Whereas, President Trump’s administration has created a new conscience and religious freedom division within the Health and Human Services department, with the intent of allowing all health professionals to opt out of providing services that violate their moral or religious beliefs; and

Whereas, The Acting Health and Human Services Secretary Eric D. Hargan has stated that the creation of this office, “represents a rollback of polices that had prevented many Americans from practicing their profession and following their conscience at the same time, and that Americans of faith should feel at home in our health system, not discriminated against, and that states should have the right to take reasonable steps in overseeing their Medicaid programs, and being good stewards of public funds”; and

Whereas, A number of women’s groups, LGBT rights groups and physicians have expressed that the creation of this office and policy would further discriminate against vulnerable populations and worsen inequities within the health care system; and

Whereas, To impose a broad religious refusal policy that will allow individuals and institutions to deny basic care for women, transgender people and people of diverse ethnic backgrounds; and

Whereas, This policy reverses years of policies that have been put in place under previous administrations that had narrowed conscience protections; and

Whereas, This new office and policy appears to go against the oath that health care providers take when they enter their professions, to provide basic care to those who need it; and

Whereas, The MSSNY Committee on Health Disparities believes that religious liberty gives a person the right to their beliefs, but it does not give a person the right to impose those beliefs on others, or harm others, including by discriminating against others; therefore be it

RESOLVED, That our American Medical Association speak against policies that are discriminatory and create even greater health disparities in medicine (Directive to Take Action); and be it further

RESOLVED, That our AMA be a voice for our most vulnerable populations, including sexual, gender, racial and ethnic minorities, who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation. (Directive to Take Action)
RELEVANTAMA POLICY

Racial and Ethnic Disparities in Health Care H-350.974
1. Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association.
2. The AMA emphasizes three approaches that it believes should be given high priority:
A. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.
B. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.
C. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decision making process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities
3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.
4. Our AMA: (a) actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; (b) will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (c) supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations.