

## **SUMMARY OF ACTIONS**

### **2018 MEDICAL STUDENT SECTION INTERIM MEETING NATIONAL HARBOR, MD**

#### **MEDICAL STUDENT SECTION ASSEMBLY**

##### **RESOLUTION 01- SUPPORT FOR ROOMING-IN OF NEONATAL ABSTINENCE SYNDROME PATIENTS WITH THEIR PARENTS**

###### **MSS ACTION: ADOPT AS AMENDED**

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

RESOLVED, That our AMA support the education of physicians about rooming-in patients with neonatal abstinence syndrome.

##### **RESOLUTION 02- MEDICAL DRONE USAGE IN RURAL AMERICA**

###### **MSS ACTION: ADOPT AS AMENDED**

RESOLVED, That our AMA-MSS promote research on the use of medical drones in rural areas to deliver poorly stocked medical supplies, medical interventions and equipment.

##### **RESOLUTION 03- SUPPORT FOR CHILDREN OF INCARCERATED PARENTS**

###### **MSS ACTION: ADOPT AS AMENDED**

RESOLVED, That our AMA support legislation and initiatives that provide resources and support for children of incarcerated parents.

##### **RESOLUTION 04- COMPASSIONATE RELEASE FOR INCARCERATED PATIENTS**

###### **MSS ACTION: ADOPT AS AMENDED**

RESOLVED, That our AMA support policies that facilitate compassionate release on the basis of serious medical conditions and advanced age; and be it further

RESOLVED, That our AMA collaborate with appropriate stakeholders to draft model legislation that establishes clear, evidence-based eligibility criteria for timely compassionate release; and be it further

RESOLVED, That our AMA promote transparent reporting of compassionate release statistics, including numbers and demographics of applicants, approvals, denials, and revocations, and justifications for decisions.

##### **RESOLUTION 05- INCLUSION OF PREGNANT WOMEN IN THE SECONDHAND SMOKE DRIVING BAN**

**MSS ACTION: REFERRED FOR REPORT**

RESOLVED, 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.

**RESOLUTION 06- PROMOTING RESEARCH INTO THE EFFECTS OF NET NEUTRALITY ON PUBLIC HEALTH**

**MSS ACTION: REFERRED FOR REPORT**

RESOLVED, 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.

**RESOLUTION 07- OPPOSING UNREGULATED, NON-COMMERCIAL FIREARM MANUFACTURING**

**MSS ACTION: ADOPT**

RESOLVED, That 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; and be it further

RESOLVED, That 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 be it further

RESOLVED, That this matter be immediately forwarded to the AMA House of Delegates at Interim 2018.

**RESOLUTION 08- SUPPORT FOR HOUSING MODIFICATION POLICIES**

**MSS ACTION: REFFERED FOR REPORT**

RESOLVED, 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
- c) other federally or state funded programs that provide home modification benefits.

**RESOLUTION 09- SUPPORT STANDARDIZATION OF CARE FOR POSTPARTUM HEMORRHAGE**

**MSS ACTION: ADOPT**

RESOLVED, that our AMA-MSS support the standardization of care, and establishment of formal protocols for the management of postpartum hemorrhage

**RESOLUTION 10- SUPPORT FOR THE DELEGATION OF INFORMED CONSENT PROCUREMENT**

**MSS ACTION: NOT ADOPT**

RESOLVED, 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.

**RESOLUTION 11- IMPROVING BODY DONATION REGULATION**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA recognize the need for ethical, transparent, and consistent body donation regulations

**RESOLUTION 12- MODERNIZING PATIENT GOWN-ING PRACTICES IN HEALTHCARE**

**MSS ACTION: NOT ADOPT**

RESOLVED, That our AMA encourage hospital systems and appropriate regulatory bodies to establish standards for gown design that improve patient comfort while preserving gown function.

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

**MSS ACTION: NOT ADOPT**

RESOLVED, That 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 be it further

**MSS ACTION: NOT ADOPT**

RESOLVED, That Our AMA collaborate with the Occupational Safety and Health Administration to include naloxone rescue kits in first aid equipment.

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

**MSS ACTION: NOT ADOPT**

RESOLVED, 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.

