MSS RESOLUTION 01 – INTEGRATION OF DRUG PRICE INFORMATION INTO ELECTRONIC MEDICAL RECORDS

MSS ACTION: ADOPTED AS AMENDED.

See 315.007MSS

RESOLVED, That our AMA support the incorporation of estimated patient out of pocket drug costs into electronic medical records in order to help reduce patient cost burden; and be it further

RESOLVED, That our AMA collaborate with invested stakeholders, such as physician groups, Electronic Medical Records (EMR) vendors, hospitals, insurers, and governing bodies to integrate estimated out of pocket drug costs into electronic medical records in order to help reduce patient cost burden.

MSS RESOLUTION 02 – EXPANDING ACCESS TO BUPRENORPHINE FOR THE TREATMENT OF OPIOID USE DISORDER

MSS ACTION: ADOPTED AS AMENDED.

See 120.013MSS

RESOLVED, That our AMA study solutions to overcome the barriers preventing appropriately trained physicians from prescribing buprenorphine for treatment of Opioid Use Disorder.

MSS RESOLUTION 03 – EXPANDING USE OF SCREENING TOOLS FOR SOCIAL DETERMINANTS OF HEALTH

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO “EXPANDING ACCESS TO SCREENING TOOLS FOR SOCIAL DETERMINANTS OF HEALTH.”

See 160.033MSS

RESOLVED, That our AMA provide access to evidence-based screening tools for evaluating and addressing social determinants of health in their physician resources; and be it further

RESOLVED, That our AMA support the continued integration of evidence-based screening tools evaluating social determinants of health into the electronic medical record and electronic health record; and be it further

RESOLVED, That our AMA support fair compensation for the use of evidence-based social determinants of health screening tools and interventions in clinical settings.

MSS RESOLUTION 04 – ADDRESSING THE IMPORTANCE OF ADVANCE DIRECTIVE PLANNING AND EDUCATION FOR MEDICAL STUDENTS

MSS ACTION: ADOPTED AS AMENDED.
RESOLVED, That our AMA-MSS support undergraduate medical education on end-of-life care, including teaching advance directive planning as a clinical skill through simulation and skills practice, in addition to established didactic modalities; and be it further

RESOLVED, That in order to address AMA policy H-85.956 at the level of MSS policy, our AMA-MSS amends existing policy 140.007MSS by addition as follows:

140.007MSS AMA-MSS Support of Advance Directives

AMA-MSS Support of Advance Directives: (1) AMA-MSS affirms the need for advance directives for all patients, including young adults, and will provide its members with information about advance directives and recommends medical students complete their own; (2) AMA-MSS will ask the AMA to encourage physicians to discuss advance directives and organ donation with all patients, including young adults, as a part of the ongoing doctor-patient relationship; (3) AMA-MSS will ask the AMA to (a) recommend that advance directives completed by a patient be placed in a prominent area of the patient’s medical record; and (b) recommend the inclusion of information on and eligibility requirements pertaining to organ and tissue donation in any advanced directive; (4) AMA-MSS will ask the AMA to support policies and legislation mandating physician reimbursement for time spent discussing advance directives with patients. (MSS Res 27, I-90, MSS Sub Res 59, I-98, MSS Res 20, I-09, MSS GC Rep A, I-06, MSS GC Rep I, I-84, Consolidated: MSS GC Rep F, I-10) (Reaffirmed: MSS GC Rep A, I-14)

MSS RESOLUTION 05 – INCREASING ACCESS TO HEALTHCARE INSURANCE FOR REFUGEES

MSS ACTION: THE FIRST RESOLVE ADOPTED AS AMENDED; THE SECOND RESOLVE REFERRED FOR STUDY.
See 250.028MSS

RESOLVED, That our AMA support state, local, and community programs that remove language barriers and promote education about low-cost health-care plans, and to minimize gaps in health-care for refugees; and be it further

RESOLVED, That our AMA support federal and state government agencies to facilitate enrollment or reenrollment of refugees into Medicaid healthcare insurance plans following the end of their Refugee Medical Assistance coverage or initial Medicaid coverage.

MSS RESOLUTION 06 – PHYSICIAN AID-IN-DYING

MSS ACTION: ADOPTED AS AMENDED.
See 140.034MSS

RESOLVED, That our AMA-MSS support protections for physicians who participate in physician aid-in-dying in states where physician aid-in-dying is legal; and be it further

RESOLVED, That our AMA-MSS encourages use of the term “physician aid-in-dying” instead of “physician physician-assisted suicide.”
MSS RESOLUTION 07 – IMPROVING CYBERSECURITY IN HEALTHCARE FACILITIES

MSS ACTION: ADOPTED AS AMENDED.
See 315.006MSS

RESOLVED, That our AMA-MSS support the development of new cybersecurity resources for providers that go beyond HIPAA compliance in order to adequately protect patient health information against new cybersecurity threats, such as ransomware, as they emerge.

MSS RESOLUTION 08 – EMPHASIZING TRAINING IN THE TREATMENT OF REFUGEES

MSS ACTION: ADOPTED AS AMENDED.
See 250.027MSS

RESOLVED, That our AMA-MSS support medical student collaboration with appropriate entities for training in the provision of refugee medical care.

