

**SUMMARY OF ACTIONS
AMERICAN MEDICAL ASSOCIATION
MEDICAL STUDENT SECTION ITEMS OF BUSINESS**

**2007 ANNUAL MEETING
CHICAGO, ILLINOIS**

MSS RESOLUTION 1 - MEDICAL TOURISM

**MSS ACTION: SUBSTITUTE RESOLUTION 1 ADOPTED IN LIEU OF MSS
RESOLUTION 1**

RESOLVED, That our AMA-MSS supports informing patients about potential risks and benefits of going abroad to receive medical treatment.

**MSS RESOLUTION 2 - TRANSPARENCY IN UNDERGRADUATE MEDICAL EDUCATION
FINANCING**

**MSS GC REPORT G - SOLUTIONS TO TACKLING THE INCREASING COST OF MEDICAL
EDUCATION**

**MSS ACTION: RECOMMENDATIONS OF MSS GC REPORT G ADOPTED AS
AMENDED IN LIEU OF MSS RESOLUTION 2-A-07 AND MSS RESOLUTION 18-I-06,
AND REMAINDER OF REPORT FILED**

1. That our AMA support policies that ensure that funding gained by medical schools from all future increases to medical school tuition and fees be allocated directly to improve the education of medical students (New AMA Policy).
2. That our AMA support policies that ensure that all information related to the allocation of funds from tuition and fees increases be disclosed to all prospective and current medical students for each respective medical school campus (New AMA Policy).
3. That the AMA-MSS Governing Council continue to work with our AMA Council on Medical Education, the Association of American Medical Colleges (AAMC), and the AAMC Organization of Student Representatives (OSR) to encourage medical schools to adopt policies that ensure that all increases to medical school tuition and fees go towards direct improvements to medical student education.
4. The AMA-MSS work to develop print and electronic resources for our local chapters to utilize on their campuses to encourage their medical school deans to adopt policies that ensure transparency in medical school tuition and fees increases.
5. The AMA-MSS Governing Council write a letter to the Liaison Committee on Medical Education (LCME) encouraging the adoption of policies that ensure that all increases to medical school tuition and fees go towards direct improvements to medical student education.
6. That the AMA-MSS Governing Council report back at I-07.

MSS RESOLUTION 3 - INCLUSION OF ANESTHESIOLOGY ROTATION AS A REQUISITE IN CORE CLINICAL CURRICULUMS OF LCME-ACCREDITED MEDICAL SCHOOLS

MSS ACTION: NOT ADOPTED

MSS RESOLUTION 4 - PHYSICIAN IDENTIFICATION FOR TRANSPARENCY

MSS ACTION: NOT ADOPTED

MSS RESOLUTION 5 - A CALL TO IMPROVE THE PHYSICIAN IMAGE AND SOLIDIFY THE ROLE OF THE PHYSICIAN AMONGST ALTERNATIVE HEALTH CARE PROVIDERS

MSS ACTION: NOT ADOPTED

MSS RESOLUTION 6 - ERROR DISCLOSURE AND PHYSICIAN APOLOGIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support full disclosure of medical errors; and be it further

RESOLVED, That our AMA-MSS support legislation that allows a physician to make an expression of apology, regret, sympathy, commiseration, condolence, or compassion to a patient or a patient's family without it constituting an admission of physician liability for any purpose (New AMA Policy).

MSS RESOLUTION 7 - PROTECTING GRADUATE MEDICAL EDUCATION: REVISITING THE ALL PAYER SYSTEM

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA work together with other stakeholders to actively lobby Congress for legislation requiring all payers to contribute towards graduate medical education, while simultaneously continuing to lobby to protect Medicare and Medicaid graduate medical education payments, with report back at A-08 (Directive to Take Action); and be it further

RESOLVED, That our AMA-MSS work with the AMA Council on Medical Education to study the desirability and feasibility of financing undergraduate medical education by public and private funding sources.

MSS RESOLUTION 8 - HEALTH CARE AS A RIGHT FOR ALL CITIZENS OF THE UNITED STATES OF AMERICA

MSS ACTION: NOT ADOPTED

MSS RESOLUTION 9 - OBESITY: SIMPLIFIED RATING SYSTEM FOR PROCESSED FOODS

MSS ACTION: REFERRED FOR REPORT AS AMENDED

RESOLVED, That our AMA encourage the FDA to develop a food health label to be used in addition to current nutrition labels. This additional label should serve to provide nutritional information in a format that is easily understood by the general population. Based on a simple scale, this labeling system may be similar to those implemented in Sweden and the U.K.

