

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2018 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

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

- 1 11. Council on Ethical and Judicial Affairs Report 5 – Study Aid-in-Dying as End-of-
2 Life Option / The Need to Distinguish “Physician Assisted Suicide” and “Aid in
3 Dying”
4
- 5 12. Resolution 001 – Discriminatory Policies that Create Inequities in Health Care
6
- 7 13. Resolution 007 – Oppose the Criminalization of Self-Induced Abortion
8
- 9 14. Resolution 016 – Utilization of “LGBTQ” in Relevant Past and Future AMA
10 Policies
11

12 **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

- 13
- 14 15. Resolution 002 – FMLA Equivalent for LGBT Workers
15
- 16 16. Resolution 003 – Proposing Consent for De-Identified Patient Information
17

18 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 19
- 20 17. Board of Trustees Report 25 – Recognition of Physician Orders for Life
21 Sustaining Treatment Forms
22
- 23 18. Council on Constitution and Bylaws Report 1 – CCB Sunset Review of 2008
24 House Policies
25
- 26 19. Council on Ethical and Judicial Affairs Report 6 – CEJA’s Sunset Review of 2008
27 House Policies
28
- 29 20. Resolution 004 – Patient-Reported Outcomes in Gender Confirmation Surgery
30
- 31 21. Resolution 005 – Decreasing Sex and Gender Disparities in Health Outcomes
32
- 33 22. Resolution 006 – Living Donor Protection Act of 2017 (HR 1270)
34 Resolution 012 – Costs to Kidney Donors
35
- 36 23. Resolution 008 – Health Care Rights of Pregnant Minors
37
- 38 24. Resolution 014 – Promotion of LGBTQ-Friendly and Gender-Neutral Intake
39 Forms
40
- 41 25. Resolution 015 – Human Trafficking/Slavery Awareness
42
- 43 26. Resolution 018 – Discrimination Against Physicians by Patients
44
- 45 27. Resolution 019 – Study of Medical Study of Medical Student, Resident and
46 Physician Suicide
47
- 48 28. Resolution 010 – Gender Equity in Compensation and Professional
49 Advancement

- 1 Resolution 011 – Women Physician Workforce and Gender Gap in Earnings-
- 2 Measures to Improve Equality
- 3 Resolution 020 – Advancing the Goal of Equal Pay for Women in Medicine
- 4 Resolution 021 – Taking Steps to Advance Gender Equity in Medicine
- 5

6 **RECOMMENDED FOR REFERRAL**

- 7
- 8 29. Resolution 013 – Opposing Surgical Sex Assignment of Infants with Differences
- 9 of Sex Development

10 **RECOMMENDED FOR NOT ADOPTION**

- 11
- 12
- 13 30. Resolution 017 – Revised Mission Statement of the AMA
- 14

15

16 *Note: Resolution 009 –Improving and Increasing Clarity and Consistency Among AMA*

17 *Induced Abortion Policies was withdrawn.*

1 (1) BOARD OF TRUSTEES REPORT 2 - NEW SPECIALTY
2 ORGANIZATIONS REPRESENTATION IN THE HOUSE
3 OF DELEGATES
4

5 RECOMMENDATION:
6

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 **HOD ACTION: The recommendations in Board of Trustees**
12 **Report 2 adopted and the remainder of the report filed.**
13

14 Board of Trustees Report 2 recommends that the American Rhinologic Society,
15 American Society for Reconstructive Microsurgery, American Society of Neuroimaging,
16 North American Neuromodulation Society, and the North American Neuro-
17 Ophthalmology, Society be granted representation in our AMA House of Delegates.
18

19 Your Reference Committee heard no testimony regarding Board of Trustees Report 02
20 and is confident in the decisions made by the Board of Trustees. Your Reference
21 Committee therefore recommends that Board of Trustees Report 2 be adopted.
22

23
24 (2) BOARD OF TRUSTEES REPORT 13 - MERGERS OF
25 SECULAR AND RELIGIOUSLY AFFILIATED HEALTH
26 CARE INSTITUTIONS AND THEIR IMPACT ON PATIENT
27 CARE AND ACCESS TO SERVICES
28

29 RECOMMENDATION:
30

31 Madam Speaker, your Reference Committee recommends
32 that the recommendations in Board of Trustees Report 13
33 be adopted and that the remainder of the report be filed.
34

35 **HOD ACTION: The recommendations in Board of Trustees**
36 **Report 13 adopted and the remainder of the report filed.**
37

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

1 services. The report concludes that the analysis provided fulfills Directive D-140.956,
2 and recommends that the directive be rescinded.

3
4 Your Reference Committee heard limited but unanimously supportive testimony in
5 support of this report, and therefore recommends that Board of Trustees Report 13 to be
6 adopted.

7
8 (3) BOARD OF TRUSTEES REPORT 23 - HEALTHCARE AS
9 A HUMAN RIGHT

10
11 RECOMMENDATION:

12
13 Madam Speaker, your Reference Committee recommends
14 that the recommendations in Board of Trustees Report 23
15 be adopted and that the remainder of the report be filed.

16
17 **HOD ACTION: The recommendations in Board of Trustees**
18 **Report 23 adopted and the remainder of the report filed.**

19
20
21 This report responds to Resolution 7-A-17, "Health Care as a Human Right", which asks
22 that our AMA recognize that health care is a fundamental right, support the United
23 Nations' Universal Declaration of Human Rights and its International Bill of Rights, and
24 advocate for the U.S. remaining a member of the WHO. Principle IX of the *AMA*
25 *Principles of Medical Ethics*, Opinion 11.1.1, "Defining Basic Health Care" and 11.1.4,
26 "Financial Barriers to Health Care Access" of the *Code of Medical Ethics*, and House
27 Policies H-160-987, "Access to Medical Care" and H-160.975, "Planning and Delivery of
28 Health Care Services", already support the broad concept of access to health care. With
29 regards to the UN Declaration, the report notes that House Policy H-250.986, "AMA and
30 Public Health in Developing Countries" outlines a circumscribed strategy for AMA
31 participation in international policy, and for this reason, our AMA does not take a position
32 on international treaties like the UN Declaration of Human Rights. With regards to
33 supporting the WHO, House Policies H-250.999, "World Health Organization", and H-
34 250.992, "World Health Organization", already affirms our AMA's support of the WHO
35 and the U.S.'s involvement with it. The report recommends that AMA Policies H-
36 160.987, "Access to Medical Care;" H-160.975, "Planning and Delivery of Health Care
37 Services;" H-250.986, "AMA and Public Health in Developing Countries;" H-250.992,
38 "World Health Organization;" and H-250.999, "World Health Organization," be reaffirmed
39 in lieu of Resolution 7-A-17.

