RESOLUTION 01 – PROPOSING CONSENT FOR DE-IDENTIFIED PATIENT INFORMATION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA study the handling of de-identified patient information by covered entities for third part commercial use and report findings and recommendations back to the AMA House of Delegates.

RESOLUTION 02 – SYSTEMATIC REVIEW OF AMA-MSS AUTHORED RESOLUTIONS IN THE AMA HOUSE OF DELEGATES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS study the outcomes of MSS resolutions in the AMA House of Delegates including both objective measures of resolution adoption rates as well as subjective measures of the degree to which MSS goals were met regardless of outcome; and be it further

RESOLVED, That our AMA-MSS Governing Council under the direction of the Delegate and Alternate Delegate consider using the results of the study to continue to improve and update the resolution writing process and report back to the MSS Assembly at intervals deemed appropriate by the AMA-MSS Governing Council.

RESOLUTION 03 – FMLA-EQUIVALENT FOR LGBT WORKERS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support the expansion of policies regarding family and medical leave to include any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

RESOLUTION 04 – REDUCING THE USE OF RESTRICTIVE HOUSING IN PRISONERS WITH MENTAL ILLNESS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA oppose restrictive housing for incarcerated persons with mental illness.

RESOLVED, That our AMA encourages appropriate stakeholders to continue to develop, and implement alternatives to restrictive housing for incarcerated persons with mental illness in all correctional facilities.

RESOLUTION 05 – USE OF PERSON-CENTERED LANGUAGE
RESOLVED, That our AMA encourages the use of person-centered language in future discussions, resolutions, and reports when appropriate; and be it further

RESOLVED, That our AMA supports the use of person-first language when a patient-centered conversation has not occurred, is not feasible, or when there is no official position on wording preference for a particular health condition.

RESOLUTION 06 – PROTECTING EQUITY IN ACCESS TO KIDNEY DIALYSIS AND TRANSPLANT

RESOLUTION 66 - ADVOCATING FOR PATIENTS’ BEST INTEREST IN END STAGE RENAL DISEASE

MSS ACTION: SUBSTITUTE RESOLUTION WAS ADOPTED IN LIEU OF RESOLUTION 06 AND RESOLUTION 66

RESOLVED, That our AMA-MSS support evidence-based patient education and counseling regarding the relative risks and benefits of all treatment options for end-stage renal disease, including various types of dialysis and organ transplantation.

RESOLUTION 07 – IMPLICIT BIAS: ITS EFFECTS ON HEALTH CARE AND ITS INCORPORATION INTO UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS recognizes the existence of implicit bias among health care clinicians; and be it further

RESOLVED, That our AMA-MSS recognizes implicit bias affects treatment and clinical outcomes of patients based on their social identities; and be it further

RESOLVED, That our AMA-MSS support medical schools in their effort to include implicit bias training into undergraduate medical education to ensure graduating medical students are better prepared to deal with implicit bias in the treatment of patients.

RESOLUTION 08- MITIGATING FOOD WASTE THROUGH FOOD RECOVERY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA prioritize sustainability and mitigation of food waste in vendor and venue selection, and be it further

RESOLVED, That our AMA encourage vendors and relevant third parties to practice sustainability and mitigate food waste through donation.

RESOLUTION 09 – IMPROVING SAFETY AND HEALTH CODE COMPLIANCE IN SCHOOL FACILITIES

MSS ACTION: ADOPTED AS AMENDED
RESOLVED, That our AMA support the development and implementation of standardized, comprehensive guidelines for school safety and health code compliance inspections; and be it further

RESOLVED, That our AMA support policies aiding schools in meeting said guidelines, including support for financial and personnel-based aid for schools based in vulnerable neighborhoods; and be it further

RESOLVED, That our AMA support creation of a streamlined reporting system for school facility health data potentially through application of current health infrastructure

RESOLUTION 10 – ADVOCATING FOR ANONYMOUS REPORTING OF OVERDOSES BY FIRST RESPONDERS AND EMERGENCY PHYSICIANS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support non-fatal and fatal opioid overdose reporting to the appropriate agencies.

RESOLUTION 11 – ORGAN TRANSPLANT DISCRIMINATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA oppose the use of developmental disability in determining a patient’s eligibility for organ transplantation and related services; and be it further

RESOLVED, That our AMA work with appropriate stakeholders to encourage the U.S. Department of Health and Human Services to issue clarification and guidance in providing the developmentally disabled with equitable access to organ transplantation services.

RESOLUTION 12 – RACIAL HOUSING SEGREGATION AS A DETERMINANT OF HEALTH AND PUBLIC ACCESS TO GEOGRAPHIC INFORMATION SYSTEMS (GIS) DATA

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA oppose policies that enable racial housing segregation; and be it further

RESOLVED, That our AMA advocate for continued federal funding of publicly-accessible geospatial data on community racial and economic disparities and disparities in access to affordable housing, employment, education, and healthcare, including but not limited to the Department of Housing and Urban Development (HUD) Affirmatively Furthering Fair Housing (AFFH) tool; and be it further

RESOLUTION 13 – SUPPORT FOR THE RESEARCH OF BABY BOXES

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

SUPPORT FOR RESEARCH OF BOXES FOR BABIES’ SLEEPING ENVIRONMENT
RESOLVED, That our AMA support the research of safe sleeping environment programs, which could include the study of the safety and efficacy of boxes for babies to sleep in as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States.

RESOLUTION 14 – ENDING THE RISK EVALUATION AND MITIGATION STRATEGY (REMS) POLICY ON MIFEPRISTONE (MIFEPRex)

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA support efforts urging the Food and Drug Administration (FDA) to lift the Risk Evaluation and Mitigation Strategy (REMS) on mifepristone.

RESOLUTION 15 – EMPHASIZING THE HUMAN PAPILLOMAVIRUS VACCINES AS ANTI-CANCER PROPHYLAXIS FOR A GENDER-NEUTRAL DEMOGRAPHIC

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA acknowledge HPV Vaccines as beneficial to all genders as anti-cancer and anti-STI; and be it further

RESOLVED, That our AMA support appropriate stakeholders to increase public awareness of HPV vaccines effectiveness against both HPV-related cancers and STIs

RESOLUTION 16 – MEDICAL STUDENT INVOLVEMENT AND VALIDATION OF THE STANDARDIZED VIDEO INTERVIEW IMPLEMENTATION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA work with the Association of American Medical Colleges and its partners to assure that medical students and residents are recognized as equal stakeholders in any changes to the residency application process, including any future working groups related to the residency application process; and be it further

RESOLVED, That the AMA advocate for delaying expansion of the Standardized Video Interview until published data demonstrates the efficacy and utility of the Standardized Video Interview as a mandatory residency application requirement; and be it further

RESOLVED, That, given the imminent expansion of the Standardized Video Interview program this resolution be immediately forwarded to the AMA House of Delegates for the AMA Interim 2017 Meeting.

