Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. GC Report A - Update to IOPs
4. MSS CEQM Report A - Evaluation on Researching Non-Judicial Enforcement of Medicaid Rate Challenges Under 42 U.S.C Section 1396A(A) (30)(a) in Wake of Armstrong V. Exceptional Child Center, Inc
5. Resolution 23 - Sex Education Materials for Students with Limited English Proficiency
6. Resolution 65 - Mandatory Pre-participation Concussion Education for High School Athletes
7. Resolution 76 - Opioid Treatment Programs Reporting to Prescription Monitoring Programs
8. Resolution 78 - Support for Public Health Violence Prevention Programs

**RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

9. Resolution 40 - Normalizing the AMA Position on Single-Payer Health Care Reform

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

10. Resolution 01 - Proposing Consent for De-identified Patient Information
11. Resolution 02 - Systematic Review of AMA-MSS Authored Resolutions in the AMA House of Delegates
12. Resolution 03 - FMLA-Equivalent for LGBT Workers
13. Resolution 04 - Reducing the Use of Restrictive Housing in Prisoners with Mental Illness
14. Resolution 06 - Protecting Equity in Access to Kidney Dialysis and Transplant
15. Resolution 66 - Advocating for Patients’ Best Interests in End Stage Renal Disease
16. Resolution 07- Implicit Bias: Its Effects on Health Care and Its Incorporation into Undergraduate Medical Education
17. Resolution 74 - Anti-Racism Competencies in Undergraduate Medical Pre-Clinical Curriculum
18. Resolution 08 - Mitigating Food Waste through Food Recovery
18) Resolution 10 - Advocating for Anonymous Reporting of Overdoses by First Responders and Emergency Physicians
19) Resolution 11 - Organ Transplant Discrimination
21) Resolution 13 - Support for the Research of Baby Boxes
22) Resolution 14 - Ending the Risk Evaluation and Mitigation Strategy (REMS) policy on Mifepristone (Mifeprex)
23) Resolution 15 - Emphasizing the Human Papillomavirus Vaccines as Anti-Cancer Prophylaxis for a Gender-Neutral Demographic
24) Resolution 16 - Medical Student Involvement and Validation of the Standardized Video Interview Implementation
25) Resolution 18 - FDA Conflict of Interest
26) Resolution 19 - Promoting Proportionate Representation of African American Patients in Clinical Trials
27) Resolution 20 - Opposition to Measures that Criminalize Homelessness
28) Resolution 22 - Reporting Child Abuse in Military Families
29) Resolution 24 - Infertility and Infertility Insurance Coverage
30) Resolution 26 - Patient-Reported Outcomes in Gender Confirmation Surgery
31) Resolution 34 - Reforming the Orphan Drug Act
32) Resolution 35 - Support for the Veterans Affairs Health Services for Women Veterans
33) Resolution 38 - Defense of Affirmative Action
34) Resolution 42 - Medical Respite Care for Homeless Adults
35) Resolution 43 - Presence and Enforcement Actions of ICE at Healthcare Facilities
36) Resolution 48 - Standardization of Medical Licensing Time Limits Across States
37) Resolution 50 - Improved Accessibility of Feminine Hygiene Products for Incarcerated and Socioeconomically Disadvantaged Women
38) Resolution 54 - Non-Therapeutic Gene Therapies
39) Resolution 55 - Ending Money Bail to Decrease Burden on Lower Income Communities
40) Resolution 59 - Medicaid Coverage of Fitness Facility Memberships
41) Resolution 62 - Decreasing Sex and Gender Disparities in Health Outcomes
42) Resolution 64 - Opposing the Classification of Cannabidiol as a Schedule 1 Drug
43) Resolution 69 - Researching Drug Facilitated Sexual Assault Testing
44) Resolution 70 - Reintroduction of Mitochondrial Donation in the United States
45) Resolution 80 - Equalizing reimbursement for Psychotherapy and Drug-therapy
46) Resolution 89 - Expansion of the Goldwater Rule

RECOMMENDED FOR REFERRAL

47) Resolution 21 - Adverse Impact of Delaying the Implementation of Public Health Regulations
48) Resolution 29 - Increased affordability and access to hearing aids and related care for the elderly
49) Resolution 30 - Recognizing LGBT Individuals as Underrepresented in Medicine

50) Resolution 88 - Gender and LGBTQ+ Discrimination in Income

**RECOMMENDED FOR NOT ADOPTION**

51) Resolution 05 - Use of Person-Centered Language

52) Resolution 17 - Education and Regulation of Pesticide Applications as a Public Health Priority

53) Resolution 27 - Improving transparency in ingredient lists for cosmetic and feminine hygiene products

54) Resolution 28 - STI Screenings for Pregnant Women

55) Resolution 31- Quality Assessment Of Public Reporting For Health Care-associated Infections (HAI)

56) Resolution 32 - Incorporating Resiliency Training Into Medical Student Curricula

57) Resolution 33 - Mental Health Support for Displaced Persons and Relief Workers

58) Resolution 36 - Gestational Weight Gain and Childhood Obesity

59) Resolution 37 - Machine Intelligence in Healthcare

60) Resolution 41 - Advancing Telehealth/Telemedicine and Interstate Practice

61) Resolution 44 - Reallocation of Title V Abstinence Education Program Funding to Title X Family Planning Program

62) Resolution 45 - Support for Decreasing the Gap Between the Number of Medical School Matriculates and the Number of Graduate Medical Education Spots

63) Resolution 46 - Expansion of Office-based Opioid Treatment

64) Resolution 47 - The Need to Update the Office of Refugee Resettlement Domestic Medical Screening Guidelines to Improve the Detection of Chronic Mental Health Conditions

65) Resolution 52 - Call to Study on the Reduction or Elimination of Medical Student Membership Dues

66) Resolution 53 - Unmet Eye Care Needs in Rural Populations

67) Resolution 56 - Non-Compete Clauses in Physician Contracts

68) Resolution 57 - Evaluating Legislation on Substance Use Disorder Treatment Privacy and Confidentiality

69) Resolution 58 - Procedural Outcome Transparency and Reporting Standardization Across Healthcare Providers

70) Resolution 63 - Improving Integration of Gender Identity in the Medical Record

71) Resolution 67 - Food advertising targeted to black and Latino youth contribute to health disparities
72) Resolution 68 - Advocating for the Maintenance of PEPFAR Funding
73) Resolution 71 - Expand AMA Electronic Health Records (EHRs) focus towards EHR
open application marketplaces, standard application programming interfaces (APIs), and
emergent EHR technology communication
74) Resolution 72 - Equitable Allocation of Tobacco Excise Taxes Toward Tobacco
Cessation Programs
75) Resolution 73 - Creating Model Legislation for Primary Seat Belt Laws
76) Resolution 77 - Incorporation of Sun Protection Educational Program into Elementary
School Health Curricula
77) Resolution 79 - De-stigmatizing seeking treatment for depression and other mental
illnesses by amending state licensure applications
78) Resolution 82 - Digital Transportation Network Companies as a form of Non-Emergency
Medical Transport
79) Resolution 83 - Expansion of Qualifying Criteria for Medical Nutrition Therapy under
Medicare Part B
80) Resolution 85 - Promoting Medical Education on Acute Versus Chronic Pain
Management
81) Resolution 86 - Explicitly recommending education in emerging advanced technologies
for medical students
82) Resolution 87 - Reducing Exemptions and Increasing Vaccinations through Excellent
Communication
83) Resolution 90 - Implementing Portable Breastfeeding Facilities in Public Premises
84) Resolution 91 - Increased Collaboration Between U.S. Fisheries and Public Health
Agencies
85) Resolution 92 - Updating Policy on Physician Health Programs
86) Resolution 93 - Requiring Blinded Review of Medical Student Performance
87) Resolution 94 - Definition of a Physician and Physician as a Protected Term
88) Resolution 95 - Hospital Reporting of Physician Satisfaction as a Metric of Wellness

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

89) Resolution 25 - Healthcare Applications for Blockchain Technology
Resolution 61 - Establishing Cybersecurity Standards for Electronic Medical Records
90) Resolution 39 - Establishing Tax Benefits for Living Organ Donors
91) Resolution 60 - Addressing the Rise of Medical School Tuition
92) Resolution 81 - Protecting Genetic Health Information
93) Resolution 84 - Support the Study of the Efficacy of Diamorphine Prescription for Heroin
Treatment
(1) MSS GOVERNING COUNCIL REPORT A - UPDATE TO IOPS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends the recommendations in MSS GC Report A be adopted and the remainder of the report be filed.

MSS GC Report A asks for appropriate updates to the AMA-MSS Internal Operating Procedures.

Your Reference Committee commends the GC on its thorough review of AMA-MSS Internal Operating Procedures.

For these reasons, your Reference Committee recommends the recommendations in MSS GC Report A be adopted and the remainder of the report be filed.

(2) MSS GOVERNING COUNCIL REPORT B – POLICY SUNSET REPORT FOR 2012 AMA-MSS POLICIES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends the recommendations in MSS GC Report B be adopted and the remainder of the report be filed.

MSS GC Report B recommends the modification and sunsetting of appropriate policies last adopted or reaffirmed during I-12.

Your Reference Committee commends the GC on its thorough review of AMA-MSS Policy Digest.

For these reasons, Your Reference Committee recommends the recommendations in MSS GC Report B be adopted and the remainder of the report be filed.

(3) MSS COMMITTEE ON GLOBAL AND PUBLIC HEALTH REPORT A

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends the recommendations in MSS CGPH Report A be adopted and the remainder of the report be filed.

MSS CGPH Report A recommend that our AMA-MSS (1) amend the second resolve clause of Resolution 5 by addition and 20 deletion to read as follows:

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

Further, they recommend (2) that AMA Policy H-350.956, Increasing Access to Healthcare Insurance for Refugee Populations be reaffirmed and (3) remainder of this report be filed.

Your Reference Committee received no testimony on this report. Your Reference Committee commends CGPH on a comprehensive and educational report.

For these reasons, your Reference Committee recommends CGPH Report A be adopted and the remainder of the report be filed.

(4) MSS COMMITTEE ON ECONOMICS AND QUALITY IN MEDICINE REPORT A - EVALUATION ON RESEARCHING NON-JUDICIAL ENFORCEMENT OF MEDICAD RATE CHALLENGES UNDER 42 U.S.C. SECTION 1396A(A) (30)(a) IN WAKE OF ARMSTRONG V. EXCEPTIONAL CHILD CENTER, INC.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends the recommendations in MSS CEQM Report be adopted and the remainder of the report be filed.

MSS CEQM Report A recommends (1) that the first Resolve of Resolution 35-I-16 be amended by deletion to read as follows:

RESOLVED, That our AMA-MSS raise awareness about the rulemaking process of the Administrative Procedure Act (APA) to encourage health care provider awareness.

(2) that the second Resolve of Resolution

Your CEQM recommends the third Resolve of Resolution 35, I-16, be amended by 4 deletion to read as follows:

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

(3) CEQM recommends MSS formally support AMA Policy H-290.965 Affordable Care Act Medicaid Expansion in lieu of the 13 second and fourth Resolves

(4) CEQM recommends Resolution 35-I-16 be adopted as amended

Your Reference Committee received no testimony on this resolution. Your Committee commends CEQM for its thoughtful and comprehensive review of an important and complex issue.
For these reasons, your Reference Committee recommends CEQM Report A be adopted and the remainder of the report be filed.

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

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends Resolution 23 be adopted.

Resolution 23 asks that AMA amend policy H-170.680 by addition as follows:

H-170.680 Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools

Our AMA:

(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction;

(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (g) are part of an overall health education program; (h) include culturally competent materials that are language concordant for Limited English Proficiency (LEP) pupils;

(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;
(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;

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

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

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

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

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

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

Your Reference Committee received supportive testimony for Resolution 23. Furthermore, your Reference Committee believes the resolution to be within the scope of the AMA and necessary to improving public health education.

For these reasons, your Committee recommends Resolution 23 be adopted.

(6) RESOLUTION 65- MANDATORY PRE-PARTICIPATION CONCUSSION EDUCATION FOR HIGH SCHOOL ATHLETES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends Resolution 65 be adopted.

Resolution 65 asks AMA-MSS to support adoption of mandated in-person pre-participation concussion education in high school athletic programs aimed at informing student athletes of the risks and signs of concussions and eliminating negative perceptions about the consequences of reporting a head injury.

Your Reference Committee received mixed testimony on this resolution. Concerns regarding scope were addressed by the author. The Committee on Legislation and Advocacy were in support citing the usefulness of internal policy on this issue.
For these reasons, your Reference Committee recommends Resolution 65 be adopted.

(7) RESOLUTION 76 – OPIOID TREATMENT PROGRAMS REPORTING TO PRESCRIPTION MONITORING PROGRAMS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends Resolution 76 be adopted.

Resolution 76 asks that AMA Resolution D-95.980 be amended by deletion as follows:

D-95.980 Opioid Treatment and Prescription Drug Monitoring Programs

That our AMA will seek changes to allow states the flexibility to require opioid treatment programs to report to prescription monitoring programs.

Your Reference Committee received supportive testimony on this resolution. Both individual testimony and testimony by MSS Committee on Economics and Quality in Medicine found this resolution to increase the clarity of AMA's stance on prescription monitoring programs as vital components of state health systems.

For these reasons, your Reference Committee recommends Resolution 76 be adopted.

(8) RESOLUTION 78 – SUPPORT FOR PUBLIC HEALTH VIOLENCE PREVENTION PROGRAMS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends Resolution 78 be adopted.

Resolution 78 asks that our AMA support legislation as well as other mechanisms that encourage the development and use evidence-based public health models that prevent violence.

Your Reference Committee received little testimony on this resolution. In light of recent violence, your Reference Committee believes this to be a timely issue requiring the AMA's attention.

For these reasons, your Reference Committee recommends Resolution 78 be adopted.

(9) RESOLUTION 40 – NORMALIZING THE AMA POSITION ON SINGLE-PAYER HEALTH CARE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends Resolution 40 be adopted
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the title of Resolution 40 be changed.

EXPANDING AMA’S POSITION ON HEALTHCARE REFORM OPTIONS

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends Resolution 40 be adopted with a change in title.

Resolution 40 asks that AMA (1) rescind policy H-165.844, (2) rescind policy H-165.985 (3) that policy H-165.838 be amended by deletion as follows:

Evaluating Health System Reform Proposals H-165.888

1. Our AMA will continue its efforts to ensure that health system reform proposals adhere to the following principles:
   A. Physicians maintain primary ethical responsibility to advocate for their patients’ interests and needs.
   B. Unfair concentration of market power of payers is detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payer systems clearly fall within such a definition and, consequently, should continue to be opposed by the AMA. Reform proposals should balance fairly the market power between payers and physicians or be opposed.
   C. All health system reform proposals should include a valid estimate of implementation cost, based on all health care expenditures to be included in the reform; and supports the concept that all health system reform proposals should identify specifically what means of funding (including employer-mandated funding, general taxation, payroll or value-added taxation) will be used to pay for the reform proposal and what the impact will be.
   D. All physicians participating in managed care plans and medical delivery systems must be able without threat of punitive action to comment on and present their positions on the plan's policies and procedures for medical review, quality assurance, grievance procedures, credentialing criteria, and other financial and administrative matters, including physician representation on the governing board and key committees of the plan.
   E. Any national legislation for health system reform should include sufficient and continuing financial support for inner-city and rural hospitals, community health centers, clinics, special programs for special populations and other essential public health facilities that serve underserved populations that otherwise lack the financial means to pay for their health care.
   F. Health system reform proposals and ultimate legislation should result in adequate resources to enable medical schools and residency programs to produce an adequate supply and appropriate generalist/specialist mix of physicians to deliver patient care in a reformed health care system.
G. All civilian federal government employees, including Congress and the Administration, should be covered by any health care delivery system passed by Congress and signed by the President.

