

**AMA-YPS Handbook Review: HOD Reference Committee K (advocacy related to medical education, science, public health)**

Full text at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-interim-meeting/i09-reports-resolutions/business-hod.shtml>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on Nov. 6, 2009.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
<p><b>BOT Report 1:</b> Standardizing Portable Medical Imaging Formats to Enhance Safe, Timely, Efficient Care</p>	<p>The Board of Trustees recommends that the following be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> <li>1. That the American Medical Association participates in efforts to ensure implementation of the recommendations for imaging standards developed by the AMA-convened imaging safety and standards Panel, that RSNA endorsed and IHE adopted and wrote into the portable data initiative standards. (Directive to Take Action)</li> <li>2. That the AMA develop a strategy to inform the health care and imaging communities of the AMA's work to improve Imaging Safety and Standards that includes the following: <ul style="list-style-type: none"> <li>• Disseminate (widely) the AMA-convened Panel's statement, "All medical imaging data distributed should be a complete set of images of diagnostic quality in compliance with those found in the IHE PDI (Portable Data for Imaging) Integration Profile;"</li> <li>• Publish the Panel's work;</li> <li>• Increase hospital group, deeming organization, medical group, and survey certification group awareness of the AMA's work; determine their role in developing infrastructure support for medical imaging safety per AMA recommendations and IHE-PDI standards;</li> <li>• Expose the AMA's work to the Office of the National Coordinator;</li> <li>• Encourage industry to view physicians as developers rather than solely as adopters of technology and to include physicians, as end users, in the development and implementation of technology solutions; and,</li> <li>• Encourage physicians, as end users of technology, to participate in development and implementation of technology to ensure its appropriate use and application at the point of care. (Directive to Take Action)</li> </ul> </li> </ol> <p>Fiscal Note: \$20,000 to support staff activities and meetings</p>	<p>Support</p>	<p>Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.</p>
<p><b>BOT Report 2:</b> Standards of Care During a Mass Casualty Event</p>	<p>The Board of Trustees recommends that the following recommendations be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> <li>1. That our American Medical Association (AMA) acknowledges that, in a mass casualty event, adjustments in the current health and medical care standards may be necessary to ensure that the care provided results in saving as many lives as possible. (New HOD Policy)</li> <li>2. That our AMA will: (1) continue to participate with relevant stakeholders to develop and disseminate guidance on the issue of the appropriate standard of care in a mass</li> </ol>	<p>Support</p>	<p>Adopted</p>

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	<p>casualty event; (2) encourage state and specialty medical societies to work with state departments of health and other stakeholders as they develop guidance on allocating scarce resources and establishing the standard of care; and (3) encourage the creation of an adequate legal framework at the local, state, and federal levels for providing health and medical care in a mass casualty situation. (Directive to Take Action)</p> <p>Fiscal Note: Less than \$500</p>		
<p><b>BOT Report 3:</b> Clinical Data Repositories for Physicians, Patients and Continuous Quality Improvement (Resolution 845, I-08)</p>	<p>Current AMA policy sufficiently addresses the intent of the principles called for in the first resolve of Resolution 845 (I-08). Therefore the Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 845 (I-08), and that the remainder of this report be filed.</p> <p>1) That our American Medical Association collect and make available the best practices resulting from existing pilot CDR projects to demonstrate the most appropriate measures and data aggregation methods for assessing physician performance, and to demonstrate how best to use clinical data to improve quality of patient care. (Directive to Take Action)</p> <p>2) That our American Medical Association identify and disseminate educational materials to be used by physician organizations and communities on how to best use data from CDRs in practice improvement, quality improvement, and contracting. (Directive to Take Action)</p> <p>Fiscal note: Costs will be \$50,000 to implement policy</p>	Support	Referred to HOD Reference Committee J
<p><b>CME Report 2:</b> Resident/Fellow Duty Hours, Quality of Physician Training, and Patient Safety (Resolution 327, A-09, and Resolution 330, A-09)</p>	<p>The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolves 3-6 of Resolution 327 (A-09) and Resolution 330 (A-09) and that the remainder of this report be filed.</p> <p>1. That our American Medical Association continue to monitor the enforcement and impact of the Accreditation Council for Graduate Medical Education duty hour standards, as they relate to the larger issue of the optimal learning environment for residents, and monitor relevant research on duty hours, sleep, and resident and patient safety, with a report back no later than the 2011 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)</p> <p>2. That our AMA, as part of its Initiative to Transform Medical Education strategic focus, utilize relevant evidence on patient safety and sleep to develop a learning</p>	Support	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.