RESOLUTION 17 – EDUCATION AND REGULATION OF PESTICIDE APPLICATIONS AS A PUBLIC HEALTH PRIORITY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA work with the appropriate stakeholders to educate the public on potential adverse health effects of pesticide exposure, especially for pregnant women, infants, and children; and be it further

RESOLVED, That our AMA support evidence-based measures to revoke tolerances of
chlorpyrifos in the United States; and be it further

RESOLVED, That our AMA support implementation and ongoing management of robust pesticide application regulations.

RESOLUTION 18 – FDA CONFLICT OF INTEREST

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA advocate the Food and Drug Administration place a greater emphasis on a candidates conflict of interest when selecting members for advisory committees; and be it further

RESOLVED, That our AMA advocate for a reduction in conflict of interest waivers granted to Advisory Committee candidates.

RESOLUTION 19 – PROMOTING PROPORTIONATE REPRESENTATION OF AFRICAN AMERICAN PATIENTS IN CLINICAL TRIALS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS reaffirm policies 350.001MSS Minority and Disadvantaged Medical Student Recruitment and Retention Programs and 295.005MSS Availability of Medical Education

RESOLUTION 20 – OPPOSITION TO MEASURES THAT CRIMINALIZE HOMELESSNESS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA oppose measures that criminalize necessary means of living among homeless persons, including, but not limited to, sitting or sleeping in public spaces; and be it further

RESOLVED, That our AMA advocate for legislation that requires non-discrimination against homeless persons, such as homeless bills of rights.

RESOLUTION 21 – ADVERSE IMPACT OF DELAYING THE IMPLEMENTATION OF PUBLIC HEALTH REGULATIONS

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA collaborate with patient advocacy groups and other organizations within the scope of the AMA that are helping to mitigate harm caused by the delay in implementation of public health regulations; and be it further

RESOLVED, That our AMA craft a strong public statement for immediate and broad release, articulating that delaying the implementation of public health regulations can have a significant impact on human health and well-being, and that such delays, when necessary, should be implemented prudently with justifiable, transparent reasoning; and be it further

RESOLVED, That our AMA support future studies that explore the medical consequences of
delaying implementation of various public health regulations; and be it further

RESOLVED, That our AMA support the timely implementation of public health policy when feasible and when compelling evidence supporting its implementation to improve public safety is available.

RESOLUTION 22 – REPORTING CHILD ABUSE IN MILITARY FAMILIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support all state and federal-run child protective services in reporting child abuse and neglect in the military to the Family Advocacy Program within the Department of Defense.

RESOLUTION 23 – SEX EDUCATION MATERIALS FOR STUDENTS WITH LIMITED ENGLISH PROFICIENCY

MSS ACTION: ADOPTED

That our AMA will amend policy H-170.968 by insertion as follows:

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968

(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction;
(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (g) are part of an overall health education program; (h) include culturally competent materials that are language concordant for Limited English Proficiency (LEP) pupils;
(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually
transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;

(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;

(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;

(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;

(7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and

(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;

(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and

(10) Encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.

RESOLUTION 24 – INFERTILITY AND INFERTILITY INSURANCE COVERAGE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That Our AMA-MSS support research into the underlying cause of rising sub- and infertility trends; and be it further

RESOLVED, That Our AMA-MSS supports efforts to improve access and insurance coverage for fertility service among racial minorities and LGBTQ persons.

RESOLUTION 25 – HEALTHCARE APPLICATIONS FOR BLOCKCHAIN TECHNOLOGY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS study potential risks and benefits that blockchain technology may have on the healthcare industry, including but not limited to health care costs, security, interoperability, and claims adjudication.

RESOLUTION 26 – PATIENT-REPORTED OUTCOMES IN GENDER CONFIRMATION SURGERY

MSS ACTION: ADOPTED AS AMENDED
RESOLVED, That our AMA supports initiatives and research to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and be it further

RESOLVED, That our AMA support development and implementation of standardized tools, such as questionnaires to evaluate outcomes of gender confirmation surgeries.

**RESOLUTION 27 – IMPROVING TRANSPARENCY IN INGREDIENT LISTS FOR COSMETIC AND FEMININE HYGIENE PRODUCTS**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA-MSS support improved consumer reporting of ingredients that may be harmful in cosmetic and feminine hygiene products; and be it further

RESOLVED, That our AMA-MSS support health professionals in counseling patients about the known risks of toxic ingredients in beauty and personal care products, including feminine hygiene products.

**RESOLUTION 28 – STI SCREENINGS IN PREGNANT WOMEN**

**MSS ACTION: NOT ADOPTED**

RESOLVED, That our AMA advocate for universal syphilis screening for all pregnant women; and be it further

RESOLVED, That our AMA support the most up to date and research-based United States Preventative Services Task Force and Center for Disease Control’s recommendations on gonorrhea and chlamydia screening for pregnant women.

**RESOLUTION 29 – INCREASED AFFORDABILITY AND ACCESS TO HEARING AIDS AND RELATED CARE FOR THE ELDERLY**

**MSS ACTION: REFERRED FOR STUDY**

RESOLVED, That our AMA support policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly; and be it further

RESOLVED, That our AMA support Medicare coverage of hearing aids and associated services for at least adults with moderate hearing loss (i.e., 40 - 70 dB) before which cochlear implants are indicated (i.e.70 dB); and be it further

RESOLVED, That our AMA advocate to state medical societies and professional societies to support policy for increased coverage of hearing aids and associated services for Medicaid beneficiaries; and be it further

RESOLVED, That our AMA encourage Centers for Medicare and Medicaid Services to “unbundle” audiologic services with costs for hearing aids to improve access to treatment and increasing transparency for hearing aid technologies.
RESOLUTION 30 – RECOGNIZING LGBT INDIVIDUALS AS UNDERREPRESENTED IN MEDICINE

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident, and provider diversity; and be it further

RESOLVED, That our AMA issue a statement of support to expand the definition of “underrepresented in medicine” to include LGBT individuals.