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

##### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA advocate that healthcare services provided to minors in immigrant detention focus solely on the health and well-being of the children; and be it further

RESOLVED, That our AMA condemn the use of confidential medical and psychological records and social work case files as evidence in immigration courts without patient consent

#### **RESOLUTION 16- DISCLOSURE OF FUNDING SOURCES AND INDUSTRY TIES OF PROFESSIONAL MEDICAL ASSOCIATIONS AND PATIENT ADVOCACY ORGANIZATIONS**

##### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA support guidelines for members of the Federation of Medicine and patient advocacy organizations to disclose donations, sponsorships, and other financial transactions by industry and commercial stakeholders

#### **RESOLUTION 17- SUPPORTING RESEARCH INTO THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS**

##### **MSS ACTION: REFERRED FOR REPORT**

RESOLVED, 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; and be it further

RESOLVED, 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 be it further

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

#### **RESOLUTION 18- OPPOSING MANDATED REPORTING OF PEOPLE WHO QUESTION THEIR GENDER IDENTITY**

##### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA oppose mandated reporting of youth who question or express interest in exploring their gender identity

#### **RESOLUTION 19- SUPPORT FOR UNIVERSAL BASIC INCOME PILOT STUDIES**

**MSS ACTION: ADOPT**

RESOLVED, 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.

**RESOLUTION 20- INCREASING TRANSPARENCY IN FOOD LABELING REGARDING FOOD PRODUCTS CONTRIBUTING TO METABOLIC SYNDROME**

**MSS ACTION: NOT ADOPT**

RESOLVED, 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.

**RESOLUTION 21- TRAUMA-INFORMED CARE RESOURCES**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA will recognize trauma-informed care, as defined by stakeholders as a practice that realizes the widespread impact of trauma on all patients, recognizes the signs and symptoms of trauma, responds by fully integrating knowledge about trauma into policies, procedures, and practices, seeks to avoid re-traumatization, and understands potential paths for recovery; and be it further

RESOLVED, That our AMA will support trauma-informed care by directing physicians to evidence based resources.

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

**MSS ACTION: ADOPT AS AMENDED**

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

**RESOLUTION 23- SUPPORTING LIFE NARRATIVE SERVICES IN GERIATRIC PATIENTS**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA-MSS support the use of narrative services as a way to achieve holistic, compassionate geriatric patient care

**RESOLUTION 24- REDUCING MATERNAL TOBACCO USE DURING PREGNANCY**

**MSS ACTION: REAFFIRMATION OF H-425.976 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 25- GUN VIOLENCE AND MENTAL ILLNESS STIGMA IN THE MEDIA**

### **MSS ACTION: NOT ADOPTED**

RESOLVED, 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.

## **RESOLUTION 26- ENCOURAGING DEVELOPMENT OF PHYSICIAN LIABILITY GUIDELINES IN TELEMEDICINE**

### **MSS ACTION: REAFFIRMATION OF H-480.968 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 27- INCREASING THE AVAILABILITY OF BLEEDING CONTROL SUPPLIES**

### **MSS ACTION: ADOPTED AS AMENDED**

**RESOLVED;** That AMA Resolution H-130.935 be amended by addition as follows:

#### **H-130.935: Support for Hemorrhage Control Training**

1. Our AMA encourages state medical and specialty societies to promote the training of both lay public and professional responders in essential techniques of bleeding control.
2. Our AMA encourages, through state medical and specialty societies, the inclusion of hemorrhage control kits (including pressure bandages, hemostatic dressings, tourniquets and gloves) for all first responders.
3. Our AMA supports the increased availability of bleeding control supplies in schools, places of employment, and public buildings.

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

### **MSS ACTION: ADOPTED AS AMENDED**

**RESOLVED,** That our AMA-MSS study mobile medical units as a means of delivering healthcare to underserved communities.

## **RESOLUTION 29- UNDERSTANDING PHILANTHROPIC EFFORTS TO ADDRESS MEDICAL SCHOOL TUITION**

### **MSS ACTION: ADOPT**

RESOLVED, That our AMA-MSS study the financial sustainability and factors enabling the implementation of tuition-free and tuition-reduced undergraduate medical education programs; and be it further

RESOLVED, That our 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.