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	<p>environment model that optimizes supervision, professionalism, communication, and teamwork as well as finding a balance between resident education, patient care, quality and safety, and a wholesome personal life for physician learners and teachers—with a report back no later than the 2012 Annual Meeting. (Directive to Take Action)</p> <p>3. That our AMA (through the AMA GME e-Letter and other communications) encourage publication of studies (in peer-reviewed publications, including the ACGME’s newly developed Journal of Graduate Medical Education) and promote educational sessions about a) the potential effects of the Institute of Medicine recommendations and b) the effects of duty hour standards, extended work shifts, handoffs and continuity of care procedures, and sleep deprivation and fatigue on patient safety, medical error, resident well-being, and resident learning outcomes, and disseminate study results to GME designated institutional officials (DIOs), program directors, resident/fellow physicians, attending faculty, and others. (Directive to Take Action)</p> <p>4. That our AMA call for pilot programs and further research into protected sleep periods during prolonged in-house call and, until such research shows improved patient care and safety, encourage the ACGME to not adopt the IOM report’s call for a protected sleep period, which could have significant unintended consequences for continuity of patient care and safety, as well as being difficult and expensive to implement and monitor. (Directive to Take Action)</p> <p>5. That our AMA encourage the ACGME to allow appropriate flexibility for different disciplines and different training levels within the current ACGME maximum duty hour standards to best train residents for professional practice within their specialties while optimizing patient safety during their training. (Directive to Take Action)</p> <p>6. That our AMA communicate to all Graduate Medical Education Designated Institution Officials, program directors, resident/fellow physicians, and attending faculty the importance of accurate, honest, and complete reporting of resident duty hours as an essential element of medical professionalism and ethics. (Directive to Take Action)</p> <p>7. That our AMA ensure that medicine maintain the right and responsibility for self-regulation, one of the key tenets of professionalism, and categorically reject outside involvement by the Centers for Medicare and Medicaid Services or the Joint Commission in the monitoring and enforcement of duty hour regulations. (Directive to Take Action)</p>		

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	<p>8. That our AMA urge the ACGME to include external moonlighting hours in the calculation of duty hours, as defined in the IOM report, and also to ensure increased financial assistance for residents/fellows, such as subsidized child care, loan deferment, debt forgiveness, and tax credits, which may help mitigate the need for moonlighting. (Directive to Take Action)</p> <p>9. That our AMA collaborate with other key stakeholders to educate the general public about the many contributions of resident/fellow physicians to high-quality patient care; further the public should be made aware that residency/fellowship education offers trainees the opportunity to realize their limits (under proper supervision) so that they can competently and independently practice under real-world medical situations. (Directive to Take Action)</p> <p>10. That our AMA urge that any costs of further duty hour limits be borne by all health care payers, and that any proposed changes to the ACGME standards have adequate funding allocated prior to implementation. (Directive to Take Action)</p> <p>11. That our AMA encourage the American Osteopathic Association to monitor duty hours and related issues in collaboration with the ACGME. (Directive to Take Action)</p> <p>Fiscal Note: \$2500 for staff time.</p>		
<p><b>CME Report 4:</b> Factors Affecting the Availability of Clinical Training Sites for Medical Student Education</p>	<p>As medical schools continue to expand, there will be increasing pressures on resources for clinical education. Unless these resources are increased, it is likely that the quality of medical education will suffer. Therefore, the Council on Medical Education recommends that the following be adopted and that the remainder of this report be filed:</p> <p>1. That our American Medical Association work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medical Education to encourage local and state governments and the federal government, as well as private sector philanthropies, to provide additional funding to support infrastructure and faculty development for medical school expansion. (Directive to Take Action)</p> <p>2. That our AMA encourage medical schools and the rest of the medical community within states or geographic regions to engage in collaborative planning to create additional clinical education resources for their students. (Directive to Take Action)</p>	<p>Support</p>	<p>Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.</p>