40
41 Testimony was generally supportive of the recommendations in Board of Trustees
42 Report 23. Multiple associations noted that they have policy stating health care is a
43 human right, with which current AMA policy is consistent to varying degrees. Some
44 testimony suggested that the report did not go far enough in recognizing health care as a
45 human right. Your Reference Committee considered both viewpoints, and overall
46 testimony reflected that existing House policy adequately supports the intention of
47 ensuring that all people have access to a basic level of health care. Your Reference
48 Committee recommends that Board of Trustees Report 23 be adopted.

49

1 (4) BOARD OF TRUSTEES REPORT 24 - APPROPRIATE
2 PLACEMENT OF TRANSGENDER PRISONERS
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends
7 that the recommendations in Board of Trustees Report 24
8 be adopted and that the remainder of the report be filed.
9

10 **HOD ACTION: The recommendations in Board of Trustees**
11 **Report 24 adopted and the remainder of the report filed.**
12

13 This report responds to Resolution 15-A-17, "Appropriate Placement of Transgender
14 Prisoners", which asks that our AMA establish policy to support the placement of
15 transgender prisoners in facilities of their affirmed gender. Problems facing the safety of
16 transgender prisoners are well documented and severe. American prisons currently
17 house inmates according to their birth sex rather than their affirmed gender, which
18 generates increased violence against transgender prisoners. Attempts to reduce this
19 violence often result in the "administrative segregation" of transgender inmates, which
20 generally amounts to punitive solitary confinement. Policies that allow transgender
21 inmates to be housed according to their affirmed gender have been found to be
22 successful in reducing violence. Thus, this report recommends that our AMA support the
23 ability of transgender prisoners to be placed in facilities, if they so choose, that are
24 reflective of their affirmed gender status, regardless of the prisoner's genitalia,
25 chromosomal make-up, hormonal treatment, or non-, pre-, or post-operative status; and
26 support that the facilities housing transgender prisoners shall not be a form of
27 administrative segregation or solitary confinement.
28

29 Your Reference Committee heard testimony in general support of the adoption of Board
30 of Trustees Report 24. It was noted that the Board of Trustees provides a solid
31 framework for this complex issue that could prove useful to prison systems. Testimony
32 also noted that transgender prisoners are both incarcerated at disproportionately high
33 rates and are often victims of violence, and that a federal position could act as a model
34 for state and county prisons. Your Reference Committee recommends that Board of
35 Trustees Report 24 be adopted.
36
37

38 (5) BOARD OF TRUSTEES REPORT 26 - REVISION OF
39 RESEARCHER CERTIFICATION AND INSTITUTIONAL
40 REVIEW BOARD PROTOCOLS
41

42 RECOMMENDATION:
43

44 Madam Speaker, your Reference Committee recommends
45 that the recommendations in Board of Trustees Report 26
46 be adopted and that the remainder of the report be filed.
47

48 **HOD ACTION: The recommendations in Board of Trustees**
49 **Report 26 adopted and the remainder of the report filed.**

1
2 This report addresses Resolution 11-A-17, "Revision of Researcher Certification and
3 Institutional Review Board (IRB) Protocols", which asked our AMA to study IRB protocols
4 and create recommendations that would protect patients while permitting physicians to
5 easily participate in the dissemination of medical knowledge. In the goal of conducting
6 ethical research involving human participants, multiple federal regulations were created.
7 Together, these regulations are known as the "Common Rule" and set basic standards
8 for research oversight. However, there are recent criticisms that the Common Rule is
9 ineffective and cumbersome. The DHHS 2011 review of the Common Rule resulted in a
10 2018 update, which included changes to streamline the oversight process. The report
11 recommends that our AMA continue to support efforts to improve protections for human
12 subjects of biomedical and behavioral research and advocate for change as
13 opportunities arise.

14
15 Your Reference Committee heard testimony in general support of this report, noting that
16 the report correctly focuses on the protection of patients. Other testimony noted that the
17 report provides flexibility for our AMA to work with various agencies to address problems
18 if and when they arise. Opposing testimony was offered by the author of Resolution 11-
19 A-17, to which this report responded, who suggested that the report did not take into
20 consideration the needs of the researchers, who often find that compliance with the
21 Common Rule to be complicated, burdensome and expensive. However, your Reference
22 Committee agrees that patient protections should not be relaxed, and thus recommends
23 that Board of Trustees Report 26 be adopted.

24
25
26 (6) BOARD OF TRUSTEES REPORT 46 - SPECIALTY
27 SOCIETY REPRESENTATION IN THE HOUSE OF
28 DELEGATES - FIVE-YEAR REVIEW

29
30 RECOMMENDATION:

31
32 Madam Speaker, your Reference Committee recommends
33 that the recommendations in Board of Trustees Report 46
34 be adopted and that the remainder of the report be filed.

35
36 **HOD ACTION: The recommendations in Board of Trustees**
37 **Report 46 adopted and the remainder of the report filed.**

38
39 Board of Trustees Report 46 recommends that the Academy of Physicians in Clinical
40 Research, Aerospace Medical Association, American Academy of Dermatology
41 Association, American Academy of Facial Plastic and Reconstructive Surgery Inc.,
42 American Academy of Family Physicians, American Academy of Hospice and Palliative
43 Medicine, American Academy of Neurology, American Academy of Psychiatry and the
44 Law, American Association of Hand Surgery, American Association of Clinical
45 Urologists, Inc., American Clinical Neurophysiology Society, American College of
46 Medical Quality, American Society of Addiction Medicine, American Society of
47 Echocardiography, American Society of General Surgeons, American Society of
48 Ophthalmic Plastic and Reconstructive Surgery, GLMA: Health Professionals Advancing
49 LGBT Equality, The Endocrine Society and, Spine Intervention Society retain
50 representation in the American Medical Association House of Delegates.

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

6
7 (7) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
8 REPORT 1 - COMPETENCE, SELF-ASSESSMENT AND
9 SELF-AWARENESS

10
11 RECOMMENDATION:

12
13 Madam Speaker, your Reference Committee recommends
14 that the recommendations in Council on Ethical and
15 Judicial Affairs Report 1 be adopted and that the
16 remainder of the report be filed.

17
18 **HOD ACTION: The recommendations in Council on Ethical
19 and Judicial Affairs Report 1 referred.**

20
21 This report examines physicians' ethical responsibility of commitment to competence
22 and is concerned with a broader notion of competence -- one which deals with a
23 physician's wisdom and judgment about their own ability to provide safe, high quality
24 care. The report notes certain influences on clinical reasoning, such as heuristics, habits
25 of perception, and overconfidence, can lead to problems in effective reasoning. Hence, it
26 is important to for physicians to develop an informed self-assessment that becomes self-
27 awareness of a physician's own ability to practice safely in the moment and to develop a
28 "mindful practice" over the course of their lifetime in order to ethically maintain
29 competence. The report proposes guidance to this end.

