

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS**

**2009 ANNUAL MEETING
CHICAGO, ILLINOIS**

MSS RESOLUTION 1 – ALTERNATIVE AMA FUNDING

MSS ACTION: MSS RESOLUTION 1 NOT ADOPTED.

RESOLVED, That our AMA-MSS investigate alternative funding sources that pose no conflict of interest with their mandate; and be it further

RESOLVED, That once sustainable alternative funding sources have been identified and utilized, our AMA either cease selling of physician data or allow physicians to opt-in to such a program.

MSS RESOLUTION 2 – EXPANDING THE VISITING STUDENTS APPLICATION SERVICE FOR VISITING STUDENT ELECTIVES IN THE FOURTH YEAR

MSS ACTION: MSS RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA strongly encourage the Association of American Medical Colleges (AAMC) to expand eligibility for the Visiting Students Application Service (VSAS) to medical students from Commission on Osteopathic College Accreditation (COCA) accredited medical schools; and be it further

RESOLVED, That our AMA support and encourage the AAMC in its efforts to increase the number of members and non-member programs in the VSAS, such as medical schools accredited by COCA and teaching institutions not affiliated with a medical school; and be it further

RESOLVED, That our AMA encourage the AAMC to ensure that member institutions that previously accepted both allopathic and osteopathic applications for fourth year clerkships prior to VSAS implementation, continue to have a mechanism for accepting such applications of osteopathic medical students; and be it further

RESOLVED, That our AMA explore the feasibility of collaborating with other stakeholder organizations and funding agencies to convene leaders in allopathic and osteopathic medicine responsible for undergraduate and graduate medical education, accreditation and certification, to explore opportunities to align education policies and practices, including visiting student elective opportunities.

MSS RESOLUTION 3 – OPPOSITION TO PROTECTED SLEEP TIME

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

REVIEW OF INSTITUTE OF MEDICINE RESIDENT WORK HOURS RECOMMENDATIONS

HOD ACTION: AMA RESOLUTION 330 REFERRED FOR REPORT.

RESOLVED, That our AMA support additional study of the issues raised with respect to duty hours in the 2008 Institute of Medicine report, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*, and consider further modifications of the current duty hours requirements based on the results of this inquiry; and be it further

RESOLVED, That our AMA support the evaluation and improvement of duty hours reform that does not include protected sleep time; and be it further

RESOLVED, That our AMA-MSS, in consultation with the AMA Council on Medical Education, study and develop relevant policy positions on the recommendations of the 2008 Institute of Medicine report, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*, and report back to the MSS Assembly at I-09.

MSS RESOLUTION 4 – STANDARDIZATION OF REFUGEE HEALTH CARE

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

REFUGEE HEALTH CARE

RESOLVED, That our AMA recognize the unique health needs of refugees; and be it further

RESOLVED, That our AMA encourage the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees; and be it further

RESOLVED, That our AMA support extending beyond eight months the period during which new refugees are eligible for Medicaid coverage under the Refugee Medical Assistance program.

MSS RESOLUTION 5 – GUIDELINES FOR DISCLOSURE OF HIV STATUS TO CHILDREN AND ADOLESCENTS WITH HIV

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

DISCLOSURE OF HEALTH STATUS TO CHILDREN AND ADOLESCENTS

RESOLVED, That our AMA encourage relevant members of the Federation of Medicine, as well as relevant non-physician organizations, to provide ongoing communication, support, and training to health care providers to assist parents with disclosing their children's health status, in particular their HIV status, to them in a timely and prudent manner.

MSS RESOLUTION 6 – ADOPTION OF STANDARDIZED PROTOCOLS FOR PREVENTION OF WRONG-SITE SURGERIES

MSS ACTION: AMA POLICIES H-355.981 AND H-335.965 REAFFIRMED IN LIEU OF MSS RESOLUTION 6.

RESOLVED, That our AMA endorse reporting of actual and near-miss wrong-site surgery along with other educational efforts seeking to identify contributory causes; and be it further

RESOLVED, That our AMA support the development of legislation or other appropriate measures requiring hospitals to adopt standardized protocols for prevention of wrong-site surgeries, including but not limited to pre-operative verification processes, operative site marking, and a "time out" immediately prior to surgery.

MSS RESOLUTION 7 - ADDRESSING THE PRACTICE OF NON-THERAPEUTIC NEONATAL CIRCUMCISION AND ADVOCATING FOR THE DISCOURAGEMENT OF SUCH PRACTICE IN NON-RELIGIOUS SETTINGS

MSS ACTION: MSS RESOLUTION 7 NOT ADOPTED.

