AMERICAN MEDICAL ASSOCIATION MEDICAL STUDENT SECTION (I-18)

Report of MSS Reference Committee

Lauren J. Engel, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1) Governing Council Report B- Resolution Task Force Update
2) Committee on Health and Information Technology Report A
3) Committee on Health and Information Technology and Committee on Economics and Quality in Medicine Joint Report A
4) Committee on Global and Public Health Report A
5) Committee on Economics and Quality in Medicine Report A
6) Committee on LGBTQ+ Issues Report A
7) Resolution 09- Support Standardization of Care for Postpartum Hemorrhage
8) Resolution 29- Understanding Philanthropic Efforts to Address Medical School Tuition
9) Resolution 32- Sexual and Gender Minority Populations in Medical Research
10) Resolution 37- Support for the Study of the Timing and Causes for Leave of Absence and Withdrawal from United States Medical Schools
11) Resolution 40- Eliminating Recommendations to Restrict Dietary Cholesterol and Fat

RECOMMENDED FOR ADOPTION AS AMENDED

12) Resolution 01- Support for Rooming-in of Neonatal Abstinence Syndrome Patients with their Parents
13) Resolution 02- Medical Drone Usage in Rural America
14) Resolution 03- Support for Children of Incarcerated Parents
15) Resolution 04- Compassionate Release for Incarcerated Patients
16) Resolution 08- Support for Housing Modification Policies
17) Resolution 18- Opposing Mandated Reporting of People Who Question Their Gender Identity
18) Resolution 22- Standardizing Coverage of Applied Behavioral Analysis Therapy for Persons with Autism Spectrum Disorder
19) Resolution 23- Supporting life narrative services in geriatric patients
20) Resolution 27- Increasing the Availability of Bleeding Control Supplies
21) Resolution 28- Supporting research into the use of Mobile Integrated Health Care and Community Paramedicine in addressing the primary care shortage
22) Resolution 30- Bridging the Gender Pay Gap
23) Resolution 34- Introducing Teach-Back Education into Medical School Curriculum
24) Resolution 42- Practice-Based Approach to Resolving Maternal Mortality and Morbidity in Racial Minorities

25) Resolution 51- Utilizing Food Insecurity Screenings in the Emergency Medical Setting to Identify at Risk Individuals
26) Resolution 53- Public Health Awareness of Adverse Childhood Experiences
27) Resolution 55- National Guidelines for Guardianship
28) Resolution 65- Support for Requiring Investigations into Deaths of Children in Foster Care
29) Resolution 67- Oppose Requirements of Hormonal Treatments for Athletes

RECOMMENDED FOR REFERAL

30) Governing Council Report A- Policy Sunset Report for the 2013 AMA-MSS Policies
31) Committee on Medical Education Report A
32) Committee on LGBTQ+ Issues and Minority Issues Committee Joint Report A
33) Resolution 06- Promoting Research into the Effects of Net Neutrality on Public Health
34) Resolution 11- Improving Body Donation Regulation
35) Resolution 19- Support for Universal Basic Income Pilot Studies
36) Resolution 33- Encouraging Stocking Epinephrine Auto-Injector Devices at Restaurants
37) Resolution 43- Mandatory Reporting of Sexual Misconduct Allegations to Law Enforcement
38) Resolution 59- Removing Sex Designation from the Birth Certificate
39) Resolution 66- Acknowledging disparities in health-care access among seasonal farmworkers in the United States

RECOMMENDED FOR NOT ADOPTION

40) Resolution 05-Inclusion of Pregnant Women in the Secondhand Smoke Driving Ban
41) Resolution 10- Support for the Delegation of Informed Consent Procurement
42) Resolution 12- Modernizing Patient Gown-ing Practices in Healthcare
43) Resolution 13- Implementing Naloxone Training into the Basic Life Support (BLS) Certification Program
44) Resolution 14- Increasing PrEP Access by Advocating for Generic Entry into the U.S. Marketplace
45) Resolution 16- Disclosure of Funding Sources and Industry Ties of Professional Medical Associations and Patient Advocacy Organizations
46) Resolution 17- Supporting Research into the Therapeutic Potential of Psychedelics
47) Resolution 20- Increasing Transparency in Food Labeling Regarding Food Products Contributing to Metabolic Syndrome
48) Resolution 21- Trauma-Informed Care Resources
49) Resolution 25- Gun Violence and Mental Illness Stigma in the Media
50) Resolution 35- Increasing Access to Trauma-Informed Services within Schools

51) Resolution 38- Evaluating Medical Service Trips (MSTs) Sponsored by Accredited U.S. Medical Institutions
52) Resolution 47- Legalization of Consensual Sex Work
53) Resolution 49- Support The Widespread Distribution of Naloxone Boxes Throughout the Country
54) Resolution 50- Equalizing End of Life Care for People with Disabilities
55) Resolution 56- Support for Patient-Centered Electronic Health Records
56) Resolution 57- Promoting the Implementation of and Education Regarding Teleneurology along the Stroke Belt and other Rural Patient Populations
57) Resolution 61- Improving Inclusiveness of Transgender Patients within Electronic Medical Record Systems
58) Resolution 62- Advocating for Physician Involvement in FDA User Fee Agreements
59) Resolution 64- Augmented Intelligence and Physician Data Science Literacy

RECOMMENDED FOR REAFFIRMRATION

60) Resolution 07- Opposing Unregulated, Non-Commercial Firearm Manufacturing
61) Resolution 15- Opposing Office of Refugee Resettlement's Use of Medical/ Psychiatric Records for Evidence in Immigration Court
62) Resolution 24- Reducing Maternal Tobacco Use During Pregnancy
63) Resolution 26- Encouraging Development of Physician Liability Guidelines in Telemedicine
64) Resolution 31- Advocate to End Child Marriage in the United States
65) Resolution 36- End Punitive Measures for Pregnant Women Who Use Drugs
66) Resolution 39- Provision of Longitudinal Medical Care to Babies, Mothers, and Caregivers Impacted by Substance Use and Exposure
67) Resolution 41- Decriminalization of Human Immunodeficiency Virus (HIV) Status Non-Disclosure in Virally Suppressed Individuals
68) Resolution 44- Addressing disparities related to breast cancer differences between African American women and other women
69) Resolution 45- Be the change: implementing AMA climate change principles through
70) Resolution 46- Amendment to H-170.967 and D-60.994 for Inclusion of Comprehensive Sexual Health Education for Incarcerated Juveniles
71) Resolution 48- Implementing Elective Rotations and Increasing Exposure to Prisons into the Medical Education Curriculum
72) Resolution 52- Increasing Education regarding Transition Planning for Children with Chronic Health Conditions, not Limited to Those with Developmental Disabilities
73) Resolution 54- Access to Healthcare Services Denied by Faith-Based Healthcare Organizations
74) Resolution 58- Addressing Medical Data Vulnerabilities in Bluetooth and Other Short-Range Wireless Technologies
75) Resolution 60- Enhancing Education and Reducing Advertising of Alcoholic Beverages

76) Resolution 63- Protect People Who Use Drugs from Prosecution in the Event of Overdose
77) Resolution 68- Prevent Discriminatory Increases in Insurance Cost for Patients Who Use HIV Pre-Exposure Prophylaxis (PrEP)
78) Resolution 69- Enhance Protections for Patients Seeking Help for Pedophilic Urges and the Physicians Treating Them

(1) GOVERNING COUNCIL REPORT B- RESOLUTION TASK FORCE UPDATE

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Governing Council Report B be filed.

Governing Council Report B serves as a brief update on the implementation status for each recommendation; the GC will provide a detailed report on the results of implementation at A-19 and make recommendations for the resolution process moving forward.

Your Reference Committee appreciated the update to the assembly and applauds the Governing Council for successfully implementing the pilot.

For these reasons your Reference Committee recommends that Governing Council Report B be adopted.

(2) COMMITTEE ON HEALTH AND INFORMATION TECHNOLOGY REPORT A- EXPAND AMA ELECTRONIC HEALTH RECORDS (EHRS) FOCUS TOWARDS EHR OPEN APPLICATION MARKETPLACES STANDARD APPLICATION PROGRAMMING INTERFACES (APIS) AND EMERGENT EHR TECHNOLOGY COMMUNICATION

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that the recommendations in Committee on Health and Information Technology Report A be adopted.

Committee on Health and Information Technology Report A recommends (1) that the AMA-MSS reaffirm its support for AMA Policy National Health Information Technology D-478.995; and (2) that the AMA-MSS establish formal MSS support of AMA Policy EHR Interoperability D-478.972 (3) that the remainder of the report be filed.

Your Reference Committee appreciates the time dedicated to studying this issue, and agrees with the recommendations of this report.

For these reasons, your Referenced Committee recommends that Committee on Health and Information Technology Report A be adopted.

(3) COMMITTEE ON HEALTH AND INFORMATION TECHNOLOGY AND COMMITTEE ON ECONOMICS AND QUALITY IN MEDICINE JOINT REPORT A- BLOCKCHAIN IN HEALTHCARE: INDUSTRY CHALLENGES AND OPPORTUNITIES FOR EMERGING DECENTRALIZED TECHNOLOGIES

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that the recommendations in Committee on Health and Information Technology and Committee on Economics and Quality in Medicine Joint Report A be adopted.

Committee on Health and Information Technology and Committee on Economics and Quality in Medicine Joint Report A recommends the following:

1. Our AMA will closely coordinate with the newly formed Office of the National Health Information Technology Coordinator all efforts necessary to expedite the implementation of an interoperable health information technology infrastructure, while minimizing the financial burden to the physician and maintaining the art of medicine without compromising patient care.
2. Our AMA: (A) advocates for standardization of key elements of electronic health record (EHR) and computerized physician order entry (CPOE) user interface design during the ongoing development of this technology; (B) advocates that medical facilities and health systems work toward standardized login procedures and parameters to reduce user login fatigue; and (C) advocates for continued research and physician education on EHR and CPOE user interface design specifically concerning key design principles and features that can improve the quality, safety, and efficiency of health care; and (D) advocates for continued research on EHR, CPOE and clinical decision support systems and vendor accountability for the efficacy, effectiveness, and safety of these systems.
3. Our AMA will request that the Centers for Medicare & Medicaid Services: (A) support an external, independent evaluation of the effect of Electronic Medical Record (EMR) implementation on patient safety and on the productivity and financial solvency of hospitals and physicians' practices; and (B) develop, with physician input, minimum standards to be applied to outcome-based initiatives measured during this rapid implementation phase of EMRs.
4. Our AMA will (A) seek legislation or regulation to require all EHR vendors to utilize standard and interoperable software technology components to enable cost efficient use of electronic health records across all health care delivery systems including institutional and community based settings of care delivery; and (B) work with CMS to incentivize hospitals and health systems to achieve interconnectivity and interoperability of electronic health records systems with independent physician practices to enable the efficient and cost effective use and sharing of electronic health records across all settings of care delivery.
5. Our AMA will seek to incorporate incremental steps to achieve electronic health record (EHR) data portability as part of the Office of the National Coordinator for Health Information Technology (ONC) certification process.
6. Our AMA will collaborate with EHR vendors and other stakeholders to enhance transparency and establish processes to achieve data portability.
7. Our AMA will directly engage the EHR vendor community to promote improvements in EHR usability.
8. Our AMA will advocate for appropriate, effective, and less burdensome documentation requirements in the use of electronic health records.
9. Our AMA will urge EHR vendors to adopt social determinants of health templates, created with input from our AMA, medical specialty societies, and other

stakeholders with expertise in social determinants of health metrics and development, without adding further cost or documentation burden for physicians.

The recommendations are found to adequately address the potential uses of blockchain technology in healthcare. Your reference committee applauds the committees on their joint effort to address this difficult issue.

For these reasons your Reference Committee recommends Committee on Health and Information Technology and Committee on Economics and Quality in Medicine Joint Report A be adopted.

(4) COMMITTEE ON GLOBAL AND PUBLIC HEALTH REPORT A- ADVERSE IMPACTS OF DELAYING THE IMPLEMENTATION OF PUBLIC HEALTH REGULATIONS

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that the recommendations in Committee on Global and Public Health Report A be adopted.

Committee on Global and Public Health Report A recommends the following:

1. That our AMA-MSS submit a resolution to amend 135.002MSS Environmental Protection to read as follows:

Our AMA-MSS will ask the AMA to support strong federal enforcement and timely implementation of environmental protection regulations.

2. That our AMA-MSS Governing Council ask the AMA to examine the feasibility of filing an amicus brief highlighting the detrimental health effects of municipal solid waste landfill pollution in Court Case #18-cv-03237 (State of California et. al v EPA et. al)

3. That our AMA-MSS submit a resolution to amend H-135.950 Support the Health Based Provisions of the Clean Air Act to read as follows:

Our AMA (1) opposes changes to the New Source Review program of the Clean Air Act; (2) urges the Administration, through the Environmental Protection Agency, to withdraw the proposed New Source Review regulations promulgated on December 31, 2002; (3) opposes further legislation, rules, and regulations that weakens the existing provisions of the Clean Air Act; and (4) support updates to the Risk Management Program, such as the Chemical Disaster Rule, that prioritize chemical disaster prevention, emergency preparedness, and accessibility of safety information to the public

4. Resolved, That our AMA-MSS submit a resolution to:

a) recognize the significant health risks associated with pesticide exposure and

b) urge the EPA and other federal regulatory agencies to enforce pesticide regulations, particularly of restricted use pesticides, that safeguard human and environmental health, especially in vulnerable populations including but not limited to agricultural workers, immigrant migrant workers, and children.

5. Resolved, That our AMA-MSS Governing Council consider future requests of AMA-

MSS Standing Committee(s) to analyze ongoing regulation delays that impact public health, as they deem appropriate.

Your Reference Committee appreciated the time dedicated to this report and the study of the subject-matter. Your Reference committee appreciated the diversity of recommendations and believe they are within the scope and reasonable next steps to addressing this issue.

For these reasons your Reference Committee recommends that Committee on Global and Public Health Report A be adopted.

(5) COMMITTEE ON ECONOMICS AND QUALITY IN MEDICINE REPORT A- INCREASED AFFORDABILITY AND ACCESS TO HEARING AIDS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Committee on Economics and Quality in Medicine Report A be adopted.