30
31 Your Reference Committee heard testimony that was largely supportive of CEJA Report
32 1. Hesitations were raised regarding circumstances in which physicians do not possess
33 the self-awareness to accurately assess their own competence, such as in the case of
34 impairment, and such physicians should not be considered to be acting unethically.
35 However, it was noted that the *Code of Medical Ethics* already offers guidance to
36 physicians with impaired colleagues. While your Reference Committee is sensitive to the
37 concerns raised during testimony, its judgment is that those concerns are adequately
38 addressed by the report, and therefore recommends that Council on Ethical and Judicial
39 Affairs Report 1 be adopted as written.

1 (8) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 2 - MERGERS OF SECULAR AND
3 RELIGIOUSLY AFFILIATED HEALTH CARE
4 INSTITUTIONS

5
6 RECOMMENDATION:

7
8 Madam Speaker, your Reference Committee recommends
9 that the recommendations in Council on Ethical and
10 Judicial Affairs Report 2 be adopted and that the
11 remainder of the report be filed.

12
13 **HOD ACTION: The recommendations in Council on Ethical
14 and Judicial Affairs Report 2 adopted and the remainder of
15 the report filed.**

16
17 This report concerns mergers between religiously affiliated and secularly based health
18 care institutions. CEJA intends the report to give ethical guidance about the challenges
19 of such mergers. The report explains that mergers between religious and secular
20 hospitals have been a factor in the U.S. since the 1990's, being driven often by
21 economic considerations. CEJA explains that these mergers come with dilemmas. For
22 example, Catholic institutions are bound to follow the Ethical and Religious Directives
23 (ERDs), and the merger may risk the Catholic institution compromising the ERDs. Or, in
24 the pursuit of adhering to the ERDs after merger, there may be conflicts with prevailing
25 standards of care and limitations on certain practices, like some women's health
26 services, that may be legal and clinically appropriate. CEJA explains that the Code of
27 Medical Ethics is relevant where the Code discusses advocacy of patient needs, respect
28 for patients, and exercise of a physician's conscience. CEJA recommends recognition of
29 the benefits of mergers but also of the tensions they create and that individual
30 physicians associated with merging institutions work to hold leaders accountable for
31 professionalism within the institution and advocate for solutions when there are
32 disagreements about services or arrangements for care.

33
34 Limited testimony was offered in unanimous support of CEJA Report 2 as a good step
35 toward eliminating undue burdens on patients attempting to access certain health care
36 services. Your Reference Committee recommends that Council on Ethical and Judicial
37 Affairs Report 2 be adopted.

38
39 (9) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
40 REPORT 3 - MEDICAL TOURISM

41
42 RECOMMENDATION:

43
44 Madam Speaker, your Reference Committee recommends
45 that the recommendations in Council on Ethical and
46 Judicial Affairs Report 3 be adopted and that the
47 remainder of the report be filed.

48

1 **HOD ACTION: The recommendations in Council on Ethical**
2 **and Judicial Affairs Report 3 adopted and the remainder of**
3 **the report filed.**
4
5

6 This report responds to House Policy H-460.9896, “Stem Cell Tourism” adopted at the
7 2016 Annual meeting. This report provides guidance on the broader issue of medical
8 tourism as a whole, rather than focusing specifically on stem cell tourism, stating that
9 that medical tourism is a growing phenomenon. CEJA outlines the potential risks of
10 medical tourism, and explains the associated ethical challenges including informed
11 decision making, continuity of care, preservation of trust between physician and patient,
12 and oversight.
13

14 Your Reference Committee heard no testimony opposing the adoption of CEJA Report
15 3, and therefore recommends adoption.
16

17 (10) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
18 REPORT 4 - EXPANDED ACCESS TO
19 INVESTIGATIONAL THERAPIES
20

21 RECOMMENDATION:
22

23 Madam Speaker, your Reference Committee recommends
24 that the recommendations in Council on Ethical and
25 Judicial Affairs Report 4 be adopted and that the
26 remainder of the report be filed.
27

28 **HOD ACTION: The recommendations in Council on Ethical**
29 **and Judicial Affairs Report 4 adopted and the remainder of**
30 **the report filed.**
31

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

47 Your Reference Committee heard testimony largely supportive of CEJA Report 4, as
48 well as that the report is relevant in light of the newly-signed “Right to Try Act of 2017.”
49 Testimony noted that this report provides helpful guidance to physicians treating patients
50 with serious, life-threatening illnesses for whom standard therapies have not been

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

8
9 (11) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
10 REPORT 5 - STUDY AID-IN-DYING AS END-OF-LIFE
11 OPTION / THE NEED TO DISTINGUISH "PHYSICIAN
12 ASSISTED SUICIDE" AND "AID IN DYING"

13
14 RECOMMENDATION:

15
16 Madam Speaker, your Reference Committee recommends
17 that the recommendations in Council on Ethical and
18 Judicial Affairs Report 5 be adopted and that the
19 remainder of the report be filed.

20
21 **HOD ACTION: The recommendations in Council on Ethical
22 and Judicial Affairs Report 5 referred.**

23
24 CEJA Report 5 responds to Resolution 15-A-15, "Study Aid-in-Dying as End-of-Life
25 Option," and Resolution 14-A-17, "The Need to Distinguish between 'Physician-Assisted
26 Suicide' and 'Aid in Dying'." Resolution 15-A-15 asks that CEJA study medical aid-in-
27 dying and make a recommendation regarding the AMA taking a neutral stance;
28 Resolution 14-A-17 asks that AMA define and clearly distinguish "physician assisted
29 suicide" and "aid in dying" for use in all AMA policy and position statements. This report
30 holds that these different terms of art reflect different ethical perspectives. The Council
31 finds "physician assisted suicide" to be the most precise term and urges that it be used
32 by AMA. The report notes that there are irreducible differences in moral perspectives
33 regarding the issue of physician-assisted suicide, such that both sides share common
34 commitment to "compassion and respect for human dignity and rights," (see Principle I of
35 the AMA Principles of Medical Ethics) but draw different moral conclusions from these
36 shared commitments. The report considers the risks of unintended consequences of
37 physician-assisted suicide, noting that there is debate about the available data. The
38 report argues that where physician-assisted suicide is legal, safeguards can and should
39 be improved in order to mitigate risk. The report further notes that too often physicians
40 and patients do not have the conversations they should about death and dying and that
41 physicians should be skillful in engaging in these difficult conversations and
42 knowledgeable about the options available to terminally ill patients. CEJA Report 5
43 concludes that the *Code of Medical Ethics*, in its current form, offers guidance to support
44 physicians and the patients they serve in making well-considered, mutually respectful
45 decisions about legally available options for care at the end of life in the intimacy of the
46 patient-physician relationship and in keeping with their deeply held personal beliefs.
47 CEJA Report 5 recommends that the Code not be amended and that Resolutions 15-A-
48 16 and 14-A-17 not be adopted.

