CALL TO ORDER
Ronnie Dowling, MD, Speaker of the House, called the 2018 House of Delegates meeting to order at 9:30 am on Saturday, June 2, 2018 at ArMA headquarters, 810 W. Bethany Home Rd, Phoenix, AZ.

OPENING ACTIVITIES
Philip Keen, MD, offered the invocation and presented the In Memoriam.

PRESIDENTIAL INAUGURATION
Michael Hamant, MD, introduced Traci Pritchard, MD, as the 2018-2019 ArMA President. An induction ceremony took place, and Dr. Pritchard addressed delegates, presenting her goals for the coming year.

CAUCUS MEETINGS
The following caucus meetings took place to review resolutions and nominations: Pima County, Maricopa County, Rural counties, and At-Large members.

ArMPAC REPORT
Gary Figge, MD, presented an update on ArMPAC and encouraged delegates to contribute.

COMMITTEE ON CREDENTIALS
Prior to the start of official House business, the Committee on Credentials reported a quorum present and the House duly constituted. Sign-in sheets indicated that 64 delegate were present. It was moved and carried to accept the sign-in sheets in lieu of a roll call.

MINUTES
The minutes of the 2017 House of Delegates held June 3, 2017, were approved as distributed.

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 / ELECTIONS
In accordance with the ArMA Bylaws and on behalf of the Committee on Nominations, Gretchen Alexander, MD, provided background on ArMA’s board nomination process and presented a slate of nominees for office. Dr. Alexander offered an opportunity for additional nominations from the floor. With no additional nominations from the floor, it was announced that the House had elected the following individuals by acclamation:

- PRESIDENT-ELECT (2018-19) Susan M. Whitely, MD
- VICE PRESIDENT (2018-19) Ross F. Goldberg, MD
- SECRETARY (2018-20) Jennifer Hartmark-Hill, MD
- SPEAKER OF THE HOUSE (2018-20) Ronnie Dowling, MD
- AT-LARGE MEMBER, EXECUTIVE COMMITTEE (2018-19) Adam Brodsky, MD
- AT-LARGE MEMBER, EXECUTIVE COMMITTEE (2018-19) Brenda A. Gentz, MD
**These members will fill positions that were vacated prior to the end of the term.**

**REFERENCE COMMITTEE ON BYLAWS AMENDMENTS**

As Reference Committee Chair, Ross Goldberg, MD, presented recommendations from the Articles & Bylaws Committee on bylaw revisions. Each section of proposed edits was reviewed and presented for discussion. The following is the final language that was reviewed.

**2018 BYLAWS RESOLUTIONS AMENDED AND ADOPTED**

RESOLUTION A01-18, RECREATION OF MEDICAL STUDENT SECTION (MSS), RESIDENT AND FELLOW SECTION (RFS) AND YOUNG PHYSICIAN SECTION (YPS) WITHIN THE ARIZONA MEDICAL ASSOCIATION (ArMA)

Chapter II 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. These ArMA members shall constitute the membership of the Arizona Medical Association Resident and Fellow Section.

The Resident and Fellow Section shall be permitted to adopt internal operating policies to govern its internal affairs. Such internal operating policies shall not be in conflict with the bylaws of the Arizona Medical Association and must be approved by the Board of Directors to become effective.

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. These ArMA members shall constitute the membership of the Arizona Medical Association Medical Student Section.

The Medical Student Section shall be permitted to adopt internal operating policies to govern its internal affairs. Such internal operating policies shall not be in conflict with the bylaws of the Arizona Medical Association and must be approved by the Board of Directors to become effective.
Those in the active membership class that are not resident or fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs shall constitute the membership of the Arizona Medical Association Young Physicians Section.

The Young Physicians Section shall be permitted to adopt internal operating policies to govern its internal affairs. Such internal operating policies shall not be in conflict with the bylaws of the Arizona Medical Association and must be approved by the Board of Directors to become effective.

RESOLUTION A02-18, BYLAWS REVISIONS
Chapter I Definitions
Except where the context otherwise requires, as hereinafter used:

“Articles” means the Articles of Incorporation of the Association.

“At-Large Member” means an association member practicing in Maricopa or Pima county or a non-practicing physician residing in Maricopa or Pima county, who may or may not be a county society member.

