RESOLUTION 01 – PROTECTION OF TRANSGENDER INDIVIDUALS’ RIGHT TO USE PUBLIC FACILITIES IN ACCORDANCE WITH THEIR GENDER IDENTITY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support transgender individuals’ right to use public facilities in accordance with their gender identity to mitigate harms.

RESOLUTION 02 – WITHDRAWN BY THE AUTHOR

RESOLUTION 03 – EXPANDING EXPEDITED PARTNER THERAPY TO TREAT TRICHOMONIASIS

MSS ACTION: ADOPTED

RESOLVED, That our AMA amend policy H-440.868 by addition and deletion as follows:

H-440.868 Expedited Partner Therapy

Our AMA supports state legislation that permits physicians to provide expedited partner therapy to patients diagnosed with gonorrhea, and/or chlamydia, and/or trichomoniasis infection.

RESOLUTION 04 – PUBLIC ACCESS TO CHARGEMASTERS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support legislation requiring health-care institutions to provide public online access to their complete and current chargemaster in a searchable, consumer-friendly format that includes reference codes, descriptions, and prices.

RESOLUTION 05 – THE DIAPER GAP

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support increased access to affordable diapers.

RESOLUTION 06 – IMPROVING APPROPRIATE LANGUAGE ACCESS AND USE OF INTERPRETERS IN HEALTHCARE SETTINGS

MSS ACTION: ADOPTED AS AMENDED
RESOLVED, That our AMA encourage the use of trained interpreters as a primary resource for patients with limited English proficiency, when available, in the stead of patient family members and friends.

RESOLUTION 07 – OPIOID ABUSE IN BREASTFEEDING MOTHERS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA Task Force to Reduce Opioid Abuse promote educational resources for opioid dependent mothers on the benefits and risks of breastfeeding while using opioid drugs or during maintenance therapy based on the most recent guidelines; and be it further

RESOLVED, That our AMA amend by addition existing AMA policy H-420.962 Perinatal-Addiction - Issues in Care and Prevention to read as follows:

Perinatal Addiction - Issues in Care and Prevention H-420.962

Our AMA:

(1) adopts the following statement: Transplacental drug transfer should not be subject to criminal sanctions or civil liability;

(2) encourages the federal government to expand the proportion of funds allocated to drug treatment, prevention, and education. In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant and breastfeeding women wherever possible;

(3) urges the federal government to fund additional research to further knowledge about and effective treatment programs for drug-addicted pregnant and breastfeeding women, encourages also the support of research that provides long-term follow-up data on the developmental consequences of perinatal drug exposure, and identifies appropriate methodologies for early intervention with perinatally exposed children;

(4) reaffirms the following statement: Pregnant and breastfeeding patients with substance use disorders should be provided with physician-led, team-based care that is evidence-based and offers the ancillary and supportive services that are necessary to support rehabilitation; and

(5) through its communication vehicles, encourages all physicians to increase their knowledge regarding the effects of drug and alcohol use during pregnancy and breastfeeding and to routinely inquire about alcohol and drug use in the course of providing prenatal care.

RESOLUTION 08 – SUPERVISED INJECTION FACILITIES AS HARM REDUCTION TO ADDRESS OPIOID CRISIS

MSS ACTION: ADOPTED AS AMENDED
RESOLVED, That our AMA work with state and local health departments to achieve the legal implementation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services; and be it further

RESOLVED, That this be immediately forwarded to the AMA HOD.

RESOLUTION 09 – DEFENDING FEDERAL CHILD NUTRITION PROGRAMS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA oppose legislation that reduces or eliminates access to federal child nutrition programs; and be it further

RESOLVED, That our AMA reaffirm H-150.962 Quality of School Lunch Program.

RESOLUTION 10 – IMPROVING SCREENING AND TREATMENT GUIDELINES FOR DOMESTIC VIOLENCE AGAINST LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING, AND OTHER INDIVIDUALS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA publish an update to its 1992 Diagnostic and Treatment Guidelines on Domestic Violence to reflect recent data and to address unique issues faced by the LGBTQ+ population; and be it further

RESOLVED, That our AMA promote crisis resources for LGBTQ+ patients that cater to the specific needs of LGBTQ+ victims of domestic violence; and be it further

RESOLVED, That our AMA amend AMA policy H-65.976 by addition and deletion to read as follows:

Nondiscriminatory Policy for the Health Care Needs of LGBTQ+ Populations H- 65.976

Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, healthcare workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement.; and be it further

RESOLVED, That our AMA amend AMA policy H-160.991 by addition and deletion to read as follows:

Health Care Needs of Lesbian Gay Bisexual and Transgender Populations H-160.991

1. Our AMA: (a) believes that the physician’s nonjudgmental recognition of patients’ sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian gay bisexual, and—transgender, queer/questioning, and other
(LGBTQ+) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ+; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ+ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ+ patients; (iii) encouraging the development of educational programs in LGBTQ+ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBT people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ+ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ+ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for women who have sex with women to undergo regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; and (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ+ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ+ people.

**RESOLUTION 11 – CO-LOCATION OF BEHAVIORAL HEALTH CARE AND PRIMARY CARE**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA- MSS support the co-location of behavioral health services within primary care clinics and other locations where primary care services are provided.

**RESOLUTION 12 – NATIONAL HEALTHCARE FINANCE REFORM: SINGLE PAYER SOLUTION**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA-MSS support the implementation of a national single payer system; and be it further
RESOLVED, That our AMA-MSS rescind policy 165.005MSS and formal support of HOD policy H-165.920; and be it further

RESOLVED, That our AMA-MSS amend policy 165.007MSS by addition and deletion as follows:

165.007MSS Steps in Advancing towards Affordable Universal Access to Health Insurance

(1) AMA-MSS recognizes the efforts of the American Medical Association (AMA) in assembling proposals for the advancement toward affordable universal access to health insurance and supports Expanding Health Insurance: The AMA Proposal for Reform; (2) AMA-MSS recognizes the efforts of the American Academy of Family Physicians (AAFP) and the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) in assembling proposals for advancing towards affordable universal access to health insurance and supports engaging in discussions with appropriate members to continue to refine existing policies; (3) AMA-MSS supports AMA policy D 165.974, Achieving Health Care Coverage for All: That our American Medical Association join with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States on or before January 1, 2009 that is consistent with relevant AMA policy. (3) AMA-MSS support AMA policy D-165.974, Achieving Health Care Coverage for All: Our American Medical Association joins with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States consistent with relevant AMA policy; (MSS Rep A, A-03) (Reaffirmed: MSS Rep E, I-08) (Modified: GC Rep B, I-13); and be it further

RESOLVED, That while our AMA-MSS shall prioritize its support of a federal single payer system, our AMA-MSS may continue to advocate for intermediate federal policy solutions including but not limited to a federal Medicare, Medicaid, or other public insurance option that abides by the guidelines for health systems reform in 165.019MSS.

RESOLUTION 13 – REPRODUCTIVE HEALTH CARE IN RELIGIOUSLY-AFFILIATED HOSPITALS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS advocate that religiously-affiliated medical institutions provide medically accurate information on the full breadth of reproductive health options available for patients, including, but not limited to, all forms of contraception, emergency care during miscarriages, and infertility treatments, regardless of the institution’s willingness to perform the aforementioned services; and be it further

RESOLVED, That our AMA-MSS endorse the timely referral of patients seeking reproductive services from healthcare providers with religious commitments to accessible health care systems offering the aforementioned services, all the while avoiding any undue burden to the patient.
RESOLUTION 14 – EDUCATING PHYSICIANS ABOUT THE IMPORTANCE OF CERVICAL CANCER SCREENING FOR FEMALE-TO-MALE TRANSGENDER PATIENTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA amend policy H-160.991 by insertion and deletion to read as follows:

Health Care Needs of Lesbian Gay Bisexual and Transgender Populations H-160.991

Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for women who have sex with women and female-to-male transgender patients when medically indicated to undergo regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; and (iii) appropriate safe sex techniques to avoid the risk of sexually transmitted diseases.

RESOLUTION 15 – PATIENT AND PHYSICIAN RIGHTS REGARDING IMMIGRATION STATUS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support protections that prohibit U.S. Immigration and Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies from utilizing information from medical records to pursue immigration enforcement actions against patients who are undocumented; and be it further

RESOLVED, That Resolution 15 be immediately transmitted to the House of Delegates at its 2017 Annual Meeting.

RESOLUTION 16 – AIR AMBULANCE REGULATIONS AND REIMBURSEMENTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA and appropriate stakeholders study the role, clinical efficacy, and cost-effectiveness of air ambulance services, including barriers to adequate competition, reimbursement, and quality improvement.

RESOLUTION 17 – ADDRESSING FOSTER CARE HEALTHCARE NEEDS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA advocate for comprehensive and evidence-based care that addresses the specific health care needs of foster care children.

RESOLUTION 18 – AMENDMENT OF AMA-MSS CANNABIS POLICY
RESOLVED, That our AMA-MSS amend policy 95.008MSS by addition and deletion to read as follows:

95.008MSS Cannabis and the Regulatory Void

AMA-MSS believes that although cannabis is a mind-altering drug whose use may have unforeseen consequences; (1) federal and state governments should abolish all criminal penalties relating to consumption or possession of cannabis; (2) the sale of cannabis for medicinal use should be regulated according to evidence-based research; and (3) additional research should be encouraged.

RESOLUTION 19 – HUMAN RIGHTS AS THE FOUNDATION OF PUBLIC HEALTH

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS reaffirm AMA policy H-250.992 World Health Organization.

RESOLUTION 20 – DECREASING SCREEN TIME AND INCREASING OUTDOOR ACTIVITY TO OFFSET MYOPIA ONSET AND PROGRESSION IN ELEMENTARY SCHOOL CHILDREN

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS support physicians, schools, and public health agencies in efforts to reduce the incidence and progression of myopia by limiting screen time and increasing outdoor activity among elementary school children.

RESOLUTION 21 – SEXUAL ASSAULT SURVIVORS’ RIGHTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA advocate for the legal protection of sexual assault survivors’ rights and will work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (1) receive a medical forensic examination free of charge, which includes but is not be limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (2) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (3) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (4) be informed of these rights and the policies governing the sexual assault evidence kit; and be it further

RESOLVED, That our AMA collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.

RESOLUTION 22 – IMPROVING MEDICAL CARE IN IMMIGRANT DETENTION CENTERS
MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA issue a public statement urging U.S. Immigration and Customs Enforcement Office of Detention Oversight to 1) revise its medical standards governing the conditions of confinement at detention facilities to meet or exceed those set by the National Commission on Correctional Health Care, 2) take necessary steps to achieve full compliance with these standards, and 3) create a system to track complaints related to substandard healthcare quality filed by detainees; and be it further

RESOLVED, That our AMA recommend the U.S. Immigration and Customs Enforcement refrain from partnerships with private institutions whose facilities do not meet the standards of medical, mental, and dental care as guided by the National Commission on Correctional Health Care; and be it further

RESOLVED, That this resolution be immediately transmitted to the AMA House of Delegates at its 2017 Annual Meeting.

RESOLUTION 23 – UPDATING ENERGY POLICY AND EXTRACTION REGULATIONS TO PROMOTE PUBLIC HEALTH AND SUSTAINABILITY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA amend policy H-135.949 by addition and deletion to read as follows:

**Support of Clean Air and Reduction in Power Plant Emissions H-135.949**

Our AMA supports (1) federal legislation and regulations that meaningfully reduce the following four major power plant emissions: mercury, carbon dioxide, sulfur dioxide and nitrogen oxide; and (2) efforts to limit carbon dioxide emissions through the reduction of the burning of coal in the nation's power generating plants, efforts to improve the efficiency of power plants, substitution of natural gas in lieu of other carbon-based fossil fuels, and continued development, promotion, and widespread implementation of alternative renewable energy sources in lieu of carbon-based fossil fuels.