The Committee on Economics and Quality in Medicine recommends that the following be adopted in lieu of Res. 29 I-17 and Res. 10 A-18, and that the remainder of the report be filed.

1. That our AMA support policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.
2. That our AMA encourage increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.
3. That our AMA support the availability of over-the-counter hearing aids for the treatment of age-related mild-to-moderate hearing loss.

Your Reference Committee agrees with the recommendations put forth by the Committee on Economics and Quality in Medicine and appreciates the time dedicated to this issue.

For these reasons your Reference Committee recommends that the Committee on Economics and Quality in Medicine Report A be adopted.

(6) COMMITTEE ON LGBTQ+ ISSUES REPORT A- GENDER AND LGBTQ+ DISCRIMINATION IN INCOME

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that the recommendations in Committee on LGBTQ+ Issues Report A be adopted

Committee on LGBTQ+ Issues Report A recommends (1) suggest the authors propose a new policy within a more appropriate scope and with WHEREAS clauses that support

the issue of LGBTQ+ wage discrimination, as the current resolution mostly discusses gender discrimination which is already addressed in D-200.981 (2) further research the issue of wage gaps in medicine that are based on sexual orientation and gender identity and (3) to separate out the issue of sexual orientation wage discrimination from gender based discrimination

Your Reference Committee finds that the recommendations found to be well-based and appropriate next steps for the AMA-MSS regarding payment discrimination.

For these reasons your Reference Committee recommends that Committee on LGBTQ+ Issues Report A be adopted.

(7) RESOLUTION 09- SUPPORT STANDARDIZATION OF CARE FOR POSTPARTUM HEMORRHAGE

RECOMMENDATION:

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

Resolution 09 asks that that our AMA-MSS support the standardization of care, and establishment of formal protocols for the management of postpartum hemorrhage.

Your Reference Committee received significant testimony in support of this resolution. The Minority Issues Committee, Texas Delegation, Massachusetts Delegation, and Region 3 all testified in support of this resolution. Your Reference Committee found Resolution 09 to be well-researched, and while a reaffirmation of AMA policy, novel for the MSS. Additionally, Resolution 09 addresses a timely and relevant issue in healthcare. This will allow the MSS to have a position on how to better maternal mortality rates in the US at the AMA House of Delegates.

For these reasons, your Reference Committee recommends that Resolution 09 be adopted.

(8) RESOLUTION 29- UNDERSTANDING PHILANTHROPIC EFFORTS TO ADDRESS MEDICAL SCHOOL TUITION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 29 be adopted.

Resolution 29 asks that (1) AMA-MSS study the financial sustainability and factors enabling the implementation of tuition-free and tuition-reduced undergraduate medical education programs; and (2) AMA-MSS study the efficacy of using tuition-free and tuition-reduced undergraduate medical education programs to incentivize primary care specialty choice among medical students.

Your Reference Committee received testimony in support of this resolution. The subject-matter was found to be an important and worthwhile issue to the MSS.

For these reasons your Reference Committee recommends that Resolution 29 be adopted.

(9) RESOLUTION 32- SEXUAL AND GENDER MINORITY POPULATIONS IN MEDICAL RESEARCH

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 32 be adopted

Resolution 32 asks that our AMA amend policy H-315.967 Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation by addition and deletion 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 in medical documentation and in medical research studies, according to current best practices, that is inclusive of ~~sexual orientation/gender identity~~ sexual orientation, gender identity, and other sexual and gender minority traits such as differences/disorders of sex development for the purposes of research into patient and population health

Testimony for this resolution was highly supportive, with support specifically noted by the Committee on LGBTQ+ Issues. Your Reference Committee finds the proposed amendments to further broaden AMA policy to encompass necessary populations in medical research

For these reasons your Reference Committee recommends that Resolution 32 be adopted.

(10) RESOLUTION 37- SUPPORT FOR THE STUDY OF THE TIMING AND CAUSES FOR LEAVE OF ABSENCE AND WITHDRAWAL FROM UNITED STATES MEDICAL SCHOOLS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 37 be adopted.

Resolution 37 asks that our AMA support the study of factors surrounding leaves of absence and withdrawal from allopathic and osteopathic medical education programs,

including the timing of and reasons for these actions, as well as the sociodemographic information of the students involved.

Testimony for Resolution 37 was supportive. This resolution is well within the scope of the AMA-MSS and an important issue to medical students. Your Reference Committee believes the AMA-MSS Committee on Medical Education can adequately satisfy the ask of the resolution.

For these reasons your Reference Committee recommends Resolution 37 be adopted.

(11) RESOLUTION 40- ELIMINATING RECOMMENDATIONS TO RESTRICT DIETARY CHOLESTEROL AND FAT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 40 be adopted.

Resolution 40 asks that our AMA amend AMA Policy H-150.944, "Combating Obesity and Health Disparities," by addition and deletion to read as follows:

Combating Obesity and Health Disparities, H-150.944

Our AMA supports efforts to: (1) reduce health disparities by basing food assistance programs on the health needs of their constituents; (2) provide vegetables, fruits, legumes, grains, vegetarian foods, and healthful dairy and nondairy beverages in school lunches and food assistance programs; and (3) ensure that federal subsidies encourage the consumption of ~~foods and beverages low in fat, added sugars, and cholesterol,~~ healthful foods and beverages.

Your Reference Committee noted concern of over-broadening the policy. However, ultimately your Reference Committee found that changing the language of current policy will update H-150.944 to meet current standards, while encompassing current evidence-based approaches to combating obesity. Broadening our position on this policy allows the AMA to stay current while research in this field is rapidly advancing

For these reasons your Reference Committee recommends Resolution 40 be adopted.

(12) RESOLUTION 01- SUPPORT FOR ROOMING-IN OF NEONATAL ABSTINENCE SYNDROME PATIENTS WITH THEIR PARENTS

RECOMMENDATION A:

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

RESOLVED, That our AMA support keeping patients with neonatal abstinence syndrome with their parents or legal guardians in the hospital

throughout their treatment, as the patient's health and safety permits, through the implementation of rooming-in programs; and be it further

RECOMMENDATION B:

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

Resolution 01 asks that our AMA support keeping patients with neonatal abstinence syndrome with their parents or legal guardians in the hospital throughout their treatment, as the patient's health permits, through the implementation of rooming-in programs; and (2) that our AMA support the education of physicians about rooming-in patients with neonatal abstinence syndrome.

Your Reference Committee received significant testimony in support of this resolution. Regions 1 and 4, as well as the Massachusetts Delegation, testified in support of this resolution. Notably, the Medical Student American Association of Pediatrics (AAP) additionally testified in support. This resolution was very well researched and the data clearly supports the resolved clauses. The ask aligns the AMA with AAP, which would allow the AMA to work closely with the AAP while maintaining the integrity of our policy. The ask of this resolution is concise and actionable. Your Reference Committee believes the addition of the term 'safety' mitigates any concerns that could potentially be mentioned at the House of Delegates.

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

(13) RESOLUTION 02- MEDICAL DRONE USAGE IN RURAL AMERICA

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 02 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS ~~include promotion of~~ promote research on the use of medical drones in rural areas to ~~serve~~ deliver poorly stocked medical supplies, therapeutic interventions, and equipment ~~such as blood, defibrillators, and antidotes to medically underserved areas as a form of telemedicine.~~

RECOMMENDATION B:

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

Resolution 02 asks that our AMA-MSS include promotion of research on the use of medical drones in rural areas to serve poorly stocked medical supplies and equipment such as blood, defibrillators, and antidotes to medically underserved areas as a form of telemedicine.

Your Reference Committee supported the spirit of this resolution. Concern was noted over delivery of biohazardous materials and the high number of stakeholders involved. Additionally, your Reference Committee did not want to limit the research to specific items and felt that the amendment adequately encompassed the items noted in the original language. Therefore, amendments were added for clarify and feasibility.

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

(14) RESOLUTION 03- SUPPORT FOR CHILDREN OF INCARCERATED PARENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 03 be amended by deletion as follows:

RESOLVED, That our AMA support legislation and initiatives that provide resources and support for children of incarcerated parents ~~including, but not limited to, access to counseling and mentorship services for children of incarcerated parents and their interim caregivers, resources to improve visitation and other methods of parental contact, and improved access to healthcare resources such as primary care services~~.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 03 be adopted as amended.

Resolution 03 asks that our AMA support legislation and initiatives that provide resources and support for children of incarcerated parents including, but not limited to, access to counseling and mentorship services for children of incarcerated parents and their interim caregivers, resources to improve visitation and other methods of parental contact, and improved access to healthcare resources such as primary care services.

Your Reference Committee received testimony in support of this resolution. To increase the possible avenues of support to children of incarcerated parents, amendments were suggested.

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

(15) RESOLUTION 04- COMPASSIONATE RELEASE FOR INCARCERATED PATIENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 04 be amended by deletion as follows:

~~RESOLVED, That our AMA advocate for policies that promote compassionate release on the basis of serious medical conditions and advanced age; and be it further~~

RECOMMENDATION B:

Madam Speaker your Reference Committee recommends that the second resolved of Resolution 04 be amended by deletion as follows:

~~RESOLVED, That our AMA support federal and state reforms that ensure efficient preparation and processing of sentence reduction requests for compassionate release; and be it further~~

RECOMMENDATION C:

Madam Speaker your Reference Committee recommends that the third resolved of Resolution 04 be amended by addition and deletion as follows:

RESOLVED, That our AMA collaborate with ~~the National Commission on Correctional Healthcare and state medical societies to draft model legislation~~ appropriate stakeholders to advocate for laws that establish clear, evidence-based eligibility criteria for an efficient compassionate release process.~~; and be it further~~

RECOMMENDATION D:

Madam Speaker your Reference Committee recommends that the fourth resolved of Resolution 04 be amended by deletion as follows:

~~RESOLVED, That our AMA promote mandatory annual reporting by compassionate release programs to the Bureau of Justice Statistics, including numbers of applicants, approvals, denials, and revocations, as well as reasons for decisions and demographic information.~~

RECOMMENDATION E:

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

Resolution 4 asks that (1) our AMA advocate for policies that promote compassionate release on the basis of serious medical conditions and advanced age, (2) our AMA support federal and state reforms that ensure efficient preparation and processing of sentence reduction requests for compassionate release (3) our AMA collaborate with the National Commission on Correctional Healthcare and state medical societies to draft model legislation that establishes clear, evidence-based eligibility criteria for an efficient compassionate release process and (4) our AMA promote mandatory annual reporting by compassionate release programs to the Bureau of Justice Statistics, including numbers of applicants, approvals, denials, and revocations, as well as reasons for decisions and demographic information.

Your Reference Committee received mixed testimony on this resolution, with most of the testimony in support. Concern was noted over the wide variety of asks and the high fiscal note. We offer amendments to address these concerns and to broaden the pool of potential stakeholders, all of which we believe increase the feasibility of this resolution.

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

(16) RESOLUTION 08- SUPPORT FOR HOUSING MODIFICATION POLICIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 08 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS support ~~legislation and other~~ efforts to promote housing modifications as a means of falls prevention and improved disability access~~, which may include but are not limited to~~
~~a) health insurance coverage of housing modification benefits~~
~~b) tax credits and other financial incentives to increase the affordability of home modifications~~
~~c) other federally or state funded programs that provide home modification benefits.~~

RECOMMENDATION B:

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

Resolution 08 asks that our AMA support legislation and other efforts to promote housing modifications as a means of falls prevention and improved disability access, which may include but are not limited to a) health insurance coverage of housing modification benefits, b) tax credits and other financial incentives to increase the affordability of home modifications, and c) other federally or state funded programs that provide home modification benefits.

Your Reference Committee received mixed testimony on this resolution. The proposed amendments allow for a broader range of solutions. This is necessary as neither the AMA nor the AMA-MSS is the body of expertise on housing modifications. Additionally, this topic is already addressed in current AMA policy, but not in the AMA-MSS Digest, making the resolution an appropriate candidate for internal adoption.

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

(17) RESOLUTION 18- OPPOSING MANDATED REPORTING OF PEOPLE WHO QUESTION THEIR GENDER IDENTITY

RECOMMENDATION A:

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

RESOLVED, That our AMA ~~oppose~~ support legislation that would oppose mandated reporting of youth who question or express interest in exploring their gender identity~~; and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second resolved of Resolution 18 be amended by deletion as follows:

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 18 be adopted as amended.

Resolution 18 asks that (1) our AMA oppose legislation that would mandate reporting youth who question or express interest in exploring their gender identity; and (2) this resolution be forwarded immediately to the House of Delegates at I-18.

Your Reference Committee fully supports the spirit of this resolution. The proposed amendment allows the resolution to be more actionable. Due to the high standards of immediate forwards to the House of Delegates, your Reference Committee found this resolution to be appropriate to be submitted at the subsequent meeting.

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

(18) RESOLUTION 22- STANDARDIZING COVERAGE OF APPLIED BEHAVIORAL ANALYSIS THERAPY FOR PERSONS WITH AUTISM SPECTRUM DISORDER

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 22 be amended by deletion as follows:

~~RESOLVED, That our AMA support policy that Applied Behavioral Analysis be classified as a medical intervention, in the context of insurance billing, for the purpose of treating Autism Spectrum Disorder; and be it further~~

RECOMMENDATION B:

Madam Speaker your Reference Committee recommends that the second resolved of Resolution 22 be amended by deletion as follows:

~~RESOLVED, That our AMA advocate for increased funding for the development of additional effective interventions for people with Autism Spectrum Disorder; and be it further~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third resolved of Resolution 22 be amended by addition and deletion as follows:

That our AMA-MSS ~~advocate for~~ support adequate and appropriate reimbursement for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder by all public and private insurance programs.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 22 be adopted as amended.

Resolution 22 asks (1) our AMA support policy that Applied Behavioral Analysis be classified as a medical intervention, in the context of insurance billing, for the purpose of treating Autism Spectrum Disorder (2) our AMA advocate for increased funding for the development of additional effective interventions for people with Autism Spectrum Disorder (3) our AMA advocate for adequate and appropriate reimbursement for Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder by all public and private insurance programs.

