SUMMARY OF ACTIONS

2018 MEDICAL STUDENT SECTION ANNUAL MEETING
CHICAGO, ILLINOIS

RESOLUTIONS

RESOLUTION 01 – OPPOSITION TO REGULATIONS THAT PENALIZE IMMIGRANTS FOR ACCESSING HEALTH CARE SERVICES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA upon the release of any proposed rule or regulations that would deter immigrants and/or their dependents from utilizing non-cash public benefits including Medicaid, CHIP, WIC, and SNAP, issue a formal comment expressing its opposition, and be it further

RESOLVED, That our AMA amend AMA policy H-20.901 by addition and deletion to read as follows:

> Our AMA: (1) supports enforcement of the public charge provision of the Immigration Reform Act of 1990 (PL 101-649) provided such enforcement does not deter legal immigrants and/or their dependents from seeking needed health care and food nutrition services such as SNAP or WIC; (2) recommends that decisions on testing and exclusion of immigrants to the United States be made only by the U.S. Public Health Service, based on the best available medical, scientific, and public health information; (3) recommends that non-immigrant travel into the United States not be restricted because of HIV status; and (4) recommends that confidential medical information, such as HIV status, not be indicated on a passport or visa document without a valid medical purpose.

RESOLVED, That this resolution be forwarded immediately to the House of Delegates at A-18.

RESOLUTION 02 – PERMANENT REAUTHORIZATION OF THE CHILDREN'S HEALTH INSURANCE PROGRAM

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support permanent authorization of the Children's Health Insurance Program (CHIP) and oppose any future lapse in federal funding.

RESOLUTION 03 – EXPANSION OF FEDERAL GUN RESTRICTION LAWS TO INCLUDE DATING PARTNERS AND CONVICTED STALKERS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support legislation that would expand the current federal prohibitions on firearm purchases to include individuals subject to domestic violence restraining orders, convicted stalkers, and persons charged with domestic violence and intimate partner violence even if no legal relationship exists.

RESOLUTION 04 – COMPREHENSIVE HUMAN PAPILLOMAVIRUS (HPV) AND VACCINATION EDUCATION IN SCHOOL HEALTH CURRICULA

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, that our AMA-MSS encourages school health education programs to emphasize not only HPV association with cervical cancer and genital warts, but also penile, vaginal, vulvar, oropharyngeal, and anal cancers.

RESOLVED, that our AMA-MSS encourages HPV and HPV vaccination school education be more targeted to students at the recommended age of vaccination.

RESOLUTION 05 – FEDERAL LEGALIZATION OF SYRINGE EXCHANGE PROGRAMS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA amend policy H-95.958 (Syringe and Needle Exchange Programs) with the addition of "(4) will support federal legislation for the national legalization of syringe exchanges," as follows:

Syringe and Needle Exchange Programs H-95.958

Our AMA: (1) encourages all communities to establish needle exchange programs and physicians to refer their patients to such programs; (2) will initiate and support legislation providing funding for needle exchange programs for injecting drug users; (3) strongly encourages state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription and needle exchange program employees are protected from prosecution for disseminating syringes; and (4) will support federal legislation for the national legalization of syringe exchanges.

RESOLUTION 06 – PHARMACEUTICAL ADVERTISING IN ELECTRONIC HEALTH RECORD SYSTEMS

MSS ACTION: REFFERED FOR STUDY

RESOLVED, That our AMA oppose the presence of pharmaceutical advertising including, but not limited to, digital banner placement, instant messaging, and pop-up ads within the electronic health record (EHR) to influence or attempt to influence, through economic incentives or otherwise, the prescribing decision of a prescribing practitioner at the point of care; and be it further

RESOLVED, That our AMA support legislation banning pharmaceutical advertising in electronic health record (EHR) systems.

RESOLUTION 07 – SUPPORT FOR PREREGISTRATION IN BIOMEDICAL RESEARCH

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support pre-registration of research studies in order to mitigate publication bias and improve the reproducibility of biomedical research.

RESOLUTION 08- SUPPORT THE USE OF EVIDENCE-BASED GUIDELINES FOR DETERMINING LIVER TRANSPLANT WAITING PERIODS IN ALCOHOL-RELATED LIVER DISEASE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS supports the use of evidence-based guidelines for determining liver transplant waiting periods in alcohol-related liver disease

RESOLUTION 09 – EXPANSION OF AMA SUPPORT OF TRAFFICKING VICTIMS

MSS ACTION: NOT ADOPTED

RESOLVED, That AMA Policy H-60.912, “Commercial Exploitation and Human Trafficking of Minors," be amended by deletion and by addition to read as follows:

Commercial Exploitation and Human Trafficking ~~of Minors,~~ H-60.912

Our AMA supports the development of laws and policies that utilize a public health framework to address the commercial ~~sexual~~ exploitation ~~and sex trafficking~~ of ~~minors~~ sex and labor trafficking victims by promoting care and services for victims instead of arrest and prosecution.

RESOLUTION 10 – INCREASING ACCESS TO HEARING AIDS

MSS ACTION: REFFERED FOR STUDY

RESOLVED, That our AMA-MSS stand in favor of a change in the delivery model for the treatment of mild-to-moderate hearing loss through supporting over-the-counter hearing aids

RESOLUTION 11 – IMPROVED ACCESS TO EYE EXAMS FOR INDIVIDUALS WITH DIABETES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage the use of diabetic retinopathy telescreening in primary care centers for patients with diabetes in underserved or remote locations.

RESOLUTION 12 – INCREASING PATIENT ACCESS TO SEXUAL ASSAULT NURSE EXAMINERS

MSS ACTION: ADOPTED

RESOLVED, That our AMA advocate for increased patient access to Sexual Assault Nurse Examiners in the Emergency Department, including the transfer of victims to other facilities with Sexual Assault Nurse Examiners when they are not available.

