

**THE ARIZONA MEDICAL ASSOCIATION, INC.**

**RESUME  
of the  
HOUSE OF DELEGATES – 2009 ANNUAL MEETING  
SECOND REGULAR SESSION**

**June 6, 2009**

The recessed meeting of the House of Delegates of the Arizona Medical Association, Inc. held at 810 W. Bethany Home Road, Phoenix, Arizona, on June 6, 2009, convened at 9:07 a.m., Marilyn K. Laughead, M.D., Speaker of the House, presiding.

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

**ROLL CALL** According to the sign-in sheets, 59 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 December 6, 2008, were approved as distributed.

**STANDING RULES** Without objection, the standing rules for the House were presented:

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

- **ALL DELEGATES MUST SIGN-IN EACH DAY SO THAT 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;**
- 
- **THIS IS A NON-SMOKING MEETING; AND**
- 
- **DRESS CODE IS CASUAL.**

**NOMINATIONS** The Committee on Nominations presented a slate of nominees for office and, with nominations being made from the floor, nominations were closed and ballots distributed.

**ELECTION OF ArMA OFFICERS AND AMA DELEGATES**

The following were elected for terms as indicated:

<b>PRESIDENT-ELECT</b>	<b>Gary Figge, M.D.</b>	<b>2009-2010</b>
<b>VICE PRESIDENT</b>	<b>Robert Orford, M.D.</b>	<b>2009-2010</b>
<b>TREASURER</b>	<b>William Thrift, M.D.</b>	<b>2009-2011</b>
<b>VICE SPEAKER OF THE HOUSE</b>	<b>William Thrift, M.D.</b>	<b>2009-2011</b>
<b>AMA DELEGATE</b>	<b>Bruce Bethancourt, Jr., M.D.</b>	<b>1/1/2010-12/31/2011</b>
<b>AMA DELEGATE</b>	<b>William Mangold, Jr., M.D.</b>	<b>1/1/2010-12/31/2011</b>

## ELECTION OF AMA ALTERNATE DELEGATES, DIRECTORS, RESIDENT AND STUDENT MEMBERS

The following were elected for terms as indicated:

ALTERNATE AMA DELEGATE	Leonard Ditmanson, M.D.	1/1/2010-12/31/2011
ALTERNATE AMA DELEGATE	M. Zuhdi Jasser, M.D.	1/1/2010-12/31/2011
AT-LARGE MEMBER OF THE EXEC. COMM.	Daniel Marino, M.D.	2009-2010
AT-LARGE MEMBER OF THE EXEC. COMM.	Thomas Rothe, M.D.	2009-2010
AT-LARGE MEMBER OF THE EXEC. COMM.	M. Wade Shrader, M.D.	2009-2010
AT-LARGE DIRECTOR	Michael Adkins, M.D.	2009-2012
AT-LARGE DIRECTOR	Richard Helmers, M.D.	2009-2012
AT-LARGE DIRECTOR	Philip Keen, M.D.	2009-2012
AT-LARGE DIRECTOR	Peter Kelly, M.D.	2009-2012
AT-LARGE DIRECTOR	T. Philip Malan, Jr., M.D.	2009-2012
AT-LARGE DIRECTOR	Carol Taylor, M.D.	2009-2012
MARICOPA DIRECTOR	Suresh Anand, M.D.	2009-2012
RURAL DIRECTOR	George Deckey, M.D.	2009-2012
RURAL DIRECTOR	Ramesh Tandon, M.D.	2009-2012
RESIDENT PHYSICIAN MEMBER	Kyle Edmonds, M.D.	2009-2010
MEDICAL STUDENT MEMBER	Sarah Whitley	2009-2010

By virtue of Dr. Orford's election as Vice President, Sheldon Kottle, M.D., was elected for the balance of his term (2007-2010) as Maricopa Director.

### REFERENCE COMMITTEES ON REPORTS AND RESOLUTIONS

#### **RESOLUTION 2-09 - AMA TASK FORCE ON MEMBERSHIP AND RELEVANCE**

**RESOLVED**, That an AMA task force be formed consisting of decision makers from national specialty societies, state medical associations and the AMA to develop an immediate strategy to regenerate interest in AMA membership by addressing the most pressing ways the AMA can demonstrate its relevance to the physicians of this country, and be it further

**RESOLVED**, That these recommendations be developed within a timeframe that allows them to be acted upon by all impacted groups prior to the end of 2009.

