



2007 Interim AMA-HOD Disposition of Actions

The AMA House of Delegates (HOD) convened November 11-13 in Honolulu for its 2007 Interim Meeting. Several policy items were considered by the House and a variety of timely educational sessions were conducted. (Visit the AMA Web site, www.ama-assn.org, for more information.)

Please note that the following is a preliminary report of actions taken by the House of Delegates at its 2007 Interim Meeting and should not be considered final.

RPT/ RES	Title	Summary / Comments	Outcome
CEJA 8	Pediatric Decision-Making	<p>This report examines the ethical aspects of medical decision-making for pediatric patients, especially when disagreements arise among physicians, parents, or the patients themselves. The report recommends that the best interest of the patient must be paramount when making treatment decisions and that many factors be considered when deciding best interest. Physicians are further advised to obtain informed consent from parents and obtain a developmentally appropriate assent to treatment from pediatric patients. The report also sets forth measures to take when there is a disagreement over a treatment decision and recommends the use of institutional policies for timely conflict resolution, including consultation with an ethics committee, pastoral service, or other counseling resource, and advises that the use of the legal system remain a last resort.</p> <p>Testimony regarding this report generally supported its adoption. Although some testimony raised concerns that the recommendation which guides physicians to treat reversible life-threatening conditions was too broad, it was noted that these guidelines were appropriate when taken in context with the entirety of the recommendations. Therefore, the Reference Committee recommends the report be adopted.</p>	<p>RECOMMENDATION: The Reference Committee recommends that the recommendations in Council on Ethical and Judicial Affairs Report 8 be <u>adopted</u> and that the remainder of the report be <u>filed</u>.</p> <p>HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 8 <u>adopted</u> and the remainder of the report <u>filed</u>.</p>

CEJA 9	Umbilical Cord Blood Banking	<p>This report examines the banking practices of umbilical cord blood, a potential source of stem and progenitor cells, which may eventually be used to reconstitute tissue, organs, or entire systems. The report recommends that physicians should be prepared to answer questions regarding the various options for cord blood donation or storage; that informed consent be obtained; and that ties to public and private cord blood banks must be disclosed. The report emphasizes that physicians must not accept financial or other inducements for providing samples to cord blood banks, and should encourage women wishing to donate cord blood to donate to a public bank. Additionally, private banking should be considered when there exists a family predisposition to a condition in which umbilical cord stem cells are therapeutically indicated.</p> <p>Testimony regarding this report was generally favorable. However, it was noted that the paramount duty to protect the mother and newborn was represented in the body of the report but was not included in the recommendation. To remedy this oversight, the Council on Ethical and Judicial Affairs offered the following editorial change on page 5, line 21:</p> <p style="padding-left: 40px;">Umbilical cord blood stem cells are useful for some therapeutic purposes. Physicians providing obstetrical care should be prepared to inform pregnant women of the various options regarding cord blood donation or storage and the potential uses of donated samples. <u>Collection procedures must not interfere with standard delivery practices and the safety of a newborn or the mother.</u></p> <p>Additional concerns were expressed that the proposed guidelines might place many restrictions upon the use of private cord blood banks, a practice that is already commonplace in some areas of the country. The Reference Committee believes that the guidelines do not overly restrict that utilization and allow for the potential expansion of this</p>	<p>RECOMMENDATION: The Reference Committee recommends that the recommendations in Council on Ethical and Judicial Affairs Report 9 be <u>adopted</u> and that the remainder of the report be <u>filed</u>.</p> <p>HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 9 <u>adopted</u> and the remainder of the report <u>filed</u>.</p>
-----------	---------------------------------	---	---

		practice if future evidence so warrants. This report is therefore recommended for adoption as editorially changed by CEJA.	
BOT 5	2008 AMA Strategic Plan	<p>Board of Trustees Report 5 presents the American Medical Association's 2008 Strategic Plan, which includes principal commitments in six major areas that are considered especially relevant to the membership, and which establish the basis for the 2008 budget. The principal commitments include: health care environment, clinical excellence, health of the public, physician practice viability, physician education and professionalism, and a sustainable AMA.</p> <p>Testimony received was positive and appreciative of the Board's work in developing the Plan. The input of various stakeholders, including AMA Councils, Sections, and the House, was recognized. Some concerns were expressed, however, related primarily to the specificity of elements contained within the Plan. For example, there were requests to include the following under the broad headings—physician health and wellness, family violence (including child abuse, domestic abuse and elderly violence), Medicare reform, physician reimbursement, and the growing numbers of employed physicians. The Reference Committee asks that the Board consider these important issues in its continued implementation and planning processes.</p>	<p>RECOMMENDATION: The Reference Committee recommends that Board of Trustees Report 5 be <u>filed</u>.</p> <p>HOD ACTION: Board of Trustees Report 5 <u>filed</u>.</p>
703	Encouragement of Medicaid Funding for 17P Progesterone for High Risk Pregnancies		HOD Action: Placed on the reaffirmation calendar.
909	State Children's Health Insurance Program	Resolution 909 asks that our American Medical Association call for re-authorization of the State Children's Health Insurance Program for children only and only for those at or below the 200% Federal Poverty Level with a transition towards insurance coverage for these children through a system of tax subsidies and vouchers by 2010 as described in the AMA's 2007 "Expanding health insurance: The AMA proposal for reform."	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 909 <u>not be adopted</u>.</p> <p>HOD ACTION: Resolution 909 <u>not adopted</u>.</p>

