

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS**

**2007 INTERIM MEETING
HONOLULU, HAWAII**

MSS RESOLUTION 1 - SUPPORTING THE EXPANSION OF U.S. RESIDENCY PROGRAMS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 1 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 1.

RESOLVED, That our AMA-MSS support increases in the number of residency positions according to AMA workforce studies, where such increases would not undermine existing physician residency positions in any of the states; and be it further

RESOLVED, That our AMA-MSS rescind existing MSS Policy 200.013 – Residency Position Limits.

MSS RESOLUTION 3 – ADOPTING A DEFINITION FOR METABOLIC SYNDROME

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the development of a consensus statement defining metabolic syndrome.

MSS RESOLUTION 4 - ESSENTIAL MEDICINES FOR THE DEVELOPING WORLD

MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED IN LIEU OF MSS RESOLUTION 4.

RESOLVED, That existing policy 250.016MSS be reaffirmed; and be it further

RESOLVED, That our AMA (1) support universities engaging nontraditional partners in order to create new opportunities for neglected disease drug development, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions; and (2) support the protection of fair access to essential medicines in developing countries.

MSS RESOLUTION 5 - IMPLEMENTATION OF AUTOMATED EXTERNAL DEFIBRILLATORS IN HIGH-SCHOOL AND COLLEGE SPORTS PROGRAMS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 5 ADOPTED IN LIEU OF MSS RESOLUTION 5.

RESOLVED, That our AMA support state legislation and/or state educational policies encouraging each high school and college that participates in interscholastic and/or intercollegiate athletic programs to have an automated external defibrillator (AED) and trained personnel on its premises; and be it further

RESOLVED, That our AMA support state legislation and/or state educational policies encouraging athletic coaches, sports medicine personnel, and student athletes to be trained and certified in CPR, AED, basic life support, and recognizing the signs of sudden cardiac arrest.

MSS RESOLUTION 6 - NEED FOR NATIONAL GUIDELINES FOR SCREENING FOR FAMILIAL INTRACRANIAL UNRUPTURED ANEURYSMS

MSS ACTION: MSS RESOLUTION 6 NOT ADOPTED.

RESOLVED, That our AMA study the appropriateness of a standard guideline for screening for intracranial aneurysms in at-risk populations, with report back by the 2009 Annual Meeting; and be it further

RESOLVED, That such a report include a proposal for such a standard guideline if there is a population for which screening would be appropriate and cost-effective (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that insurance companies fund screening practices based in the established guidelines.

MSS RESOLUTION 8 - AMBLYOPIA SCREENING AND THE “SEE BY THREE” PROGRAM

MSS ACTION: MSS RESOLUTION 8 NOT ADOPTED.

RESOLVED, That our AMA work with the Children's Eye Foundation and other appropriate organizations to support the See By Three Program.

MSS RESOLUTION 9 - FORMATION OF AN AMA DISABILITY AND DEAF CONSORTIUM

MSS ACTION: MSS RESOLUTION 9 NOT ADOPTED.

RESOLVED, That our AMA develop a Disability and Deaf Consortium, which will represent the interests and unique needs of physicians, medical students, and patients with disabilities within our AMA; and be it further

RESOLVED, That our AMA study current physician and medical student demographics to determine the prevalence of disabilities within this group; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates for consideration at A-08.

MSS RESOLUTION 10 - HEALTH CARE AS A RIGHT FOR ALL CITIZENS OF THE UNITED STATES OF AMERICA

MSS ACTION: MSS RESOLUTION 10 NOT ADOPTED.

RESOLVED, That our AMA assert that access to high quality and affordable health care is one of the rights of all citizens of the United States of America; and be it further

RESOLVED, That a letter from the AMA Board of Trustees detailing our support for access to high quality and affordable health care as one of the rights of all citizens of the United States of America be sent within 30 days of the adjournment of this meeting to (1) all official candidates for the office of President of the United States for the upcoming 2008 Presidential election, (2) all members of the 110th United States Congress and (3) all Governors of the 50 United States; and be it further

RESOLVED, That this resolution be forwarded directly to the AMA House of Delegates at I-07.

MSS RESOLUTION 11 - REMOVING BARRIERS TO CARE FOR TRANSGENDER PATIENTS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED.