49

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

12
13 (12) RESOLUTION 001 - DISCRIMINATORY POLICIES THAT
14 CREATE INEQUITIES IN HEALTH CARE

15
16 RECOMMENDATION:

17
18 Madam Speaker, your Reference Committee recommends
19 that Resolution 001 be adopted.

20
21 **HOD ACTION: Resolution 001 adopted.**

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

29
30 Testimony for Resolution 001 expressed unanimous, strong support for the resolution,
31 noting that our AMA has an obligation to identify disparities and advocate for and protect
32 vulnerable populations. Your Reference Committee recommends that Resolution 001 be
33 adopted.

34
35 (13) RESOLUTION 007 - OPPOSE THE CRIMINALIZATION
36 OF SELF-INDUCED ABORTION

37
38 RECOMMENDATION:

39
40 Madam Speaker, your Reference Committee recommends
41 that Resolution 007 be adopted.

42
43 **HOD ACTION: Resolution 007 adopted.**

44
45 Citing strong concerns of the many recent legal restrictions on abortion around the
46 country, increases in women turning to self-induced abortions, and the increases in
47 criminal prosecution of women for self-induced abortion, the resolution asks that our
48 AMA oppose and advocate against the criminalization of self-induced abortion, as
49 criminalization increases medical risks and deters women from seeking medically
50 necessary services.

1 Your Reference Committee heard generally supportive testimony on Resolution 007.
2 There was broad agreement that measures aimed at criminalizing self-induced abortion
3 would increase risks to patients and discourage patients from seeking medical
4 treatment. Limited opposing testimony was offered, and raised concerns about the
5 potential timing of self-induced abortions. A proposed amendment recommended
6 expanding the resolution to oppose efforts to criminalize abortion, including but not
7 limited to those that are self-induced, noting that our AMA currently does not have any
8 policy in place addressing the legality of abortion. However, subsequent testimony did
9 not support the amendment. Therefore, your Reference Committee recommends that
10 Resolution 007 be adopted as written.

11
12 (14) RESOLUTION 016 - UTILIZATION OF "LGBTQ" IN
13 RELEVANT PAST AND FUTURE AMA POLICIES

14
15 RECOMMENDATION:

16
17 Madam Speaker, your Reference Committee recommends
18 that Resolution 016 be adopted.

19
20 **HOD ACTION: Resolution 016 adopted.**

21
22 Recognizing that the term “queer” is an umbrella term that encompasses anyone who
23 does not associate with typical classifications of gender and sexual orientation, and that
24 because of its expansiveness and inclusivity, more organizations and advocacy groups
25 use “LGBTQ” instead of “LGBT”, the resolution calls for our AMA to utilize “LGBTQ”
26 terminology in all future policies and to revise all relevant and active policies to
27 incorporate “LGBTQ” terminology in replacement of “LGBT”.
28

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

31
32 (15) RESOLUTION 002 - FMLA EQUIVALENT FOR LGBT
33 WORKERS

34
35 RECOMMENDATION A:

36
37 Madam Speaker, your Reference Committee recommends
38 that Resolution 002 be adopted.

39
40 RECOMMENDATION B:

41
42 Madam Speaker, your Reference Committee recommends
43 that the title of Resolution 002 be changed:

44
45 FMLA EQUIVALENCE

46
47 **HOD ACTION: Resolution 002 adopted with a change in**
48 **title.**

49

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

5
6 Testimony was generally supportive of the resolution, but there were several concerns
7 about the language of “affinity” when describing relationships and whether or not this
8 term was too vague or limiting. In an effort to better define “affinity”, a suggestion was
9 made to modify the language to be “equivalent to first degree” of familial relationships.
10 Your Reference Committee considered this suggestion and the concern with the term
11 “affinity”, determining that the language is sufficient as written and that “affinity” is a term
12 with appropriate legal definition. However, Your Reference Committee notes that the
13 title of Resolution 002 should be amended, in an effort to reflect its broader nature, to
14 read as “FMLA Equivalence”. Your Reference Committee recommends adoption with
15 change in title.

16
17 (16) RESOLUTION 003 - PROPOSING CONSENT FOR DE-
18 IDENTIFIED PATIENT INFORMATION

19
20 RECOMMENDATION A:

21
22 Madam Speaker, your Reference Committee recommends
23 that Resolution 003 be adopted.

24
25 RECOMMENDATION B:

26
27 Madam Speaker, your Reference Committee recommends
28 that the title of Resolution 003 be changed:

29
30 RESEARCH HANDLING OF DE-IDENTIFIED PATIENT INFORMATION

31
32 **HOD ACTION: Resolution 003 adopted with a change in**
33 **title.**

34
35 Citing concerns that patients’ de-identified personal health information is being harmfully
36 used for commercial gain and other purposes, the resolution asks that our AMA study
37 the handling of de-identified patient information and report its findings and
38 recommendation back to the House of Delegates.

39
40 Testimony regarding the resolution was supportive, highlighting the need for further
41 study on this issue. However, your Reference Committee noted that using the term
42 “consent” in the title is misleading, as the resolve has no language regarding consent.
43 Therefore, your Reference Committee recommends adoption with change in title to read:
44 Research Handling of De-Identified Patient Information.

45
46 (17) BOARD OF TRUSTEES REPORT 25 - RECOGNITION
47 OF PHYSICIAN ORDERS FOR LIFE SUSTAINING
48 TREATMENT FORMS

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50 RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

HOD ACTION: The recommendation in Board of Trustees Report 25 adopted as amended, and the remainder of the report filed.

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

Testimony generally supported the intent of Board of Trustees Report 25, noting that advance care planning is crucial to ensuring that patients' wishes are respected and that patients do not receive unwanted care. However, your Reference Committee also heard testimony that discussed the complexity involved in physicians' orders being enforced in

1 states where the ordering physician is not licensed. Several amendments were proposed
2 that attempted to address this issue. Included in these amendments were suggestions
3 that the Physician Orders for Life Sustaining Treatment (POLST) forms be recognized as
4 a valid expression of a patient's directions for care, rather than explicitly stating that they
5 be enforceable orders across state lines. Additionally, amendments were offered
6 suggesting that AMA model state legislation and guidelines include not only POLST
7 forms, but also other patient decision-making forms. Therefore, your Reference
8 Committee recommends that Board of Trustees Report 25 be adopted as amended.

