SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION ITEMS OF BUSINESS

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SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

1999 ANNUAL MEETING
CHICAGO, IL

MSS RESOLUTION 1: PRESUMED CONSENT FOR ORGAN DONATION

MSS ACTION: NOT ADOPTED

RESOLVED, The AMA develop guidelines regarding presumed consent for organ donation policy; and be it further

RESOLVED, The AMA develop model legislation to promote presumed consent organ donation policy; and be it further

RESOLVED, That this Resolution be forwarded to AMA-HOD A-99.

MSS RESOLUTION 2: FAMILY CONSENT SHOULD NO LONGER BE NECESSARY WHEN ACQUIRING ORGANS FROM A COMPETENT ADULT WHO HAS CHOSEN TO BE AN ORGAN DONOR

MSS ACTION: SUBSTITUTE RESOLUTION 2 ADOPTED

RESOLVED, That the AMA actively lobby for legislation to strengthen the Uniform Anatomical Gift Act in enforcing the right of a competent adult to be the ultimate decision maker concerning his or her choice to become an organ donor, whereby the decedent's choice is honored even if his or her family disagrees with his or her choice; and be it further

RESOLVED, That the AMA actively encourage organ procurement organizations to adhere to UNOS policy allowing procurement of organs when the family is absent, in the presence of a signed organ donor card, or advance directive stating the descendant's desire to donate the organs; and be it further

RESOLVED, That the AMA develop model legislation protecting physicians, hospitals and organ procurement organizations from legal liability when procuring organs from a competent adult in the presence of a signed organ donor card or advanced directive stating the decedent's desire to donate his or her organs, as in accordance with the rules and regulations outlined in the Uniform Anatomical Gift Act.

MSS RESOLUTION 3: USE OF FUNDS RECOVERED FROM LAWSUITS VERSUS FIREARMS DEALERS AND MANUFACTURERS

MSS ACTION: SUBSTITUTE RESOLUTION 3 ADOPTED

RESOLVED, That the AMA urge that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for gun safety education and gun-violence prevention.

MSS RESOLUTION 4: MEDICAL STUDENT REPRESENTATION IN THE AMA HOUSE OF DELEGATES

MSS ACTION: ADOPTED FOR TRANSMITTAL AS AMA RESOLUTION 10

HOD ACTION: SUBSTITUTE RESOLUTION 10 ADOPTED

RESOLVED, That the AMA devise a system by A-2000 creating a medical student delegation to the HOD composed of a medical student delegate and alternate delegate in a ratio equal to that used for specialty society representation.

MSS RESOLUTION 5: CREATION OF ADDITIONAL DUES STRUCTURE FOR RESIDENT PHYSICIAN SECTION

MSS ACTION: SUBSTITUTE RESOLUTION 5 ADOPTED

Resolved, That the AMA create appropriate discounted multi-year dues options for residents in any length of residency.

MSS RESOLUTION 6: REMOVAL OF NICOTINE FROM TOBACCO PRODUCTS

MSS ACTION: REAFFIRMED AMA POLICY 490.929

RESOLVED, That the AMA lobby Congress to pass legislation requiring the complete removal of nicotine from all tobacco products sold in the United States; and be it further

RESOLVED, That the AMA should encourage the U.S. tobacco industry to remove all nicotine from tobacco products that they sell anywhere in the world.

MSS RESOLUTION 7: ADVOCACY OF A HIGHWAY-RAIL CROSSING SAFETY PROGRAM

MSS ACTION: SUBSTITUTE RESOLUTION 7 ADOPTED

RESOLVED, That the AMA-MSS support the proper legislation and programs set forth by the United States Department of Transportation – Federal Railroad Administration to ensure the safety at highway – rail crossings.

MSS RESOLUTION 8: DEMONSTRATION OF CONDOM USE IN HIGH SCHOOL SEX ED PROGRAMS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA uphold high school sexuality education which specifically includes the demonstration of proper condom application and usage in simulated situations using actual condoms and anatomically correct models.

MSS RESOLUTION 9: CHOLESTEROL SUPPLEMENTATION OF COMMERCIAL INFANT FORMULA

MSS ACTION: AMENDED SUBSTITUTE RESOLUTION 9 ADOPTED

RESOLVED, That the AMA support the study of the effects of supplementing commercial infant formula with cholesterol and polyunsaturated fatty acids.

MSS RESOLUTION 10: DE-ALERTING OF NUCLEAR WEAPONS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA supports taking all nuclear missiles off hair-trigger alert; and be it further

RESOLVED, That the AMA prepares informational materials that will educate the American public about the risks specifically associated with maintaining nuclear missiles on hair-trigger alert; and be it further

RESOLVED, That the AMA calls upon the President to urgently conclude an agreement with the President of Russia to take all U.S. and Russian nuclear weapons off hair-trigger alert as the next step towards the total abolition of these weapons; and be it further

RESOLVED, That the AMA requests that the President provide an update to the AMA BOT and the American public concerning this issue at his earliest convenience; and be it further

RESOLVED, That this resolution be forwarded to the AMA HOD at A-99

MSS RESOLUTION 11: CALL FOR A 72 HOUR PERIOD OF NON-VIOLENCE

MSS ACTION: NOT ADOPTED

RESOLVED, That AMA support the proposal for “72 Hours of Nonviolence” to be observed at the turn of the millenium; and be it further

RESOLVED, That the AMA urge the World Medical Organization, and other appropriate medical specialty societies and health-related organizations, to support this project.

MSS RESOLUTION 12: USE OF AMA WEBSITE FOR VALIDATION OF MEDICAL INFORMATION ON THE WEB

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA explore a mechanism through which interested producers of medical information on the Internet may apply for placement of their product(s) on the AMA website contingent upon a peer review of the content, with expenses to be borne by the applying organization; and be it further

RESOLVED, That the AMA investigate the amount of expense necessary to ensure that the sponsored information remains valid and up-to-date and that each change to any medical information already in place on the AMA website undergo additional review.

RESOLUTION 13: DIETARY GUIDELINES REGULATING LACTOSE INTOLERANT INDIVIDUALS

MSS ACTION: SUBSTITUTE RESOLUTION 13 ADOPTED

RESOLVED, That the AMA study the dietary needs of lactose intolerant individuals and determine if any modifications should be made to the current U.S. Department of Agriculture/Department of Health and Human Services dietary guidelines to address the requirements of lactose intolerant individuals.

MSS RESOLUTION 14: CREATION OF THE STUDENT COMMITTEE ON SCIENTIFIC AFFAIRS

MSS ACTION: REFERRED TO GOVERNING COUNCIL FOR DECISION

RESOLVED, That the AMA-MSS create a Student Committee on Scientific Affairs to be composed of one representative from each region; and be it further

RESOLVED, That the Committee be chaired by a student appointed by the AMA-MSS; and be it further

RESOLVED, That the Committee be charged with monitoring current developments in science and technology, and advise the AMA-MSS on the appropriate policy initiatives; and be it further

RESOLVED, That the Committee be charged with evaluating resolutions submitted to the AMA-MSS dealing with scientific and technological matters; and be it further

RESOLVED, That the Committee be charged with presenting its non-binding advisory opinion to the AMA-MSS HOD and/or its Reference Committees; and be it further

RESOLVED, That the Committee closely coordinate its actions with the AMA Council on Scientific Affairs.

MSS RESOLUTION 15: INCREASED REGULATION OF TATTOO PRACTICES

MSS ACTION: SUBSTITUTE RESOLUTION 15 ADOPTED

RESOLVED, That AMA policy H-440.909 be amended to read as follows:

That the AMA encourages the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures, <u>such as those recommended by the Alliance of Professional Tattooists</u> to protect the public health; and encourages physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program.

MSS RESOLUTION 16: MANDATORY HIV CASE REPORTING

MSS ACTION: NOT ADOPTED

RESOLVED, That all states must also track HIV using unique identifiers (which may include name, social security number, date of birth, etc) to be determined by the individual state for the purposes of improved state and national HIV surveillance; and be it further

RESOLVED, That the confidentiality of the identity of the HIV individual will be maintained in a manner of strict and guaranteed confidentiality similar to that of the AIDS model.

MSS RESOLUTION 17: POINT OF SALE WARNING SIGNS REGARDING CONSUMPTION OF RAW SHELLFISH

MSS ACTION: AMENDED SUBSTITUTE RESOLUTION 17 ADOPTED

RESOLVED, That the AMA advocate regulations requiring point-of-sale warnings concerning foodborne illness wherever raw, unpasteurized shellfish is purchased for consumption.

MSS RESOLUTION 18: THIRD PARTY PAYER COVERAGE FOR PATIENT COSTS OF NATIONALLY APPROVED CLINICAL TRIALS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA, in cooperation with allied advocacy groups, develop and advocate passage of model federal legislation, consistent with and as defined by previous AMA policy, mandating third-party payer coverage of patient care costs of nationally approved clinical trials for any life-threatening condition, and that the AMA support passage of legislative proposals consistent with and leading towards this goal, and be it further

RESOLVED, Because of pending legislation to be and being considered at the federal level prior to I-99, that this resolution be forwarded to the House of Delegates at A-99.

MSS RESOLUTION 19: REPORTING ON MEDICAL STUDENT DISCIPLINARY/BEHAVIORAL INFORMATION TO STATE MEDICAL BOARDS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA and its component state societies work with Federations of State Medical Boards (FSMB) to develop a specific, national proposal outlining what specific student information should be reported to whom, the means and frequency by which this information should be reported, and a rationale for such reporting, and until such a proposal is developed oppose FSMB's current specific recommendation of, and resulting state legislation implementing, changes giving state medical boards further authority to request medical school internal disciplinary and/or behavioral information on medical students beyond that which exists under current law, and be it further

RESOLVED, That since some states are already implementing legislation based on parts of FSMB's overall recommendations[5] that this resolution be forwarded to the HOD at A-99.

MSS RESOLUTION 20: HEALTH SERVICES RESEARCH MD/PHD TRAINING IN MEDICAL SCHOOL

MSS ACTION: AMENDED SUBSTITUTE RESOLUTION 20 ADOPTED

RESOLVED, That the AMA amend existing policy 460.971 by addition and deletion to read as follows:

Support for Training of Biomedical Scientists and Health Care Policy Researchers

The AMA (1) continues its strong support for the Medical Scientist Training Program's ~~to attract more young people into biomedical research~~ stated mission goals; (2) supports taking immediate steps to enhance the continuation and adequate funding for stipends in federal research training programs in the biomedical sciences and health care policy research, including training of combined MD and PhD, biomedical PhD, and post doctoral (post-MD and post-PhD) research trainees, and (3) supports monitoring federal funding levels in this area and being prepared to provide testimony in support of these and other programs to enhance the training of biomedical scientists and health care policy researchers. (Res. 93, I-88; Reaffirmed: Sunset Report, I-98)

MSS RESOLUTION 21: AMA OPPOSITION TO PROPOSED REVISIONS TO THE DECLARATIONS OF HELSINKI

MSS ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association actively oppose, by what communications and advocacy means it has available, to prevent revisions of the Declarations of Helsinki that are not consistent with research subject protections embodied in AMA standing policy; and be it further

RESOLVED, That this resolution be transmitted to the HOD at A-99.

MSS RESOLUTION 22: ALL-PAYER GME TRUST FUND LEGISLATION

MSS ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association Medical Student Section, as representatives of the future medical practitioners of America, draft an open letter to United States Senators and Representatives encouraging their advocacy of Graduate Medical Education funding reforms that create an all-payor system that is in accord with standing policies of the American Medical Association House of Delegates as they consider legislation of this type; and be it further

RESOLVED, That the American Medical Association adopt an active stance in advocating legislation that creates an all-payor system for supporting GME via what legislative and executive advocacy means it has available in the interest of Medicare and Medicaid solvency and Graduate Medical Education stability; and be it further

RESOLVED, That the medical student sections of individual state and school medical societies be thoroughly appraised of the current legislative situation regarding establishment of an all-payor system for supporting GME to the extent that the AMA and public at large is aware of it, and also be encouraged to sponsor similar letters, or petitions open to participation from the whole of their respective medical institutions' student bodies, addressed to those United States Senators and Representatives for which they are constituents; and be it further

RESOLVED, That this resolution be transmitted to the HOD at A-99.

MSS RESOLUTION 23: PATIENT CHOICE

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support the idea that it is ultimately the patient's choice after being informed of any and all conditions, of risk to the patient, of their physician to continue to utilize the physician's services.