### **RESOLUTION 30- BRIDGING THE GENDER PAY GAP**

#### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA-MSS support equitable compensation for all physicians with comparable experience performing equivalent work, and opposes gender-based discrimination in the workplace; and

RESOLVED, That our AMA-MSS support efforts to address gender-based disparities in physician 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.

### **RESOLUTION 31- ADVOCATE TO END CHILD MARRIAGE IN THE UNITED STATES**

#### **MSS ACTION: REAFFIRMATION OF H-60.952 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 32- SEXUAL AND GENDER MINORITY POPULATIONS IN MEDICAL RESEARCH**

#### **MSS ACTION: ADOPT**

RESOLVED, That our AMA amend policy H-315.967 Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation by insertion and deletion as follows:

##### **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.

## **RESOLUTION 33- ENCOURAGING STOCKING EPINEPHRINE AUTO-INJECTOR DEVICES AT RESTAURANTS**

### **MSS ACTION: REFERRED FOR REPORT**

RESOLVED, That our AMA support the stocking of epinephrine auto-injector devices in standard first aid kits in food service establishments; and be it further

RESOLVED, That our AMA support having employees that are educated in the signs of anaphylaxis; and be it further

RESOLVED, 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.

## **RESOLUTION 34- INTRODUCING TEACH-BACK EDUCATION INTO MEDICAL SCHOOL CURRICULUM**

### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA-MSS support the training of the teach-back technique in medical schools.

## **RESOLUTION 35- INCREASING ACCESS TO TRAUMA-INFORMED SERVICES WITHIN SCHOOLS**

### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That Our AMA encourage physicians, residents, and medical students to utilize current integrated care approaches that engage school-based trauma informed services; and be it further

RESOLVED That Our AMA encourage stakeholders to implement trauma-informed school based services.

## **RESOLUTION 36- END PUNITIVE MEASURES FOR PREGNANT WOMEN WHO USE DRUGS**

## **MSS ACTION: REAFFIRMATION OF H-95.985 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 37- SUPPORT FOR THE STUDY OF THE TIMING AND CAUSES FOR LEAVE OF ABSENCE AND WITHDRAWAL FROM UNITED STATES MEDICAL SCHOOLS**

### **MSS ACTION: ADOPT**

RESOLVED, 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.

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

### **MSS ACTION: NOT ADOPTED**

RESOLVED, that 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; and be it further

RESOLVED, that 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; and be it further

RESOLVED, that 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.

## **RESOLUTION 39- PROVISION OF LONGITUDINAL MEDICAL CARE TO BABIES, MOTHERS, AND CAREGIVERS IMPACTED BY SUBSTANCE USE AND EXPOSURE**

### **MSS ACTION: REAFFIRMATION OF H-95.976 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 40- ELIMINATING RECOMMENDATIONS TO RESTRICT DIETARY CHOLESTEROL AND FAT**

### **MSS ACTION: ADOPT**

RESOLVED, That our AMA amend AMA Policy H-150.944, "Combating Obesity and Health Disparities," by 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.

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

### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA support repealing legislation criminalizing non-disclosure of Human Immunodeficiency Virus (HIV) status of people living with HIV who have an undetectable viral load.

## **RESOLUTION 42- PRACTICE-BASED APPROACH TO RESOLVING MATERNAL MORTALITY AND MORBIDITY IN RACIAL MINORITIES**

### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA-MSS 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.

## **RESOLUTION 43- MANDATORY REPORTING OF SEXUAL MISCONDUCT ALLEGATIONS TO LAW ENFORCEMENT**

### **MSS ACTION: REFERRED FOR REPORT**

RESOLVED, Our AMA-MSS support the requirement of all state medical boards to report sexual misconduct allegations by physicians to the appropriate law enforcement agencies.

## **RESOLUTION 44- ADDRESSING DISPARITIES RELATED TO BREAST CANCER DIFFERENCES BETWEEN AFRICAN AMERICAN WOMEN AND OTHER WOMEN**

### **MSS ACTION: REAFFIRMATION OF D-55.997 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 45- BE THE CHANGE: IMPLEMENTING AMA CLIMATE CHANGE PRINCIPLES THROUGH JAMA PAPER CONSUMPTION REDUCTION AND GREEN HEALTHCARE LEADERSHIP**

### **MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That Our AMA 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.

