Not for consideration

Resolutions not for consideration

212   Physician Identification
602   Creation of LGBTQ Health Specialty Section Council
603   A Guide for Best Health Practices for Seniors Living in Retirement Communities
951   Financial Protections for Doctors in Training
Whereas, Health care facilities are inundated with personnel wearing white coats, scrubs or stethoscopes; and
Whereas, It can be difficult for our patients to distinguish physicians and nurses from other health facility personnel; and
Whereas, Because professional abbreviations are increasingly complex and confusing, they should not be used on health professional ID tags; therefore, be it
RESOLVED, That our American Medical Association adopt nationally standardized whole word labels to be used on health professional and health worker ID tags. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000.

Received: 09/26/17
Whereas, The AMA House of Delegates (HOD) allows for the creation of Specialty Section Councils composed of member organizations with common medical interests or specialty training (B-9.1); and

Whereas, The AMA HOD currently recognizes thirty-one (31) Specialty Section Councils within the House of Delegates (B-14.0.1); and

Whereas, LGBTQ Health has become a fully acknowledged subspecialty of medical practice, spanning a range of medical specialties including, but not limited to, internal medicine, pediatrics, geriatrics, obstetrics and gynecology, endocrinology, plastic surgery; and

Whereas, The study and practice of LGBTQ Health as a recognized subspecialty is vital due to the presence of well-established medical disparities that affect this population; and

Whereas, The AMA Foundation, recognizing the importance of LGBTQ specific medical training, has chosen to utilize the LGBT Honor Fund to establish the creation of subspecialty fellowship training programs in LGBTQ Health; therefore be it

RESOLVED, That our American Medical Association House of Delegates establish a Specialty Section Council on LGBTQ Health. (Directive to Take Action)

Fiscal Note: No significant fiscal impact.

RELEVANT AMA POLICY

B-9.1 Purpose.

9.1.1 Specialty Section Councils shall be established by the House of Delegates. Specialty Section Councils shall provide for deliberation and study of scientific educational and other appropriate interests and concerns of the specialty disciplines and the specialty societies representing these disciplines within the AMA.

9.1.2 The Section Council shall, on request, submit to the Board of Trustees nominations for AMA representatives to serve on approved Specialty Certifying Boards.
B-9.2 Composition.

9.2.1 National medical specialty societies represented in the House of Delegates may appoint representatives to the Specialty Section Councils for the medical specialty in which the specialty society participates. Such representatives must be members of the AMA.

9.2.2 Upon recommendation of the Specialty Section Council and approval of the Board of Trustees, national medical specialty societies that are not represented in the House of Delegates may appoint representatives to the Specialty Section Council for the medical specialty in which the specialty society participates. Such representatives must be members of the AMA.

B-9.3 Specialty Society Delegate.

The AMA delegate(s) and alternate delegate(s) from each national medical specialty society represented in the House of Delegates shall also serve in the Specialty Section Council of their respective specialty.

B-9.4 Chair and Vice Chair.

Each Specialty Section Council shall elect a Chair and Vice Chair from within its membership.

B-14.0.1 Glossary of Terms.

Section Council - Specialty Section Councils have been recognized by the House of Delegates for the following specialties: Allergy; Anesthesiology; Cardiovascular Disease; Clinical Pharmacology and Therapeutics; Dermatology; Digestive Diseases; Disease of the Chest; Emergency Medicine; Endocrinology; Family and General Practice; Federal and Military Medicine; General Surgery; Genetics; Internal Medicine; Neurological Surgery; Neurology; Nuclear Medicine; Obstetrics and Gynecology; Ophthalmology; Orthopedic Surgery; Otolaryngology-Head and Neck Surgery; Pain and Palliative Medicine; Pathology; Pediatrics; Physical Medicine and Rehabilitation; Plastic, Reconstructive and Maxillofacial Surgery; Preventive Medicine; Psychiatry; Radiology; and Urology.
Whereas, The AMA-Senior Physicians Section mission is to engage physicians age 65 and above, both active and retired, to promote policies, products and services relevant to senior physicians; and

Whereas, The number of seniors in the United States is growing exponentially, with currently 46 million people age 65 or older with the number expected to grow to 73 million in the next 15 years; and

Whereas, The “Baby Boomer” generation (generally accepted as birth dates between 1946 to 1964) is 74.9 million; and

Whereas, Large numbers of these groups live independently in retirement communities not subject to any state or federal regulations as are required for assisted living, extended care and nursing homes; and

Whereas, AARP has published its second edition of “Where We Live: Communities for All Ages” with a focus on communities in the forefront in addressing the needs of an aging population; and

Whereas, Many senior physicians live in such communities and could be a resource for their communities in matters of health and wellness, enhancing the health of the community’s residents, were there a template of suggestions to guide their efforts; and

Whereas, Although there are guidelines for immunizations from the CDC and publications touting the validity of exercise programs for the elderly, they are not cohesive and in “one place;” and

Whereas, There are no guidelines for independent living communities (on activities) that could prevent communicable diseases or even save lives (e.g. alcohol/soap hand dispensers in communal areas, maintenance suggestions for decorative fountains and cooling towers, placement of AEDs [AEDs — automated external defibrillators — can be found in almost every school building and airport but how many are in senior living facilities?]); and

Whereas, Senior citizens have special needs that may include safety features (e.g. wider 
doorways, absence of area rugs, leveling of doorsills), accommodations for disabilities, 
improved bathroom accessibility and enhanced lighting; therefore be it

RESOLVED, That our American Medical Association, including other interested parties such as 
the public health community, geriatric specialties, and AARP, study the development of a 
document that could guide best health practices for the senior independent living community. 

(Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000.

Received: 09/29/17
Whereas, The AMA has guidelines that expect all institutions to provide retirement benefits; and

Whereas, With resident and fellowship matching, physicians do not have choice in the benefit package causing differences in retirement outcomes; and

Whereas, Physicians should be saving 15% of their funding towards retirements, but studies have shown that physicians have not been saving enough due to multiple reason including significant student debt, delayed start in professional life, and decreased financial literacy; and

Whereas, Evidence has shown that employers who match retirement savings, result in employees saving significantly more annual for retirement; therefore be it

RESOLVED, That our American Medical Association support retirement plans for all residents and fellows, which includes retirement plan matching in order to further secure the financial stability of physicians and increase financial literacy during training (New HOD Policy); and be it further

RESOLVED, That our AMA support that all programs provide financial advising to resident and fellows. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000.

Received: 09/06/17

References:
3 https://www.mededpublsh.org/manuscripts/847/v1
4 http://www.plansponsor.com/Employer_Contributions_Important_to_Employee_Retirement_Savings.aspx