RESOLVED, That our AMA support the implementation of buffer zones between oil and gas development sites and residences, schools, hospitals, and religious institutions.

RESOLUTION 24 – OPPOSING PHYSICIAN PARTICIPATION IN COURT-INITIATED CASTRATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA oppose physician participation in court-initiated castration treatments; and be it further
RESOLVED, That our AMA support the repeal of state laws allowing for persons convicted of a crime to be required – as a condition of parole or probation – forcible chemical castration, or to be sentenced to forcible chemical castration.

RESOLUTION 25 – ECONOMIC SUSTAINABILITY AND IMPROVED USAGE OF HEALTH INFORMATION EXCHANGES


RESOLVED, That our AMA support further funding to train and educate physicians and other health-care professionals of the proper usage and known benefits of Health Information Exchanges (HIEs); and be it further

RESOLVED, That our AMA support legislation that provides steady, long-term government funding towards sustainability of the infrastructure inherent in Health Information Exchanges (HIEs).

RESOLUTION 26 – INCREASE ACCESS TO HIV PREP FOR AT-RISK INDIVIDUALS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS reaffirm H-20.895; and be it further

RESOLVED, That our AMA-MSS support PrEP referral at needle exchange sites.

RESOLUTION 27 – DISAGGREGATION OF DATA CONCERNING THE STATUS OF ASIAN-AMERICANS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support the disaggregation of data regarding Asian-Americans in order to reveal the within-group disparities that exist in health outcomes and representation in medicine.

RESOLUTION 28 – REDUCING NICOTINE CONTENT IN CIGARETTES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA advocate for federal regulation to reduce the nicotine content in all cigarettes to non-addicting levels in order to prevent individuals from becoming addicted to cigarettes and to assist addicted smokers with quitting.

RESOLUTION 29 – OPPOSITION TO MEDICAID WORK REQUIREMENTS

MSS ACTION: ADOPTED

RESOLVED, That our AMA oppose work requirements as a criterion for Medicaid eligibility.

RESOLUTION 30 – FEDERAL AGRICULTURAL SUBSIDY REFORM
MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support efforts to limit the consumption of foods and beverages that contain added sweeteners by changes to the federal agricultural subsidies system; and be it further

RESOLVED, That our AMA-MSS support the adjustment of federal subsidies toward the preferential subsidization of crops and food products that are consistent with evidence based guidelines for good nutrition and healthy eating patterns.

RESOLUTION 31 – INVESTIGATING THE DIAGNOSIS OF POST-LYME DISEASE SYNDROME AND DETERMINING THE VALIDITY OF ALTERNATIVE THERAPIES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA ask appropriate medical societies, in conjunction with the Infectious Diseases Society of America, establish a clear consensus title for this condition as post-Lyme Disease Syndrome, in order to reduce confusion and misunderstanding with the setting in which this phenomenon presents; and be it further

RESOLVED, That our AMA call on state medical boards to vet alternative treatments for post-Lyme Disease Syndrome utilized by many Lyme Disease clinics and ensure that these clinics do not cause undue harm and do not promise false outcomes, and be it further

RESOLVED, That our AMA support existing efforts to review the current evidence-based research that investigates the legitimacy of post-Lyme Disease Syndrome and its potential treatments.

RESOLUTION 32 – PROTECTING THE INTEGRITY OF PHASE III CLINICAL TRIALS

MSS ACTION: AMA POLICY H-100.992, D-100.978, AND H-100.980 REAFFIRMED IN LIEU OF

RESOLVED, That our AMA oppose the Food and Drug Administration’s implementation of any new rules, such as those passed in the 21st Century Cures Act, that compromise the robustness and integrity of phase III clinical trials, including but not limited to those rules that allow for the reduction in trial size and length in favor of greater weightage to biomarkers and surrogate markers.

RESOLUTION 33 –AMA POLICY ON INVESTING IN THE FOSSIL FUEL INDUSTRY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the American Medical Association, Foundation, and any affiliated corporations, to work in a timely and fiscally responsible manner to end all financial investments or relationships with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels; and be it further

RESOLVED, That our AMA-MSS support the AMA, when fiscally responsible, to choose for its commercial relationships vendors, suppliers, and corporations that have demonstrated
environmental sustainability practices that seek to minimize their fossil fuels consumption; and be it further

RESOLVED, That our AMA-MSS support efforts of physicians and of other health professional associations to proceed with divestment, including to create policy analyses, support continuing medical education, and to inform our patients, the public, legislators and government policy makers.

RESOLUTION 34 – OPPOSITION TO CAPITAL PUNISHMENT

MSS ACTION: ADOPTED

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

RESOLUTION 35 – RESEARCH, EDUCATION AND AWARENESS REGARDING NON-OPIOID PAIN MANAGEMENT TREATMENTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the efforts of the AMA Opioid Task Force and its goal to reduce opioid abuse.

RESOLUTION 36 – INSURANCE COVERAGE OF SKIN CARE PRODUCTS IN THE TREATMENT OF CHRONIC SKIN DISORDERS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS support insurance coverage of over-the-counter skin care products used in the treatment of chronic skin disorder.

RESOLUTION 37 – RECOGNIZING POVERTY-LEVEL WAGES AS A SOCIAL DETERMINANT OF HEALTH

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS declare poverty-level minimum wages a negative social determinant of health; and be it further

RESOLVED, That our AMA-MSS support efforts that address poverty level wages to alleviate their role as a negative social determinant of health.

RESOLUTION 38 – PREVENTING RESIDENT PHYSICIAN SUICIDE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS urge residency programs to include consideration of resident mental health and average daily workload in deciding work hours for residents; and be it further

RESOLVED, That our AMA-MSS encourage residency programs to create mental health resources available for all physicians in order to create an supportive environment aimed at reducing burnout; and be it further
RESOLVED, That our AMA-MSS encourage residency programs to identify factors in their own programs that might negatively impact resident mental health and to address those identified factors to the best of their abilities.

RESOLUTION 39 – IMPACT OF DETRACTING PATIENT AUTONOMY IN EATING DISORDER TREATMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA study the outcome of detracting a patient’s autonomy in favor of involuntary treatment in the setting of life-threatening eating disorders.

RESOLUTION 40 – ADDRESSING BURNOUT IN MEDICAL EDUCATION FACULTY

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA encourage the immediate formation of task forces within medical schools that aim to appropriately and collaboratively evaluate the burnout of their pre-clinical and clinical faculty members through the use of a validated instrument; and be it further

RESOLVED, That the AMA-MSS strongly encourage the Association of American Medical Colleges and the Liaison Committee on Medical Education to conduct research into how burnout in pre-clinical and clinical medical school faculty relates to professionalism; and be it further

RESOLVED, That the AMA-MSS strongly encourage the Association of American Medical Colleges and the Liaison Committee on Medical Education to investigate the link between how medical school pre-clinical and clinical faculty burnout affects medical student: performance, professionalism, burnout, and career choice.

RESOLUTION 41 – ADDRESSING SOCIAL MEDIA USAGE AND ITS NEGATIVE IMPACTS ON MENTAL HEALTH

MSS ACTION: ADOPTED

RESOLVED, That our AMA collaborate with relevant professional organizations to (a) develop continuing education programs to enhance physicians’ knowledge of the health impacts of social media usage, and (b) to develop effective clinical tools and protocols for the identification, treatment, and referral of children, adolescents, and adults at risk for and experiencing mental health sequelae of social media usage; and be it further

RESOLVED, That our AMA advocate for schools to provide safe and effective educational programs by which students can learn to identify and mitigate the onset of mental health sequelae of social media usage.

RESOLUTION 42 – REDISTRIBUTION OF UNUSED PRESCRIPTION DRUGS TO PHARMACEUTICAL DONATION AND REUSE PROGRAMS

MSS ACTION: ADOPTED AS AMENDED
RESOLVED, That our AMA work with appropriate stakeholders to draft and promote model legislation aimed at developing better funding for drug donation programs on the state level provided these programs follow the quality assurance guidelines set by existing AMA Policy H-280.959.

RESOLUTION 43 – INCREASED USE OF BODY-WORN CAMERAS BY LAW ENFORCEMENT OFFICERS

MSS ACTION: ADOPTED

RESOLVED, That our AMA advocate for legislative, administrative, or regulatory measures to expand funding for (i) the purchase of body-worn cameras and (ii) training and technical assistance required to implement body-worn camera programs.

RESOLUTION 44 – PATIENT SAFETY DURING HANDOFFS AND TRANSFERS OF CARE

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amend HOD policy D-160.944 by addition as follows:

Recognizing Transitions of Care for Performance Improvement D-160.944

Our AMA will: (1) work to improve and standardize the flow of critical information across the spectrum of care through collaboration with long-term care stakeholders, including the American Medical Directors Association (AMDA); (2) work with other stakeholder organizations including the AMDA in an effort to develop standardized transfer forms and to promote educational initiatives that optimize transfer of information across the spectrum of care; (3) work with the Physician Consortium for Performance Improvement to develop specific measures appropriate for recognizing the work effort that assure transitions of care across the continuum of care to be safe, patient centered and outcome driven; and (4) work with appropriate stakeholders to develop and disseminate a standardized methodology for patient handoffs between care teams in the hospital and from the hospital to the community setting utilizing best practices for integration with existing electronic medical records; and (5) work with other stakeholder organizations including the AMDA to develop educational initiatives and long-range projects to optimize the transfer of information across the spectrum of acute and long-term care.

RESOLUTION 45 – COLLECTING AND RELEASING DATA ON LAW ENFORCEMENT USE OF FORCE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the collection of data by the CDC and state departments of health on serious law-enforcement-related injuries and deaths, and supports making law-enforcement-related deaths a notifiable condition.

RESOLUTION 46 – IDENTIFYING AND ADDRESSING FOOD INSECURITY AND FOOD DESERTS NATIONWIDE
MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support research on the impact of factors influencing functional access to food including but not limited to gentrification, transportation, and crime rates on the development of food deserts; and be it further

RESOLVED, That our AMA-MSS support the creation of new tools aimed at identifying food deserts taking into account cost of food in geographically accessible stores or modification of existing tools for identification of food deserts to include consideration of affordability in the establishment of accessibility of healthy food sources; and be it further

RESOLVED, That our AMA-MSS support current efforts by the United States Department of Agriculture in the incorporation of nutrition education programs focusing on sustainable food sourcing and the impact of healthy foods on overall well-being including but not limited to those involving school and community garden building and education on healthy eating habits.

RESOLUTION 47 – IMPROVING RECOGNITION AND DIAGNOSIS OF FRAGILE-X DISEASES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support efforts to emphasize expedited and definitive diagnosis of Fragile-X Syndrome (FXS), such as by encouraging adherence to ACMG recommendations for FMR1 genetic testing by physicians for patients with identified developmental delays; and be it further

RESOLVED, That with regard to the full spectrum of fragile-X diseases (FXD)—currently comprised of FXS, fragile X-associated tremor/ataxia syndrome FXTAS and fragile X-associated Primary Ovarian Insufficiency (FXPOI)—our AMA endorse efforts to educate and raise awareness of FXD among physicians, healthcare professionals, and the general public through the development of pre- and post-test educational tools and counseling resources; and be it further

RESOLVED, That our AMA support continued research to accurately classify the expanded diagnostic criteria of FXTAS and encourage the dissemination of this criteria to increase appropriate FXTAS diagnoses; and be it further

RESOLVED, That our AMA (1) recognizes the dearth of existing empirical research on the efficacy of behavioral interventions for affected FXS individuals; (2) calls for reliable and clinically meaningful research on FXS-specific behavioral interventions and outcomes to validate and standardize treatment recommendations for affected FXS individuals and their families; and be it further

RESOLVED, That our AMA call for a follow-up study to evaluate current average age of FXS diagnosis to inform the medical community and other concerned parties the efficacy of ACMG recommendations for FXS screening and other interventions seeking to improve FXS diagnosis; and be it further

RESOLVED, That our AMA encourage continued FMR1 newborn screening (NBS) pilot research to further determine the risks and benefits of such screening, advocate for development and dissemination of best practice guidelines for offering voluntary
preconception/carrier and prenatal FMR1 screening and urge development of early intervention, genetic counseling and educational infrastructure to support the expansion of screening.