Chapter II Membership
Section 1. General Requirements’
(C) Associate Members
Associate membership may be granted by the Association to doctors of medicine or osteopathy 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.

Section 4. Disciplinary Action:
(A) Active, Associate, Service, or Affiliate membership in the Association shall be lost by:
(1) transfer of membership to the medical association of another state except as provided in Chapter III, Section 3;
(2) action of the Board; a two-thirds vote of the total membership of the Board shall be 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 under Chapter IX, Section 5.

Chapter IV Officers and Directors
Section 1. The following shall be officers and directors of the Association: — The Outgoing Past President, the Immediate Past President, the President, the President-Elect, the Vice President, the Secretary, the Treasurer, the AMA Delegation Chair and the Executive Vice President. All of the officers, with the exception of the Executive Vice President, shall be members of the Board. The other directors shall be the Speaker of the House, the Vice-Speaker of the House, the Delegates to the American Medical Association, the Alternate Delegates to the American Medical Association, At-Large, Maricopa, Pima and Rural Directors, a Resident Physician, a Medical Student, the three At-Large Members of the Executive Committee, members of the Association who are officers or trustees of the American Medical Association and a Dean of a medical school or physician representative of the dean’s office who is an ArMA member physician.

Section 2: Officers: -
(F) Secretary: - The Secretary shall keep minutes of all official meetings of the Association, its board, and its committees. The Secretary shall see that all notices are duly given in accordance with the provisions of law and these Bylaws and shall keep the membership records of the Association and be custodian of all contracts, assignments and other legal documents and records. In general, the Secretary shall perform all the duties incident to the office of Secretary of a corporation.

(G) Treasurer: — The Treasurer shall have charge of and be responsible for all funds, securities, receipts and authorized disbursements of the Association; shall deposit or cause to be deposited, in the name of the Association, all money or other valuable effects in such banks or other depositories as shall from time to time be selected by the Board; shall render to the president and to the Board, whenever requested, an account of the financial condition of the Association; and shall report annually to the House and membership on Association finances. In general, the Treasurer shall perform all duties incident to the office of Treasurer of a corporation.

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. A dean of a medical school or physician representative of the dean’s office who is an ArMA member physicians shall be recommended by the Nominating Committee for a three-year term and approved by the Board.

Section 4. Beginning and End of Term: - All officers, the three At-Large Members of the Executive Committee and directors except the Delegates and Alternate Delegates to the American Medical Association shall assume office immediately following their election and acceptance of the office. The Delegates and Alternate Delegates to the American Medical Association shall take office on January first of the year following election, or in conformity with any revised rules of the American Medical Association. The President-Elect shall assume office as President during the Annual Meeting.

Section 5. Nominations: - Nominations for elective 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 6. Distribution and Election of At-Large, Maricopa, Pima and Rural Directors: — There shall be four director constituencies, which shall be designated as: At-Large, which shall be represented by eight (8) At-Large Directors, at least half of whom are not county society members; Maricopa, which shall be represented by five (5) Maricopa Directors; Pima, which shall be represented by two (2) Pima Directors; and Rural, which shall be represented by six (6) Rural Directors, with consideration given to having no more than two from a single county. Terms of directors will be staggered.

Chapter VI Board of Directors
Section 2. General:
(B) Rules and Procedures: — The Board may institute policies and procedures related to administrative rather than parliamentary guidelines.

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 may invest and reinvest such monies as may be available from time to time to create a reserve or sinking fund. The Board may also set up and prescribe proper rules for administering any other funds and foundations as may be authorized by the House.

The Board shall have the authority to form such subsidiaries of the Association, whether profit making or otherwise, as it deems appropriate and invest assets of the Association in such subsidiaries. The Board may also cause the Association to guarantee the indebtedness of any such subsidiaries, as in its judgment it deems necessary or appropriate.

The Board shall also have the authority to appoint an individual or individuals to vote the stock held by the Association in any such subsidiaries or other corporations.

The annual audit information for the subsidiary corporations shall be presented to the Board of Directors and the House of Delegates and be available on special request by a member in good standing.

Section 8. Executive Vice President; Offices: — The Board shall employ an Executive Vice President, 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 Executive Vice President shall be under the direction of the President and the Board but shall have the supervision of all other employees. The Executive Vice President shall be an officer of the Association but shall not be a member of the Board of Directors or the Executive Committee.
Chapter VII Standing and Other Committees
Section 2. Term: — Unless otherwise provided by the Board, each chair shall serve for a term of one year and each member of a committee shall serve for a term of three years. It shall be arranged that approximately one-third of the terms shall expire each year.