MSS RESOLUTION 24: PREVENTING CUSTODIAL ASSAULT AND RAPE OF INCARCERATED WOMEN

MSS ACTION: SUBSTITUTE RESOLUTION 24 ADOPTED WITH A CHANGE IN TITLE TO "PREVENTING CUSTODIAL ASSAULT AND RAPE OF INMATES"

RESOLVED, That the AMA urge health care professionals working in prisons to be aware of the growing problem of custodial assault and sexual misconduct, and report it to the proper authorities without requiring the inmate to report it him/herself to alleviate guard retalliation; and be it further

RESOLVED, That the AMA urge all states to create statutes providing legal protection for inmates against custodial molestation and abuse.

MSS RESOLUTION 25: TESTICULAR CANCER SELF-EXAM FOR SECONDARY STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA allocate money for the purpose of educating secondary health teachers about the severity and relevance of testicular cancer, as well as the proper technique for testicular self-examination; and be it further

RESOLVED**,** That the AMA's allocated money be spent on creating an educational medium to inform health teachers, and advertising the free availability of this educational medium to all health teachers in all 50 states; and be it further

RESOLVED, That the AMA create age pertinent learning materials for the students to use when being taught, and that master copies of these materials be made available to all health teachers in all 50 states.

MSS RESOLUTION 26: SKIN CANCER PREVENTION IN CHILDREN

MSS ACTION: REAFFIRMED AMA POLICIES 170.969 and 55.980

RESOLVED, That the AMA work with the American Academy of Dermatology (AAD) to increase the number of sun protection intervention programs in elementary and middle schools since sun protection declines in adolescents[5]; and be it further

RESOLVED, That the AMA work with the American Academy of Dermatology to increase awareness about the harmful effects of the sun and encourage sun-protective behaviors early in life by including sun-safety curricula in elementary and middle schools, such as the Sunny Days, Healthy Ways curriculum[6]; and be it further

RESOLVED, That the AMA support more aggressive efforts to disseminate information on the risks of skin cancer, the ABCDs of melanoma, and the proper method for skin cancer self examination to all subgroups of the population, especially those of lower socioeconomic status and those people with skin types IV, V, and VI, because everyone is at risk for skin cancer.

MSS RESOLUTION 27: SUNSCREEN PROTECTION AGAINST UVA RADIATION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA work with the American Academy of Dermatology to promote the development of a standard to measure UVA protection; and be it further

RESOLVED, That the AMA work with the American Academy of Dermatology to encourage the sunscreen industry to research and assess the UVA protection provided in currently available sunscreens; and be it further

RESOLVED, That the AMA work with the American Academy of Dermatology to support the creation of sunscreens that block all UVA rays (320-400 nm); and be it further

RESOLVED, That the AMA work with the American Academy of Dermatology to disseminate information to the public in the form of printed materials on the importance of selecting a sunscreen with adequate UVA protection.

MSS RESOLUTION 28: DEFINITION OF A MENTORING RELATIONSHIP

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS support the following definition of a mentoring relationship: The natural history of a mentoring relationship is four-fold: (1) an early stage with recognition of mutual interest, (2) a middle stage with development, maintenance, and equilibrium, (3) a late state with divergence and independence, and (4) a transitional stage with development of a peer relationship; and be it further

RESOLVED, That the AMA-MSS adapt a five-fold view of the role of the mentor including the mentor as (1) teacher, (2) sponsor, (3) host and guide, (4) exemplar, and (5) counselor; and be it further

RESOLVED, That the AMA-MSS adapt a nine-fold view of the role of the student which includes (1) understanding the nature of a mentoring relationship, (2) making and keeping appointments, (3) having an agenda ready for your meetings, (4) making realistic commitments and keeping them, (5) accepting challenges eagerly, (6) coordinating your efforts with your mentor's goals, (7) praising your mentor publicly and often, (8) understanding situations where others expect you to be in a mentoring relationship, and (9) becoming a mentor to yourself and others; and be it further

RESOLVED, That the AMA-MSS promote the use of mentoring relationships

MSS RESOLUTION 29: INCREASING AWARENESS OF NATUROPATHIC TRAINING OPPORTUNITIES

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA establish a committee to investigate the feasibility of endorsing and encouraging the expansion of naturopathic fellowships and also to increase awareness of these programs to the practicing general physician population.

MSS RESOLUTION 30: SUPPORT OF STATE AND NATIONAL LEGISLATION ENCOURAGING PRIVATE HEALTH INSURANCE COVERAGE OF CONTRACEPTIVES

MSS ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association support state and national legislation which encourages comprehensive coverage of the full range of FDA-approved methods of contraception by private insurance companies; and be it further

RESOLVED, That this resolution be transmitted to the AMA-HOD at A-99.

MSS RESOLUTION 31: PROSTATE CANCER PREVENTION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA promote physician endorsement of long-term vitamin E supplementation to prevent prostate cancer in men who smoke.

MSS RESOLUTION 32: ESTABLISHMENT OF STUDENT RUN FREE CLINICS

MSS ACTION: SUBSTITUTE RESOLUTION 32 ADOPTED

Resolved, That the AMA-MSS develop a "How To" guide on establishing student-run free clinics, and make it available to chapters by A-2000.

MSS RESOLUTION 33: PROVIDING SAFETY-TYPE NEEDLES FOR USE IN HEALTH CARE SETTINGS

MSS ACTION: ADOPTED AS AMENDED

Resolved, That the AMA-MSS support efforts to require all health care settings to provide safety-type needles (such as resheathable winged steel needles, bluntable needles or needles with hinged recapping sheaths) as viable alternatives to conventional hypodermic needles for the use of staff and students; and be it further
Resolved, That the AMA-MSS recommend all health care institutions educate and encourage injured persons to report their needlestick injuries to the proper sources so that they might receive appropriate diagnostic and therapeutic care.

MSS LATE RESOLUTION 1: ANNUAL AND INTERIM MEETING LOCATIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA begin, as soon as it is possible to do so without incurring significant financial penalties for cancellation of existing reservations, plan and hold all future meetings for locations within the continental United States; and be it further

RESOLVED, That in order to facilitate the long term planing of future meetings, that this resolution be forwarded to the HOD at A-99.

MSS LATE RESOLUTION 2: RECOMMENDATIONS TO NBME ON ADMINISTRATION OF USMLE CBT EXAMINATIONS

MSS ACTION: SUBSTITUTE LATE RESOLUTION 2 ADOPTED

Resolved, That the AMA-MSS continue to investigate student concerns over the recent administration of the computerized USMLE Step I, and present recommendations to the NBME for improving the administration of the exam.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

1999 ANNUAL MEETING
CHICAGO, IL

MSS GOVERNING COUNCIL REPORT B: DELEGATE'S REPORT

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT C: CREATION OF A NATIONAL LABOR ORGANIZATION FOR PHYSICIANS

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

RESOLVED, That the AMA-MSS support the development and implementation by the AMA of a national bargaining unit under the National Labor Relations Act, consistent with our AMA Principles of Medical Ethics (Opinion 9.025), for employed physicians in professional practice, in order to retain the physician's role as the patient advocate; and be it further

RESOLVED, That the AMA-MSS vigorously support national and state antitrust relief that permits collective bargaining between self-employed physicians and health plans/insurers/hospitals and others under the National Labor Relations Act; and be it further

RESOLVED, That the AMA-MSS support the development and implementation by the AMA of a national labor organization under the National Labor Relations Act consistent with our AMA Principles of Medical Ethics (Opinion 9.025) specifically for resident and fellow physicians.

MSS GOVERNING COUNCIL REPORT D: MOOD DISTURBANCES AND APATHY AMONG MEDICAL STUDENTS

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT E: OFFICIAL OBSERVER STATUS IN THE MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED, AND THE REMAINDER OF THE REPORT FILED

That the AMA-MSS Internal Operating Procedures Section B, Representatives to the Business Meeting, be amended to read as follows:

5. Official Observer. National student organizations may apply to the AMA-MSS Governing Council for official observer status in the MSS Assembly. Applicants and official observers must demonstrate compliance with guidelines for official observers adopted by the AMA-MSS Assembly, and the Governing Council shall make a recommendation to the AMA-MSS Assembly concerning the application. The AMA-MSS Assembly will make the final determination on the conferring or continuation of official observer status.

That the guidelines for official observers be as follows:

- The student organization and the AMA-MSS should already have established an informal relationship and have worked together for the mutual benefit of both.
- The student organization should be national in scope and have similar goals and concerns about health care issues.
- The student organization is expected to add a unique perspective or bring expertise to deliberations in the Assembly.
- The student organization does not represent narrow religious, social, cultural, economic or regional interest.
- A representative from the student organization must have attended at least one national meeting of the AMA-MSS prior to conferreral of official observer status.
- In order to maintain official observer status, a representative of the student organization must be present at at least one national AMA-MSS Assembly Meeting per year, and cannot miss more than two consecutive meetings.

MSS GOVERNING COUNCIL REPORT F: STATES LEADERSHIP STEERING COMMITTEE ELECTIONS

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

That the AMA-MSS modify its policy on the States Leadership Steering Committee to allow for direct election of the SLSC members by the sections, according to the following guidelines:

1. Each Section is responsible for selecting its own Section Chair, based on the proposals remaining on file at the Department of Medical Student Services.
2. Any alterations to the selection process must be made in writing and presented to the MSS Governing Council for review by March 1 of the year the change is to take place.
3. Any changes to the SLSC selection process will be distributed by the section leaders to each chapter within the section.
4. New chairs must be selected before Saturday morning of the annual meeting, and the new chair must be present at the annual meeting.

MSS COLRP REPORT A: REPRESENTATION IN THE MSS ASSEMBLY

MSS ACTION: POSTPONED FOR CONSIDERATION AT I-99

1. That the AMA-MSS reaffirm the principle that each medical school receive one delegate and alternate delegate to the AMA-MSS Assembly.

2. That the AMA Bylaws be amended to allow Assembly representation to increase based on every 525 medical student members attending the medical school, as of December 31 of each year.

3. That the AMA Bylaws be amended to allow Assembly representation to increase for a medical school where seventy five percent (75%) or more of its students are confirmed medical student members of the American Medical Association as of December 31 of each year.

4. That the AMA-MSS obtain a census of all satellite campuses and determine a minimum number based on 2 standard deviations below the mean required to be eligible for an additional delegate.

MSS COLRP REPORT B: NON-VOTER PARTICIPATION DURING THE ASSEMBLY PORTION OF THE AMA-MSS ANNUAL AND INTERIM MEETINGS

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the AMA-MSS continue to sponsor a Community Service project during Business Meetings of Medical Student Section.

2. That the Governing Council continue to investigate and implement alternative activities for non voting participants including but not limited to residency fairs, workshops, and lectures.

3. That the Governing Council establish a separate convention committee to organize and implement NVP activities during the meetings.

4. That the Governing Council investigate ways to further promote and expand the activities of the sectional meetings.

5. That the Governing Council continue to support ways to make the National Leadership Development Conference accessible to more students.

SUMMARY OF ACTIONS
AMA-MSS REAFFIRMATION CALENDAR

1999 ANNUAL MEETING
CHICAGO, IL

MSS Reaffirmation Calendar: That the AMA-MSS implement a reaffirmation consent calendar akin to that used by the AMA-HOD and set forth in AMA Policy 545.979 and 545.974, to expedite the business of the Assembly on resolutions seeking reaffirmation of existing AMA-MSS policy; and that the Reaffirmation Calendar provide "statements of support" for existing AMA policy for those resolutions deemed identical or nearly identical to existing AMA policy. (MSS Amended Res. 17, A-93; MSS Report C, I-93; MSS Report C, I-97)

The following items were reaffirmed by the MSS Assembly at the A-99 Meeting:

***MSS RESOLUTION 6*: Removal of Nicotine from Tobacco Products**

RESOLVED, That the AMA lobby Congress to pass legislation requiring the complete removal of nicotine from all tobacco products sold in the United States; and be it further

RESOLVED, That the AMA should encourage the U.S. tobacco industry to remove all nicotine from tobacco products that they sell anywhere in the world.