RESOLUTION 48 – PROMOTING EDUCATION ON HOW TO EVALUATE ASYLUM SEEKERS FOR SIGNS OF PHYSICAL AND/OR PSYCHOLOGICAL TORTURE


RESOLVED, That our AMA work with the LCME and the AAMC to promote the education of medical students and practicing physicians on health and human rights violations; and be it further

RESOLVED, That our AMA work with the LCME and AAMC to promote education and formal training of medical students and practicing physicians on how to (1) recognize and document the signs of physical and psychological abuse in asylum seekers (2) serve as conduits for accumulating proof of refugee status.

RESOLUTION 49 – CULTURALLY-COMPETENT PREVENTATIVE CARE FOR IMMIGRANT POPULATIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS support continued efforts to gather data on the current health climate of the immigrant population, and on the efficacy of preventive medicine for immigrant health outcomes; and be it further

RESOLVED, That our AMA-MSS support increased access to culturally-competent preventive healthcare for immigrant populations; and it be further

RESOLVED, That our AMA-MSS support more culturally-specific education and counseling for immigrant patients, especially around infection prevention and nutrition, during routine and initial health screenings of migrant populations; and be it further

RESOLVED, That our AMA-MSS support the development of best-practice guidelines for culturally-competent preventive medicine in immigrant populations.

RESOLUTION 50 – OPPOSITION TO ABUSES OF THE ORPHAN DRUG ACT

MSS ACTION: NOT ADOPTED

RESOLVED, that our AMA-MSS amend policy 100.002MSS Opposition to Abuses of the Orphan Drug Act by insertion and deletion as follows:

100.002MSS Opposition to Abuses of the Orphan Drug Act:

Our AMA-MSS will ask the AMA to opposes abuses of the intent of the Orphan Drug Act by (1) urging lawmakers to require that pharmaceutical companies demonstrate significant efforts to research and develop novel drugs for rare diseases so as to effectively advance therapeutics and provide the best quality treatment options for patients with rare diseases, and (2) supporting the requirement that companies receiving
federal incentives or benefits under the Orphan Drug Act show evidence of participation in active and substantial research and development so as to reward those companies that aim to develop novel drugs rather than those seeking maximal profits at the expense of patient’s financial resources, and (3) supporting legislation to discourage pharmaceutical companies from repurposing existing drugs, but rather supports legislation that encourages companies to make substantial efforts to develop novel drugs.

RESOLUTION 51 – EXPANDING GME FUNDING SOURCES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA advocate for legislation to create for-profit hospital and medical school tax-sheltered funds for these organizations and programs to create additional residency positions; and be it further

RESOLVED, That our AMA advocate for medical specialty association funding, in which these associations allocate a portion of membership dues to create additional residency positions in their respective specialties that they can use at their discretion; and be it further

RESOLVED, That our AMA advocate for federal legislation to pursue an assessment on health insurance companies to supplement GME funding and consequently increase the number of residency positions; and be it further

RESOLVED, That our AMA advocate for private funding, in which large employment companies assign a portion of their revenue to fund residency programs; and be it further

RESOLVED, That our AMA advocate for legislation to acquire non-profit organization funding on state or national levels for GME and consequently increase the number of residency positions.
2017 MSS ANNUAL MEETING
CHICAGO, ILLINOIS

REPORTS

GC REPORT A BIENNIAL REVIEW OF ORGANIZATIONS SEATED IN THE AMA-MSS ASSEMBLY

MSS ACTION: ADOPTED

Your AMA-MSS Governing Council recommends that the findings of this report be filed:

1. The AMA-MSS retains the following NMSSs and PIMAs as eligible for AMA-MSS Assembly representation: American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Association of Physicians of Indian Origin (AAPI), American College of Emergency Physicians (ACEP), American College of Medical Quality (ACMQ), American College of Physicians (ACP), American Society of Anesthesiologists (ASA), American Society of Military Surgeons of the US (AMSUS)

2. The AMA-MSS terminates the following organization’s representation status in the MSS Assembly until such time that the organization wishes to reapply for representation: American Society of Addiction Medicine (ASAM)

3. The AMA-MSS grants a seat in the MSS Assembly with voting privileges on all matters except elections to the following newly-seated PIMA: American Medical Women’s Association (AMWA).

4. The AMA-MSS retains the following NMSOs as eligible for AMA-MSS Assembly representation: American Physician Scientists Association (APSA), Asian Pacific American Medical Student Association (APAMSA), Latino Medical Student Association (LMSA), and Student National Medical Association (SNMA).

GC REPORT B REVIEW OF AMA-MSS STATEMENTS OF SUPPORT OF HOD POLICIES

MSS ACTION: ADOPTED

Your AMA-MSS Governing Council recommends that the following be adopted and the remainder of the report be filed:

1. That the formally-supported policies specified for action in Appendix 1 of this report be acted upon as recommended.

2. That the AMA-MSS Governing Council review the “AMA-MSS Statements of Support for HOD Policies” section of the AMA-MSS Digest of Policy Actions every five years for redundant and outdated statements of support.

GC REPORT C UPDATES TO THE MSS INTERNAL OPERATING PROCEDURES

MSS ACTION: ADOPTED
MSS GC Report C asks that our AMA-MSS

(1) amend IOP II.H by insertion and deletion as follows:

"H. Work cooperatively with other student groups and AMA Sections to meet these objectives."

(2) amend IOP IV.B by insertion and deletion as follows:

"Authority. The Governing Council shall direct the programs and activities of the MSS. During the interval between meetings of the MSS Assembly, the Governing Council shall act on behalf of the MSS in formulating decisions related to the development, administration, and implementation of student activities, programs, goals, and objectives. The MSS shall be notified at least quarterly each National Meeting of actions taken by the Governing Council on its behalf."

(3) amend IOP IV.D by insertion and deletion as follows:

Duties and Privileges. The Governing Council shall direct the programs and activities of the MSS, subject to the approval of such programs and activities by the Board of Trustees or House of Delegates of the AMA.

1. Chair. The Chair shall:
   a. Preside at all meetings of the Governing Council, and otherwise represent the MSS when appropriate.
   b. Preside at Assembly meetings if both the Speaker and Vice Speaker positions are vacant, until such time that successors to the Speaker or Vice Speaker may be elected.
   c. Be the primary spokesperson for the MSS both inside the AMA and to outside organizations.

2. Vice Chair. The Vice Chair shall:
   a. Preside at meetings of the Governing Council in the absence of the Chair or at the request of the Chair.
   b. Assist the Chair in the performance of his or her duties.
   c. Have the primary responsibility of coordinating the internal operations of the MSS including but not limited to the MSS standing and ad-hoc committees.

3. AMA Delegate and Alternate AMA Delegate. The AMA Delegate and Alternate AMA Delegate shall:
   a. Represent the MSS in the AMA House of Delegates including credentialing of Region Delegates and Alternate Regional Delegates.
   b. Serve as Chair and Vice Chair, respectively, of the MSS Caucus.
   c. Be responsible for forwarding resolutions from the MSS in the HOD and providing a summary of pertinent actions for the MSS on resolutions sent to the HOD.
   d. Administer the MSS resolution review process.

4. At-Large Officer. The At-Large Officer shall:
   a. Perform such functions as determined by the Governing Council, and assist the other officers in the performance of their duties.
   b. Coordinate the activities of the MSS Regions.
5. Chair-elect. The Chair-elect shall be a non-voting member of the Governing Council. The Chair-elect shall assist the other officers in the discharge of their duties.

5. Speaker and Vice Speaker. The Speaker and Vice Speaker shall:
   a. Preside over meetings of the MSS Assembly in an impartial manner, organizing and conducting them in accordance with The Standard Code of Parliamentary Procedure, AMA Bylaws, and MSS Internal Operating Procedures. The Vice Speaker shall officiate for the Speaker in the Speaker's absence or at the request of the Speaker.
   b. Provide for oversight and enforcement of the Campaign Rules, including responsibility for investigation of alleged infractions and reporting of substantiated infractions to the Assembly prior to balloting.
   c. Organize an orientation at each Assembly Meeting for new MSS Delegates and Alternate MSS Delegates to the Assembly.
   d. Work with other members of the Governing Council in instructing the Convention Committees regarding their duties prior to each Assembly Meeting.
   e. Refer resolutions and reports submitted for consideration at MSS Assembly meetings to reference committees.
   f. Prepare a document summarizing parliamentary procedure used in Assembly meetings to be published in the MSS agenda book that is made available to each Assembly representative prior to Assembly meetings.
   g. Review the MSS Digest of Actions for consistency with Assembly action prior to its annual posting to the AMA website.

6. Chair-elect. The Chair-elect shall be a non-voting, funded member of the Governing Council. The Chair-elect shall assist the other officers in the discharge of their duties.

7. Immediate Past Chair. The Immediate Past Chair shall be a non-voting, unfunded member of the Governing Council.

(4) amend IOP IV.E by insertion and deletion as follows:

"D. Governing Council Terms.
   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 positions."

(5) amend IOP IV.G by insertion and deletion as follows:

"…Students deemed qualified by the other provisions of the AMA Bylaws and these Internal Operating Procedures for election to the positions of:
   • MSS Governing Council, or
   • The AMA Board of Trustees, or
   • Appointment through the MSS to a position on an AMA Council, or
A committee outside of the AMA that is national in scope and appointed by the Governing Council, the AMA President, the AMA President-elect or the AMA Board of Trustees (such as National Board of Medical Examiners, National Resident Matching Program, American Medical Association Political Action Committee, Liaison Committee on Medical Education, etc.) shall be only so deemed if they have served three or fewer years in one or a combination of any of the aforementioned positions...";
b. **Method of Election.** When there is only one candidate, election shall be by affirmation. All other elections shall be by ballot. The method of election shall be majority vote, that is, the candidate who has received the largest number of votes shall be elected if that nominee has received a majority of the legal votes cast. If no candidate receives a majority of the legal votes cast or there is a tie, a runoff election will be held between the two (or more if necessary because of a tie) candidates receiving the highest number of legal votes cast.

c. **Processing.** No ballots will be cast after the expiration of the voting period. The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the ballot boxes will be sequestered in a private location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. The candidate who has received the largest number of votes shall be elected if that nominee has received a majority of the votes cast. Upon completion of the tabulation, the Chair of the Rules Committee will validate the election results by determining that each ballot is official, that the number of ballots cast is equal to or less than the number distributed, and will then certify the results in writing. He or she will then immediately forward these results to the Assembly’s Presiding Officer. Upon receipt of the Rules Committee’s election results and verification, the Presiding Officer will announce the results to the Assembly provided there are no ties or runoff elections.

i. First Ballot. The credentialed MSS Delegate will receive one initialed ballot from a designated member of the Credentials Committee at the credentials table during the set voting period.

ii. Additional Ballot(s). If no candidate receives a majority of the legal votes cast or there is a tie, additional ballot(s) will be distributed by the Credentials Committee at the request of the Assembly’s Presiding Officer. The candidate who receives a simple majority of the legal votes cast in the runoff election will be declared the winner.

d. **Appeals.** See MSS Internal Operating Procedures V.F.6."