Your Reference Committee heard testimony citing issues of scope and the AMA's purview to declare treatments "medical interventions." Additionally, concerns were noted that the second resolved was too broad to be actionable and not well supported by the remainder of the resolution. Lastly, the high fiscal note was considered problematic.

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

(19) RESOLUTION 23- SUPPORTING LIFE NARRATIVE SERVICES IN GERIATRIC PATIENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 23 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS support the ~~efficacy~~ use of ~~using~~ life narrative services as a way to achieve holistic, compassionate geriatric patient care~~; and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second resolved of Resolution 23 be amended by deletion as follows:

~~RESOLVED, That our AMA-MSS support the implementation of life narrative services in health care institutions; and be it further~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third resolved of Resolution 23 be amended by deletion as follows:

~~RESOLVED, That our AMA-MSS support voluntary inclusion of the narratives in the patient's electronic medical record; and be it further~~

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the fourth resolved of Resolution 23 be amended by deletion as follows:

~~RESOLVED, That our AMA-MSS encourages physicians to integrate the voluntary use of life narrative services provided by health institutions for all geriatric patients; and be it further~~

RECOMMENDATION E:

Madam Speaker, your Reference Committee recommends that the fifth resolved of Resolution 23 be amended by deletion as follows:

~~RESOLVED, That our AMA-MSS encourages medicals schools to integrate life narrative services in their curriculum~~."

RECOMMENDATION F:

Madam Speaker, your Reference Committee recommends that Resolution 23 be adopt as amended.

Resolution 23 asks that (1) our AMA-MSS support the efficacy of using life narrative services as a way to achieve holistic, compassionate geriatric patient care, (2) our AMA-MSS support the implementation of life narrative services in health care institutions, (3) our AMA-MSS support voluntary inclusion of the narratives in the patient's electronic medical record, (4) our AMA-MSS encourages physicians to integrate the voluntary use of life narrative services provided by health institutions for all geriatric patients, (5) our AMA-MSS encourages medicals schools to integrate life narrative services in their curriculum.

Testimony for Resolution 23 was mixed, with concern noted for novelty. It was further noted that it is not within the purview of the AMA nor the AMA-MSS to dictate medical school curricula. Amendments were proposed to increase the clarity and feasibility of the ask.

For these reasons, your Reference Committee recommends that Resolution 23 be adopted as amended.

(20) RESOLUTION 27- INCREASING THE AVAILABILITY OF BLEEDING CONTROL SUPPLIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 27 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS support the increased availability of bleeding control supplies ~~including, but not limited to, hemostatic dressings, tourniquets, and gloves,~~ in schools, places of employment, and public buildings~~; and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second resolved of Resolution 27 be amended be deletion as follows:

~~RESOLVED, That our AMA support legislation promoting new public building construction projects to have widespread placement of bleeding control supplies; and be it further~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the third resolved of Resolution 27 be amended be deletion as follows:

~~RESOLVED, That our AMA encourage OSHA and other health or safety governing bodies to investigate and update their recommendations and policies concerning bleeding control supplies to reflect recent hemorrhage control research~~.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 27 be adopted as amended.

Resolution 27 asks that (1) our AMA support the increased availability of bleeding control supplies including, but not limited to, hemostatic dressings, tourniquets, and gloves, in schools, places of employment, and public buildings (2) our AMA support legislation promoting new public building construction projects to have widespread placement of bleeding control supplies (3) our AMA encourage OSHA and other health or safety governing bodies to investigate and update their recommendations and policies concerning bleeding control supplies to reflect recent hemorrhage control research.

Testimony for this resolution was varied. It was noted that the second and third resolved clauses were reaffirmations of current AMA policy. Your Reference Committee felt the first resolved was novel, but better suited internally due to questions of feasibility of the ask.

For these reason, your Reference Committee recommends that Resolution 27 be adopted as amended.

(21) RESOLUTION 28- SUPPORTING RESEARCH INTO THE USE OF MOBILE INTEGRATED HEALTH CARE AND COMMUNITY PARAMEDICINE IN ADDRESSING THE PRIMARY CARE SHORTAGE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends Resolution 28 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS study ~~encourage further research into~~ mobile medical units ~~integrated health care and community paramedicine~~ as a means of delivering healthcare to underserved communities ~~and reducing the burden of the primary care shortage~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 28 be adopted as amended

Resolution 28 asks that our AMA-MSS encourage further research into mobile integrated health care and community paramedicine as a means of delivering healthcare to underserved communities and reducing the burden of the primary care shortage.

Testimony was varied for this resolution. Concern was noted that the AMA should not create extensive policy on paramedicine as our policy should focus on functioning of physicians and not other medical professions. Amendments were made to address these concerns. However, your Reference Committee found merit in the AMA-MSS further studying this issue.

For these reasons, your Reference Committee recommends that Resolution 28 be adopted as amended.

(22) RESOLUTION 30- BRIDGING THE GENDER PAY GAP

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the second resolved of Resolution 30 be amended by deletion as follows:

~~RESOLVED, That our AMA-MSS advocate for pay structures based on objective, gender-neutral objective criteria, with a focus on how subtle differences in the compensation of physicians of different genders may impede career advancement; and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the third resolved of Resolution 30 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS ~~promote~~ support efforts to address gender-based disparities in physician ~~salaries, wages and other forms of~~ compensation, including those that increase transparency during the hiring process, and internal reviews at the practice, department, or hospital system level that evaluate for gender-based pay gaps.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 30 be adopted as amended.

Resolution 30 asks that (1) our AMA-MSS support equitable compensation for all physicians with comparable experience performing equivalent work, and opposes gender-based discrimination in the workplace (2) our AMA-MSS advocate for pay structures based on objective, gender-neutral objective criteria, with a focus on how subtle differences in the compensation of physicians of different genders may impede career advancement (3) our AMA-MSS promote efforts to address gender-based disparities in physician salaries, wages and other forms of compensation, including those that increase transparency during the hiring process, and internal reviews at the practice, department, or hospital system level that evaluate for gender-based pay gaps.

Your Reference Committee receive significant testimony in support for this resolution. To address concerns of feasibility and scope of the AMA-MSS your Reference Committee proposed amendments. It was further noted in testimony that while there may be little in the way of concrete outcomes achieved in passing this resolution, it would bring the AMA-MSS Digest in line with AMA policy and establish the Section's commitment to pay equity.

For these reasons your Reference Committee recommends that Resolution 30 be adopted as amended.

(23) RESOLUTION 34- INTRODUCING TEACH-BACK EDUCATION INTO MEDICAL SCHOOL CURRICULUM

RECOMMENDATION A:

Madam Speaker your Reference Committee recommends that Resolution 34 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS ~~Council on Medical Education (CME) study the efficacy of teach-back in regard to patient education and hospital readmission frequencies~~ support the training of the teach-back technique in medical schools.

RECOMMENDATION B:

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

Resolution 34 asks that our AMA-MSS Council on Medical Education (CME) study the efficacy of teach-back regarding patient education and hospital readmission frequencies.

Testimony for this resolution was largely positive. Your Reference Committee noted that evidence supporting the efficacy of teach-back was adequately supported within the resolution. Therefore, further study was unnecessary. The proposed amendments allow the MSS to forgo study and adopt the policy, per the evidence.

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

(24) RESOLUTION 42 - PRACTICE-BASED APPROACH TO RESOLVING MATERNAL MORTALITY AND MORBIDITY IN RACIAL MINORITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 42 be amended by addition and deletion as follows:

"RESOLVED, That our AMA-MSS ~~encourage research on identifying barriers and developing strategies toward the~~ support development and implementation of evidence-based practices to prevent disease conditions that contribute to maternal morbidity and maternal mortality in racial and ethnic minorities."

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 42 be adopted as amended.

Resolution 42 asks that our AMA-MSS encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices to prevent disease conditions that contribute to maternal morbidity and maternal mortality in racial and ethnic minorities.

Existing AMA policy D-420.993, Disparities in Maternal Mortality, has essentially the same language as this resolution. Until the MSS has determined its stance as it relates to overlapping MSS/AMA policy, this should be passed. However, given the overlapping scope of the resolution at hand and existing AMA policy, there is little reason for the MSS to "encourage research" into the issue as the AMA is already doing this. Therefore, simply establishing the MSS's support is sufficient

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

(25) RESOLUTION 53 - PUBLIC HEALTH AWARENESS OF ADVERSE CHILDHOOD EXPERIENCES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 53 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS ~~will ask our AMA to encourage US medical schools and local AMA chapters to educate~~ support the education of medical students, residents, fellows, and physicians on public health and clinical topics related to adverse childhood experiences~~: the different types of experiences, including but not limited to domestic violence, and their clinical identifications and manifestations, communication strategies to engage with patients about their experiences, and providing information on how these experiences may be associated with patients' health prognosis; and be it further~~

RECOMMENDATION B:

Madam Speaker your Reference Committee recommends that the second resolved of Resolution 53 be amended by deletion as follows:

~~RESOLVED, That our AMA-MSS will ask our AMA to work with other health organizations to create, implement, and promote a national screening tool or guidelines for adverse childhood experiences on various age groups, including but not limited to adolescents, that can be utilized in the hospitals, clinics, and schools, and to work with other health organizations to support further research in areas related to adverse childhood experiences.~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 53 be adopted as amended.

Resolution 53 asks that (1) our AMA-MSS will ask our AMA to encourage US medical schools and local AMA chapters to educate medical students, residents, fellows, and physicians on public health and clinical topics related to adverse childhood experiences: the different types of experiences, including but not limited to domestic violence, and their clinical identifications and manifestations, communication strategies to engage with patients about their experiences, and providing information on how these experiences may be associated with patients' health prognosis and (2) That our AMA-MSS will ask our AMA to work with other health organizations to create, implement, and promote a national screening tool or guidelines for adverse childhood experiences on various age groups, including but not limited to adolescents, that can be utilized in the hospitals, clinics, and schools, and to work with other health organizations to support further research in areas related to adverse childhood experiences.

Your Reference Committee received mixed testimony on this resolution. Concern was noted over the AMA's expertise in adverse childhood experiences, as opposed to organizations such as the American Academy of Pediatrics. Your Reference Committee proffered an amendment to address this concern.

For these reasons your Reference Committee recommends that Resolution 53 be adopted as amended.

(26) RESOLUTION 51- UTILIZING FOOD INSECURITY SCREENINGS IN THE EMERGENCY MEDICAL SETTING TO IDENTIFY AT RISK INDIVIDUALS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 51 be amended by deletion as follows:

~~RESOLVED, That our AMA-MSS support partnerships between hospitals and local and national nutrition assistance programs in order to provide information and direct connect patients identified as food insecure to these resources, and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second resolved of Resolution 51 be amended by addition and deletion as follows:

RESOLVED, That our AMA-MSS ~~encourages research into study~~ study the effectiveness of food prescriptions and hospital based food assistance programs for those patients identified as food insecure.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 51 be adopted as amended

Resolution 51 asks that (1) our AMA-MSS support partnerships between hospitals and local and national nutrition assistance programs in order to provide information and direct patients identified as food insecure to these resources (2) our AMA-MSS encourages research into the effectiveness of food prescriptions and hospital based food assistance programs for those patients identified as food insecure.

Your Reference Committee noted concerns of feasibility. Specifically, it is not within the purview of the AMA to dictate hospital practices and protocols, and partnerships. The sources provided in the whereas clauses were not found adequate by the Reference Committee to support the resolved without further study. Lastly, the Reference Committee had concern over the variability of the terminology “food insecure”.

For these reasons your Reference Committee recommends Resolution 51 be adopted as amended.

(27) RESOLUTION 55- NATIONAL GUIDELINES FOR GUARDIANSHIP

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 55 be amended by deletion as follows:

~~RESOLVED, That our AMA collaborate with relevant stakeholders to encourage development of an evidence-based gold standard for assessing an individual's capacity and need for guardianship, and for periodically re-assessing indications for continued guardianship, and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second resolved of Resolution 55 be amended by deletion as follows:

RESOLVED, That our AMA collaborate with relevant stakeholders to advocate for federal creation and/or adoption of national standards for guardianship programs, appropriate program funding measures, and quality control measures ~~including but not limited to protocols for providing guardians and/or guardian candidates with training, certification, registration, and continuing education within their states of operations.~~

RECOMMENDATION C:

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

Resolution 55 asks that (1) our AMA collaborate with relevant stakeholders to encourage development of an evidence-based gold standard for assessing an individual's capacity and need for guardianship, and for periodically re-assessing indications for continued guardianship and (2) our AMA collaborate with relevant stakeholders to advocate for federal creation and/or adoption of national standards for guardianship programs, appropriate program funding measures, and quality control measures including but not limited to protocols for providing guardians and/or guardian candidates with training, certification, registration, and continuing education within their states of operations.

Testimony for this resolution was largely supportive. Your Reference Committee found that the first resolved has already been accomplished by expert stakeholders, and as such it is unnecessary for the AMA to adopt policy or recreate established standards. Further amendments were suggested for purposes of clarity.

For these reasons your Reference Committee recommends Resolution 55 be adopt as amended

(28) RESOLUTION 65- SUPPORT FOR REQUIRING INVESTIGATIONS INTO DEATHS OF CHILDREN IN FOSTER CARE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first resolved of Resolution 65 be amended by addition and deletion as follows:

RESOLVED, That our AMA ~~advocate for~~ support legislation requiring investigations into deaths of children in the foster care system while the child is in the foster care system.~~; and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the second resolved of Resolution 65 be amended by deletion as follows:

~~RESOLVED, That our AMA develop a protocol for investigating all deaths of children in foster care in an unbiased manner~~.

RECOMMENDATION C:

Madam Speaker your Reference Committee recommends that Resolution 65 be adopted as amended.

Resolution 65 asks that (1) our AMA advocate for legislation requiring investigations into deaths of children in the foster care system while the child is in the foster care system and (2) our AMA develop a protocol for investigating all deaths of children in foster care in an unbiased manner.

Testimony was supportive of Resolution 65, with amendments offered for clarity and feasibility. Testimony suggested that the second resolved is out of scope for the AMA, and we agree.