		<p>The Reference Committee heard extensive and passionate testimony in opposition to Resolution 909, and recognizes the concerns of those who testified in support of the resolution. The Reference Committee appreciates the view that the State Children's Health Insurance Program (SCHIP) should apply only to those children most in need. It also acknowledges the confusion surrounding this legislation. The Reference Committee heard a request that the bill number of the pending compromise SCHIP package be identified. For clarification, the current bill number is H.R. 3963. The Reference Committee believes that existing and extensive AMA policy sets an appropriate standard for evaluating pending SCHIP reauthorization legislation. Further, the Reference Committee agrees with many who testified on the importance of maintaining our advocacy of SCHIP legislation that would strengthen outreach and enrollment efforts to target children in families with the lowest income; provide assistance to allow SCHIP programs and employers to enroll children in employer-sponsored private health insurance plans; and prohibit federal funding for coverage of illegal immigrants. The Reference Committee also heard support for continuing to allow states flexibility in providing SCHIP coverage. In addition, the Reference Committee concurs that AMA policy already supports moving to a tax subsidy and voucher system. At this time, however, the infrastructure is currently not in place to achieve this goal by 2010, and thus our AMA should continue to support alternative initiatives to expand coverage to the uninsured in a manner that comports with existing AMA policy. On this basis, the Reference Committee recommends that Resolution 909 not be adopted.</p>	
912	Increasing Minority Participation in Clinical Research	Resolution 912 asks that our American Medical Association ask for the establishment of an Office of Minority Health within the Office of the Food and Drug Administration (FDA) Commissioner to supervise the implementation of National Institutes of Health- (NIH) like guidelines on the inclusion of women and minority populations in clinical trials undertaken	<p>RECOMMENDATION: The Reference Committee recommends that Resolution 912 be <u>referred for report back to the House of Delegates at the 2008 Annual Meeting.</u></p>

		<p>for FDA drug approvals; (2) that our AMA encourage Congress to pass legislation requiring clinical trials for FDA approval of drugs to include women and minorities, similar to legislation passed in 1993 requiring the inclusion of these groups in NIH-funded trials; and (3) that our AMA work with Congress to provide tax incentives or patent extensions for companies that adhere to FDA guidance on inclusion of minorities in clinical trials and/or undertake additional trials in the pre- or post-marketing phase.</p> <p>The Reference Committee heard extensive testimony on Resolution 912. The Reference Committee concurs on the need to ensure appropriate diversity in clinical trials. The Reference Committee also appreciates the issues raised by several who testified regarding the practicality of the solutions presented in this resolution, as well as the possible unintended consequences. The Reference Committee also concurs with the authors of this resolution regarding the deletion of the third resolve of Resolution 912 and urges our Board to follow this recommendation when drafting its report. Due to the complexity and urgency of the issues raised, the Reference Committee recommends that Resolution 912 be referred with a report back at the AMA's 2008 Annual Meeting.</p>	<p><u>HOD ACTION: Resolution 912 referred for report back to the House of Delegates at the 2008 Annual Meeting.</u></p>
916	State Children's Health Insurance Program (SCHIP)		<p>HOD Action: Placed on the reaffirmation calendar.</p>
RFS 2	Loss of Status Following Maternity Leave during Residency Training		<p>RFS Assembly Action: Adopted as Amended --</p> <p>RESOLVED, That our AMA oppose requiring residents to repeat a year of training when returning to work following a leave that qualifies under the federal Family Medical Leave Act (New HOD Policy); and be it further</p>

			RESOLVED, That our AMA urge the American Board of Medical Specialties and its member boards to be in compliance with the Family Medical Leave Act and to retract any policies that do not comply (Directive to Take Action).
--	--	--	--