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	<p>3. That our AMA support the expansion of medical education programs only when educational program quality, including access to appropriate clinical teaching resources, can be assured. (New HOD policy)</p> <p>4. That our AMA rescind D-295.931 [1], because the work called for in the directive has been completed. (Rescind HOD Policy D-295.931 [1])</p> <p>Fiscal Note: \$2000 for advocacy activities</p>		
<p><b>CSAPH Report 1:</b> Health Care Disparities in Same-Sex Households</p>	<p>This report is being submitted for publication in peer-reviewed journals and is available to AMA members only. To access this report please log in to the Members Only site at <a href="http://www.ama-assn.org/go/csaphreports">www.ama-assn.org/go/csaphreports</a>. To protect possible future publication, please do not redistribute this report.</p>	<p>Support</p>	<p>Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.</p>
<p><b>CSAPH Report 2:</b> Identifying and Reporting Suspected Child Abuse</p>	<p>The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolution 426 (A-08) and that the remainder of this report be filed.</p> <p>1. That our American Medical Association (AMA) recognize that suspected child abuse is being underreported by physicians. (New HOD Policy)</p> <p>2. That our AMA support development of a comprehensive educational strategy across the continuum of professional development that is designed to improve the detection, reporting, and treatment of child maltreatment. Training should include specific knowledge about child protective services policies, services, impact on families, and outcomes of intervention. (New HOD Policy)</p> <p>3. That our AMA support the concept that physicians, whether emergency room physicians, pediatricians, family practitioners, or child and adolescent psychiatrists, act as advocates for children, and as such, have a responsibility legally and otherwise, to protect children when there is a suspicion of abuse. (New HOD Policy)</p> <p>4. That our AMA recognize the need for ongoing studies to better understand physicians failure to recognize and report suspected child abuse. (New HOD Policy)</p> <p>5. That our AMA acknowledge that conflicts often exist between physicians and child</p>	<p>Monitor</p>	<p>Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.</p>

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	<p>protective services, and that physicians and child protective services should work more collaboratively, including the joint development of didactic programs designed to foster increased interaction and to minimize conflicts or distrust. (New HOD Policy)</p> <p>6. That our AMA support efforts to develop multidisciplinary centers of excellence and adequately trained clinical response teams to foster the appropriate evaluation, reporting, management, and support of child abuse victims. (New HOD Policy)</p> <p>7. That our AMA encourage all state departments of protective services to have a medical director or other liaison who communicates with physicians and other health care providers. (Directive to Take Action)</p> <p>8. That our AMA reaffirm Policy H-515.965, which strongly supports mandatory reporting of suspected child maltreatment. (Reaffirm HOD Policy)</p> <p>Fiscal Note: \$5,000</p>		
<p><b>CSAPH Report 3:</b> Use of Cannabis for Medicinal Purposes</p>	<p>This report is being submitted for publication in peer-reviewed journals and is available to AMA members only. To access this report please log in to the Members Only site at <a href="http://www.ama-assn.org/go/csaphreports">www.ama-assn.org/go/csaphreports</a>. To protect possible future publication, please do not redistribute this report.</p>	<p>Monitor</p>	<p>Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.</p>
<p><b>Resolution 901:</b> Resident and Fellow Bill of Rights (AMA-RFS)</p>	<p>RESOLVED, That our American Medical Association adopt a Residents' and Fellows' Bill of Rights that will serve as a testament to the organization's support for and commitment to the education and training of competent, conscientious residents and fellows by illuminating their rights and advocating for provisions that it believes all residents should be afforded, and that have not yet been designated as rights (New HOD Policy); and be it further</p> <p>RESOLVED, That the Residents' and Fellows' Bill of Rights shall address the following 10 core themes spanning the aggregate of the graduate medical education experience:</p> <p>1. Education. With regard to education, residents and fellows have the right to:</p> <p>A graduate medical education experience that facilitates their professional and</p>	<p>Referral</p>	<p>Referred</p>