### **RESOLUTION 46- AMENDMENT TO H-170.967 AND D-60.994 FOR INCLUSION OF COMPREHENSIVE SEXUAL HEALTH EDUCATION FOR INCARCERATED JUVENILES**

#### **MSS ACTION: REAFFIRMATION OF H-60.986 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 47- LEGALIZATION OF CONSENSUAL SEX WORK**

#### **MSS ACTION: NOT ADOPTED**

RESOLVED, That our AMA support the legalization of consensual sex work.

### **RESOLUTION 48- IMPLEMENTING ELECTIVE ROTATIONS AND INCREASING EXPOSURE TO PRISONS INTO THE MEDICAL EDUCATION CURRICULUM**

#### **MSS ACTION: REAFFIRMATION OF D-295.327 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 49- SUPPORT THE WIDESPREAD DISTRIBUTION OF NALOXONE BOXES THROUGHOUT THE COUNTRY**

### **MSS ACTION: NOT ADOPTED**

RESOLVED, That our AMA support the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription; and be it further

RESOLVED, That 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).~~

## **RESOLUTION 50- EQUALIZING END OF LIFE CARE FOR PEOPLE WITH DISABILITIES**

### **MSS ACTION: NOT ADOPT**

RESOLVED, That 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; be it further

RESOLVED, That our AMA support the right of guardians to make end of life decisions in situations deemed appropriate by the healthcare team

## **RESOLUTION 51- UTILIZING FOOD INSECURITY SCREENINGS IN THE EMERGENCY MEDICAL SETTING TO IDENTIFY AT RISK INDIVIDUALS**

### **MSS ACTION: ADOPTED AS AMENDED**

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

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

### **MSS ACTION: REAFFIRMATION OF H-60.974 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 53- PUBLIC HEALTH AWARENESS OF ADVERSE CHILDHOOD EXPERIENCES**

##### **MSS ACTION: NOT CONSIDERED**

RESOLVED, That 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 be it further

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.

#### **RESOLUTION 54- ACCESS TO HEALTHCARE SERVICES DENIED BY FAITH-BASED HEALTHCARE ORGANIZATIONS**

##### **MSS ACTION: NOT CONSIDERED**

RESOLVED, 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.

#### **RESOLUTION 55- NATIONAL GUIDELINES FOR GUARDIANSHIP**

##### **MSS ACTION: ADOPTED AS AMENDED**

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.

## **RESOLUTION 56- SUPPORT FOR PATIENT-CENTERED EHRS**

### **MSS ACTION: NOT CONSIDERED**

RESOLVED, That our AMA support patients' digital access to their health records; and

RESOLVED, That our AMA work with the appropriate stakeholders to ensure physician education on best practices for sharing patients' health information via online platforms; and

RESOLVED, That 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; and be it further

RESOLVED, That our AMA study the benefits and drawbacks of open note sharing as a method to improve patient health data accessibility.

## **RESOLUTION 57- PROMOTING THE IMPLEMENTATION OF AND EDUCATION REGARDING TELENEUROLOGY ALONG THE STROKE BELT AND OTHER RURAL PATIENT POPULATIONS**

### **MSS ACTION: NOT CONSIDERED**

RESOLVED, That 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; and be it further,

RESOLVED, That 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 be it further,

RESOLVED, That our AMA-MSS reaffirm existing AMA-MSS policy D-295.313.

## **RESOLUTION 58- ADDRESSING MEDICAL DATA VULNERABILITIES IN BLUETOOTH AND OTHER SHORT-RANGE WIRELESS TECHNOLOGIES**

### **MSS ACTION: REAFFIRMATION OF H-480.972 AND H-215.972 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 59- REMOVING SEX DESIGNATION FROM THE BIRTH CERTIFICATE**

#### **MSS ACTION: NOT CONSIDERED**

RESOLVED, That our AMA support legislation to remove “sex” as a legal designation on the birth certificate; and be it further

RESOLVED, That our AMA create model state legislation to remove “sex” as a legal designation on the birth certificate and allow self-designation of gender on legal documents.