Section 5. Standing Committees and Functions: — The standing committees and their functions shall be:
(D) Nominating Committee: — The functions of the Nominating Committee shall be to (1) solicit nominations for the elective offices to be filled from the county societies, specialty societies, direct members, medical students and resident physicians; (2) meet at least six weeks prior to the Annual Meeting to finalize a slate of candidates, selecting at that time at least one candidate for each elective office to be filled; (3) in the event of withdrawal by a candidate prior to election, immediately select a second candidate; and (4) present its nominations to the Speaker at the Annual Meeting.

Chapter VIII 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 (via the Secretary of the Association) 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.

Section 4. Payment of Dues and Assessments; County Report: — The record of payment of dues and assessments in the offices of the Association shall be final in determining the rights of a Delegate to participate in the proceedings of the Association and business of the House.

Section 5. Committees of the House: — At or before each Annual Meeting the Speaker shall appoint such committees as to 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.

Chapter IX 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 Arizona Medical Association shall be payable January first of the year for which levied.

Each county society has the primary right to collect the dues of its members. Similarly, the Association has the primary right to collect the dues of its members.

(C) Any member of the Association whose dues for the current year have not been remitted to the Association may be suspended until such delinquency is corrected. Failure to make complete payment of dues by June 30, may result in termination of membership.

(D) The Association may authorize payment of dues in installments by any member, with the schedule to be determined by the association.

Chapter X 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.

REFERENCE COMMITTEE ON RESOLUTIONS
2018 RESOLUTIONS ADOPTED WITHOUT AMENDMENTS

02-18 PAYMENT FOR ADVANCE CARE PLANNING
RESOLVED, that the Arizona Medical Association request that the AMA seek Federal Legislation to require Medicare Advantage, Medicaid, and Commercial Insurance to pay for Advance Care Planning whenever the patient’s physician believes that it is appropriate.

07-18 TRAMADOL CHANGE FROM DEA SCHEDULE IV TO SCHEDULE III
RESOLVED, that ArMA, through its AMA delegation, request that the AMA petition the United States Drug Enforcement Administration to change tramadol from a Schedule IV to a Schedule III controlled substance.
10-18 PROHIBITION ON THE HERBAL SUPPLEMENT KRATOM
RESOLVED, that ArMA supports the conduct of ethically and scientifically sound research to evaluate beneficial or harmful effects of Kratom and its pharmacologically active derivatives; and be it further

RESOLVED, that ArMA supports prohibition of the sale or distribution of Kratom or its derivatives in Arizona until it is deemed safe by the FDA.

11-18 NALOXONE ON COMMERCIAL AIRLINES
RESOLVED, that ArMA supports the addition of naloxone to the airline medical kit; and be it further

RESOLVED, That ArMA direct the ArMA AMA Delegation to urge the AMA to encourage airlines to voluntarily include naloxone in their airline medical kits; and be it further

RESOLVED, that ArMA direct our AMA Delegation to urge the AMA to encourage the addition of naloxone to the emergency medical kits of all US airlines (14CFR Appendix A to Part 121 - First Aid Kits and Emergency Medical Kits).

2018 RESOLUTIONS AMENDED AND ADOPTED

03-18 SCOPE OF PRACTICE EXPANSION ADVOCACY & IMPACTS ON PHYSICIANS & MEDICAL STUDENTS
RESOLVED, that the Arizona Medical Association, ask that the AMA continue to work with relevant stakeholders to recognize physician training and education and patient safety concerns, produce advocacy tools and materials for state level advocates to use in scope of practice discussions with legislatures, including but not limited to infographics, interactive maps, scientific overviews, geographic comparisons, and educational experience; and be it further

RESOLVED, that the Arizona Medical Association, ask that the AMA advocate for the inclusion of non-physician scope of practice characteristics in various analyses of practice location attributes and desirability; and be it further

RESOLVED, that the Arizona Medical Association, ask that the AMA advocate for the inclusion of scope of practice expansion into measurements of physician well-being; and be it further

RESOLVED, that the Arizona Medical Association, ask that the AMA study the impact of scope of practice expansion on medical student decisions to enter into primary care.

