

**THE ARIZONA MEDICAL ASSOCIATION, INC.
RESUME
HOUSE OF DELEGATES – 2011 ANNUAL MEETING
SECOND REGULAR SESSION**

June 4, 2011

The recessed meeting of the House of Delegates of the Arizona Medical Association, Inc. held at 810 W. Bethany Home Road, Phoenix, Arizona, on Saturday, June 4, 2011, reconvened at 9:12 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 Sign-in sheets indicated that 62 Delegates, Past Presidents and members of the Board of Directors were present. It was moved and carried to accept the sign-in sheets in lieu of a roll call.

MINUTES Minutes of the meeting of the House of Delegates held June 5, 2010, 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 were distributed.

ELECTION OF ArMA OFFICERS AND AMA DELEGATES

The following were elected for terms as indicated:

PRESIDENT-ELECT	William Thrift, M.D.	2011-2012
VICE PRESIDENT	Thomas Rothe, M.D.	2011-2012
TREASURER	Daniel Marino, M.D.	2011-2013
VICE SPEAKER OF THE HOUSE	William Thrift, M.D.	2011-2013
AMA DELEGATE	Bruce Bethancourt, Jr., M.D.	1/1/2012-12/31/2013
AMA DELEGATE	William Mangold, Jr., M.D.	1/1/2012-12/31/2013

ELECTION OF AMA ALTERNAE DELEGATES, DIRECTORS, RESIDENT AND STUDENT MEMBERS

The following were elected for terms as indicated:

ALTERNATE AMA DELEGATE	Gary Figge, M.D.	1/1/2012-12/31/2013
ALTERNATE AMA DELEGATE	M. Zuhdi Jasser, M.D.	1/1/2012-12/31/2013
AT-LARGE MEMBER, EXEC COMM.	Jacqueline Chadwick, M.D.	2011-2012
AT-LARGE MEMBER, EXEC. COMM.	Jeff Mueller, M.D.	2011-2012
AT-LARGE MEMBER, EXEC. COMM.	Traci Yanke, M.D.	2011-2012
AT-LARGE DIRECTOR	Susan Whitely, M.D.	2011-2014
AT-LARGE DIRECTOR	Robert O. Wilson, M.D.	2011-2014
MARICOPA DIRECTOR	A. Judson Tillinghast, M.D.	2011-2014
RURAL DIRECTOR	Gary Christensen, M.D.	2011-2014
RURAL DIRECTOR	Nadeem Kazi, M.D.	2011-2014
RURAL DIRECTOR	B. Shields Stutts, III, M.D.	2011-2014
RESIDENT PHYSICIAN MEMBER	Kyle Edmonds, M.D.	2011-2012
MEDICAL STUDENT MEMBER	Robert Bina	2011-2012

REFERENCE COMMITTEES ON REPORTS AND RESOLUTIONS

Resolution 2-11 Criminalizing Medical Practice

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

AMENDED AND ADOPTED

Resolution 3-11 Hospitalists (Originally 33-06; referred to Executive Committee 6/5/2010)

RESOLVED, That the Arizona Medical Association:

- Strongly support the rights of qualified physicians to see their patients in all settings and to bill for their services;
- Support the right of patient choice of hospitalists as appropriate when requested by the attending physician or the patient.

AMENDED AND ADOPTED

Resolution 4-11 Medical Liability Reform

RESOLVED, That the Arizona Medical Association support the following strategies which would markedly improve our current medical liability situation:

- Medical liability insurance and awards should be re-organized and employ a “no-fault” system of adjudication.
- All medical liability cases should be tried in front of a panel of legal and medical experts dedicated to this enterprise. Medical liability lawsuits should no longer involve juries of individuals unlikely to understand the complex subtleties of medical care in the 21st century.
- The described medical liability panel should be entrusted with multiple decisions including financial awards when indicated. Members of the panel would question the involved parties closely in their attempt to arrive at a factual understanding of what had actually transpired in the plaintiff’s case.
- Decisions of the medical liability panel would be final and not amenable to legal appeal.

RESOLVED, That Arizona Medical Association issue a statement and actively pursue legislation, which acknowledges that “unless we can stem the tide of defensive medicine, all attempts at controlling healthcare costs in the United States will be doomed to failure.”