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

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

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

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

and further asks that (4) policy H-165.838 be amended by deletion as follows:

**H-165-838 Health System Reform Legislation**

1. Our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy:

   a. Health insurance coverage for all Americans

   b. Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions or due to arbitrary caps

   c. Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials

   d. Investments and incentives for quality improvement and prevention and wellness initiatives

   e. Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors’ access to care

   f. Implementation of medical liability reforms to reduce the cost of defensive medicine

   g. Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens

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

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

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

5. AMA policy is that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider
participation; and not restrict enrollees’ access to out-of-network physicians.
6. Our AMA will actively and publicly support the inclusion in health system
reform legislation the right of patients and physicians to privately contract, without
penalty to patient or physician.
7. Our AMA will actively and publicly oppose the Independent Medicare
Commission (or other similar construct), which would take Medicare payment
policy out of the hands of Congress and place it under the control of a group of
unelected individuals.
8. Our AMA will actively and publicly oppose, in accordance with AMA policy,
inclusion of the following provisions in health system reform legislation:
a. Reduced payments to physicians for failing to report quality data when there is
evidence that widespread operational problems still have not been corrected by
the Centers for Medicare and Medicaid Services
b. Medicare payment rate cuts mandated by a commission that would create a
double-jeopardy situation for physicians who are already subject to an
expenditure target and potential payment reductions under the Medicare
physician payment system
c. Medicare payments cuts for higher utilization with no operational mechanism
to assure that the Centers for Medicare and Medicaid Services can report
accurate information that is properly attributed and risk-adjusted
d. Redistributed Medicare payments among providers based on outcomes,
quality, and risk-adjustment measurements that are not scientifically valid,
verifiable and accurate
e. Medicare payment cuts for all physician services to partially offset bonuses
from one specialty to another
f. Arbitrary restrictions on physicians who refer Medicare patients to high quality
facilities in which they have an ownership interest
9. Our AMA will continue to actively engage grassroots physicians and
physicians in training in collaboration with the state medical and national
specialty societies to contact their Members of Congress, and that the grassroots
message communicates our AMA's position based on AMA policy.
10. Our AMA will use the most effective media event or campaign to outline what
physicians and patients need from health system reform.
11. AMA policy is that national health system reform must include replacing the
sustainable growth rate (SGR) with a Medicare physician payment system that
automatically keeps pace with the cost of running a practice and is backed by a
fair, stable funding formula, and that the AMA initiate a "call to action" with the
Federation to advance this goal.
12. AMA policy is that creation of a new single payer, government-run health
care system is not in the best interest of the country and must not be part of
national health system reform.
13. AMA policy is that effective medical liability reform that will significantly lower
health care costs by reducing defensive medicine and eliminating unnecessary
litigation from the system should be part of any national health system reform.

Testimony for Resolution 40 was largely supportive. Your Reference Committee believes that
the evidence presented and opinions of physician and medical student AMA members regarding
single-payer health care reform are extremely varied. As such, AMA policy should reflect the
variation of evidence and opinions by neutralizing its stance on single-payer health care. For
clarity, your Reference Committee proposed a title change.
For these reasons, your Reference Committee recommends Resolution 40 be adopted with a change in title.

10) RESOLUTION 01 – PROPOSING CONSENT FOR DE-IDENTIFIED PATIENT INFORMATION

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 01 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA refer for study the role of Section 3.2.4 of the Code of Ethics to establish patient consent for the de-identification of de-identified patient information by covered entities for third-party commercial use and report findings and recommendations back to the AMA House of Delegates.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 01 be adopted as amended.

Resolution 01 asks that the AMA study the Section 3.2.4 of the Code of Ethics to establish patient consent for de-identified information and report the findings back to the House of Delegates.

Your Reference Committee received testimony in support for Resolution 01. It was noted that the potential contradiction presented between paragraph 2 and 3 of Section 3.2.4 of the Code of Ethics allowed for misinterpretation. However, your Reference Committee believed studying only a specific Section of the Code of Ethics unnecessarily limited the scope of this resolution and could prevent relevant information from inclusion in this study.

For these reasons, your Reference Committee recommends Resolution 01 be adopted as amended.

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve 1 of Resolution 02 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-MSS study the outcomes of MSS resolutions in the AMA House of Delegates including both objective measures of resolution adoption rates as well as
subjective measures of the degree to which MSS goals were met regardless of outcome and track this data at intervals deemed appropriate by the AMA-MSS Governing Council; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 02 be amended by addition and deletion to read as follows:

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 02 be adopted as amended.

Resolution 02 asks (1) that our AMA-MSS Governing Council under the direction of the Delegate and Alternate Delegate consider the results of the study the outcomes of the MSS resolutions in the AMA House of Delegates and track this data at intervals deemed appropriate by the AMA-MSS Governing Council (2) and hat our AMA-MSS Governing Council under the direction of the Delegate and Alternate Delegate consider the results of the study to continue to improve and update the resolution review process.

The presented testimony was in support of the resolution. Your Reference Committee noted MSS Delegate testimony that stated the success of a resolution is extremely nuanced, therefore, making the implementation of this resolution difficult. Furthermore, your Reference Committee believes the resolution could be improved through inclusion of increased transparency through a recurring report.

For these reasons, your Reference Committee recommends Resolution 02 be adopted as amended.

12) RESOLUTION 03 – FMLA-EQUIVALENT FOR LGBT WORKERS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the title of Resolution 03 be changed.

EXPANSION OF POLICIES REGARDING FAMILY AND MEDICAL LEAVE TO INCLUDE BLOOD AND AFFINITY

RECOMMENDATION B:
Madam Speaker, your Reference Committee recommends that Resolution 01 be amended by addition and deletion to read as follows:

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 01 be adopted as amended.

Resolution 03 asks that the AMA advocate that Family and Medical Leave Act policies include any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

Your Reference Committee received mixed testimony on this resolution. The Massachusetts delegation had compelling testimony which expressed concern over a high fiscal note, the specificity of the policy change, and lack of collaboration. Furthermore, it was noted that recent expansions of FMLA were excluded from supporting information.

For these reasons, your Reference Committee recommends Resolution 03 be adopted as amended.

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 04 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA encourages federal, state, local, and private appropriate stakeholders to continue to correctional facilities to explore, develop, and implement alternatives to restrictive housing for incarcerated persons with mental illness in all correctional facilities in order to reduce and ultimately eliminate the use of restrictive housing in this population.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 04 be amended by addition to read as follows:
RESOLVED, That our AMA oppose restrictive housing for incarcerated persons with mental illness.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 04 be adopted as amended.

Resolution 04 asks that our AMA encourage federal, state, local, and private correctional facilities to explore, develop, and implement alternatives to restrictive housing for inmates with mental illness in order to reduce and ultimately eliminate the use of restrictive housing in this population.

Your Reference Committee received supportive testimony for this resolution, with a few proposed amendments. Furthermore, your Reference Committee noted AMA’s support to National Commission on the Correction Health Care (NCCHC) standards, which concur with the asks of this resolution. It was noted that some development and implementation of alternatives to solitary confinement already exists. Your Reference Committee applied amendments to reduce overly prescriptive language and acknowledge current progress while also maintaining the spirit and intent of the resolution.

For these reasons, your Reference Committee recommends Resolution 04 be adopted as amended.

14) RESOLUTION 60- PROTECTING EQUITY IN ACCESS TO KIDNEY DIALYSIS
RESOLUTION 66- ADVOCATING FOR PATIENTS’ BEST INTEREST IN END STAGE RENAL DISEASE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the following resolution be adopted in lieu of Resolutions 06 and 66.

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

Resolution 06 asks our AMA work with appropriate stakeholders to improve equitable access to counseling and education on the availability, benefits, and risks of all end-stage renal disease treatments, including but not limited to various types of dialysis, procedures, and organ transplantation.

Resolution 66 asks that our AMA (1) recognize kidney transplant as superior to dialysis in patients with end stage renal disease who are eligible for kidney transplants; (2) recognize medical consequences of presenting dialysis as a medically equal alternative to transplant in patients with end stage renal disease; (3) advocate for laws requiring privately owned dialysis
clinics to present evidence based scientific claims to their patients on dialysis and kidney transplantation regardless of economic interest.

Your Reference Committee received opposing testimony for both Resolutions 06 and 66. While the spirit of both resolutions was supported, multiple cited AMA efforts were found to be actively addressing the issue of disparities in access to kidney transplants. Further, a report by CSPH will be coming forward at I-17 addressing the issue. As such, your Reference Committee believes internal policy will best support student input towards these efforts and studies.

For these reasons, your Reference Committee recommends the altered language should be adopted in lieu of Resolutions 06 and 66.

15) RESOLUTION 07 – IMPLICIT BIAS: ITS EFFECT ON HEALTH CARE AND ITS INCORPORATION INTO UNDERGRADUATE MEDICAL EDUCATION
RESOLUTION 74 – ANTI-RACISM COMPETENCIES IN UNDERGRADUATE MEDICAL PRE-CLINICAL CURRICULUM

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolution 07 be adopted in lieu of Resolutions 74.

Resolution 07 asks (1) that our AMA-MSS recognizes the existence of implicit bias among health care clinicians; (2) that our AMA-MSS recognizes implicit bias affects treatment and clinical outcomes of patients based on their social identities and (3) that our AMA-MSS support medical schools in their effort to include implicit bias raining into undergraduate medical education to ensure graduating medical students are better prepared to deal with implicit bias in the treatment of patients.

Resolution 74 asks (1) that our AMA advocate for cultural competency medical education that highlights the ways in which historical practices within the medical field—including but not limited to medical experimentation—have affected communities of color in the US and their relationships with the medical community; (2) that our AMA support the integration of pre-clinical coursework on structural racism, systemic discrimination, and the historical and current discriminatory legislative policies in the US and how these impact health, access to care, health care delivery, and the provider-patient relationship; and (3) that our AMA advocate for the insertion of specific anti-racism and cultural humility competencies into the LCME’s current list of cultural competencies for medical students, to include training in structural racism and how historical practices of medicine affect access to and quality of health care for patients of color.

Your Reference Committee received supportive testimony on this resolution. While concerns for implicit bias are acknowledged thoroughly in AMA and implemented via LCME, a policy gap exists in MSS Policy. Resolution 07 fills this policy gap with broad encompassing language.

Your Reference Committee received mixed testimony on this Resolution 74. While your Reference Committee appreciated the intent of this resolution, testimony noting LCME and AAMC’s role in medical education as well as current LCME policy—specifically Elements 3.3, 3.4, 7.6, 7.5, and 7.3 that encompass the goals of this resolution—were compelling.
For these reasons, your Reference Committee recommends adopting Resolution 07 in lieu of Resolution 74.

16) RESOLUTION 08 – MITIGATING FOOD WASTE THROUGH FOOD RECOVERY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 08 be amended by deletion to read as follows:

RESOLVED, That our AMA work with appropriate stakeholders to ensure donation of excess food and beverages from its conferences, meetings, and other events; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 08 be amended by deletion to read as follows:

RESOLVED, That our AMA work with appropriate stakeholders to advocate for increased awareness of laws and regulations pertaining to and supporting food rescue and donation.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the Resolution 08 be amended by addition to read as follows:

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

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the Resolution 08 be amended by addition to read as follows:

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

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that Resolution 08 be adopted as amended.

Resolution 08 asks that our AMA (1) work with appropriate stakeholders to ensure donation of excess food and beverages from its conferences, meetings, and other events and (2) work with
appropriate stakeholders to advocate for increased awareness of laws and regulations pertaining to and supporting food rescue and donation.

Your Reference Committee received mixed testimony for this resolution. The University of Arizona-Tucson noted potential issues of implementation and concerns on the effectiveness of the resolution as written. Your Section Delegate echoed these issues, questioning the actionability of the resolution due to AMA’s position as a third party in current sanitation laws and use of vendors. Your Reference Committee found this testimony compelling and proposed amendments to address these issues, while maintaining the spirit of the resolution.

For these reasons, your Reference Committee recommends Resolution 08 be adopted as amended.

17) RESOLUTION 09- IMPROVING SAFETY AND HEALTH CODE COMPLIANCE IN SCHOOL FACILITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 09 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support the encouragement of federal, state, and local implementation of standardized, comprehensive guidelines for school safety and health code compliance inspections; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 09 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA promote federal, state, and local support policies aiding schools in meeting said guidelines, including support for financial and personnel-based aid for schools based in vulnerable neighborhoods with an emphasis on both remediation/retrofits and on school facility screening programs; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 09 be amended by deletion to read as follows:

RESOLVED, That our AMA recognize the exceptional needs of schools based in vulnerable neighborhoods, and support policies that offer additional financial and personnel-based aid for
screening and remediation of these school facilities; and be it
further.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that
the fourth Resolve of Resolution 09 be amended by addition and
deletion to read as follows:

RESOLVED, That our AMA support creation of a streamlined
reporting system for school facility health data potentially through
application of current health infrastructure (i.e. Pediatric
Environmental Health Specialty Units), whose results can be
utilized for future research into critical needs and shortcomings.

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends
Resolution 09 be adopted as amended.

Resolution 09 asks that our AMA (1) encourage the federal development and state and local
implementation of standardized, comprehensive guidelines for school inspections; (2) promote
federal, state, and local policies aiding schools in meeting said guidelines, with an emphasis on
both remediation/retrofits and on school facility screening programs; (3) recognize the
exceptional needs of schools based in vulnerable neighborhoods, and support policies that offer
additional financial and personnel-based aid for screening and remediation of these school
facilities; and (4) support creation of a streamlined reporting system for school facility health
data through application of current health infrastructure (i.e. Pediatric Environmental Health
Specialty Units), whose results can be utilized for future research into critical needs and
shortcomings.

Your Reference Committee received supportive testimony for this resolution. Concern was
noted over the breadth of the asks. As such, the authors proposed new amendments. While your
Reference committee still find the asks broad, the asks are within scope of the AMA and
address important health concerns.

For these reasons your Reference committee recommends Resolution 09 be adopted as
amended.

18) RESOLUTION 10 – ADVOCATING FOR ANONYMOUS REPORTING OF OVERDOSES
BY FIRST RESPONDERS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
Resolution 10 be amended by addition and deletion to read as
follows:

RESOLVED, That our AMA support state-mandated, anonymous,
non-fatal and fatal opioid overdose reporting to the appropriate
agencies state health department (or other governmental agency) by first responders and physicians.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 10 be adopted as amended.

Resolution 10 asks the AMA to support state-mandated, anonymous, non-fatal and fatal opioid overdose reporting to the state health department (or other governmental agency) by first responders and physicians.

Your Reference Committee received testimony in support of the spirit of the resolution, with amendments for purposes of feasibility. The Massachusetts delegation noted limited historic success in implementing state mandates. Furthermore, the authors viewed as friendly the amendments proposed by the Colorado student delegation and Connecticut student delegation to remove "first responders and physicians" to avoid being overly prescriptive.

For these reasons, your Reference Committee recommends Resolution 10 be adopted as amended.