RESOLUTION 31: QUALITY ASSESSMENT OF PUBLIC REPORTING FOR HEALTH CARE-RELATED INFECTIONS (HAIs)

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS supports the disclosure of health care-associated infection (HAI) measures that increase the quality and usability of public HAI reporting; and be it further

RESOLVED, That our AMA-MSS supports a standardized manner for the quality assessment of public reporting for health care-associated infections (HAIs).

RESOLUTION 32: INCORPORATING RESILIENCE TRAINING INTO MEDICAL SCHOOL CURRICULA

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourages medical schools to incorporate resilience skills training into medical school curricula.

RESOLUTION 33: MENTAL HEALTH SUPPORT FOR DISPLACED PERSONS AND RELIEF WORKERS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage aid organizations to rigorously assess the effectiveness of their mental health systems already in place; and be it further

RESOLVED, That our AMA work with aid organizations, including the United States federal government, to support the universal adoption of basic standards for mental health support of displaced persons and humanitarian aid workers.

RESOLUTION 34: REFORMING THE ORPHAN DRUG ACT

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support legislation and policy efforts to reform the Orphan Drug Act by closing loopholes identified by the FDA in order to protect the Act’s original intent of promoting therapies targeting rare diseases; and be it further
RESOLVED, That our AMA support increased transparency in development costs, post-approval regulation, overall earnings, and off-label uses for pharmaceuticals designated as “Orphan Drugs”; and be it further

RESOLVED, That our AMA support efforts to modify the exclusivity period of “Orphan Drugs” in order to increase access to these pharmaceutical drugs.

RESOLUTION 35: SUPPORT FOR VA HEALTH SERVICES FOR WOMEN VETERANS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, that our AMA-MSS recognize the specific healthcare needs of the growing population of women veterans

RESOLUTION 36: GESTATIONAL WEIGHT GAIN AND CHILDHOOD OBESITY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage stakeholders to develop interventions to facilitate widespread implementation of and adherence to published guidelines for appropriate weight gain during pregnancy; and be it further

RESOLVED, That our AMA encourage the study of effective and affordable interventions to assist providers and women in managing weight gain during pregnancy, as well as research to evaluate the efficacy of those interventions amongst high risk populations, including low-income and minority populations.

RESOLUTION 37 – MACHINE INTELLIGENCE IN HEALTHCARE

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS supports the use of machine intelligence as a complementary tool in making clinical decisions; and be it further

RESOLVED, That our AMA-MSS supports ethical, rapid development and deployment of machine intelligence research and machine learning techniques to improve clinical decision-making, including diagnosis, patient care, and health systems management; and be it further

RESOLVED, That our AMA-MSS supports partnerships with organizations actively developing machine intelligence and other appropriate groups to evaluate clinical outcomes, develop regulatory guidelines for the use of machine intelligence in healthcare, and ensure further developments will be beneficial to patients, physicians, and society; and be it further

RESOLVED, That our AMA-MSS encourages the education of medical students and physicians on the use of machine intelligence in healthcare; and be it further

RESOLVED, That our AMA-MSS supports increased utilization of the term "machine intelligence" rather than the term “artificial intelligence” when considering the use of computers to parse data, learn from it, and develop clinical guidelines or facilitate clinical decision-making.

RESOLUTION 38 – DEFENSE OF AFFIRMATIVE ACTION
RESOLVED, That our AMA oppose legislation that would undermine institutions' ability to properly employ affirmative action to promote a diverse student population.

RESOLUTION 39 – ESTABLISHING TAX BENEFITS FOR LIVING ORGAN DONORS

RESOLVED, That our AMA support legislation expanding state and federal tax incentives for living organ donors to cover expenses incurred pursuant to donation.

RESOLUTION 40: NORMALIZING THE AMA POSITION ON SINGLE-PAYER HEALTH CARE REFORM

EXPANDING AMA’S POSITION ON HEALTHCARE REFORM OPTIONS

RESOLVED, That our AMA rescind HOD policy H-165.844; and be it further

RESOLVED, That our AMA rescind HOD policy H-165.985; and be it further

RESOLVED, That our AMA amend by deletion HOD policy H-165.888 as follows:

1. Our AMA will continue its efforts to ensure that health system reform proposals adhere to the following principles:

   A. Physician’s maintain primary ethical responsibility to advocate for their patients’ interests and needs.

   B. Unfair concentration of market power of payers is detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payer systems clearly fall within such a definition and, consequently, should continue to be opposed by the AMA. Reform proposals should balance fairly the market power between payers and physicians or be opposed.

   C. All health system reform proposals should include a valid estimate of implementation cost, based on all health care expenditures to be included in the reform; and supports the concept that all health system reform proposals should identify specifically what means of funding (including employer-mandated funding, general taxation, payroll or value-added taxation) will be used to pay for the reform proposal and what the impact will be.

   D. All physicians participating in managed care plans and medical delivery systems must be able without threat of punitive action to comment on and present their positions on the plan’s policies and procedures for medical review, quality assurance, grievance procedures, credentialing criteria, and other financial and administrative matters, including physician representation on the governing board and key committees of the plan.
E. Any national legislation for health system reform should include sufficient and continuing financial support for inner-city and rural hospitals, community health centers, clinics, special programs for special populations and other essential public health facilities that serve underserved populations that otherwise lack the financial means to pay for their health care.

F. Health system reform proposals and ultimate legislation should result in adequate resources to enable medical schools and residency programs to produce an adequate supply and appropriate generalist/specialist mix of physicians to deliver patient care in a reformed health care system.

G. All civilian federal government employees, including Congress and the Administration, should be covered by any health care delivery system passed by Congress and signed by the President.

H. True health reform is impossible without true tort reform.

2. Our AMA supports health care reform that meets the needs of all Americans including people with injuries, congenital or acquired disabilities, and chronic conditions, and as such values function and its improvement as key outcomes to be specifically included in national health care reform legislation.

3. Our AMA supports health care reform that meets the needs of all Americans including people with mental illness and substance use / addiction disorders and will advocate for the inclusion of full parity for the treatment of mental illness and substance use / addiction disorders in all national health care reform legislation.

4. Our AMA supports health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.; and be it further

RESOLVED, That our AMA amend by deletion HOD policy H-165.838 as follows:

1. Our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy:
   a. Health insurance coverage for all Americans
   b. Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions or due to arbitrary caps
   c. Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials
   d. Investments and incentives for quality improvement and prevention and wellness initiatives
   e. Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors’ access to care
   f. Implementation of medical liability reforms to reduce the cost of defensive medicine
   g. Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens

2. Our American Medical Association advocates that elimination of denials due to
pre-existing conditions is understood to include rescission of insurance coverage for reasons not related to fraudulent representation.