REFERRED TO EXECUTIVE COMMITTEE

Resolution 5-11 Arizona Medical Board Burden of Proof

RESOLVED, That the Arizona Medical Association work toward the adoption of a clear and convincing evidence standard by the Arizona Medical Board; and be it further

RESOLVED, That the Arizona Medical Association advocate to assure physicians' due process rights before the Arizona Medical Board and for recourse in the event of violation of those rights.

AMENDED AND ADOPTED

Resolution 6-11 Regional Information Sharing of Medical Records

RESOLVED, That the Arizona Medical Association support the development of Arizona's health information exchange infrastructure via Arizona Health-e Connection and Health Information Network of Arizona; and be it further

RESOLVED, That the Arizona Medical Association support the collaboration between emerging methods of health information sharing into a common method such that multiple disparate means are reduced to effective sources of useful information.

AMENDED AND ADOPTED

Resolution 7-11 Patient Confidentiality; Electronic Information Exchanges

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

AMENDED AND ADOPTED

Resolution 8-11 Requiring Electronic Medical Records Use for Licensure

RESOLVED, That the Arizona Medical Association oppose legislation or medical board policy that would require physicians to implement electronic medical recordkeeping as a condition of licensure.

AMENDED AND ADOPTED

Resolution 9-11 Prior Authorization Payments to Physicians

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

AMENDED AND ADOPTED

Resolution 10-11 Fail First Insurance Mandates

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

AMENDED AND ADOPTED

Resolution 11-11 Comprehensive Colorectal Cancer Screening Coverage

RESOLVED, That the Arizona Medical Association actively pursue legislation that requires insurance providers to cover the cost of all recommended colon cancer screening tests, including language to allow the legislation to include coverage of future advances in screening methods.

REFERRED TO EXECUTIVE COMMITTEE FOR ACTION

Resolution 12-11 Board Certification – Truth in Advertising

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

AMENDED AND ADOPTED

Resolution 13-11 Maintenance of Board Certification – Hospital Privileges and Licensure

RESOLVED, That the Arizona Medical Association oppose any efforts to require maintenance of board certification as a condition of licensure either by legislative means or by policy at the Arizona Medical Board; and be it further

RESOLVED, That the Arizona Medical Association discourage hospitals requiring maintenance of board certification as a condition of having staff privileges.

REFERRED TO EXECUTIVE COMMITTEE

Resolution 14-11 Pharmaceutical Company Prescription Data Purchase

RESOLVED, That the Arizona delegation to the AMA submit a resolution at the June 2011 AMA House of Delegates meeting seeking federal legislation prohibiting the sale of physician-specific prescription data by pharmacies and pharmacy benefit managers to the pharmaceutical industry.

AMENDED AND ADOPTED

Resolution 15-11 Mandated Mailed Prescription Supply

RESOLVED, That any insurance company or pharmacy benefit manager may neither mandate that patients receive maintenance medications by mail; nor restrict maintenance medication to a 1-month supply at a local pharmacy; nor impose a financial penalty for choosing a 3-month supply at a local pharmacy, rather than by mail; nor mandate that only a 30-day or 90-day supply will be covered by insurance; and be it further

RESOLVED, That the Arizona Medical Association pursue this by legislation or through action of the Arizona Department of Insurance, as appropriate.

REFERRED TO EXECUTIVE COMMITTEE

Resolution 16-11 Treatment of Opioid Dependence – DATA 2000

RESOLVED, That the Arizona Medical Association actively support legislation for 2012 Congressional session to amend the Drug Addiction Treatment Act (DATA) 2000 to end the 100 patient limit after the second year of treatment to 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 our congressional delegation while back in their home district, to secure bill sponsors and help assure approval of the amendment; and be it further

RESOLVED, that the Arizona Medical Association’s delegation to the AMA introduce a resolution at the June meeting of the AMA House of Delegates urging the AMA to work to achieve this amendment to the Drug Addiction Treatment Act 2000 to end the 100 patient limit after the second year of treatment.