#### **ADOPTED**

#### **RESOLUTION 3-09 – AMA MEMBERSHIP**

**RESOLVED**, That the AMA make the goal of attaining at least half of all US physicians as members over the next 5 years its highest priority; and be it further

**RESOLVED**, That the AMA participate with members of the Western Mountain States Conference (WMSC) in a pilot project designed to achieve this goal of increasing physician membership in AMA by offering an optional additional benefit to members of the state medical association so that AMA membership is available for an amount that exceeds applicable state dues by no more than \$150; and be it further

**RESOLVED**, That the AMA Board of Trustees explore and report back to the House of Delegates at the I-09 meeting other options for attaining this goal, which might include but are not limited to similar proposals with specialty societies; and be it further

**RESOLVED**, That the AMA Board of Trustees report at each annual meeting the results of the WMSC experience and any other pilot projects or options which are developed to increase AMA membership as a product of this resolution.

#### **ADOPTED AS AMENDED**

**RESOLUTION 4-09 - FOLLOW-ON BIOLOGIC MEDICATIONS**

**RESOLVED**, That pharmaceutical companies should be allowed to make follow-on biologic medications available to physicians and their patients in a reasonable period of time with a reasonably predictable pathway to bring them to market; and be it further

**RESOLVED**, That our AMA advocate for enactment of federal law that would establish a pathway for follow-on biologic medications to be allowed on the market, with two guiding principles: 1) a reasonable time frame for FDA exclusivity and patent expiration with a straightforward regulatory process for follow-on biologic competitors to be brought to market, and 2) the protection of patient safety in both the original branded products and all follow-on products that are brought to market.

**ADOPTED AS AMENDED**

**RESOLUTION 5-09 – TRUTH IN CONTRACTING**

**RESOLVED**, That the Arizona Medical Association strongly oppose unilateral contract methodology changes by payers; and be it further

**RESOLVED**, That the Arizona Medical Association educate the state legislature and physicians about the negative impact of unilateral contract changes; and be it further

**RESOLVED**, That the Arizona Medical Association send a letter of concern to the Arizona Department of Insurance and to the Arizona Health Care Cost Containment System (AHCCCS) in regard to onerous unilateral contract policies.

**RETITLED, AMENDED AND REFERRED TO EXECUTIVE COMMITTEE**

**RESOLUTION 8-09 - CONVENING A TASK FORCE ABOUT THE ORDERING PHYSICIAN'S RESPONSIBILITY TO REPORT TEST RESULTS TO PATIENTS**

**RESOLVED**, That the Arizona Medical Association form a task force of various specialty societies and physicians including, but not limited to, hospitalists, pathologists, radiologists, emergency department, primary care and urgent care physicians to evaluate optimal communication of clinical test results; and be it further

**RESOLVED**, That the findings and recommendations of the task force address communication of the test results to the patient as well as options for communication of results should the patient have no primary care physician.

**ADOPTED AS AMENDED**

**RESOLUTION 9-09 – ArMA HEALTH REFORM PRINCIPLES**

**RESOLVED**, That the Arizona Medical Association continue the process of articulating principals in health reform including, but not limited to, medical liability, cost of defensive medicine and sustainable growth rate reimbursement reform, and share those principles with the membership, and be it further

**RESOLVED**, ArMA do its due diligence to ensure that these principles represent a consensus of the position of the membership; and be it further

**RESOLVED**, That our AMA delegation bring forward the issues of medical liability, cost of defensive medicine and sustainable growth rate reimbursement reform at the upcoming AMA meeting in June 2009.

**ADOPTED AS AMENDED**

**RESOLUTION 10-09 – PRIMARY CARE INCENTIVES**

**RESOLVED**, That the Arizona Medical Association supports a program for federal loan repayment of medical school debt for residents choosing primary care fields, wherever they choose to practice; be it further

**RESOLVED**, That the Arizona Medical Association supports the concept that medical liability coverage for primary care physicians be under the federal tort system; and be it further

**RESOLVED**, That the Arizona delegation to the American Medical Association is urged to carry the primary care loan forgiveness and federal tort claims act coverage in a resolution the delegation crafts to the American Medical Association meeting in June.