19) RESOLUTION 11 – ORGAN TRANSPLANT DISCRIMINATION

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 11 be amended by deletion to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 11 be amended by deletion to read as follows:

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 11 be adopted as amended.
Resolution 11 asks that the AMA (1) oppose the use of developmental disability in determining a patient’s eligibility for organ transplantation and related services and (2) work with appropriate stakeholders to encourage the U.S. Department of Health and Human Services to issue clarification and guidance in providing the developmentally disabled with equitable access to organ transplantation services.

Your Reference Committee received mixed testimony on this resolution. The University of California-San Francisco and Medical College of Wisconsin cited issues related to the inflexible language used in this resolution. University of Arizona proposed amendments to study the issue, allowing for various concerns and implementations of this resolution to be considered. Your Reference Committee found this testimony compelling. Furthermore, concerns were raised at the complexity of the topic and it was noted that the spirit of the resolution may be best guided by study.

For these reasons, your Reference Committee recommends Resolution 11 be adopted as amended.

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 12 be amended by deletion to read as follows:

RESOLVED, That our AMA advocate for the inclusion of Geographic Information Systems (GIS) mapping data in health disparities and health outcomes research.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 12 be adopted as amended.

Resolution 12 asks that (1) our AMA oppose policies that enable racial housing segregation, (2) advocate for continued federal funding of publicly-accessible geospatial data on community racial and economic disparities and disparities in access to affordable housing, employment, education, and healthcare, including but not limited to the Department of Housing and Urban Development (HUD) Affirmatively Furthering Fair Housing (AFFH) tool and (3) advocate for the inclusion of Geographic Information Systems (GIS) mapping data in health disparities and health outcomes research.

Your Reference Committee received supportive testimony of this resolution. Your Reference Committee found this resolution timely due to recent actions by the current Administration in the 2018 fiscal year spending bill and by Congress through bills to nullify Affirmatively Furthering Fair Housing (AFFH). Notably, the Minority Issues Committee testified the third resolve was
redundant to the intent and outcome of the resolution. Your Reference Committee found this testimony compelling.

For these reasons, your Reference Committee recommends Resolution 12 be adopted as amended.

21) RESOLUTION 13 – SUPPORT FOR RESEARCH OF BABY BOXES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 13 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-MSS encourages the research of baby box safety, efficacy, and methods of implementation of safe sleeping environments, which could include the study of the safety and efficacy of boxes for babies to sleep in as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the title of Resolution 13 be changed.

SUPPORT FOR RESEARCH OF BOXES FOR BABIES’ SLEEPING ENVIRONMENT

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 13 be adopted as amended.

Resolution 13 asks that our AMA encourages the research of baby box safety, efficacy, and methods of implementation as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States.

Your Reference Committee received supportive testimony of this resolution. Due to concerns of corporation affiliations, the term 'Baby Box' was amended in the resolution. Notably, the Pennsylvania Delegation will be submitting a similar resolution. As such, your Reference Committee amended to create internal policy in order to better support the resolution by the Pennsylvania Delegations.

For these reasons, your Reference Committee recommends Resolution 13 be adopted as amended.

22) RESOLUTION 14 – ENDING THE RISK EVALUATION AND MITIGATION STRATEGY (REMS) POLICY FOR MIFEPRISTONE (Mifeprex)
RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends Resolution 14 be amended by addition and deletion to read as follows:

RESOLVED, That the AMA lobby support efforts urging the Food and Drug Administration (FDA) to lift the Risk Evaluation and Mitigation Strategy (REMS) on mifepristone and ensure the drug can be provided in pharmacies nationwide.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 14 be adopted as amended.

Resolution 14 asks that the AMA lobby the Food and Drug Administration (FDA) to lift the Risk Evaluation and Mitigation Strategy (REMS) on mifepristone and ensure the drug can be provided in pharmacies nationwide.

Your Reference Committee received mixed testimony on this resolution. Testimony by Region 1 and the Massachusetts delegation noted concern for feasibility and overly prescriptive language, proposing and supporting, respectively, an appropriate amendment. Opposing testimony noted background information required more explicit language, such as the purpose of the Federal Drug Agency's restriction. However, ultimately your Reference Committee did not find this testimony compelling.

For these reasons, your Reference Committee recommended Resolution 14 be adopted as amended.

23) RESOLUTION 15 – EMPHASIZING THE HUMAN PAPILLOMAVIRUS VACCINE A ANTI-CANCER PROPHYLAXIS FOR A GENDER-NEUTRAL DEMOGRAPHIC

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 15 be amended by deletion to read as follows:

RESOLVED, That our AMA strongly encourage the marketing and promotion of HPV vaccinations as anti-cancer, rather than anti-STI, to all patients; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 15 be amended by deletion to read as follows:
RESOLVED, That our AMA encourages reaffirmation of normalizing HPV vaccinations as gender-neutral with regards to marketing; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 15 be amended by deletion to read as follows:

RESOLVED, That our AMA-MSS will ask the AMA to amend policy H.440.872 by addition as follows:


1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine cervical cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs.

2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public.

3. Our AMA (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults, (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 15 be amended by addition to read as follows:

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

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that Resolution 15 be amended by addition to read as follows:
RESOLVED, That our AMA support appropriate stakeholders to increase public awareness of HPV vaccines effectiveness against both HPV-related cancers and STIs

RECOMMENDATION F:

Madam Speaker, your Reference Committee recommends that Resolution 15 be adopted as amended.

Resolution 15 asks that the AMA (1) strongly encourage the marketing and promotion of HPV vaccinations as anti-cancer, rather than anti-STI, to all patients (2) encourages reaffirmation of normalizing HPV vaccinations as gender-neutral with regards to marketing and (3) amend AMA policy H-440.872 by addition as follows


1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine cervical cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs.

2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical vaginal and vulvar cancers in women; penile cancers in men; and oropharyngeal and anal cancer screening in the general public.

3. Our AMA (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults, (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.

Your Reference Committee received supportive testimony for this resolution, with a few proposed amendments. Concern was noted that marketing the vaccine as anti-cancer at the expense of anti-STI could be misleading. Further, your Reference Committee found the goal of increasing public awareness encompasses both "marketing" as well as other efforts to educate the public and healthcare providers about the HPV vaccine. Concerns were raised about the lack of evidence provided by the authors for routine vaginal, vulvar, penile, oropharyngeal and anal cancer screenings.
For these reasons, your Reference Committee recommends that Resolution 15 be adopted as amended.

24) RESOLUTION 15 – MEDICAL STUDENT INVOLVEMENT AND VALIDATION OF THE STANDARDIZED VIDEO INTERVIEW IMPLEMENTATION

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 16 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 16 be amended by addition and deletion to read as follows:

RESOLVED, That the AMA advocate for delaying expansion of the Standardized Video Interview until published data demonstrates the efficacy and utility Association of American Medical Colleges’ stated goal of predicting resident performance, and make timely recommendations regarding the efficacy and implications of the Standardized Video Interview as a mandatory residency application requirement; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 16 be adopted as amended.

Resolution 16 asks the AMA (1) work with the Association of American Medical Colleges and its partners to advocate for medical students and residents to be recognized as equal stakeholders in any changes to the residency application process, including any future working groups related to the residency application process; (2) advocate for delaying expansion of the Standardized Video Interview until data demonstrates the Association of American Medical Colleges’ stated goal of predicting resident performance, and make timely recommendations regarding the efficacy and implications of the Standardized Video Interview as a mandatory residency application requirement; and (3) That, given the imminent expansion of the Standardized Video Interview program, this resolution be immediately forwarded to the AMA House of Delegates for the AMA Interim 2017 Meeting.
Your Reference Committee received significant testimony in strong support for Resolution 16. The issue of Standardized Video Interview (SVI) Implementation was found to be relevant and timely. Your Reference Committee made slight language amendments for purposes of tone and concern that AAMC currently does not list “predicting resident performance” as a stated goal of the SVI.

For these reasons, your Reference Committee recommends Resolution 16 be adopted as amended.

25) RESOLUTION 18 – FEDERAL DRUG AGENCY CONFLICT OF INTEREST

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 18 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate for greater prioritization of conflicts of interest in the Food and Drug Administration’s Advisory Committee member selection process; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 01 be adopted as amended.

Resolution 18 asks that the AMA advocate for (1) greater prioritization of conflicts of interest in the Food and Drug Administration’s Advisory Committee member selection process and (2) a reduction in conflict of interest waivers granted to Advisory Committee candidates.

Your Reference Committee received mixed testimony on this resolution. Concern was noted over feasibility, actionability, and effect of this resolution due to the clarity of the language. The amendments were proposed to improve the focus of the language while maintaining the intent of the resolution.

For these reasons, your Reference Committee recommends Resolution 18 be adopted as amended.

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 19 be amended by deletion to read as follows:
RESOLVED, That our AMA-MSS support that researchers gather information on the prevalence of African Americans in the U.S. patient population afflicted with the disease being studied prior to patient enrollment in clinical trials; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 19 be amended by deletion to read as follows:

RESOLVED, That our AMA-MSS support proportionate representation of African Americans in clinical trials that accurately reflects the disease burden in the African American population; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the fifth Resolve of Resolution 19 be amended by deletion to read as follows:

RESOLVED, That our AMA-MSS support efforts and programs that may increase representation of African Americans who enter a career in academic medicine

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 19 be amended by addition to read as follows:

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

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that Resolution 19 be adopted as amended.

Resolution 19 asks that our AMA-MSS (1) support that researchers gather information on the prevalence of African Americans in the U.S. patient population afflicted with the disease being studied prior to patient enrollment in clinical trials; (2) support proportionate representation of African Americans in clinical trials that accurately reflects the disease burden in the African American population; (3) support education on the barriers to enrollment of African Americans in clinical trials to medical students, clinicians, and principal investigators; (4) AMA-MSS support education on the clinical importance of proportionate representation of African Americans in clinical trials and the negative health implications of under-representation of this subgroup; and
(5) support efforts and programs that may increase representation of African Americans who enter a career in academic medicine.

Your Reference Committee received mixed testimony for Resolution 19. The House Coordination Committee noted current MSS policies 350.001MSS Minority and Disadvantaged Medical Student Recruitment and Retention Programs and 295.005MSS Availability of Medical Education adequately addressed the first, second, and fifth Resolves. Morehouse School of Medicine supported the resolution due to relevance and importance of minority omission or abuse in clinical trials. Your Reference Committee found this testimony compelling.

For these reasons, your Reference Committee recommends Resolution 19 be adopted as amended.

27) RESOLUTION 20 – OPPOSITION TO MEASURES THAT CRIMINALIZE HOMELESSNESS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 01 be amended by addition to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 01 be adopted as amended.

Resolution 20 asks that our AMA (1) oppose measures that criminalize necessary means of living among homeless persons and (2) advocate for legislation that requires non-discrimination against homeless persons, such as homeless bills of rights.

Your Reference Committee received supportive testimony on this resolution. Concerns were raised that the phrase “necessary means of living” was vague in the absence of specific examples. Furthermore, it was noted that, as written, an unintended consequence of the Resolves would be inadvertent endorsement of negative behaviors, such as stealing food. Your Reference Committee implemented amendments to circumvent these concerns.

For these reasons, your Reference Committee recommends Resolution 20 be adopted as amended.

28) RESOLUTION 22 – REPORTING CHILD ABUSE IN MILITARY FAMILIES

RECOMMENDATION A:
Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 01 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 01 be adopted as amended.

Resolution 22 asks the AMA to support all state and federal legislative initiatives requiring child protective agencies to report cases of child abuse and neglect in the military to the Family Advocacy Program within the Department of Defense.

The majority of testimony for Resolution 22 was largely supportive. Concern was noted by the Massachusetts Delegation regarding overly prescriptive language. Furthermore, your Reference Committee had concerns regarding the feasibility due to language.

For these reasons, your Reference Committee recommends Resolution 22 be adopted as amended.

29) RESOLUTION 24 – INFERTILITY AND INFERTILITY INSURANCE COVERAGE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 24 be amended by deletion to read as follows:

RESOLVED, That our AMA-MSS formally establishes support for the following HOD policy:

Recognition of Infertility as a Disease H-420.952

Our AMA supports the World Health Organization's designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention.

;and be it further

RECOMMENDATION B:
Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 24 be amended by deletion to read as follows:

RESOLVED, That our AMA-MSS formally establish support for the following HOD policy:

Infertility and Fertility Preservation Insurance Coverage H-185.990

1. Our AMA encourages third party payer health insurance carriers to make available insurance benefits for the diagnosis and treatment of recognized male and female infertility.

2. Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician.

;and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 24 be adopted as amended.

Resolution 24 ask that the AMA-MSS (1) formally support AMA policy H-420.952 Recognition of Infertility as a Disease and (2) AMA policy H-185.990 Infertility and Fertility Preservation Insurance Coverage. Additionally Resolution 24 asks the AMA-MSS to (3) support research into the underlying cause of rising sub- and infertility trends and (4) supports efforts to improve access and insurance coverage for fertility service among racial minorities and LGBTQ persons.

Your Reference Committee received mixed testimony on this resolution. It was noted that formally supporting AMA policy H-185.990 and H-420.952 were redundant in light of the third and fourth Resolves. As such, your Reference Committee made the appropriate amendments.

For these reasons, your Reference Committee recommends Resolution 24 be adopted as amended.

30) RESOLUTION 26 – PATIENT REPORTED OUTCOMES IN GENDER CONFIRMATION SURGERY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 26 be amended by addition to read as follows:
RESOLVED, That our AMA supports initiatives and research to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 01 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support development and implementation of standardized tools, such as questionnaires specific to transgender patients that can give researchers and surgeons the tools to appropriately evaluate outcomes of gender confirmation surgery surgeries.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 26 be adopted as amended.

Resolution 26 asks that the AMA support (1) initiatives and research to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care and (2) development and implementation of standardized questionnaires specific to transgender patients that can give researchers and surgeons the tools to appropriately evaluate outcomes of gender confirmation surgery.

Your Reference Committee received strong supportive testimony for this resolution with a few recommended amendments. Notably, the New York Delegate, with individual support, recommended amendments the first Resolve to include transgender patients for clarity and amendments to the second Resolve with concerns of overly prescriptive language. Your Reference Committee found these testimonies compelling

For these reasons, your Reference Committee recommends Resolution 26 be adopted as amended.

31) RESOLUTION 34 - REFORMING THE ORPHAN DRUG ACT

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 34 be amended by deletion to read as follows:

RESOLVED, That our AMA support legislation and policy efforts to reform the Orphan Drug Act by closing loopholes identified by the FDA in order to protect the Act’s original intent of promoting therapies targeting rare diseases; and be it further
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 34 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support increased transparency in development costs, post-approval regulation, and overall earnings, and off-label uses for pharmaceuticals designated as “Orphan Drugs”; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 34 be amended by addition and deletion to read as follows:

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

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 34 be adopted as amended.

Resolution 34 asks the AMA to (1) support legislation and policy efforts to reform the Orphan Drug Act by closing loopholes identified by the FDA in order to protect the Act’s original intent of promoting therapies targeting rare diseases (2) support increased transparency in development costs, post approval regulation, overall earnings, and off-label uses for pharmaceuticals designated as “Orphan Drugs” and (3) support efforts to modify the exclusivity period of “Orphan Drugs” in order to increase access to these pharmaceutical drugs.

Your Reference Committee received testimony in support of this resolution in addition to proposed amendments. Your Reference Committee found “legislative and policy” to be unnecessarily wordy. Furthermore, it was noted that off-label use of drugs is inherently impossible to track, given the definition of "off-label". In addition, your Reference Committee edited the third Resolve to clarify that any modifications to the exclusivity period must increase access to pharmaceutical drugs for patients with rare diseases.