For these reasons your Reference Committee that recommends Resolution 65 be adopted as amended.

(29) RESOLUTION 67- OPPOSE REQUIREMENTS OF HORMONAL TREATMENTS FOR ATHLETES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the third resolved of Resolution 67 be amended by deletion as follows:

~~RESOLVED, That our AMA work with relevant stakeholders to establish guidelines for international competitions that accommodate athletes with DSD.~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 67 be adopted as amended with a change in title to read:

OPPOSITION TO REQUIREMENTS FOR GENDER-BASED MEDICAL TREATMENTS FOR ATHLETES

Resolution 67 asks that (1) our AMA oppose any regulations requiring mandatory medical treatment or surgery for athletes with Differences of Sex Development (DSD) to be allowed

to compete in alignment with their identity (2) our AMA oppose the creation of distinct hormonal guidelines to determine gender classification for athletic competitions (3) our AMA work with relevant stakeholders to establish guidelines for international competitions that accommodate athletes with DSD.

Your Reference Committee believes that this resolution is well written and timely regarding new guidelines for female participation in athletics. Testimony found the third resolved to be too broad to be actionable. Additionally, the third resolved contributed to the high fiscal note. Your Reference Committee found these arguments compelling. Additionally, to better reflect the ask of the resolution, your Reference Committee recommends a change in title.

For these reasons your Reference Committee recommends that Resolution 67 be adopted as amended with a change in title.

(30) GOVERNING COUNCIL REPORT A- POLICY SUNSET REPORT FOR 2013 AMA-MSS POLICIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Governing Council Report A be referred for report.

Governing Council Report A recommends that the policies specified for retention in Appendix 1 of the report be retained as official, active policies of the AMA-MSS.

Your Reference Committee received testimony in opposition to multiple proposed policy sunset recommendations due to the potential relevance and purpose of the AMA-MSS Digest of Actions. Your Reference Committee finds that the arguments indicate the need to further evaluate the purpose, necessity, and relevance of the AMA-MSS Digest of actions.

For these reasons, your Reference Committee recommends that Governing Council Report A be referred for report.

(31) COMMITTEE ON MEDICAL EDUCATION REPORT A- REQUIRING BLINDED REVIEW OF MEDICAL STUDENT PERFORMANCE

RECOMMENDATION:

Madam Speaker, Your Reference Committee recommends that Committee on Medical Education Report A be referred for report.

Committee on Medical Education Report A recommends the following

1) That the AMA-MSS formally support H-350.974, “Racial and Ethnic Disparities in Health Care”, noting the fourth clause:
1. Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or

culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association.

2. The AMA emphasizes three approaches that it believes should be given high priority:

A. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.

B. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.

C. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decision-making process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities

3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.

4. Our AMA: (a) actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; (b) will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (c) supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations.

1) That the AMA-MSS formally support D-295.983, “Fostering Professionalism During Medical School and residency Training

(1) Our AMA, in consultation with other relevant medical organizations and associations, will work to develop a framework for fostering professionalism during medical school and residency training. This planning effort should include the following elements: (a) Synthesize existing goals and outcomes for professionalism into a practice-based educational framework, such as provided by the AMA's Principles of Medical Ethics.
(b) Examine and suggest revisions to the content of the medical curriculum, based on the desired goals and outcomes for teaching professionalism.
(c) Identify methods for teaching professionalism and those changes in the educational environment, including the use of role models and mentoring, which would support trainees? acquisition of professionalism.
(d) Create means to incorporate ongoing collection of feedback from trainees about factors that support and inhibit their development of professionalism.

(2) Our AMA, along with other interested groups, will continue to study the clinical training environment to identify the best methods and practices used by medical schools and residency programs to foster the development of professionalism.

2) That the remainder of this report be filed.

Your Reference Committee commends the work the Committee on Medical Education put into developing this report. However, your Reference Committee felt that blind review of medical school performance offers many more avenues than pursued specifically in this report. Further investigation would allow for more opportunities to be considered.

For these reasons your Reference Committee recommends that Committee on Medical Education Report A be referred for further study.

(32) COMMITTEE ON LGBTQ+ ISSUES AND MINORITY ISSUES COMMITTEE JOINT REPORT A- RECOGNIZING LGBTQ+ INDIVIDUALS AS UNDERREPRESENTED IN MEDICINE

RECOMMENDATION

Madam Speaker, your Reference Committee recommends the Committee on LGBTQ+ Issues and Minority Issues Committee Joint Report A be referred for report.

Committee on LGBTQ+ Issues and the Minority Issues Committee Joint Report A recommends (1) disaggregating the data to better ascertain the nuances and intersections of LGBTQ+ identity would provide more information prior to consideration for formal recognition (2) encourage medical schools to take steps to be inclusive environments for LGBTQ+ students to be open about their identity and be cognizant of the discrimination that these students and LGBTQ+ patients may face in the healthcare system.

Your Reference Committee appreciates the joint efforts off the Committee on LGBTQ+ Issues and the Minority Issues Committee Joint Report A. However, due to some variations in presented statistics your Reference Committee finds that further data should

be used to fully develop this report. Additionally, your Reference Committee felt the spirit of the report could be further explored.

For these reasons your Reference Committee recommends that Committee on LGBTQ+ Issues and the Minority Issues Committee Joint Report A be referred for report.

(33) RESOLUTION 06- PROMOTING RESEARCH INTO THE EFFECTS OF NET NEUTRALITY ON PUBLIC HEALTH

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 06 be referred for report.

Resolution 06 asks that our AMA research the effects that the repeal of net neutrality rules will have on healthcare accessibility, health insurance, online health resources, electronic health records, telemedicine, and pharmaceutical company advertising.

Your Reference Committee received testimony in support of the spirit of this resolution. However, concern over the lack of clarity and scope were noted. Your Reference Committee believes that the asks of the resolution should be further clarified and supported by further evidence before adoption of policy. Due to the complexity of the issue, your Reference Committee believes that an AMA-MSS committee is best equipped to undertake this study.

For these reasons your Reference Committee recommends that Resolution 06 be referred for report.

(34) RESOLUTION 11- IMPROVING BODY DONATION REGULATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 19 be referred for report.

Resolution 11 asks that (1) our AMA establishes a task force to investigate body donation practices, regulations, and loopholes in the United States and (2) our AMA lobbies and advocates for ethical, transparent, and consistent body donation regulations that align with the wishes of donors and their families.

Your Reference Committee received widely varied testimony on this resolution. While your Reference Committee commends the spirit of this resolution, we note that most of the testimony cited concerns with the language due to the complexity of the issue and the high potential for unintended consequences. Your Reference Committee finds that further study is necessary and appropriate prior to adopting specific policy on improving body donation regulation.

For these reasons your Reference Committee recommends that Resolution 11 be referred for report.

(35) RESOLUTION 19- SUPPORT FOR UNIVERSAL BASIC INCOME PILOT STUDIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 19 be referred for report.

Resolution 19 asks that our AMA supports federal, state, local, and/or private Universal Basic Income pilot studies in the United States which intend to measure health outcomes and access to care for participants.

Your Reference Committee received widely varied testimony on this resolution. While your Reference Committee commends the spirit of this resolution, it was noted that as written the ask was not within the purview of the AMA, as we are not the leading body of expertise on general economic plans. While health outcome and access are healthcare related, they are both extremely broad topics, which prevent the resolution from being feasible without further investigation. Additionally, the significant fiscal note and high potential for unintended consequences were taken into consideration. Due to the complexity of the issue, your Reference Committee finds further study necessary.

For these reasons your Reference Committee recommends that Resolution 19 be referred for report.

(36) RESOLUTION 33 ENCOURAGING STOCKING EPINEPHRINE AUTO-INJECTOR DEVICES AT RESTAURANTS

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Resolution 33 be referred for report.

Resolution 33 asks (1) that our AMA support the stocking of epinephrine auto-injector devices in standard first aid kits in food service establishments, (2) our AMA support having employees that are educated in the signs of anaphylaxis, and (3) AMA Policy D-440.932 be amended by addition to read as follows:

Preventing Allergic Reactions in Food Service Establishments D-440.932

Our American Medical Association will pursue federal legislation requiring restaurants and food establishments to: (1) include a notice in menus reminding customers to let the staff know of any food allergies; (2) educate their staff regarding common food allergens and the need to remind customers to inform wait staff of any allergies; and (3) identify menu items which contain any of the major food allergens identified by the FDA (in the Food Allergen Labeling and Consumer Protection Act of 2004) and which allergens the menu item contains; and (4) encourage restaurants to keep epinephrine auto-injector devices in their standard first aid kit and encourage having employees trained in the signs of anaphylaxis.

Your Reference Committee received mixed testimony on this resolution. While your Reference Committee appreciates the spirit of the resolution, concern over the feasibility due to the cost, expiration, and shortages of epinephrine were noted. Considering current shortages of epinephrine, your Reference Committee questions if restaurant accessibility is the best possible solution. Your Reference Committee believe further study to address issues of feasibility is required before adopting policy.

For these reasons, your Reference Committee recommends Resolution 33 be referred for report.

(37) RESOLUTION 43- MANDATORY REPORTING OF SEXUAL MISCONDUCT ALLEGATIONS TO LAW ENFORCEMENT

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Resolution 43 be referred for report.

Resolution 43 asks that the AMA-MSS support the requirement of all state medical boards to report sexual misconduct allegations by physicians to the appropriate law enforcement agencies.

Your Reference Committee finds this resolution timely and necessary. However, we note that testimony raised concerns over unclear wording of the resolution that could allow for unintended consequences. Testimony also raised concerns about feasibility and scope as the AMA is not the regulatory authority over physician licensing. Considering these concerns, your Reference Committee believes that further study is needed prior to the AMA-MSS adopting policy.

For these reasons your Reference Committee recommends that Resolution 43 be referred for report.

(38) RESOLUTION 59- REMOVING SEX DESIGNATION FROM THE BIRTH CERTIFICATE

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Resolution 59 be referred for report.

Resolution 59 asks our AMA to (1) support legislation to remove “sex” as a legal designation on the birth certificate; and (2) create model state legislation to remove “sex” as a legal designation on the birth certificate and allow self-designation of gender on legal documents.

The spirit of this resolution is commendable, and the resolution received considerable positive testimony. However, the suggested approach of removing sex from the birth certificate has considerable potential side-effects, including hampering public health research as noted by the authors. Your Reference Committee questions whether advocacy of such a dramatic step is the best use of the AMA's political capital versus

pursuing several more nuanced options that would reduce the barrier to changing sex designation on the birth certificate, and add more categories to reflect an individual's needs. This complex issue warrants further investigation.

For these reasons your Reference Committee recommends Resolution 59 be referred for report.

(39) RESOLUTION 66- ACKNOWLEDGING DISPARITIES IN HEALTH-CARE ACCESS AMONG SEASONAL FARMWORKERS IN THE UNITED STATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 66 be referred for report.

Resolution 66 asks that (1) AMA acknowledges there is a disparity in access to preventative healthcare for exposures unique to the seasonal farmworker population in the United States and (2) AMA will work with relevant stakeholders as opportunities arise to increase awareness of the discrimination that exists toward seasonal farmworkers to ensure better health outcomes.

Your Reference Committee received mixed testimony on this resolution. It was noted that the resolution has a significant financial note. Furthermore, the resolved clauses are vague. While your Reference Committee supports the spirit of this resolution, the language does not align directly with what the authors are asking, and the resolution as written is likely to have little impact. However, the population of seasonal workers is unique and does require specific health needs. Therefore, your Reference Committee finds further study appropriate.

For these reasons your Reference Committee recommends Resolution 66 be referred for report.

(40) RESOLUTION 05-INCLUSION OF PREGNANT WOMEN IN THE SECONDHAND SMOKE DRIVING BAN

RECOMMENDATION:

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

Resolution 05 asks that our AMA amend policy H-490.910, Secondhand Smoke, by addition as follows:

Secondhand Smoke, H-490.910

1. Our AMA urges the President of the United States to issue an Executive Order making all federal workplaces, including buildings and campuses, entirely smoke free and urges its federation members to do the same.
2. Our AMA supports legislation that prohibits smoking while operating or riding in a vehicle that contains children and pregnant women.

Your Reference Committee received testimony in support of the spirit of this resolution. However, your Reference Committee has extensive concerns that this resolution unintentionally supports the criminalization of pregnant woman who smoke, or who are near secondhand smoke. As an example, your Reference Committee considers the American College of Obstetricians and Gynecology's (ACOG) distinct opposition to laws that criminalize, intentionally or otherwise, woman who use drugs while pregnant. Further, your Reference Committee is concerned that Resolution 05 threatens the autonomy of pregnant women. Ultimately, legal means were not found to be the appropriate avenue to achieve the spirit of this resolution. Other organizations, such as ACOG, were additionally thought to carry expertise on the subject-matter, bringing into question the scope of Resolution 05 for the AMA.

For these reasons your Reference Committee recommends that Resolution 05 be not adopted.

(41) RESOLUTION 10- SUPPORT FOR THE DELEGATION OF INFORMED CONSENT PROCUREMENT

RECOMMENDATION:

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

Resolution 10 asks that our AMA support the ability of treating physicians to delegate aspects of procuring informed consent from a patient to a qualified and supervised patient care team member consistent with accepted standards of medical practice, while retaining the ultimate responsibility for the acceptable procurement of this consent.

In view of AMA's amicus brief to the Supreme Court of Pennsylvania, cited multiple times in the testimony for Resolution 10, there is clear precedent for the AMA to support the delegation of informed consent on a case-by-case basis without the addition of new policy. The delegation of informed consent is an extremely nuanced issue. Your Reference Committee finds that due to the extensive potential of unintended consequences surrounding informed consent in a blanket policy, the AMA's current policies, which allow the AMA to support the physician on a case-by-case basis, allow for better outcomes.

For these reasons your Reference Committee recommends that Resolution 10 be not adopted.

(42) RESOLUTION 12- MODERNIZING PATIENT GOWN-ING PRACTICES IN HEALTHCARE

RECOMMENDATION:

Madam Speaker, Your Reference Committee recommends that Resolution 12 not be adopted.

