

## 2008 Annual AMA-HOD Disposition of Actions

The AMA House of Delegates (HOD) convened June 14 -17 in Chicago for its 2008 Annual 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](http://www.ama-assn.org), for more information.)

The AMA Minority Affairs Consortium (MAC) Governing Council took an active role in this process. It authored five resolutions (Res. 007, 008, 509, 510, and 511) as well as testified on many key issues before the HOD, including those listed below with their final actions. For more information, please contact Wilda Knox at (312) 464-5529 or [wilda.knox@ama-assn.org](mailto:wilda.knox@ama-assn.org).

**Please note that the following is a preliminary report of actions taken by the House of Delegates at its 2008 Annual Meeting and should not be considered final.**

RPT/ RES	TITLE	SUMMARY / COMMENTS	OUTCOME
CEJ A 1	Industry Support of Professional Education in Medicine	<p>This report addresses industry (pharmaceutical, medical device, and biotechnology) funding of professional education in medicine at the undergraduate, graduate, and postgraduate levels. The Council on Ethical and Judicial Affairs concludes that in many domains productive relationships with industry can promote continued innovation and improvement in patient care. However, the Council recommends that individual physicians and institutions of medicine not accept industry funding to support the education of current and future physicians. The report excepts technical assistance or support in the context of patient care from the prohibition on industry support of education in part because these are not considered education. The Council also recommends that, to provide an appropriate learning environment, medical schools and teaching hospitals limit industry marketing and promotional activities on their campuses. Finally, the report recognizes that the medical profession must work together to identify the most effective modes of instruction and evaluation for physicians, more efficiently develop and disseminate education programming that serves the needs of all physicians, and obtain more noncommercial funding of professional education activities.</p> <p>Testimony for this report was extensive. Testimony praised the efforts of the Council on Ethical and Judicial Affairs (CEJA) to address questions of fundamental importance to the profession, but was significantly in favor of referral. Testimony emphasized that the report</p>	<p>RECOMMENDATION:</p> <p>The Reference Committee recommends that the recommendations of Council on Ethical and Judicial Affairs Report 1 be <u>referred</u>.</p> <p><b>HOD ACTION: Council on Ethical and Judicial Affairs Report 1 <u>referred</u>.</b></p>

		lacked clarity with respect to distinguishing certified continuing medical education and uncertified promotional education and stressed a need to consider more fully the role newly adopted accreditation standards play in addressing potential bias in educational content, particularly in continuing medical education. Additionally, testimony noted that the report does not adequately address the potential differential impact and implications of restrictions on industry support across the range of stakeholders in medical education or other potential unintended consequences. Testimony further held that supporting empirical references were problematic. In addition, there was testimony that CEJA should seek further input from stakeholders to clarify concerns and explore options for achieving the shared goal of ensuring that professional education is without bias, including reviewing relevant policy from other organizations, such as guidelines of the American College of Gynecology or other specialty societies. Therefore, your Reference Committee recommends that this report be referred.	
007	<b>Enhancing the Voice of the Minority Affairs Consortium</b>	<p>The resolution requests the AMA to modify policy and Bylaws to change the Minority Affairs Consortium to the Minority Affairs Section to advocate in conjunction with the AMA on minority health and professional health issues of underrepresented minority physicians.</p> <p>Testimony regarding this resolution focused on questions of clarification as to what specifically will change if the Minority Affairs Consortium (MAC) was granted status as a Section and if an automatic opt-in for minority members is appropriate. Though testimony was heard supporting inclusion of the MAC as a Section in order to further promote diversity within our AMA, your Reference Committee agrees that further clarification is necessary and recommends that this resolution be referred.</p>	<p>The Reference Committee recommends that Resolution 7 be <u>referred</u>.</p> <p><b>HOD ACTION: Resolution 7 referred.</b></p>
008	<b>Expanding Minority Voices in the AMA Resident and Fellow Section</b>		<p><b>WITHDRAWN</b></p> <p><b>NOTE:</b> This resolution was also submitted to the Resident and Fellow Section (RFS) Assembly. In the RFS Assembly, the resolution was referred to RFS Governing Council for further study with a report due at the I-08</p>

