

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-18)

Report of Reference Committee on Amendments to Constitution and Bylaws

Peter H. Rheinstein, MD, JD, MS, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2
3 **RECOMMENDED FOR ADOPTION**

4
5 1. Board of Trustees Report 2 – New Specialty Organizations Representation in the
6 House of Delegates

7
8 2. Board of Trustees Report 13 – Mergers of Secular and Religiously Affiliated
9 Health Care Institutions and Their Impact on Patient Care and Access to
10 Services

11
12 3. Board of Trustees Report 23 – Healthcare as a Human Right

13
14 4. Board of Trustees Report 24 – Appropriate Placement of Transgender Prisoners

15
16 5. Board of Trustees Report 26 – Revision of Researcher Certification and
17 Institutional Review Board Protocols

18
19 6. Board of Trustees Report 46 – Specialty Society Representation in the House of
20 Delegates – Five-Year Review

21
22 7. Council on Ethical and Judicial Affairs Report 1 – Competence, Self-Assessment
23 and Self-Awareness

24
25 8. Council on Ethical and Judicial Affairs Report 2 – Mergers of Secular and
26 Religiously Affiliated Health Care Institutions

27
28 9. Council on Ethical and Judicial Affairs Report 3 – Medical Tourism

29
30 10. Council on Ethical and Judicial Affairs Report 4 – Expanded Access to
31 Investigational Therapies

32
33 11. Council on Ethical and Judicial Affairs Report 5 – Study Aid-in-Dying as End-of-
34 Life Option / The Need to Distinguish “Physician Assisted Suicide” and “Aid in
35 Dying”

36
37 12. Resolution 001 – Discriminatory Policies that Create Inequities in Health Care

38
39 13. Resolution 007 – Oppose the Criminalization of Self-Induced Abortion

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- 1 14. Resolution 016 – Utilization of “LGBTQ” in Relevant Past and Future AMA
2 Policies
3

4 **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**
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- 6 15. Resolution 002 – FMLA Equivalent for LGBT Workers
7
8 16. Resolution 003 – Proposing Consent for De-Identified Patient Information
9

10 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**
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- 12 17. Board of Trustees Report 25 – Recognition of Physician Orders for Life
13 Sustaining Treatment Forms
14
15 18. Council on Constitution and Bylaws Report 1 – CCB Sunset Review of 2008
16 House Policies
17
18 19. Council on Ethical and Judicial Affairs Report 6 – CEJA's Sunset Review of 2008
19 House Policies
20
21 20. Resolution 004 – Patient-Reported Outcomes in Gender Confirmation Surgery
22
23 21. Resolution 005 – Decreasing Sex and Gender Disparities in Health Outcomes
24
25 22. Resolution 006 – Living Donor Protection Act of 2017 (HR 1270)
26 Resolution 012 – Costs to Kidney Donors
27
28 23. Resolution 008 – Health Care Rights of Pregnant Minors
29
30 24. Resolution 014 – Promotion of LGBTQ-Friendly and Gender-Neutral Intake
31 Forms
32
33 25. Resolution 015 – Human Trafficking/Slavery Awareness
34
35 26. Resolution 018 – Discrimination Against Physicians by Patients
36
37 27. Resolution 019 – Study of Medical Study of Medical Student, Resident and
38 Physician Suicide
39
40 28. Resolution 010 – Gender Equity in Compensation and Professional
41 Advancement
42 Resolution 011 – Women Physician Workforce and Gender Gap in Earnings-
43 Measures to Improve Equality
44 Resolution 020 – Advancing the Goal of Equal Pay for Women in Medicine
45 Resolution 021 – Taking Steps to Advance Gender Equity in Medicine
46

47 **RECOMMENDED FOR REFERRAL**
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- 49 29. Resolution 013 – Opposing Surgical Sex Assignment of Infants with Differences
50 of Sex Development

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RECOMMENDED FOR NOT ADOPTION

30. Resolution 017 – Revised Mission Statement of the AMA

Note: Resolution 009 –Improving and Increasing Clarity and Consistency Among AMA Induced Abortion Policies was withdrawn.

1 (1) BOARD OF TRUSTEES REPORT 2 - NEW SPECIALTY
2 ORGANIZATIONS REPRESENTATION IN THE HOUSE
3 OF DELEGATES
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5 RECOMMENDATION:
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7 Madam Speaker, your Reference Committee recommends
8 that the recommendations in Board of Trustees Report 2
9 be adopted and that the remainder of the report be filed.

10
11 Board of Trustees Report 2 recommends that the American Rhinologic Society,
12 American Society for Reconstructive Microsurgery, American Society of Neuroimaging,
13 North American Neuromodulation Society, and the North American Neuro-
14 Ophthalmology, Society be granted representation in our AMA House of Delegates.
15

16 Your Reference Committee heard no testimony regarding Board of Trustees Report 02
17 and is confident in the decisions made by the Board of Trustees. Your Reference
18 Committee therefore recommends that Board of Trustees Report 2 be adopted.
19

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21 (2) BOARD OF TRUSTEES REPORT 13 - MERGERS OF
22 SECULAR AND RELIGIOUSLY AFFILIATED HEALTH
23 CARE INSTITUTIONS AND THEIR IMPACT ON PATIENT
24 CARE AND ACCESS TO SERVICES
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26 RECOMMENDATION:
27

28 Madam Speaker, your Reference Committee recommends
29 that the recommendations in Board of Trustees Report 13
30 be adopted and that the remainder of the report be filed.

31
32 Board of Trustees Report 13 responds to D-140.956, "Religiously Affiliated Medical
33 Facilities and the Impact on a Physician's Ability to Provide Patient Centered Safe Care
34 Services." The report notes that secular-religious hospital mergers are increasing in
35 America, fueled in part by the financial pressures placed on smaller, more rural,
36 hospitals. Most religious hospitals in the U.S. are Catholic and are governed by the
37 *Ethical and Religious Directives for Catholic Health Services* (ERDs). The report
38 explains that ERDs can restrict access to certain services and have directly affected
39 outcomes for at-risk female patients seeking reproductive care, LGBTQ patients seeking
40 gender-affirming surgery, and patients seeking assisted suicide. Secular-religious
41 mergers may also affect the terms of health insurance policies, potentially creating
42 situations in which the only other health care facilities left in an area might not be
43 covered under a plan, forcing patients to seek care from institutions with restricted
44 services. The report concludes that the analysis provided fulfills Directive D-140.956,
45 and recommends that the directive be rescinded.
46

47 Your Reference Committee heard limited but unanimously supportive testimony in
48 support of this report, and therefore recommends that Board of Trustees Report 13 to be
49 adopted.