AMENDED AND ADOPTED

Resolution 17-11 National Institute on Drug Abuse – Cannabis Research

RESOLVED, That the Arizona delegation to the AMA submit a resolution requesting the AMA to urge National Institute on Drug Abuse and the Drug Enforcement Administration to address the paucity of FDA-regulated clinical trials regarding cannabis.

AMENDED AND ADOPTED

Resolution 18-11 - Arizona Medical Marijuana Project

RESOLVED, That in regards to the Arizona Medical Marijuana Program, the Arizona Medical Association:

1. Support the addition of an independent, community-based, licensed, practicing allopathic/osteopathic physician to the Arizona Department of Health Services Advisory Board to ensure that outside, objective medical opinions are considered when weighing addition of new debilitating conditions; and
2. Support the inclusion of Post Traumatic Stress Disorder (PTSD) as a potential qualifying diagnosis for Medical Marijuana ID Card under the Arizona Medical Marijuana Program, which would allow the compassionate use of medical marijuana by seriously ill PTSD patients with a doctor's recommendation; and
3. Believe that, for appropriate, seriously ill PTSD patients, the potential benefits derived from medical marijuana usage outweigh any suspected health risks or speculative risks of abuse; and
4. Urge their members, the medical community at large, public officials and the community at large to support the addition of Post Traumatic Stress Disorder as a potential qualifying diagnosis for Medical Marijuana ID Card under the Arizona Medical Marijuana Program; and
5. Recognize the vital importance that seriously ill PTSD patients in Arizona have legal access to each and every safe, effective and available medication to control symptoms of PTSD, similar to other states either undergoing the approval process or already implemented.

BULLET 1 WAS AMENDED AND ADOPTED

BULLETS 2 – 5 WERE REFERRED TO THE EXECUTIVE COMMITTEE

Resolution 19-11 Increasing J-1 Primary Care Physician Visas

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

ADOPTED

Resolution 20-11 Federal Barriers to Increasing J-1 Visa Primary Care Physicians

RESOLVED, That the Arizona Medical Association's delegation to the American Medical Association craft a resolution calling for AMA action to allow J-1 physicians to follow patients from underserved areas and to practice in the hospital their patients use; and be it further

RESOLVED, That, if American Medical Association votes to work to change the rules allowing J-1 physicians to care for their patients, the Arizona Medical Association will make the Arizona congressional delegation and federal agencies aware of its support of the issue.

ADOPTED

Resolution 21-11 ArMA Stance; Abortion Legislation

RESOLVED, That the Arizona Medical Association House of Delegates discuss the possibility of modifying its stance on abortion legislation, especially – but not limited to – those bills which interject the legislature into the practice or teaching of medicine or impose penalties on physicians.

NOT ADOPTED

Resolution 22-11 Revive Automatic Weapon & Large Magazine Clip Ban

RESOLVED, That the Arizona Medical Association support and encourage legislation to regulate and restrict the availability of assault rifles and large magazine clips as defined in the 1994 federal legislation.

NOT ADOPTED

Resolution 23-11 Limit Access to Guns – Seriously Mentally Ill

RESOLVED, That the Arizona Medical Association support legislation which limits the access to guns by the severely mentally ill.

NOT ADOPTED

Resolution 24-11 Rights of Conscience

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

ADOPTED

Resolution 25-11 - Standardized National Color-Coded Wristbands

RESOLVED, That the Arizona delegation to the AMA submit a resolution encouraging the AMA to actively pursue national standardization of color-coded bracelets in hospital settings, using Arizona's statewide standards as an example (red-allergy, purple-DNR, yellow-fall risk).

AMENDED AND ADOPTED

Resolution 26-11 – AMA Mission Statement Vision

RESOLVED, That the Arizona Medical Association's delegation to the AMA introduce a resolution to the AMA House of Delegates in June 2011 requesting the AMA to concentrate and direct its energy and resources to address those issues which affect practicing physicians and their ability to effectively provide quality care in accordance with the AMA mission statement; and be it further

RESOLVED, That the Arizona Medical Association's delegation to the AMA introduce a resolution consistent with the belief that the leadership of the AMA has been derelict in its responsibility to represent the rank and file physicians of America as outlined in the AMA mission statement; and be it further

RESOLVED, That the Arizona Medical Association's delegation to the AMA urge the AMA to immediately reassess its ability to provide leadership in policies, procedures and legislation that affects the daily practice of medicine and reestablish itself as the voice of medicine.

