Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

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

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

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

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

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


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


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

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

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


RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

15. Resolution 002 – FMLA Equivalent for LGBT Workers

16. Resolution 003 – Proposing Consent for De-Identified Patient Information

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

17. Board of Trustees Report 25 – Recognition of Physician Orders for Life Sustaining Treatment Forms


20. Resolution 004 – Patient-Reported Outcomes in Gender Confirmation Surgery

21. Resolution 005 – Decreasing Sex and Gender Disparities in Health Outcomes

22. Resolution 006 – Living Donor Protection Act of 2017 (HR 1270) Resolution 012 – Costs to Kidney Donors

23. Resolution 008 – Health Care Rights of Pregnant Minors

24. Resolution 014 – Promotion of LGBTQ-Friendly and Gender-Neutral Intake Forms

25. Resolution 015 – Human Trafficking/Slavery Awareness

26. Resolution 018 – Discrimination Against Physicians by Patients

27. Resolution 019 – Study of Medical Study of Medical Student, Resident and Physician Suicide

28. Resolution 010 – Gender Equity in Compensation and Professional Advancement
Resolution 011 – Women Physician Workforce and Gender Gap in Earnings-
Measures to Improve Equality
Resolution 020 – Advancing the Goal of Equal Pay for Women in Medicine
Resolution 021 – Taking Steps to Advance Gender Equity in Medicine

RECOMMENDED FOR REFERRAL

29. Resolution 013 – Opposing Surgical Sex Assignment of Infants with Differences of Sex Development

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) BOARD OF TRUSTEES REPORT 2 - NEW SPECIALTY ORGANIZATIONS REPRESENTATION IN THE HOUSE OF DELEGATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 2 be adopted and that the remainder of the report be filed.

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


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

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

RECOMMENDATION:

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

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

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

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

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

RECOMMENDATION:

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

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


Testimony was generally supportive of the recommendations in Board of Trustees Report 23. Multiple associations noted that they have policy stating health care is a human right, with which current AMA policy is consistent to varying degrees. Some testimony suggested that the report did not go far enough in recognizing health care as a human right. Your Reference Committee considered both viewpoints, and overall testimony reflected that existing House policy adequately supports the intention of ensuring that all people have access to a basic level of health care. Your Reference Committee recommends that Board of Trustees Report 23 be adopted.
(4) BOARD OF TRUSTEES REPORT 24 - APPROPRIATE PLACEMENT OF TRANSGENDER PRISONERS

RECOMMENDATION:

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

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

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

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

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

RECOMMENDATION:

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

HOD ACTION: The recommendations in Board of Trustees Report 26 adopted and the remainder of the report filed.
This report addresses Resolution 11-A-17, “Revision of Researcher Certification and Institutional Review Board (IRB) Protocols”, which asked our AMA to study IRB protocols and create recommendations that would protect patients while permitting physicians to easily participate in the dissemination of medical knowledge. In the goal of conducting ethical research involving human participants, multiple federal regulations were created. Together, these regulations are known as the “Common Rule” and set basic standards for research oversight. However, there are recent criticisms that the Common Rule is ineffective and cumbersome. The DHHS 2011 review of the Common Rule resulted in a 2018 update, which included changes to streamline the oversight process. The report recommends that our AMA continue to support efforts to improve protections for human subjects of biomedical and behavioral research and advocate for change as opportunities arise.

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

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

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

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

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

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

Your Reference Committee heard testimony that was largely supportive of CEJA Report
1. Hesitations were raised regarding circumstances in which physicians do not possess
the self-awareness to accurately assess their own competence, such as in the case of
impairment, and such physicians should not be considered to be acting unethically.
However, it was noted that the Code of Medical Ethics already offers guidance to
physicians with impaired colleagues. While your Reference Committee is sensitive to the
concerns raised during testimony, its judgment is that those concerns are adequately
addressed by the report, and therefore recommends that Council on Ethical and Judicial
Affairs Report 1 be adopted as written.
(8) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 2 - MERGERS OF SECULAR AND
RELIGIOUSLY AFFILIATED HEALTH CARE
INSTITUTIONS

RECOMMENDATION:

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

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

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

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

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

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that the recommendations in Council on Ethical and
Judicial Affairs Report 3 be adopted and that the
remainder of the report be filed.
This report responds to House Policy H-460.9896, “Stem Cell Tourism” adopted at the 2016 Annual meeting. This report provides guidance on the broader issue of medical tourism as a whole, rather than focusing specifically on stem cell tourism, stating that medical tourism is a growing phenomenon. CEJA outlines the potential risks of medical tourism, and explains the associated ethical challenges including informed decision making, continuity of care, preservation of trust between physician and patient, and oversight.