**REFERRED TO EXECUTIVE COMMITTEE**

**RESOLUTION 11-09 - UNIFORM USE OF 180-DAY RULE IN SUITS AGAINST UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE FACULTY**

**RESOLVED**, That the Arizona Medical Association, after consultation with the Arizona College of Medicine and after permission is received to proceed from the University, work with the Arizona Legislature to achieve legislation that determines UA College of Medicine faculty are always acting within the scope of faculty duties in medical liability situations and are subject to the 180 day notice of suit rule.

**REFERRED TO EXECUTIVE COMMITTEE**

**RESOLUTION 12-09 - ELIMINATION OF NON-DISCIPLINARY ACTIONS FROM ARIZONA MEDICAL BOARD WEBSITE**

**RESOLVED**, That the Arizona Medical Association House of Delegates supports and encourages the Arizona Medical Association staff in its efforts to remove non-disciplinary actions from the Arizona Medical Board website.

**ADOPTED**

**RESOLUTION 13-09 – MEDICAL SPANISH**

**RESOLVED**, That ArMA seek to offer courses in medical Spanish to ArMA members and their staff.

**REFERRED TO EXECUTIVE COMMITTEE**

**RESOLUTION 15-09 - ENCOURAGING ARIZONA STATE BOARD OF NURSING WEBSITE TO LIST ADVANCE PRACTICE NURSES' INFORMATION**

**RESOLVED**, That the Arizona Medical Association House of Delegates supports and encourages the Arizona Medical Association staff in its efforts to encourage the Arizona State Board of Nursing to list on its website the same categories of information for advanced practice nurses as are listed on the Arizona Medical Board website for physicians and physician assistants.

**ADOPTED AS AMENDED**

**RESOLUTION 16-09 - EXPERT WITNESS TESTIMONIAL ABUSE (Originally 2-05)**

**RESOLVED**, That the Arizona Medical Association develop standards of professionalism that encompass guidelines for (1) impartial and fair testimony, (2) reasonable compensation for that testimony and (3) professional relations with colleagues; and be it further

**RESOLVED**, That the ArMA Executive Committee pursue means to hold expert witnesses accountable for their testimony and work with the Arizona Medical Board and the Legislature, as needed, to develop and implement a regulatory program.

**AMENDED AND READOPTED**

**RESOLUTION 17-09 - GUIDELINES FOR THE ETHICAL MANAGEMENT OF PAIN (Originally 8-05)**

**RESOLVED**, That ArMA continue its efforts to create Arizona safe harbor pain guidelines and documentation templates with the DEA and the Arizona Medical Board.

**AMENDED AND READOPTED**

**RESOLUTION 18-09 - VOLUNTARY ERROR REPORTING SYSTEM (Originally 11-05)**

**RESOLVED**, That ArMA help create, and create support for, legislation to build an anonymous, voluntary, low-cost, non-discoverable hospital error reporting system.

**READOPTED**

**RESOLUTION 19-09 – ARIZONA MEDICAL LIABILITY REFORM (Originally 13-05)**

**RESOLVED**, That the Arizona Medical Association House of Delegates is in favor of continuing efforts aimed at meaningful, comprehensive medical liability reform.

**RETITLED, AMENDED AND READOPTED**

**RESOLUTION 20-09 - THE RIGHT OF ALL PATIENTS TO PURCHASE MEDICAL CARE (Originally 14-05)**

**RESOLVED**, That Arizona Medical Association urge the government not to interfere with the right of contract between patients and physicians, and that this include the right of patients to pay and physicians to accept a mutually agreeable fee.

**READOPTED**

**RESOLUTION 21-09 - PRICING OF VACCINES (Originally 16-05)**

**RESOLVED**, That ArMA support the efforts of the Arizona Chapter, American Academy of Pediatrics (AzAAP) to discuss with insurance company medical directors new vaccines and transparency in prices in a proactive way with a goal of improving immunization rates in our state.

**AMENDED AND READOPTED**

**RESOLUTION 22-09 - MASS DESTRUCTION (Originally 8-01; Readopted 18-05)**

**RESOLVED**, That the Arizona Medical Association will help national, state and county health departments with their efforts to prepare for any events of mass destruction.