MSS RESOLUTION 10 - ENCOURAGING SCHOOLS TO ACTIVELY INVOLVE FAMILIES IN HEALTHY NUTRITION EDUCATION

MSS ACTION: NOT ADOPTED

MSS RESOLUTION 11 - STANDARDIZATION OF MEDICAL LIABILITY COVERAGE REQUIREMENTS FOR MEDICAL STUDENTS

MSS ACTION: REFERRED FOR REPORT BACK AT I-07

MSS COLRP REPORT A - AMA MEDICAL STUDENT SECTION 2007-2010 OPERATIONAL PLAN

MSS ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

1. That in the realm of Advocacy our MSS should:
 - a. Continue to focus on student- and patient-centered issues. Advocacy efforts should aim to frame issues from a student point of view in order to engage as many members possible, and
 - b. Continue the effort toward creating student-specific action alerts, which should be made available at national meetings, and
 - c. Continue to coordinate MSS National Lobby Day and utilize the GRAF as a key link in coordinating lobbying efforts and lobby day planning, and
 - d. Implement an efficient mechanism to regularly update issue briefs that focus on the most relevant issues in order to control volume, and
 - e. Encourage chapters to involve students in lobbying at the local/state level and to communicate with legislators more frequently, and
 - f. Continue meetings with medical education leaders as a means for gathering information, strategizing, and building relationships. MSS leaders involved in these meetings should be encouraged to educate themselves about relevant issues as much as possible prior to the meetings in order to ensure their effectiveness, and
 - g. Strive to make advocacy efforts transparent via outlets such as Web site publications, and communicate these efforts to members whenever this is possible or allowed.

2. That in the realm of Communications via the MSS Web site our MSS should:
 - a. Encourage submission of updates from MSS leaders including, but not limited to, the Governing Council, AMA Council student members, Region Chairs, and Committee

Chairs to MSS staff regarding their relevant Web site content at least twice per year, and

- b. Explore the development of a “most read/e-mailed” feature for the MSS home page, a “what’s new/most recently updated” feature, a meeting blog, a policy tracking grid, as well as a column directed at the general membership, with report back from the Governing Council at A-08.
3. That in the realm of Communications our MSS Governing Council should:
 - a. Continue working with AMA staff to modify membership sign-up and renewal documents for students to include an “opt-out of receiving commercial offers” box and ensure that those who select this option do not receive commercial solicitations associated with membership, and
 - b. Consider, as part of Assembly business, the addition of 5 minute addresses from key section leaders to update the membership, and
 - c. Work with MSS staff to compile an MSS staff directory for dissemination to section leaders.
 4. That in the realm of Media Exposure our MSS Governing Council should:
 - a. Require annual formal media training for each newly elected GC, and
 - b. Encourage chapters and states to publicize events at the local level and make available the use of AMA-MSS media templates, among other resources, for that purpose, and
 - c. Track the number and content of MSS media exposure at the local, state, and national level, and
 - d. Explore the creation of student biosketches for use on student membership recruitment documents, AMA publications directed at students, and the MSS Web site, and
 - e. Consider developing a mechanism to both monitor and rapidly respond to media opportunities relevant to the MSS, and
 - f. Work with AMA Media Relations staff to further identify opportunities for media exposure relevant to the MSS.
 5. That in the realm of Community Service our MSS should:
 - a. Increase the ease of access for local and state chapters to project ideas, resources, and contacts through the AMA-MSS Web site, as well as publicizing successful projects via the Web site, and
 - b. Require the Community Service Committee to provide more detailed information on resources and contacts for chapter-level community service projects, and
 - c. Continue to provide incentive for chapters to focus on community service projects within the realm of the National Service Project, and
 - d. Require that the MSS Speaker/Vice Speaker work with the Standing and Convention Community Service Committees to schedule the National Service Project event to prevent conflict with the policy-making agenda of the meeting, and
 - e. Require the GC and Community Service Committee to work with AMA Media Relations staff to increase media coverage of our NSP and service projects, and
 - f. Continue to foster coordination of the Community Service Liaison (CSL) with national GC and region leadership, and

- g. Align the MSS Community Service agenda, including the National Service Project with the AMA and MSS advocacy agenda whenever possible, and
- h. Consider the creation of a national community service event to be executed separately from the Annual and Interim Meetings, similar in concept to Lobby Day.