Resolution 12 asks that our AMA encourage hospital systems and appropriate regulatory bodies to establish standards for gown design that improve patient comfort while preserving gown function.

Your Reference Committee received mixed testimony on this resolution. While the spirit of the resolution was supported, your Reference Committee found that the specific ask was not within the scope of the AMA beyond its ethical implications and would be more appropriate for and organization such as the American Hospital Association. As the AMA currently has ethical standards that patients should be provided “appropriate gowns” with consideration of a patients’ dignity, no further policy is necessary.

For these reasons, your Reference Committee recommends that Resolution 12 not be adopted.

(43) RESOLUTION 13- IMPLEMENTING NALOXONE TRAINING INTO THE BASIC LIFE SUPPORT (BLS) CERTIFICATION PROGRAM

RECOMMEDATION:

Madam Speaker, your Reference Committee recommends that Resolution 13 not be adopted.

Resolution 13 asks that (1) Our AMA collaborate with the American Heart Association and American Red Cross to incorporate naloxone training into the Basic Life Support (BLS) Certification Program and (2) Our AMA collaborate with the Occupational Safety and Health Administration to include naloxone rescue kits in first aid equipment.

While testimony generally supported the spirit of this resolution, both supportive and opposing testimony was received. Concern over the cost and feasibility of implementation was noted by the Colorado School of Medicine and an individual medical student. Additionally, it was noted that implementation of naloxone into Basic Life Support (BLS) training would likely decrease the accessibility of BLS training. Furthermore, it is currently established that regions of the US are disproportionately affected by opioids. Therefore, it seems that naloxone training should remain to be an add on-training for BLS where appropriate and therefore remain a regional or state issue, rather than a federal mandate.

For these reasons your Reference Committee recommends that Resolution 13 be not adopted.

(44) RESOLUTION 14- INCREASING PREP ACCESS BY ADVOCATING FOR GENERIC ENTRY INTO THE U.S. MARKETPLACE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 14 not be adopted.

Resolution 14 asks that our AMA-MSS will ask that our AMA advocate for federal use of existing legislation to grant immediate entry of generic tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) in the US marketplace.

Your Reference Committee received extensive testimony on this resolution. While the majority was in support, many concerns were noted. First, the drugs noted in the resolution can already be generically produced, which negates the intended purpose of the resolution. Additionally, there was concern about engaging in extensive advocacy efforts for a potentially minimal impact. Additionally, of note is that adoption of this resolution would indicate medications should not be covered by intellectual property laws. Such a declaration would discourage major pharmaceutical companies from using their research dollars to produce new drugs. The House of Delegates has previously noted concerns about enacting a federal statute that has, to date, never been acted upon when discussing this topic.

For these reasons your Reference Committee recommends that Resolution 14 be not adopted.

(45) RESOLUTION 16- DISCLOSURE OF FUNDING SOURCES AND INDUSTRY TIES OF PROFESSIONAL MEDICAL ASSOCIATIONS AND PATIENT ADVOCACY ORGANIZATIONS

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Resolution 16 be not adopted.

Resolution 16 asks that our AMA encourage the disclosure of funding sources and relationships with industry and commercial stakeholders of professional medical associations and patient advocacy organizations.

Your Reference Committee received mixed testimony on the resolution. While your Reference Committee agrees with the spirit of the resolution, the unforeseen implications were concerning. The AMA currently encourages conflict of interest and high standards of corporate relationships. These policies have affected a wide variety of issues including meeting location. Specifically, the lack of clarity regarding the definition of relationship and encourage were found to be problematic in feasibility.

For these reasons your Reference Committee recommends Resolution 16 be not adopted.

(46) RESOLUTION 17- SUPPORTING RESEARCH INTO THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS

RECOMMENDATION

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

Resolution 17 asks (1) that our AMA calls for the status of psychedelics as Schedule 1 substances to be reviewed with the goal of facilitating clinical research and developing psychedelic-based medicines, (2) that, given the high regulatory and cultural barriers, our AMA explicitly supports and promotes research into the therapeutic potential of psychedelics to help make a more conducive environment for research and (3) that our

AMA supports and promotes research to determine the consequences of long-term psychedelic use.

Your Reference Committee received mixed testimony on this resolution. Rescheduling a drug is an extremely large ask. The high variability of legal implications and the large advocacy effort that would be required make this resolution highly infeasible. Concerns over scope of the MSS addressing psychedelics were also noted. Due to the high controversy of this issue, and the high potential for unexpected consequences, your Reference Committee does not believe the proposed language would achieve the spirit of the resolution. The Reference Committee commends the spirit of this resolution, but the ask is too large to be feasible.

For these reasons your Reference Committee recommends that Resolution 17 be not adopted.

(47) RESOLUTION 20- INCREASING TRANSPARENCY IN FOOD LABELING REGARDING FOOD PRODUCTS CONTRIBUTING TO METABOLIC SYNDROME

RECOMMENDATION:

Madam speaker, your reference committee recommends that Resolution 20 not be adopted.

Resolution 20 asks that our AMA work with the appropriate stakeholders to advocate for the establishment of guidelines defining high-calorie, high-fat, high-sugar, and high-sodium foods based on the FDA recommended daily percent values.

Your Reference Committee received mixed testimony on this resolution. As there are no current requirements to put these labels on food no utility exists in passing the resolution as it currently is written. It was noted that the proposed language would not be actionable as it is too vague. Furthermore, labeling foods as "high sodium" and "high fat" is controversial, according to the latest nutrition science.

For these reasons your Reference Committee recommends that Resolution 20 be not adopted.

(48) RESOLUTION 21- TRAUMA-INFORMED CARE RESOURCES

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Resolution 21 not be adopted.

Resolution 21 asks (1) that our AMA will recognize trauma’s impact on health outcomes and trauma-informed care’s role in mitigating those effects and (2) our AMA will partner with existing organizations to compile evidence-based resources for physicians and other health care providers to learn about traumatic experiences, their effects on health, and trauma-informed care practices.

Resolution 21 is currently addressed by other organizations with expertise including the National Center for Trauma-Informed Care and Alternative to Seclusion and Restraint, run by the U.S Department of Health and Human Services. The resolved would have very little, if any, impact beyond what is currently being accomplished. Your Reference Committee was swayed by this testimony.

For these reasons, your Reference Committee recommends that Resolution 21 not be adopted.

(49) RESOLUTION 25- GUN VIOLENCE AND MENTAL ILLNESS STIGMA IN THE MEDIA

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 25 not be adopted.

Resolution 25 asks that that our AMA-MSS support that the AMA work with all appropriate specialty societies to enhance the accuracy of media reports concerning mental health and gun violence, and to reduce the stigma associated with mental illness.

Your Reference Committee noted concerns of scope and feasibility of the AMA-MSS, particularly in dictating the media or any portrayal by the media. Additionally, your Reference Committee agreed with testimony concerning the broad array of issued the resolution was attempting to address, making the ask inactionable.

For these reasons your Reference Committee recommends Resolution 25 not be adopted.

(50) RESOLUTION 35- INCREASING ACCESS TO TRAUMA-INFORMED SERVICES WITHIN SCHOOLS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 35 not be adopted.

Resolution 35 asks the AMA to (1) encourage physicians, residents, and medical students to become educated in the existence of school-based trauma informed services such as MHIP, CBITS, TF-CBT; and (2) work with stakeholders to encourage current and future implementation of trauma-informed school based services.

Existing policy covers school-based medical care and pediatric trauma services generally. While there was broad support for spirit of Resolution 35, concern was raised regarding the fiscal note and role of the AMA in dictating education policy. This is not within the AMA's purview. The desired outcomes of Resolution 35 are unclear, and your Reference Committee questions whether this particular ask is an the appropriate avenue to address trauma-informed services.

For these reasons your Reference Committee recommends that Resolution 35 be not adopted.

(51) RESOLUTION 38- EVALUATING MEDICAL SERVICE TRIPS (MSTS) SPONSORED BY ACCREDITED U.S. MEDICAL INSTITUTIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 38 not be adopted.

Resolution 38 asks that (1) the AMA-MSS ask the AMA to work with the Association of American Medical Colleges (AAMC), the American Association of Colleges of Osteopathic Medicine (AACOM), and other relevant organizations to study the number of students participating in medical service trips sponsored by accredited US medical schools, the structure of such programs including interventions performed, associated costs, and outcomes that result from these interventions (2) the AMA-MSS ask the AMA to work with the aforementioned organizations to share best practices for medical service trips and to evaluate whether sending trainees to low and middle-income countries is a sustainable and evidence-based use of resources with regards to both medical student education and local patient outcomes and (3) the AMA-MSS ask that the AMA amend policy H-250.993 (Overseas Medical Education Developed by US Medical Associations) by insertion as follows:

H-250.993 Overseas Medical Education Developed by US Medical Associations

The AMA will: (1) continue to focus its international activities on and through organizations that are multinational in scope; (2) encourage ethnic and other medical associations to assist medical education and improve medical care in various areas of the world; (3) encourage American medical institutions and organizations to develop relationships with similar institutions and organizations in various areas of the world; (4) work with the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) to ensure that medical students participating in global health programs, including but not limited to international electives and summer clinical experiences are held accountable to the same ethical standards as students participating in domestic service-learning opportunities; (5) work with the AAMC to ensure that international electives provide measurable and safe educational experiences for medical students, including appropriate learning objectives and assessment methods; and (6) communicate support for a coordinated approach to global health education, including information sharing between and among medical schools, and for activities, such as the AAMC Global Health Learning Opportunities (GHLO™), to increase student participation in international electives; and (7) support that local populations served derive tangible and sustainable benefit from international medical interventions provided by medical students

The AMA-MSS House Coordination Committee found Resolution 38 similar to existing AMA policy. The AMA-MSS Committee on Medical Education and others opposed the resolution, citing concern over scope. AMA does not have any jurisdiction over patient outcomes globally. Concern was also noted over the variance and rights of individual medical schools- particularly considering religious affiliations. Your Reference Committee felt the AMA has sufficient policy on this subject-matter. Issues regarding feasibility, concern over scope, and testimony in opposition to this resolution swayed the Reference Committee.

For these reasons your Reference Committee recommends that Resolution 38 be not adopted.

(52) RESOLUTION 47- LEGALIZATION OF CONSENSUAL SEX WORK

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 47 not be adopted.

Resolution 47 asks that our AMA support the legalization of consensual sex work.

Your Reference Committee received mixed testimony regarding this resolution, with multiple amendments proposed. Your Reference Committee found this to be a highly controversial topic, which would require significant political capital from the AMA. The outcome of this resolution is highly varied, and not within the priorities of the AMA, particularly in light of the high fiscal note. Additionally, we are concerned with the potential unintended consequences of this resolution.

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

(53) RESOLUTION 49- SUPPORT THE WIDESPREAD DISTRIBUTION OF NALOXONE BOXES THROUGHOUT THE COUNTRY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 49 not be adopted.

Resolution 49 asks that (1) our AMA support the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription and (2) the AMA to amend policy H-95.932 (Increasing Availability of Naloxone) by insertion and deletion as follows:

Increasing Availability of Naloxone H-95.932

1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community based organization,

law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery.
2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone.
3. Our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients.
4. Our AMA encourages private and public payers to include all forms of naloxone on their preferred drug lists and formularies with minimal or no cost sharing.
5. Our AMA supports liability protections for physicians and other health care professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law.
6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively.
7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration.
8. Our AMA advocate for the widespread implementation of easily accessible naloxone rescue stations throughout the country following similar distribution and legislation as AEDs
~~8. Our AMA urges the Food and Drug Administration to study the practicality and utility of Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions).~~

Your Reference Committee received mixed testimony on this resolution. Due to the high regional variance of the opioid epidemic, your Reference Committee believes the distribution of naloxone to be a state and regional issue. Additionally, concerns of potential cost increases of naloxone and feasibility were noted. Particularly, it was noted that previous debate on this topic at A-18 had raised issues of drug expiration and environment variance .

For these reasons your Reference Committee recommends that Resolution 49 be not adopted.

(54) RESOLUTION 50- EQUALIZING END OF LIFE CARE FOR PEOPLE WITH DISABILITIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 50 not be adopted.

Resolution 50 asks that (1) our AMA will work with state medical societies to develop model legislation and protocols for self-determination in DNAR and Advanced Directives for those with developmental disabilities and (2) our AMA support the right of guardians to make end of life decisions in situations deemed appropriate by the healthcare team.

While your Reference Committee supported the spirit of the resolution, we noted concern over the potential negative consequences. Additionally, your Reference Committee, in line with significant testimony, found that the resolution could be written with more clarity. Each amendment proposed by testimony and the Reference Committee had different potential implementations due to the extreme nuance of the subject-matter. Lastly, testimony questioned the feasibility of the MSS to implement the resolved clauses.

For these reasons your Reference Committee recommends that Resolution 50 not be adopted.

(55) RESOLUTION 56- SUPPORT FOR PATIENT-CENTERED ELECTRONIC HEALTH RECORDS

RECOMMENDATION:

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

Resolution 56 asks that (1) our AMA support patients' digital access to their health records (2) our AMA work with the appropriate stakeholders to ensure physician education on best practices for sharing patients' health information via online platforms, (3) our AMA encourage the Centers for Medicare & Medicaid Services (CMS) to study the information needs of patients to better design systems enabling patient access to their medical records and leverage health information technology as a patient engagement tool (4) our AMA study the benefits and drawbacks of open note sharing as a method to improve patient health data accessibility.

Testimony on Resolution 56 was highly varied. Concern was noted about the high fiscal note considering AMA initiatives such as STEPSForward which were found to adequately satisfy the spirit of the resolution. Additionally, the resolution was found to be too broad to be feasible for implementation by the AMA beyond the actions already being taken.

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

(56) RESOLUTION 57- PROMOTING THE IMPLEMENTATION OF AND EDUCATION REGARDING TELENEUROLOGY ALONG THE STROKE BELT AND OTHER RURAL PATIENT POPULATIONS

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Resolution 57 not be adopted.