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	<p>ethical development, to include regularly scheduled didactics for which they are released from clinical duties. Service obligations should not interfere with educational opportunities and clinical education should be given priority over service obligations;</p> <p>Expect that faculty devote sufficient time to the educational program to fulfill their teaching and supervisory responsibilities;</p> <p>Adequate clerical and clinical support services that minimize the extraneous, time-consuming work that draws attention from patient care issues and offers no educational value;</p> <p>24-hour per day access to information resources to educate themselves further about appropriate patient care;</p> <p>Resources that will allow them to pursue scholarly activities to include financial support and education leave to attend professional meetings (AMA Policy H-310.999 [II. H.]).</p> <p>2. Supervision. With regard to supervision, residents and fellows have the right to: Supervision by physicians and non-physicians who are adequately qualified, and which allows them to assume progressive responsibility appropriate to their level of education, competence, and experience.</p> <p>3. Evaluations of Trainees and Assessment of Faculty and Training Program. With regard to evaluation and assessment processes, residents and fellows have the right to: Timely and substantive evaluations during each rotation in which their competence is objectively assessed by faculty who have directly supervised their work; Evaluate the faculty and the program confidentially and in writing at least once annually, and expect that the training program will address deficiencies revealed by these evaluations in a timely fashion; Have access to their training file and be made aware of the contents of their file on an annual basis; Expect their training programs to complete primary verification/credentialing forms and re-credentialing forms, apply all required signatures to the forms, and then have the forms permanently secured in their educational files at the completion of training or a period of training and, when requested by any organization involved in credentialing process, ensure the submission of those documents to the requesting organization within thirty days of the request (D-310.965 and H-310.921).</p> <p>4. Workplace. With regard to the workplace, residents and fellows have the right to: A safe workplace that enables them to fulfill their clinical duties and educational</p>		

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	<p>obligations;                      Secure, clean, and comfortable on-call rooms and parking facilities which are secure and well-lit;                      Opportunities to participate on committees whose actions may affect their education, patient care, work place, or contract.</p> <p>5. Contracts. With regard to contracts, residents and fellows have the right to:                      Receive information about the interviewing residency or fellowship program including a copy of the currently used contract clearly outlining the conditions for (re)appointment, details of remuneration, specific responsibilities including call obligations, and a detailed protocol for handling any grievance;                      At least four months advance notice of contract non-renewal and the reason for non-renewal.</p> <p>6. Compensation. With regard to compensation, residents and fellows have the right to:                      Reimbursement, beginning during orientation, which is commensurate with their level of training and experience, and that reflects cost of living differences based on geographical differences (H-310.999 [II.E.1-3], H-310.988, H-305.930, D-310.967).</p> <p>7. Benefits. With regard to benefits, residents and fellows have the right to:                      Quality and affordable comprehensive medical, mental health, dental, and vision care (H-310.999 [II.I.1-3], H-295.942);                      Be educated on the signs of excessive fatigue, clinical depression, and substance abuse and dependence (H-295.979); ,                      Confidential access to mental health and substance abuse services;                      A guaranteed, predetermined amount of paid vacation leave, sick leave, maternity and paternity leave and educational leave during each year in their training program the total amount of which should not be less than six weeks;                      Leave in compliance with the Family Medical Leave Act.</p> <p>8. Duty Hours. With regard to duty hours, residents and fellows have the right to:                      A reasonable work schedule that is in compliance with duty-hour requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) or other relevant accrediting body;                      At-home call that is not so frequent or demanding such that rest periods are significantly diminished or that duty-hour requirements are effectively circumvented.</p>		

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	<p>9. Complaints and Appeals Process. With regard to the complaints and appeals process, residents and fellows have the right to: The opportunity to defend themselves against any allegations presented against them by a patient, health professional, or training program in accordance with the due process guidelines established by the AMA (H-265.998).</p> <p>10. Reporting Violations to ACGME. With regard to reporting violations to the ACGME, residents and fellows have the right to: Be informed by their program at the beginning of their training and again at each semi-annual review, of the resources and processes available within the residency program for addressing resident concerns or complaints, including the program director, Residency Training Committee, and the designated institutional official; File a formal complaint with the ACGME to address program violations of residency training requirements without fear of recrimination and with the guarantee of due process (H-310.999 [II.L. and II.M.]); Address their concerns about the training program through anonymous channels, including the ACGME concern process and/or the annual ACGME Resident Survey (D-310.973) (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA work with the ACGME and other professional organizations to distribute this Residents' and Fellows' Bill of Rights to residents and fellows in training at ACGME-accredited training programs. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$1000 to implement (assuming electronic distribution).</p>		
<b>Resolution 902:</b> Banning Alcohol Vaporizers (MI)	<p>RESOLVED, That our American Medical Association lobby for a ban on alcohol vaporizers and encourage other states to enact legislation banning alcohol vaporizers. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.</p>	Monitor/Support Recommended for Reaffirmation	HOD Policy D-60.973 reaffirmed in lieu of Resolution 902
<b>Resolution 903:</b> Food and Drug Administration to Control Unscientific Combinations of Useful, Popular Medications (MI)	<p>RESOLVED, That our American Medical Association work with Congress to formulate and implement stricter US Food and Drug Administration control of the marketing of untested combinations of well researched medications and other vitamins or minerals. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.</p>	Support Recommended for Reaffirmation	Reaffirmed

