

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS**

**2011 INTERIM MEETING
NEW ORLEANS, LOUISIANA**

MSS RESOLUTION 1 – STUDYING MEDICAL STUDENT WORK HOUR POLICIES

MSS ACTION: MSS RESOLUTION 1 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS should survey U.S. medical schools and report on medical student work hour policies and possible implications of such policies on patient care, quality of education, and student well-being.

MSS RESOLUTION 2 – HEALTH POLICY EDUCATION IN MEDICAL SCHOOL AND RESIDENCY

MSS ACTION: SUBSTITUTE MSS RESOLUTION 2 ADOPTED.

RESOLVED, That our AMA-MSS amend policy 295.153MSS by insertion and deletion as follows:

295.153MSS Health Policy Education in Medical Schools: AMA-MSS will monitor progress on the development of the Association of American Medical College's behavioral and social science core competencies and report back ~~at A-11.~~ upon release of the competencies.

MSS RESOLUTION 3 – MEDICAL STUDENT ACCESS TO COMPREHENSIVE MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That the AMA-MSS strongly encourage the Association of American Medical Colleges and the Liaison Committee on Medical Education to conduct research into the number of US medical students with mental health and/or substance abuse concerns who either: 1.) do not seek treatment due to the cost involved, or 2.) have sought treatment, but do not feel that it has been adequate due to yearly visit and dollar limits placed on their care by their insurance plan.

MSS RESOLUTION 4 – INCREASED EMPHASIS ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN MEDICAL SCHOOL CURRICULUM

MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to amend policy H-345.984 by insertion as follows:

H-345.984 Awareness, Diagnosis and Treatment of Depression and Other Mental Illnesses.

(1) Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental

illnesses, both when it occurs by itself and when it occurs with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings. (2) Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.

MSS RESOLUTION 5 – PRELIMINARY YEAR PROGRAM PLACEMENT

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED.

RESOLVED, That the AMA encourage the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, and other involved organizations to strongly encourage residency programs that now require a preliminary year to match residents for their specialty and then arrange with another department or another medical center for the preliminary year of training unless the applicant chooses to pursue preliminary year training separately.

MSS RESOLUTION 6 – INVESTIGATING ADVERSE PUBLIC HEALTH OUTCOMES RELATING TO CHRONIC GME FUNDING SHORTAGES

MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED

RESOLVED, That the AMA act to encourage appropriate stakeholder organizations to study and quantify the public health impacts of cuts to GME funding sources, including the effects on, but not limited to, the physician shortage, spending on public health initiatives, and availability and quality of care.

MSS RESOLUTION 7 – IMPROVING ACCESS TO SUBSIDIZED GRADUATE STUDENT LOANS

MSS ACTION: AMA POLICY D-305.993 REAFFIRMED IN LIEU OF MSS RESOLUTION 7.

RESOLVED, That our AMA work with medical schools, state medical societies and specialty societies to expand availability of low-cost, subsidized student loans for medical students to replace the federal subsidized Stafford student loan program through other sources.

MSS RESOLUTION 8 – FEDERAL GOVERNMENT PROFESSIONAL STUDENT LOAN CHANGES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 8 ADOPTED.

RESOLVED, That the AMA-MSS research the effect that recent changes to the federal student loan program will have on current and future medical students and their patients, including but not limited to the effect on future student enrollment, socioeconomic diversity of medical students, loan defaults, repayment schedules, and total student indebtedness.

MSS RESOLUTION 9 - INCREASING ORGAN DONATION DISCUSSIONS THROUGH MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS encourage the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, and the Liaison Committee on Medical Education to include training on organ donation discussions in undergraduate and graduate medical education; and be it further.

RESOLVED, That our AMA compile current materials into a comprehensive resource and make them available for the development of a Continuing Medical Education Activity educating physicians on how to conduct organ donation discussions with patients; and be it further

RESOLVED, That our AMA support the development of billing codes for physician-patient organ donation discussions.

MSS RESOLUTION 10 – ADVOCATING FOR A GREENER MEDICAL SCHOOL

MSS ACTION: MSS POLICY 135.013MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 11

RESOLVED, That our AMA-MSS study current and potential practices in medical education that promote sustainability and issue a report to the Association of American Medical Colleges and medical school administrators describing and promoting the best practices in sustainability; and be it further

RESOLVED, That our AMA-MSS support sustainable initiatives across the medical community.

MSS RESOLUTION 11 – SECURING QUALITY CLINICAL EDUCATION SITES FOR US-ACCREDITED SCHOOLS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED

RESOLVED, That our AMA oppose extraordinary payments by any medical school for access to clinical rotations.

MSS RESOLUTION 12 – EFFECT OF COMPUTERS IN THE EXAM ROOM ON PHYSICIAN-PATIENT COMMUNICATION

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That the AMA study the effect of electronic devices, including but not limited to computers and tablets, in the exam room on doctor-patient communication with an emphasis on alternatives and modifications that might improve the physician-patient relationship.

MSS RESOLUTION 13 – LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PATIENT-SPECIFIC TRAINING PROGRAMS FOR HEALTHCARE PROVIDERS

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED

RESOLVED, That our AMA support the training of healthcare providers in cultural competency as well as in physical health needs for lesbian, gay, bisexual, and transgender patient populations.

MSS RESOLUTION 14 – ELIMINATING GIFTS TO PHYSICIANS FROM INDUSTRY

MSS ACTION: MSS RESOLUTION 14 NOT ADOPTED.