1 (3) BOARD OF TRUSTEES REPORT 23 - HEALTHCARE AS
2 A HUMAN RIGHT

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4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that the recommendations in Board of Trustees Report 23
8 be adopted and that the remainder of the report be filed.
9

10 This report responds to Resolution 7-A-17, "Health Care as a Human Right", which asks
11 that our AMA recognize that health care is a fundamental right, support the United
12 Nations' Universal Declaration of Human Rights and its International Bill of Rights, and
13 advocate for the U.S. remaining a member of the WHO. Principle IX of the *AMA*
14 *Principles of Medical Ethics*, Opinion 11.1.1, "Defining Basic Health Care" and 11.1.4,
15 "Financial Barriers to Health Care Access" of the *Code of Medical Ethics*, and House
16 Policies H-160-987, "Access to Medical Care" and H-160.975, "Planning and Delivery of
17 Health Care Services", already support the broad concept of access to health care. With
18 regards to the UN Declaration, the report notes that House Policy H-250.986, "AMA and
19 Public Health in Developing Countries" outlines a circumscribed strategy for AMA
20 participation in international policy, and for this reason, our AMA does not take a position
21 on international treaties like the UN Declaration of Human Rights. With regards to
22 supporting the WHO, House Policies H-250.999, "World Health Organization", and H-
23 250.992, "World Health Organization", already affirms our AMA's support of the WHO
24 and the U.S.'s involvement with it. The report recommends that AMA Policies H-
25 160.987, "Access to Medical Care;" H-160.975, "Planning and Delivery of Health Care
26 Services;" H-250.986, "AMA and Public Health in Developing Countries;" H-250.992,
27 "World Health Organization;" and H-250.999, "World Health Organization," be reaffirmed
28 in lieu of Resolution 7-A-17.
29

30 Testimony was generally supportive of the recommendations in Board of Trustees
31 Report 23. Multiple associations noted that they have policy stating health care is a
32 human right, with which current AMA policy is consistent to varying degrees. Some
33 testimony suggested that the report did not go far enough in recognizing health care as a
34 human right. Your Reference Committee considered both viewpoints, and overall
35 testimony reflected that existing House policy adequately supports the intention of
36 ensuring that all people have access to a basic level of health care. Your Reference
37 Committee recommends that Board of Trustees Report 23 be adopted.
38

39 (4) BOARD OF TRUSTEES REPORT 24 - APPROPRIATE
40 PLACEMENT OF TRANSGENDER PRISONERS

41
42 RECOMMENDATION:

43
44 Madam Speaker, your Reference Committee recommends
45 that the recommendations in Board of Trustees Report 24
46 be adopted and that the remainder of the report be filed.
47

48 This report responds to Resolution 15-A-17, "Appropriate Placement of Transgender
49 Prisoners", which asks that our AMA establish policy to support the placement of
50 transgender prisoners in facilities of their affirmed gender. Problems facing the safety of

1 transgender prisoners are well documented and severe. American prisons currently
2 house inmates according to their birth sex rather than their affirmed gender, which
3 generates increased violence against transgender prisoners. Attempts to reduce this
4 violence often result in the “administrative segregation” of transgender inmates, which
5 generally amounts to punitive solitary confinement. Policies that allow transgender
6 inmates to be housed according to their affirmed gender have been found to be
7 successful in reducing violence. Thus, this report recommends that our AMA support the
8 ability of transgender prisoners to be placed in facilities, if they so choose, that are
9 reflective of their affirmed gender status, regardless of the prisoner’s genitalia,
10 chromosomal make-up, hormonal treatment, or non-, pre-, or post-operative status; and
11 support that the facilities housing transgender prisoners shall not be a form of
12 administrative segregation or solitary confinement.

13
14 Your Reference Committee heard testimony in general support of the adoption of Board
15 of Trustees Report 24. It was noted that the Board of Trustees provides a solid
16 framework for this complex issue that could prove useful to prison systems. Testimony
17 also noted that transgender prisoners are both incarcerated at disproportionately high
18 rates and are often victims of violence, and that a federal position could act as a model
19 for state and county prisons. Your Reference Committee recommends that Board of
20 Trustees Report 24 be adopted.

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23 (5) BOARD OF TRUSTEES REPORT 26 - REVISION OF
24 RESEARCHER CERTIFICATION AND INSTITUTIONAL
25 REVIEW BOARD PROTOCOLS

26
27 RECOMMENDATION:

28
29 Madam Speaker, your Reference Committee recommends
30 that the recommendations in Board of Trustees Report 26
31 be adopted and that the remainder of the report be filed.

32
33 This report addresses Resolution 11-A-17, “Revision of Researcher Certification and
34 Institutional Review Board (IRB) Protocols”, which asked our AMA to study IRB protocols
35 and create recommendations that would protect patients while permitting physicians to
36 easily participate in the dissemination of medical knowledge. In the goal of conducting
37 ethical research involving human participants, multiple federal regulations were created.
38 Together, these regulations are known as the “Common Rule” and set basic standards
39 for research oversight. However, there are recent criticisms that the Common Rule is
40 ineffective and cumbersome. The DHHS 2011 review of the Common Rule resulted in a
41 2018 update, which included changes to streamline the oversight process. The report
42 recommends that our AMA continue to support efforts to improve protections for human
43 subjects of biomedical and behavioral research and advocate for change as
44 opportunities arise.

45
46 Your Reference Committee heard testimony in general support of this report, noting that
47 the report correctly focuses on the protection of patients. Other testimony noted that the
48 report provides flexibility for our AMA to work with various agencies to address problems
49 if and when they arise. Opposing testimony was offered by the author of Resolution 11-
50 A-17, to which this report responded, who suggested that the report did not take into

1 consideration the needs of the researchers, who often find that compliance with the
2 Common Rule to be complicated, burdensome and expensive. However, your Reference
3 Committee agrees that patient protections should not be relaxed, and thus recommends
4 that Board of Trustees Report 26 be adopted.

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7 (6) BOARD OF TRUSTEES REPORT 46 - SPECIALTY
8 SOCIETY REPRESENTATION IN THE HOUSE OF
9 DELEGATES - FIVE-YEAR REVIEW

10
11 RECOMMENDATION:

12
13 Madam Speaker, your Reference Committee recommends
14 that the recommendations in Board of Trustees Report 46
15 be adopted and that the remainder of the report be filed.

16
17 Board of Trustees Report 46 recommends that the Academy of Physicians in Clinical
18 Research, Aerospace Medical Association, American Academy of Dermatology
19 Association, American Academy of Facial Plastic and Reconstructive Surgery Inc.,
20 American Academy of Family Physicians, American Academy of Hospice and Palliative
21 Medicine, American Academy of Neurology, American Academy of Psychiatry and the
22 Law, American Association of Hand Surgery, American Association of Clinical
23 Urologists, Inc., American Clinical Neurophysiology Society, American College of
24 Medical Quality, American Society of Addiction Medicine, American Society of
25 Echocardiography, American Society of General Surgeons, American Society of
26 Ophthalmic Plastic and Reconstructive Surgery , GLMA: Health Professionals Advancing
27 LGBT Equality, The Endocrine Society and, Spine Intervention Society retain
28 representation in the American Medical Association House of Delegates.

29
30 Your Reference Committee heard no testimony opposing the adoption of Board of
31 Trustees Report 46. Testimony was offered suggesting that the current system, under
32 which large societies have proportionally fewer AMA members than smaller societies,
33 often fewer than 20%, may need to be examined. Your Reference Committee
34 recommends that Board of Trustees Report 46 be adopted.

35
36 (7) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
37 REPORT 1 - COMPETENCE, SELF-ASSESSMENT AND
38 SELF-AWARENESS

39
40 RECOMMENDATION:

41
42 Madam Speaker, your Reference Committee recommends
43 that the recommendations in Council on Ethical and
44 Judicial Affairs Report 1 be adopted and that the
45 remainder of the report be filed.

46
47 This report examines physicians' ethical responsibility of commitment to competence
48 and is concerned with a broader notion of competence -- one which deals with a
49 physician's wisdom and judgment about their own ability to provide safe, high quality
50 care. The report notes certain influences on clinical reasoning, such as heuristics, habits

1 of perception, and overconfidence, can lead to problems in effective reasoning. Hence, it
2 is important to for physicians to develop an informed self-assessment that becomes self-
3 awareness of a physician's own ability to practice safely in the moment and to develop a
4 "mindful practice" over the course of their lifetime in order to ethically maintain
5 competence. The report proposes guidance to this end.