## **RESOLUTION 60- ENHANCING EDUCATION AND REDUCING ADVERTISING OF ALCOHOLIC BEVERAGES**

### **MSS ACTION: REAFFIRMATION OF D-170.998 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 61- IMPROVING INCLUSIVENESS OF TRANSGENDER PATIENTS WITHIN ELECTRONIC MEDICAL RECORD SYSTEMS**

### **MSS ACTION: NOT CONSIDERED**

RESOLVED, That 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 be it further

RESOLVED, That our AMA amend AMA Policy H-160.991 to include AMA support for inclusion of LGBTQ specific health needs into EMRs.

## **RESOLUTION 62- ADVOCATING FOR PHYSICIAN INVOLVEMENT IN FDA USER FEE AGREEMENTS**

### **MSS ACTION: NOT CONSIDERED**

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

## **RESOLUTION 63- PROTECT PEOPLE WHO USE DRUGS FROM PROSECUTION IN THE EVENT OF OVERDOSE**

### **MSS ACTION: REAFFIRMATION OF D-95.977 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 64- AUGMENTED INTELLIGENCE AND PHYSICIAN DATA SCIENCE LITERACY**

### **MSS ACTION: NOT ADOPTED**

RESOLVED, That our AMA develop core physician data science competency guidelines.

**RESOLUTION 65- SUPPORT FOR REQUIRING INVESTIGATIONS INTO DEATHS OF CHILDREN IN FOSTER CARE**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That our AMA support legislation requiring investigations into deaths of children in the foster care system while the child is in the foster care system

**RESOLUTION 66- ACKNOWLEDGING DISPARITIES IN HEALTH-CARE ACCESS AMONG SEASONAL FARMWORKERS IN THE UNITED STATES**

**MSS ACTION: NOT CONSIDERED**

RESOLVED, The AMA acknowledges there is a disparity in access to preventative healthcare for exposures unique to the seasonal farmworker population in the United States; and be it further,

RESOLVED, The 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.

**RESOLUTION 67- OPPOSE REQUIREMENTS OF HORMONAL TREATMENTS FOR ATHLETES**

**MSS ACTION: ADOPTED AS AMENDED**

RESOLVED, That 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; and be it further

RESOLVED, That our AMA oppose the creation of distinct hormonal guidelines to determine gender classification for athletic competitions; and be it further

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

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

**MSS ACTION: NOT CONSIDERED**

RESOLVED, That 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.

## **RESOLUTION 69- ENHANCE PROTECTIONS FOR PATIENTS SEEKING HELP FOR PEDOPHILIC URGES AND THE PHYSICIANS TREATING THEM**

### **MSS ACTION: NOT CONSIDERED**

RESOLVED, That our AMA support legal protections from malpractice suits and criminal liability for psychiatrists confidentially treating patients with unexpressed destructive desires; and be it further

RESOLVED, That our AMA advocate for increased training and awareness about the incidence of these desires in the general population and potential treatment options; and be it further

RESOLVED, That our AMA support confidential prophylactic treatment of people with pedophilic disorder.

## **MEDICAL STUDENT SECTION AUTHORED RESOLUTIONS AT THE HOUSE OF DELEGATES**

### **RESOLUTION 207- DEFENSE OF AFFIRMATIVE ACTION**

#### **HOD ACTION: ADOPTED**

RESOLVED, That our AMA oppose legislation that would undermine institutions' ability to properly employ affirmative action to promote a diverse student population.

### **RESOLUTION 212- DEVELOPMENT AND IMPLEMENTATION OF GUIDELINES FOR RESPONSIBLE MEDIA COVERAGE OF MASS SHOOTINGS**

#### **HOD ACTION: THE ALTERNATE RESOLUTION ADOPTED IN LIEU OF RESOLUTION 212**

RESOLVED, that our AMA encourage the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations or best practices for media coverage of mass shootings. (New HOD Policy)

### **RESOLUTION 213- INCREASING FIREARM SAFETY TO PREVENT ACCIDENTAL CHILD DEATHS**

### **RESOLUTION 233- OPPOSING UNREGULATED, NON-COMMERCIAL FIREARM MANUFACTURING**

**HOD ACTION: BOARD OF TRUSTEES REPORT 11 ADOPTED AS AMENDED IN LIEU OF RESOLUTIONS 213 AND 233 AND THE REMAINDER OF THE REPORT FILED.**