MSS RESOLUTION 09 – EDUCATING PHYSICIANS AND YOUNG ADULTS ON SYNTHETIC DRUGS

MSS ACTION: ADOPTED AS AMENDED.
See 100.016MSS

RESOLVED, That our AMA-MSS ask our AMA to amend AMA policy H-95.940 by insertion to read as follows:

Our AMA: (1) supports ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, and poison control centers to assess and monitor energy trends in illicit and legal synthetic drug use, and to develop and disseminate fact sheets and other educational materials; (2) encourages the development of continuing medical education on emerging trends in illicit and legal synthetic drug use; and (3) supports efforts by the federal government to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner.

MSS RESOLUTION 10 – PAID PARENTAL LEAVE

MSS ACTION: ADOPTED AS AMENDED.
See 270.032MSS

RESOLVED, That our AMA-MSS support policy that extends the length of universal paid parental leave, recommending especially a period of 14 weeks or longer; and be it further

RESOLVED, That our AMA-MSS support policies that equally encourage parents of all genders to take parental leave; and be it further

RESOLVED, That our AMA-MSS amend AMA-MSS policy 270.003MSS by insertion as follows:

270.003MSS Broadening Access to Paid Family Leave to Improve Health Outcomes and Health Disparities
AMA-MSS supports the preference of paid leave and job security, over unpaid, for persons who must forsake work responsibilities for family or medical reasons, including parental leave.

MSS RESOLUTION 11 – GENDER AND RACE DISPARITIES IN PAY AND COMPENSATION

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA reaffirm resolution D-200.981 and H-65.968; and be it further

RESOLVED, That our AMA actively advocate against the gender gap identified in reimbursement practices by Medicare; and be it further

RESOLVED, That our AMA advocate for a Medicare audit to analyze and develop recommendations to address the gender gap in reimbursements; and be it further

RESOLVED, That our AMA research racial discrimination in physician pay.

MSS RESOLUTION 12 – SUPPORT FOR SERVICE ANIMALS, EMOTIONAL SUPPORT ANIMALS, ANIMALS IN HEALTHCARE, AND MEDICAL BENEFITS OF PET OWNERSHIP

MSS ACTION: ADOPTED AS AMENDED.

See 440.039MSS

RESOLVED, That our AMA-MSS amend policy 440.039MSS by deletion and addition as follows:

440.039MSS Support for Service Animals, Animals in Healthcare, and Medical Benefits of Pet Ownership

AMA-MSS will ask the AMA to (1) recognizes the potential medical benefits of dogs as animal companions, animal-assisted therapy and animals as companions; and (2) encourages research into the use and implementation of service animals, emotional support animals and animal-assisted therapy as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit.

MSS RESOLUTION 13 – INCREASING THE PUBLICATION OF NEGATIVE, NULL AND CONTRADICTORY CLINICAL TRIAL RESULTS

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA amend existing policy H-460.912 by addition and deletion to read as follows:

Principles for Conduct and Reporting of Clinical Trials H-460.912

Our AMA: (1) endorses the Association of American Medical Colleges’ “Principles for Protecting Integrity in the Conduct and Reporting of Clinical Trials”; (2) commends the AAMC, the Centers for Education and Research in Therapeutics and the BlueCross
BlueShield Association for the development and dissemination of these principles; (3) supports the timely dissemination of clinical trial data for public accessibility as permitted by research design and/or regulatory protocol; (4) urges scientific journals to increase publication rates of negative, null, and contradictory clinical trial results and supports increased submission of this data for publication by researchers; (4)–(5) supports the promotion of improved data sharing and the reaffirmation and enforcement of deadlines for submitting results from clinical research studies; (5) (6) encourages the expansion of clinical trial registrants to ClinicalTrials.gov; and (6) (7) will sign the petition titled “All Trials Registered; All Results Reported” at Alltrials.net that supports the registration of all past, present and future clinical trials and the release of their summary reports.

MSS RESOLUTION 14 – ADDRESSING MEDICAL STUDENT MENTAL HEALTH THROUGH DATA COLLECTION AND SCREENING

MSS ACTION: ADOPTED AS AMENDED.
See 345.012MSS

RESOLVED, That our AMA encourage study of medical student mental health, including but not limited to rates and risk factors of depression and suicide; and be it further

RESOLVED, That our AMA encourage medical schools to confidentially gather and release information regarding reporting rates of depression/suicide on an opt-out basis from its students.

MSS RESOLUTION 15 – EXPLORING APPLICATIONS OF WEARABLE TECHNOLOGY IN CLINICAL MEDICINE AND MEDICAL RESEARCH

MSS ACTION: ADOPTED AS AMENDED.
See 480.018MSS

RESOLVED, That our AMA study the safety, efficacy, and potential uses of wearable devices within clinical medicine and clinical research.

MSS RESOLUTION 16 – INCREASED OVERSIGHT OF SUICIDE PREVENTION TRAINING FOR CORRECTIONAL FACILITY STAFF

MSS ACTION: ADOPTED AS AMENDED.
See 270.033MSS

RESOLVED, That our AMA strongly encourage all state and local correctional facilities to develop a suicide prevention plan that meets current National Commission on Correctional Health Care guidelines; and be it further

RESOLVED, That our AMA strongly encourage all state and local correctional facility officers to undergo suicide prevention training annually.