For these reasons, your Reference Committee recommends that Resolution 34 be adopted as amended.

32) RESOLUTION 35 – SUPPORT FOR THE VETERANS AFFAIRS HEALTH SERVICES FOR WOMEN VETERANS

RECOMMENDATION A:
Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 35 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA-MSS advocate for further study to identify the specific healthcare needs of the growing population of women veterans.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 35 be amended by to read as follows:

RESOLVED, that our AMA-MSS supports measures to improve women veteran's access to care.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 35 be adopted as amended.

Resolution 35 asks that our AMA (1) advocate for further study to identify the specific healthcare needs of the growing population of women veterans and (2) supports measures to improve women veteran's access to care.

Your Reference Committee received supportive testimony for this resolution. Notably, the Pennsylvania Delegation submitted the same resolution to be presented to the House of Delegates at A-18. Your Reference Committee amended the resolution to establish internal MSS policy by which the MSS can best support this resolution via the Pennsylvania Delegation at the AMA House of Delegates.

For these reasons, your Reference Committee recommends Resolution 35 be adopted as amended.

33) RESOLUTION 38- DEFENSE OF AFFIRMATIVE ACTION

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 38 be amended by deletion to read as follows:

RESOLVED, That our AMA amend AMA policy H-350.979 by addition to read as follows:
H-350.979 Increase the Representation of Minority and Economically Disadvantaged Populations in the Medical Profession

Urging medical school and undergraduate admission committees to consider minority representation as one factor in reaching their decisions.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 38 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA oppose legislation that would undermine institutions’ ability to properly employ affirmative action or punish institutions for properly employing affirmative action to promote a diverse student population; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 38 be amended by deletion to read as follows:

RESOLVED, That our AMA MSS reaffirm policies 350.011MSS Continued Support for Diversity in Medical Education and 350.003MSS Minority Representation in the Medical Profession.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 38 be adopted as amended

Resolution 38 asks that our AMA (1) amend AMA policy H-350.979 by addition to read as follows:

H-350.979 Increase the Representation of Minority and Economically Disadvantaged Populations in the Medical Profession

(3) Urging medical school and undergraduate admission committees to consider minority representation as one factor in reaching their decisions.

Additionally, Resolution 38 asks our AMA to (2) oppose legislation that would dissolve affirmative action or punish institutions for properly employing affirmative action to promote a
diverse student population, and (3) our AMA-MSS to reaffirm AMA-MSS policies 350.011MSS Continued Support for Diversity in Medical Education and 350.003MSS Minority Representation in the Medical Profession.

Your Reference Committee received mixed testimony on this resolution. The House Coordination Committee stated that the first and third Resolves of the resolution were already addressed by policy 350.011MSS Continued Support for Diversity in Medical Education. Furthermore, your Reference Committee noted input that ‘urging undergraduate institutions’ is out of the AMA purview and the AMA already supports diversity of physicians and medical students, per H-350.979 Increase the Representation of Minority and Economically Disadvantaged Populations in the Medical Profession.

For these reasons, your Reference Committee recommends Resolution 38 be adopted as amended.

34) RESOLUTION 42- MEDICAL RESPITE CARE FOR HOMELESS ADULTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 42 be amended by deletion to read as follows:

RESOLVED, That our AMA work with Centers for Medicare & Medicaid Services and relevant state level institutions to establish consistent funding options for medical respite care; and be it further.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 42 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with Centers for Medicare & Medicaid Services, participating hospital groups, and relevant state level institutions to develop mechanisms by which hospitals are incentivized to implement the use of medical respite care; and be it further.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 42 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA partner with relevant hospital groups and institutional bodies to facilitate the integration, maturation, and
expansion of medical respite care as part of a comprehensive discharge plan for homeless patients; therefore be it

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 42 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support legislation that would increase the utilization of medical respite care by hospitals; and

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 42 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with appropriate stakeholders, such as the National Health Care for the Homeless Council, to improve the methods of evaluating medical respite center compliance to quality standards.

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 42 be amended by to read as follows:

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

RECOMMENDATION F:

Madam Speaker, your Reference Committee recommends that Resolution 01 be adopted as amended.

Resolution 42 asks that our AMA (1) work with Centers for Medicare & Medicaid Services and relevant state level institutions to establish consistent funding options for medical respite care (2) work with Centers for Medicare & Medicaid Services, participating hospital groups, and relevant state level institutions to develop mechanisms by which hospitals are incentivized to implement the use of medical respite care; (3) partner with relevant hospital groups and institutional bodies to facilitate the integration, maturation, and expansion of medical respite care as part of a comprehensive discharge plan for homeless patients (4) support legislation that would increase the utilization of medical respite care by hospitals (5) work with appropriate stakeholders, such as the National Health Care for the Homeless Council, to improve the methods of evaluating medical respite centers compliance to quality standards.
Your Reference Committee received mixed testimony for this resolution. While the intent and spirit of the resolution was supported, concerns were noted for the high fiscal note, broad range of asks, overall feasibility and redundant language. Furthermore, your Reference Committee noted further research may be necessary to find actionable solutions due to the complexity of the topic.

For these reasons, your Reference Committee recommends Resolution 42 be adopted as amended.

35) RESOLUTION 43 – PRESENCE AND ENFORCEMENT ACTIONS OF IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) IN HEALTHCARE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 43 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA make an immediate statement to support the designation of healthcare facilities as sensitive locations where U.S. Immigration and Customs Enforcement (ICE) enforcement actions should not occur, and oppose the presence of ICE at such healthcare facilities; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 43 be amended by deletion to read as follows:

RESOLVED, That our AMA advocate for and support legislative efforts to designate such healthcare facilities as sensitive locations by law; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 43 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with appropriate stakeholders to educate medical providers on the rights of undocumented patients while receiving medical care, regarding protection from immigration enforcement actions and the negative health implications that this social determinant can have on undocumented patients, in order to properly provide care to this population, and the designation of healthcare facilities as sensitive locations where U.S. Immigration and Customs Enforcement (ICE) enforcement actions should not occur.
RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the fourth Resolve of Resolution 43 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA encourage healthcare facilities to clearly demonstrate and promote their status as sensitive locations, and the responsibility of physicians not to disclose documentation status of any patient, via a variety of forms including but not limited to visible posters, flyers, websites, or other such public announcements.

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that the Resolution 43 be amended by addition to read as follows:

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

RECOMMENDATION F:

Madam Speaker, your Reference Committee recommends that Resolution 43 be adopted as amended.

Resolution 43 asks that the AMA (1) make an immediate statement to support the designation of healthcare facilities as sensitive locations where U.S. Immigration and Customs Enforcement (ICE) enforcement actions should not occur, and oppose the presence of ICE at such healthcare facilities (2) advocate for and support legislative efforts to designate such healthcare facilities as sensitive locations by law; (3) educate medical providers on the rights of undocumented patients while receiving medical care, regarding protection from immigration enforcement action and the negative health implications that this social determinant can have on undocumented patients, in order to properly provide care to this population; (4) encourage healthcare facilities to clearly demonstrate and promote their status as sensitive locations, and the responsibility of physicians not to disclose documentation status of any patient, via a variety of forms including but not limited to visible posters, flyers, websites, or other such public announcements.

Your Reference Committee received mixed testimony on this resolution. The House Coordination Committee noted language in the third and fourth Resolves which was already covered under current AMA policies H-315.966, H-315.983, H-270.961, H350.974, H315.975. It was further noted the issues presented are timely and are within the scope of the AMA.

For these reasons, your Reference Committee recommends Resolution 43 be adopted as amended.
36) RESOLUTION 48 – STANDARDIZATION OF MEDICAL LICENSING TIME LIMITS ACROSS STATES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 48 be amended by deletion as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 48 be adopted as amended.

Resolution 48 asks that (1) AMA policy be amended by addition as follows:

H-275.978 Medical Licensure

The AMA: (1) urges directors of accredited residency training programs to certify the clinical competence of graduates of foreign medical schools after completion of the first year of residency training; however, program directors must not provide certification until they are satisfied that the resident is clinically competent;

(2) encourages licensing boards to require a certificate of competence for full and unrestricted licensure;

(3) urges licensing boards to review the details of application for initial licensure to assure that procedures are not unnecessarily cumbersome and that inappropriate information is not required. Accurate identification of documents and applicants is critical. It is recommended that boards continue to work cooperatively with the Federation of State Medical Boards to these ends;

(4) will continue to provide information to licensing boards and other health organizations in an effort to prevent the use of fraudulent credentials for entry to medical practice;

(5) urges those licensing boards that have not done so to develop regulations permitting the issuance of special purpose licenses. It is recommended that these regulations permit special purpose licensure with the minimum of educational requirements consistent with protecting the health, safety and welfare of the public;

(6) urges licensing boards, specialty boards, hospitals and their medical staffs, and other organizations that evaluate physician competence to inquire only into conditions which impair a physician's current ability to practice medicine. (BOT Rep. I-93-13; CME Rep. 10 - I-94);
(7) urges licensing boards to maintain strict confidentiality of reported information;
(8) urges that the evaluation of information collected by licensing boards be undertaken only by persons experienced in medical licensure and competent to make judgments about physician competence. It is recommended that decisions concerning medical competence and discipline be made with the participation of physician members of the board;
(9) recommends that if confidential information is improperly released by a licensing board about a physician, the board take appropriate and immediate steps to correct any adverse consequences to the physician;
(10) urges all physicians to participate in continuing medical education as a professional obligation;
(11) urges licensing boards not to require mandatory reporting of continuing medical education as part of the process of reregistering the license to practice medicine;
(12) opposes the use of written cognitive examinations of medical knowledge at the time of reregistration except when there is reason to believe that a physician's knowledge of medicine is deficient;
(13) supports working with the Federation of State Medical Boards to develop mechanisms to evaluate the competence of physicians who do not have hospital privileges and who are not subject to peer review;
(14) believes that licensing laws should relate only to requirements for admission to the practice of medicine and to assuring the continuing competence of physicians, and opposes efforts to achieve a variety of socioeconomic objectives through medical licensure regulation;
(15) urges licensing jurisdictions to pass laws and adopt regulations facilitating the movement of licensed physicians between licensing jurisdictions; licensing jurisdictions should limit physician movement only for reasons related to protecting the health, safety and welfare of the public;
(16) encourages the Federation of State Medical Boards and the individual medical licensing boards to continue to pursue the development of uniformity in the acceptance of examination scores on the Federation Licensing Examination and in other requirements for endorsement of medical licenses;
(17) urges licensing boards not to place time limits on the acceptability of National Board certification or on scores on the United State Medical Licensing Examination for endorsement of licenses;
(18) urges licensing boards to base endorsement on an assessment of physician competence and not on passing a written examination of cognitive ability, except in those instances when information collected by a licensing board indicates need for such an examination;
(19) urges licensing boards to accept an initial license provided by another board to a graduate of a US medical school as proof of completion of acceptable medical education;
(20) urges that documentation of graduation from a foreign medical school be maintained by boards providing an initial license, and that the documentation be provided on request to other licensing boards for review in connection with an application for licensure by endorsement; (21) urges licensing boards to consider the completion of specialty training and evidence of competent and honorable practice of medicine in reviewing applications for licensure by endorsement; and (22) encourages national specialty boards to reconsider their practice of decertifying physicians who are capable of competently practicing medicine with a limited license. (23) urges the state medical and osteopathic licensing boards which maintain a time limit on complete licensing examination sequences to adopt a time limit of no less than 10 years for completion of a licensing examination sequence for either USMLE or COMLEX.

and (2) Resolution 48 additionally asks that the AMA-MSS formally establishes support for the following HOD policies Medical Licensure H-275.978, Alternatives to the Federation of State Medical Boards Recommendations on Licensure H-275.934, Abolish Discrimination in Licensure of IMGs H-255.966

Your Reference Committee received mixed testimony on this resolution. The Massachusetts Delegation opposed the resolution because of redundancy with current AMA policy. Individual testimony proposed an amendment to strike the second resolve to avoid unnecessary policy and prevent the MSS from endorsing a policy with potential to change. Your Reference committee believes that this issue is relevant to medical student and we should continue to support policy that continues to ease the burden to obtain Graduate Medical Education rather than restrict it.

For these reasons, your Reference Committee recommends that Resolution 48 be adopted as amended.

37) RESOLUTION 50- IMPROVED ACCESSIBILITY OF FEMININE HYGIENE PRODUCTS

RECOMMENDATION A: Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 50 be amended by deletion to read as follows:

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

RECOMMENDATION B: Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 50 be amended by deletion to read as follows:
RESOLVED, That our AMA supports Flexible Spending Account, Health Savings Account, and Health Reimbursement Arrangement reimbursement of feminine hygiene products; and be it further

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 50 be amended by deletion to read as follows:

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

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 50 be adopted as amended.

Resolution 50 asks that our AMA (1) classifies, and encourages the Internal Revenue Service to classify, feminine hygiene products as medical necessities, (2) supports Flexible Spending Account, Health Savings Account, and Health Reimbursement Arrangement reimbursement of feminine hygiene products (3) supports consistent and ready access of feminine hygiene products across all publicly funded institutions, including but not limited to housing units utilized by previously incarcerated and socioeconomically disadvantaged women.

Testimony for this resolution was largely supportive, as this resolution is a progressive expansion of current AMA policy. The Massachusetts Delegation offered an amendment to clarify language, elimination potential reaffirmations and increase the focus the resolution. Your Reference Committee found this testimony compelling.

For these reasons, your Reference Committee recommends Resolution 50 be adopted as amended.

38) RESOLUTION 54- NON-THERAPEUTIC GENE THERAPIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 54 be amended by deletion to read as follows:

RESOLVED, that our AMA partners with relevant institutions to develop and standardize detection strategies for performance enhancing, non-therapeutic gene therapies; and be it further

RECOMMENDATION B:
Madam Speaker, your Reference Committee recommends that the third Resolve of Resolution 54 be amended by deletion to read as follows:

**RESOLVED**, that our AMA support endeavors to educate medical students, residents, and physicians regarding the current state of detection, counseling, and the potential adverse effects of non-therapeutic gene therapies; and be it further

**RECOMMENDATION C:**

Madam Speaker, your Reference Committee recommends that the fourth Resolve of Resolution 54 be amended by deletion to read as follows:

**RESOLVED**, that our AMA-MSS formally support Non-Therapeutic Use of Pharmacological Agents by Athletes, H-470.994 and Medical and Nonmedical Uses of Anabolic-Androgenic Steroids H-470.972.

**RECOMMENDATION D:**

Madam Speaker, your Reference Committee recommends that Resolution 01 be adopted as amended.

Resolution 54 asks that the AMA (1) partners with relevant institutions to encourage the development of safety guidelines, regulations, and permissible uses of performance enhancing, non-therapeutic gene therapies (2) partners with relevant institutions to develop and standardize detection strategies for performance enhancing, non-therapeutic gene therapies (3) support endeavors to educate medical students, residents, and physicians regarding the current state of detection, counseling, and the potential adverse effects of non-therapeutic gene therapies. Additionally, Resolution 54 asks that our AMA-MSS formally support Non-Therapeutic Use of Pharmacological Agents by Athletes, H-470.994 and Medical and Nonmedical Uses of Anabolic-Androgenic Steroids H-470.972

Your Reference Committee received mixed testimony for this resolution. The Connecticut Delegation recommended reducing the number and scope of Resolved in order to increase the focus of the resolution. The House Coordination Committee noted potential reaffirmations of AMA policy H-480.945, and a recent CSAPH Report. The Colorado Delegation testified that the resolution aimed to establish guidelines prematurely. All testimonies supported the spirit of the resolution. As such, your Reference Committee amended the resolution to address the aforementioned concerns.