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

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

RECOMMENDATION:

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


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

Your Reference Committee heard testimony largely supportive of CEJA Report 4, as well as that the report is relevant in light of the newly-signed “Right to Try Act of 2017.” Testimony noted that this report provides helpful guidance to physicians treating patients with serious, life-threatening illnesses for whom standard therapies have not been
The concern was raised that the report places problematic responsibilities on front-line physicians rather than researchers, but alternate testimony pointed out that the recommendations in the report give physicians the right to decline support for patients seeking investigational therapies, and that responsibility does fall on the investigators. Your Reference Committee considered this concern, but agrees that the report does not place unfair responsibilities on the physician, and therefore recommends that CEJA Report 4 be adopted.

(11) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

REPORT 5 - STUDY AID-IN DYING AS END-OF-LIFE OPTION / THE NEED TO DISTINGUISH "PHYSICIAN ASSISTED SUICIDE" AND "AID IN DYING"

RECOMMENDATION:

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


CEJA Report 5 responds to Resolution 15-A-15, “Study Aid-in-Dying as End-of-Life Option,” and Resolution 14-A-17, “The Need to Distinguish between ‘Physician-Assisted Suicide’ and ‘Aid in Dying’.” Resolution 15-A-15 asks that CEJA study medical aid-in-dying and make a recommendation regarding the AMA taking a neutral stance; Resolution 14-A-17 asks that AMA define and clearly distinguish “physician assisted suicide” and “aid in dying” for use in all AMA policy and position statements. This report holds that these different terms of art reflect different ethical perspectives. The Council finds “physician assisted suicide” to be the most precise term and urges that it be used by AMA. The report notes that there are irreducible differences in moral perspectives regarding the issue of physician-assisted suicide, such that both sides share common commitment to “compassion and respect for human dignity and rights,” (see Principle I of the AMA Principles of Medical Ethics) but draw different moral conclusions from these shared commitments. The report considers the risks of unintended consequences of physician-assisted suicide, noting that there is debate about the available data. The report argues that where physician-assisted suicide is legal, safeguards can and should be improved in order to mitigate risk. The report further notes that too often physicians and patients do not have the conversations they should about death and dying and that physicians should be skillful in engaging in these difficult conversations and knowledgeable about the options available to terminally ill patients. CEJA Report 5 concludes that the Code of Medical Ethics, in its current form, offers guidance to support physicians and the patients they serve in making well-considered, mutually respectful decisions about legally available options for care at the end of life in the intimacy of the patient-physician relationship and in keeping with their deeply held personal beliefs. CEJA Report 5 recommends that the Code not be amended and that Resolutions 15-A-16 and 14-A-17 not be adopted.
Your Reference Committee heard extensive mixed, passionate testimony, including online, regarding CEJA Report 5. There was broad agreement that CEJA had written a strong report that thoroughly examines the issues under consideration, including focusing on the shared values of care, compassion, respect, and dignity. Testimony offered a great deal of support, with a number of societies noting that CEJA’s recommendations are in agreement with their own policies. Your Reference Committee also heard a significant amount of opposing testimony, including questions about whether the conclusions of the report were supported by its content. Ultimately, your Reference Committee agreed that the Code of Medical Ethics offers guidance to support physicians and the patients they serve in making decisions about legally available options for care at the end of life, and recommends that CEJA Report 5 be adopted.

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

RECOMMENDATION:

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

HOD ACTION: Resolution 001 adopted.

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

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 007 adopted.

Citing strong concerns of the many recent legal restrictions on abortion around the country, increases in women turning to self-induced abortions, and the increases in criminal prosecution of women for self-induced abortion, the resolution asks that our AMA oppose and advocate against the criminalization of self-induced abortion, as criminalization increases medical risks and deters women from seeking medically necessary services.
Your Reference Committee heard generally supportive testimony on Resolution 007. There was broad agreement that measures aimed at criminalizing self-induced abortion would increase risks to patients and discourage patients from seeking medical treatment. Limited opposing testimony was offered, and raised concerns about the potential timing of self-induced abortions. A proposed amendment recommended expanding the resolution to oppose efforts to criminalize abortion, including but not limited to those that are self-induced, noting that our AMA currently does not have any policy in place addressing the legality of abortion. However, subsequent testimony did not support the amendment. Therefore, your Reference Committee recommends that Resolution 007 be adopted as written.

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

RECOMMENDATION:

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

HOD ACTION: Resolution 016 adopted.