6. That in the realm of Membership our MSS should:

- a. Work with the RFS to develop a membership recruitment and retention strategy to improve member retention into residency, expanding on successes seen within the MSS. The MSS-RFS joint committee should prepare a plan of action for presentation at A-08, including its metrics and benchmarks for success and a proposed timeline for efforts, and
- b. Study the feasibility and advantage of further reduction in membership dues to all medical students eligible to join the AMA-MSS within the context of other efforts for increasing AMA-MSS membership, and prepare a report with a plan of action incorporating timelines and benchmarks for success for presentation at I-08, and
- c. Work in a targeted fashion with three to six states, including region and state chairs, chapter Chairs within the state, and advisors or staff members from the state society, to identify what problems the state may be having and how national operations can best serve that state. From this targeted work, the MSS should develop initiatives for nationwide activity in membership recruitment and retention, and
- d. Before each Annual Meeting, identify chapters that have not been as successful in membership recruitment and identify leadership within each chapter whom we can help to strengthen recruiting efforts and activity, and integrate the “Succeeding in Medical School” initiative into this campaign, and
- e. Work with the Section on Medical Schools to develop mechanisms such as academic-specific recruiting materials or a recognition program to honor leaders in academic medicine who are also involved with organized medicine. Work with the Section on Medical Schools should be focused on identifying initiatives that will address the disjunction between academia and organized medicine, and
- f. Work with the Section on Medical Schools to identify initiatives that will address the disjunction between academia and organized medicine, and
- g. Continue to work with the Section on Medical Schools to develop Chapter Mentoring Programs in which chapters will work with distinct local physician leaders to link up students to State and County Medical Society and AMA resources.

7. That in the realm of Governing Council Leadership the MSS Governing Council should:

- a. Annually define more specifically the roles between the Speaker/Vice Speaker and Delegate/Alternate Delegate during their first plenary session, and
- b. Increase institutional memory for future MSS leaders through creation of documentation, including personal experience and advice from each GC member to be kept by the AMA-MSS staff for transfer to future GCs, and
- c. Encourage the MSS Vice Chair to continue enlistment of aid of other GC members to serve as liaisons with MSS committees to enhance consulting in a timely manner, and
- d. Set the goals of the AMA MSS by the end of the first GC meeting, including setting broad goals and expectations for each AMA MSS Standing Committee.

8. That in the realm of Councilors, Liaisons and other Student Representatives the MSS Governing Council should:
 - a. Establish a formal mechanism for current student representatives to assist incoming student representatives with the transition into their new position, such as a training session at Annual Meetings, and
 - b. Encourage each Student Representatives to communicate regularly with his or her associated MSS committee(s), if one exists, and
 - c. Encourage the GC to consider the creation of a Councilor Forum at national meetings to give MSS members the opportunity to communicate more with Student Representatives, and
 - d. Consider the addition of application criteria for selection of Student Representatives on their ability to serve as mentors for future MSS leaders.

9. That in the realm of MSS Committees the MSS Governing Council should:
 - a. Require an annual end of year 1-2 page report by each MSS committee to be kept by the AMA-MSS staff to enhance institutional memory, and
 - b. Establish a process by which MSS committees are reviewed every three years to assess their need and efficacy, to delineate their responsibilities, and to consider the creation of needed committees.

10. That in the realm of Policy the MSS should:
 - a. Continue having policy separate from that of the AMA to allow support of both MSS and larger AMA issues, and
 - b. Encourage the GC to establish top priorities for the MSS and strongly encourage that resolutions fulfill those priorities, and
 - c. Through the GC, provide regular updates of the status of our AMA MSS goals, priorities, and policy implementation via GC goals and policy grids at both the Interim and Annual meetings, and
 - d. Make available a presentation and printed brochure on national meeting procedures (as has been presented at previous national meetings), for access by chapters and meeting participants, in order to better integrate first-time attendees, and
 - e. Better publicize writing workshops to chapters, and
 - f. Propose a listserv feedback deadline to ensure that (1) authors receive enough help from more experienced members, (2) submitted resolutions are not redundant and are of higher quality, and (3) policy is discussed through proper channels (i.e. GC, Councils, and Committees), and
 - g. Study the Assembly extraction process for improvement and update for report back to the Assembly, and
 - h. Require formal meetings between Reference Committee Chairs and the Speaker/Vice Speaker before national meetings to define each individual's role in the policy making process. The Reference Committee Chair guide should be updated to emphasize citations and equal weight of whereas clauses, testimony, and staff notes in final Reference Committee recommendations, and
 - i. Collaborate with current and former Government Relations Advocacy Fellows to further utilize and clarify the role of this position within the MSS.