RESOLVED, That our AMA encourage physicians to take measures to decrease industry influence by refusing all gifts (defined as contributions whose primary benefit is not directly to patients: pens & pads, modest meals, direct sponsorship of conference expenses) while maintaining that patient-centered donations (defined as drug samples, educational/diagnostic tools) are acceptable.

MSS RESOLUTION 15 – COST SAVINGS SHARING OF PHYSICIAN LED QUALITY IMPROVEMENT PROJECTS

MSS ACTION: MSS RESOLUTION 15 ADOPTED AS AMENDED.

RESOLVED, That our AMA gather a repository of Quality Improvement Project (QIP) quality measures and financial benefits by identifying and contacting physician QIP leaders and inviting them to contribute their prior and ongoing data from QIP for analysis of QIP quality measures and financial benefits, with the goal of allowing other physicians, who practice in a wide range of practice settings and specialties, to review these quality measures and financial benefits and approximate how a similar project could benefit their own healthcare organization.

MSS RESOLUTION 16 – REGULATORY REFORM OF IN VITRO MEDICAL DIAGNOSTICS

MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.

RESOLVED, That our AMA advocate for the creation of a specialized center within the Food and Drug Administration (FDA) for the evaluation and research of *in vitro* and laboratory medical diagnostics on equal par with the three extant centers for the evaluation and research of drugs, biologics and medical devices; and be it further

RESOLVED, That our AMA urge the Food and Drug Administration to reclassify appropriate *in vitro* medical diagnostics from current drug, biologic or device classifications to a new medical diagnostic classification upon the creation of an FDA specialized center for the evaluation and research of in vitro and laboratory medical diagnostics to optimize and encourage new medical diagnostic research and development.

MSS RESOLUTION 17 – SUPPORT OF MULTILINGUAL DIGITAL ASSESSMENT TOOLS FOR MEDICAL PROFESSIONALS

MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the publication and validation of standard patient assessment tools in multiple languages.

MSS RESOLUTION 18 – PROTECTING THE DOCTOR-PATIENT RELATIONSHIP

MSS ACTION: AMA POLICY H-373.995 REAFFIRMED IN LIEU OF MSS RESOLUTION 18.

RESOLVED, That our AMA-MSS vigorously supports the physician-patient-family relationship and actively opposes any state and/or federal effort to interfere in the content of the discussion between a physician and his/her patient during a clinical encounter; and be it further

RESOLVED, That our AMA-MSS advocate against any interference by government or other third parties that compromise a physician's ability to use his or her medical judgment as to the information or treatment that is in the best interest of their patients.

MSS RESOLUTION 19 – PREFERENTIAL SUPPORT FOR LESS INVASIVE MEASURES IN MEDICAL CARE

MSS ACTION: MSS RESOLUTION 19 NOT ADOPTED.

RESOLVED, That our AMA-MSS encourage the preferential use of less invasive interventional methods in medicine in situations where more invasive methods are not likely to increase quality or duration of life by comparison; and be it further

RESOLVED That our AMA-MSS support scientific advancement and legislation that advance preventive care and reduces the invasiveness of current and future interventional treatments; and be it further

RESOLVED That our AMA-MSS support research elucidating the complexity of informed consent with regard to issues including (1) the effect of physician bias on patients' decision making, and (2) the nature of patient satisfaction with informed consent procedures after iatrogenic complications following invasive interventional methods.

MSS RESOLUTION 20 – REDUCING BARRIERS TO PREVENTIVE HEALTH CARE DELIVERY AND COMPENSATION

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to support both the reduction of financial barriers to the delivery of cost effective preventive health care services, and the implementation of financial incentives for cost-effective preventive medical care; and be it further

RESOLVED, That our AMA-MSS ask the AMA to conduct a study examining the effects of improvements in financial incentives for the delivery of cost-effective preventive care, and to make information from such study available through avenues including but not limited to the AMA web site to better educate physicians and the public about the benefits of preventive health care services.

MSS RESOLUTION 21 – TAX DEDUCTIONS FOR STATE BASED HEALTH INSURANCE EXCHANGE POLICIES

MSS ACTION: MSS RESOLUTION 20 REFERRED

RESOLVED, That the American Medical Association (AMA) advocate for federal and state tax deductions for all individual policy purchasers, and specifically those on new state-based health insurance exchanges, that are equivalent to the tax breaks provided to employers who purchase policies for their employees; and be it further

RESOLVED, That our AMA advocate that federal and state tax laws should not penalize individuals and small business owners who purchase their own insurance on state-based health insurance exchanges, but rather that tax laws should be applied equitably, relative to employees who receive employer sponsored benefits.

MSS RESOLUTION 22 – VALUE BASED INSURANCE DESIGN

MSS ACTION: MSS RESOLUTION 22 ADOPTED AS AMENDED

RESOLVED, that our AMA conduct a study to evaluate the utility of value-based insurance design (VBID) as a modality for enhancing patient care and reducing health care costs; and be it further

RESOLVED, That our AMA recommend to the AMA Insurance Agency that value-based insurance design be studied for potential future inclusion in Agency health insurance products.

MSS RESOLUTION 23 – RECOGNIZING SOCIOECONOMIC STATUS AS A DETERMINANT OF HEALTH

MSS ACTION: SUBSTITUTE MSS RESOLUTION 23 ADOPTED.

RESOLVED, That our AMA study dynamic mechanisms to monitor the impact of socioeconomic status on health-related risk factors, quality of care, and access to intervention.