MSS RESOLUTION 17 – FEMININE HYGIENE PRODUCTS

MSS ACTION: ADOPTED AS AMENDED.
See 160.032MSS
RESOLVED, That our AMA-MSS support the distribution of readily available feminine hygiene products in publicly funded institutions, including but not limited to schools, correctional facilities and shelter.

MSS RESOLUTION 18 – SECURE TEXT MESSAGING BETWEEN HEALTHCARE PROVIDERS

MSS ACTION: ADOPTED AS AMENDED.
See 480.017MSS

RESOLVED, That our AMA-MSS support usage of mobile devices messaging within clinical settings that is in compliance with the HIPAA Security Rule and minimally burdensome to healthcare providers.

MSS RESOLUTION 19 – DELIRIUM PREVENTION IN HOSPITALS AND SKILLED NURSING CARE SETTINGS

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA amend policy H-345.979 by addition and deletion to read as follows:

Evaluation and Prevention of Delirium H-345.979

Our AMA 1) supports efforts to educate physicians regarding the importance of evaluation and prevention of delirium for geriatric and other high risk patients and patients who are symptomatic; 2) supports the implementation of multicomponent non-pharmacologic delirium prevention programs for geriatric and other high risk hospital inpatients; and 3) supports further research on delirium prevention in skilled nursing facilities.

MSS RESOLUTION 20 – STUDYING THE EFFECTIVENESS OF TELEMENTAL HEALTH IN SCHOOLS

MSS ACTION: ADOPTED AS AMENDED.
See 345.013MSS

RESOLVED, That our AMA-MSS support research by appropriate stakeholders assessing the effectiveness of telemental health programs in comparison to standard mental health services offered by elementary, middle, and secondary educational institutions.

MSS RESOLUTION 21 – FUTURE OF THE USMLE: EXAMINING MULTI-STEP STRUCTURE AND SCORE USAGE

MSS ACTION: ADOPTED AS AMENDED.
See 295.188MSS

RESOLVED, That our AMA work with the appropriate stakeholders to investigate the advantages, disadvantages, and practicality of combining the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 Clinical Knowledge (CK) exams into a single licensure exam measuring both foundational science and clinical knowledge competencies, and be it further
RESOLVED, That our AMA work with the appropriate stakeholders to study alternate means of scoring United States Medical Licensing Examination (USMLE) exams.

MSS RESOLUTION 22 – IMPORTANCE OF ORAL HEALTH IN MEDICAL PRACTICE

MSS ACTION: ADOPTED AS AMENDED.

See 440.058MSS

RESOLVED, That our AMA-MSS recognize the importance of managing oral health as a part of overall patient care; and be it further

RESOLVED, That our AMA-MSS support efforts to educate physicians on oral condition screening and management, as well as the consequences of poor oral hygiene on mental and physical health; and be it further

RESOLVED, That our AMA-MSS support closer collaboration of physicians with dental providers to provide comprehensive medical care; and be it further

RESOLVED, That our AMA-MSS support efforts to increase access to oral health services.

MSS RESOLUTION 23 – DECREASING POLYPHARMACY AMONG ELDERLY PATIENTS

MSS ACTION: AMA POLICY H-100.968 REAFFIRMED IN LIEU OF MSS RESOLUTION 23.

RESOLVED, That our AMA recognize the increased risk of adverse drug events in the elderly due to polypharmacy; and be it further

RESOLVED, That our AMA support evidence-based guidelines regarding medications that are deemed inappropriate in the elderly.

MSS RESOLUTION 24 – ADDRESSING PHYSICIAN AND PATIENT GAPS IN OPIOID EDUCATION


RESOLVED, That our AMA support the education of medical students, physicians, and other healthcare providers on best practices regarding opioid discontinuation; and be it further

RESOLVED, That our AMA encourage physicians to facilitate discussion with patients and caregivers concerning best practices for methods of discontinuing opioid therapy, in addition to safe storage and disposal of opioids, with particular attention to adolescents.

MSS RESOLUTION 25 – BLOOD DONOR DEFERRAL CRITERIA REVISIONS

MSS ACTION: ADOPTED AS AMENDED.

See 50.004MSS
RESOLVED, That our AMA amend AMA policy H-50.973 by addition and deletion to read as follows:

**Blood Donor Deferral Criteria H-50.973**

AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their level of individual risk; and (2) opposes the current lifetime deferral on blood and tissue donations from men who have sex with men not based in science; and (3) supports research into Individual Risk Assessment criteria for blood donation.

RESOLVED, That our AMA advocate for the elimination of current deferral policy and ask the Food and Drug Administration to develop recommendations for Individual Risk Assessment during the public commentary period; and be it further

RESOLVED, That this resolution be immediately transmitted to the AMA House of Delegates.