11. That in the realm of Regions the MSS Governing Council should:
 - a. Study the overall role of regions and regional leadership within the MSS, focusing on how these roles can be optimized to best serve the MSS and their member states/chapters. In particular, the roles of the regional leadership should be addressed and documented in the same manner that the GC positions are delineated.
12. That our MSS Leadership regularly evaluate their progress toward the accomplishment of these goals, with annual reports to the AMA-MSS Assembly on subjects for which formal deadlines have not been stated.
13. That our AMA-MSS make this Operational Plan available on the MSS Web site.
14. That our AMA-MSS seek a new three year Operational Plan for the 2010-2013 period, with report to the MSS Assembly at A-10.

MSS RITFORCE REPORT A - PROPOSAL FOR REGIONAL EQUITY

MSS ACTION: RECOMMENDATIONS 1, 2, 3, 4, AND 6 ADOPTED AS AMENDED, RECOMMENDATION 5 REFERRED FOR DECISION, AND REMAINDER OF REPORT FILED

1. That the MSS Internal Operating Procedures and AMA Bylaws be amended to reflect the following MSS Assembly representation criteria for central campuses:
 - a. The AMA medical student members of each program accredited by the Liaison Committee on Medical Education or the American Osteopathic Association (central campuses) may select one representative and one alternate representative.
 - b. Each central campus that has a total student population (not including students at any associated satellite campuses) greater than 999 may select one additional representative and one additional alternate representative.
 - c. Central campus representation in the MSS Assembly shall be contingent upon that campus having seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings. The records of the MSS Credentials Committee will be the official record of representative attendance.
 - d. Central campuses that have not seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings will be placed on probationary status. The Governing Council shall be required to notify inactive campuses in writing. While these central campuses will be eligible to send their students to AMA-MSS national meetings to serve on convention committees and provide testimony to Reference Committees, they will not be eligible to seat any representatives in the MSS Assembly until the following conditions for reactivation are met:
 - i. Petition in writing to the MSS Governing Council, no later than 30 days prior to the national meeting at which the central campus wishes to seat a representative, co-signed by the central campus chapter president and MSS Assembly representative.

- ii. Reactivation will be at the discretion of the MSS Governing Council.
2. That the MSS IOPs and AMA Bylaws be amended to reflect the following MSS Assembly representation criteria for satellite campuses:
 - a. The AMA medical student members of an LCME- or AOA-accredited program that has more than one campus may select a representative and an alternate representative from each satellite campus. For the purposes of representation in the MSS Assembly, a satellite campus shall be defined as:

“A separate administrative campus from the central campus where a minimum of 20 members of the medical school student body are assigned for some portion of their instruction for a period of time not less than one academic year.”
 - b. Satellite campus representation in the MSS Assembly shall be contingent upon that campus having seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings. The records of the MSS Credentials Committee will be the official record of representative attendance.
 - c. Satellite campuses that have not seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings will be placed on probationary status. While these satellite campuses will be eligible to send their students to AMA-MSS national meetings to serve on convention committees and provide testimony to Reference Committees, they will not be eligible to seat any representatives in the MSS Assembly until the following conditions for reactivation are met:
 - i. Petition in writing to the MSS Governing Council, no later than 30 days prior to the national meeting at which the satellite camps wishes to seat a representative, co-signed by the satellite campus chapter president and MSS Assembly representative.
 - ii. Reactivation will be at the discretion of the MSS Governing Council.
3. That the MSS Credentials Committee members be informed of the definition and eligibility criteria for central campuses and satellite campuses.
4. That the Credentials Committee members request proof of satellite campus attendance from satellite campus representatives wishing to be credentialed as MSS Assembly representatives not depending on physical address.
5. That the AMA-MSS Governing Council work with AMA-MSS and AMA Membership Department staff directly to:
 - a. Establish a membership-dependent voting apportionment of representatives to the MSS Assembly.
 - b. Determine a “bare minimum” standard for AMA-MSS membership at any campus wishing to be represented in the AMA-MSS Assembly, with report back to the AMA-MSS at A-08.

6. That the MSS Governing Council re-evaluate the impact of these recommendations at A-10, when the AMA-MSS develops its Operational Plan.