AMENDED AND ADOPTED

Resolution 27-11 Anesthesia Services

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

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

AMENDED AND ADOPTED

Resolution 28-11 Food Safety Concerns (Originally 3-07)

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

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

READOPTED

Resolution 29-11 Support Health System to Cover All (Originally 7-07)

RESOLVED, That the Arizona Medical Association support the creation of a health care payment system which would cover all citizens of the state of Arizona.

READOPTED

Resolution 30-11 Direct Physician Payment for Non-Contracted Emergency Service (Originally 9-07)

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

READOPTED

Resolution 31-11 Support Increased Access to Care (Originally 11-07)

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

READOPTED

Resolution 32-11 Recognition and Appropriate Testing for Valley Fever (Originally 16-07)

RESOLVED, The Arizona Medical Association support the education of physicians and the public about the recognition and appropriate testing and its interpretation of coccidioidomycosis to ensure early intervention and treatment.

READOPTED

Resolution 33-11 Standardize Managed Care Contracts (Originally 17-07)

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

READOPTED

Resolution 34-11 Disaster Planning (Originally 18-07)

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

READOPTED

Resolution 35-11 Emergency System Crisis (Originally 20-07)

RESOLVED, That the Arizona Medical Association Executive Committee develop a program to draw to the attention of the public, regulators, government officials, legislators and the governor the continuing decay of the emergency care system in our state and urge action on all fronts to seek ways to address this escalating crisis.

READOPTED

Resolution 36-11 Arizona Medical Board (Originally 21-07)

RESOLVED, That the Arizona Medical Association establish a task force to review the current system for adjudicating complaints by the Arizona Medical Board and determine if system changes can be implemented that would improve due process and reduce the need for legal representation at the initial stages of investigation.

READOPTED

Resolution 37-11 The Role of Community Physicians (Originally 26-07)

RESOLVED, That the Arizona Medical Association strive to preserve the practice of community-based physicians through public education, advocacy and convening payers, hospitals and physicians to enhance the ability of community physicians to meet the needs of their patients.

READOPTED

Resolution 38-11 Tissue and Organ Donors (Originally 4-82; Readopted 1986, 20-90, 26-94, 42-98, Referred as 40-02, Amended and Readopted as 3-03; Readopted as 30-07)

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

READOPTED

Resolution 39-11 Tort Reform (Originally 31-07)

RESOLVED, That the Arizona Medical Association continue its efforts to organize physicians to promote and secure liability reform in Arizona through appropriate legislation; and be it further

RESOLVED, That the Arizona Medical Association keep its members current on the status of federal liability reform efforts; and be it further

RESOLVED, That the Arizona Medical Association encourage congressional support of federal liability reform to develop a realistic proposal, i.e., allowing flexibility in limits on non-economic damages, as soon as possible.

READOPTED

Resolution 40-11 Corporate Compliance Resolution (Originally 15-99, Readopted as 20-03, 32-07)

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

READOPTED

Resolution 41-11 Reinstatement of Mandatory Helmet Laws (Originally 20-87; Readopted as 29-91, 30-95, 28-99, 26-03, 35-07)

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

READOPTED

Resolution 42-11 Medical Staff Responsibility for Patient Care (Originally 7-83; Readopted as 23-87, 32-91, 31-95, 29-99, 27-03, 36-07)

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

READOPTED

Resolution 43-11 Physician Supervision of Paramedical Specialists (Originally 10-83; Readopted as 24-87, 33-91, 32-95, 30-99, 28-03, 37-07)

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

READOPTED

Resolution 44-11 Open Staff Policy in Arizona Hospitals (Originally 23-67; Readopted as 46-91, 39-95, 33-99, 30-03, 38-07)

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

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

READOPTED

Resolution 45-11 Mandatory Full Disclosure by Insurance Companies (Originally 10-74; Readopted as 50-91, 41-95, 35-99, 32-03, 39-07)