**MSS RESOLUTION 26 – INFORMED CONSENT FOR MEDICAL SCHOOL APPLICANTS: ADDRESSING MEDICAL STUDENT APPLICANTS’ UNDERSTANDING OF BURNOUT**

**MSS ACTION: AMA POLICY D-310.968 REAFFIRMED IN LIEU OF MSS RESOLUTION 26.**

RESOLVED, That our AMA study medical students’ understanding of the factors contributing to burnout, prevalence of burnout, and effects of burnout in a completely anonymous manner; and be it further

RESOLVED, That our AMA study medical school applicants’ understanding of the factors contributing to burnout, prevalence of burnout, and effects of burnout in a completely anonymous manner; and be it further

RESOLVED, That our AMA support transparency in the medical school application process by encouraging institutions to publish program-specific data known to be associated with burnout including utilization of depression screenings, rate of depression and anxiety, number of student suicides, the availability of counseling services, and other relevant wellness criteria associated with burnout.

**MSS RESOLUTION 27 – AMA-MSS SUPPORT OF THE MOVEMENT FOR BLACK LIVES**

**MSS ACTION: AMA POLICY H-350.974 REAFFIRMED IN LIEU OF MSS RESOLUTION 27.**

RESOLVED, That our AMA-MSS names racism as a public health issue that has led to the loss of and damage to Black lives, and which must be addressed in our own professional practices and institutions, and at the level of the individual patient and community health; and be it further

RESOLVED, That our AMA-MSS explicitly and openly supports the fundamental mission of the Movement for Black Lives, which is “ending all forms of state violence against Black people”; and be it further
RESOLVED, That our AMA-MSS specifically identify means to support members of the Movement for Black Lives and affiliated organizations who are engaged in developing and implementing its health platform.

**MSS RESOLUTION 28 – IMPROVING ACCESS TO DIRECT ACTING ANTIVIRALS FOR HEPATITIS C INFECTED INDIVIDUALS**

**MSS ACTION: ADOPTED AS AMENDED.**  
*See 440.059MSS*

RESOLVED, That our AMA-MSS supports hepatitis C virus (HCV) treatment programs aimed at reducing the public health burden of the HCV epidemic; and be it further

RESOLVED, That our AMA support educational programs aimed at training primary care providers in the treatment and management of patients infected with HCV, particularly those providers serving rural or otherwise underserved populations; and be it further

RESOLVED, That our AMA amend current policy H-440.845 by addition to read as follows:

Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment H-440.845

Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with Centers for Disease Control and Prevention (CDC) recommendations; (2) encourage the CDC and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts; (3) support hepatitis C virus (HCV) prevention, screening, and treatment programs that are targeted toward maximum public health benefit; (4) support educational programs aimed at training primary care providers in the treatment and management of patients infected with HCV; (5) support adequate funding by, and negotiation for affordable pricing for HCV antiviral treatments between, the government, insurance companies and other third party payers, so that all Americans for whom HCV treatment would have a substantial proven benefit will be able to receive this treatment; and (5) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines.

**MSS RESOLUTION 29 – ULTRASOUND EDUCATION IN PRECLINICAL CURRICULA**

**MSS ACTION: EXISTING AMA POLICY H-480.950 REAFFIRMED IN LIEU OF MSS RESOLUTION 29.**

RESOLVED, That our AMA-MSS support the integration of hands-on ultrasound labs into preclinical undergraduate medical education; and be it further

RESOLVED, That our AMA-MSS study the prevalence and current practices of integrating ultrasound into undergraduate medical education.
MSS RESOLUTION 30 – SUPPORT EQUAL STANDARDS FOR FOREIGN MEDICAL SCHOOLS SEEKING TITLE IV FUNDING

MSS ACTION: ADOPTED AS AMENDED.
See 255.006MSS

RESOLVED, That our AMA support the application of the existing requirements for foreign medical schools seeking Title IV Funding to those schools which are currently exempt from these requirements, thus creating equal standards for all foreign medical schools seeking Title IV Funding.

MSS RESOLUTION 31 – PROMOTING RETROSPECTIVE AND COHORT STUDIES ON PREGNANT WOMEN AND THEIR CHILDREN

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO “SUPPORTING THE INCLUSION OF PREGNANT WOMEN IN RESEARCH.”
See 525.006MSS

RESOLVED, That our AMA-MSS amend policy 525.001MSS by addition and deletion to read as follows:

Inclusion of Women in Clinical Trials 525.001MSS

AMA-MSS will ask the AMA to encourage the inclusion of women, including pregnant women, in all research on human subjects, except in those cases for which it would be scientifically irrational, in numbers sufficient to ensure that results of such research will benefit both men and women.; and be it further

RESOLVED, That our AMA-MSS supports the update of federal regulations on human subject research with a proactive and inclusive approach to pregnant women in clinical research; and be it further

RESOLVED, That our AMA-MSS supports the prioritization and advancement of research on medications’ effect on pregnancy and breastfeeding.

MSS RESOLUTION 32 – IMPROVING LANGUAGE ACCESS FOR LIMITED ENGLISH PROFICIENCY PATIENTS

MSS ACTION: ADOPTED AS AMENDED.
See 160.034MSS

RESOLVED, That the AMA-MSS support initiatives to educate physicians and medical students on the appropriate use of medical interpreters.

