

Handbook Review: HOD Reference Committee K (advocacy related to medical education, science & public health)

Full text at <http://www.ama-assn.org/assets/meeting/2011/i/i11-handbook-tab-k.pdf>. Recommended positions should be considered preliminary until ratified.

Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
<p>CME Report 1: Medical Student and Resident Involvement in Disaster Medicine and Public Health Preparedness Planning and Response</p>	<p>Medical Student and Resident Involvement in Disaster Medicine and Public Health Preparedness Planning and Response (Resolution 311-A-10)</p> <p>There is a need to support medical student and resident education and involvement in disaster medicine and public health preparedness planning to ensure that the United States has an adequate, well-trained, and deployable public health and medical disaster response workforce. The AMA, through its Center for Public Health Preparedness and Disaster Response, is working collaboratively with the National Disaster Life Support Education Consortium (NDLSEC) and other inter-professional organizations to bring substantive improvements to disaster medicine preparedness in the United States. The Council on Medical Education recommends that the following recommendations be adopted in lieu of Resolution 311-A-10 and the remainder of this report be filed.</p> <ol style="list-style-type: none"> 1. That our American Medical Association reaffirm AMA Policy H-295.868, Education in Disaster Medicine and Public Health Preparedness during Medical School and Residency Training and AMA Policy H-130.946, AMA Leadership in the Medical Response to Terrorism and Other Disasters. (Reaffirm HOD Policy) 2. That our AMA encourage all medical specialties, in collaboration with the National Disaster Life Support Educational Consortium (NDLSEC), to develop interdisciplinary and inter-professional training venues and curricula, including essential elements for national disaster preparedness for use by medical schools and residency programs to prepare physicians and other health professionals to respond in coordinated teams using the tools available to effectively manage disasters and public health emergencies. (Directive to Take Action) 3. That our AMA encourage medical schools and residency programs to use community-based disaster training and drills as appropriate to the region and community they serve as opportunities for medical students and residents to develop team skills outside the usual venues of teaching hospitals, ambulatory clinics, and physician offices. (Directive to Take Action) 4. That our AMA make medical students and residents aware of the context (including relevant legal issues) in which they could serve with appropriate training, credentialing, and supervision during a national disaster or emergency, e.g., non-governmental organizations, American Red Cross, Medical Reserve Corps, and other entities that could provide requisite supervision. (Directive to Take Action) 5. That our AMA work with the Federation of State Medical Boards to encourage state licensing authorities to include medical students and residents who are properly trained and credentialed to be able to participate under appropriate supervision in a national disaster or emergency. (Directive to Take Action) 6. That our AMA encourage physicians, residents, and medical students to participate in disaster response activities through organized groups, such as the Medical 	<p>Support</p>	<p>Adopted</p>