RESOLUTION 13 – ADDRESSING STUDENT DEBT IN MEDICAL SCHOOL ATTRITION DUE TO MENTAL ILLNESS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, that our AMA-MSS support the study of mechanisms for dismissing federal loan obligations for students who withdraw from medical school due to a diagnosed mental and/or physical illness

RESOLUTION 14 – REGULATING FRONT-OF-PACKAGE LABELS ON FOOD PRODUCTS

MSS ACTION: ADOPTED

RESOLVED, That our AMA support additional FDA criteria that limit the amount of added sugar a food product can contain if it carries any front-of-package label advertising nutritional or health benefits; and be it further

RESOLVED, That our AMA support the use of front-of-package warning labels on foods that contain excess added sugar

RESOLUTION 15 – SUPPORT FOR CONTINUED 9-1-1 MODERNIZATION AND THE NATIONAL IMPLEMENTATION OF TEXT-TO-911 SERVICE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support the funding of federal grant programs for the modernization of 9-1-1 infrastructure, including incorporation of text to 911 technology.

RESOLUTION 16 – OPPOSITION TO ARMED CAMPUSES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS oppose an increase of firearms on school campuses.

RESOLUTION 17 – SUPPORT OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) EDUCATION PROGRAMS AND RESEARCH

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS supports nutrition education programs for Supplemental Nutrition Assistance Program (SNAP) recipients; and be it further

RESOLVED, That our AMA-MSS opposes changes to SNAP that that would increase food insecurity such as rigid work requirements or categorical exclusion of individuals who receive SNAP benefits based on their income level.

RESOLUTION 18 – INCREASING THE LEGAL AGE OF PURCHASING AMMUNITION AND FIREARMS FROM 18 TO 21

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support bans on the possession, unsupervised use, and purchase of firearms and ammunition by youths under the age of 21.

RESOLUTION 19 – SUPPORT OFFERING HIV POST EXPOSURE PROPHYLAXIS TO ALL SURVIVORS OF SEXUAL ASSAULT

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA advocate for education of physicians about the effective use of Post-Exposure Prophylaxis for HIV and the US PEP Clinical Practice Guidelines; and be it further

RESOLVED, That our AMA support increased public education about the effective use of Post-Exposure Prophylaxis for HIV; and be it further

RESOLVED, That our AMA-MSS will ask the AMA to amend policy H-20.900 by insertion as follows:

> HIV, Sexual Assault, and Violence (H-20.900**)**
> Our AMA believes that HIV testing and Post-Exposure Prophylaxis (PEP) should be offered to all survivors of sexual assault, that these survivors should be encouraged to be retested in six months if the initial test is negative, and that strict confidentiality of test results be maintained.

RESOLUTION 20 – ENCOURAGE FINAL EVALUATION REPORTS OF SECTION 1115 DEMONSTRATIONS AT THE END OF THE DEMONSTRATION CYCLE

MSS ACTION: ADOPTED

RESOLVED, that our AMA encourage the Centers for Medicare & Medicaid Services to establish written procedures that require final evaluation reports of Section 1115 Demonstrations at the end of each demonstration cycle, regardless of renewal status.

RESOLUTION 21 – MITIGATING THE TRANSPORTATION BARRIER FOR ACCESSIBILITY OF HEALTHCARE FOR THE MEDICAID POPULATION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the research efforts to assess the utility and feasibility of state-funded support of Non-Emergency Medical Transportation programs.

RESOLVED, That our AMA-MSS supports the maintenance of funding for transportation services in state Medicaid programs.

RESOLUTION 22 – RESEARCH MODELS FOR SCREENING, DIAGNOSIS, AND SUPPORT SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support research models for screening, diagnosis, and support services for children with ASD; and be it further

RESOLVED, That our AMA advocate for increased funding for research models to ensure that children with ASD receive necessary interventions as early as possible.

RESOLUTION 23 – SUPPORT FOR VERY LOW NICOTINE CONTENT CIGARETTES AS PART OF THE FDA'S CIGARETTE NICOTINE REDUCTION PLAN

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amends H-495.981, Light and Low-Tar Cigarettes as follows:

Light and Low-Tar Cigarettes H-495.981

Our AMA concurs with the key scientific findings of National Cancer Institute Monograph 13, Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine:
(a) Epidemiological and other scientific evidence, including patterns of mortality from smoking-caused diseases, does not indicate a benefit to public health from changes in cigarette design and manufacturing over the last 50 years.
(b) For spontaneous brand switchers, there appears to be complete compensation for nicotine delivery, reflecting more intensive smoking of lower-yield cigarettes.
(c) Cigarettes with low machine-measured yields by Federal Trade Commission (FTC) methods are designed to allow compensatory smoking behaviors that enable a smoker to derive a wide range of tar and nicotine yields from the same brand.
(d) Widespread adoption of lower yield cigarettes in the United States has not prevented the sustained increase in lung cancer among older smokers.
(e) Many smokers switch to lower yield cigarettes out of concern for their health, believing these cigarettes to be less risky or to be a step toward quitting; many smokers switch to these products as an alternative to quitting.
(f) Advertising and promotion of low tar cigarettes were intended to reassure smokers who were worried about the health risks of smoking, were meant to prevent smokers from quitting based on those same concerns; such advertising was successful in getting smokers to use low-yield brands.
(g) Existing disease risk data do not support making a recommendation that smokers switch cigarette brands. The recommendation that individuals who cannot stop smoking should switch to low yield cigarettes can cause harm if it misleads smokers to postpone serious attempts at cessation.
(h) Measurements of tar and nicotine yields using the FTC method do not offer smokers meaningful information on the amount of tar and nicotine they will receive from a cigarette.

<u>However, when prevention and first line cessation methods are not successful, our AMA supports the substitution of traditional cigarettes with Very Low Nicotine Content (VLNC) cigarettes, as defined by the U.S. Food and Drug Administration (FDA), as a step to decrease the addictiveness of cigarettes and thus the prevalence of smoking in our society.</u>

Our AMA seeks legislation or regulation to prohibit cigarette manufacturers from using deceptive terms such as "light," "ultra-light," "mild," and "low-tar" to

describe their products. unless they meet the criteria and requirements as defined by the FDA.

RESOLUTION 24 – INCREASING ACCESSIBILITY TO ADULT INCONTINENCE PRODUCTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support increased access to medically-recognized adult incontinence products through means including but not limited to Medicare coverage

RESOLUTION 25 – IMPROVING MINORS' ACCESS TO PRENATAL AND PREGNANCY-RELATED CARE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the right of the minor to consent health care services from the prenatal stage through delivery, including but not limited to consenting to an epidural, a cesarean section, and testing for chromosomal abnormalities in the fetus.