MSS RESOLUTION 33 – NON-BEHAVIORAL METHODS OF DIABETES PREVENTION IN AT-RISK POPULATIONS

RESOLVED, That our AMA-MSS formally support AMA policy H-440.844 and D-440.935; and be it further

RESOLVED, That our AMA-MSS support further research into pharmacologic prophylaxis for pre-diabetic patients in order to prevent or delay the onset of diabetes.

**MSS RESOLUTION 34 – ADVOCATE FOR LEGISLATION TO REQUIRE PHARMACEUTICAL COMPANIES TO JUSTIFY DRUG PRICES**

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA advocate for legislation to require explanation and documentation of all factors involved in determining prescription drug prices by pharmaceutical companies.

**MSS RESOLUTION 35 – SUPPORT FOR RESEARCHING NON-JUDICIAL ENFORCEMENT OF MEDICAID RATE CHALLENGES UNDER 42 U.S.C. SECTION 1396A(A)(30)(a) IN WAKE OF ARMSTRONG V. EXCEPTIONAL CHILD CENTER, INC.**

MSS ACTION: REFERRED FOR STUDY.

RESOLVED, That our AMA-MSS raise awareness about the rulemaking process of the Administrative Procedure Act (APA) to encourage health care provider participation in the notice and comment period for regulations proposed by federal agencies that concern Medicaid rate setting; and that our AMA; and be it further

RESOLVED, That our AMA-MSS support a study that reviews the effect of changes to Medicaid payment methodologies on beneficiary access in light of providers and beneficiaries no longer having an implied right of action under the Supremacy Clause to enforce the Equal Access Provision [Section 30(A)] of the Medicaid Act; and be it further

RESOLVED, That our AMA-MSS support a study that reviews network adequacy standards for Medicaid managed care plans in light of providers and beneficiaries no longer having an implied right of action under the Supremacy Clause to enforce the Equal Access Provision [Section 30(A)] of the Medicaid Act; and be it further

RESOLVED, That our AMA-MSS support a study that reviews whether a more dominant non-judicial process for the enforcement of the Equal Access Provision [Section 30(A)] of the Medicaid Act minimizes the need for providers and beneficiaries to seek judicial enforcement of the Equal Access Provision.

**MSS RESOLUTION 36 – OPPOSITION TO CAPITAL PUNISHMENT**

MSS ACTION: NOT ADOPTED.

RESOLVED, That the AMA-MSS oppose all forms of capital punishment.

**MSS RESOLUTION 37 – STUDYING THE IMPACT OF PATIENT FEEDBACK ON PHYSICIAN REVIEW WEB SITES ON CHOOSING PROVIDERS**

MSS ACTION: NOT CONSIDERED.
RESOLVED, That our AMA study the factors that determine the impact of the different media formats (such as physician review websites) that patient feedback can take on the patient-physician relationship, such as but not limited to, choosing providers; and be it further

RESOLVED, That our AMA work with relevant stakeholders to revise quality feedback forms on physician review websites which accurately guide patients in evaluating physician performance, excluding factors outside a physician’s influence.

MSS RESOLUTION 38 – HOUSING PROVISION AND SOCIAL SUPPORT TO IMMEDIATELY ALLEVIATE CHRONIC HOMELESSNESS IN THE UNITED STATES

MSS ACTION: ADOPTED AS AMENDED.
See 440.060MSS

RESOLVED, That our AMA amend existing AMA policy H-160.903 by addition and deletion to read as follows:

Eradicating Homelessness H-160.903

Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) will work with state medical societies to advocate for legislation implementing stable, affordable housing and appropriate voluntary social services as a first priority in the treatment of chronically-homeless individuals, without mandated therapy or services compliance and (3) supports the appropriate organizations in developing an effective national plan to eradicate homelessness.

MSS RESOLUTION 39 – INTEGRATION OF TELEMEDICINE INTO MEDICAL EDUCATION


RESOLVED, That our AMA-MSS support the creation of fellowship programs in Telemedicine and Digital Health and the integration of telemedicine into existing residency programs; and be it further

RESOLVED, That our AMA-MSS encourage the integration of medical education institutions into inter-hospital telemedicine networks; and be it further

RESOLVED, That our AMA-MSS support the integration of telemedicine, including its legal, technological, and logistical components, into medical education and the creation and integration of telemedicine competencies within medical specialty training.

MSS RESOLUTION 40 – ACCOUNTABILITY OF 911 EMERGENCY SERVICES FUNDING

MSS ACTION: ADOPTED AS AMENDED.
See 270.034MSS
RESOLVED, That our AMA encourage federal guidelines and state legislation that protects against reallocation of 911 funding to unrelated services.

MSS RESOLUTION 41 – ENCOURAGING LIFESTYLE MEDICINE IN UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: ADOPTED AS AMENDED.
See 295.189MSS

RESOLVED, That our AMA-MSS support the teaching of Lifestyle Medicine in undergraduate medical education; and be it further

RESOLVED, That our AMA-MSS reaffirm existing AMA Policy H-170.986 and existing AMA-MSS policy 440.021MSS.

MSS RESOLUTION 42 – OPPOSITION TO GOVERNMENT FUNDING OF CRISIS PREGNANCY CENTERS

MSS ACTION: ADOPTED AS AMENDED.
See 420.009MSS

RESOLVED, That our AMA-MSS oppose federal, state, and local funding for crisis pregnancy centers that distribute information that is contradictory to current published medical information.