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

READOPTED

Resolution 46-11 Food and Drug Administration (Originally 13-74; Readopted as 51-91, 42-95, 36-99, 33-03, 40-07)

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

READOPTED

Resolution 47-11 Optometrists and the Use of Drugs (Originally 4-77; Readopted as 46-91, 52-95, 40-99, 36-03, 43-07)

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

READOPTED

Resolution 48-11 Tax Credits and Other Incentives to Disadvantaged Area Medical Practices (Originally 31-03, 44-07)

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

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

READOPTED

Resolution 49-11 Antivivisection Legislation (Originally 36-95; Readopted as 42-99, 38-03, 45-07)
RESOLVED, That the Arizona Medical Association is supportive of medical research, including animal models with appropriate safeguards, to further medical knowledge.

READOPTED

Resolution 50-11 Opposition to Compulsory Use of Generic Drugs (Originally 1 & 5-67, Readopted as 44-91, 38-95, 43-99, 39-03, 46-07)
RESOLVED, That Arizona physicians oppose generic prescribing as not always in the best interest of good patient care.

READOPTED

Resolution 51-11 Social Security Number (Originally 13-76; Readopted as 52-91, 43-95, 44-99, 40-03, 47-07)
RESOLVED, That the Arizona Medical Association express its total opposition to the use of the Social Security Number as a universal identifier.

READOPTED

Resolution 52-11 Arizona Health Care Cost Containment System (AHCCCS) (Originally 6-83; Readopted as 22-87, 31-91, 49-95, 46-99, 42-03, 49-07)
RESOLVED, That the Arizona Medical Association staff continue to monitor the Arizona Health Care Cost Containment System (AHCCCS) and evaluate data, with emphasis on quality of care, fiscal accountability and some recognition of the cumbersome eligibility standards presently in law as well as the difficulties experienced by providers.

READOPTED

Resolution 53-11 Physician Members on Boards of Directors of Hospitals (Originally 15-66; Readopted as 43-91, 37-95, 43-03; combined with 51-95 in 1999 and Readopted as 47-99; Readopted as 43-03, 50-07)
RESOLVED, That the Arizona Medical Association urge the governing boards of all Arizona hospitals to provide voting membership on the governing board to the chief or president of the medical staff and additional staff physicians as appropriate.

READOPTED

Resolution 54-11 Principles of Patient-Centered formularies (Originally 19-99; Readopted as 45-03, 52-07)
RESOLVED, That the Arizona Medical Association support the development of a unified process for rational, patient-centered formulary management.

READOPTED

Resolution 55-11 Payment for Physicians' Services (Originally 20-99; Readopted as 46-03, 53-07)
RESOLVED, That the Arizona Medical Association work to convince, or seek legislation to require, health plans to offer actuarially sound payments to physicians.

READOPTED

Resolution 56-11 Request for Contributions (Originally 1-83; Readopted as 25-87, 34-91, 33-95, 31-99, 49-03, 56-07)

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

READOPTED

Resolution 57-11 HIV/AIDS, Hepatitis C and Other Blood Borne Pathogens (Originally 8-03, Readopted as 57-07)

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

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

READOPTED

Resolution 58-11 Cancer Registries (Originally 9-03, Readopted as 58-07)

RESOLVED, That the Arizona Medical Association encourage physicians to actively participate in cancer registries.

READOPTED

Resolution 59-11 Arizona Medical Association Support for Reducing Air Pollution (Originally 29-03, Amended and Readopted as 60-07)

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

READOPTED

Resolution 60-11 Referred House of Delegate Resolution Reports (Originally 12-07)

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

AMENDED, RETITLED AND READOPTED

Resolution 61-11 Sham Peer Review Education (Originally 15-07)

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

AMENDED AND READOPTED

Resolution 62-11 Payment Terminology (Originally 19-07)

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

AMENDED AND READOPTED

Resolution 63-11 Honorary Arizona Medical Association Membership (Originally 24-07)

RESOLVED, That the Arizona Medical Association House of Delegates elected Todd B. Taylor, M.D., and Richard H. Carmona, M.D., as lifetime honorary members of the Arizona Medical Association as provided in the Association's bylaws, Chapter II Membership, Section 3. Classes of Membership, (F) Honorary Members.