**READOPTED**

**RESOLUTION 23-09 - UNIFIED MEMBERSHIP IN THE CORE ORGANIZATION (Originally 12-01; Readopted 19-05)**

**RESOLVED**, That the Arizona Medical Association vigorously oppose mandatory AMA membership as a condition for belonging to other medical societies and also vigorously oppose any effort to discourage dynamic local medical societies.

**READOPTED**

**RESOLUTION 24-09 AMENDMENT TO DUTY TO REPORT STATUTE (Originally 17-01; Readopted 20-05)**

**RESOLVED**, That the Arizona Medical Association support, and work for, a statutory or regulatory provision that will allow duly constituted committees of organized medicine the freedom to explore diverse areas of medicine with colleagues without triggering mandatory reporting.

**READOPTED**

**RESOLUTION 25-09 - AHCCCS CONTINUITY AND CHOICE (Originally 21-01; Readopted 21-05)**

**RESOLVED**, That the Arizona Medical Association lobby to promote continuity of care for Arizona Health Care Cost Containment System (AHCCCS) patients and their families with their AHCCCS physician of choice.

**READOPTED**

**RESOLUTION 26-09 - STATEMENT OF CONFLICT OF INTEREST (Originally 1-97; Readopted- 24-01, 22-05)**

**RESOLVED**, That the Statement of Policy of Conflict of Interest is hereby authorized for use by the Association and shall be immediately provided to the newly-elected Board of Directors (and all future Board members) for signature.

**READOPTED**

**RESOLUTION 27-09 - COMPENSATION FOR INCREASED PHYSICIAN EXPENSES INCURRED WHEN DEALING WITH MANAGED CARE (Originally 15-97; Readopted-27-01, 23-05)**

**RESOLVED**, That the American Medical Association seek recognition by payers that there are direct increased expenses to physicians who contract with managed care and that appropriate codes and modifiers be developed to allow physicians to be reasonably compensated for the increased expenses and the burden of interacting with managed care on behalf of patients.

**READOPTED**

**RESOLUTION 28-09 - COMMENDATION OF PHYSICIANS IN PUBLIC SERVICE (Originally 15-89; Readopted 32-93, 32-97, 32-01, 25-05)**

**RESOLVED**, That, by this resolution, the Arizona Medical Association commends those physicians who have committed their time, talent and financial resources to campaign for and serve in public office or in U.S. uniformed services.

**RETITLED, AMENDED AND READOPTED**

**RESOLUTION 29-09 - HOSPITAL MEDICAL STAFF SELF-GOVERNANCE (Originally 16-89; Readopted 33-93, 33-97, 33-01, 26-05)**

**RESOLVED**, That it is the policy of the Arizona Medical Association that the organizational and structural mechanism best suited to protecting patients' interests is the self-governing medical staff; and, be it further

**RESOLVED**, That the Arizona Medical Association supports essentials of self-governance for hospital medical staffs which, at a minimum, include:

- \* Initiation, development and adoption of medical staff bylaws, rules and regulations;
- \* Approval or disapproval of amendments to the medical staff bylaws, rules and regulations;
- \* Selection and removal of medical staff officers;
- \* Establishment and enforcement of criteria and standards for medical staff membership;
- \* Establishment and maintenance of patient care standards; and
- \* Accessibility to and use of independent legal counsel.

**READOPTED**

**RESOLUTION 30-09 - BIOETHICS & MEDICINE'S FUTURE (Originally 11-97; Readopted 36-01, 29-05)**

**RESOLVED**, That our AMA develop effective and ongoing forums to formulate appropriate bioethical responses to future changes in medicine's biology, technologies and information systems; and be it further

**RESOLVED**, That our AMA report periodically back to the House the progress in developing and implementing this activity.

**READOPTED**

**RESOLUTION 31-09 - TAX DEDUCTION FOR PURCHASE OF HEALTH INSURANCE (Originally 17-97; Readopted 37-01, 30-05)**

**RESOLVED**, That the Arizona Medical Association seek legislation to provide state tax deductions for the individual purchase of health insurance, to the extent equal to the benefit enjoyed by employers.

**AMENDED AND READOPTED**

**RESOLUTION 32-09 - LAY MIDWIFERY (Originally 30-97; Readopted 40-01, 31-05)**

**RESOLVED**, It is not in the best medical interests of women and their newborns to be delivered by non-medical personnel; and be it further

**RESOLVED**, That ArMA reaffirms its endorsement of certified nurse midwives as appropriate providers of obstetrical care.