REAFFIRMS AMA POLICY 490.929: Reducing the Addictive Potential of Tobacco Products

The AMA: (1) reaffirm its position that all tobacco products are harmful to health, that there is no such thing as a safe cigarette, and that complete cessation of tobacco use should be the goal for all tobacco users; (2) reaffirm its position that the FDA does have, and should continue to have, authority to regulated tobacco products, including their manufacture, sale, distribution, and marketing; (3) reaffirm its position that nicotine is a drug and tobacco products are drug-delivery devices; (4) encourages the FDA and other appropriate agencies to conduct or fund research on how tobacco products might be modified to facilitate cessation of use, including elimination of nicotine and elimination of additives (e.g., ammonia) that enhance addictiveness; (5) encourages the FDA to assert its authority over the manufacture of tobacco products to reduce their addictive potential at the earliest practical time, with a goal for implementation within 5-10 years; (6) supports and advocate for appropriate surveillance approaches to measure changes in tobacco consumption, changes in tobacco-related morbidity and morality, youth uptake of tobacco use, and use of alternative nicotine delivery systems; (7) continues to support development of an infrastructure for tobacco dependence treatment, education of health care professionals and the public about the effects of tobacco use and the benefits of cessation, and ready availability of an insurance coverage for pharmacologic and behavioral treatment of nicotine dependence; and (8) develops and support legislation or regulations that requires tobacco companies to accurately label their products indicating nicotine content in easily understandable and meaningful terms that have plausible, biological significance. (CSA Rep. 9, A-98)

MSS RESOLUTION 26: **Skin Cancer Prevention in Children**

RESOLVED, That the AMA work with the American Academy of Dermatology (AAD) to increase the number of sun protection intervention programs in elementary and middle schools since sun protection declines in adolescents[5]; and be it further

RESOLVED, That the AMA work with the American Academy of Dermatology to increase awareness about the harmful effects of the sun and encourage sun-protective behaviors early in life by including sun-safety curricula in elementary and middle schools, such as the Sunny Days, Healthy Ways curriculum[6]; and be it further

RESOLVED, That the AMA support more aggressive efforts to disseminate information on the risks of skin cancer, the ABCDs of melanoma, and the proper method for skin cancer self examination to all subgroups of the population, especially those of lower socioeconomic status and those people with skin types IV, V, and VI, because everyone is at risk for skin cancer.

REAFFIRMS AMA POLICY 170.969 and 55.980

AMA POLICY 170.969: Teaching Preventive Self-Examinations to High School Students

The AMA supports the development of comprehensive high school health curricula in conjunction with local medical societies and health departments. This curriculum should include instruction in appropriate self-examinations of the skin, breasts, testes and other systems. (Sub. Res. 406, A-97)

AMA POLICY 55.980: Skin Cancer Self-Examination

The AMA (1) encourages all physicians to perform skin self-examinations and to examine themselves and their families on the first Monday of the month of May, which is designated by the American Academy of Dermatology as Melanoma Monday; (2) encourages physicians to examine their patients' skins for the early detection of melanoma and nonmelanoma skin cancer; (3) urges physicians to encourage their patients to perform regular self-examinations of their skin and assist their family members in examining areas that may be difficult to examine; and (4) encourages physicians to educate their patients concerning the correct way to perform skin self-examination. (Sub. Res. 505, A-96; Reaffirmation I-98)

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

1999 ANNUAL MEETING
CHICAGO, IL

AMA RESOLUTION 3: PROMOTION AND EFFICIENT UTILIZATION OF ADVANCED DIRECTIVES

HOD ACTION: REAFFIRMED AMA POLICIES H-140.946-947, H-140.969-970, H-370.977

RESOLVED, That the AMA recommend health service providers and eligible organizations provide an appropriately trained professional for discussing issues concerning advance directives with adult patients receiving medical care who do not have documented advance directives; and be it further

RESOLVED, That the AMA recommend that advance directives completed by a patient be placed in a prominent area of the patient's medical record; and be it further

RESOLVED, That the AMA recommend the inclusion of information on and eligibility requirements pertaining to organ and tissue donation in any advanced directive.

AMA RESOLUTION 10: MEDICAL STUDENT REPRESENTATION IN THE AMA HOUSE OF DELEGATES

HOD ACTION: SUBSTITUTE RESOLUTION 10 ADOPTED

RESOLVED, That our AMA study and make recommendations on creating proportionally based representation of the MSS in the House of Delegates, such as the ration used in setting medical specialty society representation or other mechanisms, to address the lack of equal representation of medical student representation in the House of Delegates.

AMA RESOLUTION 104: ADVOCACY FOR RAPID AND TIMELY IMPLEMENTATION OF THE STATE CHILDRENS' HEALTH INSURANCE PROGRAM

HOD ACTION: REAFFIRMED AMA POLICY H-290-982 (3) – (7)

RESOLVED, That the AMA support the American Academy of Pediatrics (AAP) and other organizations in advocating for the rapid and timely implementation of the State Children's Health Insurance Program (S-CHIP); and be if further

RESOLVED, That the AMA work with other organizations to prepare suitable informational and promotional materials on the status and background of the State Children's Health Insurance Program (S-CHIP); and that this material be updated on a regular basis and made available through AMA's web site in conjunction with American Academy of Pediatrics to interested AMA members, medical societies and leaders.

AMA RESOLUTION 302: GOVERNANCE OF THE NATIONAL RESIDENCY MATCHING PROGRAM

HOD ACTION: ADOPTED

RESOLVED, That the AMA encourage the National Residency Matching Program to structure its governance board so as to include designated seats for direct representation of residency directors and the medical school deans of students.

AMA RESOLUTION 303: COLOR BLINDNESS

HOD ACTION: SUBSTITUTE RESOLUTION 303 ADOPTED

RESOLVED, That our AMA encourage medical schools to be aware of student with color blindness who may have needs during the learning process.

AMA RESOLUTION 305: ADOPTION OF SEXUAL ORIENTATION NON-DISCRIMINATION AND GENDER IDENTITY IN LCME ACCREDITATION

HOD ACTION: ADOPTED

RESOLVED, That the AMA urge the Liaison Committee on Medical Education to expand its current accreditation standard to include a non-discriminatory statement related to all aspects of medical education, and to specify that the statement must address sexual orientation.

AMA RESOLUTION 306: NECESSITY OF CLINICAL SKILLS EXAM

HOD ACTION: NOT ADOPTED

RESOLVED, That the AMA and the State Medical Societies should voice their opposition to the suggestion that graduates of Liaison Committee on Medical Schools (LCME) accredited schools be required to take the Clinical Skills Exam currently required of graduates from non-accredited LCME medical schools.

AMA RESOLUTION 307: STANDARDIZATION OF MCAT EXPIRATION PERIOD

HOD ACTION: ADOPTED

RESOLVED, That the AMA work with the Association of American Medical Colleges to develop a policy regarding a standardized expiration period for MCAT scores, allowing for modification of the expiration period if the exam format changes significantly.

AMA RESOLUTION 403: PROMOTION OF EMERGENCY CONTRACEPTION PILLS

HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE TO "EMERGENCY CONTRACEPTION PILLS."

RESOLVED, That our AMA support public health education on all forms of contraception, including emergency contraception pills (ECPs), by working in conjunction

with the appropriate specialty societies and other organizations to encourage the widespread dissemination of this information.

AMA RESOLUTION 404: SHARPS DISPOSAL

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA develop guidelines that physicians can distribute to patients on the proper disposal of sharps used at home.

AMA RESOLUTION 405: COMMITMENT TO STD EDUCATION

HOD ACTION: REAFFIRMED

RESOLVED, That the AMA support specific teaching concerning transmission and sequelae in STD education; and be it further

RESOLVED, That AMA reaffirm a commitment to specific HIV and general STD education.

AMA RESOLUTION 432: NUCLEAR, BIOLOGICAL AND CHEMICAL TERRORISM

HOD ACTION: RECOMMENDATIONS IN CSA REPORT 4 ADOPTED IN LIEU OF RESOLUTION 432

That our AMA and the Federation of Medicine work with appropriate public health, law enforcement, hospital, and emergency response agencies and associations, as well as the pharmaceutical industry and media to develop coordinated plans and strategies that identify the specific needs, roles, contributions, and participation of organized medicine and individual physicians in disaster planning and emergency response to terrorist attacks and identify procedures for the rapid detection, early reporting, and medical management of affected individuals;

That the AMA and the Federation of Medicine sponsor a planning conference on this topic immediately preceding the Interim 1999 AMA Meeting and invite all interested parties to help develop such plans and strategies, and that the plans developed from these efforts be reported back to the House of Delegates at the Annual 2000 AMA Meeting.

That our AMA urge medical schools and residency programs to develop curricula and training programs for medical students and residents regarding medical and public health aspects of biological and chemical terrorism, as well as community disaster planning and emergency response procedures in the event of such terrorism.

AMA RESOLUTION 504: ADVERSE REACTIONS OF CARDIAC PACEMAKERS EXPOSED TO ELECTRONIC ARTICLE SURVEILLANCE SYSTEMS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA adopt policy encouraging conclusive study and development of Center for Devices and Radiological Health/Office of Science and Technology

recommendations on the safety of electronic article surveillance systems and other potentially harmful electronic devices with respect to pacemaker use.

AMA RESOLUTION 505: XENOTRANSPLANTATION CLINICAL TRIALS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA, in conjunction with other appropriate organizations, study the ethical and scientific implications of xenotransplantation and report on its recommendations.

AMA RESOLUTION 506: USE OF ANTIMICROBIALS IN CONSUMER PRODUCTS

HOD ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That the AMA study the effectiveness of antimicrobials in consumer products and the possible long term implications of their use, and then make recommendations regarding consumer education and government regulation of these products.

AMA RESOLUTION 507: AMEND WORDING OF EXISTING POLICY H-5.991 "RU-486 AVAILABILITY"

HOD ACTION: AMENDED POLICY H-5.991 ADOPTED IN LIEU OF RESOLUTION 507

The AMA supports the legal availability of mifepristone (RU-486) for appropriate research and, if indicated, clinical practice.

AMA RESOLUTION 604: CHANGE OF DEADLINE FOR SUBMISSION OF AMA-HOD RESOLUTIONS

HOD ACTION: REFERRED TO SPEAKER'S ADVISORY COMMITTEE

RESOLVED, That the AMA study mechanisms for providing timely dissemination of AMA-HOD resolutions.

AMA RESOLUTION 605: DISTRIBUTION OF AMA CODE OF MEDICAL ETHICS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA investigate effective, fiscally responsible ways of distributing unannotated copies of the Code of Medical Ethics to first year medical students, including electronic means.

AMA RESOLUTION 608: MEDICAL SUPPLY DONATIONS TO FOREIGN COUNTRIES

HOD ACTION: REFERRED TO THE BOARD OF TRUSTEES FOR DECISION

RESOLVED, That the AMA encourage the development of a nationwide medical

equipment donations service to foreign countries and domestic areas in need of these supplies; and be it further

RESOLVED, That the AMA consider a process to ensure appropriate disbursement and proper disposal of all donated medical equipment; and be it further

RESOLVED, That the AMA encourage the continual donation of medical equipment, drugs, computers, textbooks, and any other unused medical supplies.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

1999 INTERIM MEETING
SAN DIEGO, CA

MSS RESOLUTION 1 - MENINGOCOCCAL MENINGITIS VACCINATION FOR COLLEGE STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That that the AMA draft and seek support for legislation that colleges recommend or require meningococcal vaccination for students, especially freshmen in dormitory-style living quarters; and be it further

RESOLVED, That the AMA increase public awareness of meningococcal meningitis and preventative vaccination through information on the AMA website, JAMA Patient Page, and other public service announcements.

MSS RESOLUTION 2 – WITHDRAWN

MSS RESOLUTION 3 – REGULATION OF TATTOO ARTISTS, SKIN PIERCERS AND FACILITIES

MSS ACTION: REAFFIRMED AMA POLICY 425.985, 440.943, and MSS POLICY 440.015MSS

RESOLVED, That health and safety risks of body piercing indicate that standardized legislation and regulation is needed for artists (individuals) who perform this service; and be it further

RESOLVED, That body piercing practitioners must be able to recognize and counsel patients on body piercing complications; and be it further

RESOLVED, That consumers should be aware of some of the risks presented by tattoos and permanent makeup: 1. Unsterile tattooing equipment and needles can transmit infectious disease, such as hepatitis; it is extremely important to confirm that all equipment is clean and sanitary before use; 2. Tattoos and permanent makeup are not easily removed and in some cases may cause permanent discoloration; think carefully before getting a tattoo and consider the possibility of an allergic reaction; and 3. Blood donations cannot be made for a year after getting a tattoo or permanent makeup; and be it further

RESOLVED, That AMA policy H-440.909 read: The AMA encourages the state regulation of tattoo artist and tattoo facilities to ensure adequate procedures according to the Alliance of Professional Tattooists guidelines, and that these practices should be followed:

The tattooist should have an autoclave (regulated by the FDA) on the premises. Consent forms (which the customer must fill out) should be handled before tattooing.