04-18 ALL PAYER GRADUATE MEDICAL EDUCATION FUNDING
RESOLVED, that the Arizona Medical Association request that the AMA Board of Trustees investigate the status of AMA policy 305.973 and 305.967 and report back to the HOD with proposed measures to resolve the problems of underfunding, inadequate number of Residencies and geographic maldistribution of Residencies.

06-18 PAYMENT FOR PALLIATIVE CARE
RESOLVED, that the Arizona Medical Association request that the AMA seek Federal Legislation to require Medicare, Medicare Advantage, Medicaid, and Commercial Insurance to pay for Palliative Care, regardless of site of care, whenever the patient’s physician believes that it is appropriate and the patient, or surrogate decision maker, agrees.

08-18 PHYSICIAN WELL-BEING
RESOLVED, that the Arizona Medical Association pledge a continuing commitment to physician wellbeing and helping physicians succeed in their life’s work of caring for patients, including encouraging Arizona health system leadership to adopt the CHARM Charter on Physician Well-Being and system methods to enhance the health of all clinicians, and thus ensure the best possible patient care.

09-18 PROTECTION AGAINST GUN VIOLENCE (resolves 1 & 2)
RESOLVED, that the Arizona Medial Association (ArMA), support concerned Americans, who are urging tightening of Federal gun laws, and, be it further

RESOLVED, that ArMA support full background checks for all purchases.

2018 RESOLUTIONS REFERRED TO BOARD OF DIRECTORS

05-18 PAYMENT FOR OCCUPATIONAL THERAPY FOR PATIENTS ON HOSPICE
RESOLVED, that the Arizona Medical Association request that the AMA seek Federal Legislation to require Medicare, Medicare Advantage, Medicaid, The Veteran’s Health Administration and Commercial Insurance to pay for Occupational Therapy for patients on Hospice, at a rate that adequately covers the cost of providing care, whenever the patient’s physician believes that it is appropriate and the patient, or surrogate decision maker, agrees.

09-18 PROTECTION AGAINST GUN VIOLENCE (resolve 3)
RESOLVED, that ArMA Create a state task force to raise awareness on gun related suicide and violence and of mental health indicators in mass shootings.

2014 RESOLUTIONS READOPTED WITHOUT AMENDMENT

RESOLUTION 12-18, GRADUATE MEDICAL EDUCATION FUNDING (ORIGINAL 5-14)
RESOLVED, That ArMA supports increased GME funding in Arizona and is strongly opposed to any proposed funding cuts; since cuts will undoubtedly result in further physician shortages and be detrimental to medical education in this country; and be it further

RESOLVED, That ArMA supports preserving physician residency programs in Arizona as a focus for a long term solution that will maintain access to care for Americans and help to diminish upcoming physician shortages; and be it further

RESOLVED, That ArMA will pursue these goals by all means possible, including legislation.

RESOLUTION 13-18, GUIDELINES FOR ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY (ORIGINAL 9-14)
RESOLVED, That ArMA will educate its members that, per the Agency for Healthcare Research & Quality guidelines, allergen immunotherapy should be administered in a setting that permits the prompt recognition and management of adverse reactions, except in proven clinical safe or rare and exceptional cases when allergen immunotherapy cannot be administered in a medical facility and withholding this therapy would result in a serious detriment to the patient's health.

RESOLUTION 14-18, COMPREHENSIVE ACTION FOR DRUG POISONING EPIDEMIC (ORIGINAL 10-14)
RESOLVED, That ArMA (ArMA) participate in the Arizona Prescription Drug Misuse and Abuse Initiative and urge the Arizona Legislature and the Arizona Executive Branch to adequately fund efforts to control this preventable epidemic, and be it further

RESOLVED, That ArMA encourages the Committee on Public Health to survey and continuously monitor the Continuing Medical Education (CME) market place for high quality CME regarding the use and management of controlled substances, and be it further

RESOLVED, That ArMA encourages all licensed prescribers of controlled substances to enroll and actively use where appropriate the Arizona Controlled Substances Monitoring Program, and be it further

RESOLVED, That ArMA endorses ongoing efforts by the Arizona Department of Health to develop Opioid Prescribing Guidelines.