(7) amend IOP V by insertion and deletion as follows:

"VI. Elections

A. **Time of Election.** The Chair-elect of the Governing Council and Medical Student Trustee shall be elected by the MSS Assembly at the Interim Meeting. The remaining Governing Council members, with the exception of the Immediate Past Chair, shall be elected by the MSS Assembly at the Annual Meeting of the MSS. The Governing Council shall set the day and hour of such elections and shall communicate the day and hour to the medical student members of the AMA prior to each Interim Meeting and Annual Meeting.

B. **Eligibility.** All members of the MSS are eligible to be elected to any office, except:

1. MSS members who hold a position as a member of an AMA Council or as an AMA Liaison to a committee outside of the AMA that is national in scope are not eligible to be candidates for a position on the MSS Governing Council at the Annual Meeting if their term as a member of an AMA Council or AMA Liaison will either begin after or continue more than two months past that Annual Meeting.

2. MSS members who serve or will serve in an shall not hold an AMA Council or AMA Liaison position may not also serve or run to serve in as well as a Governing Council position or the Medical Student Trustee at the same time for
more than two months, unless their Governing Council position will conclude before 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.

3. MSS members may not run for the position of Chair-elect while simultaneously serving as a member of an AMA Council or AMA Liaison.

C. Nominations. Nominations for Governing Council positions shall be received in advance of the Annual Meeting (in advance of the Interim Meeting for the Chair-elect and Medical Student Trustee), pursuant to the rules of the MSS. Further nominations may be made from the floor of the Assembly Meeting at a time determined by the Governing Council.

D. Speeches. Candidates are allowed to address the Assembly for a period of time determined by the Speakers up to a maximum of three minutes during a general Assembly session, as scheduled by the Speakers. In addition, the Chair of the Governing Council, or his or her designee, shall ask each candidate a number of questions on issues of relevance during a general Assembly session, as scheduled by the Speakers.

ED. Campaign Rules.

1. Candidacy. All MSS members shall be considered potential candidates for all elected offices and shall be bound by all Campaign Rules during the election cycle for each office, where the election cycle for an office is defined as the time between elections for that office.

2. Campaign Period.
   a. Campaigns shall be run only for positions that are electable at the present meeting.
   b. Between meetings, campaigns shall be run only for positions that are electable at the upcoming meeting.
   c. The official campaign period shall be defined as starting the first day applications are made available for MSS members to submit their candidacy.
   c.d. All activities related to announcement of candidacy, endorsement, or campaigning, including but not limited to distribution of materials, communications, and speaking opportunities shall be limited to the campaign period defined above.

3. Speaker’s Ruling. A Speaker’s Ruling for each national meeting and election will be made available to all potential candidates at the start of the campaign period with a document of rulings so that all candidates have equal access to all rules relating to their campaigns. Once released, the MSS Speakers reserve the right to issue addendums or announcements during the campaign period as needed.

3. 4. Candidate Disclosure Form.
   a. The day before the election is scheduled to occur, all candidates nominated, either in advance of the meeting or from the floor at the meeting, shall submit a completed Candidate Disclosure Form to the Speaker, the Vice Speaker, or a member of the Rules Committee no later than the time of day designated by the Speaker. No candidate shall be elected if he or she has not completed and submitted a Candidate Disclosure Form.
   b. The Candidate Disclosure Form shall be prepared by the Speaker and Vice Speaker and shall consist of three parts:
      i. A portion, completed by the candidate, for disclosure of campaign leadership and campaign finances.
      ii. A portion, completed by the candidate, affirming that the candidate has read the IOP sections relevant to campaigning and the Speakers'
Rulings for that election cycle and agrees to abide by the rules and recommendations contained within those documents.

iii. A portion, completed by the Speaker or Vice Speaker, for disclosure of any prior, substantiated infraction(s) of MSS IOPs by the individual declared as a candidate.

4. 5. Candidates may distribute only the following campaign materials:
   a. Buttons, stickers, and pins less than 2.5 inches in greatest dimension.
   c. Curricula vitae and personal statements.
      i. Curricula vitae and personal statements of candidates nominated, pursuant to the rules of the MSS, in advance of the national meeting at which the election will be held shall be included in the online version of the MSS Meeting Handbook.
      ii. At the Assembly Meeting, distribution of curricula vitae and personal statements shall be limited to the area and medium/media designated by the Speaker and announced at least 30 days prior to the meeting at which the election will be held.
      iii. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).
   d. No trinkets, candy, pens, or other items may be displayed or distributed.

5. 6. The total expenditure per candidate per campaign shall not exceed $1,500, including all monetary donations and in-kind donations of goods, but not including the candidate’s travel to and lodging at the meeting at which the election is held.

6. 7. Campaign Communications.
   a. Advance non-electronic mailings by candidates or other organizations on behalf of a candidate are not permissible.
   b. Candidates should be prudent and courteous regarding the number and content of electronic messages, including but not limited to email, social media profiles, phone, text message, and group chats, sent prior to the election.
   c. Candidates should use discretion in the number and length of phone calls and text messages made prior to the election.
   d. No mode of MSS- or AMA-sponsored communication, including but not limited to listservs, phone or email lists, or other mass communication methods shall be used for announcements of candidacy, endorsement, or campaigning.
   d. Candidates using campaign-specific social media accounts can only invite MSS members to follow said accounts.

6. 8. Campaigning at MSS Regional, state, or school section meetings prior to the meeting at which the election occurs, including attendant attending social events, is prohibited. The candidate’s own MSS Region, state, or school section meetings are an exception to this rule. Campaigning includes, but is not limited to, discussing candidacy or displaying or distributing campaign paraphernalia.

7. 9. Campaign Involvement.
   a. Only MSS members may be involved in a candidate’s campaign. MSS members should not share their opinion in favor of or in opposition to any candidate while acting under any official leadership role within or outside of the organization.
      i. Exception: Candidates may wear their own campaign paraphernalia at all times during the Assembly Meeting at which their election is held
   b. The campaign involvement of AMA staff members, members of the MSS
Governig Council, and members of the MSS Rules Committee shall be limited to candidate inquiries regarding election-related matters and AMA-related information so long as that information is made available to all MSS members who request it.

c. No person communicating by any medium in his or her official role as a national or regional level leader of the MSS may discuss or promote any candidacy during that communication.

iii. Exception: Candidates may wear their own campaign paraphernalia at all times during the Assembly Meeting at which their election is held.

d. c. The following public endorsements are permitted:

i. One (1) optional letter of endorsement by the Dean or Dean’s representative from the medical school that the candidate is enrolled in; and one (1) optional letter of endorsement by staff of the state society from the state where the candidate attends medical school are permitted.

1. These optional letters of endorsement may be included in the Election Manual and may be displayed on social media.

2. During a national meeting, these letters may only be publicly disseminated via the Election Manual and may only be publicly displayed at the candidate forum.

ii. One (1) optional letter of endorsement by each MSS Region is permitted by vote, and a verbal endorsement by each candidate’s MSS Region where their school resides is permitted by vote within the campaign period.

1. The endorsing Region must:

   a. Follow the Region’s bylaws regarding issuance of public endorsement;

      i. If a Region does not have bylaws specifying quorum or rules dictating official support, the Region must contact the Speakers for guidance.

   b. Document that quorum was met when the voting occurred; and

   c. Document the results of the vote pursuant to Region bylaws.

2. The optional letter of endorsement will not be included in the Election Manual but may be displayed on social media.

3. During a national meeting, such endorsement may not be publicly disseminated nor displayed except as on social media.

4. When speaking in official support of a candidate on behalf of an MSS Region, MSS Region Chairs must be sure that an official vote by the Region took place in accordance with the Region’s bylaws for quorum and rules dictating official support and document that vote.

   a. If a Region does not have bylaws specifying quorum or rules dictating official support, the Region must contact the Speakers for guidance.

   b. Regions may not vote to take an official stance prior to the meeting at which elections will occur, with the exception being Regions where candidates attend medical school.

   c. Regions may not vote to oppose any candidate.
iii. A verbal endorsement of a candidate whose medical school is outside the endorsing region is permissible only at the meeting at which an election is taking place.

1. The endorsing Region must:
   a. Follow the Region’s bylaws regarding issuance of public endorsement;
      i. If a Region does not have bylaws specifying quorum or rules dictating official support, the Region must contact the Speakers for guidance.
   b. Document that quorum was met when the voting occurred; and
   c. Document the results of the vote pursuant to Region bylaws.

2. When speaking in official support of a candidate on behalf of an MSS Region, MSS Region Chairs must be sure that an official vote by the Region took place in accordance with the Region’s bylaws for quorum and rules dictating official support and document that vote.

3. Regions may not vote to oppose any candidate.

9. Candidates must be allowed to fully participate in candidate interviews and question and answer sessions during the Assembly Meeting.

10. At the national meeting at which the election is taking place, a group that invites any candidate for a particular office to speak must invite and make a reasonable effort to accommodate all candidates for that office. Candidates may choose at their discretion to attend or not or may send a representative to speak for them, but any candidate’s availability or lack thereof shall not impose a restriction on the attendance of other candidates.

11. Receptions and/or hospitality shall not be used for promotion of candidates.

12. Enforcement.
   a. Alleged infractions, including but not necessarily limited to violations of the Campaign Rules, should be reported in writing to the MSS Speaker or Vice Speaker, or to any member of the MSS Rules Committee.
   b. The Speaker and Vice Speaker, shall be the investigators of any alleged infraction in conjunction with the Rules Committee, shall be responsible for investigating alleged infractions. No person who is a candidate in the same election as the candidate being investigated for alleged infractions may participate in any part of the investigation of those alleged infractions. The candidate is required to participate in the investigation.
      i. In the event where both the Speaker and Vice Speaker are candidates for the election being investigated, the MSS Chair will designate a member of the Rules Committee as investigator to examine the alleged infraction.
   c. Following their investigation, the MSS Speaker or Vice Speaker investigator shall inform the alleged violator of the infraction in writing, including the results of the investigation of the alleged infraction. The alleged violator shall be offered an opportunity to rebut the alleged infraction. Following rebuttal, the MSS Speaker or Vice Speaker investigator shall determine whether the alleged infraction is substantiated and shall report his or her finding in writing to the alleged violator.
   d. Following their investigation and the alleged violator’s opportunity to rebut the alleged infraction and prior to balloting, the MSS Speaker or Vice Speaker...
investigator shall report substantiated infractions to the Assembly but shall not make any recommendation to the Assembly. No person who is a candidate in the same election as the candidate whose infractions have been substantiated may participate in any part of the reporting of those infractions to the Assembly. In the event that both the Speaker and Vice Speaker are candidates in elections in which campaign rule violations have been alleged, a member of the Rules Committee shall report substantiated infractions in that election to the Assembly but shall not make any recommendation to the Assembly.

e. Enforcement of a campaign infraction shall follow a systematic approach. Each candidate, upon each substantiated infraction of the Campaign Rules, shall be given an official warning letter from the Speaker. Exceeding three (3) substantiated infractions during a campaign shall render a candidate ineligible for election during that campaign period.

F. E.—Voter Eligibility. Credentialed MSS members acting as MSS Delegates for the meeting will be eligible to vote.

G. F. Method of Election.

1. Where there is no contest, a majority vote without ballot shall elect. All other elections shall be by ballot.

2. Voting Periods. There shall be one voting period at the Interim Meeting for the selection of the Chair-elect and Medical Student Trustee. There shall be one voting period at the Annual Meeting for the selection of the Vice Chair, AMA Delegate, At-Large Officer, and Speaker. An additional balloting period will be held for the elections of Alternate AMA Delegate and Vice Speaker.