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<b>Resolution 904:</b> Regulate Probiotics (AMA-MSS)	RESOLVED, That our American Medical Association lobby Congress to formulate stricter standards for probiotics and regulate the usage of probiotics in several food, vitamin, and over-the-counter products with unsubstantiated claims. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.	Support Recommended for Reaffirmation	Reaffirmed
<b>Resolution 905:</b> Ban Cell Phone Use While Driving (MI)	RESOLVED, That our American Medical Association endorse legislation that would ban the use of hand-held cell phones while driving. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.	Support (possibly add texting)	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.
<b>Resolution 906:</b> Regulation of Endocrine Disrupting Chemicals (The Endocrine Society)	RESOLVED, That our American Medical Association work with the federal government to pursue the following tenets: <ul style="list-style-type: none"> <li>• Regulatory oversight of endocrine disrupting chemicals should be centralized such that regulations pass through a single office to ensure coordination among agencies;</li> <li>• Policy should be based on comprehensive data covering both low-level and high-level exposures;</li> <li>• Policy should be developed and revised under the direction of a collaborative group comprising endocrinologists, toxicologists, epidemiologists, and policymakers;</li> <li>• Until such time as conclusive scientific evidence exists to either prove or disprove harmful effects of substances, a precautionary approach should be taken in the formulation of endocrine disrupting chemicals policy. (Directive to Take Action)</li> </ul> Fiscal Note: Implement accordingly at estimated cost of \$3,100 to collect background research and meet with EPA staff.	<b>Active Support</b> Recommended for Reaffirmation	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.
<b>Resolution 907:</b> National Cosmetics Registry and Regulation (AMA-MSS)	RESOLVED, That our American Medical Association support legislation for the creation of a publicly available national registry of all cosmetics and their ingredients (Directive to Take Action); 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. (Directive to Take Action)  Fiscal note: Implement accordingly at estimated staff cost of \$1,859.	Support	Referred for decision

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<p><b>Resolution 908:</b> Placement of Alcohol-Based Hand Sanitizer Dispensers Outside of Public Restrooms (AMA-MSS)</p>	<p>RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further RESOLVED, That our AMA urge the placement of alcohol-based hand sanitizer dispensers outside of public restrooms and in highly trafficked areas. (New HOD Policy)</p> <p>Fiscal note: Staff cost estimated at less than \$600 to implement.</p>	Monitor	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.
<p><b>Resolution 909:</b> Reducing the Risk of Sexually Transmitted Infections in Patients Age 50 and Older (AMA-MSS)</p>	<p>RESOLVED, That our American Medical Association encourage physicians to educate their patients, particularly those aged 50 and older, on safe-sex practices and the risk of sexually transmitted disease. (New HOD Policy)</p> <p>Fiscal note: Staff cost estimated at less than \$500 to implement.</p>	Monitor Recommended Not for Consideration	Not considered
<p><b>Resolution 910:</b> Expanding the Visiting Students Application Service for Visiting Student Electives in the Fourth Year (AMA-MSS)</p>	<p>RESOLVED, That our American Medical Association 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 (Directive to Take Action); 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 (Directive to Take Action); 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. (Directive to Take Action)</p> <p>Fiscal note: Staff cost estimated at less than \$500 to implement.</p>	Support	Adopted
<p><b>Resolution 911:</b> Oppose State and Federal Anti-Vaccination Legislation (FL)</p>	<p>RESOLVED, That our American Medical Association actively oppose any vaccine legislation that would deviate from evidence-based recommendations and guidelines of the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, and the American Academy of Pediatrics (Directive to Take Action); and be it further RESOLVED, That our AMA begin a national education and awareness campaign focused on educating the American public on the importance and safety of vaccines for not only individuals, but also for promotion of public health and safety. (Directive to Take Action)</p>	Support	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.