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	Response Corps and American Red Cross, and not as spontaneous volunteers. (New HOD Policy) 7. That our AMA encourage teaching hospitals to develop and maintain a relocation plan to ensure that educational activities for faculty, medical students, and residents can be continued in times of national disaster and emergency. (Directive to Take Action) Fiscal Note: Less than \$5,000 of Staff time.		
CME Report 2: Medical Student Access to Electronic Health Records	Therefore, the Council on Medical Education recommends that the following be adopted and that the remainder of the report be filed. 1. That our American Medical Association recognize the educational benefits of medical student access to electronic health record (EHR) systems as part of their clinical training. (New HOD Policy) 2. That our AMA encourage medical schools, teaching hospitals, and physicians practices used for clinical education to utilize clinical information systems that permit students to both read and enter information into the EHR. (Directive to Take Action) 3. That our AMA encourage research on and the dissemination of available information about ways to overcome barriers and facilitate appropriate medical student access to EHRs. (Directive to Take Action) 4. That our AMA rescind Policy D-315.979, "Medical Student Access to Electronic Medical Records." (Rescind HOD Policy) Fiscal Note: Less than \$500	Support	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language
CSAPH Report 1: An Abbreviated Approval Pathway for Biosimilars	The Council on Science and Public Health recommends that the following statements be adopted and the remainder of the report be filed: 1. That Policy H-125.980 "Follow-on Biologic Medications" be renamed "Abbreviated Pathway for Biosimilar Approval" and be amended by insertion and deletion as follows: AMA policy is that pharmaceutical companies should be allowed to make follow-on biologic biosimilar medications available to physicians and their patients in a reasonable period of time with a reasonably predictable pathway to bring them to market, and Our AMA will advocate for appropriate FDA Guidance and implementation of the Biologics Price and Competition Act of 2009 enactment of federal law that would establish a follow-on biologic to be allowed on the market, with two guiding principles: 1) a reasonable time frame for US Food and Drug Administration exclusivity and patent expiration with a that: 1) includes a straightforward regulatory process for an abbreviated approval pathway for biosimilars; follow-on biologic competitors to be brought to market, and 2) places appropriate emphasis on the protection of patient safety in both the original branded products and all biosimilar follow-on products that are brought to market; and 3) includes planning by the FDA and the allocation of sufficient resources to ensure that physicians understand the distinctions between biosimilar products that are merely considered comparable, and those that are deemed interchangeable. 2. That Policy D-125.989 "Substitution of Biosimilar Medicines and Related Medical	Support	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language

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	<p>Products” be amended by insertion and deletion to read as follows: Our AMA urges that State Pharmacy Practice Acts and substitution practices for biosimilars in the outpatient arena: (1) mirror the current practices for A-rated generic drugs by preserving the right of physicians and other prescribers to designate which product is dispensed to their patients; (2) limits the authority of pharmacists to automatically substitute only those biosimilar products that are deemed interchangeable by the FDA will: (1) monitor legislative and regulatory proposals that to establish a pathway to approve follow-on biological products and analyze these proposals to ensure that physicians retain the authority to select the specific products their patients will receive; and (2) work with the US Food and Drug Administration and other scientific and clinical organizations to ensure that any legislation that establishes an approval pathway for follow-on biological products prohibits the automatic substitution of biosimilar medicines without the consent of the patient’s treating physician. Fiscal Note: Less than \$500</p>		
CSAPH Report 2: National Drug Shortages	<p>The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolution 504-A-11 and the remainder of the report be filed.</p> <p>1. That our American Medical Association (AMA) support the recommendations of the 2010 Drug Shortage Summit convened by the American Society of Health System Pharmacists, American Society of Anesthesiologists, American Society of Clinical Oncologists and the Institute for Safe Medication Practices and work in a collaborative fashion with these and other stakeholders to implement these recommendations. (New HOD Policy)</p> <p>2. That our AMA support drug shortage legislation such as H.R. 2245 and S. 296 that would require manufacturers, including those who share the market with others, to notify the FDA of any discontinuance, interruption, or adjustment in the manufacture of a drug that may result in a shortage. (Directive to Take Action) Fiscal Note: \$1,000</p>	Support	Adopted as amended in lieu of Resolutions 924 & 926. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language
Resolution 901 Artificial Beverages Introduced by: American College of Cardiology	<p>RESOLVED, That our American Medical Association convene a multidisciplinary, impartial advisory panel to study, recommend, propose and support development of innovative research studies, including randomized, controlled trials and other mechanisms by which the effects of artificial beverage consumption or lack thereof on the development of obesity and atherosclerotic cardiovascular disease can be defined and used to effect appropriate public policy. (Directive to Take Action) Fiscal Note: Estimated cost of \$104,035 to convene multidisciplinary panel, meet several times yearly to study issue and make recommendations.</p>	Recommended against consideration Monitor	
Resolution 902 Device (Pacemaker, ICD) Expiration and “Shelf Life”	<p>RESOLVED, That our American Medical Association encourage the US Food and Drug Administration to better define the process of device stability testing. (Directive to Take Action)</p>	WITHDRAWN	