Resolution 57 asks that (1) our AMA-MSS encourage the use of tele-stroke medicine for communities along areas of high stroke incidence such as states along the Stroke Belt and other rural populations with similar healthcare disparities, to target the burden of stroke in these populations (2) our AMA-MSS encourage the application of tele-neurology and tele-stroke into medical school curriculum to provide future generations of physicians,

especially those serving rural populations, a reliable tool in battling neurological and stroke cases and (3) our AMA-MSS reaffirm existing AMA-MSS policy D-295.313.

Concern was noted related to issues of scope and expertise of the AMA-MSS. It was also noted that Resolution 57 is not in line with the guidelines of the American College of Emergency Physicians regarding telemedicine.

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

(57) RESOLUTION 61- IMPROVING INCLUSIVENESS OF TRANSGENDER PATIENTS WITHIN ELECTRONIC MEDICAL RECORD SYSTEMS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 61 not be adopted.

Resolution 61 asks that (1) our AMA advocate for legislation to support the inclusiveness of transgender patients within medical record systems and patient portal systems to include and accommodate their unique healthcare needs and (2) our AMA amend AMA Policy H-160.991 to include AMA support for inclusion of LGBTQ specific health needs into Electronic Medical Records.

The Committee on LGBTQ Issues testified that this resolution was too broad and allowed for unintended outcomes. The resolution does not address solutions to the complications of enacting this ask. Proposed amendments affect the spirit and direction of the resolution. As such the Reference Committee found potential amendments beyond our bandwidth or purview and does not find the resolution ready for adoption.

For these reasons your Reference Committee recommends that Resolution 61 be not adopted.

(58) RESOLUTION 62- ADVOCATING FOR PHYSICIAN INVOLVEMENT IN FDA USER FEE AGREEMENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 62 not be adopted.

Resolution 62 asks that our AMA advocate that physician organizations have a role in FDA User Fee Agreements, particularly those that introduce points of policy.

Your Reference Committee did not find the evidence sufficient to justify adoption of this policy. Additionally, the lack of expertise of the AMA-MSS on the subject-matter was found concerning. While the Reference Committee supports physician consultation as appropriate, no evidence that physicians have expertise in FDA user fee agreements or that physician input is helpful is making such agreements was noted.

For these reasons your Reference Committee recommends Resolution 62 not be adopted.

(59) RESOLUTION 64- AUGMENTED INTELLIGENCE AND PHYSICIAN DATA SCIENCE LITERACY

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that Resolution 64 not be adopted.

Resolution 64 asks that our AMA develop core physician data science competency guidelines.

Testimony was mixed for Resolution 64. It was noted that the AMA Council on Medical Education will be introducing a report which addresses guidelines and AMA's role in such guidelines of Augmented Intelligence at A-19.

For these reasons your Reference Committee recommends Resolution 64 not be adopted.

(60) RESOLUTION 07- OPPOSING UNREGULATED, NON-COMMERCIAL FIREARM MANUFACTURING

RECOMMENDATION:

Madam Speaker, Your Reference Committee recommends that AMA Policy H-145.996 be reaffirmed in lieu of Resolution 07.

Firearm Availability H-145.996

1. Our AMA: (a) Advocates a waiting period and background check for all firearm purchasers; (b) encourages legislation that enforces a waiting period and background check for all firearm purchasers; and (c) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.

2. Our AMA policy is to require the licensing of owners of firearms including completion of a required safety course and registration of all firearms.

3. Our AMA supports local law enforcement in the permitting process in such that local police chiefs are empowered to make permitting decisions regarding "concealed carry", by supporting "gun violence restraining orders" for individuals arrested or convicted of domestic violence or stalking, and by supporting "red-flag" laws for individuals who have demonstrated significant signs of potential violence. In supporting local law enforcement, we support the importance as well of "due process" so that decisions could be reversible by individuals petitioning in court for their rights to be restored.

Resolution 07 asks that (1) the AMA support legislation that opposes: a) unregulated, non-commercial firearm manufacturing, such as via 3-D printing, regardless of the material composition or detectability of such weapons; b) production and distribution of 3-D firearm blueprints, (2) the AMA issue a statement of concern to Congress and the Bureau of Alcohol, Tobacco, Firearms and Explosives regarding the manufacturing of firearms using 3-D printers and the online dissemination of 3-D firearm blueprints as a public health issue and (3) this matter be immediately forwarded to the AMA House of Delegates at Interim 2018.

Your Reference Committee received extensive testimony both in support and in opposition to this resolution. Current AMA policy H-145.996 "prohibits manufacture or sale of guns made of non-metal materials not detectable by weapon detection devises," which would include the creation or manufacturing of 3D printed guns. The House Coordination Committee noted that the novelty of Resolution 07 was in "production or distribution of 3D firearm blueprints." Current 3D printing technology does not, without the inclusion of purchased metal components, create functioning firing guns. Blueprints for 3D-printed guns, therefore, do not on create guns. The concern is therefore only theoretical. The Reference Committee does not believe we should set the precedence of passing policy on issues that pre-date available technology and associated issues.

For these reasons, your Reference Committee recommends that AMA Policy H-145.966 be reaffirmed in lieu of Resolution 07.

(61) RESOLUTION 15- OPPOSING OFFICE OF REFUGEE RESETTLEMENT'S USE OF MEDICAL/ PSYCHIATRIC RECORDS FOR EVIDENCE IN IMMIGRATION COURT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy H-315.966 be reaffirmed in lieu of Resolution 15.

H-315.966, Patient and Physician Rights Regarding Immigration Status

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

Resolution 15 asks that (1) our AMA advocate that healthcare services provided to minors in immigrant detention focus solely on the health and well-being of the children (2) our AMA condemn the use of confidential medical and psychological records and social work case files as evidence in immigration courts to facilitate further detainment or deportation, particularly for minors and (3) this matter be immediately forwarded to the AMA House of Delegates at Interim 2018.

AMA policy H-315.966, Patient and Physician Rights Regarding Immigration Status, states that "Our AMA supports protections that prohibit U.S. Immigration and Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies

from utilizing information from medical records to pursue immigration enforcement actions against patients who are undocumented." The language of H-315.966 is sufficiently broad to cover the present resolution's asks regarding the use of medical records as evidence to detain or deport immigrants. Your Reference Committee believes the specific asks of the resolution are better achieved by a GC Action item.

For these reasons your Reference Committee recommends that AMA Policy H-315.966 be reaffirmed in lieu of Resolution 15.

(62) RESOLUTION 24- REDUCING MATERNAL TOBACCO USE DURING PREGNANCY

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy H-425-976 be reaffirmed in lieu of Resolution 24.

Preconception Care H-425.976

1. Our AMA supports the 10 recommendations developed by the Centers for Disease Control and Prevention for improving preconception health care that state:

(1) Individual responsibility across the lifespan--each woman, man, and couple should be encouraged to have a reproductive life plan;
(2) Consumer awareness--increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts;
(3) Preventive visits--as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes;
(4) Interventions for identified risks--increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact);
(5) Inter-conception care--use the inter-conception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth);
(6) Pre-pregnancy checkup--offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy;
(7) Health insurance coverage for women with low incomes--increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and pre-conception and inter-conception care;
(8) Public health programs and strategies--integrate components of pre-conception health into existing local public health and related programs,

including emphasis on inter-conception interventions for women with previous adverse outcomes;
(9) Research--increase the evidence base and promote the use of the evidence to improve preconception health; and
(10) Monitoring improvements--maximize public health surveillance and related research mechanisms to monitor preconception health.

2. Our AMA supports the education of physicians and the public about the importance of preconception care as a vital component of a woman's reproductive health.

Resolution 24 asks that (1) our AMA promote educational campaigns that emphasize the harmful effects of smoking, including e-cigarettes, on prenatal and postnatal development, specifically targeting states with the highest prevalence of smoking during pregnancy, rural communities and other high-risk groups and (2) that our AMA support the creation and utilization of mobile platforms to increase access to educational materials and smoking cessation resources for pregnant women.

Your Reference Committee received testimony in favor of a reaffirmation. The resolution's asks are already covered in AMA Policy H-425-976, which supports such education. Further, your Reference Committee found lack of support for the inclusion of e-cigarettes, and issues with identifying the difference between 'educational campaigns' and 'mobile platforms.' Lastly, your Reference Committee had concern over the high fiscal note, particularly as there is little evidence of a significant impact to adoption of this resolution.

For these reasons your Reference Committee recommends that AMA Policy H-425.976 be reaffirmed in lieu of Resolution 24.

(63) RESOLUTION 26- ENCOURAGING DEVELOPMENT OF PHYSICIAN LIABILITY GUIDELINES IN TELEMEDICINE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA policy H-480.968 be reaffirmed in lieu of Resolution 26.

Telemedicine H-480.968

The AMA: (1) encourages all national specialty societies to work with their state societies to develop comprehensive practice standards and guidelines to address both the clinical and technological aspects of telemedicine; (2) will assist the national specialty societies in their efforts to develop these guidelines and standards; and urges national private accreditation organizations (e.g., URAC and JCAHO) to require that medical care organizations which establish ongoing arrangements for medical care delivery from remote sites require practitioners at those sites to meet no less stringent credentialing standards and participate in quality review procedures that are at least equivalent to those at the site of care delivery.

Resolution 26 asks that (1) our AMA amend policy H-480.974.8, Evolving Impact of Telemedicine, by addition as follows:

> H-480.974.8, Evolving Impact of Telemedicine
>
> Our AMA will work with the Federation of State Medical Boards and the state and territorial licensing boards to develop licensure and liability guidelines for telemedicine practiced across state boundaries

And (2) our AMA amend policy H-480.946.7, Coverage of and Payment for Telemedicine, by addition as follows:

> H-480.946.7, Coverage of and Payment for Telemedicine
>
> Our AMA encourages national medical specialty societies to leverage and potentially collaborate in the work of national telemedicine organizations, such as the American Telemedicine Association, in the area of telemedicine technical and liability standards, to the extent practicable, and to take the lead in the development of telemedicine clinical practice guidelines.

The House Coordination Committee gave testimony stating the AMA was pursuing policy on the topic of telemedicine across state lines and that policy regarding liability was unlikely to be feasible. As such, this policy would not add substantively nor be actionable. Your Reference Committee found this testimony compelling.

For these reasons, your Reference Committee recommends that AMA Policy H-480.968 be reaffirmed in lieu of Resolution 26.

(64) RESOLUTION 31- ADVOCATE TO END CHILD MARRIAGE IN THE UNITED STATES

> RECOMMEDNATION:
>
> Madam Speaker, your Reference Committee recommends that AMA Policy H-60.952 be reaffirmed in lieu of Resolution 31.
>
> H-60.952 AMA Support for the United Nations Convention on The Rights of the Child
>
> Our AMA supports the United Nations Convention on the Rights of the Child and urges the Administration and Congress to support the Convention by ratifying it after considering any appropriate Reservations, Understandings, and Declarations.

Resolution 31 asks that our AMA advocate for ending the practice of child marriage in the United States.

Your Reference Committee received mixed testimony on this resolution. Notably, the House Coordination Committee found that this resolution was similar to multiple AMA policies, including H-60.952 which supports the United Nations Convention on the Rights of the Child. It was noted that, given the right discussed in H-60.952, child marriages could not exist, with the exception of extreme circumstances that may be deemed appropriate. The AMA does not find it within its purview to, beyond the healthcare implications of current policy, dictate marriage laws.

For these reasons your Reference Committee recommends that AMA Policy H-60.952 be reaffirmed in lieu of Resolution 31.

(65) RESOLUTION 36- END PUNITIVE MEASURES FOR PREGNANT WOMEN WHO USE DRUGS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA policy H-95.985 be reaffirmed in lieu of Resolution 36.

Drug Testing H-95.985

Our AMA believes that physicians should be familiar with the strengths and limitations of drug testing techniques and programs:

1. Due to the limited specificity of the inexpensive and widely available non-instrumented devices such as point-of-care drug testing devices, acceptable clinical drug testing programs should include the ability to access highly specific, analytically acceptable confirmation techniques, which definitively establish the identities and quantities of drugs, in order to further analyze results from presumptive testing methodologies. Physicians should consider the value of data from non-confirmed preliminary test results, and should not make major clinical decisions without using confirmatory methods to provide assurance about the accuracy of the clinical data.

2. Results from drug testing programs can yield accurate evidence of prior exposure to drugs. Drug testing does not provide any information about pattern of use of drugs, dose of drugs taken, physical dependence on drugs, the presence or absence of a substance use disorder, or about mental or physical impairments that may result from drug use, nor does it provide valid or reliable information about harm or potential risk of harm to children or, by itself, provide indication or proof of child abuse, or neglect or proof of inadequate parenting.

3. Before implementing a drug testing program, physicians should: (a) understand the objectives and questions they want to answer with testing; (b) understand the advantages and limitations of the testing technology; (c) be aware of and educated about the drugs chosen for inclusion in the drug test; and (d) ensure that the cost of testing aligns with the expected benefits for their patients. Physicians also should be satisfied that the selection of

drugs (analytes) and subjects to be tested as well as the screening and confirmatory techniques that are used meet the stated objectives.

4. Since physicians often are called upon to interpret results, they should be familiar with the disposition characteristics of the drugs to be tested before interpreting any results. If interpretation of any given result is outside of the expertise of the physician, assistance from appropriate experts such as a certified medical review officer should be pursued.

Resolution 36 asks that (1) our AMA oppose the removal of a child from its mother during the hospital stay solely due to evidence from a single positive drug test and (2) our AMA amend policy H-420.950 (Substance Use Disorders During Pregnancy) by addition as follows:

Substance Use Disorders During Pregnancy H-420.950

Our AMA will: (1) oppose any efforts to imply that the diagnosis of substance abuse disorder during pregnancy represents child abuse; and (2) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy; (3) oppose any practice that results in pregnant women receiving drug screens without appropriate informed consent; (4) oppose the removal of infant from their mothers solely based on a single positive prenatal drug screen

Your Reference Committee commends the spirit of this resolution; however, we were swayed by the testimony in opposition to this resolution citing previous work our AMA has currently undertaken in this area, including two amicus briefs. Additionally, your Reference Committee agreed with testimony which noted there would not be any appreciable difference in the AMA's approach to issues surrounding substance use among pregnant women with the adoption of this policy.