MSS RESOLUTION 43 – EXPLORING CREATIVE PSYCHOLOGICAL INTERVENTIONS IN MEDICAL PRACTICE

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA study the use of creative psychological interventions, such as art, music, and dance therapy, in medical practice.

MSS RESOLUTION 44 – PROMOTING AWARENESS AND EDUCATION ON STRUCTURAL VIOLENCE WITHIN MEDICAL SCHOOL AND RESIDENCY TRAINING

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA support the suggestion that medical schools increase and incorporate education on medical economics for the reason to better prepare future physicians to best treat their patients and reduce their structural violence burden; and be it further

RESOLVED, That our AMA encourage the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include Structural Violence Theory in the cultural competency curriculum for bother undergraduate and graduate medical education and be it further

RESOLVED, That our AMA encourage the LCME, AOA, and ACGME to assess the current status of curricula for medical student and residency education addressing the needs of patients affected by structural violence.
MSS RESOLUTION 45 – IMPLEMENTATION OF STANDARDIZED HIPAA TRAINING

MSS ACTION: ADOPTED AS AMENDED.
See 160.035MSS

RESOLVED, That our AMA-MSS support a standardized HIPAA training curriculum for medical professionals that is transferable between healthcare entities and defines an appropriate time interval for recertification.

MSS LATE RESOLUTION 01 – EMERGENCY POST-ELECTION SUPPORT FOR PRINCIPLES OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO “PROTECTING PATIENT ACCESS TO HEALTH INSURANCE AND AFFORDABLE CARE.”
See 165.019MSS

RESOLVED, That our AMA advocate that any health care reform legislation considered by Congress ensures continued improvement in patient access to care and patient health insurance coverage by maintaining: (a) Guaranteed insurability, including those with pre-existing conditions, without medical underwriting, (b) Income-dependent tax credits to subsidize private health insurance for eligible patients, (c) Federal funding for the expansion of Medicaid to 138% of the federal poverty level in states willing to accept expansion, as per current AMA policy (D-290.979), (d) Maintaining dependents on family insurance plans until the age of 26, (e) Coverage for preventive health services, (f) Medical loss ratios set at no less than 85% to protect patients from excessive insurance costs; and (g) Coverage for mental health and substance use disorder services at parity with medical and surgical benefits; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates.

MSS GC RESOLUTION 01 – VOTING RIGHTS OF MSS SPEAKER AND VICE SPEAKER

MSS ACTION: ADOPTED.
See 630.073MSS

RESOLVED, That our AMA-MSS amend its Internal Operating Procedures IV.A by deletion as follows:

A. Designations. The officers of the MSS shall be the eight Governing Council members: Chair, Vice Chair, AMA Delegate, Alternate AMA Delegate, At-Large Officer, Chair-elect/Immediate Past Chair, Speaker, and Vice Speaker. The Chair-elect/Immediate Past Chair shall be a non-voting member of the Governing Council. The officers of the Assembly for the purpose of business meetings will be the Speaker and Vice Speaker. The Speaker and Vice Speaker shall be non-voting members of the Governing Council.

and be it further

RESOLVED, That our AMA-MSS amend its Internal Operating Procedures IV.E by addition and deletion as follows:

1. The Chair-elect/Chair/Immediate Past Chair of the Governing Council shall serve a two-year term. His or her term as Chair-elect will begin at the conclusion of the Interim
Meeting at which he or she is elected. He or she will take office as Chair at the conclusion of the following Annual Meeting, and one year later will become Immediate Past Chair. He or she will serve as Immediate Past Chair until the conclusion of the following Interim Meeting.

2. The other Governing Council members shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA House of Delegates.

3. Maximum tenure for members of the MSS Governing Council will be two years in any combination of voting or non-voting positions. The periods of service as Chair-elect and Immediate Past Chair shall not count toward the maximum tenure of two years in any combination of voting or non-voting positions.
SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION GOVERNING COUNCIL REPORTS

2016 INTERIM MEETING
ORLANDO, FLORIDA

MSS GC REPORT A – POLICY SUNSET REPORT FOR 2011 AMA-MSS POLICIES

MSS ACTION: ADOPTED.

RESOLVED, That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS; and be it further

RESOLVED, That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

MSS GC REPORT B – EVALUATING THE VALUE OF REGION RESTRUCTURING (FOLLOW UP)

MSS ACTION: ADOPTED.
See 665.014MSS

RESOLVED, That the existing AMA-MSS region structure remain unchanged; and be it further

RESOLVED, That the AMA-MSS assess each region’s membership numbers and degree of engagement with the AMA-MSS at least every 5 years.
SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2016 INTERIM MEETING
ORLANDO, FLORIDA

AMA RESOLUTION 001 – SUPPORT FOR THE DECRIMINALIZATION AND TREATMENT OF SUICIDE ATTEMPTS AMONGST MILITARY PERSONNEL


RESOLVED, That our AMA support efforts to decriminalize suicide attempts in the military; and be it further

RESOLVED, That our AMA support efforts to provide treatment for survivors of suicide attempt in lieu of punishment in the military.