6
7 Your Reference Committee heard testimony that was largely supportive of CEJA Report
8 1. Hesitations were raised regarding circumstances in which physicians do not possess
9 the self-awareness to accurately assess their own competence, such as in the case of
10 impairment, and such physicians should not be considered to be acting unethically.
11 However, it was noted that the *Code of Medical Ethics* already offers guidance to
12 physicians with impaired colleagues. While your Reference Committee is sensitive to the
13 concerns raised during testimony, its judgment is that those concerns are adequately
14 addressed by the report, and therefore recommends that Council on Ethical and Judicial
15 Affairs Report 1 be adopted as written.

16
17 (8) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
18 REPORT 2 - MERGERS OF SECULAR AND
19 RELIGIOUSLY AFFILIATED HEALTH CARE
20 INSTITUTIONS

21
22 RECOMMENDATION:

23
24 Madam Speaker, your Reference Committee recommends
25 that the recommendations in Council on Ethical and
26 Judicial Affairs Report 2 be adopted and that the
27 remainder of the report be filed.

28
29 This report concerns mergers between religiously affiliated and secularly based health
30 care institutions. CEJA intends the report to give ethical guidance about the challenges
31 of such mergers. The report explains that mergers between religious and secular
32 hospitals have been a factor in the U.S. since the 1990's, being driven often by
33 economic considerations. CEJA explains that these mergers come with dilemmas. For
34 example, Catholic institutions are bound to follow the Ethical and Religious Directives
35 (ERDs), and the merger may risk the Catholic institution compromising the ERDs. Or, in
36 the pursuit of adhering to the ERDs after merger, there may be conflicts with prevailing
37 standards of care and limitations on certain practices, like some women's health
38 services, that may be legal and clinically appropriate. CEJA explains that the Code of
39 Medical Ethics is relevant where the Code discusses advocacy of patient needs, respect
40 for patients, and exercise of a physician's conscience. CEJA recommends recognition of
41 the benefits of mergers but also of the tensions they create and that individual
42 physicians associated with merging institutions work to hold leaders accountable for
43 professionalism within the institution and advocate for solutions when there are
44 disagreements about services or arrangements for care.

45
46 Limited testimony was offered in unanimous support of CEJA Report 2 as a good step
47 toward eliminating undue burdens on patients attempting to access certain health care
48 services. Your Reference Committee recommends that Council on Ethical and Judicial
49 Affairs Report 2 be adopted.

1 (9) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 3 - MEDICAL TOURISM
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends
7 that the recommendations in Council on Ethical and
8 Judicial Affairs Report 3 be adopted and that the
9 remainder of the report be filed.

10
11 This report responds to House Policy H-460.9896, “Stem Cell Tourism” adopted at the
12 2016 Annual meeting. This report provides guidance on the broader issue of medical
13 tourism as a whole, rather than focusing specifically on stem cell tourism, stating that
14 that medical tourism is a growing phenomenon. CEJA outlines the potential risks of
15 medical tourism, and explains the associated ethical challenges including informed
16 decision making, continuity of care, preservation of trust between physician and patient,
17 and oversight.

18
19 Your Reference Committee heard no testimony opposing the adoption of CEJA Report
20 3, and therefore recommends adoption.

21
22 (10) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
23 REPORT 4 - EXPANDED ACCESS TO
24 INVESTIGATIONAL THERAPIES
25

26 RECOMMENDATION:
27

28 Madam Speaker, your Reference Committee recommends
29 that the recommendations in Council on Ethical and
30 Judicial Affairs Report 4 be adopted and that the
31 remainder of the report be filed.

32
33 This report responds to D-460.967(2), “Study of the Current Uses and Ethical
34 Implications of Expanded Access”, which directs our AMA to study the ethics of
35 expanded access programs and related issues. In response to the shortage of FDA
36 approved therapies for certain life-threatening illnesses, the “expanded access” program
37 was created to allow patients to access investigational therapies outside of a clinical trial.
38 In 2009, the FDA created regulations to outline the parameters for how terminally ill
39 patients can apply for expanded access. The report notes that applications for expanded
40 access have grown steadily since its inception, with about 99.7% of the 11,000
41 applications between 2005 and 2014 being approved. CEJA further recognizes that
42 there are ethical issues associated with expanded access, most notably that of informed
43 consent. CEJA also discusses the financial and equity issues with the costs associated
44 with expanded access, as well as public health ramifications, as expanded access may
45 adversely affect successful completion of clinical trials. The report proposes guidance to
46 physicians whose patients request expanded access to an investigational therapy.

47
48 Your Reference Committee heard testimony largely supportive of CEJA Report 4, as
49 well as that the report is relevant in light of the newly-signed “Right to Try Act of 2017.”
50 Testimony noted that this report provides helpful guidance to physicians treating patients

1 with serious, life-threatening illnesses for whom standard therapies have not been
2 effective. The concern was raised that the report places problematic responsibilities on
3 front-line physicians rather than researchers, but alternate testimony pointed out that the
4 recommendations in the report give physicians the right to decline support for patients
5 seeking investigational therapies, and that responsibility does fall on the investigators.
6 Your Reference Committee considered this concern, but agrees that the report does not
7 place unfair responsibilities on the physician, and therefore recommends that CEJA
8 Report 4 be adopted.

9
10 (11) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
11 REPORT 5 - STUDY AID-IN-DYING AS END-OF-LIFE
12 OPTION / THE NEED TO DISTINGUISH "PHYSICIAN
13 ASSISTED SUICIDE" AND "AID IN DYING"

14
15 RECOMMENDATION:

16
17 Madam Speaker, your Reference Committee recommends
18 that the recommendations in Council on Ethical and
19 Judicial Affairs Report 5 be adopted and that the
20 remainder of the report be filed.

21
22 CEJA Report 5 responds to Resolution 15-A-15, "Study Aid-in-Dying as End-of-Life
23 Option," and Resolution 14-A-17, "The Need to Distinguish between 'Physician-Assisted
24 Suicide' and 'Aid in Dying'." Resolution 15-A-15 asks that CEJA study medical aid-in-
25 dying and make a recommendation regarding the AMA taking a neutral stance;
26 Resolution 14-A-17 asks that AMA define and clearly distinguish "physician assisted
27 suicide" and "aid in dying" for use in all AMA policy and position statements. This report
28 holds that these different terms of art reflect different ethical perspectives. The Council
29 finds "physician assisted suicide" to be the most precise term and urges that it be used
30 by AMA. The report notes that there are irreducible differences in moral perspectives
31 regarding the issue of physician-assisted suicide, such that both sides share common
32 commitment to "compassion and respect for human dignity and rights," (see Principle I of
33 the AMA Principles of Medical Ethics) but draw different moral conclusions from these
34 shared commitments. The report considers the risks of unintended consequences of
35 physician-assisted suicide, noting that there is debate about the available data. The
36 report argues that where physician-assisted suicide is legal, safeguards can and should
37 be improved in order to mitigate risk. The report further notes that too often physicians
38 and patients do not have the conversations they should about death and dying and that
39 physicians should be skillful in engaging in these difficult conversations and
40 knowledgeable about the options available to terminally ill patients. CEJA Report 5
41 concludes that the *Code of Medical Ethics*, in its current form, offers guidance to support
42 physicians and the patients they serve in making well-considered, mutually respectful
43 decisions about legally available options for care at the end of life in the intimacy of the
44 patient-physician relationship and in keeping with their deeply held personal beliefs.
45 CEJA Report 5 recommends that the Code not be amended and that Resolutions 15-A-
46 16 and 14-A-17 not be adopted.

47
48 Your Reference Committee heard extensive mixed, passionate testimony, including
49 online, regarding CEJA Report 5. There was broad agreement that CEJA had written a
50 strong report that thoroughly examines the issues under consideration, including

1 focusing on the shared values of care, compassion, respect, and dignity. Testimony
2 offered a great deal of support, with a number of societies noting that CEJA's
3 recommendations are in agreement with their own policies. Your Reference Committee
4 also heard a significant amount of opposing testimony, including questions about
5 whether the conclusions of the report were supported by its content. Ultimately, your
6 Reference Committee agreed that the *Code of Medical Ethics* offers guidance to support
7 physicians and the patients they serve in making decisions about legally available
8 options for care at the end of life, and recommends that CEJA Report 5 be adopted.