3. Our American Medical Association House of Delegates supports AMA leadership in their unwavering and bold efforts to promote AMA policies for health system reform in the United States.

4. Our American Medical Association supports health system reform alternatives that are consistent with AMA policies concerning pluralism, freedom of choice, freedom of practice, and universal access for patients.

5. AMA policy is that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider participation; and not restrict enrollees' access to out-of-network physicians.

6. Our AMA will actively and publicly support the inclusion in health system reform legislation the right of patients and physicians to privately contract, without penalty to patient or physician.

7. Our AMA will actively and publicly oppose the Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a group of unelected individuals.

8. Our AMA will actively and publicly oppose, in accordance with AMA policy, inclusion of the following provisions in health system reform legislation:
   a. Reduced payments to physicians for failing to report quality data when there is evidence that widespread operational problems still have not been corrected by the Centers for Medicare and Medicaid Services
   b. Medicare payment rate cuts mandated by a commission that would create a double-jeopardy situation for physicians who are already subject to an expenditure target and potential payment reductions under the Medicare physician payment system
   c. Medicare payments cuts for higher utilization with no operational mechanism to assure that the Centers for Medicare and Medicaid Services can report accurate information that is properly attributed and risk-adjusted
   d. Redistributed Medicare payments among providers based on outcomes, quality, and risk-adjustment measurements that are not scientifically valid, verifiable and accurate
   e. Medicare payment cuts for all physician services to partially offset bonuses from one specialty to another
   f. Arbitrary restrictions on physicians who refer Medicare patients to high quality facilities in which they have an ownership interest

9. Our AMA will continue to actively engage grassroots physicians and physicians in training in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message communicate our AMA’s position based on AMA policy.

10. Our AMA will use the most effective media event or campaign to outline what
physicians and patients need from health system reform.

11. AMA policy is that national health system reform must include replacing the sustainable growth rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice and is backed by a fair, stable funding formula, and that the AMA initiate a "call to action" with the Federation to advance this goal.

12. AMA policy is that creation of a new single payer, government-run health care system is not in the best interest of the country and must not be part of national health system reform.

13. AMA policy is that effective medical liability reform that will significantly lower health care costs by reducing defensive medicine and eliminating unnecessary litigation from the system should be part of any national health system reform.

RESOLUTION 41 – ADVANCING TELEHEALTH/TELEMEDICINE AND INTERSTATE PRACTICE

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS rescind policy 480.010MSS (Web-Based Tele-Health Initiatives and Possible Interference with the Traditional Physician Patient Relationship); and be it further

RESOLVED, That our AMA-MSS formally support AMA policy D-295.313 (Telemedicine in Medical Education) and AMA policy H-480.974 (Evolving Impact of Telemedicine); and be it further

RESOLVED, That our AMA-MSS support the use of telehealth/telemedicine in accordance with the AMA Code of Ethics; and be it further

RESOLVED, That our AMA-MSS support reimbursement for telehealth/telemedicine to compensate for training, time, skills, and required resources; and be it further

RESOLVED, That our AMA-MSS supports continued efforts for establishing best practice to enable the interstate practice of medicine.

RESOLUTION 42 – MEDICAL RESPITE CARE FOR HOMELESS ADULTS

MSS ACTION: ADOPTED AS AMENDED.

RESOLVED That our AMA study funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons

RESOLUTION 43 – PRESENCE AND ENFORCEMENT ACTIONS OF U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) AT HEALTHCARE FACILITIES

MSS ACTION: ADOPTED AS AMENDED
RESOLVED, That our AMA advocate for and support legislative efforts to designate such healthcare facilities as sensitive locations; and be it further

RESOLVED, That our AMA work with appropriate stakeholders to educate medical providers on the rights of undocumented patients while receiving medical care and the designation of healthcare facilities as sensitive locations where U.S. Immigration and Customs Enforcement (ICE) enforcement actions should not occur

RESOLVED, That our AMA encourage healthcare facilities to clearly demonstrate and promote their status as sensitive locations

RESOLVED, That our AMA oppose the presence of U.S. Immigration and Customs Enforcement (ICE) enforcement at healthcare facilities

RESOLVED, That this resolution be forwarded immediately to the House of Delegates at I-17

RESOLUTION 44 – REALLOCATION OF TITLE V ABstinence Education Program Funding to Title X Family Planning Program

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA work with individual state medical societies to advocate state-by-state rejection of Title V Abstinence Education Funding; and be it further

RESOLVED, That our AMA advocate for the reallocation of Title V Abstinence Education Program Funding or any other Abstinence Only Until Marriage Funding program funding to Title X Family Planning Program Funding.

Resolution 45: SUPPORT FOR DECREASING THE GAP BETWEEN THE NUMBER OF MEDICAL SCHOOL MATRICULANTS AND THE NUMBER OF GRADUATE MEDICAL EDUCATION SPOTS

MSS ACTION: NOT ADOPTED

RESOLVED, That Our AMA-MSS support policies which aim to stabilize and/or reduce the gap created by increasing medical school matriculation at higher rates than graduate medical education.

Resolution 46: EXPANSION OF OFFICE-BASED OPIOID TREATMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amend policy H-95.957 by addition and deletion to read as follows:

Methadone Maintenance in Private Practice H-95.957

Our AMA: (1) reaffirms its position that, "the use of properly trained practicing physicians as an extension of organized methadone maintenance programs in the management of those patients whose needs for allied services are minimal" (called "medical" maintenance) should be evaluated further;
(2) supports the position that "medical" methadone maintenance may be an effective treatment for the subset of opioid dependent patients who have attained a degree of behavioral and social stability under standard treatment and thereby an effective measure in controlling the spread of infection with HIV and other blood-borne pathogens but further research is needed;

(3) encourages additional research that includes consideration of the cost of "medical" methadone maintenance relative to the standard maintenance program (for example, the cost of additional office security and other requirements for the private office-based management of methadone patients) and relative to other methods to prevent the spread of blood-borne pathogens among intravenous drug users;

(4) supports modification of federal and state laws and regulations to make newly approved anti-addiction medications including methadone available to those office-based physicians who are appropriately trained and qualified to treat opiate withdrawal and opiate dependence in accordance with documented clinical indications and consistent with sound medical practice guidelines and protocols; and

(5) urges that guidelines and protocols for the use of newly approved anti-addiction medications be developed jointly by appropriate national medical specialty societies in association with relevant federal agencies and that continuing medical education courses on opiate addiction treatment be developed by these specialty societies to help designate those physicians who have the requisite training and qualifications to provide therapy within the broad context of comprehensive addiction treatment and management.