RESOLVED, That our AMA support public and private health insurance coverage for treatment of gender identity disorder in adolescents and adults; and be it further

RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder in adolescents and adults when prescribed by a physician.

MSS RESOLUTION 12 - THE FAILURE OF MARKET-BASED HEALTHCARE REFORM

MSS ACTION: RESOLVE 1 OF MSS RESOLUTION 12 ADOPTED AS AMENDED WITH CHANGE IN TITLE, AND AMA POLICY D-390.967 REAFFIRMED IN LIEU OF RESOLVE 2 OF MSS RESOLUTION 12.

REEXAMINING MARKET BASED HEALTH CARE REFORM

RESOLVED, That our AMA reanalyze the concept of market based health care reform, specifically addressing the financial, ethical, and moral soundness of a system that relies on private health insurance, and report back at A-09.

MSS RESOLUTION 13 - SUPPORT FOR FAMILY AND RELATIONSHIPS DURING MEDICAL SCHOOL AND RESIDENCY

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS work with the RFS, the AMA Alliance, and other interested organizations to urge medical schools and residency programs to provide access to and encourage use of relationship counseling; and be it further

RESOLVED, That our AMA-MSS work with the RFS, the AMA Alliance, and other interested organizations to encourage medical schools and residency programs to offer workshops, activities, or lectures regarding the balance of family life with medical training and practice; and be it further

RESOLVED, That our AMA-MSS work with the RFS, the AMA Alliance, and other interested organizations to promote opportunities for student and resident spouses and partners to become involved in the medical community, particularly through the AMA Alliance; and be it further

RESOLVED, That our AMA-MSS directly support the family relationships of medical students and residents by adding to the "Resources" sections of the MSS Web page links to the many articles and resources available regarding balancing and enriching families and relationships while training for and practicing medicine.

MSS RESOLUTION 14 - INCREASING MEDICAL SCHOOL CLASS SIZES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 14 ADOPTED IN LIEU OF MSS RESOLUTION 14.

RESOLVED, That our AMA support increasing the number of medical students, provided that such expansion would not jeopardize the quality of medical education.

MSS RESOLUTION 15 - APPLICATION OF CHRONOTHERAPY TO CHEMOTHERAPEUTIC TREATMENT OF CANCER IN THE UNITED STATES

MSS ACTION: MSS RESOLUTION 15 NOT ADOPTED.

RESOLVED, That our AMA encourage application of chronotherapy knowledge to clinical settings by all physicians directly involved in chemotherapeutic treatment of cancer through distribution of educational materials about chronotherapy; and be it further

RESOLVED, That our AMA advocate for the NIH and other funded groups to make resources available for additional clinical trials to confirm the benefits of chronotherapy and its application to cancer by following the model of the chronotherapy cooperative group within the European Organization for Research and Treatment of Cancer; and be it further

RESOLVED, That our AMA-MSS promote awareness of chronotherapy in cancer therapy by distribution of educational materials among medical students and therefore maintain its commitment to medical education and scientific discovery.

MSS RESOLUTION 16 – STUDENT LOAN EMPOWERMENT

MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED.

RESOLVED, That our AMA support legislation that requires medical schools to inform students of all government loan opportunities along with private loans, and requires disclosure of reasons that preferred lenders were chosen.

MSS RESOLUTION 18 - DEARTH OF NOVEL ANTIBIOTICS

MSS ACTION: MSS RESOLUTION 18 REFERRED FOR REPORT BACK AT I-08

RESOLVED, That our AMA endorse legislation or lobby for legislation that will grant companies tax incentives for pursuing antibiotic research. (Any expenditure towards the development of a new class of antibiotic would not be taxed.)

MSS RESOLUTION 19 - LABEL CHANGES FOR OVER-THE-COUNTER COUGH AND COLD MEDICATION FOR CHILDREN UNDER SIX YEARS OLD

MSS ACTION: MSS RESOLUTION 19 NOT ADOPTED.

RESOLVED, That our AMA recommend that the FDA (1) require labeling for over-the-counter antitussive, expectorant, nasal decongestant, antihistamine, and combination cough and cold products that states that these products should not be used for treatment of cough or cold in children under 6 years of age as they have not been shown to be safe or effective in this age group; and (2) notify manufacturers that the use of advertising or labeling displaying images of children under the age of 6 is not supported by scientific evidence and that these manufacturers are subject to enforcement action at any time.