AMA RESOLUTION 002 – LIVING ORGAN DONATION AT THE TIME OF IMMINENT DEATH


RESOLVED, That our AMA study the implications of the removal of barriers to living organ donation at the time of imminent death.

AMA RESOLUTION 003 – STUDY OF THE CURRENT USES AND ETHICAL IMPLICATIONS OF EXPANDED ACCESS PROGRAMS

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA study the implementation of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access to investigational therapies, including programs for infants and children; and be it further

RESOLVED, That our AMA study the ethics of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access to investigational therapies, including access for infants and children.

AMA RESOLUTION 004 – ADDRESSING PATIENT SPIRITUALITY IN MEDICINE

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA recognize the importance of individual patient spirituality and its impact on health; and be it further

RESOLVED, That our AMA encourage patient access to spiritual care services.

AMA RESOLUTION 008 – BLOOD DONOR DEFERRAL CRITERIA
RESOLVED, That our AMA amend AMA policy H-50.973 by addition and deletion to read as follows:

**Blood Donor Deferral Criteria H-50.973**

AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their level of individual risk; and (2) opposes all policies that place the current lifetime on deferral on of blood and tissue donations from men who have sex with men that are not based on the scientific literature; and (3) supports research into Individual Risk Assessment criteria for blood donation. ; and be it further

RESOLVED, That our AMA advocate for the elimination of current deferral policy and ask the Food and Drug Administration to develop recommendations for Individual Risk Assessment during the public commentary period.

**AMA RESOLUTION 201 – REMOVING RESTRICTIONS ON FEDERAL FUNDING OF FIREARM VIOLENCE RESEARCH**

HOD ACTION: ADOPTED.

RESOLVED, That our AMA provide an informational report on recent and current organizational actions taken on our existing AMA policies (e.g. H-145.997) regarding removing the restrictions on federal funding for firearms violence research, with additional recommendations on any ongoing or proposed upcoming actions.

**AMA RESOLUTION 206 – ADVOCACY AND STUDIES ON AFFORDABLE CARE ACT SECTION 1332 (STATE INNOVATION WAIVERS)**

HOD ACTION: REFERRED

RESOLVED, That our AMA advocate that the “deficit-neutrality” component of the current HHS rule for Section 1332 waiver qualification be considered only on long-term, aggregate cost savings of states’ innovations as opposed to having costs during any particular year, including in initial “investment” years of a program, reduce the ultimate likelihood of waiver approval; and be it further

RESOLVED, That our AMA study reforms that can be introduced under Section 1332 of the Affordable Care Act in isolation and/or in combination with other federal waivers to improve healthcare benefits, access and affordability for the benefit of patients, healthcare providers and states, and encourages state societies to do the same.

**AMA RESOLUTION 212 – PROMOTING INCLUSIVE GENDER, SEX, AND SEXUAL ORIENTATION OPTIONS ON MEDICAL DOCUMENTATION**

HOD ACTION: ADOPTED AS AMENDED.
RESOLVED, That our AMA support the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation, and preferred gender pronoun(s) in medical documentation and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner; and be it further

RESOLVED, That our AMA advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health.

AMA RESOLUTION 224 – PROTECTING PATIENT ACCESS TO HEALTH INSURANCE AND AFFORDABLE CARE

HOD ACTION: ALTERNATE RESOLUTION ADOPTED IN LIEU OF RESOLUTIONS 205, 209, 224, AND 226.

PROTECTING PATIENT ACCESS TO HEALTH INSURANCE COVERAGE, PHYSICIANS, AND QUALITY HEALTH CARE

RESOLVED, That our American Medical Association actively engage the new Administration and Congress in discussions about the future of health care reform, in collaboration with state and specialty medical societies, emphasizing our AMA’s extensive body of policy on health system reform; and be it further

RESOLVED, RESOLVED, That our AMA craft a strong public statement for immediate and broad release, articulating the priorities and firm commitment to our current AMA policies and our dedication in the development of comprehensive health care reform that continues and improves access to care for all patients; and be it further

RESOLVED, That our AMA Board of Trustees report back to our AMA House of Delegates at the Annual 2017 Meeting (A-17).

AMA RESOLUTION 308 – PROMOTING AND REAFFIRMING DOMESTIC MEDICAL SCHOOL CLERKSHIP EDUCATION

HOD ACTION: REFERRED.

RESOLVED, That our AMA pursue legislative and/or regulatory avenues that promote the regulation of the financial compensation which medical schools can provide for clerkship positions in order to facilitate fair competition amongst medical schools and prevent unnecessary increases in domestically-trained medical student debt; and be it further

RESOLVED, That our AMA support the expansion of partnerships of foreign medical schools with hospitals in regions which lack local medical schools in order to maximize the cumulative clerkship experience for all students; and be it further

RESOLVED, That our AMA reaffirm policies D-295.320, D-295.931, and D-295.937.

AMA RESOLUTION 601 – SEXUAL ORIENTATION AND GENDER IDENTITY DEMOGRAPHIC COLLECTION BY THE AMA AND OTHER MEDICAL ORGANIZATIONS

HOD ACTION: NOT CONSIDERED.
RESOLVED, That our AMA develop a plan with input from the LGBT Advisory Committee to expand the demographics we collect about our members to include both sexual orientation and gender identity information, which will be given voluntarily by members and handled in a confidential manner.