9
10 (18) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1
11 - CCB SUNSET REVIEW OF 2008 HOUSE POLICIES

12
13 RECOMMENDATION A:

14
15 Madam Speaker, your Reference Committee recommends
16 that the recommendations in Council on Constitution and
17 Bylaws Report 1 be amended by addition to read as
18 follows:

19
20 The Council on Constitution and Bylaws recommends that
21 the House of Delegates policies that are listed in the
22 Appendix to this report be acted upon in the manner
23 indicated, with the exception of Policy H-405.991, which
24 should be retained and reconciled with H-405.996 to read
25 as follows:

26
27 ~~"Our AMA does not believe it would be appropriate to~~
28 ~~establish a separate committee to serve as a~~
29 ~~clearinghouse for service opportunities and to promote~~
30 ~~voluntary service, but Our AMA supports continued~~
31 ~~promotion of community service and volunteerism by its~~
32 ~~membership and encourages state association awards for~~
33 ~~exceptional voluntary community service and wider~~
34 ~~recognition of physicians who perform voluntary services."~~

35
36 RECOMMENDATION B:

37
38 Madam Speaker, your Reference Committee recommends
39 that the recommendations in Council on Constitution and
40 Bylaws Report 1 be adopted as amended and the
41 remainder of the report filed.

42
43 **HOD ACTION: The recommendations in Council on**
44 **Constitution and Bylaws Report 1 adopted as amended**
45 **and the remainder of the report filed.**

46
47 This report concerns the sunseting of House Policies pursuant to Policy G-600.110,
48 "Sunset Mechanism for AMA Policy". Under this mechanism, a policy ceases to be
49 viable after 10 years unless the House takes action to retain it. The report notes, that the
50 Council on Constitution and Bylaws presents its recommendations on the dispositions on

1 House policies from 2008 to which it was assigned. The report recommends that the
2 House policies listed in the Appendix be acted upon as indicated in the Appendix.

3
4 No opposing testimony was offered to CC&B Report 01. However, your Reference
5 Committee has suggested an amendment to be integrated during the policy
6 reconciliation for brevity. Thus, your Reference Committee recommends the adoption of
7 CC&B Report 1 as amended.

8
9 (19) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
10 REPORT 6 - CEJA'S SUNSET REVIEW OF 2008 HOUSE
11 POLICIES

12
13 RECOMMENDATION A:

14
15 Madam Speaker, your Reference Committee, with the
16 concurrence of the Council on Ethical and Judicial Affairs,
17 recommends that the recommendation in CEJA Report 6
18 be amended by addition to read as follows:

19
20 House of Delegates policies that are listed in the Appendix
21 to this report be acted upon in the manner indicated, with
22 the exception of Policy H-25.997, which should be
23 amended by deletion to read as follows:

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

38
39 RECOMMENDATION B:

40
41 Madam Speaker, your Reference Committee recommends
42 that the recommendations in Council on Ethical and
43 Judicial Affairs Report 6 be adopted as amended, and the
44 remainder of this report be filed.
45

HOD ACTION: The recommendations in Council on Ethical and Judicial Affairs Report 6 adopted as amended, and the remainder of this report filed.

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

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

(20) RESOLUTION 004 - PATIENT-REPORTED OUTCOMES
IN GENDER CONFIRMATION SURGERY

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RESOLVED, That our AMA support ~~development and~~ implementation of standardized tools, such as questionnaires, developed by specialty societies and other

1 relevant stakeholders to evaluate outcomes of gender
2 confirmation surgeries. (New HOD Policy)

3
4 RECOMMENDATION C:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 004 be adopted as amended.

8
9 **HOD ACTION: Resolution 004 adopted as amended.**

10
11 Responding to the recent increase in gender confirmation surgeries and the current lack
12 of a clear standard for patient education and education about certain procedures, the
13 resolution asks that our AMA support research to establish standardized protocols for
14 patient selection and care of transgender patients undergoing gender confirmation
15 surgeries. The resolution further asks that our AMA support the development and
16 implementation of standardized tools, such as questionnaires, to evaluate surgical
17 outcomes.

18
19 Testimony for Resolution 004 was unanimously supportive. Testimony suggested one
20 amendment to insert language that our AMA initiatives and research be “developed from
21 specialty societies”. The rationale for this amendment is that there exist some
22 reasonable basis that backs the initiatives and research that the resolve calls for. Your
23 Reference Committee notes this testimony and supports amendment and agrees and
24 recommends adoption with amendment.

25
26 (21) RESOLUTION 005 - DECREASING SEX AND GENDER
27 DISPARITIES IN HEALTH OUTCOMES

28
29 RECOMMENDATION A:

30
31 Madam Speaker, your Reference Committee recommends
32 that Resolution 005 be amended by addition and deletion
33 to read as follows:

34
35 ~~RESOLVED, That our American Medical Association~~
36 ~~encourage the use of guidelines, treatment protocols, and~~
37 ~~decision support tools specific to biological sex for~~
38 ~~conditions in which physiologic and pathophysiologic~~
39 ~~differences exist between sexes (New HOD Policy)~~

40
41 RESOLVED, That our AMA support the use of gender-
42 neutral decision support tools that aim to mitigate gender
43 bias in diagnosis and treatment;_(New HOD Policy) and be
44 it further

45
46 RESOLVED, That our American Medical Association
47 encourage the use of guidelines, treatment protocols, and

1 decision support tools specific to biological sex for
2 conditions in which physiologic and pathophysiologic
3 differences exist between sexes. (New HOD Policy)

4
5 RECOMMENDATION B:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 005 be adopted as amended.

9
10 **HOD ACTION: Resolution 005 adopted as amended.**

11
12 In response to recognized widespread sex and gender disparities in health care
13 outcomes, the resolution ask that our AMA encourage the use of guidelines, tools and
14 protocols specific to biological sex for conditions for which there are physiologic and
15 pathophysiologic differences between the sexes and that our AMA support the use of
16 gender-neutral tools to help mitigate gender bias in diagnosis and treatment.

17
18 Limited testimony heard by your Reference Committee unanimously supported the
19 adoption of Resolution 005. Your Reference Committee believed that the intent of the
20 resolution would be more effectively represented by reordering the two resolve clauses.
21 Therefore, your Reference Committee recommends that Resolution 005 be adopted as
22 amended.