Immediately before tattooing, the tattooist should wash and dry his or her hands thoroughly and don medical latex gloves, which should be worn at all times during application of the tattoo. Needle bars and tubes should be autoclaved after each customer. Non-autoclavable surfaces such as pigment bottles, drawer pulls, chairs, tables, sinks, and the immediate floor area should be cleaned with a disinfectant such as a bleach solution. Used absorbent tissues should be placed in a special puncture-resistant, leak-proof container for disposal. In a registered piercing studio – certificates should be placed in prominent areas for consumers to see. The piercer is wearing gloves and protective clothing and has hair tied back. All surfaces are smooth and are able to be wiped, including the floor. Needles are disposable. All dressings are sterile packed. The piercer washes their hands before piercing. All instruments are autoclaved or disposable. All jewelry is sterile packed. Adequate information is given to consumer and after care advice and checkups are offered. The piercer does not attempt to carry out piercings which are medically irresponsible; and encourage all physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program; and be it further

RESOLVED, That according to the Association of Professional Piercers guidelines, these practices should be followed 1. To be pierced in a scrupulously hygienic, open environment, by a clean, conscientious piercer wearing a fresh pair of disposable latex gloves. 2. To a sober, friendly, calm and knowledgeable piercer, who will guide them through their piercing experience with confidence and assurance. 3. To the peace of mind which comes from knowing that their piercer knows and practices the very highest standards of sterilization and hygiene. 4. To be pierced with a brand new, completely sterilized needle, which is immediately disposed of in a medical sharps container after use on the piercee alone. 5. To be touched only with freshly sterilized, appropriate implements, properly used and disposed of or resterilized in an autoclave prior to use on anyone else. 6. To know that piercing guns are NEVER appropriate, and are often dangerous, when used on anything including earlobes. 7. To be fitted only with jewelry which is appropriately sized, safe in material, design, and construction, and which best promotes healing. Gold-plated, gold-filled, and sterling silver jewelry are never appropriate for any new or unhealed piercing. 8. To be fully informed about proper aftercare, and to have continuing access to their piercer for consultation and assistance with all their piercing-related questions.

MSS RESOLUTION 4 - DEVELOPMENT OF LOW-LITERACY PATIENT EDUCATION MATERIALS

MSS ACTION: SUBSTITUTE RESOLUTION 4 ADOPTED

Resolved, That the AMA-MSS support the development of literacy appropriate health related patient education materials for distribution in the outpatient and inpatient setting when appropriate.

MSS RESOLUTION 5 - AMENDMENT TO AMA POLICY H-370.985: COVERAGE OF IMMUNOSUPPRESSIVE MEDICATIONS FOR THE LIFE OF TRANSPLANTED ORGANS

MSS ACTION: ADOPTED FOR TRANSMITTAL TO THE HOD AT A-00

RESOLVED, That the AMA amend policy H-370.985 to "the AMA supports federal legislation mandating HCFA to reinstate under Medicare the extension of drugs used in the immunosuppressive therapy to be furnished ~~in years subsequent to the first year following a covered transplant~~ for the life of the transplanted organ"

MSS RESOLUTION 6 - DIOXINS AND MEDICAL WASTE INCINERATION

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support the study and evaluation of and help disseminate information about alternative products and practices that will lead to the reduction and elimination of dioxin release into the environment from medical products composed of chlorinated hydrocarbons; and be it further

RESOLVED, That the AMA advocate the elimination of nonessential incineration of medical waste and promote safe materials use and treatment practices.

MSS RESOLUTION 7 - SUPPORT OF WHITE HOUSE INITIATIVE ON ASIAN-AMERICANS AND PACIFIC ISLANDERS

MSS ACTION: SUBSTITUTE RESOLUTION 7 ADOPTED IN LIEU OF RESOLUTIONS 7 and 8 FOR TRANSMITTAL TO THE AMA HOD AT A-00

RESOLVED, That the AMA collaborate with existing federal agencies, commissions and Asian American and Pacific Islander health organizations to study how to improve the collection, analysis and dissemination of public health data on Asian Americans and Pacific Islanders; and be it further

RESOLVED, That the AMA expand its minority health programs to include Asian Americans and Pacific Islanders and utilize findings from federal agencies and commissions, such as the Presidential Advisory Commission on Asian Americans and Pacific Islanders, in these programs.

MSS RESOLUTION 8 - IMPROVING ASIAN AND PACIFIC ISLANDER AMERICAN HEALTH

MSS ACTION: SUBSTITUTE RESOLUTION 7 ADOPTED IN LIEU OF RESOLUTIONS 7 and 8 FOR TRANSMITTAL TO THE AMA HOD AT A-00

MSS RESOLUTION 9 - DEVELOPMENT OF A POLICY STATEMENT ON SEXUAL ORIENTATION REPARATIVE (CONVERSION) THERAPY

MSS ACTION: SUBSTITUTE RESOLUTION 9 ADOTPED FOR TRANSMITTAL TO THE HOD AT A-00

Resolved, That the AMA oppose any psychiatric treatment, such as “reparative” or “conversion” therapy which is based upon the assumption that homosexuality *per se* is a mental disorder or based upon the *a priori* assumption that the patient should change his/her homosexual orientation.

MSS RESOLUTION 10 - ACCESS TO EMERGENCY CONTRACEPTION

MSS ACTION: ADOPTED AS AMENDED

Resolved, That the AMA-MSS support the study and report back at I-00 on the issue of access to Emergency Contraception Pills (ECPs) and that the study include the issues of after-hours access and access in communities served by hospitals and pharmacies that restrict ECPs from their inventory.

MSS RESOLUTION 11 - RESEARCH INTO PROGRESS TOWARD IMPLEMENTATION OF MSS POLICY

MSS ACTION: REFERRED TO THE GOVERNING COUNCIL FOR STUDY

RESOLVED, That the AMA-MSS establish a standing Ad-Hoc Implementation Committee, to be composed of five active AMA-MSS members, to be appointed on a yearly basis by the Governing Council, and to be responsible to the Vice Chair of the MSS.

MSS RESOLUTION 12 - PROVISION OF INTERPRETING SERVICES FOR NON-ENGLISH PROFICIENT PATIENTS

MSS ACTION: SUBSTITUTE RESOLUTION 12 ADOPTED FOR TRANSMITTAL TO THE AMA HOD AT A-00

Resolved, That the AMA amend AMA policy 215.982 to read as follows:

The AMA encourages ~~hospitals~~ health care facilities that serve persons with limited English proficiency (LEP) ~~populations with a significant number of non-English speaking patients~~ to provide trained ~~translator services~~ interpreting and translation services.

MSS RESOLUTION 13 – INFANT AND CHILD SAFETY ON AIRPLANES

MSS ACTION: REAFFIRM AMA POLICY 45.989

RESOLVED, That the AMA strongly urge the FAA to adopt an air safety standard which would require that all children under two years of age or under 40 pounds be restrained appropriately such as through the use of a child restraint system (CRS) at appropriate times during a flight; and, be it further

RESOLVED, that the AMA urge the FAA to require that individual airlines provide child restraint system devices to qualifying children.

MSS RESOLUTION 14 – WITHDRAWN

MSS RESOLUTION 15 - SUPERVISION OF CHILDREN USING THE INTERNET

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA encourage parent/guardian supervision for children who go online; and be it further

RESOLVED, That this supervision includes the monitoring of sites visited by children; and be it further

RESOLVED, That this supervision includes a limitation of the amount of time spent online; and be it further

RESOLVED, That this supervision includes parent/guardian involved use of the Internet with the child; and be it further

RESOLVED, That this supervision includes the encouragement of "kids only" chat rooms instead of adult chat rooms; and be it further

RESOLVED, That this supervision includes the meeting of on-line friends in real life.

MSS RESOLUTION 16 - MEDICAL ADVICE WEB SITE MISINFORMATION AWARENESS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA increase member awareness of the growing problem of medical misinformation transmitted via the internet through various means of communication, including, but not limited to**:** web sites, pamphlets, flyers, posters and newsletters; and be it further

RESOLVED, That the AMA members use this information to help educate their patients on the growing problem of medical misinformation transmitted via the internet.

MSS RESOLUTION 17 - AMUSEMENT RIDE REGULATIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA draft and seek support for model legislation which would increase state regulation and/or inspection of amusement rides; and be it further

RESOLVED, That the AMA draft and seek support for model legislation which would re-establish the federal government as the governing agent of amusement ride regulation and/or inspection.

MSS RESOLUTION 18 - PREVENTING NOISE INDUCED HEARING LOSS AMONG YOUTH

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA develop model guidelines for the creation of a hearing conservation course geared towards the youth in conjunction with the National Institute on Deafness and Other Communication Disorders and other organizations.

MSS RESOLUTION 19 - THE SPECIFICATION OF ADVANCED MATERNAL AGE AS AN INDICATIVE FACTOR FOR THE RECOMMENDATION OF PRENATAL SCREENING AND TESTING

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA specify for use in general medical practice that the selective populations for which genetic testing is most appropriate includes maternal parents past their prime childbearing years.

MSS RESOLUTION 20 – REGULATIONS OF THE USE OF ANTIBIOTICS IN ANIMAL HUSBANDRY

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS recommend that antibiotics that are used in human medicine, as well as those drugs with cross-resistance to these antibiotics, should not be used for performance enhancement in animal husbandry and other agricultural practices.

MSS RESOLUTION 21 – POST CALL ACCOMMODATIONS FOR INTERNS AND RESIDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That in order to decrease the risk of serious and/or fatal motor vehicle accidents involving fatigued medical staff, the AMA will encourage medical institutions to provide residents with post-call quarters so that they can rest in the hospital should they so choose; and be it further

RESOLVED, That the AMA encourage medical institutions to provide alternative methods of transportation (such as a car service) for the post-call medical staff as an alternative to the post-call quarters.

MSS RESOLUTION 22 – SELECTIVE ESTROGEN RECEPTOR MODULATORS FOR POST MENOPAUSAL WOMEN

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA promote having physicians give all post-menopausal women the option to take Selective Estrogen Receptor Modulators (SERMs) as a first line

therapy to prevent osteoporosis, cardiovascular disease, and neoplastic disease; and be it further

RESOLVED, That the AMA promote further research of SERMs for the prevention of post-menopausal diseases.

MSS RESOLUTION 23 – MEDICATIONS FOR INDIGENT PATIENTS ACTION PLAN

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA work with the Pharmaceutical Research and Manufacturing Association to analyze and develop a solution to the anti-trust problem which impedes physician access to drug firms' patient assistance programs; and be it further

RESOLVED, That AMA policy H-120.975 be amended to set a two-year deadline, from passage of this resolution, for the AMA and the Pharmaceutical Research and Manufacturing Association to attain the goals outlined in H-120.975, particularly the development of a uniform application process with standardized eligibility criteria.

MSS RESOLUTION 24 – AN ALTERNATIVE TO TORT SYSTEM FOR MEDICAL MALPRACTICE

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA HOD AT A-00

RESOLVED, That the AMA investigate the ~~feasibility~~ efficacy of states establishing no-fault non-binding arbitration of medical malpractice cases as an alternative to the tort system and as a method of monitoring medical systems in order to decrease medical errors.

MSS RESOLUTION 25 – PARITY OF ORAL CONTRACEPTION PRESCRIPTION BY THIRD PARTY PAYERS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS encourage Third Party Payers with prescription benefits to include oral contraceptives without the additional cost of a contraceptive rider; and be it further

RESOLVED, That the AMA-MSS study the cost/benefit ratio of oral contraceptives.

MSS RESOLUTION 26- MENTORING FOR MINORITY MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS encourage its student members to mentor and especially mentor minority students at the high school and early undergraduate levels to join the health care field; and be it further

RESOLVED, That the AMA-MSS encourage Medical Schools to provide scholarships to minority students to encourage their application.

MSS RESOLUTION 27 – LATEX-FREE PROVISION FOR MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA seek, through appropriate means, to require all United States medical schools to make available to medical students, latex free alternatives of comparable efficacy alongside their latex counterparts.

MSS RESOLUTION 28 – TUITION CAP FOR MEDICAL SCHOOLS

MSS ACTION: SUBSTITUTE RESOLUTION 28 ADOPTED IN LIEU OF RESOLUTIONS 28, 29 and 30 WITH A CHANGE IN TITLE TO <u>MEDICAL EDUCATION FINANCING</u> for transmittal to the AMA House of Delegates at the 1999 Interim Meeting as Resolution 308.

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA, in consultation with the MSS, prepare a comprehensive report on medical education financing to examine methods of decreasing the cost of medical education, specifically including tuition reduction, tuition caps, increasing grants and subsidized loans, investigating legislative and school-based aid options; and be it further

RESOLVED, That this resolution be forwarded at I-99 so that a report can be available at A-2000.

MSS RESOLUTION 29 – CREATION OF A TASK FORCE ON LOAN AND TUITION

MSS ACTION: SUBSTITUTE RESOLUTION 28 ADOPTED IN LIEU OF RESOLUTIONS 28, 29 and 30 WITH A CHANGE IN TITLE TO <u>MEDICAL EDUCATION FINANCING</u> for transmittal to the AMA House of Delegates at the 1999 Interim Meeting as Resolution 308.