Resolution 47: THE NEED TO UPDATE THE OFFICE OF REFUGEE RESETTLEMENT DOMESTIC MEDICAL SCREENING GUIDELINES TO IMPROVE THE DETECTION OF CHRONIC MENTAL HEALTH CONDITIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA advocate for the updating of the Office of Refugee Resettlement’s “Revised Medical Screening Guidelines for Newly Arriving Refugees” state letter to emphasize the importance of chronic mental health disorders, such as Post Traumatic Stress Disorder, depression, and anxiety, and be it further

RESOLVED, That our AMA advocate for the updating of the Office of Refugee Resettlement’s “Domestic Medical Screening Guidelines” checklist to create a separate section for mental health screening that includes distinct screening for chronic mental health disorders including but not limited to Post Traumatic Stress Disorder, depression, and anxiety.

RESOLUTION 48: STANDARDIZATION OF MEDICAL LICENSING TIME LIMITS ACROSS STATES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS formally establishes support for the following HOD policies Medical Licensure H-275.978, Alternatives to the Federation of State Medical Boards.
Recommendations on Licensure H-275.934, Abolish Discrimination in Licensure of IMGs H-255.966

RESOLUTION 49: PROMOTION OF MEDICAL STUDENT MENTAL HEALTH THROUGH PEER INVOLVEMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS encourage medical schools to implement suicide prevention training programs so that medical students can take an active role in promoting medical student mental health and suicide prevention.

RESOLUTION 50: IMPROVED ACCESSIBILITY OF FEMININE HYGIENE PRODUCTS FOR INCARCERATED AND SOCIOECONOMICALLY DISADVANTAGED WOMEN

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA classifies, and encourages the Internal Revenue Service to classify, feminine hygiene products as medical necessities; and be it further

RESOLVED, That our AMA supports Flexible Spending Account, Health Savings Account, and Health Reimbursement Arrangement reimbursement of feminine hygiene products; and be it further

RESOLVED, That our AMA supports consistent and ready access of feminine hygiene products across all publicly funded institutions, including but not limited to housing units utilized by previously incarcerated and socioeconomically disadvantaged women

RESOLUTION 51 – APPROPRIATE USE OF CLINICAL DECISION SUPPORT ALERTS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage the evidence-based design and use of clinical decision support (CDS) alerts; and be it further

RESOLVED, That our AMA encourage that clinical decision support (CDS) alerts be designed to minimize negative impact on clinician workflow, to facilitate user-friendly interactions, and to avoid redundant notifications for a given patient.

RESOLUTION 52 – ALL TO STUDY ON THE REDUCTION OR ELIMINATION OF MEDICAL STUDENT MEMBERSHIP DUES

MSS ACTION: NOT ADOPTED

RESOLVED, that the AMA-MSS amend MSS Policy 655.002 by deletion as follows:

655.002 MSS Membership Recruitment Methods: AMA-MSS: (1) endorses the concept that mechanisms of offering medical students free membership in the AMA and/or constituent societies should require direct action by medical students to accept the offer; (2) opposes full subsidization of AMA student dues by constituent societies for more than an initial one-year introductory period for new members; (3) does not
oppose partial or full subsidization of AMA student dues by constituent societies as a positive incentive for medical students to join the AMA; and (4) (3) supports medical student representation in state delegations to the AMA AMA-MSS Digest of Policy Actions/ 131 House of Delegates, with the goal of having a proportional number of delegate seats based on student membership.

RESOLVED, That our AMA study alternative dues models for student membership in order to reduce or eliminate membership dues for medical students.

RESOLUTION 53: UNMET EYE CARE NEEDS IN RURAL POPULATIONS

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA support legislation at the national level to advocate for comprehensive vision care in community health centers; and be it further

RESOLVED, That our AMA support the development of financial incentives for placement of eye care professionals in underserved communities; and be it further

RESOLVED, That our AMA support educational programs focusing on the importance of routine eye care exams.

RESOLUTION 54: NON-THERAPEUTIC GENE THERAPIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, that our AMA partners with relevant institutions to encourage the development of safety guidelines, regulations, and permissible uses of performance enhancing, non-therapeutic gene therapies

RESOLUTION 55: ENDING MONEY BAIL TO DECREASE BURDEN ON LOWER INCOME COMMUNITIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA support legislation that ends pretrial financial release options for individuals charged with nonviolent crimes.

RESOLUTION 56 – NON-COMPETE CLAUSES IN PHYSICIAN CONTRACTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS opposes the use of restrictive covenants in physician contracts and supports the passage of laws that prohibit their use.

RESOLUTION 57: EVALUATING LEGISLATION ON SUBSTANCE USE DISORDER TREATMENT PRIVACY AND CONFIDENTIALITY

MSS ACTION: ADOPTED AS AMENDED
RESOLVED, That our AMA-MSS support the study of the implications of 42 CFR Part 2 under current law, as well as the proposed alignment of substance use disorder confidentiality requirements with HIPAA, with respect to:

1) Harm due to unwanted disclosure of Substance Use Disorder (SUD) diagnosis and treatment information, including legal, social, emotional, and psychological outcomes;
2) Harm due to non-disclosure of Substance Use Disorder (SUD) diagnosis and treatment information to other health care providers; and
3) Deterrence of patients from seeking treatment for SUDs.

RESOLUTION 58: PROCEDURAL OUTCOME TRANSPARENCY AND REPORTING STANDARDIZATION ACROSS HEALTHCARE PROVIDERS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support validating the reported measures being acted upon by health care organizations and providers by reaffirming existing policy H-450.966; and be it further

RESOLVED, That our AMA support building the science of performance measures through encouraging the multiple federal agencies involved in performance measures to collaborate and consolidate their reporting standards; and be it further

RESOLVED, That our AMA support the accreditation of a standardized reporting service (reporting body) or reporting rubric (guideline) to measure hospitals' performance; and be it further

RESOLVED, That our AMA collaborate with health care institutions to make available to the public the outcomes data collected as a part of the rigorous research processes previously supported in AMA policy and advocated for in this resolution.

RESOLUTION 59: MEDICAID COVERAGE OF FITNESS FACILITY MEMBERSHIPS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support Medicaid coverage of fitness facility memberships as a standard preventive health insurance benefit for low-income adults patients.