MSS RESOLUTION 24 – STRATEGIES TO IMPROVE CARE FOR UNDERINSURED PATIENTS

MSS ACTION: MSS RESOLUTION 24 ADOPTED.

RESOLVED, That our AMA study successful strategies for improving patient access to quality and timely health care, and report back at Interim 2012 with examples of successful models and recommendations for expanding these models nationally.

MSS RESOLUTION 25 – INVESTIGATING TRANSPORTATION AND ACCESSIBILITY TO FREE MEDICAL CLINICS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 25 ADOPTED WITH CHANGE IN TITLE.

TRANSPORTATION AND ACCESSIBILITY TO FREE MEDICAL CLINICS

RESOLVED, That our AMA encourage initiatives that address transportation as a barrier to utilization of those institutions addressing the healthcare needs of the underserved in local communities.

MSS RESOLUTION 26 – ON-SITE EMPLOYER MEDICAL CLINICS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 26 ADOPTED.

RESOLVED, That our American Medical Association study the effect of on-site employer medical clinics on employee preventative health benefits and health access benefits; and be it further

RESOLVED, That our American Medical Association develop guidelines for the operation of on-site employer- sponsored medical clinics, ensuring that employee privacy, safety, and access to preventive health are not compromised.

MSS RESOLUTION 27 – AMA GRADING OF SAFE, EFFECTIVE SMARTPHONE APPS

MSS ACTION: MSS RESOLUTION 24 ADOPTED AS AMENDED WITH CHANGE IN TITLE

SAFE EFFECTIVE SMARTPHONE APPLICATIONS

RESOLVED, That the AMA-MSS support ongoing research on the safety and efficacy of medical apps used in clinical settings in terms of patient outcomes and physician performance and efficiency.

MSS RESOLUTION 28 – CLOSER MONITORING OF EMERGENCY MEDICAL KITS ON PASSENGER AIRCRAFTS

MSS ACTION: AMA POLICY H-45.981 REAFFIRMED IN LIEU OF MSS RESOLUTION 28

RESOLVED, That our AMA recommend that the Federal Aviation Administration (FAA) to adopt a standardized recording system for all in-flight medical emergencies so that lessons learned from management of in-flight medical emergencies can be utilized for care of future passenger(s) that become ill during a flight; and be it further

RESOLVED, That our AMA work closely with the American College of Emergency Physicians (ACEP), American Society of Aerospace Medicine Specialists (ASAMS) and the FAA to determine the optimal content of the first aid kits on passenger airplanes and urge that the standardized emergency medical kits with identical elements be stored in identical location on every flight; and be it further

RESOLVED, That our AMA recommend that the FAA mandate a regulation for medical emergency kits to be fully stocked to the existing standards onboard all commercial flights before each flight.

MSS RESOLUTION 29 – SUPPORT FOR DRUG COURTS

MSS ACTION: MSS RESOLUTION 29 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the establishment of drug courts as an alternative to incarceration and as a more effective means of overcoming drug addiction for drug-abusing individuals convicted of nonviolent crimes; and be it further

RESOLVED, That our AMA encourage legislators to establish drug courts at the state and local level in the United States.

MSS RESOLUTION 30 – REDUCED INCARCERATION AND IMPROVED TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS OR ILLICIT DRUG DEPENDENCE

MSS ACTION: SUBSTITUTE MSS RESOLUTION 30 ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to amend policy H-430.989 by insertion and deletion as follows:

H-430.989 Disease Prevention and Health Promotion in Correctional Institutions: Our AMA urges state and local health departments to develop plans that would foster closer working relations between the criminal justice, medical, and public health systems toward 1. the prevention and control of HIV/AIDS, substance abuse, tuberculosis and hepatitis, 2. the management and treatment of psychiatric disorders such as drug dependence, and 3. a reduction in reincarceration rates related to drug abuse and psychiatric disorders. Some of these plans should have as their objectives: (a) an increase in collaborative efforts between parole officers, ~~and~~ drug treatment center staff and psychiatric care center staff in case management aimed at helping patients to continue in treatment and to remain drug free; (b) an increase in direct referral by correctional systems of parolees with a history of intravenous drug use to drug treatment centers; and (c) consideration by judicial authorities of assigning individuals to drug treatment programs, as well as inpatient or outpatient psychiatric treatment programs, as a sentence or in connection with sentencing."

MSS RESOLUTION 31 – RECOGNITION OF ADDICTION AS PATHOLOGY, NOT CRIMINALITY

MSS ACTION: MSS RESOLUTION 31 ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support encouraging government agencies to re-examine the enforcement-based approach to illicit drug issues and to prioritize and implement policies that treat drug abuse as a public health threat and drug addiction as a preventable and treatable disease.

MSS RESOLUTION 32 – SUPPORT OF MEDICAL AMNESTY POLICIES FOR UNDERAGE ALCOHOL INTOXICATION

MSS ACTION: SUBSTITUTE MSS RESOLUTION 32 ADOPTED.

RESOLVED, That our American Medical Association support efforts among universities, hospitals, and legislators to establish medical amnesty policies that protect underage drinkers from punishment when seeking emergency medical attention for themselves or others.

MSS RESOLUTION 33 – IMPROVING MENTAL HEALTH SERVICES FOR PREGNANT AND POSTPARTUM MOTHERS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 33 ADOPTED.