MSS RESOLUTION 30 – INCREASE THE SUBSIDIZED STAFFORD LOAN AMOUNT

MSS ACTION: SUBSTITUTE RESOLUTION 28 ADOPTED IN LIEU OF RESOLUTIONS 28, 29 and 30 WITH A CHANGE IN TITLE TO <u>MEDICAL EDUCATION FINANCING</u> for transmittal to the AMA House of Delegates at the 1999 Interim Meeting as Resolution 308.

MSS RESOLUTION 31 – TOBACCO AND SMOKING CESSATION CURRICULAR REFORM IN US MEDICAL SCHOOLS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA urge, support, and work closely with the Liaison Committee for Medical Education (LCME) and the Association of American Medical Colleges to mandate implementation in all U.S. medical schools of curricular reform on tobacco use and prevention, and smoking cessation consistent with, but not limited to the 12 tobacco

curriculum content areas in the basic and clinical sciences recommended by the National Cancer Institute and the Agency for Health Care Policy and Research.

MSS RESOLUTION 32 – DEVELOPMENT OF A MODEL PREVENTION AND COUNSELING CURRICULUM

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA develop a model prevention and counseling curriculum that can be adapted by medical schools to fit their particular needs and that conforms to National Cancer Institute and national standards; and be it further

RESOLVED, That the AMA support the implementation of its prevention and counseling curriculum in all US medical schools.

MSS RESOLUTION 33 – ASSESSMENT OF CURRENT STATE OF MEDICAL ECONOMICS EDUCATION IN US MEDICAL SCHOOLS

MSS ACTION: REFERRED TO THE GOVERNING COUNCIL FOR REPORT BACK AT A-2000

RESOLVED, That the AMA study the scope, content and duration of medical economics education at all LCME and American Osteopathic Association (AOA) -accredited medical schools and report back at A-2000 with recommendations on the need and/or means of introducing a medical economics module into the standard medical school curriculum.

MSS RESOLUTION 34 – TRANSPARENCY IN CAPITATION RATE SETTING

MSS ACTION: REAFFIRMED AMA POLICY185.975, 285.946, 180.961, 185.979

RESOLVED, That the AMA draft model legislation and support legislation that requires health plans to be open and transparent with the bases, actuarial or otherwise, for determining capitation rates.

MSS RESOLUTION 35 – ADOPTION OF THE NATIONAL INSTITUTE OF HEALTH'S NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE'S CLASSIFICATION OF ALTERNATIVE MEDICINE PRACTICES

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA HOD AT A-00

RESOLVED, that the AMA utilize the National Institutes of Health's National Center for Complementary and Alternative Medicine's (CAM) classification system of alternative medicine, the Classification of Alternative Medicine Practices, in order to promote future discussion and research about the efficacy, safety, and use of alternative medicine.

MSS RESOLUTION 36 – SINGLE PAYER BASED HEALTH CARE DELIVERY SYSTEM

MSS ACTION: NOT ADOPTED

RESOLVED, That, based on current data, the AMA study the advantages and disadvantages of a single payer health care system; and be it further

RESOLVED, That this resolution be forwarded to the AMA-HOD at I-99 in order to accomplish the study in a timely manner.

MSS RESOLUTION 37 – LICENSURE OF IMGS

MSS ACTION: REFERRED TO GOVERNING COUNCIL FOR REPORT BACK AT A-2000

RESOLVED, That AMA policy H-255.982 be amended to change point (3) to read "supports the development and distribution of model legislation to encourage states to amend their Medical Practice Acts to provide that graduates of foreign medical schools shall meet the same requirements for licensure ~~by endorsement~~ as graduates of accredited U.S. and Canadian schools."

LATE RESOLUTION 1 - REPLACEMENT OF THE "SCRAMBLE" WITH A TWO-PHASE MATCH

MSS ACTION: REFERRED TO THE GOVERNING COUNCIL FOR DECISION

RESOLVED, That the AMA-MSS support changes to the National Resident Matching Program (NRMP) policy prohibiting all registered applicants from withdrawing from the first and/or proposed second phase of the Match except for highly unusual personal/emergency reasons; and be it further

RESOLVED, That the AMA-MSS support development of a formal, organized, binding second-phase Match mechanism, administered by NRMP in a similar fashion as the current single-phase Match, of assigning unmatched applicants to unfilled program positions, to replace the current informal "Scramble" process.

EMERGENCY RESOLUTION 1 – ULTRASOUND IMAGING

MSS ACTION: ADOPTED

RESOLVED, That the American Medical Association-Medical Student Section affirm that ultrasound imaging is within the scope of practice of appropriately trained physician specialists; and be it further

RESOLVED, That AMA-MSS support development of policy on ultrasound acknowledging that broad and diverse use and application of ultrasound imaging technologies exists in medical practice; and be it further

RESOLVED, That AMA-MSS support development of policy on ultrasound imaging affirming that privileging of the physician to perform ultrasound imaging procedures in a

hospital setting should be a function of hospital medical staff and should be specifically delineated on the Department’s Delineation of Privileges form; and be it further

RESOLVED, That AMA-MSS support development of policy on ultrasound imaging stating that each hospital medical staff should review and approve criteria for granting ultrasound privileges based upon background and training for the use of ultrasound technology and ensure that these criteria are in accordance with recommended training and education standards developed by each physician's respective specialty society; and be it further

RESOLVED, That AMA-MSS promote this policy to medical specialty societies and other appropriate entities.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

1999 INTERIM MEETING
SAN DIEGO, CA

MSS GOVERNING COUNCIL REPORT A: CHAIR'S REPORT

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT B: STUDENT ACADEMY OF THE AMERICAN ACADEMY OF PHYISICIAN ASSISTANTS OFFICIAL OBSERVER

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINER OF THE REPORT FILED

RESOLVED, That the Student Academy of the American Academy of Physician Assistants be invited to send a non-voting Official Observer to all meetings of the AMA-MSS Assembly.

MSS GOVERNING COUNCIL REPORT C: COUNCIL VISIBILITY AND ELECTION

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT D: POLICY SUNSET REPORT FOR 1989 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

The report addresses 49 policies from 1989, 15 of which are recommended for retention and 34 of which are being recommended for rescission. The report also recommends that policies specified for retention in the Appendix be retained as official, active policies of the AMA-MSS.

MSS GOVERNING COUNCIL REPORT E: AMA-MSS RESOLUTION REFORM

MSS ACTION: SUBSTITUTE RECOMMENDATION 2 ADOPTED. RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED.

1. That all resolutions must include a completed Resolution Submission Checklist.

2. That resolutions placed on the Reaffirmation Calendar be distributed along with the Assembly Agenda Books prior to the meeting.

3. That students may request follow up action and or information on issues related to existing policy by submitting the following information to the Governing Council Chair:
    - Brief description of the issue in question, and the reason current action is appropriate

- Documentation of existing AMA or MSS policy under which the issue would be covered
- Proposed action to be taken on the issue.

The Governing Council must respond to the request within 30 days.

4. That educational information on the policy making process will include information about Section priorities, co-sponsorship, the appropriateness of specialty and state society action on policy issues, and the role of reference committees as experts of the resolutions being considered by the Assembly.

SUMMARY OF ACTIONS
AMA-MSS REAFFIRMATION CALENDAR

1999 INTERIM MEETING
SAN DIEGO, CA

MSS Reaffirmation Calendar: That the AMA-MSS implement a reaffirmation consent calendar akin to that used by the AMA-HOD and set forth in AMA Policy 545.979 and 545.974, to expedite the business of the Assembly on resolutions seeking reaffirmation of existing AMA-MSS policy; and that the Reaffirmation Calendar provide "statements of support" for existing AMA policy for those resolutions deemed identical or nearly identical to existing AMA policy. (MSS Amended Res. 17, A-93; MSS Report C, I-93; MSS Report C, I-97)

MSS RESOLUTION 3: **Regulation of Tattoo Artists, Skin Piercers, Facilities**

RESOLVED, That health and safety risks of body piercing indicate that standardized legislation and regulation is needed for artists (individuals) who perform this service; and be it further

RESOLVED, That body piercing practitioners must be able to recognize and counsel patients on body piercing complications; and be it further

RESOLVED, That consumers should be aware of some of the risks presented by tattoos and permanent makeup: 1. Unsterile tattooing equipment and needles can transmit infectious disease, such as hepatitis; it is extremely important to confirm that all equipment is clean and sanitary before use; 2. Tattoos and permanent makeup are not easily removed and in some cases may cause permanent discoloration; think carefully before getting a tattoo and consider the possibility of an allergic reaction; and 3. Blood donations cannot be made for a year after getting a tattoo or permanent makeup; and be it further

RESOLVED, That AMA policy H-440.909 read: The AMA encourages the state regulation of tattoo artist and tattoo facilities to ensure adequate procedures according to the Alliance of Professional Tattooists guidelines, and that these practices should be followed:

The tattooist should have an autoclave (regulated by the FDA) on the premises. Consent forms (which the customer must fill out) should be handled before tattooing. Immediately before tattooing, the tattooist should wash and dry his or her hands thoroughly and don medical latex gloves, which should be worn at all times during application of the tattoo. Needle bars and tubes should be autoclaved after each customer. Non-autoclavable surfaces such as pigment bottles, drawer pulls, chairs, tables, sinks, and the immediate floor area should be cleaned with a disinfectant such as a bleach solution. Used absorbent tissues should be placed in a special puncture-resistant, leak-proof container for disposal. <u>In a registered piercing studio – certificates should be placed in prominent areas for consumers to see. The piercer is wearing gloves and protective clothing and has hair tied back. All surfaces are smooth and are able to be wiped, including the floor. Needles are disposable. All dressings are sterile packed. The piercer washes their hands before piercing. All instruments are autoclaved or disposable. All jewelry is sterile packed. Adequate information is given to consumer</u>

and after care advice and checkups are offered. The piercer does not attempt to carry out piercings which are medically irresponsible; and encourage all physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program; and be it further

RESOLVED, That according to the Association of Professional Piercers guidelines, these practices should be followed 1. To be pierced in a scrupulously hygienic, open environment, by a clean, conscientious piercer wearing a fresh pair of disposable latex gloves. 2. To a sober, friendly, calm and knowledgeable piercer, who will guide them through their piercing experience with confidence and assurance. 3. To the peace of mind which comes from knowing that their piercer knows and practices the very highest standards of sterilization and hygiene. 4. To be pierced with a brand new, completely sterilized needle, which is immediately disposed of in a medical sharps container after use on the piercee alone. 5. To be touched only with freshly sterilized, appropriate implements, properly used and disposed of or resterilized in an autoclave prior to use on anyone else. 6. To know that piercing guns are NEVER appropriate, and are often dangerous, when used on anything including earlobes. 7. To be fitted only with jewelry which is appropriately sized, safe in material, design, and construction, and which best promotes healing. Gold-plated, gold-filled, and sterling silver jewelry are never appropriate for any new or unhealed piercing. 8. To be fully informed about proper aftercare, and to have continuing access to their piercer for consultation and assistance with all their piercing-related questions.

REAFFIRMS AMA POLICY 425.985: Guidelines for Decorative or Cosmetic Skin Piercing

The AMA will work with appropriate specialty organizations to develop and disseminate guidelines for the prevention of disease transmission and complications when the human skin is pierced for decorative or cosmetic purposes or is pierced inadvertently during cosmetic care. (Sub. Res. 501, A-92)

REAFFIRMS AMA POLICY 440.943: Adequacy of Sterilization in Commercial Enterprises

The AMA requests that state medical societies explore with their state health departments the adequacy of sterilization of instruments used in commercial enterprises (tattoo parlors, beauty salons, barbers, manicurists, etc.) because of the danger of exchange of infected blood-contaminated fluids. (Sub. Res. 409, I-92)

REAFFIRMS MSS POLICY: Increased Regulation of Tattoo Practices

That AMA policy H-440.909 be amended to read as follows:

That the AMA encourages state regulation of tattoo artists and tattoo facilities to ensure adequate procedures, such as those recommended by the Alliance of Professional Tattooists to protect the public health, and encourages physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program (Sub. Res. 15, A-99; AMA Res. 405, I-99)

MSS RESOLUTION 13: **Infant and Child Safety on Airplanes**

RESOLVED, That the AMA strongly urge the FAA to adopt an air safety standard which would require that all children under two years of age or under 40 pounds be restrained appropriately such as through the use of a child restraint system (CRS) at appropriate times during a flight; and, be it further

RESOLVED, that the AMA urge the FAA to require that individual airlines provide child restraint system devices to qualifying children.