RESOLUTION 26 – LIMITING THE USE OF RESTRICTIVE HOUSING IN ADULT CORRECTIONAL FACILITIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS oppose the use of restrictive housing in adult correctional facilities for disciplinary purposes or pending investigation of a suspected rule violation for more than 15 consecutive days, and be it further

RESOLVED, That our AMA-MSS support efforts to ensure that the mental and physical health of all individuals in restrictive housing are regularly monitored by health professionals, and be it further

RESOLVED, That our AMA-MSS support the development and use of safe alternatives to restrictive housing in adult correctional facilities.

RESOLUTION 27 – INCREASED ACCESS TO IDENTIFICATION CARDS FOR THE HOMELESS POPULATION

MSS ACTION: ADOPTED

RESOLVED, Our AMA recognize that among the homeless population, a lack of identification card serves as a barrier to accessing medical care as well as fundamental services that support healthy lifestyle; and further be it;

RESOLVED, Our AMA support legislation and policy changes that aim to provide a streamlined and simplified application process for obtaining identification cards that facilitate accessibility to the homeless population; and further be it;

RESOLVED, Our AMA promote legislation changes and policy initiatives focused on providing identification cards to homeless individuals without charge.

RESOLUTION 28 – IMPROVED REGULATIONS ON ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS) AND ELECTRONIC CIGARETTES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS acknowledge the known harms of electronic nicotine delivery systems, particularly their ineffectiveness as smoking cessation devices, and encourage physicians to recommend alternative therapies for smoking-cessation; and be it further

RESOLVED, That our AMA-MSS work with federal agencies to discourage the promotion of electronic nicotine delivery systems both among adolescents and as smoking cessation devices; and be it further

RESOLVED, That our AMA-MSS supports increasing the age of purchase for all tobacco products from age 18 to 21.

RESOLUTION 29 – SUPPORT FOR THE STANDARDIZATION OF DRIVING RESTRICTION LAWS AFTER TRANSIENT LOSS OF CONSCIOUSNESS

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA-MSS support the evidenced-based standardization of state laws regulating driving restrictions for patients who experience an episode of transient loss of consciousness.

RESOLUTION 30 – INCREASING DATA COLLECTION PERTAINING TO THE UTILIZATION AND NEED OF PALLIATIVE CARE AND END-OF-LIFE CARE IN REFUGEE POPULATIONS LIVING IN THE UNITED STATES

MSS ACTION: 250.020MSS REAFFIRMED IN LIEU OF RESOLUTION 30

250.020MSS Refugee Health Care
AMA-MSS will ask the AMA to (1) recognize the unique health needs of refugees; (2) encourage the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees. (MSS Amended Res 4, A-09) (AMA Res 804, I-09 [H-350.957]) (Modified and Reaffirmed: MSS GC Rep A, I-14)

RESOLUTION 31: SUPPORT OF THE USE OF HEROIN ASSISTED TREATMENT PROGRAMS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support the use of heroin-assisted treatment (HAT) programs for heroin-dependent patients; and be it further

RESOLVED, That our AMA remove policy H-55.991, Use of Heroin in Terminally Ill Cancer Patients With Severe Chronic Pain

RESOLUTION 32: DECREASE ADOLESCENT MORTALITY THROUGH MORE COMPREHENSIVE GRADUATED DRIVER LICENSING PROGRAMS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support more comprehensive Graduated Driver Licensing programs including but not limited to more stringent permit and licensing age requirements, mandatory minimum training hours, and nighttime and teenage passenger restrictions

RESOLUTION 33: IMPROVING SUPPORT AND ASSISTANCE FOR MEDICAL STUDENTS WITH DISABILITIES

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA supports amending Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Accreditation (COCA) accreditation requirements to require all medical schools update their technical standards for the admission, retention, and graduation of medical students to reflect the requirements of the Americans with Disabilities Act Amendments Act of 2008 and other Federal disability non-discrimination laws, and publish them on public websites; and be it further

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA supports the adoption of technical standards that are limited to only the truly essential abilities required of a medical school graduate and clearly state that technical standards may be met with or without accommodations including assistive technology as recommended in Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians With Disabilities, published by the American Association of Medical Colleges.

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS supports the individualized assessment of disability, as required by current law, and discourages blanket prohibitions of assistive technology such as the use of American Sign Language (ASL) interpreters, Communication Access Realtime Translation (CART, sometimes referred to as real-time captioning) services, FM systems (devices that use FM frequencies to amplify sound), and trained intermediaries for students, residents, and clinicians with physical disabilities; and be it further

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS supports the development of training and guidance for medical school faculty and administrators on: (1) communicating with and about persons with disabilities, (2) writing appropriate technical standards for applicants, medical students, and residents, (3) and identifying which technical standards are truly essential for all medical school graduates and residents by groups such as the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM).

RESOLUTION 34: TUITION REIMBURSEMENT FOR MEDICAL STUDENT PERFORMED ELECTRONIC HEALTH RECORD DOCUMENTATION AS PART OF EVALUATION AND MANAGEMENT

MSS ACTION: REFERED FOR STUDY

RESOLVED, That our AMA advocate for tuition reimbursement to medical students for documentation in the electronic health record, as permitted by Centers for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual and/or other payors, during their clinical clerkships; and be it further

RESOLVED, That our AMA collaborate with appropriate stakeholders to study and implement best practice mechanisms of tuition reimbursement fund accrual and distribution including but not limited to tax deductible donations from healthcare facilities to medical schools for tuition reduction; and be it further

RESOLVED, That our AMA collaborate with appropriate stakeholders to develop reasonable limitations on the number of notes a medical student may author so as not to create financial incentives that jeopardize medical student education and training; and be it further

RESOLVED, That our AMA amend current Policy D-305.970 by addition to read as follows:

Proposed Revisions to AMA Policy on Medical Student Debt, D-305.970

1. Collaborate, based on AMA policy, with members of the Federation and the medical education community, and with other interested organizations, to achieve the following immediate public- and private-sector advocacy goals:
(a) Support expansion of and adequate funding for federal scholarship and loan repayment programs, such as those from the National Health Service Corps, the Indian Health Service, the Armed Forces, and the Department of Veterans Affairs, and for comparable programs at the state level.
(b) Encourage the expansion of National Institutes of Health programs that provide loan repayment in exchange for a commitment to conduct targeted research.
(c) With each reauthorization of the Higher Education Act and at every other legislative opportunity, proactively pursue loan consolidation terms that favor students and ensure that loan deferment is available for the entire duration of residency and fellowship training.
(d) Ensure that the Higher Education Act and other legislation allow interest from medical student loans to be fully tax deductible.
(e) Encourage medical schools, with the support of the Federation, to engage in fundraising activities devoted to increasing the availability of scholarship support.
(f) Encourage the creation of private-sector financial aid programs with favorable interest rates or service obligations (such as community- or institution-based loan repayment programs or state medical society loan programs).
(g) Support stable funding for medical education programs to limit excessive tuition increases.
(h) Advocate for medical students to receive tuition reimbursement for performing electronic health record Documentation as a part of Evaluation and Management
2. Encourage medical schools to study the costs and benefits associated with non-traditional instructional formats (such as online and distance learning, combined baccalaureate/MD programs) to determine if cost savings to medical schools and to medical students could be realized without jeopardizing the quality of medical education.