For these reasons, your Reference Committee recommends Resolution 54 be adopted as amended.

39) **RESOLUTION 55- ENDING MONEY BAIL TO DECREASE BURDEN ON LOWER INCOME COMMUNITIES**
RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 55 be amended by addition and deletion to read as follows:

RESOLVED, That the AMA work with lawmakers to support legislation that ends pretrial financial release options for individuals charged with nonviolent crimes, replaces money-bail with evidence based alternatives.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 55 be adopted as amended.

Resolution 55 asks that our AMA work with lawmakers to support legislation that replaces money-bail with evidence based alternatives.

Your Reference Committee received testimony in opposition to this resolution due to issues of broad scope and lack of clarity. However, the spirit of the resolution was supported. The authors proposed a new amendment to address these concerns. Your Reference Committee was satisfied by the proposed amendments. Notably, Reference Committee member Ajeet Singh was recused from this decision as an author of the resolution.

For these reasons, your Reference Committee recommends that Resolution 55 be adopted as amended.

40) RESOLUTION 59- MEDICAID COVERAGE OF FITNESS FACILITY MEMBERSHIPS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 59 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 59 be amended by deletion to read as follows:

RESOLVED, That our AMA collaborate with physicians, hospital systems, insurers, and other allied health professionals, to promote the expansion of Medicaid coverage to include fitness facility memberships.
RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 59 be **adopted as amended**.

Resolution 59 asks that the AMA (1) support Medicaid coverage of fitness facility memberships as a standard preventive health insurance benefit for low-income adults (2) collaborate with physicians, hospital systems, insurers, and other allied health professionals, to promote the expansion of Medicaid coverage to include fitness facility memberships.

Your Reference Committee received mixed testimony on this resolution. Your Reference Committee was compelled by testimony by the Committee on Economics and Quality in Medicine which opposed the resolution due to issues of incorrect stakeholders and lack of evidence presented regarding effect of gym memberships. However, further individual testimony and Region 1 testimony illustrated compelling support of this resolution. Your reference committee amended the resolution to address these concerns.

For these reasons, your Reference Committee recommends Resolution 59 be adopted as amended.

41) RESOLUTION 62- DECREASING SEX AND GENDER DISPARITIES IN HEALTH OUTCOMES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 62 be **amended by deletion** to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second Resolve of Resolution 62 be **amended by deletion** to read as follows:

**RESOLVED, That our AMA encourages the use of guidelines and treatment protocols specific to biological sex for conditions in which physiologic and pathophysiologic differences exist between sexes; and be it further**

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 62 be **amended by addition** to read as follows:
RESOLVED. That our AMA encourages the use of guidelines, and
treatment protocols, and decision support tools specific to
biological sex for conditions in which physiologic and
pathophysiologic differences exist between sexes.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that
Resolution 62 be adopted as amended.

Resolution 62 asks that the AMA (1) promotes the use of health care guidelines, protocols, and
decision support tools that identify existing sex and gender differences and disparities in health
care, (2) encourages the use of guidelines and treatment protocols specific to biological sex for
conditions in which physiologic and pathophysiologic differences exist between sexes and (3)
supports the use of gender-neutral decision support tools that aim to mitigate gender bias in
diagnosis and treatment.

Your Reference Committee received supportive testimony on this resolution with many
proposed amendments. New York Delegation, Massachusetts Delegation, and the Connecticut
Delegation all cited issues of repetitive language resulting in a lack of focus and difficult
feasibility. Morehouse School of Medicine, MSS LGBTQ+ Committee and MSS Minority Issues
Committee all cited support for the spirit of the resolution. Your Reference Committee found
these testimonies compelling.

For these reasons, your Reference Committee recommends Resolution 62 be adopted as
amended.

42) RESOLUTION 64- OPPOSING THE CLASSIFICATION OF CANNABIDIOL AS A
SCHEDULE 1 DRUG

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of
Resolution 64 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate against the classification
support the reclassification of Cannabidiol (CBD) as a Schedule
1 drug—non-scheduled drug.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that
Resolution 64 be adopted as amended.

Resolution 64 asks that MA advocate against the classification of Cannabidiol (CBD) as a
Schedule 1 drug.

Your Reference Committee received supportive testimony of this resolution. The Committee on
Scientific Issues noted that CBD has no known psychoactive or addictive effects and is FDA
approved from certain treatments. The Massachusetts Delegation further supported the
resolution, but proposed an amendment to add ‘support’ in place of advocate as other
stakeholders are currently addressing the issue and AMA’s resources would be better spent
supporting their efforts. Further, concern was noted that the specificity of ‘schedule 1’ would
allow a Cannabidiol to become ‘Schedule 2’ or ‘Schedule 3’ etc. Lastly, due to ability to
advocate better, the resolution was reworded to reflect positive, rather than opposing language.

For these reasons, your Reference Committee recommends Resolution 64 be adopted as
amended.

43) RESOLUTION 69 – RESEARCHING DRUG FACILITATED SEXUAL ASSAULT TESTING

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 69 be amended by addition to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 69 be adopted as amended.

Resolution 69 asks that our AMA study the feasibility and implications of offering drug testing at point of care for date rape drugs, including rohypnol, ketamine, and gamma-hydroxybutyrate, in cases of suspected non-consensual, drug-facilitated sexual assault.

Your Reference Committee received supportive testimony for this resolution. Notably, the Colorado Delegation offered an amendment to improve the clarity and effectiveness of the resolution by addressing other potential drugs related to sexual assault. Your Reference Committee found the testimony compelling.

For these reasons, your Reference Committee recommends Resolution 69 be adopted as amended.

44) RESOLUTION 70- REINTRODUCTION OF MITOCHONDRIAL DONATION IN THE UNITED STATES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 70 be amended by addition and deletion to read as follows:
RESOLVED: That our AMA promotes support regulated research to determine the efficacy and safety of mitochondrial donation as a means of preventing the transmission of mitochondrial diseases to at-risk males.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 70 be adopted as amended.

Resolution 70 asks that our AMA promotes research to determine the efficacy of mitochondrial donation as a means of preventing the transmission of mitochondrial diseases to at-risk males.

Your Reference Committee received supportive testimony of this resolution. Compelling testimony by the Massachusetts Delegation noted that as the discussed research is currently banned in the United States by Congress and the FDA therefore amending ‘promote’ to ‘support’ would better reflect efforts. Additionally, to convey that a cautious approach is required, the Massachusetts Delegation suggested adding the words ‘regulated’ and ‘safety’.

For these reasons, your Reference Committee recommends Resolution 70 be adopted as amended.

45) RESOLUTION 80- EQUALIZING REIMBURSEMENT FOR PSYCHOTHERAPY AND DRUG-THERAPY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 80 be amended by deletion to read as follows:

RESOLVED, Our AMA advocate for same compensation for psychotherapy sessions as drug therapy sessions, when the psychotherapy has been supported by clinical evidence to be the only available option or has similar efficacy to drug therapy; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 80 be amended by deletion to read as follows:

RESOLVED, Our AMA advocate for the same compensation for psychotherapy in combination with drug therapy, when the combination’s efficacy is supported by clinical evidence.

RECOMMENDATION C:
Madam Speaker, your Reference Committee recommends that Resolution 80 be amended by addition to read as follows:

RESOLVED, That our AMA-MSS support increasing reimbursement rates for psychotherapy sessions that have been shown to have comparable efficacy to equivalent pharmaceutical therapies.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 80 be adopted as amended.

Resolution 80 asks the AMA to advocate for (1) for same compensation for psychotherapy sessions as drug therapy sessions, when the psychotherapy has been supported by clinical evidence to be the only available option or has similar efficacy to drug therapy and (2) for the same compensation for psychotherapy in combination with drug-therapy, when the combination’s efficacy is supported by clinical evidence.

Your Reference Committee received mixed testimony on this resolution. While the Committee on Economics and Quality in Medicine agreed with the spirit of the resolution, they believed the first resolved could have under-researched consequences, in addition to being out of scope to the AMA priorities. Your Reference Committee took individual testimony, which proposed amendments that eliminated troubling causation language from the Resolves under advisement.

For these reasons, your Reference Committee recommends that Resolution 80 be adopted as amended.

46) RESOLUTION 89- EXPANSION OF THE GOLDFWATER RULE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the Resolve of Resolution 89 be amended by addition to read as follows:

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 89 be adopted as amended.

Resolution 89 asks that our AMA consider it unethical for a physician to offer a professional opinion about specific medical cases on individual patients unless he or she has conducted an examination and has been granted proper authorization for a public media statement.
Your Reference Committee received neutral testimony on this resolution. Notably, the Committee on Ethical and Judicial A will be releasing Report 02 at the Interim 2017 HOD Meeting, entitled “Ethical Physician Conduct in the Media” which will address the asks of the resolve. Furthermore, the House Coordination Committee noted that the AMA Code of Medical Ethics 3.1.5 Professionalism in Relationships with Media currently dictates AMA actions related to the resolution. Your Reference Committee therefore amended the resolution to support internal MSS policy.

For these reasons, your Reference Committee recommends Resolution 89 be adopted as amended.

47) RESOLUTION 21- ADVERSE IMPACT OF DELAYING THE IMPLEMENTATION OF PUBLIC HEALTH REGULATIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 21 be referred.

Resolution asks that our AMA (1) collaborate with patient advocacy groups and other organizations within the scope of the AMA that are helping to mitigate harm caused by the delay in implementation of public health regulations (2) craft a strong public statement for immediate and broad release, articulating that delaying the implementation of public health regulations can have a significant impact on human health and well-being, and that such delays, when necessary, should be implemented prudently with justifiable, transparent reasoning (3) support future studies that explore the medical consequences of delaying implementation of various public health regulations and (4) support the timely implementation of public health policy when feasible and when compelling evidence supporting its implementation to improve public safety is available.

Your Reference Committee received mixed testimony on this resolution. While testimony was largely supportive of the spirit of the resolution, issues regarding poor definitions, feasibility, high fiscal note, and broad goals were indicated. Amendments were offered in order to address issues of focus; however, your Reference Committee found the amendments excluding the original intent from the resolution. Your Reference Committee believes that while the impact of delayed public health regulations are extremely important, complex issues were raised that deserve further study.

For these reasons, your Reference Committee recommends Resolution 21 be referred for study.

48) RESOLUTION 29- INCREASED AFFORDABILITY AND ACCESS TO HEARING AIDS AND RELATED CARE FOR THE ELDERLY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 29 be referred.
Resolution 29 asks that our AMA (1) support policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly; (2) support Medicare coverage of hearing aids and associated services for at least adults with moderate hearing loss (i.e., 40 - 70 dB) before which cochlear implants are indicated (i.e., >70 dB); (3) advocate to state medical societies and professional societies to support policy for increased coverage of hearing aids and associated services for Medicaid beneficiaries; (4) encourage Centers for Medicare and Medicaid Services to “unbundle” audiologic services with costs for hearing aids to improve access to treatment and increasing transparency for hearing aid technologies.

Your Reference Committee received mixed testimony on Resolution 29. Your Section Delegate noted a 2015 CMS report on this topic that recommended against Medicare coverage of hearing aids. Due to the importance of the topic, the recent report with an opposing position your Reference Committee believes further study would be prudent.

For these reasons, your Reference Committee recommends that Resolution 29 be referred to study.

49) RESOLUTION 30- RECOGNIZING LGBT INDIVUALS AS UNDREPRESERNTED IN MEDICINE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 30 be referred.

Resolution 30 asks that our AMA (1) advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident, and provider diversity and (2) issue a statement of support to expand the definition of “underrepresented in medicine” to include LGBT individuals.

Your Reference Committee received testimony supportive of the spirit of the resolution with minor amendments proposed. It was noted that this resolution would have a large impact on communities currently considered underrepresented in medicine. As these concerns were not address in supporting information, nor addressed in testimony, your Reference committee believes this concern deserves further study.

For these reasons, your Reference Committee recommends Resolution 30 be referred to study in a dual report by both the MSS Minority Issues Committee and MSS LGBTQ+ Committees.

50) RESOLUTION 88- GENDER AND LGBTQ+ DISCRIMINATION IN INCOME

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 88 be referred.

Resolution 88 asks our AMA to amend policy D-200.981 Gender Disparities in Physician Income and Advancement by addition as follows:
D-200.981 Gender Disparities in Physician Income and Advancement:

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

Your Reference Committee received mixed testimony on Resolution 88. Notably, the House Coordination Committee found D-200.981 sufficient in satisfying the asks. The Massachusetts Delegation recommended the resolution for study due to the gravity of the issue and the wide range of implications. Your Reference Committee was swayed by this testimony.

For these reasons, your Reference Committee recommends that Resolution 88 be referred to study.

51) RESOLUTION 05- USE OF PERSON-CENTERED LANGUAGE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 05 not be adopted.

Resolution 05 asks that our AMA (1) encourages the use of person-centered language in future discussions, resolutions, and reports when appropriate and (2) supports the use of person first language when a patient-centered conversation has not occurred, is not feasible, or when there is no official position on wording preference for a particular health condition.

Your Reference Committee received mixed testimony on this resolution. The House Coordination Committee noted AMA policy H-440.821 currently requires first-person language in the AMA. Furthermore, the AMA Manual of Style requires the use of person-centered language as possible. Lastly, concern was noted over the resolution’s emphasis on rhetoric as opposed to intent.
For these reasons, your Reference Committee recommends Resolution 05 not be adopted.

52) RESOLUTION 17- EDUCATION AND REGULATION OF PESTICIDE APPLICATIONS AS A PUBLIC HEALTH PRIORITY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 17 not be adopted.

Resolution 17 asks that our AMA (1) work with the appropriate stakeholders to educate the public on potential adverse health effects of pesticide exposure, especially for pregnant women, infants, and children; (2) support evidence-based measures to revoke tolerances of chlorpyrifos in the United States and (3) support implementation and ongoing management of robust pesticide application regulations.

Your Reference Committee received mixed testimony on this resolution. The House Coordination Committee found Resolves 2 and 3 were to be covered under the recently discussed AMA policies H-135.956, H-135.942, and D-135.987. Furthermore, your Reference Committee found insufficient supporting evidence presented to justify policy for Resolve 1. Lastly, your Reference Committee had concerns of scope with regards to the AMA priorities.

For these reasons, your Reference Committee recommended Resolution 17 not be adopted.

53) RESOLUTION 27- IMPROVING TRANSPARENCY IN INGREDIENT LISTS FOR COSMETIC FEMININE HYGIENE PRODUCTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 27 not be adopted.

Resolution 27 asks that our AMA (1) support improved ingredient testing and research investigating ingredients that may be harmful in cosmetic and feminine hygiene products and (2) our AMA support health professionals in counseling patients about the known risks of toxic ingredients in beauty and personal care products, including feminine hygiene products.

Your Reference Committee received testimony in support of the spirit of this resolution with many offered amendments. Your Reference Committee noted that the Federal Drug Agency currently requires testing of all feminine hygiene products under the 510k process, which address the asks of the resolution. Furthermore, current AMA policy H-480.972 and H-100.980 address the issues presented in the resolve, but were not included in supporting evidence.

For these reasons, your Reference Committee recommends Resolution 27 not be adopted.

54) RESOLUTION 28- SEXUALLY TRANSMITTED DISEASE SCREENINGS FOR PREGNANT WOMAN

RECOMMENDATION:
Madam Speaker, your Reference Committee recommends that Resolution 28 not be adopted.