			meeting.
103	AMA Progress on Removing Patient Translation Costs from Physician Responsibility	<p>Resolution 103 asks that our AMA provide an update on the progress made on eliminating payment for translation services for patients by the physician and future plans for addressing this problem.</p> <p>Your Reference Committee heard supportive testimony on this resolution. It was noted that the Department of Justice is proposing revisions to the Americans with Disabilities Act that could result in a requirement that physicians make translation services available to patient companions, in addition to the patients themselves. Speakers also noted that the requirement that physicians provide translation services to patients includes interpretation services for the deaf, which is reflected in the amended language. In addition to asking for an update on AMA activities to remove patient translation and interpretation costs from physician responsibility, the amended language asks for our AMA to provide an analysis of the current regulatory landscape with regard to this issue, and to articulate its plans for addressing this problem.</p>	<p>RECOMMENDATION A:</p> <p>The Reference Committee recommends that Resolution 103 be <u>amended by insertion and deletion on lines 11 - 12</u> to read as follows:</p> <p>RESOLVED, That our American Medical Association provide an update to its membership on the progress it has made on eliminating <u>the requirement that physicians pay payment</u> for translation <u>and interpretation</u> services for patients <u>by the physician, an analysis of the implications of current regulatory activity on this issue, and their future</u> plans for addressing this problem. (Directive to Take Action)</p> <p>RECOMMENDATION B:</p> <p>The Reference Committee recommends that Resolution 103 be <u>adopted as amended</u>.</p> <p>RECOMMENDATION C:</p> <p>The Reference Committee recommends that the title of Resolution 103 be <u>changed to read as follows</u>:</p> <p>REMOVING PATIENT TRANSLATION AND INTERPRETATION COSTS FROM PHYSICIAN RESPONSIBILITY</p>

			<b>HOD ACTION: Resolution 103 adopted as amended with change in title.</b>
CME 7	Diversity in the Physician Workforce and Access to Care	<p>Council on Medical Education Report 7, Diversity in the Physician Workforce and Access to Care, summarizes current data about diversity and distribution in the physician workforce, as well as the status and impact of initiatives to enhance physician workforce diversity and access to care in underserved areas. The report recommends continued advocacy efforts for programs, adequate funding, and a centralized database of scholarship and loan repayment programs. Lastly, the report recommends that our AMA continue to study factors related to choice of practice in underserved areas with a report back to the House of Delegates.</p> <p>Your Reference Committee heard strong support for adoption. Testimony noted that diversity has many facets, including economic, cultural, racial, ethnic, and sexual orientation, as well as others. While your Reference Committee is sensitive to this perspective, the Committee did not believe it was necessary to elaborate on the word “diversity.”</p>	<p>The Reference Committee recommends that the recommendations in Report 7 of the Council on Medical Education be <u>adopted</u> and the remainder of the report be <u>filed</u>.</p> <p><b>HOD ACTION: Council on Medical Education <u>adopted</u> and the remainder of the report <u>filed</u>.</b></p>
BOT 4	Increasing Minority Participation in Clinical Research	<p>Report 4 of the Board of Trustees reviews current NIH and FDA policies on the subject of minority participation in clinical trials, and provides background information on the genesis of the policies at both the NIH and the FDA, as well as the scientific and ethical rationale for these guidelines. Data on the prevalence of minorities and women in clinical trials are provided. The challenges to recruitment of minorities in particular are addressed and some examples of ways in which these challenges have been overcome are reviewed. The report recommends that the FDA initiate annual surveillance of clinical trials by gender, race, and ethnicity to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention, and that efforts to recruit underrepresented minorities such as Native Americans and Hispanics be better funded.</p> <p>Testimony was very much in support of this report and spoke to its importance and timeliness. It was suggested that a third recommendation be added to improve dissemination of the results and outcomes of all clinical trials and your Reference Committee concurs.</p>	<p>RECOMMENDATION A: The Reference Committee recommends that Recommendation 1 of Report 4 of the Board of Trustees be <u>amended by insertion on page 7, lines 37-41</u>, to read as follows:</p> <p>1. That our American Medical Association advocate that: (a) The Food and Drug Administration (FDA) conduct annual surveillance of clinical trials by gender, race, and ethnicity, <u>including consideration of pediatric and elderly populations</u>, to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be</p>