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

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

(15) RESOLUTION 002 - FMLA EQUIVALENT FOR LGBT WORKERS

RECOMMENDATION A:

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

RECOMMENDATION B:

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

FMLA EQUIVALENCE

HOD ACTION: Resolution 002 adopted with a change in title.
In response to the need and benefit for family and medical leave policies to be inclusive of LGBT workers, the resolution asks that our AMA advocate that Family and Medical Leave Act policies include any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

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

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

RECOMMENDATION A:

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

RECOMMENDATION B:

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

RESEARCH HANDLING OF DE-IDENTIFIED PATIENT INFORMATION

HOD ACTION: Resolution 003 adopted with a change in title.

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

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

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

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

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

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

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

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

(19) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

REPORT 6 - CEJA’S SUNSET REVIEW OF 2008 HOUSE POLICIES

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Ethical and Judicial Affairs Report 6 be adopted as amended, and the remainder of this report be filed.
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 sunsetting 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
RECOMMENDATION C:

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

HOD ACTION: Resolution 004 adopted as amended.

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

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

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

RECOMMENDATION A:

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

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

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 005 adopted as amended.

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

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

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

RESOLUTION 012 - COSTS TO KIDNEY DONORS

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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


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

Testimony was largely supportive of the intentions of Resolution 006 and Resolution 012, both of which dealt with protections of organ donors and removing barriers to organ donation. A number of suggestions were made that the resolutions be addressed together, as they dealt with similar issues. Your Reference Committee also heard testimony that suggested that our AMA not adopt policy that references specific pieces of government legislation, as such bills are subject change. With regards to Resolution 006, a number of speakers suggested that the resolution be expanded to address all forms of organ donation rather than being limited specifically to kidney donors. Additionally, testimony on both items referenced currently existing AMA policy that addresses many of the issues that Resolutions 006 and 012 aim to address. Therefore, your Reference Committee recommends that current Policy H-370.965 be amended, and Policy H-370.996 be reaffirmed in lieu of Resolutions 006 and 012.
(23) RESOLUTION 008 - HEALTH CARE RIGHTS OF
PREGNANT MINORS

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 008 adopted as amended.

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

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

(24) RESOLUTION 014 - PROMOTION OF LGBTQ-FRIENDLY
AND GENDER-NEUTRAL INTAKE FORMS

RECOMMENDATION A:
Madam Speaker, your Reference Committee recommends that Resolution 014 be amended by addition to read as follows:

RESOLVED, That our American Medical Association will develop and implement a plan with input from the Advisory Committee on LGBTQ Issues and appropriate medical and community based organizations to distribute and promote the adoption of the recommendations pertaining to medical documentation and related forms in AMA policy H-315.967, “Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation,” to our membership.

(Directive to Take Action)

RECOMMENDATION B:

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

HOD ACTION: Resolution 014 adopted as amended.

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

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

(25) RESOLUTION 015 - HUMAN TRAFFICKING/SLAVERY AWARENESS

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 015 adopted as amended.

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

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 019 adopted as amended.

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

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

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

RESOLUTION 011 - WOMEN PHYSICIAN WORKFORCE AND GENDER GAP IN EARNINGS-MEASURES TO IMPROVE EQUALITY

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

RESOLUTION 021 – TAKING STEPS TO ADVANCE GENDER EQUITY IN MEDICINE

RECOMMENDATION:
ADVANCING GENDER EQUITY IN MEDICINE

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

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

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

RESOLVED, That our American Medical Association (AMA) recommend as immediate actions to reduce gender bias (a) elimination of the question of prior salary information from job applications for physician recruitment in academic and private practice; (b) create an awareness campaign to inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act; (c) establish educational programs to help empower all genders to negotiate equitable compensation; (d) work with relevant stakeholders to host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings; and (e) create guidance for medical schools
and health care facilities for institutional transparency of compensation, and regular gender-based pay audits (Directive to Take Action); and be it further

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

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

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

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

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

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

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

(29) RESOLUTION 013 - OPPOSING SURGICAL SEX ASSIGNMENT OF INFANTS WITH DIFFERENCES OF SEX DEVELOPMENT

RECOMMENDATION:

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

HOD ACTION: Resolution 013 referred.

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

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 017 not adopted.

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

Your Reference Committee heard testimony generally opposed to Resolution 017. It was noted by several speakers that the current mission statement of our AMA concisely conveys an appropriate message, and that a change is not necessary. Additionally, others expressed hesitation about attempting to wordsmith a new mission statement on the floor of the House. Your Reference Committee recommends that Resolution 017 not be adopted.
Madam Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Thomas Anderson, Jr., MD, Douglas Myers, MD, Mark Adams, MD, Robert Panton, MD, Brandi Ring, MD, and all those who testified before the Committee.

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