3. First Ballot. At the Interim Meeting, one ballot shall be used by the credentialed MSS Delegate to cast one vote for the Chair-elect and Medical Student Trustee. At the Annual Meeting, individual ballots for each position shall be used by the credentialed MSS Delegate to cast one vote for each of the four positions: the Vice Chair, AMA Delegate, At-Large Officer, and Speaker. No ballot shall be counted if there is more than one vote for a position. All Governing Council positions will be determined by majority vote, that is, the candidate who has received the largest number of votes shall be elected if that nominee has received a majority of the legal votes cast.

   a. Election of Alternate AMA Delegate. After the election of the AMA Delegate, all unsuccessful candidates who were nominated for the office of AMA Delegate may be added to the existing Alternate AMA Delegate ballot by nomination from the floor of the Assembly. Each MSS Delegate to the Assembly Meeting who is present at the meeting may cast a written ballot for the election of the Alternate AMA Delegate from the previously declared candidates and among those so nominated. Election to the office of Alternate AMA Delegate requires a majority of the legal votes cast.

   b. Election of Vice Speaker. After the election of the Speaker, all unsuccessful candidates who were nominated for the office of Speaker may be added to the existing Vice Speaker ballot by nomination from the floor of the Assembly. Each MSS Delegate to the Assembly Meeting who is present at the meeting may cast a written ballot for the election of the Vice Speaker from the previously declared candidates and
among those so nominated. Election to the office of Vice Speaker requires a majority of the legal votes cast.

4. Runoff Election. If no candidate receives a majority of the legal votes cast or there is a tie, a runoff election will be held between the two (or more if necessary because of a tie) candidates receiving the highest number of legal votes cast.

5. Processing. No ballots will be cast after the expiration of the voting period. The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the ballot boxes will be sequestered in a private location. At this time, the Chair of the Rules Committee will open the ballot boxes and the Rules Committee will then count the ballots and tabulate the results. The candidate who has received the largest number of votes shall be elected if that nominee has received a majority of the legal votes cast. Upon completion of the tabulation, the Chair of the Rules Committee will validate the election results by determining that each ballot is official, that the number of ballots cast is equal to or less than the number distributed and will then certify the results in writing. He or she will then immediately forward these results to the Assembly’s Presiding Officer. Upon receipt of the Rules Committee’s election results and verification, the Presiding Officer will announce the results to the Assembly.

a. First Ballot. The credentialed MSS Delegate will receive one initialed ballot from a designated member of the Credentials Committee at the credentials table during the set voting period.

b. Runoff Election. If no candidate receives a majority of the legal votes cast or there is a tie, additional ballot(s) will be distributed by the Credentials Committee at the request of the Assembly’s Presiding Officer. The candidate who receives a majority of the legal votes cast in the runoff election will be declared the winner.

6. Appeals. Appeals of the election process and results must be made in writing to the Assembly’s Presiding Officer no later than one hour after the official announcement of the final results.

a. Any appeal of the process of ballot(s) distribution, as outlined in MSS Internal Operating Procedures V.F.3., will be considered by the Rules Committee. Consideration of such appeals and merits of said appeals will be determined in whatever manner the committee deems necessary. The results of the committee’s recommendations must be forwarded in writing by the Committee Chair to the Assembly’s Presiding Officer.

b. Any appeal of the process of ballot processing, tabulation, and announcement of results, as outlined in 4 MSS Internal Operating Procedures V.F.5., shall be considered by the Credentials Committee in the same manner as outlined in MSS Internal Operating Procedures V.F.6.a. Consideration of such appeals and merits of said appeals will be determined in whatever manner the committee deems necessary. The results of the committee’s recommendations must be forwarded in writing by the Committee Chair to the Assembly’s Presiding Officer.

c. No person who is a candidate in the election being appealed may participate in any part of the appeals process.

d. The Assembly’s Presiding Officer and the preceding Governing Council at the Annual Meeting or the present Governing Council at the Interim Meeting will consider the appeals report(s)
from the Committee(s) dealing with the matter. Final decision on the election results will be the jurisdiction of the Governing Council as described above. “

(8) amend IOP VI by insertion and deletion as follows:

"VII. MSS Standing Committees
The MSS Standing Committees and Task Forces shall be appointed by the Governing Council and shall support the mission of the MSS as outlined in MSS Internal Operating Procedures."

(9) amend IOP VIII by insertion and deletion as follows:

"VIII. Regions

A. Structure and Purpose of the MSS Regions.

1. There are seven Medical Student Regions defined for the purposes of electing Regional Delegates to the AMA House of Delegates from Medical Student Regions. The regions are:
   Region 2: Minnesota, Wisconsin, Nebraska, Iowa, Missouri, Illinois.
   Region 3: Kansas, Texas, Oklahoma, Arkansas, Louisiana, Mississippi.
   Region 4: Florida, Georgia, Alabama, South Carolina, North Carolina, Tennessee, Puerto Rico.
   Region 5: Michigan, Indiana, Ohio, Kentucky, West Virginia.
   Region 6: Virginia, Maryland, District of Columbia, Delaware, New Jersey, Pennsylvania.
   Region 7: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New York

2. In addition to providing a structure for election of Regional Delegates, the MSS defines the roles of the regions as follows: to provide a home within the MSS, to serve as a communication unit for the MSS, to provide a means to foster collaboration between the sections and states, and to facilitate interaction and integration of newly developing sections with well-established sections.

3. Each region shall be governed by a Regional Chair to be elected in accordance with the region’s bylaws. The Regional Chair will serve as the liaison for their respective region to the Governing Council. Other regional officer positions may be elected in accordance with the region’s bylaws. The role of the Regional Chair is as follows:
   a. Encourage the organization of regional conferences as effective mechanisms of increasing communication among its members.
   b. Encourage the development of local MSS sections in educational programs accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) where local sections do not exist and the development of state MSS sections in states where they do not exist.
   c. Involve highly organized MSS sections and state sections in providing organizational information and assistance to developing sections.
d. Encourage MSS sections to maintain communication and interaction between medical student members and physician members of state associations and component societies.

e. Endorse the maintenance of active and timely communication between Regional Delegates and Regional Chairs.

4. Each region shall have a Region Governing Council, which will be composed of the Region Chair, other elected or appointed officers of the region consistent with that region’s regional bylaws and at the discretion of the Regional Chair, the State Chairs, and the Regional Delegates in each region. The purpose of the Region Governing Council shall be to further improve communication within our regions by enhancing regional-state ties and providing each Region Chair with the most accurate understanding of his or her region’s views on particular issues, fulfill the purpose of each region as defined both in the MSS Internal Operating Procedures and the region’s bylaws.

B. Regional Delegates to the AMA House of Delegates.

1. Regional Delegates and Alternate Regional Delegates are part of the MSS Caucus led by the AMA Delegate and Alternate AMA Delegate. Credentialing of Regional Delegates and Regional Alternate Delegates is under the purview of the AMA Delegate and AMA Alternate Delegate.

2. MSS Responsibilities: The Regional Delegates and Alternate Regional Delegates will serve as mentors in the MSS and assist the AMA Delegate and Alternate AMA Delegate in reviewing MSS resolutions.

3. Apportionment and Seating. Each Medical Student Region is entitled to Regional Delegate and Alternate Regional Delegate representation based on the number of seats allocated to it by apportionment, as outlined in AMA Bylaw 2.3.2. An elected Regional Delegate will be seated with the state delegation from the jurisdiction in which his or her educational program is located.

a. If a Regional Delegate cannot fulfill his or her duties, the Alternate Delegate shall assume the position of Regional Delegate and be seated with the state in which the Regional Delegate’s educational program is located.

4. Qualifications. Each candidate for Regional Delegate or Alternate Regional Delegate must meet the following minimum qualifications:

a. Any medical student member of the AMA is eligible for a Regional Delegate or Alternate Regional Delegate position, except as prohibited by AMA Bylaws, MSS IOPs, or Region bylaws.

b. All elected Regional Delegates and Alternate Regional Delegates must attend a medical school in the region in the region they are elected to represent.

5. Elections. The MSS will elect Regional Delegates and Alternate Regional Delegates to the AMA House of Delegates according to the following guidelines:

a. Each Medical Student Region is responsible for selecting its own Regional Delegate(s) and Alternate Regional Delegate(s), based on the process identified by the region and submitted to the MSS Governing Council by the close of each Annual Meeting, in each region’s bylaws.

b. Elections for the Regional Delegates and Alternate Regional Delegates to the AMA House of Delegates will be held at the Interim Meeting of the MSS. Each Region must submit the name(s) of its newly-elected Regional Delegate(s) and Alternate Regional Delegate(s) to the MSS Governing
Council before the close of the Interim Meeting.

c. Qualifications for candidates will be the same as those for MSS Governing Council members as outlined in MSS Internal Operating Procedures IV.C.

c. d. Candidates will be required to submit a completed application and curriculum vitae to the Department of Medical Student Services including the written endorsement of the state association in which their educational program is located and curriculum vitae to the Medical Student Section staff by the published deadline each year to be kept on file by the Department of Medical Student Services Medical Student Section.

i. This provision may only be suspended if there are more Regional Delegate or Alternate Regional Delegate positions available than applicants who submitted on time or if there is a state in the region without an applicant.

1. Applicants who do not submit their materials by the established application deadlines may be considered for available seats, but only after applicants who submitted their applications on time have been considered.

2. Each region will determine whether or not to consider a candidate running from the floor from a state with no candidates who submitted on time simultaneously or after candidates from states with applicants who submitted on time.

ii. An RD/AD who is elected from the floor without having submitted the application materials by the deadline must submit such materials within 60 days of the election in order to retain the position.

d. To be eligible for election, a medical student member must receive the written endorsement of the state association with which he or she would be seated if elected to the position of Regional Delegate.

e. d. Each state is entitled to a maximum of one Regional Delegate, unless there are fewer candidates than available positions or another state does not have a candidate that submitted their application on time. A state may have an unlimited number of Alternate Regional Delegates up to the maximum number of Regional Delegates.

e. f. Medical Student Regional Delegates and Alternate Regional Delegates to the AMA House of Delegates are elected for one-year terms.

f. g. All election disputes will be referred to the Governing Council.

g. h. Each Region shall be free to institute more stringent requirements consistent with all other AMA and MSS rules.

C. Replacing Regional Delegates and Alternate Regional Delegates

1. Vacancies

a. If vacancy in a Regional Delegate position is known, the Region Delegation Chair shall be responsible for nominating a replacement Regional Delegate from the Alternate Regional Delegates in the same region as the Regional Delegate that they are replacing in accordance with the region’s bylaws at least 30 days prior to the meeting. All Regional Delegate replacements shall be approved at the discretion of the AMA Delegate and Alternate AMA Delegate. The replacement will serve the remainder of the Regional Delegate’s Term per AMA Bylaw B-2.3.6.

b. If vacancy in an Alternate Regional Delegate position is known, the Region Delegation Chair shall be responsible for nominating a replacement Alternate Regional Delegate from the same region as the Alternate Regional Delegate that they are replacing in accordance with the region’s bylaws at
least 30 days prior to the meeting. All Alternate Regional Delegate vacancies shall be approved at the discretion of the AMA Delegate and Alternate AMA Delegate. The replacement will serve the remainder of the Alternate Regional Delegate’s Term per AMA Bylaw B-2.3.6.

2. Substitutes
   a. When a Regional Delegate or Alternate Regional Delegate is unable to attend a meeting of the House of Delegates, the AMA Delegate or AMA Alternate Delegate may appoint a substitute Regional Delegate or Alternate Regional Delegate, who on presenting proper credentials shall be eligible to serve as such Regional Delegate or Alternate Regional Delegate in the House of Delegates at that meeting consistent with AMA Bylaw B-2.10.4.
      i. All attempts will be made to work with the Region Delegation Chair of the region whose Regional Delegate or Alternate Regional Delegate is being replaced to find a student from the same region, but the position may be filled by a student from another region if no willing student from the same region can be found.

