Whereas, Few physicians have had formal training regarding the specific needs of patients with intellectual and developmental disabilities (IDD) or may not possess the comfort level required to treat people with IDD and only 25% of medical schools include content regarding people with such disabilities in their curricula; and

Whereas, All medical school graduates should, by demonstration of necessary knowledge, skills, and attitudes, be comfortable and competent in assessing and participating in the comprehensive continuing management of patients with disability due to disorders of the nervous, musculoskeletal, or closely related systems; and

Whereas, AMA Policy H-90.968, “Medical Care of Persons with Developmental Disabilities,” articulates the importance of educating medical students, medical residents, and physicians about the medical care of and health disparities experienced by patients with developmental disabilities; and

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Whereas, Persons with IDD are not limited to particular geographic areas; and

Whereas, Persons with intellectual and developmental disabilities are less likely to receive adequate medical care than the general population despite their increased burden of chronic health problems and shortened life expectancy; and

Whereas, The federal government defines "medically underserved populations" (MUP) according to a formula that weighs a population's lack of primary care providers, its experience with poverty and infant mortality, and its percentage of people over age 65 and then applies that result to a population within a defined geographic area; and

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Whereas, Persons with IDD are not limited to particular geographic areas; and

2 Educational Goals and Objectives in Physical Medicine and Rehabilitation for the Medical School Graduate: a position statement approved by the American Academy of Physical Medicine and Rehabilitation Board of Governors August 2012.
5 Health Resources & Services Administration, Medically Underserved Areas and Populations (MUA/Ps) shortage designation, (https://bhw.hrsa.gov/shortage-7esignation/muap)
Whereas, Our AMA\(^6\), and American College of Physicians\(^7\) have previously articulated the need for persons with intellectual and developmental disabilities to have MUP designation; therefore be it RESOLVED, That our American Medical Association advocate that the Health Resources and Services Administration include persons with intellectual and developmental disabilities (IDD) as a medically underserved population (New HOD Policy); and be it further RESOLVED, That our AMA encourage medical schools and graduate medical education programs to include IDD-related competencies and objectives in their curricula. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 04/17/18

RELEVANTAMA POLICY

Medical Care of Persons with Developmental Disabilities H-90.968

1. Our AMA encourages: (a) clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with developmental disabilities; (b) medical schools and graduate medical education programs to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with Developmental Disabilities; (c) medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental disabilities, to improve quality in clinical care; (d) the education of physicians on how to provide and/or advocate for quality, developmentally appropriate medical, social, and living supports for patients with developmental disabilities so as to improve health outcomes; (e) medical schools and residency programs to encourage faculty and trainees to appreciate the opportunities for exploring diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound developmental disabilities and multiple co-morbid medical conditions in any setting; (f) medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for the developmentally disabled; and (g) cooperation among physicians, health & human services professionals, and a wide variety of adults with developmental disabilities to implement priorities and quality improvements for the care of persons with developmental disabilities. 2. Our AMA seeks: (a) legislation to increase the funds available for training physicians in the care of individuals with intellectual disabilities/developmentally disabled individuals, and to increase the reimbursement for the health care of these individuals; and (b) insurance industry and government reimbursement that reflects the true cost of health care of individuals with intellectual disabilities/developmentally disabled individuals. 3. Our AMA entreats health care professionals, parents and others participating in decision-making to be guided by the following principles: (a) All people with developmental disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives; and (b) An individual’s medical condition and welfare must be the basis of any medical decision. Our AMA advocates for the highest quality medical care for persons with profound developmental disabilities; encourages support for health care facilities whose primary mission is to meet the health care needs of persons with profound developmental disabilities, and informs physicians that when they are presented with an opportunity to care for patients with profound developmental disabilities, that there are resources available to them. 4. Our AMA will continue to work with medical schools and their accrediting/licensing bodies to encourage disability related competencies/objectives in medical school curricula so that medical professionals are able to effectively communicate with patients and colleagues with disabilities, and are able to provide the most clinically competent and compassionate care for patients with disabilities. 5. Our AMA recognizes the importance of managing the health of children and adults with developmental disabilities as a part of overall patient care for the entire community. 6. Our AMA supports efforts to educate physicians on health management of children and adults with developmental disabilities, as well as the consequences of poor health management on mental and physical health for people with developmental disabilities. 7. Our AMA encourages the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement curriculum on the care and treatment of people with developmental disabilities. 8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with developmental disabilities. 9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing education programs that focus on the care and treatment of people with developmental disabilities. CCB/CLRPD Rep. 3, A-14 Appended: Res. 3066; A-14 Appended: Res. 3155, A-17

Early Intervention for Individuals with Developmental Delay H-90.969

(1) Our AMA will continue to work with appropriate medical specialty societies to educate and enable physicians to identify children with developmental delay, autism and other developmental disabilities, and to urge physicians to assist parents in obtaining access to appropriate individualized early intervention services. (2) Our AMA supports a simplified process across appropriate government agencies to designate individuals with intellectual disabilities as a medically underserved population. CCB/CLRPD Rep. 3, A-14 Reaffirmed: Res. 3155, A-17

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\(^6\) American Medical Association CMS Report 3-I-11: Designation of the Intellectually Disabled as a Medically Underserved Population (resolution 805-I-10)

\(^7\) Advocating for Health Research and Services Administration Designation of Individuals with Intellectual and Developmental Disabilities as a Medically Underserved Population (6-S15): a resolution of the American College of Physicians, Spring 2015.