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	Fiscal Note: Minimal - less than \$1,000.		
Resolution 903 Extension of Conrad 30 J-1 Visa Waiver Introduced by: International Medical Graduates Section American Association of Physicians of Indian Origin	RESOLVED, That our American Medical Association lobby the US Congress to extend the J-1 Visa waivers beyond September 30, 2012 (Directive to Take Action); and be it further RESOLVED, That our AMA actively lobby the US Congress to make the Conrad 30 J-1 Visa Waiver program permanent. (Directive to Take Action) National Database for J-1 Visa Waiver Program Fiscal Note: Modest - between \$1,000 - \$5,000.	Support Reference Committee Suggestion to Reaffirm If pulled, Active Support	Reaffirm
Resolution 904 National Database for J-1 Visa Waiver Program Introduced by: International Medical Graduates Section American Association of Physicians of Indian Origin	RESOLVED, That our American Medical Association work with state medical societies to study and report back on the feasibility of having a national data repository of J-1 Visa Waiver statistics so that these J-1 Visa Waiver unoffered positions can be transferred to states as needed to treat underserved communities and to monitor the success of this program. (Directive to Take Action) Fiscal Note: Moderate - between \$5,000 - \$10,000.	Monitor	Adopted
Resolution 905 Discrimination of IMG Applicants in ACGME Residency Selection Introduced by: International Medical Graduates Section	RESOLVED, That our American Medical Association advocate that the Accreditation Council for Graduate Medical Education add to their institutional requirements that residency programs not discriminate against international medical graduates. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000.	Support Reference Committee Suggestion to Reaffirm If pulled, support	Reaffirmed
Resolution 906 Improvements in Sources of Drinking Water Introduced by: International Medical Graduates Section	RESOLVED, That our American Medical Association lobby the World Health Organization, World Medical Association and the United Nations to support the Association of Haitian Physicians Abroad's recommendations to significantly improve the sources of drinking water in Haiti. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000.	Monitor	Policy H-135.947 adopted as amended in lieu of Resolution 906.
Resolution 907 Prescription Drug Abuse Introduced by: Indiana	RESOLVED, That our American Medical Association promote policies to prevent fraudulent prescriptions, such as by having the pharmacy notify the "prescribing" physician each time a controlled substance is dispensed or by assigning physicians a unique code number that must accompany each controlled prescription. This code number would be	Support Reference Committee Suggestion to Refer	Substitute Resolution 907 adopted as amended in lieu of Resolutions 907 and

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	<p>changed periodically (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA promote and facilitate the establishment of controlled substances tracking programs in all states, the free exchange of controlled substance prescription data between all states, and the tracking of all controlled substance classes (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA promote and facilitate a change of federal rules and regulations such that methadone clinics would report methadone dispensed for outpatient use to their appropriate state-controlled substance prescription tracking program (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA encourage the Veterans Administration and Department of Defense facilities to report outpatient controlled substance prescriptions to their appropriate state-controlled substance prescription tracking program (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA promote and facilitate rules and regulations in all states that require reporting of veterinarian-controlled substance prescriptions with the prescription assigned to the owner of the animal and the individual who picks up the prescription (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA encourage states to require hospital pharmacies to report outpatient controlled substance prescriptions to the appropriate tracking program (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA encourage states to publicize their controlled substances prescriptions data for the edification of the public and drug policy makers (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA maintain its important role for physicians by: 1) promoting physician training and competence on the proper use of controlled substances; 2) encouraging physicians to use screening tools (such as NIDAMED) for drug use in their patients; 3) providing references and resources for physicians so they identify and promote treatment for unhealthy behaviors before they become life-threatening; 4) encouraging physicians to use opiate and other controlled substances contracts with their patients; and 5) encouraging physicians to query their state's controlled substances databases for information on their patients on controlled substances. (New HOD Policy)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>		<p>933. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language</p>
<p>Resolution 908 Bath Salt Ban Introduced by: Michigan</p>	<p>RESOLVED, That our American Medical Association seek a national ban on products containing methylenedioxypropylone or mephedrone, either through US Food and Drug Administration regulation or via an appropriate legislative solution. (Directive to Take Action)</p>	<p>Support Reference Committee Suggestion to Reaffirm</p>	<p>Reaffirm</p>

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Resolution 909 Hazards of Energy Beverages – Their Abuse and Regulation Introduced by: Michigan	RESOLVED, That our American Medical Association seek Congressional action and any necessary regulatory action through the US Food and Drug Administration to regulate potentially hazardous energy beverages (like Red Bull™, Rockstar™, Monster™, Full Throttle™) (Directive to Take Action); and be it further RESOLVED, That our AMA seek federal regulation to implement warning labels about the side effects of the contents of energy drinks, particularly when combined with alcohol. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Support Reference Committee Recommendation to Refer	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language
Resolution 910 Making GME Financing and Reform a Priority for the AMA Introduced by: Mississippi	RESOLVED, That our American Medical Association recognize that funding for and distribution of positions for graduate medical education (GME) are in crisis in the United States and that meaningful and comprehensive reform is urgently needed (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA immediately work with Congress to expand medical residencies in a balanced fashion based on expected specialty needs throughout our nation to produce a geographically distributed and appropriately sized physician workforce; and to make increasing support and funding for GME programs and residencies a top priority of the AMA in its national political agenda (Directive to Take Action); and be it further RESOLVED, That our AMA conduct a study of the current status of the GME system of the United States of the depth and scope of the Flexner Report's analysis of medical school education, with an emphasis on the problems related to the funding and distribution of residency positions (Directive to Take Action); and be it further RESOLVED, That our AMA furnish said study as a guideline for funding reforms and for future expansion of residency programs to help correct specialty shortages in physician workforce (Directive to Take Action); and be it further RESOLVED, That our AMA report back to the HOD on the progress of this study no later than the 2012 Interim Meeting. (Directive to Take Action) Fiscal Note: A study as requested by this resolution could run from \$750K to \$1M and upwards	Active Support of Reference Committee Suggestion to Adopt as Amended The Reference Committee recommends that the second Resolve of Resolution 910 be amended by insertion on page 2, line 1 to read as follows: RESOLVED, that our AMA immediately work with Congress and the ACGME to expand medical residencies in a balanced fashion based on expected specialty needs throughout our nation to produce a geographically distributed and appropriately sized	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language

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		<p>physician workforce; and to make increasing support and funding for GME programs and residencies a top priority of the AMA in its national political agenda (Directive to Take Action); and</p> <p>Reference Committee recommends that the third, fourth, and fifth Resolves of Resolution 910 be amended by deletion.</p>	
<p>Resolution 911 Elimination of the Secured Examination Requirement for Maintenance of Certification Introduced by: Minnesota</p>	<p>RESOLVED, That our American Medical Association work with the American Board of Medical Specialties to remove the requirement for a secure examination as part of their Maintenance of Certification program. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000.</p>	<p>Active Support of the Reference Committee Suggestion to Refer.</p>	<p>Referred</p>
<p>Resolution 912 Medical Student Summer Research Compensation Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association amend Policy 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</p>	<p>Recommended against consideration. If pulled, support.</p>	

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	<p>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. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>		
<p>Resolution 913 Creation of a National Registry for Healthy Subjects in Phase I Clinical Trials Introduced by: Medical Student Section</p>	<p>RESOLVED, That our American Medical Association encourage the development and implementation of a national registry, with minimally identifiable information, for healthy subjects in Phase 1 trials by the US Food and Drug Administration or other appropriate organizations to promote subject safety, research quality, and to document previous trial participation. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Support Reference Committee Suggestion to Refer for Decision.</p>	<p>Adopted</p>
<p>Resolution 914 Increasing Awareness of Nutrition Information in Schools</p>	<p>RESOLVED, That our American Medical Association support the adoption of federal regulations requiring all school and work cafeterias to have nutritional information for menu items available for public viewing. (New HOD Policy)</p>	<p>Monitor</p>	<p>Referred</p>