For these reasons your Reference Committee recommends reaffirmation of AMA policy H-95.985 in lieu of Resolution 36.

(66) RESOLUTION 39- PROVISION OF LONGITUDINAL MEDICAL CARE TO BABIES, MOTHERS, AND CAREGIVERS IMPACTED BY SUBSTANCE USE AND EXPOSURE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy H-95.976 be reaffirmed in lieu of Resolution 39.

Drug Abuse in the United States - the Next Generation H-95.976

Our AMA is committed to efforts that can help prevent this national problem from becoming a chronic burden. The AMA pledges its continuing involvement in programs to alert physicians and the public to the

dimensions of the problem and the most promising solutions. The AMA, therefore:

(1) supports cooperation in activities of organizations such as the National Association for Perinatal Addiction Research and Education (NAPARE) in fostering education, research, prevention, and treatment of substance abuse;

(2) encourages the development of model substance abuse treatment programs, complete with an evaluation component that is designed to meet the special needs of pregnant women and women with infant children through a comprehensive array of essential services;

(3) urges physicians to routinely provide, at a minimum, a historical screen for all pregnant women, and those of childbearing age for substance abuse and to follow up positive screens with appropriate counseling, interventions and referrals;

(4) supports pursuing the development of educational materials for physicians, physicians in training, other health care providers, and the public on prevention, diagnosis, and treatment of perinatal addiction. In this regard, the AMA encourages further collaboration with the Partnership for a Drug-Free America in delivering appropriate messages to health professionals and the public on the risks and ramifications of perinatal drug and alcohol use;

(5) urges the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the Federal Office for Substance Abuse Prevention to continue to support research and demonstration projects around effective prevention and intervention strategies;

(6) urges that public policy be predicated on the understanding that alcoholism and drug dependence, including tobacco dependence as indicated by the Surgeon General's report, are diseases characterized by compulsive use in the face of adverse consequences;

(7) affirms the concept that substance abuse is a disease and supports developing model legislation to appropriately address perinatal addiction as a disease, bearing in mind physicians' concern for the health of the mother, the fetus and resultant offspring; and

(8) calls for better coordination of research, prevention, and intervention services for women and infants at risk for both HIV infection and perinatal addiction.

Resolution 39 asks that (1) our AMA work with experts in the field such as the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics to develop recommendations for post-delivery discharge plans that include care and substance use treatment for the affected newborn and caregivers (2) our AMA request that Center for Medicare and Medicaid Services and the Joint Commission adopt a set of

standards necessitating the inclusion of substance-use treatment plan in the hospital discharge plan when medically appropriate as part of standard best practice (3) our AMA ask the Joint Commission to ensure that substance-use treatment plans are included in the discharge plan when medically appropriate as part of their regular review of accredited institutions (4) our AMA support the establishment of programs that provide ongoing medical treatment, education, and social support for recovering or current substance using caregivers and their substance exposed babies with an emphasis on programs that use the longitudinal tandem primary care model in order to improve health outcomes

Your Reference Committee received testimony from the House Coordination Committee noting that H-95.976, Drug Abuse in the United States- the Next Generation, advocates for “the development of model substance abuse treatment programs, complete with an evaluation component that is designed to meet the special needs of pregnant women and women with infant children through a comprehensive array of essential services as well as a variety of other supportive services.” HCC found that this satisfied the ask of the resolution. Your Reference Committee agrees.

For these reasons your Reference Committee recommends that H-95.976 be reaffirmed in lieu of Resolution 39.

(67) RESOLUTION 41- DECRIMINALIZATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) STATUS NON-DISCLOSURE IN VIRALLY SUPPRESSED INDIVIDUALS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA policy H-20.914 be reaffirmed in lieu of Resolution 41.

Discrimination and Criminalization Based on HIV Seropositivity H-20.914

Our AMA: (1) Remains cognizant of and concerned about society's perception of, and discrimination against, HIV-positive people; (2) Condemns any act, and opposes any legislation of categorical discrimination based on an individual's actual or imagined disease, including HIV infection; this includes Congressional mandates calling for the discharge of otherwise qualified individuals from the armed services solely because of their HIV seropositivity; (3) Encourages vigorous enforcement of existing anti-discrimination statutes; incorporation of HIV in future federal legislation that addresses discrimination; and enactment and enforcement of state and local laws, ordinances, and regulations to penalize those who illegally discriminate against persons based on disease; (4) Encourages medical staff to work closely with hospital administration and governing bodies to establish appropriate policies regarding HIV-positive patients; (5) Supports consistency of federal and/or state laws with current medical and scientific knowledge including avoidance of any imposition of punishment based on health and disability status; and (6) Encourages public education and understanding of the stigma created by HIV criminalization statutes and subsequent negative clinical and public health consequences.

Resolution 41 asks that our AMA advocate to remove legislation criminalizing non-disclosure of Human Immunodeficiency Virus (HIV) status of people living with HIV who are medically virally suppressed.

AMA Policy H-20.914 states that the AMA "condemns any act, and opposes any legislation of categorical discrimination based on an individual's actual or imagined disease, including HIV infection; this includes Congressional mandates calling for the discharge of otherwise qualified individuals from the armed services solely because of their HIV seropositivity." Resolution 41 will have no substantive impact on current policy. Lastly, while the AMA advocates to repeal legislation, we are unable to remove legislation.

For these reasons your Reference Committee recommends that AMA policy H-20.914 be reaffirmed in lieu of Resolution 41.

(68) RESOLUTION 44- ADDRESSING DISPARITIES RELATED TO BREAST CANCER DIFFERENCES BETWEEN AFRICAN AMERICAN WOMEN AND OTHER WOMEN

RECOMMENDATION:

Madam Speaker, your Reference Committee recommend that AMA Policy D-55.997 be reaffirmed in lieu of Resolution 44.

Cancer and Health Care Disparities Among Minority Women D-55.997

Our AMA encourages research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment.

Resolution 44 asks that (1) our AMA recognize African American women as a specific minority group that requires further research and funding in breast cancer disparities (2) our AMA support research to better understanding the higher incidence of triple-negative breast cancer in African American women to better target treatment for them (3) our AMA recognize that breast cancer diagnosis trends in black women have indicated need for further research regarding racial disparities in breast cancer diagnosis and management

Your Reference Committee noted testimony by the House Coordination Committee citing AMA Policy D-55.997, which specifically states that "Our AMA encourages research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment." While it was noted that none of these resolved clauses specifically acknowledge triple negative breast cancer, current policies acknowledge the disparities with breast cancer screening, treatment and research.

For these reasons your Reference Committee recommends that AMA Policy D-55.997 be reaffirmed in lieu of Resolution 44.

(69) RESOLUTION 45- BE THE CHANGE: IMPLEMENTING AMA CLIMATE CHANGE PRINCIPLES THROUGH JAMA PAPER CONSUMPTION REDUCTION AND GREEN HEALTHCARE LEADERSHIP

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy H-135.923 be reaffirmed in lieu of Resolution 45.

AMA Advocacy for Environmental Sustainability and Climate H-135.923

Our AMA (1) supports initiatives to promote environmental sustainability and other efforts to halt global climate change; (2) will incorporate principles of environmental sustainability within its business operations; and (3) supports physicians in adopting programs for environmental sustainability in their practices and help physicians to share these concepts with their patients and with their communities.

Resolution 45 asks that our AMA (a) shift existing all-inclusive paper JAMA to opt-in paper JAMA subscriptions by the year 2020, still giving students an option to receive paper JAMA, while reducing AMA paper waste, supporting a green initiative, and saving cost. (b) Money saved from reduced paper and printing should be directed to support medical student research in climate change and health.

The House Coordination Committee testified that AMA Policy H-135.923, AMA Advocacy for Environmental Sustainability and Climate, though broader in language, sufficiently addressed Resolution 45. Your Reference Committee agreed with this assessment and finds a GC Action Item to be more appropriate in addressing the specific ask of the resolution.

For these reasons your Reference Committee recommends that AMA Policy H-135.923 be reaffirmed in lieu of Resolution 45.

(70) RESOLUTION 46- AMENDMENT TO H-170.967 AND D-60.994 FOR INCLUSION OF COMPREHENSIVE SEXUAL HEALTH EDUCATION FOR INCARCERATED JUVENILES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy H-60.986 be reaffirmed in lieu of Resolution 46

Health Status of Detained and Incarcerated Youth H-60.986

Our AMA (1) encourages state and county medical societies to become involved in the provision of adolescent health care within detention and correctional facilities and to work to ensure that these facilities meet minimum national accreditation standards for health care as established by the National Commission on Correctional Health Care;

(2) encourages state and county medical societies to work with the administrators of juvenile correctional facilities and with the public officials responsible for these facilities to discourage the following inappropriate

practices: (a) the detention and incarceration of youth for reasons related to mental illness; (b) the detention and incarceration of children and youth in adult jails; and (c) the use of experimental therapies, not supported by scientific evidence, to alter behavior.

(3) encourages state medical and psychiatric societies and other mental health professionals to work with the state chapters of the American Academy of Pediatrics and other interested groups to survey the juvenile correctional facilities within their state in order to determine the availability and quality of medical services provided.

(4) advocates for increased availability of educational programs by the National Commission on Correctional Health Care and other community organizations to educate adolescents about sexually transmitted diseases, including juveniles in the justice system.

Resolution 46 asks that (1) our AMA amend H-170.967 by substitution and addition as follows:

Rehabilitative Programs, Mental Health, and Educational Services for ~~Girls~~ Adolescents in the Juvenile Detention System. H-170.967

Our AMA supports comprehensive health education for ~~female delinquents~~ all incarcerated adolescents, including information on responsible sexual behavior, the prevention of sexually transmissible diseases and HIV/AIDS, and also supports the availability of intervention programs for ~~girls~~ all adolescents who have been victimized.

(2) our AMA amend D-60.994 with addition as follows:

Sexually Transmitted Infections Among Adolescents, Including Incarcerated Juveniles D-60.994

Our AMA will increase its efforts to work with the National Commission on Correctional Health Care to ensure that juveniles in correctional facilities receive comprehensive screening, education, and treatment for sexually transmitted infections and sexual abuse.

And (3) our AMA oppose regulations that deny incarcerated juveniles access to sexual health education and condoms.

Your Reference Committee noted the House Coordination Committee's testimony that AMA Policy H-60.986, Health Status of Detained and Incarcerated Youth, states, "[Our AMA] advocates for increased availability of educational programs by the National Commission on Correctional Health Care and other community organizations to educate adolescents about sexually transmitted diseases, including juveniles in the justice system," which satisfies the ask of Resolution 46.

For these reasons, your Reference Committee recommends that AMA Policy H-60.986 be reaffirmed in lieu of Resolution 46.

(71) RESOLUTION 48- IMPLEMENTING ELECTIVE ROTATIONS AND INCREASING EXPOSURE TO PRISONS INTO THE MEDICAL EDUCATION CURRICULUM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy D-295.327 be reaffirmed in lieu of Resolution 48.

Integrating Content Related to Public Health and Preventive Medicine Across the Medical Education Continuum D-295.327

1. Our AMA encourages medical schools, schools of public health, graduate medical education programs, and key stakeholder organizations to develop and implement longitudinal educational experiences in public health for medical students in the pre-clinical and clinical years and to provide both didactic and practice-based experiences in public health for residents in all specialties including public health and preventive medicine.

2. Our AMA encourages the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to examine their standards to assure that public health-related content and skills are included and integrated as appropriate in the curriculum.

3. Our AMA actively encourages the development of innovative models to integrate public health content across undergraduate, graduate, and continuing medical education.

4. Our AMA, through the Initiative to Transform Medical Education (ITME), will work to share effective models of integrated public health content.

5. Our AMA supports legislative efforts to fund preventive medicine and public health training programs for graduate medical residents.

6. Our AMA will urge the Centers for Medicare and Medicaid Services to include resident education in public health graduate medical education funding in the Medicare Program and encourage other public and private funding for graduate medical education in prevention and public health for all specialties

Resolution 48 asks that our AMA advocate for elective rotations and exposure to the prison healthcare system to be implemented in the medical education curriculum.

AMA policy D-295.327, Integrating Content Related to Public Health and Preventive Medicine Across the Medical Education Continuum, specifies that the AMA encourages "longitudinal educational experiences in public health for medical students in the pre-clinical and clinical years and to provide both didactic and practice-based experiences in public health" and "development of innovative models to integrate public health content across undergraduate, graduate, and continuing medical education." While this is not as

specific as the present resolution, it does potentially encompass the current ask. As the AMA tries to avoid dictating medical curricula, this policy should be reaffirmed in lieu of the current resolution.

For these reasons your Reference Committee recommends that AMA policy D-295.327 be reaffirmed in lieu of Resolution 48.

(72) RESOLUTION 52- INCREASING EDUCATION REGARDING TRANSITION PLANNING FOR CHILDREN WITH CHRONIC HEALTH CONDITIONS, NOT LIMITED TO THOSE WITH DEVELOPMENTAL DISABILITIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends AMA Policy H-60.974 be reaffirmed in lieu of Resolution 52.

Children and Youth With Disabilities H-60.974

It is the policy of the AMA: (1) to inform physicians of the special health care needs of children and youth with disabilities;
(2) to encourage physicians to pay special attention during the preschool physical examination to identify physical, emotional, or developmental disabilities that have not been previously noted;
(3) to encourage physicians to provide services to children and youth with disabilities that are family-centered, community-based, and coordinated among the various individual providers and programs serving the child;
(4) to encourage physicians to provide schools with medical information to ensure that children and youth with disabilities receive appropriate school health services;
(5) to encourage physicians to establish formal transition programs or activities that help adolescents with disabilities and their families to plan and make the transition to the adult medical care system;
(6) to inform physicians of available educational and other local resources, as well as various manuals that would help prepare them to provide family-centered health care; and
(7) to encourage physicians to make their offices accessible to patients with disabilities, especially when doing office construction and renovations.