23
24 (22) RESOLUTION 006 - LIVING DONOR PROTECTION ACT
25 OF 2017 (HR 1270)

26
27 RESOLUTION 012 - COSTS TO KIDNEY DONORS

28
29 RECOMMENDATION A:

30
31 Madam Speaker, your Reference Committee recommends
32 Policy H-370.965 be amended by addition and deletion:

33
34 1. Our AMA supports federal and state laws that
35 remove financial barriers to living organ donation, such as:
36 (a) provisions for expenses involved in the donation
37 incurred by the organ donor; (b) providing access to health
38 care coverage of any medical expense related to the
39 donation and; (c) provisions for expenses incurred after the
40 donation as a consequence of donation; ~~(e)~~ (d) prohibiting
41 employment discrimination on the basis of living donor
42 status; ~~(d)~~ (e) prohibiting the use of living donor status as
43 the sole basis for denying or limiting health, and-life, and
44 disability and long-term care insurance coverage; and ~~(e)~~
45 (f) provisions to encourage paid leave for organ donation.
46

1 2. Our AMA supports legislation expanding paid leave
2 for organ donation.

3
4 3. Our AMA advocates that live organ donation
5 surgery be classified as a serious health condition under
6 the Family and Medical Leave Act.

7
8 RECOMMENDATION B:

9
10 Madam Speaker, your Reference Committee recommends
11 Policy H-370.965 be adopted as amended in lieu of
12 Resolutions 006 and 012.

13
14 RECOMMENDATION C:

15
16 Madam Speaker, your reference committee recommends
17 that Policy H-370.996 be reaffirmed.

18
19 **HOD ACTION: Policy H-370.965 be adopted as amended in**
20 **lieu of Resolutions 006 and 012 and Policy H-**
21 **370.996 reaffirmed.**

22
23 Resolution 006 is in response to the many burdens living organ donors face, such as
24 difficulty obtaining life insurance or paying higher insurance premiums, the resolution
25 asks that our AMA strongly support the Living Donor Protection Act of 2017 (HR 1270).
26 The Living Donor Protection Act addresses and attempts to ease burdens living donors
27 have with insurance. Resolution 012 is in response to the significant expenses that living
28 kidney donors incur both before and after donation and the disincentive to donation that
29 these expenses create, the resolution asks that our AMA seek legislation to ensure that
30 living kidney donors are reimbursed for expenses associated with donation of their
31 kidney.

32
33 Testimony was largely supportive of the intentions of Resolution 006 and Resolution
34 012, both of which dealt with protections of organ donors and removing barriers to organ
35 donation. A number of suggestions were made that the resolutions be addressed
36 together, as they dealt with similar issues. Your Reference Committee also heard
37 testimony that suggested that our AMA not adopt policy that references specific pieces
38 of government legislation, as such bills are subject change. With regards to Resolution
39 006, a number of speakers suggested that the resolution be expanded to address all
40 forms of organ donation rather than being limited specifically to kidney donors.
41 Additionally, testimony on both items referenced currently existing AMA policy that
42 addresses many of the issues that Resolutions 006 and 012 aim to address. Therefore,
43 your Reference Committee recommends that current Policy H-370.965 be amended,
44 and Policy H-370.996 be reaffirmed in lieu of Resolutions 006 and 012.

45

1 (23) RESOLUTION 008 - HEALTH CARE RIGHTS OF
2 PREGNANT MINORS

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your Reference Committee recommends
7 that the second Resolve in Resolution 008 be amended by
8 addition to read as follows:

9
10 RESOLVED, That our AMA oppose any law or policy that
11 prohibits a pregnant minor from ~~to~~ consenting to prenatal
12 and other pregnancy related care, including, but not limited
13 to, prenatal genetic testing, epidural block, pain
14 management, Cesarean section, diagnostic imaging,
15 procedures, and emergency care. (Directive to Take
16 Action)

17
18 RECOMMENDATION B:

19
20 Madam Speaker, your Reference Committee recommends
21 that Resolution 008 be adopted as amended.

22
23 **HOD ACTION: Resolution 008 adopted as amended.**

24
25 In response to a number of states requiring parental consent of pregnant minors to
26 receive prenatal care, such as genetic testing, epidural block, and cesarean section, the
27 resolution asks that our AMA support legislation to allow pregnant minors to consent to
28 all prenatal and postpartum care and procedures. The resolution further asks that our
29 AMA oppose any law that prohibits a pregnant minor from consenting to any pregnancy
30 related care.

31
32 Testimony for Resolution 008 was unanimously supportive and offered amendments to
33 expand the scope of procedures covered to include diagnostic imaging and procedures.
34 However, considering the resolution, your Reference Committee suggests an
35 amendment to language to further delineate “pregnancy related care”. Your Reference
36 Committee suggests amending the resolution to reflect forms of pain management
37 beyond that of an epidural block. Additionally, the Reference Committee would like to
38 add “diagnostic imaging, procedures, and emergency care” to the list of pregnancy
39 related care, in an effort to give more complete examples of care in this regard. Your
40 Reference Committee recommends that Resolution 008 be adopted as amended.

41
42
43 (24) RESOLUTION 014 - PROMOTION OF LGBTQ-FRIENDLY
44 AND GENDER-NEUTRAL INTAKE FORMS

45
46 RECOMMENDATION A:

47

1 Madam Speaker, your Reference Committee recommends
2 that Resolution 014 be amended by addition to read as
3 follows:

4
5 RESOLVED, That our American Medical Association will
6 develop and implement a plan with input from the Advisory
7 Committee on LGBTQ Issues and appropriate medical and
8 community based organizations to distribute and promote
9 the adoption of the recommendations pertaining to medical
10 documentation and related forms in AMA policy H-315.967,
11 “Promoting Inclusive Gender, Sex, and Sexual Orientation
12 Options on Medical Documentation,” to our membership.
13 (Directive to Take Action)

14
15 RECOMMENDATION B:

16
17 Madam Speaker, your Reference Committee recommends
18 that Resolution 014 be adopted as amended.

19
20 **HOD ACTION: Resolution 014 adopted as amended.**

21
22 Considering evidence that only a very small percentage of intake forms are gender
23 inclusive (able to identify transgender patients and not limited to binary gender), and that
24 various LGBTQ groups have noted that including gender-neutral intake forms would
25 improve the care of LGBTQ patients, and that our AMA is already has an established
26 stance to the ongoing improvement of nonjudgmental, nondiscriminatory, and culturally
27 competent care of LGBTQ patients, the resolution calls for our AMA to distribute and
28 promote to its members, the adoption of the recommendations pertaining to medical
29 documentation and related forms in House Policy H-315.967 “Promoting Inclusive
30 Gender, Sex, and Sexual Orientation Options on Medical Documentation.”

31
32 Testimony in support of the resolution was unanimously supportive. There was a
33 suggestion to leave the resolution substantively unchanged, but with an amendment to
34 add language referencing that our AMA will develop and implement a plan with input
35 from the Advisory Committee on LGBTQ issues and appropriate medical and community
36 based organizations. The rationale for the amendment is to keep the resolution in
37 accordance with the language of other similarly related house policies. Your Reference
38 Committee noted the supportive testimony and request for amendment and is in
39 agreement. Your Reference Committee recommends adoption with amendment.