MSS RESOLUTION 20 - INCREASED FUNDING FOR AMA-MSS REGION MEETINGS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 20 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 20.

RESOLVED, That our AMA-MSS evaluate the funding needs of region meetings and study the value of MSS region meetings with respect to membership, leadership development, and region communications, and that the MSS Governing Council issue a report with the results at A-08.

MSS RESOLUTION 21 - REGIONAL REPRESENTATION ON REFERENCE COMMITTEES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 21 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 21.

RESOLVED, That our AMA-MSS Governing Council continue to empower regions and work toward increasing diversity on all MSS Committees by using regional diversity as one of the selection criteria for all MSS Committees; and be it further

RESOLVED, That our AMA-MSS Governing Council report back at A-10 on the issue of regional diversity on MSS Committees.

MSS RESOLUTION 23 – EXPEDITED PARTNER THERAPY

MSS ACTION: MSS RESOLUTION 23 NOT ADOPTED.

RESOLVED, That in those states where expedited partner therapy is not expressly permissible, our AMA assist constituent associations with the creation of model legislation and encourages the constituent associations to support enactment of statutes that permit physicians to provide expedited partner therapy to patients diagnosed with gonorrhea or Chlamydia infection; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at I-07.

MSS RESOLUTION 24 - HEALTH INSURANCE AS AN ESSENTIAL SOCIAL SERVICE FOR ALL AMERICANS

MSS ACTION: AMA POLICIES E-2.095 AND H-165.866 REAFFIRMED IN LIEU OF MSS RESOLUTION 24.

RESOLVED, That our AMA assert that health insurance is an essential social service for all Americans unable to cover catastrophic expenses on their own; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at A-08.

MSS RESOLUTION 25 - COMPARISON TRIALS AS THE BASIS FOR FDA APPROVAL OF ME TOO DRUGS

MSS ACTION: MSS RESOLUTION 25 NOT ADOPTED.

RESOLVED, That our AMA actively support head-to-head testing of new drugs against already-existing drugs in equivalent doses as the basis for FDA approval if an approved drug with a similar mechanism of action already exists on the market; and be further

RESOLVED, That our AMA advocate for transparency in the dissemination of efficacy data derived from head-to-head trials that are used to obtain approval of a new drug, including the publication of all study outcomes regardless of statistical significance or inability to demonstrate superiority, and disclosure of funding sources and conflicts of interest; and be further

RESOLVED, That our AMA discourage the practice of aggressively marketing reformulations and therapeutic class drugs that prove to offer no benefit or marginal benefit from already-existing drugs or drugs that are standard-of-care; and be further

RESOLVED, That our AMA ask the FDA to consider the requirement of head-to-head testing of new drugs in development to show efficacy in direct outcomes against already-approved drugs with a similar mechanism of action or as current standard of care, rather than only efficacy against placebo.

MSS RESOLUTION LATE 1 - PROFESSIONAL PROMOTION DISCLOSURE REGISTRY

MSS ACTION: MSS RESOLUTION LATE 1 REFERRED FOR REPORT BACK AT I-08.

RESOLVED, That our AMA develop specifications outlining criteria that should be included in any professional promotion disclosure registry in terms of enforcement, transparency, public availability, and reported payments (in accordance with AMA ethical guidelines depicting appropriate payments) to optimize and unify various professional promotion monitoring systems without jeopardizing prescriber-identifiable data; and be it further

RESOLVED, That our AMA support future initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual payments to physicians from the pharmaceutical, device, and biologic industries while neither preempting stronger state legislation, nor allowing the use of prescriber-identifiable data for marketing purposes.

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS**

**2007 INTERIM MEETING
HONOLULU, HAWAII**

GC REPORT A - TOWARD ENVIRONMENTAL RESPONSIBILITY

**MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AS AMENDED
IN LIEU OF MSS RESOLUTION 6-I-06 AND REMAINDER OF REPORT FILED.**

1. That our AMA recognize the negative impact of climate change on global human health, particularly in the areas of infectious disease, the direct effects of heat, severe storms, food and water availability, and biodiversity.
2. That our AMA conduct an internal assessment of its environmental footprint and research creative solutions to minimize it and report back at I-08.
3. That our AMA-MSS continue to study climate change and its impact on human health by conducting an analysis of the environmental impact of hospitals, physician practices, and medical industry suppliers and report back at I-08.