AMENDED AND READOPTED

Resolution 64-11 Federal Preemption of Certain States' Constitutional Provisions (Originally 17-95; Readopted as 25-99, 23-03, 34-07)

RESOLVED, That the Arizona Medical Association continue to urge the American Medical Association to support medical malpractice tort reform on the federal level that will establish a national maximum cap on non-economic damage awards that preempt state constitutional, statutory, regulatory and/or common laws that do not allow a cap on such awards or set limits which exceed the federal maximum.

AMENDED AND READOPTED

Resolution 65-11 Routine Childhood Immunizations (Originally 21-99; Readopted as 47-03, 54-07)

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

AMENDED AND READOPTED

Resolution 66-11 Managed Care Responsibility for Follow-Up Care after Emergency Department Consultation (Originally 23-99; Readopted as 48-03, 55-07)

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

AMENDED AND READOPTED

Resolution 59-07 Treatment of Chronic Pain with Opioids (Originally 19-03)

RESOLVED, That the Arizona Medical Association reinstate the ad hoc committee pain management to consider community-based initiatives designed to build statewide consensus on adequate documentation for patients managed with opioid medication, from among experts in pain medicine, addiction medicine, government, pharmacies and primary care specialties; and be it further

RESOLVED, That, if that committee finds that physician practice or patient care will be enhanced by the widespread use of such documentation guidelines, the committee recommend to the Arizona Medical Association that development of consensus guidelines for documentation be supported by the Arizona Medical Association and that the product of this effort and its purpose be made available to all Arizona physicians using all available the Arizona Medical Association resources; and be it further

RESOLVED, That if the committee finds that physician practice or patient care will be enhanced by the widespread use of such documentation guidelines and such guidelines are developed, the Arizona Medical Association elicit and disseminate to its members comment from the Arizona Medical Board and the State DEA office on the documentation guidelines.

REFERRED TO EXECUTIVE COMMITTEE

2007 Resolutions Not Readopted:

Resolution 2-07 Direct Patient Payment

RESOLVED, That the Arizona Medical Association, through its AMA delegation, urge the American Medical Association to address the issue of direct patient payment variances and encourage free market forces.

Resolution 4-07 Proposed AMA Resolution “Proposed Health System Reform At State Level

RESOLVED, That the resolution “Proposed Health System Reform at the State Level” be referred to the Executive Committee with the recommendation that it be forwarded to the Economic Task Force for consideration.

Resolution 8-07 Department of Insurance Review

RESOLVED, That the Arizona Medical Association meet with officials from the Arizona Department of Insurance to discuss the strengths and flaws of health insurance regulation in Arizona and report by the 2008 the Arizona Medical Association House of Delegates, including, if necessary, calls for action on information found.

Resolution 10-07 Support of Health Freedom Act of 2008

RESOLVED, That the Arizona Medical Association quickly investigate the merits of the Health Freedom Act of 2008 and, if appropriate, endorse the initiative at the earliest moment and educate physicians about how to give money to the campaign as well as how to collect signatures for the effort.

Resolution 13-07 Arizona Medical Records Law

RESOLVED, That the Arizona Medical Association work to educate physicians about the simplest and easiest method to comply with Title 32, Chapter 32, Article 1, Arizona Revised Statutes Section 32-3210, Medical Records; Protocol; Unprofessional Conduct; Corrective Action; Exemption.

Resolution 22-07 Diagnostic Imaging

RESOLVED, That the Arizona Medical Association investigate and address the increasing costs of diagnostic imaging services.

Resolution 23-07 Use of Term “Medical”

RESOLVED, That the Arizona Medical Association seek to limit or eliminate the use of the terms modifying the titles of non-MD/DO providers that would mislead the patient into believing they were dealing with a medical doctor.

Resolution 25-07 AHCCCS Payment Rewarding Excellence

RESOLVED, That the Arizona Medical Association participate with the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid program, in an attempt to develop a payment methodology rewarding excellence in patient care that is acceptable to the physicians represented by the Arizona Medical Association; and be it further

RESOLVED, That the Arizona Medical Association support efforts to obtain new funding for the AHCCCS program which rewards excellence rather than redistributing existing funds.