RESOLUTION 60: ADDRESSING THE RISE OF MEDICAL SCHOOL TUITION

MSS ACTION: REAFFIRM AMA POLICY H-305.928 IN LIEU OF RESOLUTION 60

RESOLVED, That our AMA study potential solutions to limit the drastic rise in medical school tuition.

RESOLUTION 61: ESTABLISHING CYBERSECURITY STANDARDS FOR ELECTRONIC MEDICAL RECORDS

MSS ACTION: NOT CONSIDERED
RESOLVED, that our AMA-MSS support EMR cybersecurity training for all healthcare employees during EMR-onboarding to prevent breach of health and financial records; and be it further

RESOLVED, that our AMA-MSS support the universal use of anti-virus, anti-malware, firewall protection, encryption of data at rest and in transit, and accountability through audit logs of all patient health information and financial records.

RESOLUTION 62: DECREASING SEX AND GENDER DISPARITIES IN HEALTH OUTCOMES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA promotes the use of health care guidelines, protocols, and decision support tools that identify existing sex and gender differences and disparities in health care; and be it further

RESOLVED, That our AMA encourages the use of guidelines, and treatment protocols, and decision support tools specific to biological sex for conditions in which physiologic and pathophysiologic differences exist between sexes

RESOLUTION 63: IMPROVING INTEGRATION OF GENDER IDENTITY IN THE MEDICAL RECORD

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amend policy H-315.967 by addition:

Our AMA: (1) supports 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 (2) will advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health; and (3) supports that, with patient consent, gender identity be prominently displayed and easily accessible within the electronic health record.

RESOLUTION 64: OPPOSING THE CLASSIFICATION OF CANNABIDIOL AS A SCHEDULE 1 DRUG

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support the reclassification of Cannabidiol (CBD) as a non-scheduled drug.

RESOLUTION 65: MANDATORY PRE-PARTICIPATION CONCUSSION EDUCATION FOR HIGH SCHOOL ATHLETES

MSS ACTION: NOT ADOPTED
RESOLVED, That our AMA-MSS support adoption of mandated in-person pre-participation concussion education in high school athletic programs aimed at informing student athletes of the risks and signs of concussions and eliminating negative perceptions about the consequences of reporting a head injury.

RESOLUTION 67: FOOD ADVERTISING TARGETED TO BLACK AND LATINO YOUTH CONTRIBUTES TO HEALTH DISPARITIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association establish a formal position advocating against the use of targeted marketing of nutrient-poor food toward youth from vulnerable populations, including minority and low-income populations; and be it further

RESOLVED, That our American Medical Association amend H-60.972 by addition and deletion to read as follows:

(1) It is the policy of the AMA to join with appropriate organizations, including the American Academy of Pediatrics, in educating the public about the adverse effects of food advertising aimed at children.; and
(2) The AMA will support legislation that limits targeted marketing of products that do not meet nutritional standards as defined by the USDA toward youth from vulnerable populations; and be it further

RESOLVED, That our AMA will work with the appropriate stakeholders to heighten awareness and regulation of targeted marketing of nutrient-poor food toward youth from vulnerable populations.

RESOLUTION 68: ADVOCATING FOR THE MAINTENANCE OF PEPFAR FUNDING

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA advocate for the maintenance of President’s Emergency Plan For Aids Relief funding for the future.

RESOLUTION 69: RESEARCHING DRUG FACILITATED SEXUAL ASSAULT TESTING

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA study the feasibility and implications of offering drug testing at point of care for date rape drugs, including but not limited to rohypnol, ketamine, and gamma-hydroxybutyrate, in cases of suspected non-consensual, drug-facilitated sexual assault.

RESOLUTION 70: REINTRODUCTION OF MITOCHONDRIAL DONATION IN THE UNITED STATES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED: That our AMA support regulated research to determine the efficacy and safety of mitochondrial donation as a means of preventing the transmission of mitochondrial diseases to at-risk males.
RESOLUTION 71: EXPAND AMA ELECTRONIC HEALTH RECORDS (EHRS) FOCUS TOWARDS EHR OPEN APPLICATION MARKETPLACES, STANDARD APPLICATION PROGRAMMING INTERFACES (APIs), AND EMERGENT EHR TECHNOLOGY COMMUNICATION

MSS ACTION: REFERRED FOR STUDY

RESOLVED, that our AMA research and form recommendations on supporting the adoption of open application markets within EHRs and standard Application Programming Interfaces (APIs); and be it further

RESOLVED, that our AMA research best practices for providers regarding these emergent Electronic Health Records technologies to be dissemination to health professions to inform, moderate disruption, improve EHR satisfaction, and improve care.

RESOLUTION 72: EQUITABLE ALLOCATION OF TOBACCO EXCISE TAXES TOWARD TOBACCO CESSATION PROGRAMS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA work with appropriate stakeholders to develop model state and federal legislation mandating that a greater portion of state and federal tobacco excise tax revenue be used to fund tobacco cessation programs and smoking-related research in order to meet state-specific recommendations put forth by the Centers for Disease Control, and be it further

RESOLVED, That our AMA will work in concert with state medical societies and other allied groups to support the passage of the aforementioned legislation in all states, and be it further

RESOLVED, That our AMA will work in concert with state medical societies and other allied groups to protect CDC-recommended levels of cessation program funding generated through this legislation for appropriate use and issue statements condemning the use of tobacco excise revenue as a way to remedy state budget crises.

RESOLUTION 73: CREATING MODEL LEGISLATION FOR PRIMARY SEAT BELT LAWS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support the implementation of primary seat belt legislation in all states; and be it further

RESOLVED, That our AMA work to draft and advocate for model primary seat belt legislation in states without primary seat belt laws.

RESOLUTION 74: ANTI-RACISM COMPETENCIES IN UNDERGRADUATE MEDICAL PRE-CLINICAL CURRICULUM

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS recognize that structural racism, systemic discrimination, and the historical and current discriminatory legislative policies in the US impact health, access to
care, and health care delivery, in manners that are distinct from individual and interpersonal discrimination and implicit bias; and be it further

RESOLVED, That our AMA-MSS supports undergraduate medical education that includes historical practices within the medical field that have affected communities of color in the US and their relationships with the medical community, including but not limited to medical experimentation

RESOLUTION 75 – LOWERING MENTAL HEALTH STIGMA BY IMPLEMENTING MENTAL HEALTH EDUCATIONAL TRAINING EARLY IN MEDICAL SCHOOL FOR PEERS AND COLLEAGUES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS encourage medical schools to implement educational training programs for medical students within the first year to help lower mental health stigma toward peers, colleagues, and future patients, and to provide tools to confidently identify and intervene in the event of mental health distress or crisis among their peers and colleagues.