MSS RITFORCE REPORT B - SATELLITE CAMPUS COMPOSITION AND MEDICAL SCHOOL EXPANSION

MSS ACTION: FILED

MSS RITFORCE REPORT C - IMPROVING RECORD-KEEPING OF MSS MEMBER PARTICIPATION

MSS ACTION: FILED

MSS GC REPORT A - CHANGING THE CULTURE OF HEALTH CARE DELIVERY: ENCOURAGEMENT OF TEAMWORK AMONG HEALTH CARE PROFESSIONAL STUDENTS

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 7-I-04 AND REMAINDER OF REPORT FILED

1. That the MSS further assess the current role of interprofessional education in U.S. medical education, with report back at A-08.
2. That our AMA recognize that interprofessional education and partnerships are a top priority of the American medical education system (New AMA Policy).
3. That our AMA explore the feasibility of the implementation of LCME and AOA accreditation standards requiring interprofessional training in medical schools (Directive to Take Action).

MSS GC REPORT B - COMMUNICATION AND CLINICAL TEACHING CURRICULA

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 1-A-06 AND REMAINDER OF REPORT FILED

1. That our AMA-MSS and AMA establish policy supporting the development of formalized medical teacher training for residents and attending faculty (New AMA Policy).
2. That our AMA-MSS and AMA explore the feasibility of the Accreditation Council for Graduate Medical Education defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents (Directive to Take Action).
3. That our AMA-MSS and AMA work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty (Directive to Take Action).

MSS GC REPORT C - PATIENT SAFETY CURRICULUM

MSS ACTION: RECOMMENDATION ADOPTED IN LIEU OF MSS RESOLUTION 3-A-06 AND REMAINDER OF REPORT FILED

1. That the AMA explore the feasibility of the Liaison Committee on Medical Education (LCME) including the requirement of patient safety training in medical school accreditation (Directive to Take Action).

MSS GC REPORT D - HPV VACCINE IN CERVICAL CANCER PREVENTION WORLDWIDE

MSS ACTION: REPORT FILED

MSS GC REPORT E - PUBLIC SCHOOL SCREENING FOR CHILDHOOD OBESITY

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 9-I-06 AND REMAINDER OF REPORT FILED

1. That our AMA encourage research and evaluative studies to develop a unified, evidence-based tool to accurately determine youth and adolescent weight status (New AMA Policy).
2. That our AMA encourage wide-scale, comprehensive, school-based obesity prevention that includes didactic curriculum, nutrition standards, physical education programs, and parent- and teacher- involvement. (Directive to Take Action).

MSS GC REPORT F - SUPPORT FOR INCREASED REGULATION IN TISSUE PROCUREMENT

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 15-I-06 AND REMAINDER OF REPORT FILED

1. That our AMA support efforts by the FDA, the American Association of Tissue Banks, CDC, and other appropriate establishments to institute a uniform system of tissue tracking and a national database of tissue registry for tissues intended for nonclinical scientific and educational purposes (New AMA Policy).
2. That our AMA reaffirm AMA Policy H-370.988 – Regulation of Tissue Banking (Reaffirm Existing AMA Policy).

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES**

**2007 ANNUAL MEETING
CHICAGO, ILLINOIS**

**AMA RESOLUTION 101 - PHYSICIAN REIMBURSEMENT FOR TIME SPENT DISCUSSING
ADVANCE DIRECTIVES**

**HOD ACTION: AMA POLICY H-390.916 AMENDED AND ADOPTED IN LIEU OF AMA
RESOLUTION 101**

H-390.916 Payment for Patient Conferences ~~Medicare Reimbursement for Physician Office
Visits Regarding Advance Directives~~

Our American Medical Association encourages payment ~~CMS to provide Medicare
reimbursement~~ for medical conferences with patients and/or relatives and guardians regarding
medical management and future medical management, particularly as it relates to the
discussion of advance directives (i.e., living wills and durable powers of attorney for health
care).

AMA RESOLUTION 303 – IMPROVING MATERNITY LEAVE POLICIES FOR RESIDENTS

HOD ACTION: ADOPTED WITH CHANGE IN TITLE

IMPROVING PARENTAL LEAVE POLICIES FOR RESIDENTS

RESOLVED, That our American Medical Association study and encourage the Accreditation
Council for Graduate Medical Education's participation in such study of 1) the feasibility of
considering guaranteed paid maternity leave for residents of no less than six weeks duration,
with the possibility of unpaid maternity leave of an additional six weeks; 2) written leave policies
for residents for paternity and adoption; and 3) the effect of such maternity, paternity, and
adoption leave policies on residency programs, with report back to the House of Delegates at
the 2008 Annual Meeting. (Directive to Take Action)