Resolution 27-07 Vigilance on Important Issues

RESOLVED, That the Arizona Medical Association House of Delegates finds that the most important issues facing Arizona Physicians in 2007 are: 1) flat, low, declining or small increases in reimbursement especially because so many payment schemes are tied to percentages of Medicare reimbursement, 2) specialty coverage, or lack thereof, in emergency departments, 3) Medicare payment indexes and the sustained growth rate formula, 4) problems with and inaccuracies in pay for performance, both actual and proposed, 5) stable and affordable medical liability insurance and wider choice in the number of carriers, 6) onerous requirements of prior notification/prior authorization, 7) the lack of affordable health insurance coverage for our office personnel and for our patients: and be it further

RESOLVED, That the Arizona Medical Association officers, Board of Directors and staff review current policies and efforts in each of the seven problem areas and, using new ideas and energy when indicated, continue to work in these areas knowing the state's physicians are behind them; and be it further

RESOLVED, That these seven areas, with others that may be identified by the officers and Board of Directors and those that arise during the year, be focal points for the organization, its resources and its efforts; and be it further

RESOLVED, That those efforts be shared throughout 2007-2008 with the membership and be the subject of a report to be given to the 2008 House of Delegates.

Resolution 28-07 Honorary Arizona Medical Association Membership

RESOLVED, That the House of Delegates elects Richard H. Carmona, M.D., as an honorary member of the Arizona Medical Association as provided in the Association's bylaws, Chapter II Membership, Section 3. Classes of Membership, (F) Honorary Members. (combined with Resolution 24-07; not readopted)

Resolution 29-07 Arizona Medical Association Dues Changes

RESOLVED, That the House of Delegates directs the Board of Directors to evaluate the current dues structure and examine the need for an appropriate dues increase for adoption by the House in June, 2008, in compliance with our bylaws which require four weeks' advance notice for consideration.

Resolution 33-07 Availability of Hospital Emergency Department On-Call Specialists (Originally 22-99, Readopted as 21-03)

RESOLVED, That the Arizona Medical Association work in cooperation with medical specialty societies, the Arizona Hospital and Healthcare Association and other interested parties in studying the issue of availability of hospital emergency department on-call specialists in light of the current healthcare environment and requirements of the Emergency Medical Treatment and Labor Act; and be it further

RESOLVED, That the Arizona Medical Association in cooperation with medical specialty societies, the Arizona Hospital and Healthcare Association and other interested parties develop and promote appropriate solutions to the dwindling availability of on-call specialists to hospital emergency departments in Arizona.

Resolution 41-07 Health Care Cost Containment (Originally 10-78; Readopted as 61-91, 45-95, 37-99, 34-03)

RESOLVED, That the Arizona Medical Association affirm its position to participate in all reasonable cost control efforts concerning provision of health care without reduction in availability of quality medical care; and be it further

RESOLVED, That the Arizona Medical Association support and encourage the concept of teaching cost effectiveness in all residency training programs in Arizona; and be it further

RESOLVED, That any efforts to curtail costs by reducing quality of care or availability of care be resisted, exposed and rejected as unreasonable efforts to compromise standards of medical excellence.

Resolution 48-07 International Medical Graduate Participation in Medical Societies (Originally 15-91; Readopted as 48-95, 45-99, 41-03)

RESOLVED, That the Arizona Medical Association and its component county medical societies seek to identify qualified and interested International Medical Graduates and encourage their involvement in committee activities and leadership positions.

Resolution 51-07 Medicare Pilot Project (Originally 17-99, 44-03)

RESOLVED, That mechanisms be established at a federal level to preclude the future implementation of demonstration or pilot programs without the consent of the Governor and congressional delegation with significant input from Medicare beneficiaries and the provider community to be impacted.

The House also accepted, for information, the 2011-2012 Budget (attached) for the Arizona Medical Association, Inc., as approved by the Board of Directors at its June 3, 2011, meeting.

NEW BUSINESS

There being no further business before the House of Delegates,

Meeting adjourned sine die at 11:27 a.m.

A handwritten signature in cursive script, appearing to read "Michael Hamant".

Michael Hamant, M.D., Secretary