Resolution 52 asks that (1) our AMA encourage increased medical education and training regarding transitioning care for youth with chronic health conditions, by advocating for incorporation of this topic into medical licensing exams (2) our AMA lobby for increased reimbursements to providers who engage in transition planning (3) our AMA support an increase in evidence-based research that helps to elucidate the effectiveness of transition planning on long term health outcomes for children with chronic illnesses and (4) our AMA support legislative efforts to create public information campaigns targeted towards patients, families, and providers, addressing the barriers to transition planning and ways to mitigate those barriers

Your Reference Committee was swayed by the House Coordination Committee testimony that AMA Policy H-60.974, Children and Youth With Disabilities, addresses the spirit of the resolution. It was noted by both the House Coordination Committee and the Section Delegates that Resolution 52 is better suited for a GC Action Item than for new policy.

For these reasons your Reference Committee recommends AMA Policy H-60.974 be reaffirmed in lieu of Resolution 52.

(73) RESOLUTION 54- ACCESS TO HEALTHCARE SERVICES DENIED BY FAITH-BASED HEALTHCARE ORGANIZATIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA-MSS Policy 5.006MSS be reaffirmed in lieu of Resolution 54.

5.006 MSS- Reproductive Health Care in Religiously-Affiliated Hospitals

AMA-MSS (1) advocates that religiously-affiliated medical institutions provide medically accurate information on the full breadth of reproductive health options available for patients, including, but not limited to, all forms of contraception, emergency care during miscarriages, and infertility treatments, regardless of the institution's willingness to perform the aforementioned services; and (2) endorses the timely referral of patients seeking reproductive services from healthcare providers with religious commitments to accessible health care systems offering the aforementioned services, all the while avoiding any undue burden to the patient. (MSS Res 13, A-17)

Resolution 54 asks that our AMA-MSS should oppose efforts of faith-based healthcare organizations to limit the right of patients and their physicians to decide on the care that they require for their health and well-being, and when that care cannot be provided by a faith-based healthcare organization, the patient should be provided with appropriate access to a physician or institution that can provide the required care.

Your Reference Committee noted testimony by the House Coordination Committee noting that AMA-MSS 5.006MSS adequately covers the asks of Resolution 54. It was additionally noted that the AMA is currently actively advocating to addresses the ask of Resolution 54.

For these reasons, your Reference Committee recommends that 5.006MSS be reaffirmed in lieu of Resolution 54.

(74) Resolution 58- Addressing Medical Data Vulnerabilities in Bluetooth and Other Short-Range Wireless Technologies

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that AMA policies H-480.972 and H-215.972 be reaffirmed in lieu of Resolution 58

Medical Device Safety and Physician Responsibility H-480.972

The AMA supports: (1) the premise that medical device manufacturers are ultimately responsible for conducting the necessary testing, research and clinical investigation and scientifically proving the safety and efficacy of medical devices approved by the Food and Drug Administration; and (2) conclusive study and development of Center for Devices and Radiological Health/Office of Science and Technology recommendations regarding safety of article surveillance and other potentially harmful electronic devices with respect to pacemaker use..

Use of Wireless Radio-Frequency Devices in Hospitals H-215.972

Our AMA encourages: (1) collaborative efforts of the Food and Drug Administration, American Hospital Association, American Society for Healthcare Engineering, Association for the Advancement of Medical Instrumentation, Emergency Care Research Institute, and other appropriate organizations to develop consistent guidelines for the use of wireless radio-frequency transmitters (e.g., cellular telephones, two-way radios) in hospitals and standards for medical equipment and device manufacturers to ensure electromagnetic compatibility between radio-frequency transmitters and medical devices; and that our AMA work with these organizations to increase awareness among physicians and patients about electromagnetic compatibility and electromagnetic interference in hospital environments;

(2) hospital administrators to work with their clinical/biomedical engineering staff, safety committees, and other appropriate personnel to adopt and implement informed policies and procedures for (a) managing the use of wireless radio-frequency sources in the hospital, particularly in critical patient care areas; (b) educating staff, patients, and visitors about risks of electromagnetic interference (EMI); (c) reporting actual or suspected EMI problems; and (d) testing medical devices for susceptibility to EMI when electromagnetic compatibility information is lacking;

(3) medical device and electronic product manufacturers to design and test their products in conformance with current electromagnetic immunity standards and inform users about possible symptoms of electromagnetic interference (EMI). If a possibility of EMI problems affecting medical devices exists, steps should be taken to ensure that all sources of electromagnetic energy are kept at sufficient distance; and

(4) physicians to become knowledgeable about electromagnetic compatibility and electromagnetic interference (EMI), recognize EMI as a potential problem in hospital environments, and report suspected EMI problems to the Food and Drug Administration MedWatch program or appropriate hospital personnel.

Resolution 58 asks that (1) our AMA study the degree of medical data vulnerability due to compromised Bluetooth and radio frequency technology in medical devices and (2) our AMA encourage industry and regulatory partners to develop and implement

standards for the safe use of Bluetooth and radio frequency technology by manufacturers, healthcare professionals, and patients.

Your Reference Committee received noted House Coordination Committee testimony noting AMA does not conduct primary research and as such, this request (if accepted) would result in a meta-analysis of existing research. The merit of such research was questioned by your Reference Committee. Additionally, AMA policy H-480.972 states that "The AMA supports: (1) the premise that medical device manufacturers are ultimately responsible for conducting the necessary testing, research and clinical investigation and scientifically proving the safety and efficacy of medical devices approved by the Food and Drug Administration", and AMA policy H-215.972 discusses working with various stakeholders to ensure that guidelines and standards for medical equipment and device manufacturers are consistent". Due to the broad, all-encompassing nature of current policy respect to medical device manufacturers, your Reference Committee does not think a specification of Bluetooth and/or radiofrequency technology is warranted.

For these reasons your Reference Committee recommends that AMA policies H-480.972 and H-215.972 be reaffirmed in lieu of Resolution 58

(75) RESOLUTION 60- ENHANCING EDUCATION AND REDUCING ADVERTISING OF ALCOHOLIC BEVERAGES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy D-170.998 be reaffirmed in lieu of Resolution 60.

Alcohol and Youth D-170.998

Our AMA will work with the appropriate medical societies and agencies to draft legislation minimizing alcohol promotions, advertising, and other marketing strategies by the alcohol industry aimed at adolescents.

Resolution 60 asks that (1) AMA supports legislation imposing age limits on alcohol advertising and providing appropriate agencies the authority to enforce this legislation and (2) that AMA policy H-30.940 section (3b) be amended so it reads as follows:

AMA Policy Consolidation: Labeling Advertising, and Promotion of Alcoholic Beverages H-30.940

(3) Actively supports and will work for a total statutory prohibition of advertising of all alcoholic beverages except for inside retail or wholesale outlets. Pursuant to that goal, our AMA (a) supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse; (b) opposes the use of the radio and television and other public media such as billboards, magazines, and social media to promote drinking; (c) will work with state and local medical societies to support the elimination of

advertising of alcoholic beverages from all mass transit systems; (d) urges college and university authorities to bar alcoholic beverage companies from sponsoring athletic events, music concerts, cultural events, and parties on school campuses, and from advertising their products or their logo in school publications; and (e) urges its constituent state associations to support state legislation to bar the promotion of alcoholic beverage consumption on school campuses and in advertising in school publications.; and be it further

And (3) our AMA reaffirms policies H-60.928 and D-60.973.

Your Reference Committee noted testimony by the House Coordination Committee that Resolution 60 was reaffirmation of current AMA Policy, notably D-170.998. Additionally, your Reference Committee found that AMA policies H-60.928, D-60.973, and H-30.940 adequately satisfied the ask of the resolution. The addition of Resolution 60 would have no impact to efforts put forward based on current policy.

For these reasons, your Reference Committee recommends that AMA Policy D-170.998 be reaffirmed in lieu of Resolution 60.

(76) RESOLUTION 63- PROTECT PEOPLE WHO USE DRUGS FROM PROSECUTION IN THE EVENT OF OVERDOSE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy D-95.977 be reaffirmed in lieu of Resolution 63.

911 Good Samaritan Laws D-95.977

Our AMA: (1) will support and endorse policies and legislation that provide protections for callers or witnesses seeking medical help for overdose victims; and (2) will promote 911 Good Samaritan policies through legislative or regulatory advocacy at the local, state, and national level.

Resolution 63 asks that (1) our AMA oppose the use of drug-induced homicide laws and other manslaughter and felony murder laws to prosecute individuals who were in the presence of a person who died due to drug use and (2) our AMA work with state and local medical societies to advocate for the expansion of Good Samaritan Laws to include all people present at the time of the overdose and to provide immunity for all types of drug related prosecution

Your Reference Committee received mixed testimony on this resolution. It was noted that this is a very complex issue with many legal implications. AMA already has sufficient policy on Good Samaritan laws, and your Reference Committee does not think this policy will add to the causes of the AMA. This resolution as written could also carry with it extensive legal implications which the Reference Committee finds outside of the purview of the AMA .

For these reasons your Reference Committee recommends that AMA policy D-95.977 be reaffirmed in lieu of Resolution 63.

(77) RESOLUTION 68- PREVENT DISCRIMINATORY INCREASES IN INSURANCE COST FOR PATIENTS WHO USE HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

RECOMMENDATION:

Madam Speaker your Reference Committee recommends that AMA Policy D-185.981 be reaffirmed in lieu of Resolution 68.

Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits Under the Affordable Care Act D-185.981

1. Our AMA will work with state medical societies to ensure that no health carrier or its designee may adopt or implement a benefit design that discriminates on the basis of health status, race, color, national origin, disability, age, sex, gender identity, sexual orientation, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.

2. Our AMA will work with state medical societies to see that appropriate action is taken by state regulators when discrimination may exist in benefit designs.

Resolution 68 asks the AMA amend policy H-20.895 (Pre-Exposure Prophylaxis (PrEP) for HIV) by insertion as follows:

Pre-Exposure Prophylaxis (PrEP) for HIV, H-20.895
1. Our AMA will educate physicians and the public about the effective use of pre-exposure prophylaxis for HIV and the US PrEP Clinical Practice Guidelines.
2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances.
3. Our AMA supports the removal of insurance barriers for PrEP such as prior authorization, mandatory consultation with an infectious disease specialist and other barriers that are not clinically relevant.
4. Our AMA advocates that individuals not be denied or face discriminatory increases in cost of health, long-term care, life, or disability insurance on the basis of PrEP use.

Your Reference Committee received mixed testimony on this resolution. AMA currently has broad policy on discrimination in health insurance coverage and actively advocates against such discrimination. The amendment proposed in Resolution 68 would have no impact beyond what current policy supports. Additionally, it was noted that AMA policy H-20.895 adequately addresses the specific of Pre-Exposure Prophylaxis treatment.

For these reasons your Reference Committee recommends that Resolution that AMA Policy D-185.981 be reaffirmed in lieu of Resolution 68.

(78) RESOLUTION 69- ENHANCE PROTECTIONS FOR PATIENTS SEEKING HELP FOR PEDOPHILIC URGES AND THE PHYSICIANS TREATING THEM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that AMA Policy H-373.995 be reaffirmed in lieu of Resolution 69.

Government Interference in Patient Counseling H-373.995

1. Our AMA vigorously and actively defends the physician-patient-family relationship and actively opposes state and/or federal efforts to interfere in the content of communication in clinical care delivery between clinicians and patients.

2. Our AMA strongly condemns any interference by government or other third parties that compromise a physician's ability to use his or her medical judgment as to the information or treatment that is in the best interest of their patients.

3. Our AMA supports litigation that may be necessary to block the implementation of newly enacted state and/or federal laws that restrict the privacy of physician-patient-family relationships and/or that violate the First Amendment rights of physicians in their practice of the art and science of medicine.

4. Our AMA opposes any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both.

5. Our AMA will educate lawmakers and industry experts on the following principles endorsed by the American College of Physicians which should be considered when creating new health care policy that may impact the patient-physician relationship or what occurs during the patient-physician encounter:
A. Is the content and information or care consistent with the best available medical evidence on clinical effectiveness and appropriateness and professional standards of care?
B. Is the proposed law or regulation necessary to achieve public health objectives that directly affect the health of the individual patient, as well as population health, as supported by scientific evidence, and if so, are there no other reasonable ways to achieve the same objectives?
C. Could the presumed basis for a governmental role be better addressed through advisory clinical guidelines developed by professional societies?
D. Does the content and information or care allow for flexibility based on individual patient circumstances and on the most appropriate time, setting and means of delivering such information or care?
E. Is the proposed law or regulation required to achieve a public policy goal

- such as protecting public health or encouraging access to needed medical care - without preventing physicians from addressing the healthcare needs of individual patients during specific clinical encounters based on the patient's own circumstances, and with minimal interference to patient-physician relationships?
F. Does the content and information to be provided facilitate shared decision-making between patients and their physicians, based on the best medical evidence, the physician's knowledge and clinical judgment, and patient values (beliefs and preferences), or would it undermine shared decision-making by specifying content that is forced upon patients and physicians without regard to the best medical evidence, the physician's clinical judgment and the patient's wishes?
G. Is there a process for appeal to accommodate individual patients' circumstances?

6. Our AMA strongly opposes any attempt by local, state, or federal government to interfere with a physician's right to free speech as a means to improve the health and wellness of patients across the United States.

Resolution 69 asks that (1) our AMA support legal protections from malpractice suits and criminal liability for psychiatrists confidentially treating patients with unexpressed destructive desires (2) our AMA advocate for increased training and awareness about the incidence of these desires in the general population and potential treatment options and (3) our AMA support confidential prophylactic treatment of people with pedophilic disorder.

Your Reference Committee noted multiple concerns with Resolution 69. The evidence proposed was not found to adequately support the resolved. Further, your Reference Committee felt that the resolution misrepresented pedophilia as noncriminal. The AMA currently has policy which protect physicians who treat patients and ” actively opposes state and/or federal efforts to interfere in the content of communication in clinical care delivery between clinicians and patients.” This was found to adequately satisfy the ask of the resolved.

For these reasons your Reference Committee recommends that AMA policy H-373.995 be reaffirmed in lieu of Resolution 69.

Lauren J. Engel, Chair

Lauren Benning, Vice Chair

Stephanie Strohbeen

Ankita Brahmaroutu

Haidn Foster

Moudi Hubeishy

Krishna Kinariwala