**AMA RESOLUTION 603 – SUPPORT A STUDY ON THE MINIMUM COMPETENCIES AND SCOPE OF MEDICAL SCRIBE UTILIZATION**

**HOD ACTION: ADOPTED AS AMENDED.**

RESOLVED, That our AMA study medical scribe utilization in various health care settings.

**AMA RESOLUTION 801 – INCREASING ACCESS TO MEDICAL DEVICES FOR INSULIN-DEPENDENT DIabetics**

**HOD ACTION: POLICY H-185.939, H-155.960, AND D-330.928 REAFFIRMED IN LIEU OF RESOLUTION 801.**

RESOLVED, That our AMA work with relevant stakeholders to encourage the development of plans for inclusion in the Medicare Advantage Value Based Insurance Design Model that reduce copayments/coinsurance for diabetes prevention, medication, supplies, and equipment including pumps and continuous glucose monitors, while adhering to the principles established in AMA policy Value-Based Insurance Design H-185.939.

**AMA RESOLUTION 802 – ELIMINATING “FAIL FIRST” POLICY IN ADDICTION TREATMENT**

**HOD ACTION: ADOPTED AS AMENDED.**

RESOLVED, That our AMA advocate for the elimination of the “fail first” policy implemented at times by some insurance companies and managed care organizations for addiction treatment.

**AMA RESOLUTION 808 – A STUDY ON THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SURVEY AND HEALTHCARE DISPARITIES**

**HOD ACTION: ADOPTED AS AMENDED.**

RESOLVED, That our AMA study the impact of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) on Medicare payments to hospitals serving vulnerable populations and on potential health care disparities.

**AMA RESOLUTION 809 – ADDRESSING THE EXPLOITATION OF RESTRICTED DISTRIBUTION SYSTEMS BY PHARMACEUTICAL MANUFACTURERS**

**HOD ACTION: ADOPTED AS AMENDED.**

RESOLVED, That our AMA advocate with interested parties for legislative or regulatory measures that require prescription drug manufacturers to seek Food and Drug Administration and Federal Trade Commission approval before establishing a restricted distribution system; and be it further
RESOLVED, That our AMA support requiring pharmaceutical companies to allow for reasonable access to and purchase of appropriate quantities of approved out-of-patent drugs upon request to generic manufacturers seeking to perform bioequivalence assays; and be it further

RESOLVED, That our AMA advocate with interested parties for legislative or regulatory measures that expedite the FDA approval process for generic drugs, including but not limited to application review deadlines and generic priority review voucher programs.

**AMA RESOLUTION 902 – REMOVING RESTRICTIONS ON FEDERAL PUBLIC HEALTH CRISIS RESEARCH**

**HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO “OPPOSE RESTRICTIONS ON PUBLIC HEALTH RESEARCH.”**

RESOLVED, That our AMA recognize the importance of timely research and open discourse in combatting public health crises; and be it further

RESOLVED, That our AMA oppose efforts to restrict funding or suppress the findings of biomedical and public health research for political purposes.

**AMA RESOLUTION 903 – PREVENTION OF NEWBORN FALLS IN HOSPITALS**

**HOD ACTION: ADOPTED.**

RESOLVED, That our AMA support implementation of newborn fall prevention plans and post-fall procedures through clinically proven, high-quality, and cost-effective approaches.

**AMA RESOLUTION 904 – IMPROVING MENTAL HEALTH AT COLLEGES AND UNIVERSITIES FOR UNDERGRADUATES**

**HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO “IMPROVING MENTAL HEALTH SERVICES FOR UNDERGRADUATE AND GRADUATE STUDENTS.”**

RESOLVED, That our AMA support strategies that emphasize de-stigmatization and enable timely and affordable access to mental health services for undergraduate and graduate students, in order to improve the provision of care and increase its use by those in need; and be it further

RESOLVED, That our AMA support colleges and universities in emphasizing to undergraduate and graduate students and parents the importance, availability, and efficacy of mental health resources; and be it further

RESOLVED, That our AMA support collaborations of university mental health specialists and local public or private practices and/or health centers in order to provide a larger pool of resources, such that any student is able to access care in a timely and affordable manner.

**AMA RESOLUTION 913 – IMPROVING GENETIC TESTING AND COUNSELING SERVICES IN HOSPITALS AND HEALTHCARE SYSTEMS**
HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE TO “IMPROVING GENETIC TESTING AND COUNSELING SERVICES” AND POLICY H-460.902 REAFFIRMED.

RESOLVED, That our AMA support appropriate utilization of genetic testing, pre- and post-test counseling for patients undergoing genetic testing, and physician preparedness in counseling patients or referring them to qualified genetics specialists; and be it further

RESOLVED, That our AMA support the development and dissemination of guidelines for best practice standards concerning pre- and post-test genetic counseling; and be it further

RESOLVED, That our AMA support research and open discourse concerning issues in medical genetics, including genetic specialist workforce levels, physician preparedness in the provision of genetic testing and counseling services, and impact of genetic testing and counseling on patient care and outcomes.