RESOLVED, That our American Medical Association support improvements in current mental health services for women during pregnancy and postpartum; and be it further

RESOLVED, That our American Medical Association support advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage from 6 weeks to 1 year postpartum; and be it further

RESOLVED, That our American Medical Association support appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum.

MSS RESOLUTION 34 – ADVOCACY FOR 9/11 EARLY RESPONDER HEALTH COVERAGE OF CANCER

MSS ACTION: MSS RESOLUTION 34 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage further study of the association between post-September 11, 2001 World Trade Center attack exposure and cancer incidence.

MSS RESOLUTION 35 – EDUCATION AND FUNDING ALLOCATION FOR THE MUSCULAR DYSTROPHIES PROPORTIONATE TO INCIDENCE

MSS ACTION: MSS RESOLUTION 35 NOT ADOPTED.

RESOLVED, That our AMA advocate for education of medical students, residents, and lawmakers on all forms of muscular dystrophy, including myotonic muscular dystrophy; and be it further

RESOLVED, That our AMA advocate for inclusion of all prevalent forms of muscular dystrophy, including myotonic muscular dystrophy, for language used in government-originating funding and/or policy.

MSS RESOLUTION 36 – PROMOTING PREVENTION OF FATAL OPIOID OVERDOSE

MSS ACTION: MSS RESOLUTION 36 ADOPTED AS AMENDED

RESOLVED, That our AMA encourage the establishment of new pilot programs directed towards heroin overdose treatment with naloxone; and be it further

RESOLVED, That our AMA advocate for encourage the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities.

MSS RESOLUTION 37 – PITCHER SAFETY IN LITTLE LEAGUE & HIGH SCHOOL BASEBALL/SOFTBALL LEAGUES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 37 ADOPTED.

RESOLVED, That MSS Policy 10.012MSS be amended to read as follows:

Sledding and Helmet Safety: AMA-MSS will ask the AMA to amend H-470.974 by insertion and deletion as follows: Athletic Helmets: 1. Our AMA urges the Consumer Product Safety Commission to establish standards that athletic and recreational helmets, including but not limited to football, baseball, hockey, horse back riding, bicycle and motorcycle riding, lacrosse, and skiing, produced or sold in the United States provide protection against head injury; and that the AMA advocate the use of appropriate and safe clear face guards as a permanent installation on the current bilateral ear protective batter's helmet to be worn by all baseball and softball players as required safety equipment in all organized baseball and softball for those children from 5 to ~~14~~ 18 years of age; that the AMA encourage the use of protective

helmets and face shields to be worn by all baseball and softball pitchers in organized leagues from 5 to 18 years of age. 2. Our AMA: (a) supports legislation requiring the use of helmets by children ages 17 and younger while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing, ~~or~~ and snowboarding; (b) encourages the use of helmets in adults while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing ~~or~~ and snowboarding; (c) encourages physicians to educate their patients about the importance of helmet use while engaged in potentially dangerous athletic activities, including but not limited to sledding, skiing and snowboarding; and (d) encourages the availability of rental helmets at all commercial sledding, skiing and snowboarding areas.

MSS RESOLUTION 38 – PROVIDING FREE ACCESS TO SMOKING CESSATION TREATMENTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 38 ADOPTED WITH CHANGE IN TITLE.

PROVIDING FULL COVERAGE FOR SMOKING CESSATION TREATMENTS

RESOLVED, That our AMA-MSS support working with state and local medical societies to formally request that state lawmakers allocate at least the Centers for Disease Control and Prevention-recommended minimum amount of the state's Tobacco Settlement Fund award annually to tobacco cessation programs; and be it further

RESOLVED, That our AMA-MSS recommend that third-party payers and government agencies involved in medical care offer full coverage for smoking cessation products to smokers seeking counseling for quitting.

MSS RESOLUTION 39 – REDUCING SECOND-HAND SMOKE IN APARTMENT COMPLEXES

MSS ACTION: AMA POLICY H-490.907 REAFFIRMED IN LIEU OF MSS RESOLUTION 39.

RESOLVED, That AMA supports legislation that would permit landlords to have a geographically distinct apartment complex(es) deemed "smoke-free"; and be it further

RESOLVED, That AMA encourage its members to inform patients who live in multi-unit housing with children the risks of secondhand smoke and the indirect exposure occurring in multiunit housing.

MSS RESOLUTION 40 – PHYSICIAN POSITION TO NOVEL TOBACCO MARKETS

MSS ACTION: AMA POLICIES H-495.985 AND H-495.987 REAFFIRMED IN LIEU OF MSS RESOLUTION 40.

RESOLVED, That our MSS ask the AMA to study the emerging trend of Snus Tobacco marketing promotion and use, especially among younger aged tobacco consumers; and be it further

RESOLVED, That our MSS strongly support any measures to increase tobacco taxation and tobacco taxation parity between all tobacco forms; and be it further

RESOLVED, That our MSS and AMA continue to educate the medical community and the public through any means about the dangers of oral tobacco use with a new emphasis on novel tobacco products such as Snus Tobacco due to its growing prevalence and use.

MSS RESOLUTION 41 – AMA SUPPORT FOR IMPLEMENTATION OF IMAGE GENTLY AND FDA EFFORTS TO REDUCE COMPUTED TOMOGRAPHY RADIATION IN CHILDREN

MSS ACTION: SUBSTITUTE MSSRESOLUTION 41 ADOPTED WITH CHANGE IN TITLE.