40
41
42 (25) RESOLUTION 015 - HUMAN TRAFFICKING/SLAVERY
43 AWARENESS

44
45 RECOMMENDATION A:

46

1 Madam Speaker, your Reference Committee recommends
2 that Resolution 015 be amended by addition and deletion
3 to read as follows:

4
5 RESOLVED, That our American Medical Association study
6 the awareness and effectiveness of physician education
7 regarding the recognition and reporting of human
8 trafficking and slavery. ~~to ensure that physicians are~~
9 ~~trained to report suspected cases of human~~
10 ~~trafficking/slavery to the appropriate authorities while~~
11 ~~assuring victims have the medical, legal, and social~~
12 ~~resources they need and develop a plan of action to~~
13 ~~improve recognition of victims of human trafficking/slavery~~
14 ~~to increase the identification, referral, and rescue rate.~~
15 (Directive to Take Action)

16
17 RECOMMENDATION B:

18
19 Madam Speaker, your Reference Committee recommends
20 that Resolution 015 be adopted as amended.

21
22 **HOD ACTION: Resolution 015 adopted as amended.**

23
24 In response to the growing societal problem of human trafficking worldwide and the
25 potential of physicians to act as first responders to this crisis, the resolution calls for our
26 AMA to study the effectiveness of physician education to ensure that physicians are
27 trained to report suspected cases of human trafficking/slavery to authorities and to
28 develop a plan to improve recognition of victims to increase the rate of rescue.

29
30 Testimony for Resolution 015 was largely supportive, but there was concern about the
31 language of “assuring victims have the medical, legal, and social resources they need”.
32 However, your Reference Committee recognizes that awareness of educational
33 resources should be a necessary element of the study. Therefore, your Reference
34 Committee suggests an amendment that the study also includes “awareness” as well as
35 the effectiveness of physician education into these matters of human trafficking. Your
36 Reference Committee recommends adoption as amended.

37
38
39 (26) RESOLUTION 018 - DISCRIMINATION AGAINST
40 PHYSICIANS BY PATIENTS

41
42 RECOMMENDATION A:

43
44 Madam Speaker, your Reference Committee recommends
45 that Resolution 018 be amended by addition and deletion
46 to read as follows:

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 018 adopted as amended.

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

Testimony for Resolution 018 was unanimously supportive. There was a suggested amendment to add the language "physicians in training" to broaden the scope. Testimony noted that these issues are equally relevant for medical students and residents as well as practicing physicians. Your Reference Committee took note of this testimony and recommendation and is in agreement and recommends adoption with amendment.

(27) RESOLUTION 019 - STUDY OF MEDICAL STUDENT, RESIDENT, AND PHYSICIAN SUICIDE

RECOMMENDATION A:

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

1 RESOLVED, That our American Medical Association determine
2 the most efficient and accurate mechanism to study ~~conduct a~~
3 ~~study to accurately quantify~~ the actual incidence of medical
4 student, resident, and physician suicide, and report back at the
5 2018 Interim Meeting of the House of Delegates with
6 recommendations for action. (Directive to Take Action)

7
8 RECOMMENDATION B:

9
10 Madam Speaker, your Reference Committee recommends that
11 Resolution 019 be adopted as amended.

12
13 **HOD ACTION: Resolution 019 adopted as amended.**

14
15 In response to our AMA addressing the core issue of suicide by physicians and
16 physicians-in-training in 2010 and the resultant studies that help our AMA create
17 policies, and in light of the growing problem of physicians and physicians-in-training
18 facing burnout, depression, and suicide and the resultant need for an updated study to
19 address these concerns for doctors before they enter medical school and beyond,
20 Resolution 019 calls for our AMA to conduct a study to accurately quantify the actual
21 incidence of medical student, resident and physician suicide, and report back with
22 recommendations for action.

23
24 Testimony for the resolution was unanimously supportive. In considering the resolution,
25 your Reference Committee notes the severity of the issue of physician suicide and the
26 significant need for attention to this problem. However, our AMA does not generally
27 conduct independent empirical research, and thus the Reference Committee suggests
28 amending Resolution 019 so that the Board can determine the “most efficient and
29 accurate mechanism to accurately quantify” (instead of a “study to accurately quantify”)
30 the actual incidence of medical student, resident, and physician suicide. Your Reference
31 Committee recommends adoption with amendment and a directive to report back
32 findings at the 2018 Interim Meeting of the House of Delegates.

33
34 (28) RESOLUTION 010 - GENDER EQUITY IN COMPENSATION
35 AND PROFESSIONAL ADVANCEMENT

36
37 RESOLUTION 011 - WOMEN PHYSICIAN WORKFORCE AND
38 GENDER GAP IN EARNINGS-MEASURES TO IMPROVE
39 EQUALITY

40
41 RESOLUTION 020 – ADVANCING THE GOAL OF EQUAL PAY
42 FOR WOMEN IN MEDICINE

43
44 RESOLUTION 021 – TAKING STEPS TO ADVANCE GENDER
45 EQUITY IN MEDICINE

46
47 RECOMMENDATION:

1 Madam Speaker, your Reference Committee recommends that
2 the following resolution be adopted in lieu of Resolutions 010,
3 011, 020 and 021.

4
5 ADVANCING GENDER EQUITY IN MEDICINE

6
7 **HOD ACTION: The following resolution adopted in lieu of**
8 **Resolutions 010, 011, 020 and 021.**

9
10 RESOLVED, That our American Medical Association draft and
11 disseminate a report detailing its positions and
12 recommendations for gender equity in medicine, including
13 clarifying principles for state and specialty societies, academic
14 medical centers and other entities that employ physicians, to be
15 submitted to the House for consideration at the 2019 Annual
16 Meeting (Directive to Take Action); and be it further

17
18 RESOLVED, That our American Medical Association: (a)
19 advocate for institutional, departmental and practice policies that
20 promote transparency in defining the criteria for initial and
21 subsequent physician compensation; (b) advocate for pay
22 structures based on objective, gender-neutral objective criteria;
23 (c) encourage a specified approach, sufficient to identify gender
24 disparity, to oversight of compensation models, metrics, and
25 actual total compensation for all employed physicians; and (d)
26 advocate for training to identify and mitigate implicit bias in
27 compensation determination for those in positions to determine
28 salary and bonuses, with a focus on how subtle differences in
29 the further evaluation of physicians of different genders may
30 impede compensation and career advancement (New HOD
31 Policy); and be it further