Resolution 28 asks that our AMA (1) advocate for universal syphilis screening for all pregnant women and (2) support the most up to date and research-based United States Preventative Services Task Force and Center for Disease Control’s recommendations on gonorrhea and chlamydia screening for pregnant women.

Your Reference Committee received little testimony on this resolution. Concern was noted over the feasibility and actionability of this resolution in addition to the high fiscal note. Furthermore, it was noted that the supporting research presented emphasized one population while the resolves encompass all populations.

For these reasons, your Reference Committee recommends Resolution 28 not be adopted.

10. RESOLUTION 31- QUALITY ASSESSMENT OF PUBLIC REPORTING FOR HEALTH CARE-ASSOCIATED INFECTIONS (HAI)

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 31 and 58 not be adopted.

Resolution 31 asks (1) that our AMA-MSS supports the disclosure of health care-associated infection (HAI) measures that increase the quality and usability of public HAI reporting; and (2) supports a standardized manner for the quality assessment of public reporting for health care-associated infections (HAIs).

Resolution 58 asks that our AMA (1) support validating the reported measures being acted upon by health care organizations and providers by reaffirming existing policy H-450.966; (2) support building the science of performance measures through encouraging the multiple federal agencies involved in performance measures to collaborate and consolidate their reporting standards (3) collaborate with health care institutions to make available to the public the outcomes data collected as a part of the rigorous research processes previously supported in AMA policy and advocated for in this resolution.

Your Reference Committee received testimony in opposition to Resolution 58, and mixed testimony for Resolution 31. Regarding Resolution 58, your Reference Committee found testimony citing issues of actionability, redundancy with HOD policies H-450.966 and D-155.987 and issues of scope compelling. The Connecticut delegation supported the spirit of Resolution 31, but proposed amendments due to

For these reasons your Reference Committee recommends that Resolution 31 and 58 not be adopted.

55) RESOLUTION 32- INCORPORATING RESILIENCY TRAINING INTO MEDICAL STUDENT CURRICULA
RESOLUTION 49 - PROMOTION OF MEDICAL STUDENT MENTAL HEALTH THROUGH PEER INVOLVEMENT

RESOLUTION 75 - LOWERING MENTAL HEALTH STIGMA Y IMPLEMENTING MENTAL HEALTH EDUCATION TRAINING EARLY IN MEDICAL SCHOOL FOR PEERS AND COLLEAGUES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolutions 32, 49, and 75 not be adopted.

Resolution 32 asks that out AMA encourage medical schools to incorporate resilience training into medical school curricula.

Resolution 49 asks that out AMA-MSS encourage medical schools to implement suicide prevention training programs so that medical students can take an active role in promoting medical student mental health and suicide prevention.

Resolution 75 asks our AMA-MSS encourage medical schools to implement educational training programs for medical students within the first year to help lower mental health stigma toward peers, colleagues, and future patients, and to provide tools to confidently identify and intervene in the event of mental health distress or crisis among their peers and colleagues.

Your Reference Committee received mixed testimony on all resolutions. While testimony was supportive of the spirit of increasing mental wellness in schools, lowering mental health stigma, and increasing resilience in medical education, your House Coordination Committee found current AMA policies D-310.968 and H-295.999, and MSS policies 295.058MSS, 345.009MSS, 345.004MSS adequate in satisfying the asks of the resolutions.

For these reasons, your Reference Committee recommends Resolutions 32, 49, and 75 not be adopted.

56) RESOLUTION 33 - MENTAL HEALTH SUPPORT FOR DISPLACED PERSONS AND RELIEF WORKERS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 33 not be adopted.

Resolution 33 asks that the AMA (1) encourage aid organizations to rigorously assess the effectiveness of their mental health systems already in place and (2) work with aid organizations, including the United States federal government, to support the universal adoption of basic standards for mental health support of displaced persons and humanitarian aid workers.

Your Reference committee received testimony in support of the spirit of this resolution. Your Reference Committee had concerns regarding the implementation of the resolution, such as the “adoption of standards” prior to the standards being defined. Furthermore, your Reference Committee did not feel the supporting evidence adequately supported all the asks, particularly...
that of the first Resolve. Lastly, concern was noted over the scope of the resolution, as the AMA is a national organization, and felt alternative stakeholders held the expertise.

For these reasons, your Reference Committee recommends Resolution 33 not be adopted.

57) RESOLUTION 36- GESTATIONAL WEIGHT GAIN AND CHILDHOOD OBESITY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 01 not be adopted.

Resolution 36 asks the AMA to (1) encourage stakeholders to develop interventions to facilitate widespread implementation of and adherence to published guidelines for appropriate weight gain during pregnancy and (2) encourage the study of effective and affordable interventions to assist providers and women in managing weight gain during pregnancy, as well as research to evaluate the efficacy of those interventions amongst high risk populations, including low-income and minority populations.

Your Reference Committee received testimony in opposition to this resolution. It was noted that the resolution was not successful in the Women Physicians Section. Furthermore, the resolution refers to “published guidelines” however; there are multiple published guidelines with emphasis on different variables. Because of this, your Reference Committee has concerns of feasibility, actionability, and lack of supporting evidence. Lastly, your Reference Committee noted concern over scope, as stakeholders such as American College of Obstetricians and Gynecologist, the Women Physicians Section, and others carry expertise over the MSS in such areas.

For these reasons, your Reference Committee recommends Resolution 36 not be adopted.

58) RESOLUTION 37- MACHINE INTELLIGENCE IN HEALTHCARE

RESOLUTION 51- APPROPRIATE USE OF CLINICAL DECISION SUPPORT ALERTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolutions 37 and 51 not be adopted.

Resolution 37 asks that our AMA-MSS (1) supports the use of machine intelligence as a complementary tool in making clinical decisions (2) supports ethical, rapid development and deployment of machine intelligence research and machine learning techniques to improve clinical decision making, including diagnosis, patient care, and health systems management (3) supports partnerships with organizations actively developing machine intelligence and other appropriate groups to evaluate clinical outcomes, develop regulatory guidelines for the use of machine intelligence in healthcare, and ensure further developments will be beneficial to patients, physicians, and society (4) encourages the education of medical students and physicians on the use of machine intelligence in healthcare and (5) supports increased utilization of the term "machine intelligence" rather than the term “artificial intelligence” when considering the use of computers to parse data, learn from it, and develop clinical guidelines or facilitate clinical decision-making.
Resolution 51 asks that our AMA encourage the evidence-based design and use of clinical
decision and (2) encourage that clinical decision support (CDS) alerts be designed to minimize
negative impact on clinician workflow, to facilitate user-friendly interactions, and to avoid
redundant notifications for a given patient

Your Reference Committee received mixed testimony on Resolutions 37 and 51. Current MSS
policy 480.015MSS, and MSS-authored AMA policy H-373.993 were found to satisfy the asks of
Resolution 37. Furthermore, Resolution 51 was found to be addressed by existing AMA policies
D-478.976, D-478.985, and D-478.995 by House Coordination Committee.

For these reasons, your Reference Committee recommends Resolutions 37 and 51 not be
adopted.

59) RESOLUTION 41- ADVANCING TELEHEALTH/TELEMEDICINE AN INTERSTATE
PRACTICE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that
Resolution 41 not be adopted.

Resolution 41 asks that our AMA-MSS (1) rescind policy 480.010MSS (Web-Based Tele-Health
Initiatives and Possible Interference with the Traditional Physician Patient Relationship); (2)
formally support AMA policy D-295.313 (Telemedicine in Medical Education) and AMA policy H-
480.974 (Evolving Impact of Telemedicine); (3) support the use of telehealth/telemedicine in
accordance with the AMA Code of Ethics; (4) support reimbursement for telehealth/telemedicine
to compensate for training, time, skills, and required resources (5) supports continued efforts for
establishing best practice to enable the interstate practice of medicine

Your Reference Committee received mixed testimony on this resolution. As AMA-MSS already
has processes in place to update our policy, and did not find compelling evidence the selected
resolutions should be formally supported internal policy considering they are currently external
policy and therefore guiding principles of the AMA.

For these reasons, your Reference Committee recommends Resolution 41 not be adopted.

60) RESOLUTION 44- REALLOCATION OF TITLE V ASTINENCE EDUCATION PROGRAM
FUNDING TO TITLE X FAMILY PLANNING PROGRAM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that
Resolution 44 not be adopted.

Resolution 44 asks (1) that our AMA work with individual state medical societies to advocate
state-by-state rejection of Title V Abstinence Education Funding; and (2) our AMA advocate for
the reallocation of Title V Abstinence Education Program Funding or any other Abstinence Only
until Marriage Funding program funding to Title X Family Planning Program Funding.
Your Reference Committee received mixed testimony for this resolution. The House Coordination Committee noted that AMA policy H-170.968 which indicates AMA opposes funding of sole abstinence-only programs. Redundancy in language between the first and second resolve was also noted by the Massachusetts Delegation. Concerns were also raised regarding the specificity of the request, as changing allocation of funds often has unintended consequences.

For these reasons, your Reference Committee recommends Resolution 44 not be adopted.

61) RESOLUTION 45- SUPPORT FOR DECREASING THE GAP BETWEEN THE NUMBER OF MEDICAL SCHOOL MATRICULATES AND THE NUMBER OF GRADUATE MEDICAL EDUCATION SPOTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 45 not be adopted.

Resolution 45 asks (1) our AMA-MSS support policies which aim to stabilize and/or reduce the gap created by increasing medical school matriculation at higher rates than graduate medical education and (2) that our AMA-MSS amend 200.016MSS by addition to read,

200.016MSS Increasing Medical School Class Sizes

AMA-MSS will ask the AMA to support increasing the number of medical students, provided that such expansion would not jeopardize the quality of medical education or result in an increasing number of medical school graduates who are unable to match into graduate medical education positions.

Your Reference Committee received testimony in the support of the spirit of this resolution. However, the Massachusetts Delegate and House Coordination Committee both noted AMA policy H-305.929 and D-305.958 already address the asks of the resolution through the AMA.

For these reasons, your Reference Committee recommends Resolution 45 not be adopted.

62) RESOLUTION 46- EXPANSION OF OFFICE-BASED OPIOID TREATMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 46 not be adopted.

Resolution 46 asks that our AMA amend policy H-95.957 by addition and deletion to read as follows

H-95.957 Methadone Maintenance in Private Practice

Our AMA: (1) reaffirms its position that, "the use of properly trained practicing physicians as an extension of organized methadone maintenance programs in the management of those
patients whose needs for allied services are minimal" (called
"medical" maintenance) should be evaluated further;
(2) supports the position that "medical" methadone maintenance
may be an effective treatment for the subset of opioid dependent
patients who have attained a degree of behavioral and social
stability under standard treatment and thereby an effective
measure in controlling the spread of infection with HIV and other
blood-borne pathogens but further research is needed;
(3) encourages additional research that includes consideration of
the cost of "medical" methadone maintenance relative to the
standard maintenance program (for example, the cost of
additional office security and other requirements for the private
office-based management of methadone patients) and relative to
other methods to prevent the spread of blood-borne pathogens
among intravenous drug users;
(4) supports modification of federal and state laws and regulations
to make newly approved anti-addiction medications including
methadone available to those office-based physicians who are
appropriately trained and qualified to treat opiate withdrawal and
opiate dependence in accordance with documented clinical
indications and consistent with sound medical practice guidelines
and protocols; and
(5) urges that guidelines and protocols for the use of newly
approved anti-addiction medications be developed jointly by
appropriate national medical specialty societies in association with
relevant federal agencies and that continuing medical education
courses on opiate addiction treatment be developed by these
specialty societies to help designate those physicians who have
the requisite training and qualifications to provide therapy within
the broad context of comprehensive addiction treatment and
management.

Your Reference Committee received mixed testimony for this resolution. Your Reference
Committee was compelled by the House Coordination Committees testimony noting H-95.957
Methadone Maintenance in Private Practice extensively discusses the use of methadone within
private practice and the guidelines and protocols that should surround such use. This resolution
seeks to make a minor amendment to this policy, and one that your Committee found is not
meaningfully different from the intent of the policy.

For these reasons, your Reference Committee recommends Resolution 46 not be adopted.

63) RESOLUTION 47- THE NEED TO UPDATE THE OFFICE OF REFUGEE
RESETTLEMENT DOMESTIC MEDICAL SCREENING GUIDELINES TO IMPROVE THE
DETECTION OF CHRONIC MENTAL HEALTH CONDITIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that
Resolution 47 not be adopted.
Resolution 47 asks (1) that our AMA advocate for the updating of the Office of Refugee Resettlement’s “Revised Medical Screening Guidelines for Newly Arriving Refugees” state letter to emphasize the importance of chronic mental health disorders, such as Post Traumatic Stress Disorder, depression, and anxiety, and (2) that our AMA advocate for the updating of the Office of Refugee Resettlement’s “Domestic Medical Screening Guidelines” checklist to create a separate section for mental health screening that includes distinct screening for chronic mental health disorders including but not limited to Post Traumatic Stress Disorder, depression, and anxiety.

Your Reference Committee received supportive testimony for this report. However, the evidence put forward, specifically the lack of mental health guidelines and reference to 2013 guidelines, is incorrect. It was noted that the Office of Refugee Resettlement screening guidelines checklist from 2014 already includes specific guidelines around mental health screening, and specifically mentions refugees as being at elevated risk for Depression, Anxiety, and PTSD. This satisfies the asks of the resolution.

For these reasons, your Reference Committee recommends Resolution 47 not be adopted.

64) RESOLUTION 52- CALL TO STUDY ON THE REDUCTION OR ELIMINATION OF MEDICAL STUDENT MEMBERSHIP DUES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 52 not be adopted.

Resolution 52 asks (1) that the AMA-MSS mend MSS Policy 655.002MSS by deletion and insertion as follows:

655.002 MSS Membership Recruitment Methods

AMA-MSS: (1) endorses the concept that mechanisms of offering medical students free membership in the AMA and/or constituent societies should require direct action by medical students to accept the offer; (2) opposes full subsidization of AMA student dues by constituent societies for more than an initial one-year introductory period for new members; (3) does not oppose partial or full subsidization of AMA student dues by constituent societies as a positive incentive for medical students to join the AMA; and (4) supports medical student representation in state delegations to the AMA House of Delegates, with the goal of having a proportional number of delegate seats based on student membership. (MSS Rep I, A-82) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10) (Reaffirmed: MSS GC Rep D, I-15)

Further, Resolution 52 asks that our AMA study alternative dues models for student membership in order to reduce or eliminate membership dues for medical students.
Your Reference Committee received testimony in opposition to this resolution. Your Reference Committee was compelled by concerns about unintended consequences, such as an increase in dues, elimination of some or all benefits, or loss of bargaining for funding with state societies. Furthermore, your Reference Committee noted the efforts already taken by the AMA to reduce student membership costs.

For these reasons, your Reference Committee recommends Resolution 94 not be adopted.

65) RESOLUTION 53- UNMET EYE CARE NEEDS IN RURAL POPULATIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 53 not be adopted.

Resolution 53 asks the AMA to (1) support legislation at the national level to advocate for comprehensive vision care in community health centers; (2) support the development of financial incentives for placement of eye care professionals in underserved communities; (3) educational programs focusing on the importance of routine eye care exams.

Your Reference Committee received testimony in opposition to this resolution. While the spirit and intent of the resolution were supported, issues of feasibility due to high fiscal note and wide range of asks were concerns. Texas delegation found the resolution too specific and out of the purview of the AMA.