AMA-MSS SUPPORT FOR IMPLEMENTATION OF IMAGE GENTLY AND FDA EFFORTS TO REDUCE COMPUTED TOMOGRAPHY RADIATION IN CHILDREN
RESOLVED, That our AMA-MSS support the current US Food and Drug Administration policy including; promoting the safe use of medical imaging devices, supporting informed clinical decision making and increasing patient awareness; and be it further

RESOLVED, That our AMA-MSS support working with all relevant parties to advocate for inclusion of an individual registry containing the patient's historical (test and procedure-based) cumulative radiation dose, as well as research the fiscal impact such a registry would incur; and be it further

RESOLVED, That our AMA-MSS encourage the continued development and use of standardized electronic medical record systems that will help physicians track the number of imaging procedures a patient is receiving and that will help physicians discuss the potential dangers of high level of radiation exposure with patients; and be it further

RESOLVED, That our AMA-MSS support initiatives to increase awareness of ionizing radiation exposure from medical imaging and practices that lower radiation exposure from medical imaging.

MSS RESOLUTION 42 – HPV VACCINATION ACCESS FOR MINORS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 42 ADOPTED.

RESOLVED, That the AMA develop and support model state legislation allowing HPV vaccination consent by a unemancipated minor, independent of parental involvement.

MSS RESOLUTION 43 – INCREASING HEALTHCARE CAPACITY IN RESOURCE LIMITED SETTINGS THROUGH THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF

MSS ACTION: MSS RESOLUTION 43 REFERRED.

RESOLVED, That our AMA-MSS ask the AMA to endorse the Global Health Service Corps (GHSC) as an additional mechanism for the President's Emergency Plan for AIDS Relief (PEPFAR) to assist strengthening African healthcare workforces; with the stipulation that the GHSC only be supported with existing funds already allocated to PEPFAR's current funding allocation mandate to support healthcare workforce capacity building and training activities in resource limited settings.

MSS RESOLUTION 44 – AMENDMENT TO EXISTING POLICY OPPOSING LEGISLATION WHICH MAY INTERFERE WITH PHYSICIAN'S PAIN MANAGEMENT STRATEGIES

MSS ACTION: AMA POLICY H-120.960 REAFFIRMED IN LIEU OF MSS RESOLUTION 44.

RESOLVED, That our AMA-MSS amend policy 270.009MSS by insertion as follows:

AMA-MSS will ask the AMA to: (1) support the idea that physicians who prescribe pain medication to relieve acute or chronic pain of both malignant and non-malignant origins should be freed from the burden of excessive legislative or regulatory scrutiny and censure; and (2) seek to implement legislation protecting physicians who treat acute and chronic pain of malignant and non-malignant origins.

MSS RESOLUTION 45 – SUPPORT FOR SERVICE ANIMALS, ANIMALS IN HEALTHCARE, AND MEDICAL BENEFITS OF PET OWNERSHIP

MSS ACTION: MSS RESOLUTION 45 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS recognize the potential medical benefits of dogs as animal companions; and be it further

RESOLVED, That our AMA-MSS encourage research into the use and implementation of service animals as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit.

MSS RESOLUTION 46 – RECOGNITION OF PATIENT UNIQUENESS IN MEDICAL TREATMENT

MSS ACTION: MSS RESOLUTION 46 NOT ADOPTED.

RESOLVED, That our AMA-MSS support attempts to standardize care only if they recognize (1) the changing nature of expert opinion on best practices and (2) the necessity that physicians be given the autonomy to use their own judgement in how to implement these standards for patients' unique biochemical and personal needs; and be it further

RESOLVED, That our AMA-MSS recognize that each patient is biochemically and psychosocially an individual and encourage physicians to consider this when planning treatment, in lieu of rigid methods of care which do not treat patients as individuals.

MSS RESOLUTION 47 – REGULATIONS ON THE PATENTING OF ENDOGENOUS HUMAN DNA

MSS ACTION: SUBSTITUTE MSS RESOLUTION 47 ADOPTED.

RESOLVED, That our AMA oppose the patenting of endogenously occurring human DNA or RNA sequences, including specific alleles of such sequences found anywhere within the human population, or DNA and RNA products derived from these sequences.

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS**

**2011 INTERIM MEETING
NEW ORLEANS, LOUISIANA**

**GOVERNING COUNCIL REPORT A - FINANCIAL AID DEPENDENCY STATUS OF
MEDICAL STUDENTS**

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

1. That our AMA-MSS encourage medical schools to institute an appeals procedure that allows individual students with extenuating familial circumstances to apply for institutional financial aid without parental tax information taken into consideration, such as students whose non-custodial parent's whereabouts are unknown or students who have an established history of non-support from their parents.
2. That our AMA-MSS work to ensure adequate dissemination of information on educational funding sources available to medical students.

**GOVERNING COUNCIL REPORT B – TRANSPARENCY IN THE ROLE OF REGIONAL
DELEGATE**

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

1. That our AMA-MSS amend its Internal Operating Procedures to reflect the following structure and rules of the Medical Student Section Caucus to the AMA House of Delegates:
 - A. MSS Caucus Structure
 1. The regional delegates and alternate regional delegates, together with the MSS Delegate and Alternate, form the MSS Caucus.
 2. The MSS Delegate and MSS Alternate Delegate should be considered the chair and vice chair of the caucus respectively and their responsibilities in those positions include, but are not limited to:
 - a. Overseeing debate, discussion, and voting that occurs within the caucus
 - b. Assigning regional delegates to reference committees
 - c. Speaking on behalf of the MSS in reference committee hearings and the HOD, or delegating the responsibility to speak on certain resolutions to others of their choosing
 - d. Developing general MSS strategy for passing or defeating resolutions
 - e. Coordinating and negotiating with the leadership of other groups within the HOD.
 3. Other medical student delegates to the AMA HOD, including students appointed to their state delegations, are not considered members of the caucus for voting purposes, though they are encouraged to take part in MSS

Caucus meetings , and may be assigned to speak on behalf of the MSS by the MSS Delegate.