RESOLUTION 15-18 PEER REVIEW; BEST PRACTICES (ORIGINAL 13-10; READOPTED 15-14)
RESOLVED, that ArMA work to ensure that hospital peer review be unbiased so that it shall only be used to make valid clinical decisions that improve patient care.

RESOLUTION 16-18 COLLEGE OF MEDICINE INCREASES (ORIGINAL 14-02; READOPTED 18-06, 24-10, 20-14)
RESOLVED, That ArMA work to minimize tuition increases for University of Arizona College of Medicine students in order to keep student education debt low enough that students will stay and practice in all Arizona locations, metropolitan and rural; and be it further

RESOLVED, That ArMA work with the legislature and Board of Regents to create incentives to encourage medical students to remain in Arizona or return to Arizona after post-graduate training.

RESOLUTION 17-18 HEALTH INSURANCE AND LAW CHANGES (ORIGINAL 13-94; READOPTED 35-98, 29-02, 25-06, 27-10, 23-14)
RESOLVED, That ArMA endorses legislation:
  • Providing for the elimination of underwriting requirements that create artificial barriers to small business insurance pools;
• Eliminating pre-existing condition exclusions that permit insurers to skim off artificial “communities” of the healthy for insurance coverage;
• Guaranteeing portability of insurance when a job change occurs;
• Making insurance premiums tax deductible;
• Creating tax credits to help low-income families purchase medical insurance;
• Promoting individual responsibility and liberty; and
• Guaranteeing rights of physicians and patients to contract privately.

RESOLUTION 18-18 HEALTH SYSTEM REFORM (ORIGINALLY 14-94; READOPTED 36-98, 30-02, 26-06, 28-10, 24-14)
RESOLVED, That ArMA supports health reform with a pluralistic, competitive system which includes fee-for-service, managed care organizations, and any other systems which can provide competent, scientific medical care to the citizens of Arizona.

RESOLVED, That ArMA supports medical licensure by examination or reciprocity based on documented adequate medical education, knowledge, skill and competency; and be it further

RESOLVED, That ArMA opposes discrimination in medical licensure, hospital staff appointments, and re-credentialing of privileges based upon graduation from a medical school outside the United States and Canada; and be it further

RESOLVED, That ArMA opposes any legislative policies or actions that foster discrimination based on graduation from a medical school outside the United States and Canada. (21.100)

RESOLUTION 20-18 PROFESSIONAL LIABILITY CONCERNS (ORIGINALLY S-14-90; READOPTED 30-94, 44-98, 38-02, 32-06, 33-10, 28-14)
RESOLVED, That ArMA exert all efforts on a local and national level to correct the inequities of the current tort system.

RESOLUTION 21-18 DISCHARGE FROM ACUTE CARE INSTITUTIONS TO NON-ACUTE CARE FACILITIES (ORIGINALLY. 14-98; READOPTED 21-02, 35-06, 34-10, 29-14)
RESOLVED, That ArMA (ArMA) strongly endorses the position that no transfer from an acute care institution to a non-acute care facility be considered appropriate or allowed without a legible discharge summary and proof of acceptance from the receiving attending physician.

RESOLUTION 22-18 HEALTH SAVINGS ACCOUNTS (ORIGINALLY 16-94; READOPTED 34-98, 28-02, 37-06, 35-10, 30-14)
RESOLVED, That ArMA fully endorse the Health Savings Account concept and recognize that the inclusion of this concept is a necessary option in any credible plan of medical insurance reform.

RESOLUTION 23-18 ARIZONA MEDICAL BOARD CONFIDENTIALITY (ORIGINALLY 19-94; READOPTED 37-98, 31-02, 38-06, 36-10, 31-14)
RESOLVED, That ArMA work with the Arizona Medical Board and the Legislature and consider the development of legislation, if necessary, that would protect the anonymity of both patients and physicians at the Arizona Medical Board meetings to ensure the reputation of the physician will survive should resolution be found in favor of the physician.

RESOLUTION 24-18 PROTECTING PHYSICIANS' DUE PROCESS RIGHTS (ORIGINALLY 2-06, READOPTED 38-10, 32-14)
RESOLVED, That ArMA declare that physicians shall refrain from enabling any process that deprives a colleague of procedural or substantive due process and that engaging in sham peer review shall constitute unethical conduct.