RESOLVED, That our AMA discourage the practice of non-therapeutic neonatal circumcision in non-religious settings; and be it further

RESOLVED, That our AMA support state legislation and/or state educational policies that encourage physicians, especially pediatricians, to educate parents of newborn males on the proper care and maintenance of their child's prepuce as well as potential medical complications that may arise with regard to the prepuce.

MSS RESOLUTION 8 – PRICE TRANSPARENCY IN HEALTH CARE

MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support legislation that requires insurance providers to provide an online resource for patients and physicians to calculate charges and out-of-pocket expenses associated with investigations and therapies in an effort to better educate patients and physicians on health care costs, equip patients to recognize value in health care, empower patients to participate in the spending of their health care dollars, and promote one-time and long-term patient savings in an effort to reduce economic strains on health care systems.

MSS RESOLUTION 9 – READABILITY OF MEDICAL NOTICES OF PRIVACY PRACTICES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 9 ADOPTED IN LIEU OF MSS RESOLUTION 9.

READABILITY OF MEDICAL NOTICES OF PRIVACY PRACTICES

RESOLVED, That our AMA continue to support physician efforts to provide Notices of Privacy Practices at an appropriate reading level and in a language appropriate to the patient population served; and be it further

RESOLVED, That our AMA make available on its Web site a link to the Health Resources and Services Administration document, *Plain Language Principles and Thesaurus for Making HIPAA Privacy Notices More Readable*.

MSS RESOLUTION 10 – GUIDELINES FOR THE REUSE OF SINGLE USE DEVICES

MSS ACTION: AMA POLICIES H-480.959 AND D-480.993 REAFFIRMED IN LIEU OF MSS RESOLUTION 10.

RESOLVED, That our AMA encourage further research to develop written guidelines and procedures for cleaning and sterilizing techniques for safe reprocessing and reuse of medical devices; and be it further

RESOLVED, That our AMA reevaluate the efficacy of the FDA policy to classify hospitals as manufacturers in the resterilization and reuse of medical devices.

MSS RESOLUTION 11 – FDA REGULATION OF COSMETICS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

NATIONAL COSMETICS REGISTRY AND REGULATION

RESOLVED, That our AMA support legislation for the creation of a publicly available national registry of all cosmetics and their ingredients; and be it further

RESOLVED, That our AMA support legislation for the FDA to be given strengthened authority to recall cosmetic products determined to be harmful based on the FDA's product recall classifications.

MSS RESOLUTION 12 – PROMOTING THE UNIVERSAL USE OF BICYCLE HELMETS

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS encourage chapters to take advantage of current funding sources for community service initiatives to promote bicycle helmet use and to conduct events in their communities on safety education for all ages.

MSS RESOLUTION 13 - MEDICAL DECISION MAKING FOR SAME-SEX COUPLES

MSS ACTION: AMA POLICY H-140.901 REAFFIRMED IN LIEU OF MSS RESOLUTION 13.

RESOLVED, That our AMA support federal legislation to recognize and grant domestic partners, irrespective of sexual orientation, with the same health care and medical decision making rights provided to married couples; and be it further

RESOLVED, That our AMA encourage state and medical specialty societies to consider the introduction of legislation in their state legislatures that provides domestic partners, irrespective of sexual orientation, with the same health care and medical decision making rights provided to married couples regardless of the state's recognition of domestic partnerships or civil unions.

**MSS RESOLUTION 14 - ENCOURAGING INNOVATIVE (FIRST IN CLASS)
PHARMACEUTICALS**

**MSS ACTION: AMA POLICIES H-460.983 AND H-110.996 REAFFIRMED IN LIEU OF
MSS RESOLUTION 14.**

RESOLVED, That our AMA work with the FDA and the U.S. Patent Office to extend patent lives for first in class drugs so that the pharmaceutical industry has a financial incentive to develop innovative products instead of modifying existing compounds.

**MSS RESOLUTION 15 - ENCOURAGEMENT FOR NON-SIMULTANEOUS, EXTENDED,
ALTRUISTIC DONATION**

**MSS ACTION: SUBSTITUTE MSS RESOLUTION 15 ADOPTED IN LIEU OF MSS
RESOLUTION 15.**

**INVESTIGATION OF NON-SIMULTANEOUS, EXTENDED, ALTRUISTIC ORGAN
DONATION**

RESOLVED, That our AMA examine the feasibility and ethical implications of unconventional organ donation variations, such as non-simultaneous, extended, altruistic organ donation.