**AMA RESOLUTION 304 – MEDICAL SCHOOL LANGUAGE ELECTIVES IN MEDICAL
SCHOOL CURRICULUM**

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association encourage all Liaison Committee on
Medical Education- and American Osteopathic Association- accredited US medical schools to
offer medical second languages to their students as electives. (Directive to Take Action)

AMA RESOLUTION 403 - DOCTORS DEFENDING BREASTFEEDING

HOD ACTION: REAFFIRMED

RESOLVED, That our American Medical Association discourage hospitals and health care professionals from distributing formula and bottles to women who are willing and able to breastfeed (New AMA Policy); and be it further

RESOLVED, That our AMA oppose the marketing or distribution of infant formula in ways that may interfere with the protection and promotion of breastfeeding (New AMA Policy); and be it further

RESOLVED, That our AMA recognize the inherent conflict of interest present when infant formula manufacturers provide financial support for research into or professional meetings regarding infant and child feeding. (New AMA Policy)

AMA RESOLUTION 404 - ENSURING BEST IN-SCHOOL CARE FOR CHILDREN WITH DIABETES

HOD ACTION: REFERRED

AMA RESOLUTION 405 - FOOD STAMP INCENTIVE PROGRAM

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association support legislation to provide a meaningful increase in the value of food stamps when used to purchase fruits and vegetables. (Directive to TAKE ACTION)

AMA RESOLUTION 406 - ADDITION OF SEXUAL VIOLENCE AWARENESS TO AMA POLICY D-515.998

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association amend Policy D-515.998 by addition and deletion to read as follows:

D-515.998 Resources for Victims of Sexual Violence in the Adolescent Population
Our AMA will develop materials on domestic violence, partner abuse, ~~and date violence,~~ and sexual violence (including but not limited to sexual assault, sexual harassment, stalking, and cyberstalking) that are suitable for use in junior high and high schools and work with the Alliance and state medical societies in an effort to ensure the distribution and placement of these materials in junior high and high schools around the country. (Modify Current HOD Policy)

AMA RESOLUTION 501 - CANCER SCREENING AND SEXUALLY TRANSMITTED INFECTION (STI) RISK IN WOMEN WHO HAVE SEX EXCLUSIVELY WITH WOMEN

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association reaffirm Policy H-160.991, including the importance of taking a thorough and sensitive sexual history (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA educate physicians regarding the need for women who have sex exclusively with women for regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions (Directive to Take Action); and be it further

RESOLVED, That our AMA support our partner medical organizations in educating women who have sex exclusively with women on the need for regular cancer screening exams, the risk for sexually transmitted infections, and the appropriate safe sex techniques to avoid that risk. (Directive to Take Action)

AMA RESOLUTION 502 - AMA SUPPORT FOR MANNED SPACE EXPLORATION OF THE MOON AND MARS THAT WILL PROMOTE MEDICAL ADVANCES AND ENHANCE PATIENT CARE

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association reaffirm Policy H-45.994 which supports the continuation of medical research on manned space flight and the international space station (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA publicly support the National Aeronautics and Space Administration's new commitment for manned space exploration of the moon, Mars, and other celestial bodies for the benefits to medicine and advances in patient care (Directive to Take Action); and be it further

RESOLVED, That our AMA support the continuation of NASA research to accomplish safe, human space exploration as this research has demonstrated and may have potential future benefits to medicine and advances in patient care.

AMA RESOLUTION 503 – HPV VACCINE IN CERVICAL CANCER PREVENTION WORLDWIDE

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

HPV VACCINE AND CERVICAL CANCER PREVENTION WORLDWIDE

RESOLVED, That our American Medical Association (1) urge physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine cervical cancer screening; and (2) encourage the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs. (Directive to Take Action); and be it further

RESOLVED, That our AMA intensify efforts to improve awareness and understanding about HPV and associated diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public (Directive to Take Action); and be it further

RESOLVED, That our AMA (1) encourage the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults, and (2) support the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations. (Directive to Take Action)

AMA RESOLUTION 504 – GERIATRIC DELIRIUM SCREENING

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association support efforts to educate physicians regarding the importance of evaluation of delirium for high risk patients and patients who are symptomatic. (New HOD Policy)

AMA RESOLUTION 601 - EQUAL OPPORTUNITY IN PROFESSIONAL SOCIETIES FOR PHYSICIANS

HOD ACTION: REFERRED WITH REPORT BACK AT A-08