9
10 (12) RESOLUTION 001 - DISCRIMINATORY POLICIES THAT
11 CREATE INEQUITIES IN HEALTH CARE

12
13 RECOMMENDATION:

14
15 Madam Speaker, your Reference Committee recommends
16 that Resolution 001 be adopted.

17
18 In response to the recently formed conscience and religious freedom division in the
19 Department of Health and Human Services, created with intent to allow health
20 professionals to opt out of providing services on grounds of religious liberty, the
21 resolution asks that AMA speak against such policies that are discriminatory and
22 perpetuate greater health disparities. The resolution further asks that our AMA be a
23 voice for populations most vulnerable to such discriminatory policies.

24
25 Testimony for Resolution 001 expressed unanimous, strong support for the resolution,
26 noting that our AMA has an obligation to identify disparities and advocate for and protect
27 vulnerable populations. Your Reference Committee recommends that Resolution 001 be
28 adopted.

29
30 (13) RESOLUTION 007 - OPPOSE THE CRIMINALIZATION
31 OF SELF-INDUCED ABORTION

32
33 RECOMMENDATION:

34
35 Madam Speaker, your Reference Committee recommends
36 that Resolution 007 be adopted.

37
38 Citing strong concerns of the many recent legal restrictions on abortion around the
39 country, increases in women turning to self-induced abortions, and the increases in
40 criminal prosecution of women for self-induced abortion, the resolution asks that our
41 AMA oppose and advocate against the criminalization of self-induced abortion, as
42 criminalization increases medical risks and deters women from seeking medically
43 necessary services.

44
45 Your Reference Committee heard generally supportive testimony on Resolution 007.
46 There was broad agreement that measures aimed at criminalizing self-induced abortion
47 would increase risks to patients and discourage patients from seeking medical
48 treatment. Limited opposing testimony was offered, and raised concerns about the
49 potential timing of self-induced abortions. A proposed amendment recommended
50 expanding the resolution to oppose efforts to criminalize abortion, including but not

1 limited to those that are self-induced, noting that our AMA currently does not have any
2 policy in place addressing the legality of abortion. However, subsequent testimony did
3 not support the amendment. Therefore, your Reference Committee recommends that
4 Resolution 007 be adopted as written.

5
6 (14) RESOLUTION 016 - UTILIZATION OF "LGBTQ" IN
7 RELEVANT PAST AND FUTURE AMA POLICIES

8
9 RECOMMENDATION:

10
11 Madam Speaker, your Reference Committee recommends
12 that Resolution 016 be adopted.

13
14 Recognizing that the term “queer” is an umbrella term that encompasses anyone who
15 does not associate with typical classifications of gender and sexual orientation, and that
16 because of its expansiveness and inclusivity, more organizations and advocacy groups
17 use “LGBTQ” instead of “LGBT”, the resolution calls for our AMA to utilize “LGBTQ”
18 terminology in all future policies and to revise all relevant and active policies to
19 incorporate “LGBTQ” terminology in replacement of “LGBT”.

20
21 No testimony was offered in opposition to Resolution 016, and your Reference
22 Committee recommends that the resolution be adopted.

23
24 (15) RESOLUTION 002 - FMLA EQUIVALENT FOR LGBT
25 WORKERS

26
27 RECOMMENDATION A:

28
29 Madam Speaker, your Reference Committee recommends
30 that Resolution 002 be adopted.

31
32 RECOMMENDATION B:

33
34 Madam Speaker, your Reference Committee recommends
35 that the title of Resolution 002 be changed:

36
37 FMLA EQUIVALENCE

38
39 In response to the need and benefit for family and medical leave policies to be inclusive
40 of LGBT workers, the resolution asks that our AMA advocate that Family and Medical
41 Leave Act policies include any individual related by blood or affinity whose close
42 association with the employee is the equivalent of a family relationship.

43
44 Testimony was generally supportive of the resolution, but there were several concerns
45 about the language of “affinity” when describing relationships and whether or not this
46 term was too vague or limiting. In an effort to better define “affinity”, a suggestion was
47 made to modify the language to be “equivalent to first degree” of familial relationships.
48 Your Reference Committee considered this suggestion and the concern with the term
49 “affinity”, determining that the language is sufficient as written and that “affinity” is a term
50 with appropriate legal definition. However, Your Reference Committee notes that the

1 title of Resolution 002 should be amended, in an effort to reflect its broader nature, to
2 read as “FMLA Equivalence”. Your Reference Committee recommends adoption with
3 change in title.

4
5 (16) RESOLUTION 003 - PROPOSING CONSENT FOR DE-
6 IDENTIFIED PATIENT INFORMATION

7
8 RECOMMENDATION A:

9
10 Madam Speaker, your Reference Committee recommends
11 that Resolution 003 be adopted.

12
13 RECOMMENDATION B:

14
15 Madam Speaker, your Reference Committee recommends
16 that the title of Resolution 003 be changed:

17
18 RESEARCH HANDLING OF DE-IDENTIFIED PATIENT INFORMATION

19
20 Citing concerns that patients’ de-identified personal health information is being harmfully
21 used for commercial gain and other purposes, the resolution asks that our AMA study
22 the handling of de-identified patient information and report its findings and
23 recommendation back to the House of Delegates.

24
25 Testimony regarding the resolution was supportive, highlighting the need for further
26 study on this issue. However, your Reference Committee noted that using the term
27 “consent” in the title is misleading, as the resolve has no language regarding consent.
28 Therefore, your Reference Committee recommends adoption with change in title to read:
29 Research Handling of De-Identified Patient Information.

30
31 (17) BOARD OF TRUSTEES REPORT 25 - RECOGNITION
32 OF PHYSICIAN ORDERS FOR LIFE SUSTAINING
33 TREATMENT FORMS

34
35 RECOMMENDATION A:

36
37 Madam Speaker, your Reference Committee recommends
38 that the recommendations in Board of Trustees Report 25
39 be amended by addition and deletion to read as follows:

- 40
41 1. That our American Medical Association work with
42 state medical associations to advocate with appropriate
43 legislative and regulatory bodies to recognize Physician
44 Orders for Life Sustaining Treatment (POLST) forms
45 completed in one state as a valid and enforceable in other
46 states expression of a patient’s directions for care
47 (Directive to take action).
48

1 2. That our AMA draft model state legislation and
2 guidelines that will allow for reciprocity and/or recognition
3 of POLST and other patient decision-making forms.
4 (Directive to Take Action)

5
6 RECOMMENDATION B:

7
8 Madam Speaker, your Reference Committee recommends
9 that the recommendation in Board of Trustees Report 25
10 be adopted as amended, and the remainder of the report
11 be filed.

12
13 This report responds to Resolution 20-A-17, “Recognition of Physician Orders for Life
14 Sustaining Treatment (POLST) Forms”, which asked our AMA to advocate with
15 government bodies to recognize POLST forms completed in one state as valid and
16 enforceable in other states and for our AMA to create a universal POLST form that
17 would be valid and enforceable in all states. POLST forms, first created in the 1990’s to
18 overcome the limitations of advance directives, have become a successful and useful
19 end-of-life decision-making tool. However, POLST forms are not always recognized
20 when patients cross state lines, potentially compromising patients’ autonomy during end-
21 of-life care. The report states that our AMA has numerous ethics policies, house policies,
22 and directives that support the concept of advance care and end-of-life planning and
23 notes that a possible solution to the problem has been raised by the National POLST
24 Paradigm Task Force which recommends states adopt a “uniform law” that would offer
25 reciprocity of POLST across state lines.