**READOPTED**

**RESOLUTION 33-09 - FOREIGN LANGUAGE REQUIREMENTS (Originally 3-01; Readopted 32-05)**

**RESOLVED**, That the Arizona Medical Association continue to monitor activity regarding the modification or elimination of the Policy Guidance on Implementing Federal Executive Order 13166 (which requires the provision of translators for any given language in physicians' offices at the expense of the physicians) and report to the Board of Directors, as appropriate.

**READOPTED**

**RESOLUTION 34-09 - TOBACCO POLICY (Originally 5-01; Readopted 33-05)**

I. That ArMA actively participate in reaching the objective set forth in Healthy People 2000 " to increase to at least 75 percent the proportion of primary care providers who routinely advise cessation and provide assistance and follow-up for all of their tobacco using patients." To this end, the Arizona Medical Association will undertake activities to:

A. sponsor continuing education workshops which provide training on smoking cessation; and  
B. provide ongoing information updates on cessation intervention and training opportunities via established communication avenues.

II. That ArMA actively participate in the Arizona Tobacco-Free Coalition and commit to work cooperatively with voluntary agencies and advocacy groups that are active on anti-tobacco issues.

III. That ArMA support anti-tobacco legislative efforts aimed at reducing minors' access to tobacco and reducing the number of people who choose to smoke. Specifically, the Arizona Medical Association will:

A. support and promote passage of youth and tobacco measures which mandate:

- the licensure of tobacco retailers at state and/or local governmental level
- a ban on free sampling of tobacco
- a ban on sales of unpackaged tobacco
- restrictions on sale of tobacco through vending machines; and

IV. That ArMA participate in efforts to increase tobacco counter-advertising. Specifically, the Arizona Medical Association will:

A. support and encourage physicians to work with consumer and professional groups in their efforts to generate tobacco counter-advertising;

B. encourage physicians to publicly express disapproval of tobacco advertisements by attaching a visible label to all magazines in clinics and hospitals; and

C. create a physician speakers' bureau to make public presentations on tobacco issues.

V. That ArMA reaffirm past actions on smoking and health. Specifically, the Arizona Medical Association will:

A. actively encourage the establishment of smoke-free hospitals in Arizona; and

B. work with other organizations to urge all school districts to become smoke-free.

VI. That ArMA support initiatives to abolish the sale of tobacco products in health-related organizations, including drug stores.

VII. That ArMA support education efforts providing public information on the dangers of indoor air pollution resulting from "secondhand" tobacco smoke.

VIII. That ArMA strongly encourage adults, who work with and act as role models for young people, to avoid the use of all tobacco products, especially while in the presence of those young people.

**RESOLUTION 35-09 - POSITION OF THE ARIZONA MEDICAL ASSOCIATION REGARDING HIV INFECTION AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (Originally 6-01; Readopted 34-05)**

I. TESTING

A. ROUTINE

1. Blood and blood product donors.
2. Organ and tissue donors.
3. Donors of semen or ova for artificial insemination or in vitro fertilization.
4. Banked breast milk donors.
5. Other body fluids or parts used in medical research, therapy, or transplantation to other persons.
6. Prenatal testing.

B. VOLUNTARY

Physicians are urged to routinely assess behavioral factors that may increase patient risk of blood borne infections or sexually transmitted diseases.

1. Individuals in high risk groups: gay/bisexual men, intravenous drug users sharing needles, recipients of blood and blood products between 1977 and 1985, prostitutes and individuals who have multiple sex partners, infants born to HIV infected mothers and rape and sexual abuse victims.

2. Individuals presenting with multiple signs and/or symptoms suggesting HIV infection.

3. Individuals incurring significant exposure to blood or body fluids containing blood, which occurred in spite of the utilization of standard precautions. Testing of such individuals should begin immediately and be repeated at three months and at six months.
4. Individuals diagnosed with tuberculosis.
5. Individuals diagnosed with sexually transmitted diseases.
6. Individuals in high risk groups prior to routinely receiving live vaccine (measles, mumps, rubella, oral polio, yellow fever or oral typhoid). Measles vaccine is recommended for use following exposure to disease when the patient is susceptible.
7. All those who desire to be tested. Physicians should be aware that free anonymous testing is available through local health departments.