**MSS RESOLUTION 16 – REDUCING THE RISK OF SEXUALLY TRANSMITTED ILLNESSES
IN POST-MENOPAUSAL WOMEN**

**MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED WITH CHANGE IN
TITLE.**

**REDUCING THE RISK OF SEXUALLY TRANSMITTED INFECTIONS IN PATIENTS
AGE 50 AND OLDER**

RESOLVED, That our AMA encourage physicians to educate their patients, particularly those of age 50 and older, on safe-sex practices and on the risk of sexually transmitted infections.

MSS RESOLUTION 17 – CONDOMS IN PRISONS

**MSS ACTION: AMA POLICY H-430.988 REAFFIRMED IN LIEU OF MSS
RESOLUTION 17.**

RESOLVED, That our AMA-MSS support federal government action to provide condoms in all federal prisons; and be it further

RESOLVED, That our AMA-MSS encourage state government action to provide condoms in all state prisons; and be it further

RESOLVED, That our AMA-MSS encourage government action to provide condoms in all county prisons.

MSS RESOLUTION 18 – NUTRITION LABELING ON ALCOHOLIC BEVERAGE CONTAINERS

MSS ACTION: AMA POLICY H-30.940 REAFFIRMED IN LIEU OF MSS RESOLUTION 18.

RESOLVED, That our AMA support mandatory nutrition and ingredient labels on alcoholic beverage containers; and be it further

RESOLVED, That our AMA recognize alcoholic beverages as consumable "food products;" and be it further

RESOLVED, That our AMA call upon the FDA to regulate the labeling of nutrition and ingredient information on alcoholic beverage containers.

MSS RESOLUTION 19 – INCREASING AWARENESS OF ORAL CONTRACEPTIVES FOR OVARIAN CANCER PREVENTION

MSS ACTION: MSS RESOLUTION 19 NOT ADOPTED.

RESOLVED, That our AMA recognize and support that oral contraceptive use can decrease the risk of ovarian cancer; and be it further

RESOLVED, That our AMA lobby to expand insurance coverage of oral contraception on the premise that it decreases the risk of ovarian cancer; and be it further

RESOLVED, That our AMA urge print and broadcast media to advertise, employ public service announcements, and help develop new ideas to increase awareness to women throughout the nation regarding this benefit.

MSS RESOLUTION 20 – PLACEMENT OF ALCOHOL-BASED HAND SANITIZER DISPENSERS OUTSIDE PUBLIC RESTROOMS

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA (1) recognize alcohol-based hand sanitizers with alcohol concentrations greater than 60 percent as an effective adjunct to hand washing in reducing microbial contamination and spread; and (2) urge the placement of alcohol-based hand sanitizer dispensers outside of public restrooms and in highly trafficked areas.

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS**

**2009 ANNUAL MEETING
CHICAGO, ILLINOIS**

**COMMITTEE ON LONG RANGE PLANNING REPORT A - REVISION OF THE MSS
ELECTION CAMPAIGN RULES**

**MSS ACTION: RECOMMENDATIONS OF COLRP REPORT A ADOPTED AND
REMAINDER OF REPORT FILED.**

1. That Section V. D. of the MSS Internal Operating Procedures be amended by insertion and deletion as follows:

V. Elections

D. Campaigns Rules. ~~Each candidate shall observe the following Campaign Rules:~~

1. Candidacy. All MSS members shall be considered potential candidates for all elected offices and shall be bound by all Campaign Rules during the election cycle for each office, where the election cycle for an office is defined as the time between elections for that office.
2. Candidate Disclosure Form.
 - a. The day before the election is scheduled to occur, all candidates nominated, either in advance of the meeting or from the floor at the meeting, shall submit a completed Candidate Disclosure Form to the Speaker, the Vice Speaker, or a member of the Rules Committee no later than the time of day designated by the Speaker. No candidate shall be elected if he or she has not completed and submitted a Candidate Disclosure Form.
 - b. The Candidate Disclosure Form shall be prepared by the Speaker and Vice Speaker and shall consist of two parts:
 - i. A portion, completed by the candidate, for disclosure of campaign leadership and campaign finances.
 - ii. A portion, completed by the Speaker or Vice Speaker, for disclosure of any prior, substantiated infraction(s) of MSS IOPs by the individual declared as a candidate.
3. Candidates may distribute only the following campaign materials:
 - a. Buttons, stickers, and pins (less than \geq 2.5 inches in greatest dimension).
 - b. ~~Stickers (less than 2 inches in greatest dimension).~~
 - c. ~~Pins (less than 2 inches in greatest dimension).~~