REAFFIRMS AMA POLICY 45.989: Child Safety Restraint Use in Aircraft

The AMA supports (1) the use of appropriate restraint systems for all children on all commercial airline flights; and (2) working with the Federal Aviation Administration to establish criteria for appropriate child restraint systems. (Sub. Res. 163, I-89; Reaffirmed: CSA Rep. 5, I-98)

MSS RESOLUTION 34: **Transparency in Capitation Rate Setting**

RESOLVED, That the AMA draft model legislation and support legislation that requires health plans to be open and transparent with the bases, actuarial or otherwise, for determining capitation rates.

REAFFIRMS AMA POLICY 185.975: Requiring Third Party Reimbursement Methodology be Published for Physicians

The AMA: (1) urges all third party payors and self-insured plans to publish their payment policies, rules, and fee schedules; (2) pursues all appropriate means to make publication of payment policies and fee schedules a requirement for third party payors and self-insured plans; (3) seeks legislation that would mandate that insurers make available their complete payment schedules, coding policies and utilization review protocols to physicians prior to signing a contract and at least 60 days prior to any changes being made in these policies; and (4) works with the National Association of Insurance Commissioners, develop model state legislation, as well developing national legislation affecting those entities that are subject to ERISA rules; and explore the possibility of adding payor publication of payment policies and fee schedules to the Patient Protection Act. (Sub. Res. 805, I-95; Appended by Res. 117, A-98; Reaffirmation A-99)

REAFFIRMS AMA POLICY 285.946: Fair Physician Contracts

The AMA will develop national (state) standards and model legislation for fair managed care/physician contracts, thereby requiring full disclosure in plain English of important information, including but not limited to: (1) disclosure of reimbursement amounts, conversion factors for the RBRVS system or other formulas if applicable, global follow-up times, multiple procedure reimbursement policies, and all other payment policies; (2) which proprietary "correct coding" CPT bundling program is employed; (3) grievance and appeal mechanisms; (4) conditions under which a contract can be terminated by a physician or health plan; (5) patient confidentiality protections; (6) policies on patient referrals and physician use of consultants; (7) a current listing by name and specialty of the physicians participating in the plan; and (8) a current listing by name of the ancillary service providers participating in the plan. (Res. 727, A-97; Amended by CMS Rep. 3, A-98)

REAFFIRMS AMA POLICY 180.961: Defining Levels of Health Insurance Coverage

The AMA strongly encourages the National Association of Insurance Commissioners to develop standards and a uniform disclosure format applicable to health plans and policies offered in the general insurance market, taking into consideration the benefit definitions and disclosure format used by plans participating in the Federal Employees Health Benefits Plan program; and supports the enactment of federal and/or state legislation requiring the use by health plans of standardized uniform disclosure formats that have had appropriate input by medical organizations. (CMS Rep. 9, A-97)

REAFFIRMS AMA POLICY 185.979 [1]: Allocation of Health Services

The AMA will: (1) work with payor organizations and managed care plans and support legislation as necessary to develop and encourage adherence to a standard format across plans for disclosure of relevant plan information to prospective enrollees (Reaffirmation A-97);…

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

1999 INTERIM MEETING
SAN DIEGO, CA

AMA RESOLUTION 302 - HEALTH SERVICES RESEARCH MD/PHD TRAINING IN MEDICAL SCHOOL

HOD ACTION: SUBSTITUTE RESOLUTION 302 ADOPTED AS AMENDED WITH CHANGE IN TITLE TO HEALTH CARE RESEARCH MD/PHD TRAINING IN MEDICAL SCHOOL

RESOLVED, That our American Medical Association amend Policy H-460.971 by addition and deletion to read as follows:

> The American Medical Association (1) continues its strong support for the Medical Scientists Training Program's ~~to attract more young people into biomedical research~~ stated mission goals; (2) supports taking immediate steps to enhance the continuation and adequate funding for stipends in federal research training programs in the biomedical sciences and health care research, including training of combined MD and PhD, biomedical PhD, and post-doctoral (post MD and post PhD) research trainees, and (3) supports monitoring federal funding levels in this area and being prepared to provide testimony in support of these and other programs to enhance the training of biomedical scientists and health care research. (Resolution 93, I-88; Reaffirmed: Sunset Report, I-98)

AMA RESOLUTION 308 - MEDICAL EDUCATION FINANCING

HOD ACTION: RESOLUTION 308 ADOPTED AS AMENDED

RESOLVED, That the American Medical Association, in consultation with the Medical Student Section, prepare a comprehensive report on medical education financing to examine methods of decreasing the cost of medical education to students, specifically including tuition reduction, tuition caps, increasing grants and subsidized loans, investigating legislative and school-based aid options; and be it further

RESOLVED, That our American Medical Association develop strategies to ensure adequate funding for medical schools; and be it further

RESOLVED, that our American Medical Association develop ~~a~~ reports on a) reducing the cost of medical education to students and b) medical school financing, and that these reports be presented to the House of Delegates at I-2000.

AMA RESOLUTION 402 - DEMONSTRATION OF CONDOM USE IN HIGH SCHOOL SEXUALITY EDUCATION PROGRAMS

HOD ACTION: REAFFIRMED

RESOLVED, That the AMA uphold high school sexuality education which specifically includes the demonstration of proper condom application and usage in simulated situations using actual condoms and anatomically correct models.

AMA RESOLUTION 403 – USE OF FUNDS RECOVERED FROM LAWSUITS VERSUS FIREARMS MANUFACTURERS AND DEALERS

HOD ACTION: RESOLUTION 403 ADOPTED

RESOLVED, That the AMA urge that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for gun safety education and gun violence prevention.

AMA RESOLUTION 404 – PREVENTING CUSTODIAL ASSAULT AND RAPE OF INMATES

HOD ACTION: RESOLUTION 404 REFERRED

RESOLVED, That the AMA urge health care professionals working in prisons to be aware of the growing problem of custodial assault and sexual misconduct, and report it to the proper authorities without requiring the inmate to report it him/herself to alleviate guard retaliation; and be it further

RESOLVED, That the AMA urge all states to create statutes providing legal protection for inmates against custodial molestation and abuse.

AMA RESOLUTION 405 – INCREASED REGULATION OF TATTOOING PRACTICES

HOD ACTION: RESOLUTION 405 NOT ADOPTED

RESOLVED, That AMA policy H-440.909 be amended to read as follows:

> That the AMA encourages the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures, <u>such as those recommended by the Alliance of Professional Tattooists</u> to protect the public health; and encourages physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program.

AMA RESOLUTION 406 – POINT-OF-SALE WARNING SIGNS REGARDING CONSUMPTION OF RAW SHELLFISH

HOD ACTION: RESOLUTION 406 ADOPTED AS AMENDED

RESOLVED, That the American Medical Association advocate regulations requiring point-of-sale warnings concerning foodborne illness wherever raw, unpasteurized shellfish is purchased or served for consumption.

AMA RESOLUTION 407 – SUNSCREEN PROTECTION AGAINST ULTRAVIOLET A RADIATION

HOD ACTION: SUBSTITUTE RESOLUTION 407 ADOPTED IN LIEU OF RESOLUTION 407 and 408, WITH CHANGE IN TITLE TO <u>ULTRAVIOLET RADIATION PROTECTION</u>

RESOLVED, That our American Medical Association encourage the development of sunscreens that will protect the skin from a broad spectrum of ultraviolet radiation, including both UVA and UVB; and be it further

RESOLVED, That our AMA urge medical societies to work with all schools to include information in their health curricula on the hazards of exposure to tanning rays.

AMA RESOLUTION 502 - CHOLESTEROL SUPPLEMENTATION OF COMMERCIAL INFANT FORMULA

HOD ACTION: RESOLUTION 502 NOT ADOPTED

RESOLVED, That the AMA support the study of the effects of supplementing commercial infant formula with cholesterol and polyunsaturated fatty acids.

AMA RESOLUTION 503 - DIETARY GUIDELINES REGARDING LACTOSE INTOLERANT INDIVIDUALS

HOD ACTION: RESOLUTION 503 NOT ADOPTED

RESOLVED, That the AMA study the dietary needs of lactose intolerant individuals and determine if any modifications should be made to the current U.S. Department of Agriculture/Department of Health and Human Services dietary guidelines to address the requirements of lactose intolerant individuals.

AMA RESOLUTION 504 - HONORING ORGAN DONOR WISHES IN THE ABSENCE OF FAMILY CONSENT

HOD ACTION: POLICY H-370.998 AMENDED BY INSERTION AND DELETION; TITLE OF POLICY H-370.998 CHANGED TO <u>ORGAN DONATION AND HONORING ORGAN DONOR WISHES</u>

Policy H-370.998 be amended by insertion and deletion to read as follows:

Our AMA: (1) Continues to urge the citizenry to sign donor cards and supports continued efforts to educate the public on the desirability of, and the need for, organ donations, as well as the importance of discussing personal wishes regarding organ donation with appropriate family members; and (2) When a good faith effort has been made to contact the family, actively encourage Organ Procurement Organizations and physicians to adhere to provisions of the Uniform Anatomical Gift Act which allows for the procurement of organs when the family is absent and there is a signed organ donor card or advanced directive stating the decedent's desire to donate the organs.

AMA RESOLUTION 603 – CREATION OF ADDITIONAL DUES STRUCTURE FOR RESIDENT AND FELLOW SECTION

HOD ACTION: RESOLUTION 603 REFERRED TO THE BOARD OF TRUSTEES FOR DECISION

Resolved, That the AMA create appropriate discounted multi-year dues options for residents in any length of residency.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2000 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 - ADVOCACY FOR RESEARCH INTO THE EFFECTS OF PSYCHOTROPIC DRUGS ON CHILDREN

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA work in conjunction with the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and other relevant organizations, to encourage increased funding for research into the safety and efficacy of psychotropic medications in young children, especially those under 4 years of age, and to establish diagnostic criteria for use of these medication in 2-4 year olds, and be it further

RESOLVED, That the AMA promote incentives to create the infrastructure necessary to carry out studies related to the effects of psychoactive drugs in young children, expressly to train qualified clinical investigators in pediatrics, child psychiatry, and pharmacology, and be it further

RESOLVED, That the AMA promote efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of young children.

MSS RESOLUTION 2 – ESTABLISHMENT OF AMA POLICY REGARDING THE PRACTICE OF MALE INFANT AND CHILD CIRCUMCISION

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA Council on Ethics and Judicial Affairs investigate the ethical implications of the excision, by a physician, of normal, healthy genital tissue from a male person under the age of consent (infant or child) in the absence of therapeutic intent.

MSS RESOLUTION 3 – STATE VARIATIONS IN NEWBORN SCREENING

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA work in conjunction with the AAP and other concerned organizations to study the issue of newborn screening of hereditary metabolic disorders and genetic disorders, and develop recommendations (including component laboratory tests, costs, interstate and regional cooperation, and follow-up care protocols) for continuous improvement of ~~comprehensive~~ newborn screening programs.

RESOLVED, That the AMA work with the AAP and other concerned organizations, especially state and county medical societies, to promote the continuous improvement of ~~comprehensive~~ newborn screening programs based on recommendations from studies by the AMA, AAP and other concerned organizations on newborn screening.

MSS RESOLUTION 4 - COMPREHENSIVE SCREENING OF NEWBORNS FOR CYSTIC FIBROSIS

MSS ACTION: ADOPTED

RESOLVED, That the AMA promote the undertaking of pilot state-based demonstration programs for newborn screening of CF to further clarify issues such as testing methods, cost, adequacy of education/counseling, and risk/benefit to individuals and their families; and be it further

RESOLVED, That the AMA encourage states choosing to undertake pilot demonstration programs for newborn screening of CF to coordinate their efforts with other states undertaking similar newborn screening programs.

MSS RESOLUTION 5 - SAFE HAVEN FOR NEWBORNS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA-MSS support efforts to lower barriers to adoption including the coordination of anonymous adoption and be it further

RESOLVED, That the AMA-MSS support state efforts to decrease the number of abandoned infants by supporting legislation that would protect mothers from prosecution who anonymously deliver their infant safely to a licensed health care facility, thus enabling the facility to initiate the adoption process.

MSS RESOLUTION 6 - HOUSING FOR RESIDENCY INTERVIEWS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA-MSS encourage individual chapters to maintain a ~~database~~ roster of students willing to host residency applicants when they visit their institution. ~~and that the AMA-MSS work to make these databases available to the AMA-MSS membership through the AMA-MSS web page or other media as deemed appropriate.~~
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MSS RESOLUTION 7 - AVAILABILITY OF DAVIS RULES OF ORDER

MSS ACTION: NOT ADOPTED

RESOLVED, that the AMA-MSS develop a system to make the full text of Davis Rules of Order available to every chapter and report back to the assembly at A-01.