#### C. PARTNER IDENTIFICATION/NOTIFICATION

ArMA strongly supports aggressive identification, notification and education of partners by HIV infected individuals, their physicians, and state and local health departments. ArMA urges the Arizona Department of Health Services to continually monitor, evaluate and encourage voluntary contact notification and education and supports adequate funding of this activity by the legislature.

#### II. INFORMED CONSENT/CONFIDENTIALITY/INSURANCE

- A. Physicians should be familiar with the provisions of the written or oral informed consent statutes and complementary rules.
- B. Physicians should inform their patients that positive results are reportable to health authorities and become part of the medical record to which non-health personnel may have access.
- C. Physicians should inform their patients that there may be legal, social, and economic ramifications of engaging in the testing process.
- D. Patients should be advised of the difference between “confidentiality” where information is protected by statutory authority and “anonymity” where the patient’s name is unknown.
- E. ArMA urges physicians to adhere to the provisions of ARS 36-664 and 36-665 concerning the release of confidential communicable disease information.
- F. ArMA supports the Department of Insurance established anti-discrimination guidelines and encourages that patients be advised of these protections against discrimination.

#### III. COUNSELING

Counseling of patients who test positive for HIV is a legal requirement and should include:

- A. How the disease is spread, and means to avoid further disease transmission.
- B. Partner (contact) notification, with the advice that assistance is available from the local health department.
- C. Information on the course of the disease.
- D. The legal, social, and economic ramifications of the disease and the testing process.
- E. The medical benefits of early intervention and treatment for HIV infection and associated opportunistic infections.

#### IV. STANDARD PRECAUTIONS

- A. ArMA recommends the continued use of standard precautions both in the hospital and office settings as well as careful and cautious disposal of medical sharps.
- B. ArMA recommends that the use of barrier protection be consistent with the expected route and degree of exposure. Gloves are generally sufficient unless aerosolization or splattering of blood or body fluids is routinely expected.

#### V. REPORTING USE OF DATA

- A. HIV infections including AIDS are defined as communicable diseases by the Arizona Department of Health Services and, as such, are reportable (R9-6-701). ArMA strongly supports timely and complete reporting.
- B. Cases of AIDS, suspect cases, and suspect carrier reports are required. “Suspect carrier” means a person without clinical symptoms of the disease but who tests positive for HIV by culture, antigen, antibodies, or viral sequence detection.

#### VI. EDUCATION

- A. AIDS Education Training Center and the American Red Cross) to ensure that the educational needs of the professional and lay communities are met.
- B. AIDS related educational seminars should be available for all Arizona physicians. ArMA feels that it is the responsibility of every physician to become educated and to keep abreast of the latest medical and scientific evidence on this subject.
- C. ArMA should work with the Arizona Department of Health Services, local health departments and the area health education centers to disseminate information to all involved medical professional organizations.

D. Public education efforts must be directed primarily towards those currently infected with HIV to teach them how to avoid spreading HIV to others and those individuals who are not infected with HIV to teach them how to remain HIV negative and should be organized and coordinated by the Arizona Department of Health Services.

#### VII. TREATMENT RECOMMENDATIONS

A. ArMA encourages every physician to share in the responsibility of care of HIV infected individuals.

B. Current scientific advances have indicated that treatment for some asymptomatic HIV positive individuals is beneficial and available.

C. Should a physician be unable to treat HIV infected patients, the physician must refer that patient to one who will provide necessary care; and, when appropriate, make a reasonable effort to ensure the continuity of care and orderly transfer of records to the patient's new treating physician.

D. Consistent with state and federal law, a physician must inform another physician to whom he/she refers a patient with HIV disease of the patient's diagnosis.

E. ArMA should support efforts to increase available funding for the prevention and treatment of patients with HIV infections.

#### READOPTED

**RESOLUTION 36-09 - ArMA'S POSITION ON ABORTION (Originally 3-97; Readopted 25-01, 37-05)**  
**RESOLVED**, That ArMA reaffirms its position of "no position" on abortion.