B. Determining MSS Caucus Positions on AMA HOD Resolutions

1. For all MSS Caucus activities requiring a vote, all members of the caucus shall be given one vote.
2. A quorum of at least 50% of potential voting members must participate for a vote to be valid.
3. In the AMA HOD, the MSS Caucus must take positions on resolutions that are consistent with the existing policy of the MSS as defined in the MSS Digest of Actions whenever possible.
4. In areas where relevant MSS policy exists, but the interpretation is uncertain, a majority vote of a quorum of delegates will determine the caucus's interpretation.
5. When a resolution is before the AMA HOD that is of significant importance to the MSS, but for which no MSS policy exists, any member of the MSS Caucus may move that the MSS take a position on the resolution. Such a movement requires a second by another caucus member and a 2/3rds majority vote to pass.
6. Positions set using the procedures described in section B.5 are valid for the duration of that meeting only, and do not apply to future interim or annual meetings.
7. The MSS Caucus may not use the procedures described in section B.5 to take positions that are contrary to existing MSS policy.

C. Reporting of Caucus Actions

1. The MSS Delegate and Alternate shall be responsible for authoring a report of actions taken, which shall be presented to the MSS Assembly at the next national meeting. This report will list the resolved clauses of all AMA HOD resolutions for which the MSS took a position, and will specifically identify those resolutions for which the MSS Caucus took a position that was not grounded in existing internal policy.

GOVERNING COUNCIL REPORT C - PHYSICIAN-BASED EDUCATION TO COMBAT OBESITY ON THE LOCAL LEVEL

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

1. That 150.018MSS and 150.020MSS be reaffirmed.

GOVERNING COUNCIL REPORT D – POLICY SUBSET REPORT FOR 2006 AMA-MSS POLICIES

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

1. That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS.
2. That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

**COMMITTEE ON LONG-RANGE PLANNING REPORT A - STUDY OF THE
STRUCTURE OF THE ANNUAL AND INTERIM MEETINGS**

MSS ACTION: COLRP REPORT A FILED.

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

**2011 INTERIM MEETING
NEW ORLEANS, LOUISIANA**

AMA RESOLUTION 3 – SUPPORTING VOLUNTARY ORGAN DONATION FROM DEATH ROW PRISONERS

**HOD ACTION: AMA RESOLUTION 3 RECOMMENDED AGAINST
CONSIDERATION AT THIS MEETING.**

RESOLVED, That our AMA reexamine the issue of lethal injection and organ retrieval from executed prisoners and report on its findings at the 2012 AMA Annual Meeting.

AMA RESOLUTION 4 – USING TAX RETURNS TO IDENTIFY ORGAN DONATION STATUS

**HOD ACTION: AMA RESOLUTION 4 RECOMMENDED AGAINST
CONSIDERATION AT THIS MEETING.**

**AMA RESOLUTION 5- ENCOURAGING STANDARDIZED ADVANCE-DIRECTIVES FORMS
WITHIN STATES**

HOD ACTION: AMA RESOLUTION 5 ADOPTED AS AMENDED

RESOLVED, That our American Medical Association encourage each state society to develop a standardized form of advance directives for use by physicians and other health care providers as a template to discuss end-of-life care with their patients.

**AMA RESOLUTION 208 – REQUIRING PLACEMENT OF AUTOMATED EXTERNAL
DEFIBRILLATORS IN ALL NURSING HOMES**

**HOD ACTION: AMA POLICY H-440.890 REAFFIRMED IN LIEU OF
AMA RESOLUTION 208.**

RESOLVED, That our AMA support state legislation that mandates Automated External Defibrillator placement in all nursing homes as a condition of licensure.

AMA RESOLUTION 209 – ADDRESSING SAFETY AND REGULATION IN MEDICAL SPAS

HOD ACTION: AMA RESOLUTION 209 ADOPTED AS AMENDED

RESOLVED, that our American Medical Association advocate for state regulation to ensure that cosmetic medical procedures, whether performed in medical spas or in more traditional medical settings, have the same safeguards as “medically necessary” procedures, including those which require appropriate training, supervision and oversight; and be it further

RESOLVED, that our AMA advocate that cosmetic medical procedures, such as botulinum toxin injections, dermal filler injections, and laser and intense pulsed light procedures, be considered the practice of medicine; and be it further

RESOLVED, that our AMA take steps to increase the public awareness about the dangers of those medical spas which do not adhere to patient safety standards by encouraging the creation of formal complaint procedures and accountability measures in order to increase transparency; and be it further

RESOLVED, that our AMA continue to evaluate the evolving issues related to medical spas, in conjunction with interested state and medical specialty societies.

AMA RESOLUTION 210 – AVERTING ANTIRETROVIRAL TREATMENT RATIONING IN THE UNITED STATES – STRENGTHENING THE AIDS DRUG ASSISTANCE PROGRAM

HOD ACTION: AMA POLICIES H-20.907 AND H-20.922 REAFFIRMED IN LIEU OF AMA RESOLUTION 210.