D.C. Creation of Regional Delegations to the House of Delegates. Through a mechanism of its own choosing, each Medical Student Region should appoint a member of its regional delegation to the House of Delegates, either a Regional Delegate or an Alternate Regional Delegate, to serve in the capacity of Regional Delegation Chair. The responsibilities of the Regional Delegation Chair should include:

1. Assign Regional Delegates to different Reference Committees.
2. Identify Regional Delegates and Alternate Regional Delegates who may be absent and suggest replacements in accordance with the MSS IOPs and the Region Bylaws. Coordinate the replacement of absent Regional Delegates with present Alternate Regional Delegates.
3. Take attendance of the Regional Delegates and Alternate Regional Delegates from their region at House of Delegates meetings.
4. Execute the region’s plan to select a replacement Regional Delegate.
5. Mentor and orient inexperienced Regional Delegates.
6. Fulfill any other responsibilities assigned by the region.

5. Coordinate resolution authorship in the region for the MSS Assembly.

(10) amend IOP IX by insertion and deletion as follows:

"IX. MSS Caucus to the HOD

A. MSS Caucus Structure

1. The regional delegates and alternate regional delegates, together with the MSS Delegate and Alternate, form the MSS Caucus. The MSS Caucus is comprised of the following members: The AMA Delegate and Alternate AMA Delegate; the Regional Delegates and Alternate Regional Delegates; any MSS member serving
as a Delegate or Alternate Delegate on a state delegation; and any MSS member
serving as a Delegate or Alternate Delegate on a specialty society delegation.

2. The MSS Delegate and MSS Alternate Delegate shall be considered the chair and
vice chair of the caucus respectively and their responsibilities in those positions
include, but are not limited to:
   a. Overseeing debate, discussion, and voting that occurs within the
caucus.
   b. Assigning Regional Delegates or Alternate Regional Delegates to serve
   on ad hoc caucus reference committees.
   c. Speaking on behalf of the MSS in reference committee hearings and the
   HOD or delegating the responsibility to speak on certain resolutions and/or
   reports to others of their choosing.
   d. Developing general MSS strategy for supporting or opposing resolutions
   and/or reports.
   e. Coordinating and negotiating with the leadership of other groups within the
   HOD.

3. Other medical student delegates to the AMA HOD, including students appointed
   to their state delegations, are not considered members of the caucus for voting
   purposes, though they are encouraged to take part in MSS Caucus meetings and
   may be assigned to speak on behalf of the MSS by the MSS Delegate.

B. Determining MSS Caucus Positions on AMA HOD Resolutions

1. For all MSS Caucus activities requiring a vote, all members of the caucus shall be
given one vote.
2. A quorum of at least one half of potential voting members must participate for a vote
to be valid.
3. In the AMA HOD, the MSS Caucus must take positions on resolutions that are
consistent with the existing policy of the MSS as defined in the MSS Digest of
Actions whenever possible relevant MSS policy exists.
4. In areas where relevant MSS policy exists, but the interpretation is uncertain, a
majority vote of a quorum of delegates will determine the caucus’s interpretation.
5. When a resolution is before the AMA HOD that is of significant importance to the
MSS, but for which no MSS policy exists, any member of the MSS Caucus may
move that the MSS take a position on the resolution. Such a movement requires a
second by another caucus member and a 2/3rds majority vote to pass.
6. Positions set using the procedures described in section IX.B.5 are valid for the
duration of that meeting only and do not apply to future interim or annual meetings.
7. The MSS Caucus may not use the procedures described in section IX.B.5 to take
positions that are contrary to existing MSS policy.

C. Reporting of Caucus Actions. The MSS—AMA Delegate and Alternate AMA
Delegate shall be responsible for authoring a report of actions taken, which shall be
presented to the MSS Assembly at the next national meeting. This report will list the
resolved clauses of all AMA HOD resolutions for which the MSS took a position, and will
specifically identify those resolutions for which the MSS Caucus took a position that was
not grounded in existing internal policy."

(11) amend IOP X by insertion and deletion as follows:

"X. MSS Assembly Meeting"
A. Date and Location. There shall be an Assembly Meeting of medical student members of the AMA (MSS) held on a day prior to each meeting of the AMA House of Delegates at a time and place fixed by the Executive Vice President of the AMA.

B. Call to the Meeting. Ninety Thirty days prior to the meeting, notice shall be sent to all medical students and medical student organizations detailing the time, place, credentialing process, resolution mechanisms, election procedures, and education programs for the meeting.

C. Representatives to the Assembly Meeting.

1. Educational Programs.
   a. Central Campuses. The AMA medical student members of each educational program as defined in AMA Bylaw 1.1.1 (a “central campus”) may select one MSS Delegate and one Alternate MSS Delegate. An educational program as defined in AMA Bylaw 1.1.1 that has a total medical student population (excluding students assigned to associated satellite campuses as defined in MSS Internal Operating Procedure IX.C.1.b.) greater than 999, as determined by the AMA on January 1 of each calendar year, may select one additional MSS Delegate and one additional Alternate MSS Delegate.
   b. Satellite Campuses. The AMA medical student members of an educational program as defined in AMA Bylaw 1.1.1 that has more than one campus (a “satellite campus”) may select one MSS Delegate and one Alternate MSS Delegate from each campus. A satellite campus is defined as an administrative campus separate from the central campus where a minimum of 20 members of the student body are assigned for some portion of their instruction over a period of time not less than an academic year. MSS Delegates and Alternate MSS Delegates credentialing under the satellite campus provisions must, at the time of the meeting, reside at the campus they will represent.
      i. A request to seat an MSS Delegate from a satellite campus for the first time must be submitted to the AMA Department of Medical Student Services at least 90 days in advance of the first Meeting at which an MSS Delegate will be seated. The request must confirm that the satellite campus meets the requirements for representation set forth in MSS Internal Operating Procedure IX.C.6 and in AMA Bylaw 7.3.3.2.
   c. Certification. Educational program MSS Delegates and Alternate MSS Delegates shall be certified to the Governing Council of the MSS by either a student officer of the educational program or a State Medical Student Section (as defined in MSS Internal Operating Procedure XI.C.), where it exists.

   a. Eligibility. The following criteria have been developed for national medical specialty societies, federal services, and professional interest medical associations to qualify for representation in the MSS Assembly. Pursuant to AMA Bylaw 7.3.3.3, a national medical specialty society, federal service, or professional interest medical association must:
i. Have voting representation in the AMA House of Delegates.
   ii. Allow for medical student membership.
   iii. Have established a mechanism that allows for the regular input of medical student views into the issues before the organization.

b. A national medical specialty society, federal service, or professional interest medical association that satisfies these criteria may select one MSS Delegate and one Alternate MSS Delegate. MSS Delegates and Alternate MSS Delegates selected from national medical specialty societies, federal services, or professional interest medical associations must meet the following requirements:
   i. Must be medical student members of the AMA in good standing.
   ii. Should be chosen in a fair and equitable manner allowing open representation and medical student input.
   iii. Must be certified in writing by the president, or appropriate staff person, of the organization they will be representing.
   iv. Must represent the interests of their organization’s medical student constituency.

c. Application Process. An application will be provided to interested national medical specialty societies, federal services, and professional interest medical associations. The organization should submit the application form, and any other documents demonstrating compliance with these criteria, to the MSS Governing Council at least ninety days prior to the first Meeting at which they wish to seat an MSS Delegate. Upon approval by the Governing Council, the organization will be granted a seat in the MSS Assembly with voting privileges on all matters except elections. The newly seated organization will be placed on probationary status for a period of two years, during which time consistent attendance at the four national Assembly Meetings is expected. At the conclusion of this probation period, the MSS Delegate selected by the organization will attain full voting privileges, including elections, and will be eligible to run for office. The Governing Council will notify the organization of its status at the end of the probation period.

d. Biennial Review. Each national medical specialty society, federal service, or professional interest medical association represented in the MSS Assembly will be required to reconfirm biennially that it continues to meet the criteria for representation. Organizations will be notified by the Governing Council of the time of their review and will be asked to submit appropriate documentation. Failure to participate in the biennial review process or to meet the established criteria will be reported to the MSS Governing Council for action.

e. The Governing Council may terminate the representation of an organization in the MSS Assembly for failure to verify fulfillment of or to meet these criteria, in which case the organization can reapply for representation as outlined in MSS Internal Operating Procedure IX.C.2.c.

3. National Medical Student Organizations.
   a. The following criteria have been developed for national medical student
organizations to qualify for representation in the MSS Assembly, pursuant to AMA Bylaw 7.3.3.4.1:

i. The organization must be national in scope.

ii. A majority of the voting members of the organization must be medical students enrolled in educational programs as defined in AMA Bylaw 1.1.1.

iii. Membership in the organization must be available to all medical students, without discrimination.

iv. The purposes and objectives of the organization must be consistent with the AMA’s purposes and objectives.

v. The organization’s code of medical ethics must be consistent with the AMA’s Principles of Medical Ethics.

b. Application process. Interested national medical student organizations should submit to MSS staff a written application containing sufficient information to establish that the organization meets the above criteria. The application must also include the following:

   i. The organization’s charter, constitution, bylaws, and code of medical ethics.

   ii. A list of the sources of the organization’s financial support, other than the dues of its medical student members.

   iii. A list or description of all of the organization’s affiliations.

   iv. Such additional information as may be requested.

The MSS Governing Council shall review the application. If it recommends that the organization be granted representation in the MSS Assembly Meeting, the recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the organization may be represented in the MSS Assembly Meeting by one MSS Delegate and one Alternate MSS Delegate.

c. Biennial Review. Each national medical student organization represented in the MSS Assembly will be required to reconfirm biennially that it continues to meet the criteria for eligibility by submitting such information and documentation as may be required by the MSS Governing Council. Organizations will be notified by the Governing Council of the time of their review and will be asked to submit appropriate documentation. Failure to participate in the biennial review process or to meet the established criteria will be reported to the MSS Governing Council for action.

d. The Governing Council may recommend discontinuance of the representation by a national medical student organization on the basis that the organization fails to meet the above criteria, has failed to maintain its responsibilities outlined in these Internal Operating Procedures, or has failed to attend the MSS Assembly Meeting. The recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the representation of the national medical student organization in the MSS Assembly Meeting shall be discontinued.

e. The MSS Delegate and Alternate MSS Delegate selected by each national medical student organization granted representation at the Assembly Meeting shall:

   i. Have full voting rights including the right to vote in any elections at the conclusion of a two-year probationary period with regular attendance.

   ii. Not be eligible for election to any office in the MSS.
iii. Be able to present his or her organization's policies and opinions in the Assembly Meeting.
iv. Report on the actions of the MSS to the national medical student organization.
v. Cooperate in enhancing the MSS membership.
f. MSS Delegates and Alternate MSS Delegates selected by national medical student organizations must meet the following criteria:
   i. Must be medical student members of the AMA in good standing.
   ii. Should be chosen in a fair and equitable manner allowing open representation and medical student input.
   iii. Must be certified in writing by the president, or appropriate staff person, of the organization they will be representing.
   iv. Must represent the interests of their organization’s medical student constituency.

4. Other Groups.
a. The Association of American Medical Colleges – Organization of Student Representatives and the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents are each entitled to one MSS Delegate and one Alternate MSS Delegate selected by the medical student members of the organization.
b. MSS Delegates and Alternate MSS Delegates selected from these organizations must meet the following criteria:
   i. Must be medical student members of the AMA in good standing.
   ii. Should be chosen in a fair and equitable manner allowing open representation and medical student input.
   iii. Must be certified in writing by the president, or appropriate staff person, of the organization they will be representing.
   iv. Must represent the interests of their organization’s medical student constituency.