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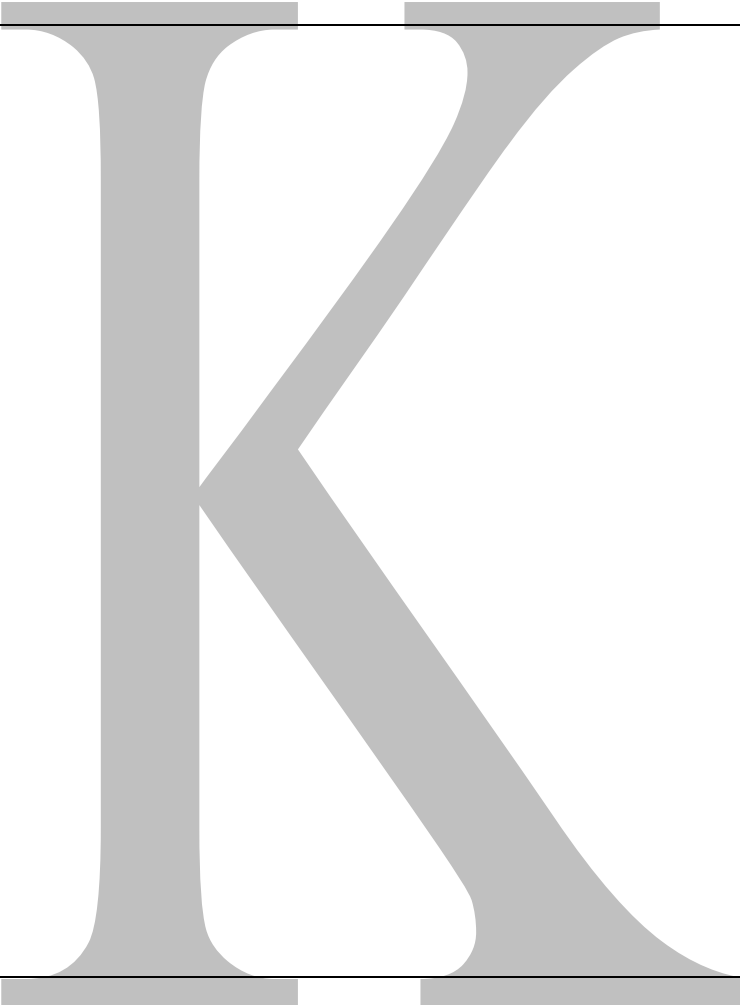
Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
	Fiscal Note: Implement accordingly at estimated cost of \$3,000,000.		
<b>Resolution 912:</b> Physician Prescriptions (FL)	RESOLVED, That our American Medical Association propose rules, regulations and guidelines to ensure the timely, accurate, and specific filling of physician prescriptions and to also recommend compensation for administrative time spent guaranteeing that patients receive their specific and appropriate medications. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated cost of \$3,573.	Monitor Recommended for Reaffirmation	HOD Policy H-285.943 reaffirmed in lieu of Resolution 912
<b>Resolution 913:</b> Prevention of the Expansion of GME Funding to Non-MD/DO "Residency" Programs (American Academy of Ophthalmology)	RESOLVED, That our American Medical Association oppose any further expansion of graduate medical education (GME) funding to allied health "residencies" (New HOD Policy); and be it further  RESOLVED, That our AMA insist that any new GME funding or slots for primary care residency be available only to Accreditation Council for Graduate Medical Education- and/or American Osteopathic Association-accredited residency programs. (Directive to Take Action)  Fiscal Note: Staff cost estimated at less than \$500 to implement.	<b>Active Support</b>  The AMA-YPS recommends that Resolution 2 be amended as follows:  RESOLVED, That our American Medical Association oppose any further expansion <u>or initiation</u> of graduate medical education (GME) funding to allied health <u>and nursing "residencies" training programs</u> (New HOD Policy); and be it further  RESOLVED, that our AMA insist	<b>Substitute Resolution 913 adopted</b>

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Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
		<p>that any new GME funding or slots for <u>primary care residency training programs</u> be available only to Accreditation Council for Graduate Medical Education and/or American Osteopathic <u>accredited allopathic and/or osteopathic residency programs</u> (Directive to Take Action).</p> <p>The AMA-YPS also recommends a change in title to read: Prevention of the Expansion of GME Funding to Non-MD/DO "<u>Residency</u>" <u>Training Programs</u></p>	