RESOLVED, That our AMA amend current Policy D-305.975 by addition to read as follows:

Long-Term Solutions to Medical Student Debt, D-305.975

Our AMA will: (1) encourage medical schools and state medical societies to consider the creation of self-managed, low-interest loan programs for medical students, and collect and disseminate information on such programs; (2) advocate for increased funding for the National Health Service Corps Loan Repayment Program to assure adequate funding of primary care within the National Health Service Corps, as well as to permit: (a) inclusion of all medical specialties in need, and (b) service in clinical settings that care for the underserved but are not necessarily located in health professions shortage areas; (3) work with state medical societies to advocate for the creation of either tuition caps or, if caps are not feasible, pre-defined tuition increases, so that medical students will be aware of their tuition and fee costs for the total period of their enrollment; (4) collect and disseminate information on medical school programs that cap medical education debt, including the types of debt management education that are provided; ~~and~~ (5)encourage the National Health Services Corps to have repayment policies that are consistent with other federal loan forgiveness programs, thereby decreasing the amount of loans in default and increasing the number of physicians practicing in underserved areas~~.~~; and (6) strongly advocate for tuition reimbursement for medical student performed electronic health record documentation as a part of Evaluation and Management .

RESOLVED, That our AMA amend current Policy D-305.993 by addition to read as follows:

Medical School Financing, Tuition, and Student Debt, D-305.993

1. The Board of Trustees of our AMA will pursue the introduction of member benefits to help medical students, resident physicians, and young physicians manage and reduce their debt burden. This should include consideration of the feasibility of developing a web-based information on financial planning/debt management; introducing a loan consolidation program, automatic bill collection and loan repayment programs, and a rotating loan program; and creating an AMA scholarship program funded through philanthropy. The AMA also should collect and disseminate information on available opportunities for medical students and resident physicians to obtain financial aid for emergency and other purposes.
2. Our AMA will vigorously advocate for ongoing, adequate funding for federal and state programs that provide scholarship or loan repayment funds in return for service, including funding in return for practice in underserved areas, participation in the military, and participation in academic medicine or clinical research. Obtaining adequate support for the National Health Service Corps and similar programs, tied to the demand for participation in the programs, should be a focus for AMA advocacy efforts.
3. Our AMA will collect and disseminate information on successful strategies used by medical schools to cap or reduce tuition.
4. Our AMA will encourage medical schools to provide yearly financial planning/debt management counseling to medical students.
5. Our AMA will urge the Accreditation Council for Graduate Medical Education (ACGME) to revise its Institutional Requirements to include a requirement that

financial planning/debt management counseling be provided for resident physicians.
6. Our AMA will work with other organizations, including the Association of American Medical Colleges, residency program directors groups, and members of the Federation, to develop and disseminate standardized information, for example, computer-based modules, on financial planning/debt management for use by medical students, resident physicians, and young physicians.
7. Our AMA will work with other concerned organizations to promote legislation and regulations with the aims of increasing loan deferment through the period of residency, promoting the expansion of subsidized loan programs, eliminating taxes on aid from service-based programs, and restoring tax deductibility of interest on educational loans.
8. Our AMA will advocate against putting a monetary cap on federal loan forgiveness programs.
9. Our AMA will: (a) advocate for maintaining a variety of student loan repayment options to fit the diverse needs of graduates; (b) work with the United States Department of Education to ensure that any cap on loan forgiveness under the Public Service Loan Forgiveness program be at least equal to the principal amount borrowed; and (c) ask the United States Department of Education to include all terms of Public Service Loan Forgiveness in the contractual obligations of the Master Promissory Note.
10. Our AMA encourages the Accreditation Council for Graduate Medical Education (ACGME) to require programs to include within the terms, conditions, and benefits of appointment to the program (which must be provided to applicants invited to interview, as per ACGME Institutional Requirements) information regarding the Public Service Loan Forgiveness (PSLF) program qualifying status of the employer.
11. Our AMA will advocate that the profit status of a physician's training institution not be a factor for PSLF eligibility.
12. Our AMA encourages medical school financial advisors to counsel wise borrowing by medical students, in the event that the PSLF program is eliminated or severely curtailed.
13. Our AMA encourages medical school financial advisors to promote to medical students service-based loan repayment options, and other federal and military programs, as an attractive alternative to the PSLF in terms of financial prospects as well as providing the opportunity to provide care in medically underserved areas.
14. Our AMA will strongly advocate that the terms of the PSLF that existed at the time of the agreement remain unchanged for any program participant in the event of any future restrictive changes.
<u>15. Our AMA will strongly advocate for tuition reimbursement for medical student performed electronic health record documentation as a part of Evaluation and Management.</u>

RESOLVED, That our AMA amend current Policy H-305.928 by addition to read as follows:

Proposed Revisions to AMA Policy on Medical Student Debt H-305.928

1. Our AMA will make reducing medical student debt a high priority for legislative and other action and will collaborate with other organizations to study how costs to students of medical education can be reduced.