- b. Standard-size business cards.
 - c. Curricula vitae and personal statements.
 - i. Curricula vitae and personal statements of candidates nominated, pursuant to the rules of the MSS, in advance of the national meeting at which the election will be held shall be included in the online version of the MSS Meeting Handbook.
 - ii. At the Assembly Meeting, distribution of curricula vitae and personal statements shall be limited to the area and medium/media designated by the Speaker and announced at least 30 days prior to the meeting at which the election will be held.
 - iii. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).
 - d. No trinkets, posters, candy, pens, or other items may be displayed or distributed.
- ~~4. Candidates are encouraged to have their curricula vitae and personal statements included in the MSS Agenda Book. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).~~
- ~~5. At the Assembly Meeting, distribution of curricula vitae and personal statements will be limited to the back table of the Assembly room. It is the candidate's responsibility to make his or her materials available at the back table.~~
4. The total expenditure per candidate per campaign shall not exceed \$1,500, including all monetary donations and in-kind donations of goods, but not including the candidate's travel to and lodging at the meeting at which the election is held.
5. Campaign Communications.
 - a. Advance mailings by candidates, state associations, component societies, or other organizations on behalf of a candidate are not permissible.
 - b. Candidates should be prudent and courteous regarding the number and content of electronic messages sent prior to the election. No MSS listserv, message board, or Web log, or any other mode of MSS- or AMA-sponsored communication, shall be used for announcements of candidacy or endorsement.
 - c. Candidates should use discretion in the number and length of phone calls made prior to the election.

- ~~6. Candidates should be prudent and courteous regarding the number and content of electronic messages sent prior to the election.~~
- ~~7. Candidates should use discretion in the number and length of phone calls made prior to the election.~~
6. Campaigning at MSS Chapter, Region, or State meetings other than at a candidate's own MSS Chapter, Region, or State meetings, including attendant social events, is prohibited. Campaigning includes, but is not limited to, discussing candidacy or displaying or distributing campaign paraphernalia.
- ~~7. Receptions and/or hospitality should not be used for promotion of a candidate(s).~~
- ~~8. Travel to other Regional and/or state meetings by candidates, other than their own, is expressly prohibited.~~

7. Campaign Involvement.

- a. Only members of the MSS may be publicly involved with any candidate's campaign, or may campaign on their behalf in any capacity, but a candidate may privately seek advice from any individual he or she so chooses, including the Student Trustee and the Government Relations Advocacy Fellow, but excepting all other employed staff of the AMA.
- b. Members of the MSS Governing Council, members of the MSS Rules Committee, and MSS members compensated by the AMA (apart from travel reimbursement), such as the AMA Government Relations Advocacy Fellow, may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. These individuals may, however, mentor potential candidates for elected offices and provide advice to any candidate who seeks it; equal time should be made available to advising all candidates who seek advice.
- c. AMA staff members may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. AMA staff members may, however, answer candidate inquiries about election-related matters and may provide AMA-related information to candidates so long as that information is made available to all MSS members who request it.
- d. No person communicating by any medium (including in person) in his or her official role as a national- or regional-level leader of the MSS (including but not limited to MSS Governing Council member, MSS Committee member, AMA Council member, MSS Representative or Liaison to any AMA group or outside organization, AMPAC Student Advisory Board member, AMA Government Relations Advocacy Fellow, member of any Region Governing Council, etc.) may discuss or promote his or her or another's candidacy during that communication.

- i. Exception: Candidates may wear their own campaign paraphernalia at all times during the Assembly Meeting at which their election is held.
8. ~~Candidates are encouraged to~~ must fully participate in candidate interviews and question and answer sessions during the Assembly Meeting.
9. ~~Groups inviting candidates need to make available equal time for all candidates. If a group is unable to reasonably accommodate all candidates, no candidate shall be allowed to address the group. A group that invites any candidate for a particular office to speak must invite and make a reasonable effort to accommodate all candidates for that office. Candidates may choose at their discretion to attend or not, but any candidate's availability or lack thereof shall not impose a restriction on the attendance of other candidates.~~
10. Receptions and/or hospitality shall not be used for promotion of candidates.
11. Enforcement.
 - a. ~~Alleged infractions, including but not necessarily limited to violations of the Campaign Rules, stated above should be reported in writing to the MSS Speaker or Vice Speaker, or to any member of the MSS Rules Committee who shall be responsible for their investigation. The MSS Speaker or Vice Speaker will report substantiated infractions to the Assembly prior to balloting. The Assembly should strongly consider any such announcement when voting for candidates.~~
 - b. The Speaker and Vice Speaker, in conjunction with the Rules Committee, shall be responsible for investigating alleged infractions. No person who is a candidate in the same election as the candidate being investigated for alleged infractions may participate in any part of the investigation of those alleged infractions.
 - c. Following their investigation and prior to balloting, the MSS Speaker or Vice Speaker shall report substantiated infractions to the Assembly but shall not make any recommendation to the Assembly. No person who is a candidate in the same election as the candidate whose infractions have been substantiated may participate in any part of the reporting of those infractions to the Assembly. In the event that both the Speaker and Vice Speaker are candidates in elections in which campaign rule violations have been alleged, a member of the Rules Committee shall report substantiated infractions in that election to the Assembly but shall not make any recommendation to the Assembly.
2. That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the IOP amendments recommended by this report.