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Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
<b>Resolution 914:</b> Addressing the Shortage of Child and Adolescent Psychiatrists (AMA-MAC)	RESOLVED, That our American Medical Association call upon the Office of the Secretary of Health and Human Services and the Department of Health Resources and Services Administration to amend current policy to allow National Health Service Corps scholars to obtain additional training in the underserved specialty of child and adolescent psychiatry in order to effectively increase the number of well-trained mental health service professionals providing clinical mental health care to children and adolescents, and for other purposes. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$ 1,859.	Monitor	Withdrawn
<b>Resolution 915:</b> Lawful Permanent Resident Status for IMGs (AMA-IMGS)	WITHDRAWN	The IMGS might be submitting a different resolution on this issue.	Withdrawn
<b>Resolution 916:</b> Retraining Refugee Physicians (AMA-IMGS)	RESOLVED, That our American Medical Association lobby the US Department of Health and Human Services for the establishment of a federal program to facilitate the acculturation, training, certification, licensure and employment of refugee physicians, especially in specialties experiencing shortages and in underserved geographical areas. (Directive to Take Action)  Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.	Monitor	Referred
<b>Resolution 917:</b> Medical Confidentiality in "Don't Ask, Don't Tell" (Paul A. Wertsch, MD, Delegate, WI)	RESOLVED, That our American Medical Association work to have the US Military change the interpretation of the "Don't Ask, Don't Tell" policy to exempt any mention of sexual orientation, same sex marriage or domestic partnerships obtained in patient-physician, or other patient -health care provider communications from being the basis for dismissal from the US Military in order to not impede the patient-physician relationship and to improve the provision of good medical care to all of our service personnel. (Directive to Take Action)  Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.	Support	Substitute Resolution 917 adopted
<b>Resolution 918:</b> Adverse Effects of "Don't Ask, Don't Tell" on Children and Other Dependents of Military Personnel (Paul A. Wertsch, MD, Delegate, WI)	RESOLVED, That our American Medical Association work to have our US military modify the "Don't Ask, Don't Tell" policy to provide US military personnel in legal same sex marriages the ability to acknowledge these relationships and to provide equal death benefits and other benefits (including health care coverage) now provided to married US military personnel to the dependent children and spouses of legal same sex marriages. (Directive to Take Action)  Fiscal Note: Implement accordingly at estimated staff cost of \$1,900.	Monitor	Referred for decision

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Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
<p><b>CME Report 3:</b> Securing Funding for GME</p>	<p>The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 318 (A-09) and the remainder of the report be filed.</p> <ol style="list-style-type: none"> <li>1. That our American Medical Association (AMA) reaffirm AMA Policies H-305.929, D-305.967, and D-305.963 on the financing of graduate medical education and continue to advocate for funding for training in non-hospital sites and for all training activities required in graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. (Reaffirm HOD Policy)</li> <li>2. That our AMA continue to be vigilant while monitoring pending legislation that may change the financing of medical services (health system reform) and advocate for expanded and broad-based funding for graduate medical education (from federal, state, and commercial entities). (Directive to Take Action)</li> <li>3. That our AMA continue to advocate for graduate medical education funding that reflects the specialty specific, demographic, and regional geographic needs of the nation. (Direction to Take Action)</li> </ol> <p>Fiscal Note: \$2500 for staff time.</p>	Support	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.
<p><b>Resolution 919:</b> Correctional Physician Recognition Program to Enhance Health Care Delivery to Incarcerated Populations (AAPHP)</p>	<p>RESOLVED, That our American Medical Association support the efforts of the National Commission on Correctional Health Care to expand and advance its multidisciplinary recognition program for licensed physicians working in correctional facilities that would enhance delivery of appropriate and high quality medical care to our incarcerated populations across the nation in the highest tradition of our AMA. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>	Support Recommended for Reaffirmation	Reaffirmed
<p><b>Resolution 921:</b> Preventing the Spread of Novel H1N1 Flu Virus and Spreading the Word (AAPHP)</p>	<p>RESOLVED, That our American Medical Association create and cause wide dissemination of a press release asking the entertainment, food and travel industry, spectator sports outfits, places of worship and other such places where massive groups of people come together, to develop their own H1N1 Flu Disaster Plans consistent with the Centers for Disease Control and Prevention and respective state health department recommendations; and which would include recommendations to stay home when sick, avoiding gatherings and canceling events and meetings when appropriate, covering the cough with tissue or elbow, and frequent cleaning of hands with soap and water or gel (Directive to Take Action); and be it further</p>	Support	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.