5. Official Observers.
a. National student organizations may apply to the MSS Governing Council for official observer status in the MSS Assembly. Applicants and official observers must demonstrate compliance with guidelines for official observers adopted by the MSS Assembly, and the Governing Council shall make a recommendation to the MSS Assembly concerning the application. The MSS Assembly will make the final determination on the conferring or continuation of official observer status.
b. Organizations with official observer status are invited to send one representative to observe the actions of the Assembly at all meetings of the MSS Assembly. Official observers have the right to speak and debate on the floor of the Assembly upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

D. Purposes of the Meeting. The purposes of the meeting shall be:

1. To hear such reports as may be appropriate.
2. To elect, at the Assembly meeting prior to the Interim Meeting of the AMA, the Chair-elect of the Governing Council of the MSS, and the Medical Student Trustee.
To elect at the Assembly meeting prior to the Annual Meeting of the AMA, the remaining members of the Governing Council, with the exception of the Immediate Past Chair.

3. To adopt procedures for election of Medical Student Regional Delegates and Alternate Regional Delegates, consistent with AMA Bylaw 2.1.3.

4. To elect Medical Student Regional Delegates and Alternate Regional Delegates at the Assembly meeting prior to the Interim Meeting of the AMA.

5. To adopt resolutions for MSS policy and for submission to the House of Delegates of the AMA.

6. To conduct such other business as may properly come before the meeting.

E. Credentialing. The name of the duly selected MSS Delegate and Alternate MSS Delegate from each educational program, national medical specialty society, federal service, professional interest medical association, national medical student organization, and other group, and the representative from each official observer organization, should be received by the Director of Medical Student Services Medical Student Section staff of the AMA no later than 360 days (five weeks) prior to the Assembly Meeting in writing, as outlined in these Internal Operating Procedures. On the day of the opening of the Assembly Meeting, credentialing will take place, where voting members must officially identify themselves to the Credentials Committee as having been duly selected by the AMA medical student members of their respective organizations. Identification will be required to receive a voting badge. Graduating or recently graduated senior medical students who have been credentialed as RFS Delegates or Alternate RFS Delegates in the representative assembly of the AMA Resident and Fellow Section shall not be allowed to serve as MSS Delegates or Alternate MSS Delegates in the MSS Assembly.

F. Participation.

1. Only duly selected MSS Delegates to the Assembly Meeting shall have the right to vote, but the meeting floor shall be open to all medical students and AMA members.

2. The Immediate Past Chair of the MSS Governing Council shall have the same speaking privileges, excluding the privilege to make a motion, in the MSS Assembly as any other member of the Governing Council if he or she is no longer a medical student.

3. If the Presiding Officer is a representative to the MSS Assembly meeting, he or she shall be entitled to vote only when the vote is by ballot or to break a tie. If the Presiding Officer is not a representative to the MSS Assembly Meeting, he or she shall be entitled to vote only to break a tie. The Presiding Officer shall be entitled to vote only to break a tie.

G. Procedure.

1. Agenda. At least 2430 days prior to the Assembly Meetings, the agenda shall be sent to MSS Delegates and Alternate MSS Delegates. The order of business will be set by the Speakers prior to the meeting. The Assembly at any time may change the order of business by a majority vote, may only change the order of business in accordance with the procedures set in the AMA Bylaws, MSS IOPs, and the parliamentary authority of the AMA outlined in B-11.1.

2. Rules of Order. The Assembly meeting shall be conducted pursuant to the established rules of procedure submitted by the Speakers and adopted by the Assembly. The parliamentary authority used by the AMA House of Delegates shall
govern the Assembly Meeting of the MSS in all matters not outlined in the adopted rules of procedure mentioned above.

3. Quorum. Twenty-five percent of the MSS Delegates shall constitute a quorum, provided that at least ten percent of the MSS Delegates from each of the geographic regions are present. The regions are defined in MSS Internal Operating Procedures VII.A.1. For the purposes of defining a quorum, the MSS Delegate of each national medical specialty society, federal service, professional interest medical association, national medical student organization, and other group is considered part of the region representing the state in which his or her organization’s headquarters are located.

H. Resolutions.

1. Any medical school section, MSS region, state student section, or individual medical student member may submit resolutions.

2. All resolutions submitted by medical students must be submitted electronically to the AMA Department of Medical Student Services 50 days prior to the start of each Annual and Interim Meeting to be included in the MSS agenda. They will be sent to all duly selected and certified MSS Delegates and Alternate MSS Delegates prior to the Assembly Meeting and are debatable on the floor of the MSS Assembly.

   a. Virtual Reference Committee. All reports and resolutions that meet submission criteria will be made available on the Virtual Reference Committee. Any AMA MSS member can comment on MSS business. Comments can be made on behalf of an individual, a medical student section at a medical school, a state medical student section, an organization represented in the Assembly, and/or an AMA MSS Region, provided sufficient authority exists for such commentary. All comments will be made available to the Reference Committee(s). The resolutions will be sent to all duly selected and certified MSS Delegates and Alternate MSS Delegates prior to the Assembly Meeting via the meeting Agenda and are debatable on the floor of the MSS Assembly.

3. Late Resolutions. Resolutions that are submitted after the deadline but before the beginning of the meeting shall require a two-thirds vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether they should be considered as business based on timeliness of the issue and temporality relative to the resolution submission deadline. Late resolutions approved for consideration shall be referred to the Reference Committee, and handled in the same manner as those resolutions introduced before the deadline.

   a. Late Resolutions amending the MSS Internal Operating Procedures or proposing to amend AMA Bylaws submitted less than 40 days prior to the start of each Annual and Interim meeting shall not be considered.

4. Emergency Resolutions. Resolutions that are submitted after the beginning of the meeting shall require a three-fourths vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether they should be considered for business. The motion to hear an emergency resolution is not debatable and only a statement on the timeliness of the resolution may be made. Emergency resolutions approved for consideration shall be debated on the floor of the Assembly without referral to the Reference Committee.

5. Resolutions approved for consideration as business shall require a simple majority
vote of the Assembly for adoption, except those amending the MSS Internal Operating Procedures or proposing to amend the AMA Bylaws, which, pursuant to MSS Internal Operating Procedure XII, require approval by two-thirds of the members of the MSS Assembly present and voting.

6. Extraction of a resolution recommended for reaffirmation by the Reference Committee shall require a one-third vote of delegates present and voting.

7. Resolutions introduced by the Governing Council into the AMA-MSS Handbook shall be in the name of the AMA Delegate. Such resolutions may only be submitted when there is unanimous approval by all five voting members of the Governing Council. They shall be considered by the MSS Assembly as a first priority of business, and if not adopted or amended, shall be withdrawn from the AMA House of Delegates.

8. Resolutions shall be submitted to the AMA House of Delegates in the name of the MSS when they have received the prior approval of the MSS Assembly.

I. Convention Committees. The Convention Committees shall be appointed by the Governing Council unless otherwise stated in these procedures. These committees are to expedite the conduct of business at each meeting of the MSS Assembly. For each meeting, the Governing Council will appoint the following committees and any others that would facilitate the business of the Assembly.

1. Credentials Committee. An eight member Credentials Committee, composed of one member per region as defined in MSS Internal Operating Procedures VII.A.1, unless there are no candidates from a region, and one Chair, shall be appointed by the Governing Council. The Committee shall be responsible for consideration of all matters relating to the registration and certification of MSS Delegates including credentialing MSS Delegates for Assembly Meetings, verifying a quorum is present, and distributing ballots for elections. Disputes involving the credentialing of voting delegates will be investigated by the Credential Committee.

2. Rules Committee. A Rules Committee shall be composed of four At-Large Members. The Rules Committee shall review late and emergency resolutions and make recommendations to the MSS Assembly on whether to consider them as business of the Assembly. The Rules Committee shall also collect and tabulate ballots for MSS elections, and count hand votes during the Assembly Meeting as requested by the Speakers. The Rules Committee is also responsible for ensuring election rules are followed in coordination with the MSS Speaker and Vice-Speaker.

3. Reference Committee. The Each Reference Committee shall be composed of five voting members and one alternate member unless, in the judgment of the Governing Council, circumstances warrant an adjustment in the number of members on the Reference Committee. The committee shall conduct an open hearing on items of business referred to it (resolutions and reports) via the MSS Virtual Reference Committee, and make recommendations to the Assembly for disposition of its items of business through the preparation of Reference Committee report for consideration by the MSS Assembly.

4. Parliamentary Procedures Committee. The Parliamentary Procedures Committee members shall demonstrate a thorough understanding of The Standard Code of Parliamentary Procedure the parliamentary authority set forth by these Internal Operating Procedures in order to assist students with parliamentary procedures throughout the Assembly meeting.

5. AMA House of Delegates Coordinating Committee. House Coordinating Committee members shall be appointed to coordinate student testimony that will be presented
at the AMA House of Delegates Reference Committee hearings. The Coordinators shall work with the AMA Delegate and Alternate AMA Delegate in the preparation and presentation of testimony for resolutions being transmitted by the MSS and additional items of relevance to the MSS.

(12) amend IOP XI by insertion and deletion as follows:

**XI. Appointments**

**A. Governing Council Responsibilities.** It will be the responsibility of the Governing Council to make appointments of the medical student members of AMA Councils for confirmation by the AMA Board of Trustees and to other bodies of the AMA when requested. It is also the responsibility of the Governing Council to make recommendations for student representation to bodies such as the National Board of Medical Examiners, National Resident Matching Program, and others after the Governing Council has solicited applications from interested medical students.

**B. Eligibility.** Eligibility for Council and Liaison positions shall be pursuant to MSS Internal Operating Procedures VI.B.

**C. Medical Student Representation on AMA Councils.**

1. A medical student member of the AMA appointed by the MSS Governing Council with the concurrence of the Board of Trustees shall serve on each of the following AMA Councils:
   a. Council on Constitution and Bylaws.
   b. Council on Medical Education.
   c. Council on Medical Service.
   e. Council on Scientific Affairs and Public Health.

2. A student is recommended by the MSS Governing Council to the AMA President-elect for consideration for appointment to the student seat on the Council on Ethical and Judicial Affairs.

3. A student is recommended by the MSS Governing Council to the AMA Board of Trustees for consideration for appointment to the student seat on the Council on Legislation.

4. A student is recommended by the MSS Governing Council to the AMA Board of Trustees for consideration for appointment to the student seat on the Liaison Committee on Medical Education (an AMA/Association of American Medical Colleges joint committee).

5. 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.

6. All applicants for Council and Liaison positions shall be informed of the Governing Council's decision to appoint or not appoint them at least three months prior to the Annual Meeting, as soon as the appointments are confirmed by the AMA Board of Trustees, President, or President Elect.

7. Terms. Students appointed to Councils shall serve for a one-year term with the
exception of the student appointed to the Council on Ethical and Judicial Affairs, who will serve for a two-year term. If the medical student member of a Council ceases to be enrolled in an approved program, his or her service on the Council shall thereupon terminate, and the position shall be declared vacant.

8. Limitation on Total Years of Service. See MSS Internal Operating Procedures IV.G.

(13) amend IOP XII by insertion and deletion as follows:

"XII. Miscellaneous

A. Parliamentary Authority. The prevailing parliamentary code of our AMA governs this organization in all parliamentary situations that are not provided for in the law or in the AMA Bylaws or these Internal Operating Procedures.