RESOLVED, That our AMA lobby the United States Congress to expand funding to ensure coverage for all current and future qualified individuals for the AIDS Drug Assistance Program.

AMA RESOLUTION 814 – IMPROVED ADEQUACY OF TRANSLATION SERVICES IN HOSPITAL AND PHARMACY SETTINGS

HOD ACTION: AMA RESOLUTION 814 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our AMA amend policy H-215.982 by deletion and insertion as follows:

H-215.982 Translator Services ~~in Hospitals:~~ Our AMA encourages hospitals health care institutions, including but not limited to hospitals and pharmacies, that serve populations with a significant number of non-English speaking patients to provide trained translator services.

AMA RESOLUTION 815 – VIRTUAL MEDICAL ID BRACELETS

HOD ACTION: AMA RESOLUTION 815 ADOPTED AS AMENDED

RESOLVED, That our American Medical Association amend Policy H-130.987 by insertion and deletion as follows:

H-130.987 Emergency Medical Identification Aids: The AMA (1) urges worldwide use of the Emergency Medical Identification Symbol (Symbol); (2) urges that persons with special health problems wear a readily evident durable metal or plastic alerting device and that all persons carry a universal medical information card identifying family, friends and personal physicians; (3) urges that the Symbol be imprinted on alerting devices, on medical identification cards, and on emergency medical care educational material; (4) encourages physicians to work individually with their patients in selecting an appropriate signal device and identification card; and (5) recognizes the need for patients to have the option to enroll in portable medical identification alert systems that current technologies support, such as virtual medical identification alert systems and smart cards, which can offer emergency responders immediate access to pertinent health information and family contact information.

AMA RESOLUTION 816 – BIOMETRIC TECHNOLOGIES USED TO ENHANCE SECURITY

HOD ACTION: AMA RESOLUTION 816 ADOPTED AS AMENDED WITH A CHANGE IN TITLE.

BIOMETRIC TECHNOLOGIES USED TO ENHANCE SECURITY AND PATIENT SAFETY

RESOLVED, That our American Medical Association encourage the use of biometric technologies where feasible, such as, but not limited to, fingerprint and palm scanners in hospitals and clinics (1) for patient identification to improve patient safety while reducing health insurance fraud and (2) for providers to streamline and secure user authentication processes and better protect patient privacy.

AMA RESOLUTION 912 – MEDICAL STUDENT SUMMER RESEARCH COMPENSATION

HOD ACTION: AMA RESOLUTION 912 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our American Medical Association amend H-460.982 by insertion and deletion as follows:

H-460.982 Availability of Professionals for Research: (1) In its determination of personnel and training needs, major public and private research foundations, including the Institute of Medicine of the National Academy of Sciences, should consider the future research opportunities in the biomedical sciences as well as the marketplace demand for new researchers. (2) The number of physicians in research training programs should be increased by expanding research opportunities during medical school, through the use of short-term training grants and through the establishment of a cooperative network of research clerkships for students attending less research-intensive schools. ~~The number of physicians~~ Participation in research training programs should be increased by providing financial incentives for research centers, academic physicians, and medical students. (3) The current annual production of PhDs trained in the biomedical sciences should be maintained into the 1990s. (4) The numbers of nurses, dentists, and other health professionals in research training programs should be increased. (5) Members of the industrial community should increase their philanthropic financial support to the nation's biomedical research enterprise. Concentration of support on the training of young investigators should be a major thrust of increased funding. The pharmaceutical and medical device industries should increase substantially their intramural and extramural commitments to meeting postdoctoral training needs. A system of matching grants should be encouraged in which private industry would supplement the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration sponsored Career Development Awards, the National Research Service Awards and other sources of support. (6) Philanthropic foundations and voluntary health agencies should continue their work in the area of training and funding new investigators. Private foundations and other private organizations should increase their funding for clinical research faculty positions. (7) The National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration should modify the renewal grant application system by lengthening the funding period for grants that have received high

priority scores through peer review. (8) The support of clinical research faculty from the National Institutes of Health Biomedical Research Support Grants (institutional grants) should be increased from its current one percent. (9) The academic medical center, which provides the multidisciplinary research environment for the basic and clinical research faculty, should be regarded as a vital medical resource and be assured adequate funding in recognition of the research costs incurred.

AMA RESOLUTION 913 – CREATION OF NATIONAL REGISTRY FOR HEALTHY SUBJECTS IN PHASE I CLINICAL TRIALS

HOD ACTION: AMA RESOLUTION 913 ADOPTED.

RESOLVED, That our AMA encourage the development and implementation of a national registry, with minimally identifiable information, for healthy subjects in phase I trials by the US Food and Drug Administration or other appropriate organizations to promote subject safety, research quality, and to document previous trial participation.

AMA RESOLUTION 914 – INCREASING AWARENESS OF NUTRITIONAL INFORMATION IN SCHOOLS

HOD ACTION: AMA RESOLUTION 914 REFERRED.

RESOLVED, That our AMA supports the adoption of federal regulations requiring all school and work cafeterias to have nutritional information for menu items available for public viewing.

AMA RESOLUTION 915 – REDUCING SUICIDE RISK AMONG LESBIAN, GAY, TRANSGENDER, AND QUESTIONING YOUTH THROUGH COLLABORATION WITH ALLIED ORGANIZATIONS

HOD ACTION: AMA RESOLUTION 915 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our AMA partner with public and private organizations dedicated to public health and public policy to reduce lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth suicide and improve health among LGBTQ youth.