#### READOPTED

**RESOLUTION 37-09 - NATIONAL PHYSICIAN COOPERATION (Originally 9-97; Readopted 26-01, 38-05)**  
**RESOLVED**, That our AMA work with other large organizations representing broad physician interests (such as the American Osteopathic Association and the National Medical Association) to develop, when possible, single policies and action plans representing organized medicine.

#### READOPTED

**RESOLUTION 38-09 - ENDORSEMENT OF STANDARDS FOR PEDIATRIC IMMUNIZATION PRACTICES (Originally 3-93; Readopted 28-97, 29-01, 39-05)**  
**RESOLVED**, That the Arizona Medical Association endorse the National Standards for Pediatric Immunization Practices as published by the American Academy of Pediatrics.

#### READOPTED

**RESOLUTION 39-09 - REVIEW OF ARIZONA MEDICAL BOARD (Originally 23-97; Readopted 38-01, 40-05)**  
**RESOLVED**, That the Arizona Medical Association periodically convene an impartial group of physicians to review Arizona Medical Board activities relative to disciplinary action for physicians and report their findings to ArMA's Board of Directors along with any recommendations for changes.

#### READOPTED

**RESOLUTION 40-09 - IMMIGRANT HEALTH CARE (Originally 25-97; Readopted 39-01, 41-05)**  
**RESOLVED**, That the Arizona Medical Association support state legislation that will allow legal immigrants who have not yet obtained U.S. citizenship to receive medical benefits under AHCCCS.

#### READOPTED

The House also accepted, for information, the 2009-2010 Budget (attached hereto as Exhibit "A") for The Arizona Medical Association, Inc., as approved by the Board of Directors at its June 5, 2009, meeting.

#### NEW BUSINESS

There being no further business before the House of Delegates,

Meeting adjourned sine die at 11:17 p.m.



Michael Hamant, M.D., Secretary

## Exhibit A

Distributed to the House of Delegates on June 5, 2009  
Approved by the Board of Directors on June 5, 2009  
Approved by the Executive Committee on June 4, 2009  
Approved by the Committee on Finance on May 28, 2009

The Arizona Medical Association, Inc.  
Capital Budget  
2009-2010

Cash Balance @ July 1, 2009	171,558
Cash Gained in 2009-2010 Operations	196,920
<b>Capital Expenditures:</b>	
1 New Computer & Miscellaneous Technology Hardware	(2,500)
<b>Cash Used to Reduce Contracts:</b>	
IKON Five Year Capital Lease @ 6% for New Printer/Copier/Fax Machines	(9,776)
Mitel Five Year Capital Lease @ 6.91% for Additional Phone Equipment	(960)
Pitney Bowes Five Year Capital Lease @ 7% for New Postage Meter	(2,519)
<b>Projected Cash Balance @ June 30, 2010</b>	<u><u>352,723</u></u>

**The Arizona Medical Association, Inc.  
2009-2010 Operating Budget**

**Revenue:**

Dues	1,132,235	
MICA Sponsorship	224,800	
Blue Cross Programs	50,000	
Interest	0	
ArMA Financial Services Royalty	81,250	
ArMA Financial Services Trademark	18,750	
Automated Services	1,245	
Advertising	56,720	
Workshops & Seminars	15,915	
ArMA Annual Meeting	4,260	
AMA Annual & Interim Meetings	34,000	
Rental Income	33,130	
C.M.E. Accreditation Fees	32,700	
Administrative Services	212,955	
Other Income	59,410	<b>1,957,370</b>

**Expense:**

Salary	887,625	
Outside Services	42,620	
Employee Benefits	242,670	
Licenses, Dues & Subscriptions	18,670	
Printing & Postage	100,520	
Maintenance & Repair	45,615	
Supplies	14,505	
Uncollectible Accounts	400	
Telephone	24,335	
Utilities	38,945	
Property Tax	34,950	
<b>Depreciation</b>	<b>36,675</b>	
Insurance	15,155	
Miscellaneous	37,910	
Meeting & Travel	43,215	
Community Relations	550	
Website & MTW	3,620	
Committee Meeting	10,165	
Professional Services	100,070	
Interest	9,635	
ArMA Annual Meeting	10,050	
AMA Annual & Interim Meetings	46,805	
Dr. of the Day Program	3,535	
Legislative Reception	3,885	
Presidential Budget	25,000	<b>1,797,125</b>

**Net Margin****160,245**