2. Our AMA supports stable funding for medical schools to eliminate the need for increases in tuition and fees to compensate for unanticipated decreases in other sources of revenue and should oppose mid-year and retroactive tuition increases.
3. Financial aid opportunities, including scholarship and loan repayment programs, should be available so that individuals are not denied an opportunity to pursue medical education because of financial constraints.
4. A sufficient breadth of financial aid opportunities should be available so that student specialty choice is not constrained based on the need for financial assistance.
5. Our AMA supports the creation of new and the expansion of existing medical education financial assistance programs from the federal government, the states, and the private sector.
6. Medical schools should have programs in place to assist students to limit their debt. This includes making scholarship support available, counseling students about financial aid availability, and providing comprehensive debt management/financial planning counseling.
7. Our AMA supports legislation and regulation that would result in favorable terms and conditions for borrowing and for loan repayment, and would permit the full deductibility of interest on student loans.
8. Medical students should not be forced to jeopardize their education by the need to seek employment. Any decision on the part of the medical student to seek employment should take into account his/her academic situation. Medical schools should have policies and procedures in place that allow for flexible scheduling in the case that medical students encounter financial difficulties that can be remedied only by employment. Medical schools should consider creating opportunities for paid employment for medical students~~.~~, including but not limited to tuition reimbursement for medical student performed electronic health record documentation as a part of Evaluation and Management

RESOLVED, That our AMA amend Policy H-315.969 by insertion and deletion as follows:

Medical Student Access to Electronic Health Records, H-315.969

Our AMA: (1) recognizes the educational benefits of medical student access to electronic health record (EHR) systems as part of their clinical training; (2) encourages medical schools, teaching hospitals, and physicians practices used for clinical education to utilize clinical information systems that permit students to both read and enter information into the EHR, as an important part of the patient care team contributing clinically relevant information; (3) encourages research on and the dissemination of available information about ways to overcome barriers and facilitate appropriate medical student access to EHRs and advocate to the Electronic Health Record Vendors Association that all Electronic Health Record vendors incorporate appropriate medical student access to EHRs; (4) supports medical student acquisition of hands-on experience in documenting patient encounters and entering clinical orders into patients' electronic health records (EHRs)~~, with appropriate supervision~~, as was the case with paper charting, with appropriate supervision as outlined by guidance from The Centers for Medicare & Medicaid Services and/or other payors, and advocates for medical students to be reimbursed appropriately for this documentation work; (5) (A) will research the key elements recommended for an educational Electronic Health Record (EHR)

platform; and (B) based on the research--including the outcomes from the Accelerating Change in Medical Education initiatives to integrate EHR-based instruction and assessment into undergraduate medical education--determine the characteristics of an ideal software system that should be incorporated for use in clinical settings at medical schools and teaching hospitals that offer EHR educational programs; (6) encourage efforts to incorporate EHR training into undergraduate medical education, including the technical and ethical aspects of their use, under the appropriate level of supervision; and (7) will work with the Liaison Committee for Medical Education(LCME), AOA Commission on Osteopathic College Accreditation (COCA) and the Accreditation Council for Graduate Medical Education (ACGME) to encourage the nation's medical schools and residency and fellowship training programs to teach students and trainees effective methods of utilizing electronic devices in the exam room and at the bedside to enhance rather than impede the physician-patient relationship and improve patient care.

RESOLVED, That our AMA-MSS amend current Policy 295.126MSS by addition to read as follows:

Medical Student Clinical Training and Education Conditions, 295.126MSS

AMA-MSS will ask the AMA to: (1) commend the LCME for addressing the issue of the medical student learning environment including student clerkship hours; (2) urge the LCME to adopt specific medical student clinical training and educational guidelines for the clerkship years including: (a) No more than one night on call every three nights; (b) No more than 80 hours total of clinical training and education time per week averaged over four weeks; and (c) No more than 24 consecutive hours on call <u>(d) No more than 40% of clinical training time can be spent completing electronic health record documentation</u>; and (2) recommend that the LCME revisit the issue of medical student clinical training and education conditions every five years for revision.

RESOLVED, That our AMA-MSS amend Policy 305.053MSS by insertion as follows:

Expanding and Strengthening AMA Advocacy on Medical Student Debt, 305.053MSS

(1) AMA-MSS will ask the AMA to lobby for passage of legislation that would (a) eliminate the cap on the student loan interest deduction, (b) increase the income limits for taking the interest deduction, (c) include room and board expenses in the definition of tax-exempt scholarship income, and (d) make permanent the education tax incentives that our AMA successfully lobbied for as part of Economic Growth and Tax Relief Reconciliation Act of 2001; (2) AMA-MSS will ask the AMA to support and encourage our state medical societies to support further expansion of state loan repayment programs, and in particular expansion of those programs to cover physicians in non-primary-care specialties~~.~~<u>, (3) AMA-MSS will ask the AMA to advocate for medical students to receive tuition reimbursement for performing electronic health record documentation as a part of</u> Evaluation and Management (MSS Res 6, I-03) (AMA Res 850, 848, and 847, I-03 Adopted [D-305.980, D-305.982, D-305.979]) (Reaffirmed: MSS Res 3, I-05) (Reaffirmed: MSS GC Rep F, I-10) (Modified: MSS GC Rep D, I-15)

RESOLVED, That our AMA-MSS amend Policy 305.058MSS by insertion as follows:

> AMA-MSS Medical Student Loan & Financial Aid Online Education Resource, 305.058MSS
>
> (1) AMA-MSS will ask the AMA to reaffirm AMA Policies H-305.989 and H-305.996. (2) AMA-MSS will request that each medical school provide to the MSS its own up to date online resource explaining prior to enrollment its loan disbursement procedures, ~~and~~ any private loans the school may offer, and whether or not they offer tuition reimbursement to medical students for performing electronic health record documentation as a part of Evaluation and Management (MSS Sub Res 1, A-05) (Reaffirmed: MSS GC Rep F, I-10) (Reaffirmed: MSS GC Rep D, I-15)

RESOLVED, That our AMA-MSS amend Policy 305.073MSS by insertion as follows:

> Transparency in Medical Student Financial Aid Reporting, 305.073MSS

AMA-MSS will ask the Association of American Medical Colleges and American Association of Colleges of Osteopathic Medicine to require greater transparency in financial aid information provided to medical students and applicants by encouraging medical colleges to provide additional data to students and applicants including but not limited to: (1) average debt incurred in medical school for graduating students with federal aid assistance, separated by in-state and out-of-state students, reported in quartiles (2) percent of current students receiving financial aid other than loans, and (3) the amount and types of available non-loan aid such as scholarships, interest-free loans, ~~or~~ grants ~~available from the institution~~, or tuition reimbursement for performing electronic health record documentation as a part of Evaluation and Management available from the institution. (MSS Res 1, A-12)

RESOLUTION 35: PHYSICIAN USE OF EMERGENCY LIGHTS IN RESPONDING TO MEDICAL EMERGENCIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA encourage research on the effect of physician use of emergency lights in privates vehicles when responding to medical emergencies, which should include effects on response time, patient outcomes and physician motor vehicle safety.