26
27 Testimony generally supported the intent of Board of Trustees Report 25, noting that
28 advance care planning is crucial to ensuring that patients’ wishes are respected and that
29 patients do not receive unwanted care. However, your Reference Committee also heard
30 testimony that discussed the complexity involved in physicians’ orders being enforced in
31 states where the ordering physician is not licensed. Several amendments were proposed
32 that attempted to address this issue. Included in these amendments were suggestions
33 that the Physician Orders for Life Sustaining Treatment (POLST) forms be recognized as
34 a valid expression of a patient’s directions for care, rather than explicitly stating that they
35 be enforceable orders across state lines. Additionally, amendments were offered
36 suggesting that AMA model state legislation and guidelines include not only POLST
37 forms, but also other patient decision-making forms. Therefore, your Reference
38 Committee recommends that Board of Trustees Report 25 be adopted as amended.

1 (18) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1
2 - CCB SUNSET REVIEW OF 2008 HOUSE POLICIES
3

4 RECOMMENDATION A:
5

6 Madam Speaker, your Reference Committee recommends
7 that the recommendations in Council on Constitution and
8 Bylaws Report 1 be amended by addition to read as
9 follows:

10
11 The Council on Constitution and Bylaws recommends that
12 the House of Delegates policies that are listed in the
13 Appendix to this report be acted upon in the manner
14 indicated, with the exception of Policy H-405.991, which
15 should be retained and reconciled with H-405.996 to read
16 as follows:
17

18 ~~“Our AMA does not believe it would be appropriate to~~
19 ~~establish a separate committee to serve as a~~
20 ~~clearinghouse for service opportunities and to promote~~
21 ~~voluntary service, but~~ Our AMA supports continued
22 promotion of community service and volunteerism by its
23 membership and encourages state association awards for
24 exceptional voluntary community service and wider
25 recognition of physicians who perform voluntary services.”
26

27 RECOMMENDATION B:
28

29 Madam Speaker, your Reference Committee recommends
30 that the recommendations in Council on Constitution and
31 Bylaws Report 1 be adopted as amended and the
32 remainder of the report filed.
33

34 This report concerns the sunseting of House Policies pursuant to Policy G-600.110,
35 “Sunset Mechanism for AMA Policy”. Under this mechanism, a policy ceases to be
36 viable after 10 years unless the House takes action to retain it. The report notes, that the
37 Council on Constitution and Bylaws presents its recommendations on the dispositions on
38 House policies from 2008 to which it was assigned. The report recommends that the
39 House policies listed in the Appendix be acted upon as indicated in the Appendix.
40

41 No opposing testimony was offered to CC&B Report 01. However, your Reference
42 Committee has suggested an amendment to be integrated during the policy
43 reconciliation for brevity. Thus, your Reference Committee recommends the adoption of
44 CC&B Report 1 as amended.
45

1 (19) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 6 - CEJA'S SUNSET REVIEW OF 2008 HOUSE
3 POLICIES
4

5 RECOMMENDATION A:
6

7 Madam Speaker, your Reference Committee, with the
8 concurrence of the Council on Ethical and Judicial Affairs,
9 recommends that the recommendation in CEJA Report 6
10 be amended by addition to read as follows:
11

12 House of Delegates policies that are listed in the Appendix
13 to this report be acted upon in the manner indicated, with
14 the exception of Policy H-25.997, which should be
15 amended by deletion to read as follows:

16 The AMA believes that medical care should be available to
17 all our citizens, regardless of age or ability to pay, and
18 believes ardently in helping those who need help to
19 finance their medical care costs. ~~But the AMA does not~~
20 ~~believe that tax dollars of the working people of America~~
21 ~~should be used to finance medical care for any person who~~
22 ~~is financially able to pay for it.~~ Furthermore, the AMA
23 believes in preserving dignity and self respect of all
24 individuals at all ages and believes that people should not
25 be set apart or isolated on the basis of age. The AMA
26 believes that the experience, perspective, wisdom and skill
27 of individuals of all ages should be utilized to the fullest.
28 (Modify existing HOD policy)

29
30 RECOMMENDATION B:
31

32 Madam Speaker, your Reference Committee recommends
33 that the recommendations in Council on Ethical and
34 Judicial Affairs Report 6 be adopted as amended, and the
35 remainder of this report be filed.
36

37 This report addresses the sunseting of House policies pursuant to G-600.110, "Sunset
38 Mechanism for AMA Policy", which mandates that House policies cease to be viable
39 after 10 years unless action is taken to retain it. The report notes that for each policy it
40 reviews, a Council may recommend one of the following actions: retain the policy, sunset
41 the policy, retain part of the policy, or reconcile the policy with a more recent and like
42 policy. In conclusion, the report recommends to the House of Delegates policies that are
43 listed in the Appendix to this report be acted upon in the manner indicated in the
44 Appendix.

1 Your Reference Committee heard limited but unanimous testimony recommending that
2 Policy H-25.997 be retained. Therefore, your Reference Committee recommends that
3 Policy H-25.997 be amended to remain consistent with Policies H-165.838, H-165.888,
4 and H-165.920. No further testimony was offered in opposition to CEJA Report 6, and
5 your Reference Committee therefore recommends that the report be adopted as
6 amended.

7
8
9 (20) RESOLUTION 004 - PATIENT-REPORTED OUTCOMES
10 IN GENDER CONFIRMATION SURGERY

11
12 RECOMMENDATION A:

13
14 Madam Speaker, your Reference Committee recommends
15 that the first Resolve in Resolution 004 be amended by
16 addition to read as follows:

17 RESOLVED, That our American Medical Association
18 support initiatives and research developed by specialty
19 societies and other relevant stakeholders to establish
20 standardized protocols for patient selection, surgical
21 management, and preoperative and postoperative care for
22 transgender patients undergoing gender confirmation
23 surgeries (New HOD Policy); and be it further

24
25 RECOMMENDATION B:

26
27 Madam Speaker, your Reference Committee recommends
28 that the second Resolve in Resolution 004 be amended by
29 addition and deletion to read as follows:

30
31 RESOLVED, That our AMA support ~~development and~~
32 implementation of standardized tools, such as
33 questionnaires, developed by specialty societies and other
34 relevant stakeholders to evaluate outcomes of gender
35 confirmation surgeries. (New HOD Policy)

36
37 RECOMMENDATION C:

38
39 Madam Speaker, your Reference Committee recommends
40 that Resolution 004 be adopted as amended.

41
42 Responding to the recent increase in gender confirmation surgeries and the current lack
43 of a clear standard for patient election and education about certain procedures, the
44 resolution asks that our AMA support research to establish standardized protocols for
45 patient selection and care of transgender patients undergoing gender confirmation

1 surgeries. The resolution further asks that our AMA support the development and
2 implementation of standardized tools, such as questionnaires, to evaluate surgical
3 outcomes.

4
5 Testimony for Resolution 004 was unanimously supportive. Testimony suggested one
6 amendment to insert language that our AMA initiatives and research be “developed from
7 specialty societies”. The rationale for this amendment is that there exist some
8 reasonable basis that backs the initiatives and research that the resolve calls for. Your
9 Reference Committee notes this testimony and supports amendment and agrees and
10 recommends adoption with amendment.