3. That our AMA-MSS reevaluate the efficacy of the Campaign Rules and report back at A-14.

COMMITTEE ON LONG RANGE PLANNING REPORT B - THE AMA-MSS GREENING INITIATIVE: PROMOTING GREENER AND MORE COST EFFECTIVE PRACTICES WITHIN THE AMA-MSS

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS reduce the amount of printing at Annual and Interim meetings by (a) utilizing bulletin boards, rather than printed materials, for quick reference information such as meeting agendas and maps, and (b) encouraging candidates to use more sustainable forms of distribution of campaign materials at Annual and Interim meetings, such as displaying posters with candidate information.
2. That our AMA-MSS study the feasibility of offering printed materials for a monetary fee for Annual and Interim meeting attendees who request them.
3. That our AMA-MSS work toward increasing the availability of power sources for notebook computer use in rooms other than the main Assembly room at Annual and Interim meetings.
4. That our AMA-MSS (a) work toward offering universal wireless Internet access at Annual and Interim meetings, and (b) continue to work with the HOD Speakers toward expanding wireless Internet access at national meetings.
5. That our AMA-MSS promote the availability of recycling and composting at national meeting sites more prominently.
6. That our AMA-MSS actively and continually inform its members about greening efforts, especially with regard to national meetings, and encourage MSS-wide cooperation toward greening goals.
7. That our AMA-MSS establish a Greening Task Force to further study greening issues as they relate to (a) sustainability and best practices for our AMA-MSS and AMA, including the environmental impact of various types of resource consumption (e.g., paper vs. electricity) and how we can optimize and minimize our impact, (b) global climate change and its impact on public health, and (c) cultivating green ideas for grassroots efforts at schools and mechanisms to share students' environmental successes.

GOVERNING COUNCIL REPORT A - CLARIFICATION OF GOVERNING COUNCIL TERM LIMITS

MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS Internal Operating Procedure IV.E. be amended by insertion and deletion as follows:

IV. Officers

E. Governing Council Terms.

1. ~~Governing Council.~~ The Chair-elect/Chair/Immediate Past Chair of the Governing Council shall serve a two-year term. His or her term as Chair-elect will begin at the conclusion of the Interim Meeting at which he or she is elected. He or she will take office as Chair at the conclusion of the following Annual Meeting, and one year later will become Immediate Past Chair. He or she will serve as Immediate Past Chair until the conclusion of the following Interim Meeting. The other Governing Council ~~officers~~ members shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA. Maximum tenure for ~~voting~~ members of the MSS Governing Council will be two years in any combination of voting or non-voting positions. The periods of service as Chair-elect and Immediate Past Chair shall not count toward this limit.
2. ~~Speaker and Vice Speaker.~~ ~~The Speaker and Vice Speaker shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA. Maximum tenure for the Speaker or Vice Speaker position shall be no more than two terms in each position.~~

2. That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the IOP amendments recommended by this report.

**GOVERNING COUNCIL REPORT B - UPDATE OF THE MEDICAL STUDENT SECTION
INTERNAL OPERATING PROCEDURES**

**MSS ACTION: RECOMMENDATIONS OF GC REPORT B ADOPTED AND
REMAINDER OF REPORT FILED.**

1. That MSS IOP IV be amended by insertion and deletion as follows:

IV. Officers.

- A. Designations. The officers of the MSS shall be the ~~six~~ eight Governing Council members: Chair, Vice Chair, AMA Delegate, Alternate AMA Delegate, At-Large Officer, Chair-elect/Immediate Past Chair, Speaker, and Vice Speaker. The Chair-elect/Immediate Past Chair shall be a non-voting member of the Governing Council. The officers of the Assembly for the purpose of business meetings will be the Speaker and Vice Speaker. The Speaker and Vice Speaker shall be non-voting members of the Governing Council.

C. Qualifications.

1. ~~Governing Council.~~ All members of the Governing Council must be medical student members of the AMA. Any medical student member of the AMA is eligible for a position on the MSS Governing Council, except as prohibited by these IOPs or by the AMA Bylaws.
2. ~~Speaker and Vice Speaker. The Speaker and Vice Speaker must be medical student members of the AMA. Any medical student member of the AMA is eligible for the position of Speaker or Vice Speaker.~~

- D. Duties and Privileges. The Governing Council shall direct the programs and activities of the MSS, subject to the approval of such programs and activities by the Board of Trustees or House of Delegates of the AMA.

6. Speaker and Vice Speaker. The Speaker and Vice Speaker shall:

- c. Organize ~~and lead~~ an orientation at each Assembly Meeting for new MSS Delegates and Alternate MSS Delegates to the Assembly.
- d. Work with other members of the Governing Council in instructing the Convention Committees regarding their duties prior to each Assembly Meeting.
- *****
- f. ~~Be informed of and attend all Governing Council meetings without the right to vote.~~
- g. Prepare a document summarizing parliamentary procedure used in Assembly meetings to be published in the MSS agenda book that is ~~mailed~~ made available to each Assembly representative prior to Assembly meetings.
- h. Review the MSS Digest of Actions for consistency with Assembly action prior to its ~~annual reprinting~~ posting to the AMA Web site.

- G. Limitation on Total Years of Service. Students deemed qualified by the other provisions of the AMA Bylaws and these Internal Operating Procedures for election to the positions of MSS Governing Council, ~~MSS Speaker, MSS Vice Speaker~~, the AMA Board of Trustees, or appointment through the MSS to a position on an AMA Council, or a committee outside of the AMA that is national in scope and appointed by the Governing Council, the AMA President, the AMA President-elect or the AMA Board of Trustees (such as National Board of Medical Examiners, National Resident Matching Program, American Medical Association Political Action Committee, Liaison Committee on Medical Education, etc.) shall be only so deemed if they have served three or fewer years in one or a combination of any of the aforementioned positions....

2. That MSS IOP V be amended be amended by insertion and deletion as follows:

V. Elections

- A. Time of Election. The Chair-elect of the Governing Council shall be elected by the MSS Assembly at the Interim Meeting. The ~~four~~ remaining Governing Council members, with the exception of the Immediate Past Chair, and the Speaker and Vice Speaker shall be elected by the MSS Assembly at the Annual Meeting of the MSS. The Governing Council shall set the day and hour of such elections and shall communicate the day and hour to the medical student members of the AMA prior to each Interim Meeting and Annual Meeting.

- C. Nominations. Nominations for the Governing Council positions ~~and the Speaker and Vice Speaker positions~~ shall be received in advance of the Annual Meeting (in advance of the Interim Meeting for the Chair-elect), pursuant to the rules of the MSS. Further nominations may be made from the floor of the Assembly Meeting at a time determined by the Governing Council.

3. That MSS IOP VII be amended by insertion as follows:

VII. Medical Student Trustee

D. Elections.

4. Speeches. Candidates are allowed to address the Assembly for up to three minutes during a general Assembly session, as scheduled by the Governing Council. In addition, the Chair of the Governing Council, or his or her designee, shall ask each candidate a number of questions on issues of relevance during a general Assembly session, as scheduled by the Governing Council.

4. That MSS IOP VIII be amended by insertion and deletion as follows:

VIII. Regions

A. Structure and Purpose of the MSS Regions.

4. Each region shall have a Region ~~Coordinating Committee~~ Governing Council, which will be composed of the Region Chair, other elected or appointed officers of the region consistent with that region's regional bylaws and the discretion of the Regional Chair, the State Chairs, and the Regional Delegates in each region. The purpose of the Region ~~Coordinating Committee~~ Governing Council shall be to further improve communication within our regions by enhancing regional-state ties and providing each Region Chair with the most accurate understanding of his or her region's views on particular issues.

B. Regional Delegates to the AMA House of Delegates.

2. Elections. The MSS will elect Regional Delegates to the AMA House of Delegates, according to the following guidelines:

- b. Elections for the Regional Delegates to the AMA House of Delegates will be held at the Interim Meeting of the MSS. Each Region must submit the name(s) of its newly-elected Regional Delegate(s) to the MSS Governing Council before the close of the Interim Meeting.

5. That MSS IOP IX be amended by insertion and deletion as follows:

IX. MSS Assembly Meeting

C. Representatives to the Assembly Meeting.

2. National Medical Specialty Societies, Federal Services, and Professional Interest Medical Associations.

- c. Application Process. An application will be provided to interested national medical specialty societies, federal services, and professional interest medical associations. The organization should submit the application form, and any other documents demonstrating compliance with these criteria, to the MSS Governing Council at least ninety days prior to the first Meeting at which they wish to seat an MSS Delegate. ~~If approved by~~ Upon approval by the Governing Council, ~~the recommendation shall be submitted to the AMA Board of Trustees for review.~~ If approved by the AMA Board of Trustees, the organization will be granted a seat in the MSS Assembly with voting privileges on all matters except elections. The newly seated organization will be placed on probationary status for a period of two years, during which time consistent attendance at the four

national Assembly Meetings is expected. At the conclusion of this probation period, the MSS Delegate selected by the organization will attain full voting privileges, including elections, and will be eligible to run for office. The Governing Council will notify the organization of its status at the end of the probation period.