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Introduced by: Medical Student Section	Fiscal Note: Minimal - less than \$1,000.		
Resolution 915 Reducing Suicide Risk Among Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Through Collaboration with Allied Organizations Introduced by: Medical Student Section	RESOLVED, That our American Medical Association 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. (Directive to Take Action) Fiscal note: Modest - between \$1,000 - \$5,000.	Recommended against consideration If pulled, support.	
Resolution 916 Sledding and Helmet Safety Introduced by: Medical Student Section	RESOLVED, That our American Medical Association amend AMA Policy 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 <u>engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing, or and snowboarding</u> ; (b) encourages the use of helmets in adults while <u>engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing or and snowboarding</u> ; (c) encourages physicians to educate their patients about the importance of helmet use while engaged in <u>potentially dangerous athletic activities, including but not limited to sledding, skiing and snowboarding</u> ; and (d) encourages the availability of rental helmets at all commercial <u>sledding, skiing and snowboarding</u> areas. (Modify Current HOD Policy) Fiscal Note: Minimal - less than \$1,000.	Recommended against consideration If pulled, support	
Resolution 917 Stigmatization of Mental Health Disorders Within the Medical Profession Introduced by: Medical	RESOLVED, That our American Medical Association investigate how the stigmatization of mental health disorders in medical professionals by medical professionals has developed and persists (Directive to Take Action); 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	Recommended against consideration If pulled, support	

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Student Section	stigmatization. (Directive to Take Action) Fiscal note: Modest - between \$1,000 - \$5,000.		
Resolution 918 Transparency in the National Resident Matching Program Match Agreement Introduced by: Medical Student Section	RESOLVED, That our American Medical Association ask the National Resident Matching Program to publish all statistics on waivers and violations with subsequent consequences for both programs and applicants, thereby encouraging match integrity and transparency in violation repercussions (Directive to Take Action); 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. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000.	Support	Adopted as amended with referral of 2 nd Resolved clause. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language
Resolution 919 Medical Student Burnout Introduced by: Medical Student Section	RESOLVED, That our American Medical Association encourage the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout (Modify Current HOD Policy); 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 <u>the appropriate Graduate Medical Education designated</u> institutional officials, program directors, resident physicians, and attending faculty about resident ’, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through <u>the appropriate media outlets, such media as the AMA’s GME e-Letter.</u> 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 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, with a report back at the 2009 Interim Meeting of the AMA House of Delegates. (Modify Current HOD Policy) Fiscal Note: Minimal - less than \$1,000.	Support Reference Committee Suggestion to Adopt as Amended: In the Fifth Resolved: Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements, with a report back at the 2009 2012 Interim Meeting of the AMA House of Delegates. (Modify Current HOD Policy)	Adopted as amended. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language
Resolution 920 The Transition from	RESOLVED, That our American Medical Association encourage the National Resident Matching Program to study the effects of implementation of the Supplemental Offer and	Support Reference Committee	Adopted as amended. See

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<p>the National Resident Matching Program Scramble to the Supplemental Offer and Acceptance Program Introduced by: Medical Student Section</p>	<p>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. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Suggestion to Adopt As Amended:</p> <p>Reference Committee recommends that Resolution 920 be amended by insertion on line 15 to read as follows:</p> <p>RESOLVED, That our American Medical Association encourage the National Resident Matching Program to study <u>and publish</u> 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. (Directive to Take Action).</p>	<p>http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language</p>
<p>Resolution 921 Establishment of Training Requirements for Radiation Administration Introduced by: Medical</p>	<p>RESOLVED, That our American Medical Association support efforts to establish minimum standards for personnel performing medical procedures using ionizing radiation to be appropriately educated and trained in order to avoid patient over-radiation. (New HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Active Support of Reference Committee Substitute Resolution 921 with an amendment and</p>	<p>Substitute Resolution 921 adopted in lieu of Resolutions 921 & 923. See http://www.ama-assn.org/assets/meet</p>

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Full text at <http://www.ama-assn.org/assets/meeting/2011/i/i11-handbook-tab-k.pdf>. Recommended positions should be considered preliminary until ratified.

Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
Student Section		<p>to add an additional resolved to read: RESOLVED, That our AMA encourage the continued development and use of 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 consequences of high level of radiation exposure with patients (New HOD Policy);</p> <p>Substitution Resolution 921: REDUCING RADIATION EXPOSURE IN THE MEDICAL SETTING RESOLVED, That our American Medical Association support education for all providers performing medical procedures using ionizing radiation that includes awareness of, and methods to avoid, patient over-radiation. (New HOD</p>	<p>ing/2011/i/i11-ref-comm-k-annotated.pdf for exact language</p>

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Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
		Policy) 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. (New HOD Policy) 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. (New HOD Policy)	
Resolution 922 Reduction of Online Bullying	RESOLVED, That our American Medical Association urge social networking platforms to adopt Terms of Service that define and prohibit cyberbullying and cyberhate. (New HOD Policy)	Recommended against consideration If pulled, support.	
Resolution 923 Increasing Awareness of Ionizing Radiation Exposure from Medical Imaging Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further RESOLVED, That our AMA work 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 (Directive to Take Action); and be it further	See Resolution 921	Substitute Resolution 921 adopted in lieu of Resolutions 921 & 923. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-

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Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
	<p>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 and that will help physicians discuss the potential dangers of high level of radiation exposure with patients (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA support initiatives to increase awareness of ionizing radiation exposure from medical imaging and practices that lower radiation exposure from medical imaging, such as the "Image Wisely" and "Image Gently" Campaigns. (New HOD Policy)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000.</p>		annotated.pdf for exact language
Resolution 924 Vital Drug Shortage Introduced by: New Jersey	<p>RESOLVED, That our American Medical Association support legislation that would require drug manufacturers to rectify critical drug shortages immediately (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate that the US Food and Drug Administration (FDA) or Congress require drug manufacturers to establish a plan for continuity of supply of vital and life sustaining medications and vaccines (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate that failure to establish sufficient supply continuity of vital and life sustaining drugs within 30 days will subject the manufacturer to civil monetary penalties and loss of patent protection, regardless of whether their secondary suppliers are in compliance (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate that the FDA or Congress create incentives for manufacturers to produce vital and life-sustaining medications in cases where production is not economically feasible for the manufacturer to continue to do so (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA consider this as an urgent matter to be addressed and report the outcome of such action at the 2012 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Monitor	CSAPH Report 2 adopted as amended in lieu of Resolutions 924 & 926. See http://www.ama-assn.org/assets/meeting/2011/i/i11-ref-comm-k-annotated.pdf for exact language
Resolution 925 Physicians in Recovery Programs Applying for Board Certification or Recertification Introduced by: Idaho	<p>RESOLVED, That our American Medical Association reaffirm its policy, with respect to physicians who are enrolled in and compliant with recovery programs such as the Idaho Medical Association Physician Recovery Network and who have no restrictions on their medical licenses other than requirements for participation in a recovery program, that these physicians be permitted to sit for boards and/or undergo maintenance of certification (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, That our AMA communicate this policy to all specialty boards and request that they reconsider their policy of exclusion. (Directive to Take Action)</p> <p>Fiscal Note: Minimal - less than \$1,000.</p>	<p>Active Refer</p> <p>Reference Committee recommends that AMA Policy H-275.949 be <u>reaffirmed in lieu of the first Resolve of Resolution 925.</u></p> <p>Reference</p>	Resolution 925 adopted as amended and Policy H-275.949 amended. See http://www.ama-assn.org/assets/meeting/2011/i/i11-ref-comm-k-annotated.pdf for exact language