RESOLUTION 25-18 PREVENTING MEDICATION REGIMEN CHANGE (ORIGINALLY 6-10; READOPTED 37-14)
RESOLVED, That ArMA pursue legislation prohibiting changes in a medication regimen due to change in the patient’s health insurance company or pharmacy benefit manager or formulary change without written notification to both the patient and prescribing physician; and be it further

RESOLVED, That any changes in a medication regimen due to change in the patient’s health insurance company or pharmacy benefit manager or formulary change not be effective for at least 90 days after such notification.

2014 RESOLUTIONS AMENDED AND READOPTED

RESOLUTION 26-18, TESTOSTERONE REPLACEMENT THERAPY (ORIGINALLY 8-14)
RESOLUTION 27-18 CHILDHOOD OBESITY (ORIGINALLY 14-10; READOPTED 16-14)
RESOLVED, That ArMA support efforts to:

- Identify all children at risk for obesity by calculating Body Mass Index percentile at well-child visits;
- Follow American Academy of Pediatrics guidelines for assessment of obese children for medical complications and employ preventive strategies such as 5-2-1-0 counseling (5 servings of fruits and vegetables–2 or fewer hours screen time–1 hour of physical activity–no sweetened beverages daily) as part of routine pediatric care;
- Encourage schools and child care facilities to adopt best practices aligned with expert recommendations for nutrition and physical activity;
- Advocate for insurance companies to provide adequate coverage and payment for services provided by physicians and other healthcare professionals that support the expert recommendations for prevention, assessment and management of childhood obesity;
- Cover nutrition/dietician services for children; and
- Maintain a sufficient nutrition/dietician network skilled in working with children and youth.
- Support funding, programming, and educational efforts to reduce and prevent childhood obesity.

RESOLUTION 28-18 ELIMINATION OF INTRUSION INTO THE DOCTOR/PATIENT RELATIONSHIP AND PROTECTION OF PATIENT CONFIDENTIALITY (ORIGINALLY 15-98; READOPTED 22-02, 20-06, 26-10, 22-14)
RESOLVED, That ArMA strongly:

- Supports the sanctity of the doctor/patient relationship;
- Believes no physician should ever be compelled to betray the private trust inherent in this relationship;
- Believes medical records should remain private and inviolate;
- Believes medical information should never be shared outside of the physicians engaged in direct patient care without the written consent of the patient.

RESOLUTION 29-18 COMMITMENT TO AND SUPPORT OF ArMPAC (ORIGINALLY 6-82; READOPTED 19-86, 22-90, 28-94, 46-98, 36-02, 30-06, 31-10, 27-14)
RESOLVED, That ArMA reaffirm its support of the Arizona Medical Political Action Committee and encourage robust participation and giving from all ArMA member to ArMPAC.

2014 RESOLUTIONS AMENDED, RETITLED AND READOPTED

RESOLUTION 30-18 ACTION ON PHONE AUTHORIZATION DELAYS AND TRANSPARENCY (ORIGINALLY 27-98; READOPTED 26-02, 23-06, 45-10, 35-14)
RESOLVED, That the Arizona Medical Association ensure that the prior authorization process does not hinder patient care, the practice of medicine, or the doctor/patient relationship; and, be it further

RESOLVED, That the Arizona Medical Association works to ensure that the prior authorization process is transparent, efficient, fair and enforceable.