D. Purposes of the Meeting. The purposes of the meeting shall be:

2. ~~To elect, at the Assembly meeting prior to the Annual Meeting of the AMA, the voting members of the Governing Council of the MSS, a Speaker, and a Vice Speaker.~~ To elect, at the Assembly meeting prior to the Interim Meeting of the AMA, the Chair-elect of the Governing Council of the MSS, and the Medical Student Trustee. To elect at the Assembly meeting prior to the Annual Meeting of the AMA, the remaining members of the Governing Council, with the exception of the Immediate Past Chair.

I. Convention Committees.

3. Reference Committees. The number of Reference Committees appointed for each MSS Assembly Meeting will be determined by the Governing Council prior to each meeting. Each Reference Committee shall be composed of five voting members and one, non-voting alternate member unless, in the judgment of the Governing Council, circumstances warrant an adjustment in the number of members on one or more Reference Committees. If a voting member is unable to perform his or her duties, the alternate member may be elevated to a voting member at the discretion of the Chair of the Reference Committee. Each committee shall conduct an open hearing on items of business referred to it (resolutions and reports), and make recommendations to the Assembly for disposition of its items of business through the preparation of Reference Committee reports for consideration by the MSS Assembly.

6. That the MSS IOPs be amended by deletion of XI.C.

XI. Miscellaneous

~~C. State Medical Student Section. A State Medical Student Section shall be defined for the purposes of certifying and credentialing MSS Delegates and Alternate MSS Delegates to the MSS Assembly meeting as an organization which meets the following criteria:~~

- ~~1. The Section must possess bylaws.~~
- ~~2. The Section must provide representatives from each LCME- and AOA-accredited educational program in the state.~~
- ~~3. The Section must have section officers.~~
- ~~4. The Section must hold regular meetings.~~

7. That MSS IOP XII. be amended by deletion as follows:

XII. Amendments

- A. MSS Requirements. These Internal Operating Procedures may be amended by the approval of two-thirds of the members of the MSS Assembly present and voting. Amendments to these Internal Operating Procedures must be submitted 40 days in advance of the Assembly so that the Governing Council, ~~Speaker, Vice Speaker,~~ and MSS Delegates can study the implications of the proposed changes.

8. That the MSS IOPs be amended by insertion of the following language after the current section XI:

Dispute Resolution. All disputes of these Internal Operating Procedures shall be resolved by the AMA Board of Trustees (BOT) with provision for input from other parties as deemed necessary by the BOT, except in the following instances as defined elsewhere in these Internal Operating Procedures:

- A. All disputes involving Regional Delegate or Alternate Delegate elections shall be resolved by the MSS Governing Council.
- B. All disputes involving Campaign Rules (MSS IOPs V.D.) as related to the MSS shall be resolved by the Speaker and Vice Speaker of the Medical Student Section.

9. That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the IOP amendments recommended by this report.

GOVERNING COUNCIL REPORT C - ADVOCATING FOR THE CONTINUATION OF A FALL MEETING OF THE MEDICAL STUDENT SECTION

MSS ACTION: RECOMMENDATION OF GC REPORT C ADOPTED AND REMAINDER OF REPORT FILED.

1. That, due to its critical and unique role in our Section, our AMA-MSS advocate for the continuation of a Fall Meeting of the AMA-MSS that is appropriately resourced to achieve our AMA-MSS's core mission.

GOVERNING COUNCIL REPORT D - PRESUMED CONSENT FOR ORGAN DONATION

MSS ACTION: RECOMMENDATION OF GC REPORT D ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS Late Resolution 2-A-08 be not adopted.

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

**2009 ANNUAL MEETING
CHICAGO, ILLINOIS**

AMA RESOLUTION 6 – PROFESSIONAL PROMOTION DISCLOSURE REGISTRY

HOD ACTION: AMA RESOLUTION 6 NOT ADOPTED.

RESOLVED, That our AMA support initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual gifts and payments to physicians from the pharmaceutical, device, and biologic industries.