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Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
		<p>Committee recommends that the second Resolve of Resolution 925 be <u>amended by insertion on page 2, line 9</u> to read as follows: RESOLVED, That our AMA communicate this policy <u>H-275.949 – Discrimination Against Physicians Under Supervision of Their Medical Examining Board</u> – to all specialty boards and request that they reconsider their policy of exclusion <u>if such a policy exists.</u> (Directive to Take Action) Reference Committee recommends that Resolution 925 be <u>adopted as amended.</u></p>	
<p>Resolution 926 Prescription Drug Shortages: A National Emergency Introduced by: New York</p>	<p>RESOLVED, That our American Medical Association publicly declare the problem of unsafe and unverifiable medicines and medicine shortages a national public health emergency (New HOD Policy); and be it further RESOLVED, That our AMA communicate this declaration to the President of the United States (Directive to Take Action); and be it further RESOLVED, That our AMA immediately begin working with the offices of the President of the United States, the federal Food and Drug Administration, the federal Department of Health and Human Services, Pharmaceutical Research and Manufacturing Association and its member companies, and other relevant public and private entities to address this serious problem (Directive to Take Action); and be it further</p>	<p>Monitor/Support</p>	<p>CSAPH Report 2 adopted as amended in lieu of Resolutions 924 & 926. See http://www.ama-assn.org/assets/meeting/2011i/i11-ref-comm-k-annotated.pdf for exact language</p>

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Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
	RESOLVED, That our AMA study the critical issue of unsafe and unverifiable medicines and medicine shortages in the United States and report back to this House at the 2012 Annual Meeting with short and long-term remedies for mitigating and/or solving the problem. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.		
Resolution 927 Reproductive Health Outcomes and Development in EPA Environmental Justice Policy Introduced by: Minority Affairs Consortium	RESOLVED, That our American Medical Association lobby Congress to support ongoing initiatives that include reproductive health outcomes and development particularly in minority populations in Environmental Protection Agency Environmental Justice policies. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000.	Monitor/Support	Adopted
Resolution 928 AMA's Statement of Support for the Clean Air Act Introduced by: American Thoracic Society	RESOLVED, That our American Medical Association submit comments to the House of Representatives urging support for the Clean Air Act and opposing current Congressional efforts to stop needed health protections. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000.	Monitor	Reaffirmed
Resolution 929 Protective NAAQS Standard for Ozone Introduced by: American Thoracic Society	RESOLVED, That our American Medical Association submit comments to President Obama expressing opposition to his decision to delay updating the EPA ozone standard (Directive to Take Action); and be it further Resolved, that our AMA letter to President Obama note that delayed setting and enforcement of a stricter ozone standard will result in more adverse health effects including, asthma and COPD exacerbations, emergency room visits, hospitalizations and death. (Directive to Take Action) Fiscal Note: Minimal - less than \$1,000.	Monitor	Adopted
Resolution 930 Preventing Deaths and Injuries from Distracted Walking Introduced by: American Association of Public Health Physicians	RESOLVED, That our American Medical Association, as a champion of public health, include distracted walking as one of the preventable hazards in its published and distributed materials on lifestyle medicine (Directive to Take Action); and be it further RESOLVED, That our AMA, in partnership with the Surgeon General of the United States, utilize established channels of communication with the media to increase public awareness of the hazards caused by distracted walking (Directive to Take Action); and be it further RESOLVED, That our AMA write to appropriate federal and state agencies encouraging them to reevaluate the safety of the roads and intersections for the walking public in their respective jurisdictions (Directive to Take Action); and further RESOLVED That our AMA report back at the 2012 Annual Meeting summarizing actions	Recommended against consideration Monitor	

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Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-YPS position	Final HOD action
	which are likely to make walking safer for the people we care for. (Directive to Take Action) care for. (Directive to Take Action)		