11
12 (21) RESOLUTION 005 - DECREASING SEX AND GENDER
13 DISPARITIES IN HEALTH OUTCOMES

14
15 RECOMMENDATION A:

16
17 Madam Speaker, your Reference Committee recommends
18 that Resolution 005 be amended by addition and deletion
19 to read as follows:

20
21 ~~RESOLVED, That our American Medical Association~~
22 ~~encourage the use of guidelines, treatment protocols, and~~
23 ~~decision support tools specific to biological sex for~~
24 ~~conditions in which physiologic and pathophysiologic~~
25 ~~differences exist between sexes. (New HOD Policy)~~

26 RESOLVED, That our AMA support the use of gender-
27 neutral decision support tools that aim to mitigate gender
28 bias in diagnosis and treatment;_(New HOD Policy) and be
29 it further

30
31 RESOLVED, That our American Medical Association
32 encourage the use of guidelines, treatment protocols, and
33 decision support tools specific to biological sex for
34 conditions in which physiologic and pathophysiologic
35 differences exist between sexes. (New HOD Policy)

36 RECOMMENDATION B:

37
38 Madam Speaker, your Reference Committee recommends
39 that Resolution 005 be adopted as amended.

40
41 In response to recognized widespread sex and gender disparities in health care
42 outcomes, the resolution ask that our AMA encourage the use of guidelines, tools and
43 protocols specific to biological sex for conditions for which there are physiologic and
44 pathophysiologic differences between the sexes and that our AMA support the use of
45 gender-neutral tools to help mitigate gender bias in diagnosis and treatment.

46

1 Limited testimony heard by your Reference Committee unanimously supported the
2 adoption of Resolution 005. Your Reference Committee believed that the intent of the
3 resolution would be more effectively represented by reordering the two resolve clauses.
4 Therefore, your Reference Committee recommends that Resolution 005 be adopted as
5 amended.

6
7 (22) RESOLUTION 006 - LIVING DONOR PROTECTION ACT
8 OF 2017 (HR 1270)

9
10 RESOLUTION 012 - COSTS TO KIDNEY DONORS

11
12 RECOMMENDATION A:

13
14 Madam Speaker, your Reference Committee recommends
15 Policy H-370.965 be amended by addition and deletion:

16
17 1. Our AMA supports federal and state laws that
18 remove financial barriers to living organ donation, such as:
19 (a) provisions for expenses involved in the donation
20 incurred by the organ donor; (b) providing access to health
21 care coverage of any medical expense related to the
22 donation and; (c) provisions for expenses incurred after the
23 donation as a consequence of donation; ~~(d)~~ (d) prohibiting
24 employment discrimination on the basis of living donor
25 status; ~~(e)~~ (e) prohibiting the use of living donor status as
26 the sole basis for denying or limiting health, and-life, and
27 disability and long-term care insurance coverage; and ~~(f)~~
28 (f) provisions to encourage paid leave for organ donation.

29
30 2. Our AMA supports legislation expanding paid leave
31 for organ donation.

32
33 RECOMMENDATION B:

34
35 Madam Speaker, your Reference Committee recommends
36 Policy H-370.965 be adopted as amended in lieu of
37 Resolutions 006 and 012.

38
39 RECOMMENDATION C:

40
41 Madam Speaker, your reference committee recommends
42 that Policy H-370.996 be reaffirmed.

43
44 Resolution 006 is in response to the many burdens living organ donors face, such as
45 difficulty obtaining life insurance or paying higher insurance premiums, the resolution

1 asks that our AMA strongly support the Living Donor Protection Act of 2017 (HR 1270).
2 The Living Donor Protection Act addresses and attempts to ease burdens living donors
3 have with insurance. Resolution 012 is in response to the significant expenses that living
4 kidney donors incur both before and after donation and the disincentive to donation that
5 these expenses create, the resolution asks that our AMA seek legislation to ensure that
6 living kidney donors are reimbursed for expenses associated with donation of their
7 kidney.

8
9 Testimony was largely supportive of the intentions of Resolution 006 and Resolution
10 012, both of which dealt with protections of organ donors and removing barriers to organ
11 donation. A number of suggestions were made that the resolutions be addressed
12 together, as they dealt with similar issues. Your Reference Committee also heard
13 testimony that suggested that our AMA not adopt policy that references specific pieces
14 of government legislation, as such bills are subject change. With regards to Resolution
15 006, a number of speakers suggested that the resolution be expanded to address all
16 forms of organ donation rather than being limited specifically to kidney donors.
17 Additionally, testimony on both items referenced currently existing AMA policy that
18 addresses many of the issues that Resolutions 006 and 012 aim to address. Therefore,
19 your Reference Committee recommends that current Policy H-370.965 be amended,
20 and Policy H-370.996 be reaffirmed in lieu of Resolutions 006 and 012.

21
22 (23) RESOLUTION 008 - HEALTH CARE RIGHTS OF
23 PREGNANT MINORS

24
25 RECOMMENDATION A:

26
27 Madam Speaker, your Reference Committee recommends
28 that the second Resolve in Resolution 008 be amended by
29 addition to read as follows:

30
31 RESOLVED, That our AMA oppose any law or policy that
32 prohibits a pregnant minor from ~~to~~ consenting to prenatal
33 and other pregnancy related care, including, but not limited
34 to, prenatal genetic testing, epidural block, pain
35 management, Cesarean section, diagnostic imaging,
36 procedures, and emergency care. (Directive to Take
37 Action)

38
39 RECOMMENDATION B:

40
41 Madam Speaker, your Reference Committee recommends
42 that Resolution 008 be adopted as amended.

43
44 In response to a number of states requiring parental consent of pregnant minors to
45 receive prenatal care, such as genetic testing, epidural block, and cesarean section, the
46 resolution asks that our AMA support legislation to allow pregnant minors to consent to
47 all prenatal and postpartum care and procedures. The resolution further asks that our

1 AMA oppose any law that prohibits a pregnant minor from consenting to any pregnancy
2 related care.

3
4 Testimony for Resolution 008 was unanimously supportive and offered amendments to
5 expand the scope of procedures covered to include diagnostic imaging and procedures.
6 However, considering the resolution, your Reference Committee suggests an
7 amendment to language to further delineate “pregnancy related care”. Your Reference
8 Committee suggests amending the resolution to reflect forms of pain management
9 beyond that of an epidural block. Additionally, the Reference Committee would like to
10 add “diagnostic imaging, procedures, and emergency care” to the list of pregnancy
11 related care, in an effort to give more complete examples of care in this regard. Your
12 Reference Committee recommends that Resolution 008 be adopted as amended.

13
14
15 (24) RESOLUTION 014 - PROMOTION OF LGBTQ-FRIENDLY
16 AND GENDER-NEUTRAL INTAKE FORMS

17
18 RECOMMENDATION A:

19
20 Madam Speaker, your Reference Committee recommends
21 that Resolution 014 be amended by addition to read as
22 follows:

23
24 RESOLVED, That our American Medical Association will
25 develop and implement a plan with input from the Advisory
26 Committee on LGBTQ Issues and appropriate medical and
27 community based organizations to distribute and promote
28 the adoption of the recommendations pertaining to medical
29 documentation and related forms in AMA policy H-315.967,
30 “Promoting Inclusive Gender, Sex, and Sexual Orientation
31 Options on Medical Documentation,” to our membership.
32 (Directive to Take Action)

33
34 RECOMMENDATION B:

35
36 Madam Speaker, your Reference Committee recommends
37 that Resolution 014 be adopted as amended.

38
39 Considering evidence that only a very small percentage of intake forms are gender
40 inclusive (able to identify transgender patients and not limited to binary gender), and that
41 various LGBTQ groups have noted that including gender-neutral intake forms would
42 improve the care of LGBTQ patients, and that our AMA is already has an established
43 stance to the ongoing improvement of nonjudgmental, nondiscriminatory, and culturally
44 competent care of LGBTQ patients, the resolution calls for our AMA to distribute and
45 promote to its members, the adoption of the recommendations pertaining to medical
46 documentation and related forms in House Policy H-315.967 “Promoting Inclusive
47 Gender, Sex, and Sexual Orientation Options on Medical Documentation.”