AMA RESOLUTION 310 – CREATION OF DOMESTIC FOR-PROFIT MEDICAL SCHOOLS

HOD ACTION: AMA RESOLUTION 310 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association, in collaboration with the Association of American Medical Colleges, the Liaison Committee on Medical Education, and the Commission on Osteopathic College Accreditation, study new and emerging models of medical school organization and governance, including for-profit models and how medical school accreditation standards can protect the quality and integrity of the education, with a report back to the House of Delegates at the 2011 Annual Meeting.

AMA RESOLUTION 330 – OPPOSITION TO PROTECTED SLEEP TIME

HOD ACTION: AMA RESOLUTION 330 REFERRED FOR REPORT.

RESOLVED, That our AMA support the evaluation and improvement of duty hours reform that does not include protected sleep time; and be it further

RESOLVED, That our AMA support additional study of the issues raised with respect to duty hours in the 2008 Institute of Medicine report, Resident Duty Hours: Enhancing Sleep, Supervision, and Safety, and consider further modifications of the current duty hours requirements based on the results of this inquiry.

AMA RESOLUTION 414 – PHYSICIAN-ASSISTED REGULATION OF FIREARM ACCESS BY SUICIDAL PATIENTS

HOD ACTION: AMA RESOLUTION 414 REFERRED FOR REPORT.

RESOLVED, That our AMA complete a comprehensive study of the following issues with report back at I-09:

1. The current role of physician-assisted regulation of firearm access by suicidal patients in all 50 states;
2. The variation among states in communication between physicians and local authorities in relation to the regulation of firearm access for patients who pose harm to themselves and to others;
3. The impact of physician-assisted regulation of firearm access in states where there is already a legally prescribed role for physicians in regulating their suicidal patients' access to firearms ;
4. Patient privacy concerns surrounding physician-assisted regulation of firearms; and

5. The best way to increase the physician's role in minimizing the potential harm of firearms to at-risk patients.

AMA RESOLUTION 415 – PROMOTING PHYSICIAN AWARENESS OF THE CORRELATION BETWEEN DOMESTIC VIOLENCE AND CHILD ABUSE

HOD ACTION: RESOLUTION 415 ADOPTED.

RESOLVED, That our AMA work with members of the Federation of Medicine and other appropriate organizations to educate physicians on (1) the relationship between domestic violence and child abuse and (2) the appropriate role of the physician in treating patients when domestic violence and/or child abuse are suspected.

AMA RESOLUTION 513 – NOVEL ANTIBIOTICS AND ANTIMICROBIAL RESISTANCE

HOD ACTION: AMA POLICIES REAFFIRMED IN LIEU OF AMA RESOLUTION 513.

RESOLVED, That our AMA continue to monitor the spread of antibiotic resistance and, if deemed necessary, support mechanisms that would result in the timely development of novel antibiotics. Mechanisms should include a combination of push and pull incentives with legislation modeled after the Orphan Drug Act in conjunction with intensive educational efforts targeting physicians and patients.

AMA RESOLUTION 514 – RECOGNIZING THE IMPORTANCE OF THE THEORY OF EVOLUTION IN SCIENCE EDUCATION

HOD ACTION: AMA POLICY H-170.985 REAFFIRMED IN LIEU OF AMA RESOLUTION 514 AND AMA RESOLUTION 524.

RESOLVED, That our AMA endorse the teaching of the theory of evolution as an integral part of science education.

AMA RESOLUTION 515 – STUDY THE NECESSITY OF THE INCLUSION OF CORN ON ALLERGEN WARNING LABELS

HOD ACTION: AMA RESOLUTION 515 NOT ADOPTED.

RESOLVED, That our AMA examine the prevalence and significance of corn allergy in the U.S. population and determine if the addition of allergen warning labels to corn-containing and corn-derived products is justified.

AMA RESOLUTION 719 – DECREASING EMERGENCY DEPARTMENT OVERCROWDING

HOD ACTION: RECOMMENDATIONS OF CMS REPORT 3 ADOPTED IN LIEU OF AMA RESOLUTION 719.

RESOLVED, That our AMA work with state and federal governments, including agencies such as the Centers for Medicare and Medicaid Services and the U.S. Office of Preparedness and Emergency Operations, to develop guidelines and increase incentives for hospitals to reduce emergency department overcrowding.

AMA RESOLUTION 720 – HOSPITAL DRESS CODES FOR THE REDUCTION OF NOSOCOMIAL TRANSMISSION OF DISEASE

HOD ACTION: AMA RESOLUTION 720 REFERRED FOR REPORT.

RESOLVED, That our AMA advocate for the adoption of hospital guidelines for dress codes that minimize transmission of nosocomial infections, particularly in critical and intensive care units.