RESOLUTION 36: MACHINE INTELLIGENCE AND DATA SCIENCE LITERACY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the development of core physician data science competency guidelines.

RESOLVED, That our AMA-MSS encourage medical schools to explore the implementation of more robust data science education.

RESOLUTION 37 – OPPOSTITION TO LACK OF EVIDENCE-BASED MEDICINE IN DRUG COURTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the physician's role within drug courts for developing specific pharmacological treatment for patients with substance use disorder; and be it further,

RESOLVED, That our AMA-MSS support physician-patient shared decision making in addiction treatment planning in all venues, including in the criminal justice system as it regards patients referred to drug courts and those serving probation and on parole.

RESOLUTION 38 – EQUALITY FOR COMLEX AND USMLE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA promote equal acceptance of the USMLE and COMLEX at all United States residency programs;

RESOLVED, That the AMA work with appropriate stakeholders including but not limited to the National Board of Medical Examiners, Association of American Medical Colleges, National Board of Osteopathic Medical Examiners, Accreditation Council for Graduate Medical Education and American Osteopathic Association to educate Residency Program Directors on how to interpret and use COMLEX scores;

RESOLVED, That the AMA work with Residency Program Directors to promote higher COMLEX utilization with residency program matches in light of the new single accreditation system.

RESOLUTION 39 – SUPPORT MENTAL HEALTH SCREENINGS FOR DETAINED MINORITY YOUTH

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That Our AMA-MSS will support equal and appropriate mental health referrals in the detained minority youth population; and it be further

RESOLVED, That Our AMA-MSS will advocate for nondiscriminatory mental health screenings for all juvenile delinquents prior to admission, and be it further

RESOLVED, That Our AMA-MSS support focused funding on research and regular evaluations to decrease disparities in mental health screening protocols at juvenile detention centers.

RESOLUTION 40: DEVELOPMENT AND IMPLEMENTATION OF GUIDELINES FOR RESPONSIBLE MEDIA COVERAGE OF MASS SHOOTINGS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, that our AMA encourage the Center for Disease Control, the National Institute of Mental Health, the Associated Press Managing Editors, the National Press Photographers Association, and other relevant organizations to develop guidelines for media coverage of mass shootings in a manner that is unlikely to provoke additional incidents.

RESOLUTION 41 – REDUCING THE RATE OF MATERNAL MORTALITY IN BLACK MOTHERS

MSS ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association encourage education about higher rates of postpartum complications in black mothers and awareness of the need for increased clinical attention to postpartum black women whose maternal care is affected by implicit biases; and be it further

RESOLVED, That our American Medical Association work with the American College of Obstetricians & Gynecologists to evaluate the issue of health disparities in maternal mortality and offer recommendations to address existing disparities in the rates of maternal mortality in the United States.

RESOLUTION 42 – INCREASING FIREARM SAFETY TO PREVENT ACCIDENTAL CHILD DEATHS

MSS ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate for enactment of Child Access Prevention (CAP) Laws in all 50 states.

RESOLUTION 43 – HEALTHCARE FINACE IN MEDICAL SCHOOL CURRICULUM

MSS ACTION: 630.011MSS BE REAFFIRMED IN LIEU OF RESOLUTION 43

630.011MSS Improved Access and Programming of Non-Scientific Issues in Medicine: AMA-MSS will:

(1) explore better methods of disseminating information from the AMA-MSS to local chapters with the goals of increased access, and program development; and (2) develop a series of modular programs, which can be used by local chapters to educate their members on topics of importance to future physicians, according to the following guidelines: (a) the information must be flexible, dynamic, accessible and cost effective; (b) a variety of topics could be covered, including medical ethics, legal issues in medicine, the lifestyles of various specialties, medicine and the media, medical economics, etc. (MSS Res 14, I-88) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MS Rep E, I08) (Reaffirmed: GC Rep B, I-13)

RESOLUTION 44 – PROMOTING AWARENESS REGARDING TELEDERMATOLOGY SERVICES FOR RURAL POPULATIONS

MSS ACTION: 440.012MSS BE REAFFIRMED IN LIEU OF RESOLUTION 44

440.012MSS Public Education Announcements for Detection of Skin Cancer:

AMA-MSS will ask the AMA to support a public service announcement to increase public awareness of the high incidence of skin cancer, complications of skin cancer and how to do home screening and routine self-exams for the early detection of skin cancer. (MSS Res 23, A-98) (Existing Policy Reaffirmed in Lieu of AMA Res 406, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08) (Reaffirmed: GC Rep B, I-13)

RESOLUTION 45: EXPANDING ON-SITE PHYSICIAN HOME HEALTH CARE TO LOW-INCOME FAMILIIES AND THE CHONRICALLY ILL

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, our AMA-MSS support policies that promote accessibility of on-site physician home health care for the frail, chronically ill, and low-income populations.

RESOLUTION 46: DEVELOPING DIAGNOSTIC CRITERIA AND EVIDENCE-BASED TREATMENT OPTIONS FOR PROBLEMATIC PORNOGRAPHY VIEWING

MSS ACTION: ADOPTED

RESOLVED, Our AMA supports research on problematic pornography use, including its physiological and environmental drivers, appropriate diagnostic criteria, effective treatment options, and relationships to erectile dysfunction and domestic violence.

RESOLUTION 47: ADDRESSING THE NEED FOR STANDARD EVIDENCED-BASED SCREENING TOOLS TO IMPROVE CARE OF ADOLESCENT AND PEDIATRIC PATIENTS WITH DEPRESSION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, AMA-MSS will recognize the lack of validated screening tools for pediatric mental illness and promote the research into the validation, development, and implementation of evidence-based routine mental health screenings.

RESOLUTION 48: HEALTH SERCIVED TO CHILDREN OF INCARCERATED PARENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA recognize the unique challenges facing children who are growing up with one or both parents in prison; and be it further

RESOLVED, That our AMA support federal and state legislation and other initiatives that help to further target the specific needs of children of incarcerated parents by providing resources and services.