B. Financial Responsibility. The funding of the MSS Governing Council is appropriated by the AMA. A listing of all meetings attended by each member of the Governing Council and members of AMA Councils, Committees, and Panels, along with an account of pertinent actions taken, will be made available to MSS members semi-annually upon request. "; and be it further

RESOLVED, That our AMA-MSS amend IOP XIII by insertion and deletion as follows:

"XIII. Dispute Resolution.
A. All disputes of these Internal Operating Procedures shall be resolved by the AMA Board of Trustees (BOT) with provision for input from other parties as deemed necessary by the BOT, except in the following instances as defined elsewhere in these Internal Operating Procedures:
A. 1. All disputes involving Regional Delegate or Alternate Delegate elections shall be resolved by the MSS Governing Council.
B. 2. All disputes involving Campaign Rules (MSS IOPs V.D.) as related to the MSS shall be resolved by the MSS Speaker and Vice Speaker. "; and

(14) amend IOP XIV by insertion and deletion as follows:

"XIV. Amendments to the Internal Operating Procedures
A. MSS Requirements. These Internal Operating Procedures may be amended by the approval of two thirds of the members of the MSS Assembly present and voting. Amendments to these Internal Operating Procedures must be submitted 50 days in advance of the Assembly so that the Governing Council and MSS Delegates can study the implications of the proposed changes.

B. Other Requirements. Per AMA Bylaw 7.0.7, all rules, regulations, and procedures adopted by the MSS are subject to the approval of the Board of Trustees. Amendments to the Internal Operating Procedures may also be contingent upon corresponding changes to the AMA Bylaws, which require approval of two-thirds of the members of the AMA House of Delegates. "

COLRP REPORT A REEVALUATION OF AMA-MSS REGION BYLAWS
MSS ACTION: ADOPTED

Your AMA-MSS Committee on Long-Range Planning recommends the following:

(1) That our AMA-MSS MSS Speaker and Vice Speaker monitor all MSS Regions to ensure compliance with the minimum requirements in GC Report D, A-15; and

(2) That our MSS COLRP reevaluate the accordance of each Region’s bylaws with the categories in Tables 1 – 5b and release its findings in an informational report to the Assembly at A-19; and

(3) That the remainder of this report be filed.

CME REPORT A REDEFINING RESIDENT DUTY-HOURS BASED ON NEW EVIDENCE WITH A FOCUS ON ADDRESSING RESIDENT WELLNESS

MSS ACTION: ADOPTED AS AMENDED

Your AMA-MSS Committee on Medical Education recommends the following:

(1) That the AMA-MSS amend existing policy 310.030 by addition and deletion to read as follows:

310.030 MSS Resident/Fellow Work and Learning Environment

The AMA-MSS will ask the AMA to support the following general principles regarding resident/fellow duty hours to promote physician wellness: (1) Duty hours shall be defined as clinical and educational activities, clinical work done from home, and all moonlighting; define resident duty hours as those scheduled hours associated with primary resident or fellowship responsibilities; (2) The total number of duty hours should not exceed 80 hours when averaged over a four-week period; support a limit on resident duty hours of 84 hours per week averaged over a two-week period; (3) Trainees must be scheduled for in-house call no more frequently than every-third-night, averaged over a four-week period; support on-call activities no more frequent than every-third-night and there be at least one consecutive 24 hour duty-free period day every seven days, both averaged over a two week period; (4) Scheduled on-call assignments should not exceed 28 hours, with the last 4 hours being reserved for education, patient follow-up, and transfer of care; support a standard workday limit for resident physicians of 12 hours, with patient care assignments exceeding 14 hours considered on-call activities; (5) Limits on duty hours must not adversely impact the organized educational activities of the residency program; support a limit on scheduled on-call assignments of 24 consecutive hours, with on-call assignments exceeding 24 consecutive hours ending before 30 hours, and the final 6 hours of this shift are for
education, patient follow-up, and transfer of care, and new patients and/or continuity clinics must not be assigned to the resident during this 6-hour period; (6) Scheduled time providing patient care services of limited or no educational value should be minimized; support the inclusion of home call hours in the total number of weekly scheduled duty hours if the resident on call can routinely expect to get a less than 5 consecutive hours of sleep; (7) Trainees must have at least one consecutive 24 hour duty-free period day every seven days, averaged over a four-week period; support a limit on assignments in high intensity settings of 12 scheduled hours with flexibility for sign off activities; (8) Flexibility for residents to stay beyond their scheduled 28 hour limit to provide care for a single patient when important for patient care, educational, or humanistic needs, and that these hours count towards the weekly 80 hour limitation; support that limits on duty hours must not adversely impact the organized educational activities of the residency program; (9) ask The Joint Commission should to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; ask the Accreditation Council for Graduate Medical Education to establish new requirements for mandatory and protected education time in residency programs that constitutes no less than 10% of scheduled duty hours; (10) ask The Joint Commission to should establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and support that scheduled time providing patient care services of limited or no educational value be minimized; (11) Support The AMA Council on Legislation should serve as the coordinating body in the creation of legislative and regulatory options. ask the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; (12) ask JCAHO to establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and (13) (8) support the AMA Council on Legislation as the coordinating body in the creation of legislative and regulatory options.; and be it further

(2) That the remainder of this report be filed.
RESOLUTION 006 – INCREASING ACCESS TO HEALTHCARE INSURANCE FOR REFUGEE POPULATIONS

HOD ACTION: ADOPTED

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

RESOLUTION 017 – IMPROVING MEDICAL CARE IN IMMIGRANT DETENTION CENTERS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association issue a public statement urging U.S. Immigrations and Customs Enforcement Office of Detention Oversight to 1) revise its medical standards governing the conditions of confinement at detention facilities to meet those set by the National Commission on Correctional Health Care, 2) take necessary steps to achieve full compliance with these standards, and 3) track complaints related to substandard healthcare quality; and be it further

RESOLVED, That our AMA recommend the U.S. Immigrations and Customs Enforcement refrain from partnerships with private institutions whose facilities do not meet the standards of medical, mental, and dental care as guided by the National Commission on Correctional Health Care; and be it further

RESOLVED, That our AMA advocate for access to health care for individuals in immigration detention.

RESOLUTION 018 – PATIENT AND PHYSICIAN RIGHTS REGARDING IMMIGRATION STATUS

HOD ACTION: ADOPTED

RESOLVED, That our AMA support protections that prohibit U.S. Immigration and Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies from utilizing information from medical records to pursue immigration enforcement actions against patients who are undocumented.

RESOLUTION 208 – HOUSING PROVISION AND SOCIAL SUPPORT TO IMMEDIATELY ALLEVIATE CHRONIC HOMELESSNESS IN THE UNITED STATES

HOD ACTION: REFERRED
RESOLVED, That our AMA amend 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.

RESOLUTION 219 – INTEGRATION OF DRUG PRICE INFORMATION INTO ELECTRONIC MEDICAL RECORDS

HOD ACTION: REFERRED

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.

RESOLUTION 220 – ACCOUNTABILITY OF 911 EMERGENCY SERVICES FUNDING

HOD ACTION: ADOPTED

RESOLVED, That our AMA encourage federal guidelines and state legislation that protects against reallocation of 911 funding to unrelated services.

RESOLUTION 303 – ADDRESSING MEDICAL STUDENT MENTAL HEALTH THROUGH DATA COLLECTION AND SCREENING

HOD ACTION: ADOPTED AS AMENDED

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; and be it further

RESOLVED, That our AMA work with other interested parties to encourage research into identifying and addressing modifiable risk factors for burnout, depression and suicide across the continuum of medical education.
RESOLUTION 304 – SUPPORT OF EQUAL STANDARDS FOR FOREIGN MEDICAL SCHOOLS SEEKING TITLE IV FUNDING

HOD ACTION: ADOPTED

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.

RESOLUTION 309 – FUTURE OF THE USMLE: EXAMINING MULTI-STEP STRUCTURE AND SCORE USAGE

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association work with the appropriate stakeholders to study the advantages, disadvantages, and practicality of combining the USMLE Step 1 and Step 2 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 USMLE exams in order to avoid the inappropriate use of USMLE scores for screening residency applicants.

RESOLUTION 408 – INCREASED OVERSIGHT OF SUICIDE PREVENTION TRAINING FOR CORRECTIONAL FACILITY STAFF

HOD ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 410 – IMPROVING ACCESS TO DIRECT ACTING ANTIVIRALS FOR HEPATITIS C-INFECTED INDIVIDUALS

HOD ACTION: ADOPTED AS AMENDED

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 programs aimed at training providers in the treatment and management of patients infected with HCV; (4) (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) (6) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines; and (7) encourage equitable reimbursement for those providing treatment.

RESOLUTION 506 – EXPANDING ACCESS TO BUPRENORPHINE FOR THE TREATMENT OF OPIOID USE DISORDER

HOD ACTION: FIRST RESOLVE OF RESOLUTION 506 ADOPTED AS AMENDED, SECOND RESOLVE OF RESOLUTION 506 REFERRED FOR DECISION

RESOLVED, That our AMA Opioid Task Force publicize existing resources that provide advice on overcoming barriers and implementing solutions for prescribing buprenorphine for treatment of Opioid Use Disorder; and be it further

RESOLVED, That our AMA supports eliminating the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder.

RESOLUTION 507 – EDUCATING PHYSICIANS AND YOUNG ADULTS ON SYNTHETIC DRUGS

HOD ACTION: COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 2 ADOPTED IN LIEU OF RESOLUTION 507 AND THE REMAINDER OF THE REPORT FILED.

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

Addressing Emerging Trends in Illicit Drug Use H-95.940

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.

RESOLUTION 508 – SUPPORT FOR SERVICE ANIMALS, EMOTIONAL SUPPORT ANIMALS, ANIMALS IN HEALTHCARE, AND MEDICAL BENEFITS OF PET OWNERSHIP

HOD ACTION: REFERRED

RESOLVED, That our AMA (1) recognize the potential medical benefits of animal-assisted therapy and animals as companions; and (2) encourage 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.

RESOLUTION 509 – EXPLORING APPLICATIONS OF WEARABLE TECHNOLOGY IN CLINICAL MEDICINE AND MEDICAL RESEARCH

HOD ACTION: EXISTING POLICY H-480.943 REAFFIRMED IN LIEU OF

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

RESOLUTION 524 – SUPERVISED INJECTION FACILITIES AS HARM REDUCTION TO ADDRESS OPIOID CRISIS

HOD ACTION: THE FOLLOWING RESOLUTION ADOPTED IN LIEU OF RESOLUTION 513 AND 524

PILOT IMPLEMENTATION OF SUPERVISED INJECTION FACILITIES

RESOLVED, That our American Medical Association support the development and implementation of pilot supervised injection facilities (SIFs) in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of SIFs in reducing harms and health care costs related to injection drug use.

RESOLUTION 603 – SEXUAL ORIENTATION AND GENDER IDENTITY DEMOGRAPHIC COLLECTION BY THE AMA

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA develop and implement a plan with input from the Advisory Committee on LGBTQ issues to expand demographics collected about our members to include both sexual orientation and gender identity information, which may be given voluntarily by members and will be handled in a confidential manner.

RESOLUTION 711 – EXPANDING ACCESS TO SCREENING TOOLS FOR SOCIAL DETERMINANTS OF HEALTH

HOD ACTION: REFERRED

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.
RESOLUTION 608 – IMPROVING MEDICAL STUDENT, RESIDENT/FELLOW AND ACADEMIC PHYSICIAN ENGAGEMENT IN ORGANIZED MEDICINE

HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE

IMPROVING MEDICAL STUDENT, RESIDENT/FELLOW AND ACADEMIC PHYSICIAN ENGAGEMENT IN ORGANIZED MEDICINE AND LEGISLATIVE ADVOCACY

RESOLVED, That our American Medical Association study the participation of academic and teaching physicians, residents, fellows, and medical students in organized medicine and legislative advocacy; and be it further

RESOLVED, That our AMA study the participation of community-based faculty members of medical schools and graduate medical education programs in organized medicine and legislative advocacy; and be it further

RESOLVED, That our AMA identify successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine and legislative advocacy.