		<p>Additionally, testimony suggested that data and outcomes should be stratified with respect to the pediatric and elderly populations and your Reference Committee has amended the recommendations to reflect this concern.</p>	<p>modeled after National Institute of Health guidelines on the inclusion of women and minority populations (Directive to Take Action)</p> <p>RECOMMENDATION B:</p> <p>The Reference Committee recommends that Report 4 of the Board of Trustees be <u>amended by insertion of a new Recommendation 3</u>, to read as follows:</p> <p>3. That our American Medical Association advocate that specific results of outcomes in all clinical trials, both pre- and post-FDA approval, are to be determined for all subgroups of gender, race and ethnicity, including consideration of pediatric and elderly populations; and that these results are included in publication and/or freely distributed, whether or not subgroup differences exist. (Directive to Take Action)</p> <p>RECOMMENDATION C:</p> <p>The Reference Committee recommends that the recommendations in Board of Trustees Report 4 be <u>adopted as amended</u> and the remainder of the report be <u>filed</u>.</p> <p><b>HOD ACTION: Board of Trustees Report 4 <u>adopted as amended</u> and the remainder of the report <u>filed</u>.</b></p>
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509	<b>Cancer and Health Care Disparities Among Minority Women</b>	<p>Resolution 509 asks that our AMA (1) encourage research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment, and (2) promote cancer education among minority women that uses an appropriate literacy level and culturally sensitive approach.</p> <p>The continued disparities in the screening, diagnosis and treatment of cancer in minority women is a critical issue that must continue to be addressed and your Reference Committee heard testimony to support this resolution. As requested by the sponsor, the second resolve has been substituted with a new resolve to further strengthen the need for collaboration with other organizations and emphasize that the materials that are developed and distributed must be culturally sensitive and written at the appropriate literacy level.</p>	<p>RECOMMENDATION A:</p> <p>The Reference Committee recommends that Resolution 509 be <u>amended by substitution of the second resolve</u>, to read as follows:</p> <p>RESOLVED, that our AMA work with the National Cancer Institute’s Center to Reduce Cancer Health Disparities, the American Cancer Society, and other organizations to promote the use among minority women of educational materials that are culturally sensitive and at the appropriate literacy level. (Directive to Take Action)</p> <p>RECOMMENDATION B:</p> <p>The Reference Committee recommends that Resolution 509 be <u>adopted as amended</u>.</p> <p><b>HOD ACTION: Resolution 509 adopted as amended.</b></p>
510	<b>Systemic Lupus Erythematosus and Its Impact on Minority Health</b>	<p>Resolution 510 asks that our AMA (1) support legislation to increase funding for biomedical research and educational programs that work towards finding the cause and a cure for lupus, and (2) collaborate with medical specialty societies and federal organizations, including the Office of Research on Women's Health at the National Institutes of Health, involved with research and educational initiatives pertaining to lupus.</p> <p>Limited, but fully supportive testimony was offered on this resolution.</p>	<p>RECOMMENDATION A:</p> <p>The Reference Committee recommends that Resolution 510 be <u>amended by insertion and deletion on line 1</u>, to read as follows:</p> <p>RESOLVED, That our American Medical Association support <u>legislation to increased</u> funding for biomedical research and educational</p>

			<p>programs that work towards finding the cause and a cure for lupus (New HOD Policy); and be it further</p> <p>RECOMMENDATION B:</p> <p>The Reference Committee recommends that Resolution 510 be <u>adopted as amended.</u></p> <p><b><u>HOD ACTION: Resolution 510 adopted as amended.</u></b></p>
511	<b>Racial and Ethnic Disparities in Maternal Mortality</b>	<p>Resolution 511 asks that our AMA (1) work with other interested organizations, such as the Centers for Disease Control and Prevention, to seek increased public and private funding to support educational efforts to expand awareness of providers, hospitals, and patient organizations about the increasing risk of maternal mortality in the United States, and the importance of preconception care to reduce these risks; (2) work with other interested organizations to seek increased public and private funding to study racial disparities in maternal mortality in the United States; and (3) report back on these efforts at the 2009 Annual Meeting.</p> <p>Testimony overwhelmingly supported Resolution 511. In addition, the Board of Trustees spoke to the efforts of the AMA to eliminate racial and ethnic disparities through its work as part of the Commission to End Health Care Disparities. Your Reference Committee recommends that Resolution 511 be adopted.</p>	<p>RECOMMENDATION:</p> <p>The Reference Committee recommends that Resolution 511 be <u>adopted.</u></p>
BOT 28	<b>Reauthorization of the Indian Health Care Improvement Act (Resolution 221, A-07)</b>	<p><b><u>CONCLUSION</u></b>  <b>The AMA supports reauthorization of the IHCIA and has expressed this support directly to Congressional staff. AMA will continue to work with Congress to find a mutually acceptable resolution to concerns surrounding Sec. 221 and to support the reauthorization of the IHCIA.</b></p>	