**GC REPORT B – UPDATE ON THE TRIAL EXPANSION OF THE GOVERNMENT
RELATIONS INTERNSHIP PROGRAM TO INTERNATIONAL HEALTH AND POLICY
INTERNSHIPS**

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

1. That our AMA-MSS extend the trial period of the expansion of the Government Relations Internship Program (GRIP) to international health policy (IHP) internships for one additional year.
2. That the continued trial expansion of GRIP to IHP be limited to non-clinical IHP programs located specifically in the Washington, D.C., area.
3. That all GRIP applications submitted on time, including those of students applying for IHP internships, be considered concurrently.
4. That a maximum of two of the ten available GRIP positions be filled by candidates pursuing IHP internships.
5. That the AMA-MSS International Health and Policy Committee actively promote and publicize the trial expansion of GRIP to IHP over the coming year, with GC report back on the success of this trial expansion at I-08.

GC REPORT C – POLICY SUNSET REPORT FOR 2002 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATION OF GC REPORT C ADOPTED.

1. That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS.

COLRP REPORT A - BIENNIAL REVIEW OF NATIONAL MEDICAL STUDENT ORGANIZATIONS CURRENTLY REPRESENTED IN THE MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT A REFERRED FOR DECISION.

1. That the MSS recommend to the AMA Board of Trustees that the following organizations no longer be represented as National Medical Student Organizations in the MSS Assembly: Student Aviation Management Association, American Association of Physicians of Indian Origin, American College of Legal Medicine, National Network of Latin American Medical Students, Student National Medical Association.
2. That, per MSS Internal Operating Procedure VIII. C, 5., the MSS confer official observer status on the American Association of Physicians of Indian Origin, the American College of Legal Medicine, the National Network of Latin American Medical Students, the Student National Medical Association, and the American Physician Scientists Association.
3. That the MSS consider amending AMA Bylaw 7.3341 (b) to read: "The organization must be composed ~~solely~~ primarily of medical students enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program."
4. That the MSS consider amending the AMA Bylaws to permit voting representation in the MSS Assembly for the Association of American Medical Colleges – Organization of Student Representatives and its equivalent osteopathic medical student organization.
5. That the AMA-MSS Governing Council reinforce the biennial review process for NMSOs as outlined in MSS Internal Operating Procedure VIII. C. 4.

**SUMMARY OF ACTIONS
AMA-MSS REAFFIRMATION CALENDAR**

**2007 INTERIM MEETING
HONOLULU, HAWAII**

MSS Reaffirmation Calendar: The AMA-MSS will implement a reaffirmation consent calendar akin to that used by the AMA-HOD and set forth in AMA Policy 545.979 and 545.974, to expedite the business of the Assembly on resolutions seeking reaffirmation of existing AMA-MSS policy; and that the Reaffirmation Calendar provide "statements of support" for existing AMA policy for those resolutions deemed identical or nearly identical to existing AMA policy. (MSS Amended Res. 17, A-93; MSS Report C, I-93; MSS Report C, I-97)

The following items were reaffirmed by the MSS Assembly at the 2007 Interim Meeting:

**MSS RESOLUTION 2 - ENCOURAGEMENT OF MEDICAID FUNDING FOR 17P
PROGESTERONE FOR HIGH RISK PREGNANCIES**

RESOLVED, That our AMA strongly encourage all state Medicaid programs and private insurers to provide funding for 17P progesterone treatment for all eligible women in need of this therapy.