RESOLUTION 76 – OPIOID TREATMENT PROGRAMS REPORTING TO PRESCRIPTION MONITORING PROGRAMS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA amend the policy Opioid Treatment and Prescription Drug Monitoring Programs D-95.980 by deletion:
That our AMA will seek changes to allow states the flexibility to require opioid treatment programs to report to prescription monitoring programs.

RESOLUTION 77: INCORPORATION OF SUN PROTECTION EDUCATIONAL PROGRAM INTO ELEMENTARY SCHOOL HEALTH CURRICULA

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS amend policy 60.011MSS by addition as follows:

AMA-MSS will ask the AMA to work with the National Association of State Boards of Education, the Centers for Disease Control and Prevention, and other appropriate entities to encourage elementary schools to develop evidence-based sun protection policies and use these policies to design a sun protection educational program, and integrate this program into previously existing health curricula.

RESOLUTION 78 – SUPPORT FOR PUBLIC HEALTH VIOLENCE PREVENTION PROGRAMS

MSS ACTION: ADOPTED

RESOLVED, That our AMA supports legislation in addition to other mechanisms that encourage the development and use of evidence-based public health models that prevent violence.
RESOLUTION 79: DE-STIGMATIZING SEEKING TREATMENT FOR DEPRESSION AND OTHER MENTAL ILLNESSES BY AMENDING STATE LICENSURE APPLICATIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That AMA support the revision of medical licensure questions, concerning mental health, so that they better encourage and reward the seeking of treatment among physicians with past or current mental health events.; and be it further

RESOLVED, That AMA support state medical board communications to physicians that seeking treatment has less severe consequences than not seeking treatment for an illness; and be it further

RESOLVED, That AMA encourage state licensing agencies to treat a physician diagnosed with depression only as a separate group in the application due to the nature of the illness, rare occurrence of impairment, and need to take a step forward in de-stigmatizing depression via state licensing boards

RESOLUTION 80 – EQUALIZING REIMBURSEMENT FOR PSYCHOTHERAPY AND DRUG-THERAPY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support comparable reimbursement rates per unit of time spent with patients for physician provided psychotherapy and pharmacotherapy where comparable efficacy has been demonstrated.

RESOLUTION 81 – PROTECTING GENETIC HEALTH INFORMATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS (1) strongly opposes any discrimination based on genetic information; (2) support robust and comprehensive protections against genetic discrimination and misuse of genetic information; and (3) supports education for health care providers and patients on the protections and limitations against genetic discrimination currently afforded by federal and state law; and be it further

RESOLVED, That our AMA-MSS formally establish support for 4.1.3 Third-Party Access to Genetic Information and 7.3.7 Safeguards in the Use of DNA Databanks in the AMA Code of Ethics.

RESOLUTION 82 – DIGITAL TRANSPORTATION NETWORK COMPANIES AS A FORM OF NON-EMERGENCY MEDICAL TRANSPORT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage collaboration between industry leaders, insurance companies, and healthcare institutions to evaluate the safety and cost efficacy of increased use of digital transportation networks for non-emergency medical transport; and be it further
RESOLVED, That our AMA support the maintenance of patient safety as the paramount guiding feature of all non-emergent digital transportation network endeavors.

RESOLUTION 83: EXPANSION OF QUALIFYING CRITERIA FOR MEDICAL NUTRITION THERAPY UNDER MEDICARE PART B

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support expansion of Medicare Part B criteria for Medical Nutrition Therapy to include early-onset chronic disease.

RESOLUTION 84 – PROPOSING CONSENT FOR DE-IDENTIFIED PATIENT INFORMATION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support diamorphine prescription programs for heroin-dependent patients as an alternative therapy for patients refractory to current medication assisted therapy modalities.

RESOLUTION 85 – PROMOTING MEDICAL EDUCATION ON ACUTE VERSUS CHRONIC PAIN MANAGEMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA recognize acute and chronic pain are discrete pathophysiological conditions that require specific and different forms of treatment; and be it further

RESOLVED, That our AMA support medical education as it relates to teaching and distinguishing acute versus chronic pain management; and be it further

RESOLVED, That our AMA use its Opioid Task Force to help raise public awareness of chronic pain as a major public health issue with focus on both the societal impact and personal suffering aspects of the disease.

RESOLUTION 86: EXPLICITLY RECOMMENDING EDUCATION IN EMERGING ADVANCED TECHNOLOGIES FOR MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS encourage partnerships in medical education between students with stakeholders of emerging advanced technologies to promote awareness in “future technologies” to provide a basic grounding in developing impactful technologies as part of their training, and be it further

RESOLVED, That our MSS formally establish support for HOD policy H-295.995, Recommendations for Future Directions for Medical Education.

RESOLUTION 87 – REDUCING EXEMPTIONS AND INCREASING VACCINATIONS THROUGH EXCELLENT COMMUNICATION

MSS ACTION: NOT ADOPTED
RESOLVED, That our AMA-MSS formally establish support for HOD policy H-440.830: Education and Public Awareness on Vaccine Safety and Efficacy; and be it further

RESOLVED, That the AMA and stakeholders encourage the consideration of state-specific legal exemptions from immunization requirements

RESOLUTION 88 – GENDER AND LGBTQ+ DISCRIMINATION IN INCOME

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA amend D-200.981 by addition as follows:

Our AMA: (1) encourages medical associations and other relevant organizations to study gender and lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQ+) differences in income and advancement trends, by specialty, experience, work hours and other practice characteristics, and develop programs to address disparities where they exist; (2) supports physicians in making informed decisions on work-life balance issues through the continued development of informational resources on issues such as part-time work options, job sharing, flexible scheduling, reentry, and contract negotiations; (3) urges medical schools, hospitals, group practices and other physician employers to institute and monitor transparency in pay levels in order to identify and eliminate gender and LGBTQ+ bias and promote gender and LGBTQ+ equity throughout the profession; (4) will collect and publicize information on best practices in academic medicine and nonacademic medicine that foster gender and LGBTQ+ parity in the profession; and (5) will provide training on leadership development, contract and salary negotiations and career advancement strategies, to combat gender and LGBTQ+ disparities as a member benefit; (6) create programs to educate physicians, medical students and hospital administrators about gender-based and LGBTQ+ based income discrimination and how to combat it via educational resources including but not limited to CME sessions.