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Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
	<p>RESOLVED, That until the current Novel H1N1 Flu outbreak subsides, our AMA include in all its communications with outside entities, a statement under the signature line as a constant reminder: Cover the Cough, Clean the Hands, and Contain the Flu Germs. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$1,173.</p>		
<p><b>Resolution 922:</b> Mandatory H1N1 Vaccine for Health Care Workers (AAPHP)</p>	<p>RESOLVED, That our American Medical Association Council on Science and Public Health come together with the Council on Ethical and Judicial Affairs and after an expeditious joint study of the available evidence, issue our AMA's position on mandatory H1N1 vaccination to the membership, with a report back and opportunity for further debate and decision at the 2010 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$7,905.</p>	Monitor	Referred
<p><b>Resolution 924:</b> Depression in Physicians (APA, AACAP, AAPL, ACOG, AAFP, AAPMR)</p>	<p>RESOLVED, That our American Medical Association Council on Science and Public Health (CSAPH) work with all appropriate state and specialty societies to prepare an updated review of the literature on the incidence, recognition, treatment and prevention of depression in physicians (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA CSAPH develop specific recommendations designed to enhance our advocacy for access to appropriate treatment for depression by physicians at all stages of training and practice. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$10,184.</p>	Support Recommended for Reaffirmation	Reaffirmed
<p><b>Resolution 925:</b> Discriminatory Questions on Apps for Medical Licensure (APA, AACAP, AAPL, ACOG)</p>	<p>RESOLVED, That our American Medical Association work with the Federation of State Medical Boards and other appropriate stakeholders to develop model language for medical licensure applications which is non discriminatory and which does not create barriers to appropriate diagnosis and treatment of psychiatric disorders. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.</p>	Monitor/Support	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k-annotated.pdf</a> for final language.
<p><b>Resolution 926:</b> Protective NAAQS Standard for Fine Particulate Matter (PM 2.5) (American Thoracic Society)</p>	<p>RESOLVED, That our American Medical Association (1) submit comments during the public comment period on the National Ambient Air Quality Standards (NAAQS) supporting a tightening of the NAAQS for fine particulate matter (PM 2.5); and (2) specifically request a NAAQS that provides maximum protection for our patients which includes:</p> <ul style="list-style-type: none"> <li>• 12 µg/m3 for the average annual standard</li> <li>• 25 µg/m3 for the 24-hour standard</li> <li>• 99th percentile used for compliance determination. (Directive to Take Action)</li> </ul> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,900.</p>	Monitor/Support	Adopted

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Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
<p><b>Resolution 927:</b> Protective NAAQS Standard for Ozone (American Thoracic Society)</p>	<p>RESOLVED, That our American Medical Association submit comments during the public comment period on the National Ambient Air Quality Standards (NAAQS) supporting a tightening of the NAAQS for ozone and specifically request an ozone NAAQS that provides maximum protection for our patients which includes:</p> <ul style="list-style-type: none"> <li>• 0.060 ppm for the 8-hour standard for ozone</li> <li>• Addition of the third significant digit to the standard to ensure compliance with the standard. (Directive to Take Action)</li> </ul> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$3,900.</p>	<p>Monitor/Support Recommended for Reaffirmation</p>	<p>Reaffirmed</p>
<p><b>Resolution 928:</b> Mandatory Immunization of Health Care Workers Against Seasonal and 2009 H1N1 Influenza (Infectious Diseases Society of America)</p>	<p>RESOLVED, That our American Medical Association reaffirm its support for universal influenza vaccination of health care workers (HCWs) (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, That our AMA adopt new policy supporting universal immunization of HCWs against seasonal and 2009 H1N1 influenza through mandatory vaccination programs undertaken by health care institutions (inpatient and outpatient), unless such vaccinations are medically contraindicated for that individual employee or such vaccines are in short supply or the HCW declines in writing for religious reasons (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA adopt new policy stating that HCWs who cannot be vaccinated against seasonal influenza or 2009 H1N1 due to medical contraindications or because of vaccine supply shortages or who decline immunization for religious reasons should be required to wear masks or be reassigned away from direct patient care. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Oppose</p>	<p>Referred</p>