REAFFIRMS AMA POLICIES H-290.993, H-420.972, AND H-425.976:

H-290.993 Coverage of Drugs by Medicaid

Our AMA (1) urges CMS to develop meaningful guidelines for state Medicaid agencies to pay for drugs necessary to treat life-threatening and other serious medical conditions, even if such drugs are manufactured/distributed by non-rebating firms, and (2) asks CMS to grant states reasonable autonomy in decisions to cover these medically necessary drugs without retroactive economic penalty. (Res. 195, A-91; Reaffirmed: Sunset Report, I-01)

H-420.972 Prenatal Services to Prevent Low Birthweight Infants

Our AMA encourages all state medical associations and specialty societies to become involved in the promotion of public and private programs that provide education, outreach services, and funding directed at prenatal services for pregnant women, particularly women at risk for delivering low birthweight infants. (Res. 231, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmation A-07)

H-425.976 Preconception Care

1. Our AMA supports the 10 recommendations developed by the Centers for Disease Control and prevention for improving preconception health care that state:

(1) Individual responsibility across the lifespan--each woman, man, and couple should be encouraged to have a reproductive life plan; (2) Consumer awareness--increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts; (3) Preventive visits--as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes; (4) Interventions for identified risks--increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact); (5) Inter-conception care--use the inter-conception period to provide additional intensive interventions to women who have had a

previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth); (6) Pre-pregnancy checkup--offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy; (7) Health insurance coverage for women with low incomes--increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and pre-conception and inter-conception care; (8) Public health programs and strategies--integrate components of pre-conception health into existing local public health and related programs, including emphasis on inter-conception interventions for women with previous adverse outcomes; (9) Research--increase the evidence base and promote the use of the evidence to improve preconception health; and (10) Monitoring improvements--maximize public health surveillance and related research mechanisms to monitor preconception health.

2. Our AMA supports the education of physicians and the public about the importance of preconception care as a vital component of a woman's reproductive health. (Res. 414, A-06)

MSS RESOLUTION 7 - DECREASING THE SPREAD OF HIV/AIDS IN THE UNITED STATES

RESOLVED, That our AMA promote the establishment of a standard of care that calls for hospital and medical personnel to routinely recommend testing for HIV/AIDS in conjunction with any medical evaluation to patients ages 13-64 as suggested by the CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings;" and be it further

RESOLVED, That our AMA develop these standards in cooperation with other interested stakeholders.

REAFFIRMS AMA POLICY D-20.992:

D-20.992 Improving Access to Rapid HIV Testing: An Update

Our AMA: (1) supports the Centers for Disease Control and Prevention's (CDC) 2006 Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings; (2) will continue to work with the CDC to implement the revised recommendations for HIV testing of adults, adolescents and pregnant women in health care settings, including exploring the publication of a guide on the use of rapid HIV testing in primary care settings; and (3) will identify legal and funding barriers to the implementation of the CDC's HIV testing recommendations and develop strategies to overcome these barriers. (CSAPH Rep. 2, I-06)

MSS RESOLUTION 17 – A CALL TO DEVELOP A CENTRALIZED DATABASE TO FACILITATE SHARED ACCESS TO ESSENTIAL MEDICAL INFORMATION AMONG HEALTHCARE PROVIDERS

RESOLVED, That our AMA seek to raise awareness among AMA physicians of electronic medical records, medical records database, and their potential benefits; and be it further

RESOLVED, That our AMA support legislation that would lead to designing a program that would convert all records to an electronically based database that will ensure privacy, increased quality of care and increased communications between physicians of different specialties in regards to patient's care; and be it further

RESOLVED, That the AMA design policies to encourage hospitals locally and statewide to increase the conversion of paper forms to electronic ones and have them collected into a

database that can be accessed by physicians/appointed personnel for patient care in urgent and non-urgent settings.

REAFFIRMS AMA POLICIES H-478.995, D-165.952, D-478.994, D-478.995, AND D-478.996:

H-478.995 National Health Information Technology

Our AMA supports the development, adoption, and implementation of national health information technology standards through collaboration with public and private interests, and consistent with current efforts to set health information technology standards for use by the federal government. (Res. 730, I-04)

D-165.952 National Health Care Policy Agenda

1. Our AMA will synthesize current AMA policy for the specific purpose of advocating a comprehensive, patient-centered National Health Care Policy Agenda.

2. This Agenda will strongly address the most important issues affecting physicians and patients in the United States, such as public- and private-sector financing and delivery, care for the uninsured, wellness and personal responsibility, liability, patient safety, and health information technology, and recommend comprehensive and workable solutions.