2014 RESOLUTIONS NOT READOPTED

RESOLUTION 2-14, REVIEW OF ArMA DUES PROCESS
RESOLUTION 4-14, SUPPORTING VALLEY FEVER AWARENESS, EDUCATION AND FUNDING
RESOLUTION 7-14, INAPPROPRIATE FEDERAL FUNDING OF ALTERNATIVE MEDICINE & TEACHING OF ALTERNATIVE MEDICINE AT US ALLOPATHIC MEDICAL SCHOOLS
RESOLUTION 14-14 INCREASING THE HOMESTEAD EXEMPTION (Orig. 8-10)
RESOLUTION 17-14 PERMANENT FIX FOR THE SUSTAINABLE GROWTH RATE FORMULA (Orig. 17-10)
RESOLUTION 18-14 AMA COMMUNICATION WITH STATE MEDICAL ASSOCIATION LEADERSHIP (Orig. 19-10)
RESOLUTION 19-14 AHCCCS COVERAGE FOR CHRONICALLY ILL OR DISABLED CHILDREN (Orig. 5-06; Readopted 21-10)
RESOLUTION 21-14 GENERIC LABORATORY & REGULATORY REQUISITIONS (Orig. 8-02; Readopt 19-06, 25-10)
RESOLUTION 26-14 PHYSICAL THERAPY (Orig. 10-86; Readopt 18-90, 25-94, 41-98, 34-02, 28-06, 30-10)
RESOLUTION 33-14 HEALTH CARE PAYMENT FOR UNDOCUMENTED PERSONS (Orig. 11-02; Readopt 17-06, 42-10)
RESOLUTION 34-14 30-DAY RULE AND HEALTH PLAN PAYMENT (Orig. 17-98; Readopt 24-02, 21-06, 43-10)
RESOLUTION 36-14 TOBACCO PRODUCT SALES (Orig. 6-86; Readopt 17-90, 31-04, 45-98, 35-02, 29-06, 47-10)
2018-19 ArMA BUDGET
The House was presented, for information, the 2018-2019 Budget for the Arizona Medical Association, Inc., as approved by the Board of Directors at its May 12, 2018, meeting.

ArMA/AOMA END OF LIFE TASK FORCE
The Joint ArMA/AOMA Physicians Task Force on End of Life Care was established in 2016 to address current care for Arizonans at the end of life and those with serious and/or life-threatening illness, physician knowledge of end of life issues and care, and needs for education of Arizona physicians on these issues. The Task Force included about 25 physicians in many specialties, including Primary Care, Palliative Care, Hospital and Emergency Medicine and several medical subspecialties. It met monthly and completed the following:

- A comprehensive reference list was compiled.
- Testimony was heard on a variety of topics relevant to end of life (EOL) care.
- Surveys were conducted of medical schools and residency programs in Arizona showing that medical schools devote time to EOL issues, but that most Residencies and Fellowships do not specifically address EOL care. Efforts to specify such training should occur starting in IM/ FP residencies and then to fellowships in medical and surgical subspecialties. Successful models do exist within Arizona.

A survey was designed and emailed to 8,000 physicians, with over 500 responding. The survey examined knowledge, skills and involvement in end of life issues, desire for further education as well as views toward POLST (Physician Orders for Life Sustaining Treatment) and MAID (Medical Aid in Dying).

The House adopt to send the recommendation presented by the End of Life Task Force to the ArMA Board of Directors. The recommendations are:

1. Publicize results of the physician survey widely
   a. Craft messages for the public and for physicians regarding the need to plan ahead to consider end of life wishes
   b. Encourage both physicians and the public to engage in conversations about goals of care when life is limited, and as part of routine care for older patients.
   c. Work to remove insurance barriers to End of Life care
2. Publicize Physician training sessions and educational sessions on End of Life issues on the ArMA weekly newsmagazine, Arizona Osteopathic Medical Association (AOMA) publications and medical society bulletins
   a. Engage with primary physicians, hospitalists and training programs to reach residents and fellows
   b. Engage with medical subspecialists, with a peer champion to encourage thoughtful consideration about goals of care conversations, using other members of the health care team
   c. Publicize the role and availability of Palliative Care
3. Publicize and inform physicians and the public about POLST and why it is a good idea for patients in the last year of life to clarify wishes and make accessible as part of the medical record and to caregivers and accessible to first responders.
4. Advocate for legislation for POLST in collaboration with the AzHHA and AOMA.
5. Reconsider ArMA’s official position on Medical Aid in Dying in the event of pending legislation on the issue, in recognition of shifting views toward this practice in Arizona and nationally as an ethical way of ameliorating suffering for some patients at end of life.
6. ArMA and AOMA in partnership with AzHHA should monitor and advocate for federal legislation to improve End of Life care.
COMMITTEE ON MEDICAL ETHICS

At the direction of the ArMA Executive Committee and the End of Life Task Force the Committee on Medical Ethics was convened to specifically address the issue of Physician Assisted Suicide/Medical Aid in Dying (PAS/MAID). The committee meet and debated moving ArMA’s position of opposition to PAS/MAID, to a position of neutrality. In the end the committee was equally split between those who want to move ArMA’s position to neutrality and those who wanted ArMA’s position to remain opposed, therefore, the committee recommended ArMA’s position on PAS/MAID remain unchanged.

NEW BUSINESS

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

Jennifer Hartmark-Hill, MD
Secretary