4. That physicians are made aware of the importance of the diagnosis and treatment of depression in end of life care.
5. That Arizona physicians be afforded full knowledge, with ethical and legal support, as to the proper use of pain medication for the terminally ill patient and, if indicated, that necessary permissive pharmaceutical legislation be secured;
6. That Arizona physicians become more informed regarding usage of the hospice system. That hospice is supported by Medicare and the insurance industry, and that 90 percent of hospice care is presently accomplished in a family home setting;
7. That our patients’ legislators and the responsible media be informed as to the traditional use of medication administered to the terminal patient for primary pain control, which may well have as a secondary effect an earlier patient demise, but that this ethical therapy by the physician is clearly differentiated from physician-assisted suicide or active euthanasia.

2016 RESOLUTIONS AMENDED AND READOPTED

RESOLUTION 42-20 Prescription Denials and Prior Authorizations (Originally 08-16)
RESOLVED, The Arizona Medical Association craft legislation and/or rule changes at the Department of Insurance and Financial Institutions, and/or at the Board of Pharmacy, which would require that all prescription denials or request for prior authorization contain information regarding substitute medications which are on formulary or do not require a prior authorization.

RESOLUTION 43-20 Improving Patient Access to Physicians and Medical Facilities (Originally 15-16)
RESOLVED: That the Arizona Medical Association work with the Arizona Department of Insurance and Financial Institutions, and other relevant stakeholders to define the nature and extent of conditions that interfere with patients seeing
appropriate physicians in a timely manner and to develop solutions including possible legislation to correct these conditions, and requiring insurance products maintain transparency and accuracy of their provider networks.

**RESOLUTION 44-20 ArMA Policy for Proposed Legislation (Originally 13-08; Readopted as 31-12, 29-16)**

RESOLVED, That the Arizona Medical Association implement a policy encouraging specialty societies and individual physicians considering legislation that would impact other physicians to submit their proposals to ArMA for evaluation prior to having legislation introduced in order to evaluate consistency with existing ArMA policy and possible impact on patient care; and be it further,

RESOLVED, That, if after evaluation of a specialty society proposal it is determined that issues exist that must be addressed, ArMA will be invited to participate in the stakeholder process.

**RESOLUTION 45-20 Hospital Involvement (Originally 13-88; Readopted as 29-92, 38-96, 22-00, 31-04, 28-08, 39-12, 34-16)**

RESOLVED, That the Arizona Medical Association supports the appointment of medical staff members to hospital governing boards.

**RESOLUTION 46-20 Duty-Free Medical Equipment and Supplies Donated to Foreign Countries (Originally 5-04; Amended and Readopted as 30-08; Readopted as 41-12, 36-16)**

RESOLVED, That the Arizona Medical Association supports duty-free donations of medical supplies and equipment to Mexico intended for the care of the medically underserved and not for resale or profit.

**RESOLUTION 47-20 Private Contracting and Balance Billing (Originally 7-08; Amended and Readopted as 50-12; Readopted as 42-16)**

RESOLVED, That:
1. The Arizona Medical Association support the right of physicians to contract directly with their patients;
2. The Arizona Medical Association actively educate physicians concerning their right to become nonparticipating physicians, to opt out of Medicare and to decline to sign or to terminate contracts with insurance companies; the mechanisms for doing so; the advantages and potential disadvantages in doing so; and the ethical pitfalls and conflicts of interest inherent in third-party contracts.

**RESOLUTION 48-20 Healthy Fast-Food Children’s Meals (Originally 2-12; Readopted as 44-16)**

RESOLVED, That the Arizona Medical Association supports voluntary adherence to appropriate nutritional standards in accordance with best scientific information for meals marketed specifically to children.

**2016 RESOLUTIONS NOT READOPTED**

**RESOLUTION 02-16 Honorary Lifetime ArMA Membership**

RESOLVED, That the House of Delegates elects Marshall B. Block, M.D., as an honorary lifetime member of the Arizona Medical Association as provided in the Association’s bylaws, Chapter II Membership, Section 3. Classes of Membership, (F) Honorary Members

**RESOLUTION 17-16 Critical Issues Facing Arizona Medical Education**

RESOLVED, That the Arizona Medical Association urge the Arizona Board of Regents to immediately have an independent investigation into the departure of the Senior Leadership Team from the University of Arizona College of Medicine, Phoenix; and be it further,

RESOLVED, That the investigation should, at minimum, examine the events and issues that led to the departures of the Senior Leadership Team from the University of Arizona College of Medicine, Phoenix, and any University of Arizona organizational impediments or policies that contributed to the departures; and be it further,

RESOLVED, That the Arizona Medical Association request the Arizona Board of Regents take corrective action based on the independent investigation to maximize exemplary operations and achieve excellence in medical education at the University of Arizona College of Medicine Phoenix and Tucson.

**RESOLUTION 21-16 AMB Specialty Listings**

RESOLVED, That the Arizona Medical Association work diligently with the Arizona Medical Board to ensure data published regarding a physician’s specialty is a fair representation of the physician’s area of expertise.
2020 REPORTS *(Distributed electronically prior to the meeting)*

- Report on 2019 Referred Resolutions
- 2020 Approved ArMA Budget
- 2019-20 Outgoing President’s Report
- 2020-21 Incoming President’s Goals

**NEW BUSINESS**

Having no other business before the House, the meeting adjourned sine die at 1:01 pm

Nadeem Kazi, MD
Secretary