D-478.994 Health Information Technology

Our AMA will:

(1) support legislation and other appropriate initiatives that provide positive incentives for physicians to acquire health information technology (HIT);

(2) pursue legislative and regulatory changes to obtain an exception to any and all laws that would otherwise prohibit financial assistance to physicians purchasing HIT; and

(3) support initiatives to ensure interoperability among all HIT systems. (Res. 723, A-05; Reaffirmation A-07)

D-478.995 National Health Information Technology

Our AMA will closely coordinate with the newly formed Office of the National Health Information Technology Coordinator all efforts necessary to expedite the implementation of an interoperable health information technology infrastructure, while minimizing the financial burden to the physician and maintaining the art of medicine without compromising patient care. (Res. 730, I-04)

D-478.996 Information Technology Standards and Costs

Our AMA will: (1) encourage the setting of standards for health care information technology whereby the different products will be interoperable and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems; (2) work with Congress and insurance companies to appropriately align incentives as part of the development of a National Health Information Infrastructure (NHII), so that the financial burden on physicians is not disproportionate when they implement these technologies in their offices; (3) review the following issues when participating in or commenting on initiatives to create a NHII: (a) cost to physicians at the office-based level; (b) security of electronic records; and (c) the standardization of electronic systems; (4) continue to advocate for and support initiatives that minimize the financial burden to physician practices of adopting and maintaining electronic medical records; and (5) continue its active involvement in efforts to define and promote standards that will facilitate the interoperability of health information

technology systems. (Res. 717, A-04; Reaffirmation, A-05; Appended: Sub. Res. 707, A-06; Reaffirmation A-07)

MSS RESOLUTION 22 – OFFERING HEALTHY FOOD CHOICES IN PRIMARY AND SECONDARY SCHOOLS NATIONWIDE

RESOLVED, That our AMA support national legislation requiring healthy food menu options that meet predetermined, evidence-based nutritional standards as prescribed by the medical community in all primary and secondary schools.

REAFFIRMS AMA POLICY D-60.990:

D-60.990 Exercise and Healthy Eating for Children

Our AMA shall: (1) seek legislation that would require the development and implementation of evidence-based nutrition standards for all food served in K-12 schools irrespective of food vendor or provider; and (2) work with the US Public Health Service and other federal agencies, the Federation, and others in a coordinated campaign to educate the public on the epidemic of childhood obesity and enhance the K-12 curriculum by addressing the benefits of exercise, physical fitness, and healthful diets for children. (Res. 423, A-02; Reaffirmation A-04; Reaffirmation A-07)

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

**2007 INTERIM MEETING
HONOLULU, HAWAII**

**AMA RESOLUTION 702 - SUPPORT FOR INCREASED REGULATION IN TISSUE
PROCUREMENT**

**HOD ACTION: AMA POLICIES D-370.995, D-140.986, AND H-370.988 REAFFIRMED
IN LIEU OF AMA RESOLUTION 702.**

RESOLVED, 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 ; and be it further

RESOLVED, That our AMA reaffirm AMA Policy H-370.988 – Regulation of Tissue Banking.

**AMA RESOLUTION 801 – PATIENT SAFETY CURRICULA IN UNDERGRADUATE MEDICAL
EDUCATION**

HOD ACTION: AMA RESOLUTION 801 ADOPTED AS AMENDED.

RESOLVED, That our AMA explore the feasibility of asking the Liaison Committee on Medical Education to encourage the discussion of basic patient safety and quality improvement issues in medical school curricula.

AMA RESOLUTION 803 - CHILDHOOD OBESITY

**HOD ACTION: AMA POLICIES H-170.984, H-170.999. D-60.990, AND D-440.971
REAFFIRMED IN LIEU OF AMA RESOLUTION 803.**

RESOLVED, 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; and be it further

RESOLVED, That our AMA encourage research and evaluative studies to develop a unified, evidence-based tool to accurately determine youth and adolescent weight status.

AMA RESOLUTION 804 – COMMUNICATION AND CLINICAL TEACHING CURRICULA

HOD ACTION: AMA RESOLUTION 804 REFERRED.

RESOLVED, That our AMA establish policy supporting the development of formalized medical teacher training for residents and attending faculty; and be it further

RESOLVED, That our 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; and be it further

RESOLVED, That our 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.