AMA RESOLUTION 916 – SLEDDING AND HELMET SAFETY

HOD ACTION: AMA RESOLUTION 916 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our AMA amend H-470.974 by insertion and deletion as follows:

Athletic Helmets: 1. Our AMA urges the Consumer Product Safety Commission to establish standards that athletic and recreational helmets, including but not limited to football, baseball, hockey, horse back riding, bicycle and motorcycle riding, lacrosse, and skiing, produced or sold in the United States provide protection against head injury; and that the AMA advocate the use of appropriate and safe clear face guards as a permanent installation on the current bilateral ear protective batter's helmet to be worn by all baseball and softball players as required safety equipment in all organized baseball and softball for those children from 5 to 14 years of age. 2. Our AMA: (a) supports legislation requiring the use

of helmets by children ages 17 and younger while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing, or and snowboarding; (b) encourages the use of helmets in adults while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing or and snowboarding; (c) encourages physicians to educate their patients about the importance of helmet use while engaged in potentially dangerous athletic activities, including but not limited to sledding, skiing and snowboarding; and (d) encourages the availability of rental helmets at all commercial sledding, skiing and snowboarding areas.

AMA RESOLUTION 917 – STIGMATIZATION OF MENTAL HEALTH DISORDERS WITHIN THE MEDICAL PROFESSION

HOD ACTION: AMA RESOLUTION 917 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our AMA investigate how the stigmatization of mental health disorders in medical professionals by medical professionals has developed and persists; and be it further

RESOLVED, That our AMA address the stigmatization of mental health disorders in medical professionals by medical professionals by taking an active role in activities such as developing and/or encouraging programming to promote awareness about and reduce this stigmatization.

AMA RESOLUTION 918 – TRANSPARENCY IN THE NATIONAL RESIDENT MATCHING PROGRAM MATCH AGREEMENT

HOD ACTION: AMA RESOLUTION 918 ADOPTED AS AMENDED WITH REFERRAL OF 2ND RESOLVED CLAUSE.

RESOLVED, That our AMA ask the National Resident Matching Program (NRMP) to publish data regarding waivers and violations with subsequent consequences for both programs and applicants while maintaining the integrity of the match and protecting the identities of both programs and participants; and be it further

RESOLVED, That our AMA advocate for the word “training” in section 7.2.1 of the NRMP match agreement be changed to “residency training” and specifically state that NRMP cannot prevent an applicant from maintaining their education through rotating, researching, teaching, or otherwise working in positions other than resident training at NRMP affiliated programs.

AMA RESOLUTION 919 – MEDICAL STUDENT BURNOUT

HOD ACTION: AMA RESOLUTION 919 ADOPTED AS AMENDED

RESOLVED, That our AMA encourages the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout; and be it further

RESOLVED, That D-310.968 be amended by insertion and deletion as follows:

INTERN, AND RESIDENT, AND MEDICAL STUDENT BURNOUT:

1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, and fellows, and medical students.
2. Our AMA will work with other interested groups to regularly inform the appropriate Graduate Medical Education designated institutional officials, program directors, resident physicians, and attending faculty about resident, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through the appropriate media outlets. ~~such media as the AMA's GME e-Letter.~~
3. Our AMA will encourage the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges to address the recognition, treatment, and prevention of burnout among residents, fellows, and medical students.
4. Our AMA will encourage further studies and disseminate the results of studies on physician and medical student burnout to the medical education and physician community.
5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements.

AMA RESOLUTION 920 – THE TRANSITION FROM THE NATIONAL RESIDENT MATCHING PROGRAM SCRAMBLE TO THE SUPPLEMENTAL OFFER AND ACCEPTANCE PROGRAM

HOD ACTION: AMA RESOLUTION 920 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the National Resident Matching Program to study and publish the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas.

AMA RESOLUTION 921 – ESTABLISHMENT OF TRAINING REQUIREMENTS FOR RADIATION ADMINISTRATION

HOD ACTION: SUBSTITUTE AMA RESOLUTION 921 ADOPTED IN LIEU OF AMA RESOLUTIONS 921 AND 923.

REDUCING RADIATION EXPOSURE IN THE MEDICAL SETTING

RESOLVED, That our American Medical Association support education and standards for all providers and medical personnel using ionizing and non-ionizing radiation that includes awareness of, and methods to avoid, patient over-radiation; and be it further

RESOLVED, That our AMA support policies that promote the safe use of medical imaging devices, informed clinical decision-making regarding the use of procedures that use radiation, and patient awareness of medical radiation exposure; and be it further

RESOLVED, That our AMA encourage the continued development and use of standardized electronic medical record systems that will help physicians track the number of imaging procedures a patient is receiving, in both the in-patient and out-patient settings, which will help physicians discuss the potential dangers of high level of radiation exposure with patients (New HOD Policy); and be it further

RESOLVED, That our AMA support public initiatives, such as the “Image Wisely” and “Image Gently” campaigns, which aim to increase awareness of radiation in the medical setting and reduce exposure.

AMA RESOLUTION 922 – REDUCTION IN ONLINE BULLYING

**HOD ACTION: AMA RESOLUTION 922 RECOMMENDED AGAINST
CONSIDERATION AT THIS MEETING**

RESOLVED, That our AMA urge social networking platforms to adopt Terms of Service that define and prohibit cyberbullying and cyberhate.