32
33 RESOLVED, That our American Medical Association (AMA)
34 recommend as immediate actions to reduce gender bias (a)
35 elimination of the question of prior salary information from job
36 applications for physician recruitment in academic and private
37 practice; (b) create an awareness campaign to inform physicians
38 about their rights under the Lilly Ledbetter Fair Pay Act and
39 Equal Pay Act; (c) establish educational programs to help
40 empower all genders to negotiate equitable compensation; (d)
41 work with relevant stakeholders to host a workshop on the role
42 of medical societies in advancing women in medicine, with co-
43 development and broad dissemination of a report based on
44 workshop findings; and (e) create guidance for medical schools

1 and health care facilities for institutional transparency of
2 compensation, and regular gender-based pay audits (Directive
3 to Take Action); and be it further
4

5 RESOLVED, That our AMA collect and analyze comprehensive
6 demographic data and produce a study on the inclusion of
7 women members including, but not limited to, membership,
8 representation in the House of Delegates, reference committee
9 makeup, and leadership positions within our AMA, including the
10 Board of Trustees, Councils and Section governance, plenary
11 speaker invitations, recognition awards, and grant funding, and
12 disseminate such findings in regular reports to the House of
13 Delegates and making recommendations to support gender
14 equity (Directive to Take Action); and be it further
15

16 RESOLVED, That our AMA commit to pay equity across the
17 organization by asking our Board of Trustees to undertake
18 routine assessments of salaries within and across the
19 organization, while making the necessary adjustments to ensure
20 equal pay for equal work. (Directive to Take Action)
21

22 Resolution 010 cites recent data showing significant differences in salary between male
23 and female physicians (females physicians earning less than males) and the persistence
24 of implicit bias that disadvantages women in male dominated professions, the resolution
25 asks that our AMA advocate for: institutional policies regarding salary that promote
26 transparency, equal base pay based on objective criteria, and implicit bias training. The
27 resolution further asks that our AMA encourage a specified approach to compensation
28 models that identify gender disparity and to establish education programs to help all
29 genders negotiate equitable compensation.
30

31 Resolution 011 explains the continuing existence of the historical payment disparity gap
32 between male and female physicians and the recent measures being taken to solve
33 compensation disparity between the genders (such as the Lilly Ledbetter Fair Pay Act
34 and the city of Chicago's mandate that employers cannot ask about salary history), the
35 resolution asks that our AMA create an awareness campaign to inform physicians of
36 their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act. The resolution
37 further calls on our AMA to help U.S. medical schools and facilities create guidance for
38 institutional transparency of compensation and that our AMA recommend elimination any
39 question of prior salary information from any physician job applications.
40

41 Resolution 020 responds to recent studies that demonstrate pay disparities for women
42 physicians that being early in their careers and that gaps in compensation between men
43 and women physicians widen over the career trajectory and that 48 states currently have
44 some form of equal pay legislation, Resolution 020 calls for our AMA to draft and
45 disseminate a report clarifying principles of equal pay in medicine that can form the basis
46 for state and specialty society policy-making, as well as for academic medical centers

1 and other physician employers, to be submitted to the House for consideration at the
2 2019 Annual Meeting.

3
4 Finally, Resolution 021 responds to women physicians having documented wage gaps
5 in compensation and career advancement and published literature documenting that
6 progress for women physicians has been slower than anticipated and national medical
7 societies working to find solutions and publishing reports on this issue, Resolution 021
8 calls for our AMA to draft a report detailing its positions and recommendations for gender
9 equity in medicine to be submitted to the House for consideration at the 2019 Annual
10 meeting and that our AMA work with relevant stakeholders to host a workshop on the
11 role of medical societies in advancing women in medicine with development of a report
12 on the workshop findings.

13
14 Testimony for Resolutions 010, 011, 020 and 021 are all resolutions regarding gender
15 equity and disparity in the medical profession, was largely supportive. There was strong
16 support and recognition of a problem in of gender disparities in medicine and a need for
17 further study on these problems. Testimony reflected the need for our AMA to set an
18 example on this issue, by committing to pay equity for its employees. Considering that all
19 four Resolutions are related to the same issue, the Reference Committee has decided to
20 make one single resolution incorporating the recommendations of these four
21 Resolutions. The new resolution includes new House policy, specific directives to reduce
22 gender bias, and a call for a future study to continue exploring this important issue.
23 Therefore, your Reference Committee recommends that the substitute resolution be
24 adopted in lieu of Resolutions 010, 021, 011 and 020.

25
26 (29) RESOLUTION 013 - OPPOSING SURGICAL SEX
27 ASSIGNMENT OF INFANTS WITH DIFFERENCES OF
28 SEX DEVELOPMENT

29
30 RECOMMENDATION:

31
32 Madam Speaker, your Reference Committee recommends
33 that Resolution 013 be referred.

34
35 **HOD ACTION: Resolution 013 referred.**

36
37 Citing concerns that sex assignment surgery of infants with Differences of Sex
38 Development (DSD) may be harmful, as such surgeries are permanent alterations
39 before the patient is able to consent and may result in the infant patient being assigned a
40 gender incongruent with their gender identity. The resolution calls for our AMA to oppose
41 the assignment of gender binary sex to infants with DSD through surgical intervention
42 (except for surgery necessary for physical function) and believe that children should
43 have meaningful input into any gender assignment surgery.

44
45 The testimony surrounding Resolution 013 was passionate and mixed. Supporting
46 testimony argued that surgical sex assignment on infants was irreversible and
47 sometimes conducted unnecessarily. Opposing testimony was offered suggesting that
48 blanket bans on procedures inhibited physicians from providing care to their patients,
49 and that surgery is never an automatic recommendation for infants with differences in
50 sex development. The authors of the resolution recommended that Resolution 013 be

1 referred, as this issue is currently under study by the Council on Ethical and Judicial
2 Affairs Your Reference Committee ultimately agreed with authors that further study on
3 the issue is necessary, and recommends that Resolution 013 be referred in anticipation
4 of CEJA's report.

5
6 (30) RESOLUTION 017 - REVISED MISSION STATEMENT
7 OF THE AMA

8
9 RECOMMENDATION:

10
11 Madam Speaker, your Reference Committee recommends
12 that Resolution 017 not be adopted.

13
14 **HOD ACTION: Resolution 017 not adopted.**

15
16 Considering that our AMA has been spending an increasing amount of time discussing
17 physician burnout and malaise, the resolution asks that our AMA update its mission
18 statement to read: The AMA promotes professionalism, the art and science of medicine,
19 physician wellness and the betterment of public health.

20
21 Your Reference Committee heard testimony generally opposed to Resolution 017. It was
22 noted by several speakers that the current mission statement of our AMA concisely
23 conveys an appropriate message, and that a change is not necessary. Additionally,
24 others expressed hesitation about attempting to wordsmith a new mission statement on
25 the floor of the House. Your Reference Committee recommends that Resolution 017 not
26 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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