1 Testimony in support of the resolution was unanimously supportive. There was a
2 suggestion to leave the resolution substantively unchanged, but with an amendment to
3 add language referencing that our AMA will develop and implement a plan with input
4 from the Advisory Committee on LGBTQ issues and appropriate medical and community
5 based organizations. The rationale for the amendment is to keep the resolution in
6 accordance with the language of other similarly related house policies. Your Reference
7 Committee noted the supportive testimony and request for amendment and is in
8 agreement. Your Reference Committee recommends adoption with amendment.

9
10
11 (25) RESOLUTION 015 - HUMAN TRAFFICKING/SLAVERY
12 AWARENESS

13
14 RECOMMENDATION A:

15
16 Madam Speaker, your Reference Committee recommends
17 that Resolution 015 be amended by addition and deletion
18 to read as follows:

19
20 RESOLVED, That our American Medical Association study
21 the awareness and effectiveness of physician education
22 regarding the recognition and reporting of human
23 trafficking and slavery. ~~to ensure that physicians are~~
24 ~~trained to report suspected cases of human~~
25 ~~trafficking/slavery to the appropriate authorities while~~
26 ~~assuring victims have the medical, legal, and social~~
27 ~~resources they need and develop a plan of action to~~
28 ~~improve recognition of victims of human trafficking/slavery~~
29 ~~to increase the identification, referral, and rescue rate.~~
30 (Directive to Take Action)

31
32 RECOMMENDATION B:

33
34 Madam Speaker, your Reference Committee recommends
35 that Resolution 015 be adopted as amended.

36
37 In response to the growing societal problem of human trafficking worldwide and the
38 potential of physicians to act as first responders to this crisis, the resolution calls for our
39 AMA to study the effectiveness of physician education to ensure that physicians are
40 trained to report suspected cases of human trafficking/slavery to authorities and to
41 develop a plan to improve recognition of victims to increase the rate of rescue.

42
43 Testimony for Resolution 015 was largely supportive, but there was concern about the
44 language of “assuring victims have the medical, legal, and social resources they need”.
45 However, your Reference Committee recognizes that awareness of educational
46 resources should be a necessary element of the study. Therefore, your Reference

1 Committee suggests an amendment that the study also includes “awareness” as well as
2 the effectiveness of physician education into these matters of human trafficking. Your
3 Reference Committee recommends adoption as amended.
4

5
6 (26) RESOLUTION 018 - DISCRIMINATION AGAINST
7 PHYSICIANS BY PATIENTS
8

9 RECOMMENDATION A:
10

11 Madam Speaker, your Reference Committee recommends
12 that Resolution 018 be amended by addition and deletion
13 to read as follows:
14

15 RESOLVED, That our American Medical Association study
16 (1) the prevalence, reasons for, and impact of physician,
17 resident/fellow and medical student reassignment based
18 upon patients’ requests ~~and expectations~~; (2) how
19 hospitals’ and other health care systems’ ~~accommodate~~
20 ~~such patient requests, including but not limited to formal~~
21 policies or procedures ~~on~~ for handling patient bias; and (3)
22 the legal, ethical, and practical implications of that
23 ~~physicians and health care systems must consider when~~
24 accommodating or refusing such reassignment requests.
25 (Directive to Take Action)
26

27 RECOMMENDATION B:
28

29 Madam Speaker, your Reference Committee recommends
30 that Resolution 018 be adopted as amended.
31

32 In response to patients who request accommodation based on race, gender, cultural or
33 other biases, and a lack of guidance for hospitals and physicians for how to balance
34 interests with regards to such accommodations, Resolution 018 calls for our AMA to
35 study: (1) the prevalence, reasons for, and impact of physician reassignment based
36 upon patients’ requests and expectations, (2) how hospitals and other health care
37 systems accommodate such patient requests, including but not limited to formal policies
38 or procedures on handling patient bias, and (3) the legal, ethical and practical
39 implications that physicians and health care systems must consider when
40 accommodating or refusing such reassignment request.
41

42 Testimony for Resolution 018 was unanimously supportive. There was a suggested
43 amendment to add the language “physicians in training” to broaden the scope.
44 Testimony noted that these issues are equally relevant for medical students and
45 residents as well as practicing physicians. Your Reference Committee took note of this

1 testimony and recommendation and is in agreement and recommends adoption with
2 amendment.

3
4
5 (27) RESOLUTION 019 - STUDY OF MEDICAL STUDENT,
6 RESIDENT, AND PHYSICIAN SUICIDE

7
8 RECOMMENDATION A:

9
10 Madam Speaker, your Reference Committee recommends that
11 Resolution 019 by amended by addition and deletion to read as
12 follows:

13
14 RESOLVED, That our American Medical Association determine
15 the most efficient and accurate mechanism to study ~~conduct a~~
16 ~~study to accurately quantify~~ the actual incidence of medical
17 student, resident, and physician suicide, and report back at the
18 2018 Interim Meeting of the House of Delegates with
19 recommendations for action. (Directive to Take Action)

20
21 RECOMMENDATION B:

22
23 Madam Speaker, your Reference Committee recommends that
24 Resolution 019 be adopted as amended.

25
26 In response to our AMA addressing the core issue of suicide by physicians and
27 physicians-in-training in 2010 and the resultant studies that help our AMA create
28 policies, and in light of the growing problem of physicians and physicians-in-training
29 facing burnout, depression, and suicide and the resultant need for an updated study to
30 address these concerns for doctors before they enter medical school and beyond,
31 Resolution 019 calls for our AMA to conduct a study to accurately quantify the actual
32 incidence of medical student, resident and physician suicide, and report back with
33 recommendations for action.

34
35 Testimony for the resolution was unanimously supportive. In considering the resolution,
36 your Reference Committee notes the severity of the issue of physician suicide and the
37 significant need for attention to this problem. However, our AMA does not generally
38 conduct independent empirical research, and thus the Reference Committee suggests
39 amending Resolution 019 so that the Board can determine the “most efficient and
40 accurate mechanism to accurately quantify” (instead of a “study to accurately quantify”)
41 the actual incidence of medical student, resident, and physician suicide. Your Reference
42 Committee recommends adoption with amendment and a directive to report back
43 findings at the 2018 Interim Meeting of the House of Delegates.

1 (28) RESOLUTION 010 - GENDER EQUITY IN COMPENSATION
2 AND PROFESSIONAL ADVANCEMENT

3
4 RESOLUTION 011 - WOMEN PHYSICIAN WORKFORCE AND
5 GENDER GAP IN EARNINGS-MEASURES TO IMPROVE
6 EQUALITY

7
8 RESOLUTION 020 – ADVANCING THE GOAL OF EQUAL PAY
9 FOR WOMEN IN MEDICINE

10
11 RESOLUTION 021 – TAKING STEPS TO ADVANCE GENDER
12 EQUITY IN MEDICINE

13
14 RECOMMENDATION:

15 Madam Speaker, your Reference Committee recommends that
16 the following resolution be adopted in lieu of Resolutions 010,
17 011, 020 and 021.