MSS RESOLUTION 8 - PHYSICIANS AS ROLE MODELS OF HEALTH MAINTENANCE

MSS ACTION: REAFFIRMS AMA POLICY 170.995 AND MSS POLICY 170.006MSS

RESOLVED, That the AMA will actively encourage physicians, regardless of medical specialty, to act as role-models in proper general health maintenance by undergoing appropriate health screening exams, consuming a well balanced diet, exercising regularly to promote cardiovascular and musculoskeletal health, and maintaining appropriate blood pressures, serum cholesterol, and blood sugar levels; and be it further

RESOLVED, That the AMA will actively encourage physicians to promote healthy lifestyle practices in hospitals and clinics by developing policies to encourage the employees of these institutions to undergo appropriate health screening exams, maintain a desired body weight, consume a well balanced diet, exercise regularly to promote cardiovascular and musculoskeletal health, and maintain appropriate blood pressures, serum cholesterol, and blood sugar levels; and be it further

RESOLVED, That the AMA will actively encourage physicians, regardless of medical specialty, to take advantage of time during office visits, on discharge from hospital courses, and whenever appropriate to promote healthy lifestyles, appropriate health screening measures, and regular follow-up with primary care physicians among their patients.

MSS RESOLUTION 9 - IMPROVING FEDERATED MEMBERSHIP RECRUITMENT AND PORTABILITY

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA-MSS support the development of a system whereby medical student, resident/fellow, and young physician members of the AMA, state, and county medical societies may rapidly transfer their new or existing memberships to the appropriate state and county medical societies of their new program or practice.

MSS RESOLUTION 10 - ECONOMIC SANCTIONS AS A THREAT TO PUBLIC HEALTH AND HUMAN RIGHTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA, as an organization of responsible medical practitioners and leaders in our communities, condemn the use of comprehensive economic sanctions as a means of punishing non-combatant civilian populations; and be it further

RESOLVED, That the AMA call for the de-linking of medications, diagnostic/therapeutic equipment, and medical educational materials from all economic sanctions; and be it further

RESOLVED, That the AMA call for the exclusion of public health equipment and supplies from economic sanctions, specifically materials involved in water purification and sewage treatment; and be it further

RESOLVED, That the AMA support and encourage medical relief efforts to nations under economic sanctions by American physicians and medical students.

MSS RESOLUTION 11 - EDUCATION REGARDING CHILDHOOD OBESITY

MSS ACTION: REAFFIRMED AMA POLICY 440.902

RESOLVED, That the AMA encourage research to determine the metabolic, behavioral and environmental predictors of obesity in children; and be it further

RESOLVED, That the AMA encourage research to assess ways in which to modify environmental risk factors for childhood obesity; and be it further

RESOLVED, That the AMA promote the development of practical guidelines for exercise programs in children; and be it further

RESOLVED, That the AMA encourage pediatricians to educate their patients as well as the parents of their patients about the dangers of childhood obesity and ways to prevent it.

MSS RESOLUTION 12 - THYROID FUNCTION SCREENING TEST TO DETECT HYPO AND HYPERTHYROIDISM IN WOMEN

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support TSH serum screen for thyroid function evaluation of women over the age of 35 and every 5 years thereafter until the age of 65 and then every year after that as currently recommended; and be it further

RESOLVED, That the AMA support public education efforts to help women recognize the signs and symptoms of hypothyroidism and hyperthyroidism; and be it further

RESOLVED, That the AMA encourage physicians to educate women on recognizing the signs and symptoms of hypothyroidism and hyperthyroidism.

MSS RESOLUTION 13 – AUTOMATIC EXTERNAL DEFIBRILLATORS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA amend existing policy to require AEDs in its guidelines for medical equipment onboard all airplanes for which a flight attendant is required; and be if further

RESOLVED, That the AMA amend existing policy to require crewmember training in basic first aid, cardiopulmonary resuscitation, and the use of an AEDs on all airplanes for which a flight attendant is required; and be it further

RESOLVED, That the AMA send a letter to the FAA urging it to update its regulations for medical equipment onboard all aircraft for which a flight attendant is required in accordance with current AMA policy.

MSS RESOLUTION 14 – WITHDRAWN

MSS RESOLUTION 15 - MEDICAL COMMUNICATIONS FELLOWSHIP PROGRAM

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA create an annual Medical Communications Fellowship Program where at least two student members are placed as fellows for four to eight weeks at media institutions dealing with medical communication; and be it further

RESOLVED, That the Medical Communications Fellowship Program provide a monthly stipend of $1250 to fellows who complete a final report of their internship experience, with information about the program to be submitted annually to the House of Delegates.

MSS RESOLUTION 16 - REDUCING MEDICAL ERRORS THROUGH RESIDENCY WORK HOUR REFORM

MSS ACTION: NOT ADOPTED

RESOLVED, that the AMA Medical Student Section adopt the following principles on reducing medical errors through residency work hour reform:

The need to reduce house staff working schedules is clear and reasonable and deserves attention from residency program directors, specialty residency review committees, state governments, and the federal government.

The AMA-MSS supports and will work toward the implementation of regulations, including those at the federal level, which will regulate resident work hours with the intent of providing a better standard of care for all patients and more humane working conditions for residents. These regulations should include or take into account, but not be limited to, the following:

a. The number of hours a resident may work per week should be limited to 80, averaged over a four week period.
b. There should be a daily limit of 12 consecutive hours in the emergency room and other similarly intensive settings or 16 consecutive hours per a 24 hour period in other areas of the hospital.
c. Call should be limited to no more than one night in three.
d. Resident physicians shall not work more than 12 days straight without two 24 hour periods off-time.

Residents may work beyond the above daily limits if they are treating an acutely ill patient whose care may be compromised by the resident physician's departure. These exceptions are for emergency and extreme situations. No program shall allow residents to partake or participate in these exceptions on a regular or recurrent basis. This will reduce chronic fatigue, but allow residency programs flexibility to meet their own scheduling needs while providing good learning experience for their residents.

In order to accommodate needed residency reform, private and governmental health financing bodies must recognize the need of hospitals to hire increased ancillary personnel to perform many tasks which do not require the physician's expertise but are currently performed by residents.

Residents' salaries or benefits should not be reduced. In addition, there will not be any prolongation of the residency training period due to limitations on working hours.

Residency program compliance should be monitored by establishing review committees which should include resident physicians.

Public hospitals and indigent patients must not bear the brunt of this reform.

and be it further

RESOLVED, That the AMA Medical Student Section work with the American Medical Student Association (AMSA) on an ongoing basis to develop and update its consensus statement of principles on reducing medical errors through residency work hour reform; and be it further

RESOLVED, That the AMA Medical Student Section work with other concerned Special Sections of the AMA and organizations, in particular the Accreditation Council on Graduate Medical Education (ACGME) and the American Association of Medical Colleges (AAMC), to encourage stronger and more effective enforcement of resident work hour and condition limits through new or existing mechanisms.

MSS RESOLUTION 17 - EXTENDING THE LENGTH OF FOREIGN MEDICAL GRADUATES APPLYING FOR J-1 VISA EXEMPTION FROM THREE TO FIVE YEARS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA draft and support legislation to extend the length of service in an underserved area of J1 visa holders seeking J1 visa waivers from three to five years, and

RESOLVED, That the AMA lobby the United States Congress to extend the length of service in an underserved area of J1 visa holders seeking J1 visa waivers from three to five years.

MSS RESOLUTION 18 - EDUCATING PROVIDERS ON MEDICAL INTERPRETATION

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA should promote the education of all health care providers on how to access and use medical interpreters and on the hazards of using untrained interpreters, including friends, family, and staff.

MSS RESOLUTION 19 – RESEARCH INTO TAMPON SAFETY

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA advocate for research initiatives to determine the extent to which the presence of dioxin, dioxin-like chemicals, synthetic fibers, and other additives in tampons and similar products used by women with respect to menstruation pose any risks to the health of women, including risks relating to cervical cancer, endometriosis, infertility, ovarian cancer, breast cancer, immune system deficiencies, pelvic inflammatory disease, and toxic shock syndrome, and for other purposes; and be it further

RESOLVED, That the AMA make an effort to support legislation requesting research initiatives into the potential health hazards associated with tampons.

MSS RESOLUTION 20 – PRESERVING THE AMA'S GRASSROOTS LEGISLATIVE AND POLITICAL MISSION

MSS ACTION: ADOPTED AND FORWARDED TO THE HOD AS RESOLUTION 619

HOD ACTION: RESOLUTION 619 ADOPTED

RESOLVED, that the American Medical Association ensure that all Washington activities including lobbying, political education, grassroots communications and membership activities be staffed and funded so that all reasonable legislative missions and requests by AMA members and constituent organizations for political action and training can be met in a timely and effective manner.

MSS RESOLUTION 21 – IMPROVING THE QUALITY OF GERIATRIC PHARMACOLOGICAL THERAPY

MSS ACTION: ADOPTED

RESOLVED, That the AMA, in conjunction with the American Geriatrics Society and appropriate specialty societies, study ways to improve our understanding of geriatric pharmacology and to educate our physicians on the special pharmacological needs of the geriatric population; and be it further

RESOLVED, That the AMA, in conjunction with the American Geriatrics Society and appropriate specialty societies, promote the comprehensive inclusion of senior-specific criteria in drug utilization reviews, especially with regards to age-related adverse drug reactions and appropriate dosing.

MSS RESOLUTION 22 – DOMESTIC VIOLENCE AND CONTINUING MEDICAL EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, that the AMA recommend that domestic violence education should be included in the state medical boards' requirements for continuing medical education for all physicians in the US.

MSS RESOLUTION 23 – PHYSICIAN EDUCATION REGARDING BENEFITS OF SOCIAL GROUP THERAPY FOR BREAST CANCER PATIENTS

MSS ACTION: REAFFIRMS AMA POLICY 55.999

RESOLVED, That our Medical Student Section of the AMA will work to educate physicians about the benefits of social group therapy for breast cancer patients; and be it further

RESOLVED, That our Medical Student Section of the AMA will work to encourage physicians to recommend and encourage social group therapy for breast cancer patients; and be it further

RESOLVED, That our Medical Student Section of the AMA will work with the American Cancer Society to promote cancer support groups especially in a primary care setting.

MSS RESOLUTION 24 – PROFESSIONAL COURTESY TOWARD MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, that the AMA support and advocate for the physician's right to provide professional courtesy to medical students and residents in the teaching arena, and that medical school administration should not deny this right to physicians.

MSS RESOLUTION 25 – REQUIRING CONSENT FOR INVASIVE PROCEDURES IN THE NEWLY DECEASED PATIENT

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA study the issue of using deceased patients for training or other educational purposes and develop ethical guidelines regarding this practice.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2000 ANNUAL MEETING
CHICAGO, IL

MSS GOVERNING COUNCIL REPORT B: CAMPAIGN REFORM

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

That the Campaign Rules in section 7.B of the AMA-MSS Internal Operating Procedures be retained.

MSS GOVERNING COUNCIL REPORT C: IMPLEMENTATION OF MSS POLICY

MSS ACTION: RECOMMENDATION ADOPTED AS AMENDED AND THE REMAINER OF THE REPORT FILED

That the AMA-MSS policy 630.044MSS, Sunset Mechanism for AMA-MSS Policy, be amended to change the review cycle from 10 to five years, and

That the AMA-MSS report at each meeting on the progress of all resolutions passed at the meeting five years previous to the current, especially focusing on action called for by external policies.

MSS GOVERNING COUNCIL REPORT D: LICENSURE OF INTERNATIONAL MEDICAL GRADUATES

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

That the AMA-MSS support equivalent licensing requirements for all physicians seeking licensure in the United States, and oppose the development of separate licensing criteria, including exams, for any group.

MSS GOVERNING COUNCIL REPORT E: MEDICAL ECONOMICS EDUCATION IN MEDICAL SCHOOL

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the AMA-MSS provide a link on its web page to the UME-21 web site, and encourage its members to follow the progress of the project through the information posted on the site.
2. That the AMA-MSS Governing Council make available to the Assembly a copy of the final recommendations from the UME-21 project when available (projected 2002).

COLRP REPORT A (A-99) AND ADDENDUM (A-00) – REPRESENTATION IN THE AMA-MSS ASSEMBLY

MSS ACTION: SUBSTITUTE RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED.

That the AMA-MSS reaffirm existing AMA-MSS Assembly representation policy.