For these reasons, your Reference Committee recommends Resolution 53 not be adopted.

66) RESOLUTION 56- NON-COMPETE CLAUSES IN PHYSICIAN CONTRACTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 56 not be adopted.

Resolution 56 asks the AMA to oppose the use of restrictive covenants in physician contracts and supports the passage of laws that prohibit their use.

Your Reference Committee received mixed testimony on this resolution. The House Coordination Committee noted H-225.997 Physician-Hospital Relationships and H-285.946 Fair Physician Contracts can be construed to address the concerns of this resolution. Additionally, Opinion 11.2.3.1 Restrictive Covenants, which applies to all of AMA satisfies the resolution. Your Reference Committee also cited issues of aligning policy in relationship to a contract, as opposed to the physicians’ best interest. While these two scenarios often overlap, the relationship is not exclusive.

For these reasons, your Reference Committee recommends Resolution 56 not be adopted.

67) RESOLUTION 57- EVALUATING LEGISLATION ON SUBSTANCE USE DISORDER TREATMENT PRIVACY AND CONFIDENTIALITY
RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 01 not be adopted.

Resolution 57 asks that the AMA study the implications of 42 CFR Part 2 under current law, as well as the proposed alignment of substance use disorder confidentiality requirements with HIPAA with respect to harm due to unwanted disclosure of Substance Use Disorder (SUD) diagnosis and treatment information, including legal, social, emotional, and psychological outcomes; harm due to non-disclosure of Substance Use Disorder (SUD) diagnosis and treatment information to other health care providers; and deterrence of patients from seeking treatment for SUDs.

Your Reference Committee received mixed testimony on this resolution. While supportive, the Committee on Legislation and Advocacy and the Massachusetts Delegation questioned if the research was warranted. The House Coordination Committee noted overlaps with AMA policy H-95.947 Prescription Drug Monitoring to Prevent Abuse of Controlled Substances, specifically, clause nine.

For these reasons, your Reference Committee recommends that Resolution 57 not be adopted.

68) RESOLUTION 63- IMPROVING INTEGRATION OF GENDER IDENTITY INTO THE MEDICAL RECORD

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 63 not be adopted.

Resolution 63 asks that AMA Policy H-315.967 be amended by addition to read as follows:

H-315.967 Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation

Our AMA: (1) supports the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation, and preferred gender pronoun(s) in medical documentation and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner; and (2) will advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health and (3) supports that, with patient consent, gender identity be prominently displayed and easily accessible within the electronic health record.

Your Reference Committee received mixed testimony on this resolution. The House Coordination Committee noted AMA Policy H-315.967 Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation passed at I-16 and reaffirmed at A-17 and based on MSS-authored policy 315.005MSS adequately addresses the concerns of Resolution 63 in clause one. Concern for bringing a similar policy to the House of Delegates in short proximal order would be received poorly. Furthermore, your Reference Committee
believes time should be allotted for implementation of policy H-315.967 before the issue is revisited.

For these reasons, your Reference Committee recommends Resolution 63 be not adopted.

69) RESOLUTION 67- FOOD ADVERTISING TARGETED TO BLACK AND LATINO YOUTH CONTRIBUTE TO HEALTH DISPARITIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 67 not be adopted.

Resolution 67 asks that (1) American Medical Association establish a formal position advocating against the use of targeted marketing of nutrient-poor food toward black and Latino youth and (2) policy H-60.972 be amended by addition as follows

H-60.972
(1) It is the policy of the AMA to join with appropriate organizations, including the American Academy of Pediatrics, in educating the public about the adverse effects of food advertising aimed at children.; and
(2) The AMA will support legislation that limits targeted marketing of products that do not meet nutritional standards as defined by the USDA toward minority children, particularly black and Latino children; and be it further

Additionally Resolution 67 asks (3) that our AMA will work with the appropriate stakeholders to heighten awareness and regulation of targeted marketing of nutrient-poor food toward black and Latino youth.

While your Reference Committee acknowledges the evidence for health disparities in black and Latino youth, testimony the Massachusetts Delegation noted that limiting policy to these two populations could have problematic and far-reaching implications. The student delegate from the University of Illinois at Chicago noted concerns over language’s blanket support of a complicated issue. Furthermore, the House Coordination Committee noted current AMA policy H-150.935 brought forward at I-16 by MSS currently “supports...responsibility in the use of marketing incentive that promotes health childhood behaviors.”

For these reasons, your Reference Committee recommends Resolution 67 be not adopted.

70) RESOLUTION 68- ADVOCATING FOR THE MAINTENANCE OF PEPFAR FUNDING

Madam Speaker, your Reference Committee recommends that Resolution 68 not be adopted.

Resolution 68 asks that AMA advocate for the maintenance of President’s Emergency Plan For Aids Relief funding for the future.
Your Reference Committee received mixed testimony for this resolution. The Committee on Economics and Quality in Medicine (CEQM) was in support of the spirit of the resolution, but opposed the language as they did not believe advocacy for maintenance of this fund would be the best avenue in addressing continued funding of AIDS relief. Your Section Delegate noted that the authors supported an amendment to make this an internal resolution. While the Reference Committee appreciates this amendment, existing MSS policy language which asks to "continue funding efforts to address the global AIDS epidemic" would be considered broad language that covers the ask of the resolution. This would also echo the concerns of CEQM.

For these reasons, your Reference Committee recommends Resolution 68 not be adopted.

71) RESOLUTION 71- EXPAND THE AMA ELECTRONIC HEALTH RECORDS (EHRs) FOCUS TOWARD HER OPEN APPLICATION MARKETPLACES, STANDARD APPLICATION PROGRAMMING INTERFACES (APIs), AND EMERGENT EHR TECHNOLOGY COMMUNICATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 71 not be adopted.

Resolution 71 asks that (1) our AMA research and form recommendations on supporting the adoption of open application markets within EHRs and standard Application Programming Interfaces (APIs) and (2) that our AMA research best practices for providers regarding these emergent Electronic Health Records technologies to be dissemination to health professions to inform, moderate disruption, improve EHR satisfaction, and improve care.

Your Reference Committee received testimony in opposition of this resolution for reasons of potential redundancy and scope. AMA itself will not study/issue recommendations on this emerging technology as illustrated by existing policies on EHR and emerging technology fields, specifically D-478.995 National Health Information Technology. Furthermore, concern was noted that a study of this scope is beyond the purview of the AMA and would only result in a report that comprises of reports on existing APIs.

For these reasons, your Reference Committee recommends Resolution 71 not be adopted.

72) RESOLUTION 72- EQUITABLE ALLOCATION OF TOBACCO EXCISE TAXES TOWARD TOBACCO CESSATION PROGRAMS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 72 not be adopted.

Resolution 72 asks that (1) our AMA work with appropriate stakeholders to develop model state and federal legislation mandating that a greater portion of state and federal tobacco excise tax revenue be used to fund tobacco cessation programs and smoking-related research in order to meet state-specific recommendations put forth by the Centers for Disease Control, (2) that our
AMA will work in concert with state medical societies and other allied groups to support the passage of the aforementioned legislation in all states and (3) that our AMA will work in concert with state medical societies and other allied groups to protect CDC-recommended levels of cessation program funding generated through this legislation for appropriate use and issue statements condemning the use of tobacco excise revenue as a way to remedy state budget crises.

Your Reference Committee received testimony in opposition to this resolution. The House Coordination Committee noted H-495.987 Taxation of all Tobacco Products and Electronic Nicotine Delivery Systems clause 2 states “...federal, state, and local excise taxes for [tobacco] products should include provisions to make substantial funds available that would be allocated... for the treatment of those who have already been afflicted by tobacco-caused illness, including nicotine dependence...”. Furthermore, concern was raised on negative effects of implementation such as removal of Medicaid funding from tobacco tax.

For these reasons, your Reference Committee recommends Resolution 72 be not adopted.

73) RESOLUTION 73- CREATING MODEL LEGISLATION FOR PRIMARY SEAT BELT LAWS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 73 not be adopted.

Resolution 73 asks (1) our AMA support the implementation of primary seat belt legislation in all states and (2) that our AMA work to draft and advocate for model primary seat belt legislation in states without primary seat belt laws.

Your Reference Committee received significant testimony in opposition to this resolution due to current AMA policy adequately addressing the issues raised in H-15.960 Motor Vehicle and Bicycle Safety by supporting “legislation that would make safety belt non-use by any occupants in automobiles and other enclosed motor vehicles a "primary offense" in all states; supports extension of motorcycle helmet laws to include motorized vehicles such as mopeds, scooters and all-terrain vehicles, and to cover all age groups; and supports legislation that would require helmet usage for riders of bicycles, including passengers.” Concern was also raised that this resolution was not in line with the priorities of the AMA, particularly considering the high fiscal note. It was further noted that as many states currently have primary seat belt laws, model legislatures would be redundant.

For these reasons, your Reference Committee recommends Resolution 73 not be adopted.

74) RESOLUTION 77- INCORPORATION OF SUN PROTECTION EDUCATIONAL PROGRAM INTO ELEMENTARY SCHOOL HEALTH CURRICULA

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 77 not be adopted.
Resolution 77 asks that AMA-MSS amend policy 60.011MSS by addition to read as follows:

60.011MSS Sun Protection Programs in Elementary Schools

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

Your Reference Committee received testimony in opposition to this resolution. The House Coordination Committee noted that MSS 60.011MSS, which was already taken to the House of Delegates, already addressed the amendment proposed and issues brought to attention. Additionally, the high fiscal note was noted.

For these reasons, your Reference Committee recommends Resolution 77 not be adopted.

75) RESOLUTION 79- DE-STIGMATIZING SEEKING TREATMENT FOR DEPRESSION AND OTHER MENTAL ILLNESSES BY AMENDING STATE LICENSURE APPLICATIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 79 not be adopted.

Resolution 79 asks the AMA to (1) support the revision of medical licensure questions concerning mental health, so that they better encourage and reward the seeking of treatment among physicians with past or current mental health events, (2) support state medical board communications to physicians that seeking treatment has less severe consequences than not seeking treatment for an illness (3) encourage state licensing agencies to treat a physician diagnosed with depression only as a separate group in the application due to the nature of the illness, rare occurrence of impairment, and need to take a step forward in de-stigmatizing depression via state licensing boards.

Your Reference Committee received testimony in opposition to this resolution. While the spirit of the resolution was appreciated, both House Coordination Committee testimony and individual testimony cited Resolutions D-295.319 Discriminatory Questions on Applications for Medical Licensure, H-275.945 Self-Incriminating Questions on Applications for Licensure and Specialty Boards and MSS policy 345.007MSS Improving Mental Health and Reducing Stigma through Revision of Medical Licensure Application as sufficient in addressing the issues raised by this resolution. Your Reference Committee found this testimony compelling. As such, your Reference Committee recommends Resolution 79 be not adopted.

For these reasons, your Reference Committee recommends Resolution 79 not be adopted.

76) RESOLUTION 82- DIGITAL TRANSPORTATION NETWORK COMPANIES AS A FORM OF NON-EMERGENCY MEDICAL TRANSPORT
RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 82 not be adopted.

Resolution 82 asks that our AMA (1) encourage collaboration between industry leaders, insurance companies, and healthcare institutions to evaluate the safety and cost efficacy of increased use of digital transportation networks for non-emergency medical transport and (2) support the maintenance of patient safety as the paramount guiding feature of all non-emergent digital transportation network endeavors.

The Reference Committee received mixed testimony on this resolution. Concerns were raised that the language was poorly defined, leaving room for misinterpretation. Furthermore, your Reference Committee found limitations in the resolutions exclusivity of digital transport, rather than consideration of all non-ambulatory transport.

For these reasons, your Reference Committee recommends Resolution 82 not be adopted.

77) RESOLUTION 83- EXPANSION OF QUALIFYING CRITERIA FOR MEDICAL NUTRITION THERAPY UNDR MEDICARE PART B

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 83 not be adopted.

Resolution 83 asks that our AMA support expansion of Medicare Part B criteria for Medical Therapy to include early-onset chronic disease.

Your Reference Committee received mixed testimony for this resolution. Concern was noted that the terminology was too vague such as ‘early-onset chronic disease’. This allowed for misinterpretation. Further, the asks were found to be too broad in scope. As a result, the resolution was found to be difficult to enact.

For these reasons, your Reference Committee recommends Resolution 83 not be adopted.

78) RESOLUTION 85- PROMOTING MEDICAL EDUCATION ON ACUTE VERSUS CHRONIC PAIN MANAGEMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 85 not be adopted.

Resolution 85 asks that our AMA (1) recognize acute and chronic pain are discrete pathophysiological conditions that require specific and different forms of treatment (2) support medical education as it relates to teaching and distinguishing acute versus chronic pain management and (3) use its Opioid Task Force to help raise public awareness of chronic pain as a major public health issue with focus on both the societal impact and personal suffering aspects of the disease.
Your Reference Committee received testimony in opposition of this resolution. The Hose Coordination Committee, seconded by the Massachusetts Delegation, found policies D-160.981 Promotion of Better Pain Care and D-295.966 Pain Management Standards and Performance Measures and D-300.996 adequate in addressing the issues brought forward by the resolution.

For these reasons, your Reference Committee recommends Resolution 85 not be adopted.

79) RESOLUTION 86- EXPLICITLY RECOMMENDING EDUCATION IN EMERGING ADVANCED TECHNOLOGIES FOR MEDICAL STUDENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 86 not be adopted.

Resolution 86 asks your AMA-MSS (1) encourage partnerships in medical education between 9 students with stakeholders of emerging advanced technologies to promote awareness in “future technologies” to provide a basic grounding in developing impactful technologies as part of their training and (2) formally establish support for HOD policy H-295.995, Recommendations for Future Directions for Medical Education.

Your Reference Committee received testimony in opposition of this resolution. Your Reference Committee found concerns of too broad of scope, unclear utility, and unclear language legitimate issues.

For these reasons, your Reference Committee recommends Resolution 86 not be adopted.

80) RESOLUTION 87- REDUCING EXEMPTIONS AND INCREASING VACCINATIONS THROUGH EXCELLENT COMMUNICATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 87 not be adopted.

Resolution 87 asks (1) AMA-MSS formally establish support for HOD policy H-440.830: Education and Public Awareness on Vaccine Safety and Efficacy (2) AMA and stakeholders encourage the consideration of state-specific legal exemptions from immunization requirements in providing physicians and medical students with guidance on effective immunization counseling communication practices (3) AMA discourage doctor shopping by actively opposing the practice of physicians granting medical exemptions to children who are not at risk of harm in line with up-to-date American Academy of Pediatrics (AAP), American Committee on Immunization Practices (ACIP), or American Academy of family Physicians (AAFP) recommendations

Your Reference Committee received testimony in opposition to this resolution. Your Reference Committee particularly noted the MSS Committee on Legislation and Advocacy opposed the resolution due to improving vaccination rates as multifactorial, and currently policy, notably H-440.830, already addressing the issues presented.
For these reasons, your Reference Committee recommends Resolution 87 not be adopted.

81) RESOLUTION 90- IMPLEMENTING PORTABLE BREASTFEEDING FACILITIES IN PUBLIC PREMISES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 90 not be adopted.

Resolution 90 asks that our AMA (1) promote the implementation of portable breastfeeding facilities in relevant public premises and at relevant public events (2) work with appropriate stakeholders such as Office of Women’s Health at the Department of Health and Human Services and Mamava to implement portable breastfeeding facilities and (3) work with the aforementioned organizations in developing portable breastfeeding stations that are adequately equipped with the necessary instruments, space, and privacy.