RESOLUTION 89 – PROPOSING CONSENT FOR DE-IDENTIFIED PATIENT INFORMATION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA consider it unethical for a physician to offer a professional opinion about specific medical cases on individual patients unless he or she has conducted an examination and has been granted proper authorization for a public media statement.

RESOLUTION 90 – IMPLEMENTING PROTABLE BREASTFEEDING FACILITIES IN PUBLIC PREMISES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA promote the implementation of portable breastfeeding facilities in relevant public premises and at relevant public events; and be it further

RESOLVED, That our AMA will work with appropriate stakeholders such as Office of Women’s Health at the Department of Health and Human Services and Mamava to implement portable breastfeeding facilities; and be it further
RESOLVED, That our AMA will work with the aforementioned organizations in developing portable breastfeeding stations that are adequately equipped with the necessary instruments, space, and privacy.

**RESOLUTION 91: INCREASED COLLABORATION BETWEEN U.S FISHERIES AND PUBLIC HEALTH AGENCIES**

**MSS ACTION: NOT ADOPTED**

RESOLVED, That our AMA support state and federal policies that better integrate the National Marine Fisheries Service and the United States Department of Agriculture with U.S. public health agencies through means including but not limited to appointing public health representatives on these regulatory bodies; and be it further

RESOLVED, That our AMA support state and federal policies that increase the U.S. fish supply to meet current and foreseeable U.S. nutritional requirements through means including but not limited to increasing the number of U.S. fisheries and increasing the efficiency and sustainability of existing U.S. fisheries to optimize long-term yield; and be it further

RESOLVED, That our AMA reaffirm AMA policy H-150.932: Reform the US Farm Bill to Improve US Public Health and Food Sustainability.

**RESOLUTION 92: UPDATING POLICY ON Physician HEALTH Programs**

**MSS ACTION: NOT ADOPTED**

RESOLVED, That our AMA amend policy H-405.961 by insertion as follows:

H-405.961 Physician Health Programs
Our AMA affirms the importance of medical student, resident, fellow, and physician health and the need for ongoing education of all physicians and medical students regarding medical student, resident, fellow, and physician health and wellness.

**RESOLUTION 93 – REQUIRING BLINDED REVIEW OF MEDICAL STUDENT PERFORMANCE**

**MSS ACTION: REFERRED FOR STUDY**

RESOLVED, That our AMA advocate that all reviews of medical student professionalism and academic performance be conducted in a blinded manner; and be it further

RESOLVED, That our AMA send a letter to the Liaison Committee on Medical Education (LCME) advocating that blinded review of medical students be required of all LCME-accredited medical schools.

**RESOLUTION 94 – DEFINITION OF PHYSICIAN AND PHYSICIAN AS A PROTECTED TERM**

**MSS ACTION: NOT ADOPTED**
RESOLVED, That our AMA-MSS affirm the designation of physician only to those who have completed a “Doctor of Medicine” or a “Doctor of Osteopathic Medicine” or equivalent degree in the study of evidence-based medicine following completion of the course of study from an accredited school of medicine or osteopathic medicine; and further be it

RESOLVED, That our AMA-MSS treat “physician” as a protected term.

RESOLUTION 95: HOSPITAL REPORTING OF A PHYSICIAN SATISFACTION AS A METRIC OF WELLNESS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS encourage policy change that requires the addition of physician-reported professional satisfaction metrics to surveys administered to hospitals by independent organizations; and be it further

RESOLVED, That our AMA-MSS support the establishment of an independent database specific for physician, resident, and medical student satisfaction that is accessible to healthcare professionals and students to determine working environments in which they would be most successful, and that is easy to use by patients to determine where to procure care; and be it further

RESOLVED, That our AMA-MSS support publishing independently-acquired physician satisfaction data on a national, open-access, independently-maintained, internet-based platform; and be it further

RESOLVED, That our AMA-MSS reaffirm that previous policies that asks for the implementation of physician, resident, and medical student wellness programs, specifically policies D310.968, H405.957, and D405.990, that ultimately improve professional satisfaction at all levels.
SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

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

MSS ACTION: ADOPTED AND FILED

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 – UPDATE TO IOPS

MSS ACTION: ADOPTED AND FILED

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.

MSS COMMITTEE ON ECONOMICS AND QUALITY IN MEDICINE REPORT A-
EVALUATION ON RESEARCHING NON-JUDICIAL ENFORCEMENT OF MEDICIAID RATE
MSS ACTION: ADOPTED AND FILED

RECOMMENDATIONS:

That the AMA-MSS amend IOP VI.B.1 by deletion as follows:

1. MSS members shall not hold an AMA Council or AMA Liaison position as well as a Governing Council position or the MSS Student Trustee position at the same time for more than two months, unless their Governing Council position or MSS Student Trustee position will conclude within 2 months of when their term as a member of an AMA Council or AMA Liaison begins. The only exception shall be that a MSS member may hold an AMA Council or AMA Liaison position and the position of Chair-elect or Immediate Past Chair simultaneously.

That the AMA-MSS amend IOP XI.C.5 by addition as follows:

1. In any discussion or selection of candidates for appointment to Council or Liaison positions, all Governing Council members who are candidates for the position under discussion or have significant conflicts of interest shall recuse themselves and be absent from this discussion.
   a. The MSS Chair, or their designee, shall be responsible for ensuring a fair and thorough evaluation process by the Governing Council.
   b. To ensure that appointments are free from conflicts of interest, the Medical Student Trustee will be present for all discussions of candidates as an ex officio member. The Medical Student Trustee will not possess a vote in the Governing Council’s recommendation process.

MSS COMMITTEE ON GLOBAL AND PUBLIC HEALTH REPORT A

MSS ACTION: ADOPTED AND FILED

RECOMMENDATIONS:

RESOLVED, That our AMA-AMA-MSS support the efforts of federal and 23 state government agencies to facilitate enrollment or reenrollment of eligible 24 refugees into Medicaid, CHIP healthcare or Refugee Assistance insurance 25 plans. and to facilitate re-enrollment in appropriate plans for refugees for 26 whom Medicaid or RMA coverage has lapsed following the end of their 27 Refugee Medical Assistance coverage or initial Medicaid coverage.

RESOLVED, AMA Policy H-350.956, Increasing Access to 36 Healthcare Insurance for Refugee Populations be reaffirmed