RESOLUTION 49: OVERSIGHT OF PROGRAMS FOR PHYSICIANS WHO DO NOT MATCH INTO RESIDENCY PROGRAMS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA

(A) reaffirm its opposition to special licensing pathways for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education of American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate US medical education;
(B) encourage the creation of a rigorous, standardized process for programs that already exist instituted by state laws allowing restricted practice by medical school graduates who have passed medical licensure exams but have not matched into a residency program, to allow states to evaluate such programs to ensure that there is proper oversight of program participants by licensed physicians, ensure that patient safety standards are upheld, and ensure that participants in such programs re-enter the residency match.
(C) encourage the aforementioned programs to publish data including but not limited to information regarding enrollment, rate of successful residency match re-applicants from the programs, any benefits or harms that members of underserved communities receive from such programs, and any patient safety incidents so as to determine the efficacy and safety of such programs.

RESOLUTION 50: SUPPORT FOR MEDICAL SCHOOL COMMUNITY OUTREACH PROGRAMS FOCUSING ON HEALTH EDUCATION AND PREVENTATIVE SERVICES IN STUDENT-RUN CLINICS

MSS ACTION: 160.001MSS AND 106.004MSS BE REAFFIRMED IN LIEU OF RESOLUTION 50

160.001MSS Support of Community Health Clinics with Student Involvement:

AMA-MSS will ask the AMA to: (1) endorse the efforts of existing community health clinics with student involvement offering minimal cost, quality primary care; and (2) encourage county and state medical societies to work with medical universities, private practitioners, local health departments, and regional charities to develop more community health clinics of this orientation. (AMA Res 76, A-82 Not Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I05) (Reaffirmed: MSS GC Rep F, I-10) (Reaffirmed: MSS GC Rep D, I-15)

160.004MSS Support for Free Clinics:

AMA-MSS encourages medical students to propose the establishment of free clinics in their own communities or volunteer their time to existing free clinics. (MSS Sub Res 18, I-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep C, A-04) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10) (Reaffirmed: MSS GC Rep D, I-15)

RESOLUTION 51 – MANDATED CHOICE ORGAN DONATION

MSS ACTION: NOT ADOPTED

RESOLVED, Our AMA-MSS supports a mandated choice organ donation program where individuals must choose whether or not they would like to be organ donors. If upon death, the person has not indicated whether they would like to be an organ donor, their next of kin has the right to decide.

RESOLVED, Our AMA-MSS supports providing both information about organ donation and an opportunity to change organ donation status at all local and state government offices, not just the Department of Motor Vehicles to maximize awareness and autonomy.

RESOLVED, Our AMA-MSS supports creating a nationwide website to give individuals information about organ donation to educate citizens so they make an informed decision.

RESOLUTIONS 52 – ENCOURAGING PHARMACEUTICAL PRICE TRANSPARENCY AT THE POINT OF SALE

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage pharmacies to provide unsolicited information on cost-reducing programs to patients prior to distributing medication.

RESOLVED, That our AMA reaffirm the development of additional cost-reducing programs for patient medication.

RESOLUTION 53: ASSESSMENT OF CIVIC AND HEALTHCARE POLICY LITERACY AMOUNG MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS support a periodic formal assessment of civic and healthcare policy literacy among US medical students.

RESOLUTION 54: STUDYING THE FEASIBILITY OF A POTENTIAL ALTERNATIVE LICENSURE PATHWAY FOR INTERNATIONAL MEDICAL GRADUATES WHO HAVE COMPLETED INTERNATIONAL GRADUATE MEDICAL EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support investigation into the demographics of international medical graduates who have completed prior international graduate medical education in residency programs in the United States; and be it further,

RESOLVED, That our AMA support investigation into whether providing an alternative licensure pathway for international medical graduates who have completed prior international graduate medical education could address the impending physician shortage in the United States; and be it further,

RESOLVED, That our AMA study the feasibility of implementation of an alternative licensure pathway for international medical graduates who have completed prior international graduate medical education.

RESOLUTION 55: ENCOURAGE THE REDUCTION OF PROBLEMATIC USAGE OF ANTIPSYCHOTIC MEDICATIONS IN NURSING HOMES

MSS ACTION: NOT ADOPTED

RESOLVED, D-120.951: Appropriate Use of Antipsychotic Medications in Nursing Home Patients

Our AMA will meet with the Centers for Medicare & Medicaid Services (CMS) and representatives of other appropriate national medical specialty societies in order to educate CMS on distinguishing appropriate and inappropriate usage of antipsychotics in patients with dementia, with the goal of this meeting to support CMS efforts to curtail inappropriate usage, and ask CMS ~~for a determination that acknowledges that antipsychotics can be an appropriate treatment for dementia-related psychosis if non-pharmacologic approaches have failed and will~~ to cease and desist in issuing citations or financial penalties for medically necessary and appropriate use of antipsychotics for the treatment of dementia-related psychosis.

RESOLUTION 56 – AMENDMENT BY ADDITION TO H-130.942, DEVELOPMENT OF A FEDERAL PUBLIC HEALTH DISASTER INTERVENTION TEAM

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amend current Policy H-130.942 by addition to read as follows:

Development of a Federal Public Health Disaster Intervention Team, H-130.942

1. Our AMA supports government efforts to: (a) coordinate and integrate federal medical and public health disaster response entities such as the Medical Reserve Corps, National Disaster Medical System, Public Health Services Commissioned Corps (PHSCC), as well as state-to-state sponsored Emergency Management Compact Systems, to strengthen health system infrastructure and surge capacity for catastrophic disasters (Incidents of National Significance) as defined by the Department of Homeland Security's (DHS) National Response Plan (NRP); and (b) place all federal medical and public health disaster response assets (with the exception of the Department of Defense) under authority of the Secretary of the Department of Health and Human Services (DHHS) to prevent significant delays and ensure coordination during a catastrophic disaster (Incident of National Significance).

2. Our AMA, through its Center for Public Health Preparedness and Disaster Response, will work with the DHHS, PHSCC, DHS, and other relevant government agencies to provide comprehensive disaster education and training for all federal medical and public health employees and volunteers through the National Disaster Life Support and other appropriate programs. Such training should address the medical and mental health needs of all populations, including children, the elderly, and other vulnerable groups.