Your Reference Committee received mixed testimony on this resolution. The House Coordination Committee noted AMA Policy H-245.982 AMA Support for Breastfeeding discussed at A-16 currently “supports the availability and appropriate use of breast pumps as a cost-effective tool to promote breast feeding; and encourages public facilities to provide designated areas for breastfeeding and breast pumping.” Your Reference Committee found this testimony compelling.

For these reasons, your Recommendation Committee recommends Resolution 90 not be adopted.

82) RESOLUTION 91- INCREASED COLLABORATION BETWEEN U.S. FISHERIES AND PUBLIC HEALTH AGENCIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 91 not be adopted.

Resolution 91 asks that our AMA (1) support state and federal policies that better integrate the National Marine Fisheries Service and the United States Department of Agriculture with U.S. public health agencies through means including but not limited to appointing public health representatives on these regulatory bodies (2) support state and federal policies that increase the U.S. fish supply to meet current and foreseeable U.S. nutritional requirements through means including but not limited to increasing the number of U.S. fisheries and increasing the efficiency and sustainability of existing U.S. fisheries to optimize long-term yield and (3) reaffirm AMA policy H-150.932: Reform the US Farm Bill to Improve US Public Health and Food Sustainability.

Your Reference Committee received testimony in opposition to this resolution. Your Section Delegation noted issues of scope, and the Massachusetts Delegation noted that the related issues were adequately addressing in AMA policy H-150.932 Reform the US Farm Bill to
Improve US Public Health and Food Sustainability. Your Reference Committee found this testimony compelling.

For these reasons, your Reference Committee recommends Resolution 91 not be adopted.

RESOLUTION 92- UPDATING POLICY ON PHYSICIAN HEALTH PROGRAMS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 92 not be adopted.

Resolution 92 asks that the AMA amend policy H-405.961 in addition as follows:

H-405.961 Physician Health Programs

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

Your Reference Committee received testimony in opposition to Resolution 92. The House Coordination Committee cited adequate policy in H-295.927 Medical Student Health and Well-Being, D-310.968 Physician and Medical Student Burnout, H-345.973 Medical and Mental Health Services for Medical Students and Resident and Fellow Physicians, and H-295.858 Access to Confidential Health Services for Medical Students and Physicians. Your Reference Committee found this testimony compelling.

For these reasons, your Reference Committee recommends Resolution 92 not be adopted.

RESOLUTION 93- REQUIRING BLINDED REVIEW OF MEDICAL STUDENT PERFORMANCE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 91 not be adopted.

Resolution 93 asks (1) advocate that all reviews of medical student professionalism and academic performance be conducted in a blinded manner (2) send a letter to the Liaison Committee on Medical Education (LCME) advocating that blinded review of medical students be required of all LCME-accredited medical schools.

Your Reference Committee received mixed testimony for this resolution. While the spirit of the resolution was supported, members raised issues with implementation. Furthermore, LCME policies 3.5 Learning Environment/Professionalism and 1.2 Conflict of Interest respond to issues of Medical School academic bias. Concern was also noted about the limited expertise of the AMA on this topic, comparative with other stakeholders, such as AAMC and LCME. Lastly, testimony noted concern with overly prescriptive language.
For these reasons, your Reference Committee recommends Resolution 93 not be adopted.

85) RESOLUTION 94- DEFINITION OF PHYSICIAN AND PHYSICIAN AS A PROTECTED TERM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 94 not be adopted.

Resolution 95 asks that our AMA-MSS treat “physician” as a protected term.

Your Reference Committee received testimony in opposition to this resolution. In addition, the House Coordination Committee found current AMA policy H-405.969 Definition of a Physician and D-405.991 Clarification of the Title “Doctor” in the Hospital Environment already establish the entire premise of this resolution throughout the AMA.

For these reasons, your Reference Committee recommends Resolution 94 not be adopted.

86) RESOLUTION 95- HOSPITAL REPORTING OF A PHYSICIAN SATISFACTION AS A METRIC OF WELLNESS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 95 not be adopted.

Resolution 95 asks that our AMA-MSS (1) encourage policy change that requires the addition of physician-reported professional satisfaction metrics to surveys administered to hospitals by independent organizations; (2) support the establishment of an independent database specific for physician, resident, and medical student satisfaction that is accessible to healthcare professionals and students to determine working environments in which they would be most successful, and that is easy to use by patients to determine where to procure care (3) support publishing independently-acquired physician satisfaction data on a national, open-access, independently-maintained, internet-based platform; (4) reaffirm that previous policies that asks for the implementation of physician, resident, and medical student wellness programs, specifically policies D310.968, H405.957, and D405.990, that ultimately improve professional satisfaction at all levels.

Your Reference Committee received mixed testimony for this report. The Committee on Economics and Quality in Medicine noted issues of vague language, and concerns regarding data access. The Massachusetts Delegation found AMA policy already addressing issues of physician and medical student wellness. Lastly, it was noted that unintended negative consequences could exists for physicians if physician burnout data is exposed to general public.

For these reasons, your Reference Committee recommends Resolution 95 not be adopted.

87) RESOLUTION 25- HEALTHCARE APPLICATIONS FOR BLOCKCHAIN TECHNOLOGY

RESOLUTION 61- ESTABLISHING CYBERSECURITY STANDARDS FOR ELECTRONIC MEDICAL RECORDS
RECOMMENDATION:

Madam Speaker, your Reference Committee recommends existing AMA policy H-315.973 and MSS policy 315.006MSS be reaffirmed in lieu of Resolutions 25 and 61.

Guiding Principles for the Collection, Use and Warehousing of Electronic Medical Records and Claims Data H-315.973

1. It is AMA policy that any payer, clearinghouse, vendor, or other entity that collects and uses electronic medical records and claims data adhere to the following principles:
   a. Electronic medical records and claims data transmitted for any given purpose to a third party must be the minimum necessary needed to accomplish the intended purpose.
   b. All covered entities involved in the collection and use of electronic medical records and claims data must comply with the HIPAA Privacy and Security Rules.
   c. The physician must be informed and provide permission for any analysis undertaken with his/her electronic medical records and claims data, including the data being studied and how the results will be used.
   d. Any additional work required by the physician practice to collect data beyond the average data collection for the submission of transactions (e.g., claims, eligibility) must be compensated by the entity requesting the data.
   e. Criteria developed for the analysis of physician claims or medical record data must be open for review and input by relevant outside entities.
   f. Methods and criteria for analyzing the electronic medical records and claims data must be provided to the physician or an independent third party so re-analysis of the data can be performed.
   g. An appeals process must be in place for a physician to appeal, prior to public release, any adverse decision derived from an analysis of his/her electronic medical records and claims data.
   h. Clinical data collected by a data exchange network and searchable by a record locator service must be accessible only for payment and health care operations.

2. It is AMA policy that any physician, payer, clearinghouse, vendor, or other entity that warehouses electronic medical records and claims data adhere to the following principles:
   a. The warehouse vendor must take the necessary steps to ensure the confidentiality, integrity, and availability of electronic medical records and claims data while protecting against threats to the security or integrity and unauthorized uses or disclosure of the information.
   b. Electronic medical records data must remain accessible to authorized users for purposes of treatment, public health, patient
safety, quality improvement, medical liability defense, and
research.
c. Physician and patient permission must be obtained for any
person or entity other than the physician or patient to access and
use individually identifiable clinical data, when the physician is
specifically identified.
d. Following the request from a physician to transfer his/her data
to another data warehouse, the current vendor must transfer the
electronic medical records and claims data and must
delete/destroy the data from its data warehouse once the transfer
has been completed and confirmed.

Improving Cybersecurity in Healthcare Facilities 315.006MSS

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

Resolution 25 asks AMA study potential risks and benefits that Blockchain technology may have
on the healthcare industry, including but not limited to health care costs, security,
 interoperability, and claims adjudication.

Resolution 61 asks that our AMA-MSS (1) support EMR cybersecurity training for all healthcare
employees during EMR-onboarding to prevent breach of health and financial records and (2)
support the universal use of anti-virus, anti-malware, firewall protection, encryption of data at
rest and in transit, and accountability through audit logs of all patient health information and
financial records.

Your Reference Committee received mixed testimony for Resolutions 25 and 61. Your
Reference Committee found the broad language in existing AMA Policy H-315.973 to be
encompassing of the new Blockchain technology. Furthermore, the Massachusetts Delegation
found MSS policy 315.006MSS to be adequate in addressing the internal policy asks of of
Resolution 61.

For these reasons, your Reference Committee recommends existing AMA policy H- H-315.973
and MSS Policy315.006MSS be reaffirmed in lieu of Resolutions 25 and 61.

88) RESOLUTION 39- ESTABLISHING TAX BENEFITS FOR LIVING ORGAN DONORS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
existing AMA policy H-370.959 be reaffirmed in lieu of Resolution
39

Resolution 39 asks that our AMA support legislation expanding state and federal tax incentives
for living organ donors to cover expenses incurred pursuant to donation.
Your Reference Committee received testimony in opposition to this resolution. Notably, AMA Policy H-370.959 was to be encompassing of financial benefits to living organ donors, therefore addressing the asks of this resolution. Further testimony cited a lack of causal evidence for the resolved.

For these reasons, your Reference Committee recommends existing policy AMA Policy H-370.959 be reaffirmed in lieu of Resolution 39.

89) RESOLUTION 60- ADDRESSING THE RISE OF MEDICAL SCHOOL TUITION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends existing AMA policy H-305.929 be reaffirmed in lieu of Resolution 60

Proposed Revisions to AMA Policy on the Financing of Medical Education Programs H-305.929

1. It is AMA policy that:
   A. Since quality medical education directly benefits the American people, there should be public support for medical schools and graduate medical education programs and for the teaching institutions in which medical education occurs. Such support is required to ensure that there is a continuing supply of well-educated, competent physicians to care for the American public.
   B. Planning to modify health system organization or financing should include consideration of the effects on medical education, with the goal of preserving and enhancing the quality of medical education and the quality of and access to care in teaching institutions are preserved.
   C. Adequate and stable funding should be available to support quality undergraduate and graduate medical education programs. Our AMA and the federation should advocate for medical education funding.
   D. Diversified sources of funding should be available to support medical schools’ multiple missions, including education, research, and clinical service. Reliance on any particular revenue source should not jeopardize the balance among a medical school’s missions.
   E. All payers for health care, including the federal government, the states, and private payers, benefit from graduate medical education and should directly contribute to its funding.
   F. Full Medicare direct medical education funding should be available for the number of years required for initial board certification. For combined residency programs, funding should be available for the longest of the individual programs plus one additional year. There should be opportunities to extend the period of full funding for specialties or subspecialties where there is a documented need, including a physician shortage.
G. Medical schools should develop systems to explicitly document and reimburse faculty teaching activity, so as to facilitate faculty participation in medical student and resident physician education and training.

H. Funding for graduate medical education should support the training of resident physicians in both hospital and non-hospital (ambulatory) settings. Federal and state funding formulas must take into account the resources, including volunteer faculty time and practice expenses, needed for training residents in all specialties in non-hospital, ambulatory settings. Funding for GME should be allocated to the sites where teaching occurs.

I. New funding should be available to support increases in the number of medical school and residency training positions, preferably in or adjacent to physician shortage/underserved areas and in undersupplied specialties.

2. Our AMA endorses the following principles of social accountability and promotes their application to GME funding: (a) Adequate and diverse workforce development; (b) Primary care and specialty practice workforce distribution; (c) Geographic workforce distribution; and (d) Service to the local community and the public at large.

3. Our AMA encourages transparency of GME funding through models that are both feasible and fair for training sites, affiliated medical schools and trainees.

4. Our AMA believes that financial transparency is essential to the sustainable future of GME funding and therefore, regardless of the method or source of payment for GME or the number of funding streams, institutions should publically report the aggregate value of GME payments received as well as what these payments are used for, including: (a) Resident salary and benefits; (b) Administrative support for graduate medical education; (c) Salary reimbursement for teaching staff; (d) Direct educational costs for residents and fellows; and (e) Institutional overhead.

5. Our AMA supports specialty-specific enhancements to GME funding that neither directly nor indirectly reduce funding levels for any other specialty.

Resolution 60 asks that our AMA study potential solutions to limit the drastic rise in medical school tuition.

Your Reference Committee received mixed testimony on this resolution. While the spirit of the resolution was supported, the House Coordination Committee and Massachusetts Delegation noted the asks of the resolution addressed in existing policy including AMA policy H-305.929 Expanding Graduate Medical Education in Response to the Increase in Medical Student Training which states "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."

For these reasons, your Reference Committee existing policy AMA policy H-305.929 be reaffirmed in lieu of Resolution 60.
90) RESOLUTION 81- PROTECTING GENETIC HEALTH INFORMATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends existing AMA policy H-65.969 be reaffirmed in lieu of Resolution 81.

Genetic Discrimination and the Genetic Information Nondiscrimination Act H-65.969

Our AMA: (1) strongly opposes discrimination based on an individual’s genetic information; (2) will pursue and support legislation intended to provide robust and comprehensive protections against genetic discrimination and misuse of genetic information; and (3) supports education for health care providers and patients on the protections against genetic discrimination currently afforded by federal and state laws.

Resolution 81 asks our AMA-MSS (1) strongly opposes any discrimination based on genetic information; (2) support robust and comprehensive protections against genetic discrimination and misuse of genetic information; and (3) supports education for health care providers and patients on the protections and limitations against genetic discrimination currently afforded by federal and state law. Furthermore, Resolution 81 asks that our AMA-MSS formally establish support for 4.1.3 Third-Party Access to Genetic Information and 7.3.7 Safeguards in the Use of DNA Databanks in the AMA Code of Ethics.

Your Reference Committee received testimony in support of this resolution. Testimony from the author cited existing AMA policy H-65.969 as external policy related to this resolution. Due to a mirroring in wording of the proposed resolution and AMA policy H-65.969, your Reference Committee believes the mechanism of reaffirmation would be an appropriate way to create MSS position on the asks.

For these reasons your Reference Committee recommends AMA policy H-65.969 Genetic Discrimination and the Genetic Information Nondiscrimination Act be reaffirmed in lieu of Resolution 81.

91) RESOLUTION 84- SUPPORT THE STUDY OF THE EFFICACY OF DIAMORPHINE PRESCRIPTION FOR HEROIN TREATMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends existing AMA policy D-95.987 be reaffirmed in lieu of Resolution 84.

Prevention of Opioid Overdose D-95.987
1. Our AMA: (A) recognizes the great burden that opioid addiction and prescription drug abuse places on patients and society alike and reaffirms its support for the compassionate treatment of such patients; (B) urges that community-based programs offering naloxone and other opioid overdose prevention services continue to be implemented in order to further develop best practices in this area; and (C) encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities; and (D) will continue to monitor the progress of such initiatives and respond as appropriate.

2. Our AMA will: (A) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (B) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.

Resolution 84 asks that our AMA support the study of efficacy of diamorphine prescription for heroin-dependent patients.

Your Reference Committee received mixed testimony on this resolution. The Massachusetts Delegation testified that the asks of the resolution were already satisfied by AMA policy D-95.987 Prevention of Opioid Overdose, which states “Our AMA will: … (B) Encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.” Your Reference Committee found this testimony compelling

For these reasons, your Reference Committee recommends AMA policy D-95.987 Prevention of Opioid Overdose be reaffirmed in lieu of Resolution 84.

Madam Speaker, this concludes the report of the Medical Student Section Reference Committee

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