3. That our American Medical Association: (1) encourages the enactment of state laws requiring the reporting of all classes of prohibited individuals relevant mental health records, as defined by state and federal law, to the National Instant Criminal Background Check System (NICS); (2) supports federal funding to provide grants to states to improve NICS reporting; and (3) encourages states to automate the reporting of mental health records relevant information to NICS to improve the quality and timeliness of the data. (New HOD Policy)  
Resolution 901- Support for Preregistration in Biomedical Research

**RESOLUTION 902: INCREASING PATIENT ACCESS TO SEXUAL ASSAULT NURSE EXAMINERS**

**HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE**

INCREASING PATIENT ACCESS TO SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATIONS

RESOLVED, That our American Medical Association advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations. (New HOD Policy)

**RESOLUTION 903- REGULATING FRONT-OF-PACKAGE LABELS ON FOOD PRODUCTS**

**HOD ACTION: THE ALTERNATE RESOLUTION ADOPTED IN LIEU OF RESOLUTION 903.**

FRONT-OF-PACKAGE LABELS FOR FOOD PRODUCTS WITH ADDED SUGARS

RESOLVED, That our AMA encourage the FDA to: (1) develop front-of-package warning labels for foods that are high in added sugars based on the established recommended daily value and (2) limit the amount of added sugars permitted in a food product containing front-of-package health or nutrient content claims. (New HOD Policy)

**RESOLUTION 904- SUPPORT FOR CONTINUED 9-1-1 MODERNIZATION AND THE NATIONAL IMPLEMENTATION OF TEST-TO-911 SERVICE**

**HOD ACTION: ADOPTED AS AMENDED**

RESOLVED, That our American Medical Association support the funding for the modernization of the for and modernization of 9-1-1 infrastructure, including incorporation of text-to-911 technology. (New HOD Policy)

**RESOLUTION 905- SUPPORT OFFERING HIV POST EXPOSURE PROPHYLAXIS TO ALL SURVIVORS OF SEXUAL ASSAULT**

**HOD ACTION: ADOPTED AS AMENDED**

RESOLVED, That our American Medical Association (AMA) support education of physicians about the effective use of HIV Post-Exposure Prophylaxis (PEP) and the U.S. PEP Clinical Practice Guidelines; (New HOD Policy), and be it further

RESOLVED, That our AMA support increased access to, and coverage for, PEP for HIV, as well as enhanced public education on its effective use; (New HOD Policy) and be it further

RESOLVED, That our AMA amend policy H-20.900 by 19 insertion as follows:

H-20.900, "HIV, Sexual Assault, and Violence"

Our AMA believes that HIV testing and Post-Exposure Prophylaxis (PEP) should be offered to all survivors of sexual assault, who present within 72 hours of a substantial exposure risk, that these survivors should be encouraged to be retested in six months if the initial test is negative, and that strict confidentiality of test results be maintained. (Modify Current HOD Policy)

### **RESOLUTION 906- INCREASED ACCESS TO IDENTIFICATION CARDS FOR THE HOMELESS POPULATION**

#### **HOD ACTION: ADOPTED**

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

RESOLVED, Our AMA support legislative and policy changes that streamline, simplify, and reduce or eliminate the cost of obtaining identification cards for the homeless population.

### **RESOLUTION 908- INCREASING ACCESSIBILITY TO INCONTINENCE PRODUCTS**

#### **HOD ACTION: ADOPTED**

RESOLVED, That our AMA support increased access to affordable incontinence products.

### **RESOLUTION 801- ENCOURAGE FINAL EVALUATION REPORT OF SECTION 1115 DEMONSTRATIONS AT THE END OF DEMONSTRATION CYCLE**

#### **HOD ACTION: ADOPTED**

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

### **RESOLUTION 955- EQUALITY FOR COMLEX AND USMLE**

#### **HOD ACTION: ADOPTED**

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

RESOLVED, That the AMA work with appropriate stakeholders including but not limited to the National Board of Medical Examiners, Association of American Medical Colleges, National



Board of Osteopathic Medical Examiners, Accreditation Council for Graduate Medical Education and American Osteopathic Association to educate Residency Program Directors on how to interpret and use COMLEX scores; and be it further,

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