3. Our AMA, through its Center for Public Health Preparedness and Disaster Response, will monitor progress in strengthening federal disaster medical and public health response capacity for deployment anywhere in the nation on short notice, and report back as appropriate.

4. Our AMA, identify variables that need to be accounted for during a disaster to ensure adequate continuity of care that include, but is not limited to, procuring vital prescription drugs, accounting for chronic disease management, establishing clinics in refugee shelters, populating clinics with local, state, and out-of-state physicians, determining

organization of clinical workflow, the role of telemedicine, and utilizing EMR or paper medical records at temporary clinics.

RESOLUTION 57: ESTABLISHING EFFICACY AND PROTOCOL FOR IMPLEMENTING PATIENT-SPECIFIC 3D PRINTED DEVICES

MSS ACTION: NOT ADOPTED

RESOLVED, that our AMA support research into the efficacy of patient-specific devices and models that are designed and printed, by or under physician supervision, and be it further

RESOLVED, that our AMA advocate for the education of physicians and the public about the availability and efficacy of 3D printed devices.

RESOLUTION 58: EQUAL PARENTAL LEAVE FOR MEDICAL STUDENTS

MSS ACTION: 310.049MSS BE REAFFIRMED IN LIEU OF RESOLUTION 58

310.049MSS Equal Paternal and Maternal Leave for Medical Residents:
That our AMA amend policy H405.960 by insertion and deletion as follows:

H-405.960 Policies for Maternity, Family and Medical Necessity Leave

AMA adopts as policy the following guidelines for, and encourage the implementation of, Maternity, Family and Medical Necessity Leave for Medical Students and Physicians: (1) The AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of written leave policies, including parental, family, and medical leave policies, as part of the physician's standard benefit agreement; (2) Recommended components of maternity and paternity leave policies for medical students and physicians include: (a) duration of leave allowed before and after delivery; (b) category of leave credited; (c) whether leave is paid or unpaid; (d) whether provision is made for continuation of insurance benefits during leave, and who pays the premium; (e) whether sick leave and vacation time may be accrued from year to year or used in advance; (f) how much time must be made up in order to be considered board eligible; (g) whether make-up time will be paid; (h) whether schedule accommodations are allowed; and (i) leave policy for adoption; and (j) leave policy for paternity. (3) AMA policy is expanded to include physicians in practice, reading as follows: (a) residency program directors and group practice administrators should review federal law concerning maternity leave for guidance in developing policies to assure that pregnant physicians are allowed the same sick leave or disability benefits as those physicians who are ill or disabled; (b) staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' workloads, particularly in residency programs; and (c) physicians should be able to return to their practices or training programs after taking maternity and paternity leave without the loss of status. (4) Our AMA encourages residency programs, specialty boards, and medical group practices to incorporate into their maternity AMA-MSS Digest of Policy Actions/ 88 and paternity leave policies a six-week minimum leave allowance, with the

understanding that no woman or man should be required to take a minimum leave; (5) Residency program directors should review federal and state law for guidance in developing policies for parental, family, and medical leave; (6) Medical students and physicians who are unable to work because of pregnancy, childbirth, and other related medical conditions should be entitled to such leave and other benefits on the same basis as other physicians who are temporarily unable to work for other medical reasons; (7) Residency programs should develop written policies on parental leave, family leave, and medical leave for physicians. Such written policies should include the following elements: (a) leave policy for birth or adoption; (b) duration of leave allowed before and after delivery; (c) category of leave credited (e.g., sick, vacation, parental, unpaid leave, short term disability); (d) whether leave is paid or unpaid; (e) whether provision is made for continuation of insurance benefits during leave and who pays for premiums; (f) whether sick leave and vacation time may be accrued from year to year or used in advance; (g) extended leave for resident physicians with extraordinary and long-term personal or family medical tragedies for periods of up to one year, without loss of previously accepted residency positions, for devastating conditions such as terminal illness, permanent disability, or complications of pregnancy that threaten maternal or fetal life; (h) how time can be made up in order for a resident physician to be considered board eligible; (i) what period of leave would result in a resident physician being required to complete an extra or delayed year of training; (j) whether time spent in making up a leave will be paid; and (k) whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules, and permanent part-time scheduling; (8) Our AMA endorses the concept of paternity leave for birth and adoption as a benefit for resident physicians, medical students, and physicians in practice equal to maternity leave benefits; (9) Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs; (10) Physicians should be able to return to their practices or training programs after taking parental leave, family leave, or medical leave without the loss of status; (11) Residency program directors must assist residents in identifying their specific requirements (for example, the number of months to be made up); because of leave for eligibility for board certification and must notify residents on leave if they are in danger of falling below minimal requirements for board eligibility. Program directors must give these residents a complete list of requirements to be completed in order to retain board eligibility; (12) Our AMA encourages flexibility in residency training programs, incorporating maternity and paternity leave and alternative schedules for pregnant house staff; and (13) In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year; and (14) These policies as above should be freely available online and in writing to all applicants to medical school, residency or fellowship. (CCB/CLRPD Rep. 4, A-13) (Modified: Res. 305, A-14) (MSS Res 36, A-14) (AMA Res 904, I-14 Adopted as Amended)

RESOLUTION 59: CAPPING SPERM DONATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA draft and advocate for legislation which limits the number of offspring that one sperm donor can have to 25.

RESOLUTION 60: VIRTUAL AND AUGMENTED REALITY IN MEDICAL SCHOOL EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourages medical schools to evaluate and update as appropriate their curriculum to increase students' exposure to VR/AR technologies, in particular with regards to anatomy instructions, surgical and procedural trainings, and emergency medicine simulations, and be it further

RESOLVED, That our AMA encourages medical schools to provide student access to VR/AR research opportunities and resources, including VR gear and software development platforms, and be it further

RESOLVED, That our AMA encourages medical students to attend VR/AR conferences and interact with students in engineering, computer science, and other related fields, and be it further

RESOLVED, That our AMA encourages student involvement in clinical trials evaluating the effects of VR/AR on patient care, with particular emphasis on patients with special needs including older individuals and those with psychiatric disorders, and be it further

RESOLVED, That our AMA encourages medical students to engage in discussions about ethical issues regarding the use of VR/AR technologies in patient care and public health studies, especially with respect to the implications for patient privacy rights.