18
19 ADVANCING GENDER EQUITY IN MEDICINE

20
21 RESOLVED, That our American Medical Association draft and
22 disseminate a report detailing its positions and
23 recommendations for gender equity in medicine, including
24 clarifying principles for state and specialty societies, academic
25 medical centers and other entities that employ physicians, to be
26 submitted to the House for consideration at the 2019 Annual
27 Meeting (Directive to Take Action); and be it further

28
29 RESOLVED, That our American Medical Association: (a)
30 advocate for institutional, departmental and practice policies that
31 promote transparency in defining the criteria for initial and
32 subsequent physician compensation; (b) advocate for pay
33 structures based on objective, gender-neutral objective criteria;
34 (c) encourage a specified approach, sufficient to identify gender
35 disparity, to oversight of compensation models, metrics, and
36 actual total compensation for all employed physicians; and (d)
37 advocate for training to identify and mitigate implicit bias in
38 compensation determination for those in positions to determine
39 salary and bonuses, with a focus on how subtle differences in
40 the further evaluation of physicians of different genders may
41 impede compensation and career advancement (New HOD
42 Policy); and be it further

43
44 RESOLVED, That our American Medical Association (AMA)
45 recommend as immediate actions to reduce gender bias (a)

1 elimination of the question of prior salary information from job
2 applications for physician recruitment in academic and private
3 practice; (b) create an awareness campaign to inform physicians
4 about their rights under the Lilly Ledbetter Fair Pay Act and
5 Equal Pay Act; (c) establish educational programs to help
6 empower all genders to negotiate equitable compensation; (d)
7 work with relevant stakeholders to host a workshop on the role
8 of medical societies in advancing women in medicine, with co-
9 development and broad dissemination of a report based on
10 workshop findings; and (e) create guidance for medical schools
11 and health care facilities for institutional transparency of
12 compensation, and regular gender-based pay audits (Directive
13 to Take Action); and be it further

14
15 RESOLVED, That our AMA collect and analyze comprehensive
16 demographic data and produce a study on the inclusion of
17 women members including, but not limited to, membership,
18 representation in the House of Delegates, reference committee
19 makeup, and leadership positions within our AMA, including the
20 Board of Trustees, Councils and Section governance, plenary
21 speaker invitations, recognition awards, and grant funding, and
22 disseminate such findings in regular reports to the House of
23 Delegates and making recommendations to support gender
24 equity (Directive to Take Action); and be it further

25
26 RESOLVED, That our AMA commit to pay equity across the
27 organization by asking our Board of Trustees to undertake
28 routine assessments of salaries within and across the
29 organization, while making the necessary adjustments to ensure
30 equal pay for equal work. (Directive to Take Action)

31
32 Resolution 010 cites recent data showing significant differences in salary between male
33 and female physicians (females physicians earning less than males) and the persistence
34 of implicit bias that disadvantages women in male dominated professions, the resolution
35 asks that our AMA advocate for: institutional policies regarding salary that promote
36 transparency, equal base pay based on objective criteria, and implicit bias training. The
37 resolution further asks that our AMA encourage a specified approach to compensation
38 models that identify gender disparity and to establish education programs to help all
39 genders negotiate equitable compensation.

40
41 Resolution 011 explains the continuing existence of the historical payment disparity gap
42 between male and female physicians and the recent measures being taken to solve
43 compensation disparity between the genders (such as the Lilly Ledbetter Fair Pay Act
44 and the city of Chicago's mandate that employers cannot ask about salary history), the
45 resolution asks that our AMA create an awareness campaign to inform physicians of

1 their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act. The resolution
2 further calls on our AMA to help U.S. medical schools and facilities create guidance for
3 institutional transparency of compensation and that our AMA recommend elimination any
4 question of prior salary information from any physician job applications.
5

6 Resolution 020 responds to recent studies that demonstrate pay disparities for women
7 physicians that being early in their careers and that gaps in compensation between men
8 and women physicians widen over the career trajectory and that 48 states currently have
9 some form of equal pay legislation, Resolution 020 calls for our AMA to draft and
10 disseminate a report clarifying principles of equal pay in medicine that can form the basis
11 for state and specialty society policy-making, as well as for academic medical centers
12 and other physician employers, to be submitted to the House for consideration at the
13 2019 Annual Meeting.
14

15 Finally, Resolution 021 responds to women physicians having documented wage gaps
16 in compensation and career advancement and published literature documenting that
17 progress for women physicians has been slower than anticipated and national medical
18 societies working to find solutions and publishing reports on this issue, Resolution 021
19 calls for our AMA to draft a report detailing its positions and recommendations for gender
20 equity in medicine to be submitted to the House for consideration at the 2019 Annual
21 meeting and that our AMA work with relevant stakeholders to host a workshop on the
22 role of medical societies in advancing women in medicine with development of a report
23 on the workshop findings.
24

25 Testimony for Resolutions 010, 011, 020 and 021 are all resolutions regarding gender
26 equity and disparity in the medical profession, was largely supportive. There was strong
27 support and recognition of a problem in of gender disparities in medicine and a need for
28 further study on these problems. Testimony reflected the need for our AMA to set an
29 example on this issue, by committing to pay equity for its employees. Considering that all
30 four Resolutions are related to the same issue, the Reference Committee has decided to
31 make one single resolution incorporating the recommendations of these four
32 Resolutions. The new resolution includes new House policy, specific directives to reduce
33 gender bias, and a call for a future study to continue exploring this important issue.
34 Therefore, your Reference Committee recommends that the substitute resolution be
35 adopted in lieu of Resolutions 010, 021, 011 and 020.
36

37 (29) RESOLUTION 013 - OPPOSING SURGICAL SEX
38 ASSIGNMENT OF INFANTS WITH DIFFERENCES OF
39 SEX DEVELOPMENT
40

41 RECOMMENDATION:
42

43 Madam Speaker, your Reference Committee recommends
44 that Resolution 013 be referred.
45

46 Citing concerns that sex assignment surgery of infants with Differences of Sex
47 Development (DSD) may be harmful, as such surgeries are permanent alterations
48 before the patient is able to consent and may result in the infant patient being assigned a
49 gender incongruent with their gender identity. The resolution calls for our AMA to oppose
50 the assignment of gender binary sex to infants with DSD through surgical intervention

1 (except for surgery necessary for physical function) and believe that children should
2 have meaningful input into any gender assignment surgery.

3
4 The testimony surrounding Resolution 013 was passionate and mixed. Supporting
5 testimony argued that surgical sex assignment on infants was irreversible and
6 sometimes conducted unnecessarily. Opposing testimony was offered suggesting that
7 blanket bans on procedures inhibited physicians from providing care to their patients,
8 and that surgery is never an automatic recommendation for infants with differences in
9 sex development. The authors of the resolution recommended that Resolution 013 be
10 referred, as this issue is currently under study by the Council on Ethical and Judicial
11 Affairs Your Reference Committee ultimately agreed with authors that further study on
12 the issue is necessary, and recommends that Resolution 013 be referred in anticipation
13 of CEJA's report.

14
15 (30) RESOLUTION 017 - REVISED MISSION STATEMENT
16 OF THE AMA

17
18 RECOMMENDATION:

19
20 Madam Speaker, your Reference Committee recommends
21 that Resolution 017 not be adopted.

22
23 Considering that our AMA has been spending an increasing amount of time discussing
24 physician burnout and malaise, the resolution asks that our AMA update its mission
25 statement to read: The AMA promotes professionalism, the art and science of medicine,
26 physician wellness and the betterment of public health.

27
28 Your Reference Committee heard testimony generally opposed to Resolution 017. It was
29 noted by several speakers that the current mission statement of our AMA concisely
30 conveys an appropriate message, and that a change is not necessary. Additionally,
31 others expressed hesitation about attempting to wordsmith a new mission statement on
32 the floor of the House. Your Reference Committee recommends that Resolution 017 not
33 be adopted.

1 Madam Speaker, this concludes the report of Reference Committee on Amendments to
2 Constitution and Bylaws. I would like to thank Thomas Anderson, Jr., MD, Douglas
3 Myers, MD, Mark Adams, MD, Robert Panton, MD, Brandi Ring, MD, and all those who
4 testified before the Committee.
5
6

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