SUMMARY OF ACTIONS
AMA-MSS REAFFIRMATION CALENDAR
2000 ANNUAL MEETING

MSS Reaffirmation Calendar: That the AMA-MSS implement a reaffirmation consent calendar akin to that used by the AMA-HOD and set forth in AMA Policy 545.979 and 545.974, to expedite the business of the Assembly on resolutions seeking reaffirmation of existing AMA-MSS policy; and that the Reaffirmation Calendar provide "statements of support" for existing AMA policy for those resolutions deemed identical or nearly identical to existing AMA policy. (MSS Amended Res. 17, A-93; MSS Report C, I-93; MSS Report C, I-97)

MSS RESOLUTION 8: Physicians As Role Models of Health Maintenance

RESOLVED, That the AMA will actively encourage physicians, regardless of medical specialty, to act as role-models in proper general health maintenance by undergoing appropriate health screening exams, consuming a well balanced diet, exercising regularly to promote cardiovascular and musculoskeletal health, and maintaining appropriate blood pressures, serum cholesterol, and blood sugar levels; and be it further

RESOLVED, That the AMA will actively encourage physicians to promote healthy lifestyle practices in hospitals and clinics by developing policies to encourage the employees of these institutions to undergo appropriate health screening exams, maintain a desired body weight, consume a well balanced diet, exercise regularly to promote cardiovascular and musculoskeletal health, and maintain appropriate blood pressures, serum cholesterol, and blood sugar levels; and be it further

RESOLVED, That the AMA will actively encourage physicians, regardless of medical specialty, to take advantage of time during office visits, on discharge from hospital courses, and whenever appropriate to promote healthy lifestyles, appropriate health screening measures, and regular follow-up with primary care physicians among their patients.

REAFFIRMS AMA POLICY 170.995: Healthful Lifestyles

> The AMA believes that consumers should be encouraged and assisted to learn healthful practices by: (1) educating and motivating the consumers to adopt more healthful lifestyles; (2) exploring methods of utilizing public communication more effectively in health education efforts directed towards motivating consumers to adopt healthful lifestyles; (3) encouraging consumers, in appropriate risk groups, to utilize professional preventive health care services which would permit the early detection and treatment, or the prevention, of illness; and physicians demonstrating these practices through personal examples of health lifestyles. (BOT Rep. A, NCCMC Rec. 48, A-78; Reaffirmed: CLRPD Rep. C, A-89; Res. 402, I-94)

REAFFIRMS MSS POLICY 170.006MSS: Physicians as an Example of Healthy Living

That the AMA modify Policy 170.995 to read: "The AMA believes that consumers should be encouraged and assisted to learn healthful practices by: (1) educating and motivating the consumers to adopt more healthful lifestyles; (2) exploring methods of utilizing public communication more effectively in health education efforts directed towards motivating consumers to adopt healthful lifestyles; ~~and~~ (3) encouraging consumers, in appropriate risk groups, to utilize professional preventive health care services which would permit the early detection and treatment, or the prevention, of illness; and (4) physicians demonstrating these practices through personal examples of healthy lifestyles." (AMA Res. 402, I-94, Adopted)

MSS RESOLUTION 11: Education Regarding Childhood Obesity

RESOLVED, That the AMA encourage research to determine the metabolic, behavioral and environmental predictors of obesity in children; and be it further

RESOLVED, That the AMA encourage research to assess ways in which to modify environmental risk factors for childhood obesity; and be it further

RESOLVED, That the AMA promote the development of practical guidelines for exercise programs in children; and be it further

RESOLVED, That the AMA encourage pediatricians to educate their patients as well as the parents of their patients about the dangers of childhood obesity and ways to prevent it.

REAFFIRMS AMA POLICY 440.902: Obesity as a Major Health Concern

The AMA: (1) recognizes obesity in children and adults as a major public health problem; (2) will study the medical, psychological and socioeconomic issues associated with obesity, including reimbursement for evaluation and management of obese patients; and (3) will work with other professional medical organizations, and other public and private organizations to develop evidence-based recommendations regarding education, prevention, and treatment of obesity. (Res. 423, A-98)

MSS RESOLUTION 24: Physician Education Regarding Benefits of Social Group Therapy for Breast Cancer Patients

RESOLVED, That our Medical Student Section of the AMA will work to educate physicians about the benefits of social group therapy for breast cancer patients; and be it further

RESOLVED, That our Medical Student Section of the AMA will work to encourage physicians to recommend and encourage social group therapy for breast cancer patients; and be it further

RESOLVED, That our Medical Student Section of the AMA will work with the American Cancer Society to promote cancer support groups especially in a primary care setting.

REAFFIRMS AMA POLICY 55.999: Symptomatic and Supportive Care for Patients with Cancer

The AMA recognizes the need to ensure the highest standards of symptomatic, rehabilitative, and supportive care for patients with both cured and advanced cancer. The Association supports clinical research in evaluation of rehabilitative and palliative care procedures for the cancer patient, this to include such areas as pain control, relief of nausea and vomiting, management of complications of surgery, radiation and chemotherapy, appropriate hemotherapy, nutritional support, emotional support, rehabilitation, and the hospice concept. The AMA actively encourages the implementation of continuing education of the practicing American physician regarding the most effective methodology for meeting the symptomatic, rehabilitative, supportive, and other human needs of the cancer patient. It is also recognized that the substantial cost of cancer management must be a continuing concern of the practicing physician caring for the cancer patient. (CSA Rep. H, I-78)

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2000 ANNUAL MEETING
CHICAGO, IL

AMA RESOLUTION 120 – AMENDMENT TO AMA POLICY H-370.985: COVERAGE OF IMMUNOSUPPRESSIVE MEDICATIONS FOR THE LIFE OF THE TRANSPLANTED ORGAN

HOD ACTION: SUBSTITUTE RESOLUTION 120 ADOPTED

RESOLVED, That the American Medical Association amend Policy H-370.985 to read that "the American Medical Association supports seeking federal legislation mandating the Health Care Financing Administration to cover ~~reinstate~~ under Medicare drugs used in the maintenance of organ transplants ~~to be furnished in subsequent years after the first year following a covered transplant~~ for the life of the transplanted organ.

AMA RESOLUTION 205 – AN ALTERNATIVE TO TORT SYSTEM REFORM FOR MEDICAL MALPRACTICE

HOD ACTION: SUBSTITUTE RESOLUTION 205 ADOPTED

RESOLVED, That the American Medical Association Policy H-435.969 be modified to read: The AMA reaffirms its support for investigating promising Alternative Dispute Resolution (ADR) mechanisms, in the context of demonstration projects designed to evaluate whether they resolve medical liability claims fairly and in a more timely and cost effective manner. The AMA strongly recommends that if cost containment goals are to be achieved, ADR proposals designed to provide greater access to legal process must incorporate effective mechanisms to: a)identify non-meritorious claims and dispose of them; b) decrease the proportion of cases being litigated; c) increase the portion of any settlement payment received by the patient; and d) identify appropriate guidelines for the payment of damages.

AMA RESOLUTION 404 – HEALTH INITIATIVES ON ASIAN AMERICANS AND PACIFIC ISLANDERS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA urge existing federal agencies, commissions and Asian American and Pacific Islander health organizations to study how to improve the collection, analysis and dissemination of public health data on Asian Americans and Pacific Islanders; and be it further

RESOLVED, That our AMA expand its minority health policies to include Asian Americans and Pacific Islanders.

AMA RESOLUTION 505 – ADOPTION OF THE NATIONAL INSTITUTES OF HEALTH'S NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE"S CLASSIFICATION OF ALTERNATIVE MEDICINE PRACTICES

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA utilize the National Institutes of Health's National Center for Complementary and Alternative Medicine's classification system of alternative medicine, "Major Domains of Complementary and Alternative Medicine," in order to promote future discussion and research about the efficacy, safety, and use of alternative medicine.

AMA RESOLUTION 506 – POLICY STATEMENT ON SEXUAL ORIENTATION REPARATIVE (CONVERSION) THERAPY

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA oppose the use of "reparative" or "conversion" therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation.

AMA RESOLUTION 619 – PRESERVING THE AMA'S GRASSROOTS LEGISLATIVE AND POLITICAL MISSION

HOD ACTION: ADOPTED

RESOLVED, that the American Medical Association ensure that all Washington activities including lobbying, political education, grassroots communications and membership activities be staffed and funded so that all reasonable legislative missions and requests by AMA members and constituent organizations for political action and training can be met in a timely and effective manner.

AMA RESOLUTION 804 – PROVISION OF INTERPRETING SERVICES FOR NON-ENGLISH PROFICIENT PATIENTS

HOD ACTION: NOT ADOPTED

RESOLVED, That the AMA amend AMA policy 215.982 to read as follows:

> The AMA encourages ~~hospitals~~ health care facilities that serve persons with limited English proficiency (LEP) ~~populations with a significant number of non-English speaking patients~~ to provide trained ~~translator services~~ interpreting and translation services.

and be it further

RESOLVED, That the title of AMA Policy 215.982 be changed to "Interpreting and Translation Services in Health Care Facilities."

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2000 INTERIM MEETING
ORLANDO, FLORIDA

MSS RESOLUTION 1 - DNR BRACELETS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That AMA policy H140.972, section 9, be amended by addition to read:

> (9) The AMA will disseminate model state legislation that protects the rights of terminally and chronically ill patients to have their do-not-resuscitate wishes honored by emergency personnel in all out of hospital settings. <u>Legislation should also encourage the use of standardized physician ordered DNR identification bracelets.</u>

MSS RESOLUTION 2 – WITHDRAWN

MSS RESOLUTION 3 – DECREASING THE HEALTH RISKS OF CELLULAR PHONE USE WHILE DRIVING

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA adopt the following recommendations of the National Highway Traffic Safety Administration in regards to wireless communications in vehicles:

- Improve data collection and reporting.
- Improve consumer education.
- Initiate a broad range of research to better define and understand the problem.
- Address issues associated with use of cellular phones from vehicles to access emergency services.
- Encourage enforcement of existing state laws to address inattentive driving behavior.
- Work with states on legislative options.
- Use the National Advanced Driving Simulator (NADS) and instrumented vehicles to study optimal driving/vehicle interfaces.
- Develop a sound basis for carrying out cost benefit analyses;

and be it further

RESOLVED, That the AMA encourage the incorporation of information about the dangers of cell phone use while driving in driver's education courses and driver's re-education courses; and be it further

RESOLVED, That the AMA encourage public high schools to distribute information about the dangers of cell phone use while driving to all students.

MSS RESOLUTION 4 – ELIMINATING THE EXPOSURE OF CHILDREN TO CIGARETTE SMOKE IN AUTOMOBILIES

MSS ACTION: NOT ADOPTED

RESOLVED, that the AMA lobby for new legislation that outlaws the use of any smoke emitting tobacco product in a motor vehicle that is occupied by a person of less than 16 years of age.

MSS RESOLUTION 5 – DISCOURAGING THE USE OF AD HOC INTERPRETERS FOR MEDICAL INTERPRETATION

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA include in its Cultural Competency, Health Literacy, and other related initiatives, information for health care providers on the ethical and legal implications of using ad hoc interpreters (ie. children, friends, bilingual staff not trained in medical interpretation) to communicate with patients when trained interpreters are available, and that the importance of using trained interpreters or interpreting services, when available, be publicized through various communication mechanisms.

MSS RESOLUTION 6 – REGULATION AND ENFORCEMENT OF RESIDENCY WORK HOUR LIMITS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA, with the collaboration an participation of its special sections and other interested organizations, study the effect of excessive work hours, sleep deficit, and fatigue on medical practice, education and quality of patient care. This study should call for and support external studies as needed. Based on these results, the AMA will work with the ACGME to formulate guidelines on resident work hours, as well as mechanisms of implementing and enforcing these guidelines, and report to the AMA House of Delegates at I-02.

MSS LATE RESOLUTION 1 - PRIVACY AND CONFIDENTIALITY OF MEDICAL STUDENTS IN PHYSICAL DIAGNOSIS CLASSES

MSS ACTION: ADOPTED

RESOLVED, that the AMA-MSS support the protection of medical student privacy and confidentiality in the context of physical diagnosis classes by adopting the following principles:

1. If abnormal physical findings are found on a student during a physical diagnosis class, the student should not be used as a model of abnormal findings without his or her explicit, meaningful, and non-coerced consent.
2. No information regarding abnormal physical findings encountered on a medical student during a physical diagnosis class should be transmitted to any third party (by

instructors or fellow students) without the student's explicit, meaningful, and non-coerced consent

MSS LATE RESOLUTION 2 - PROVIDING ADEQUATE HEALTH CARE TO THE MEDICALLY UNDERSERVED

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA provide model legislation that would serve to amend the National Health Services Corps Reauthorization Act of 2000 (H.R. 5116) to include the following provisions and changes to the basic elements of the NHSC Scholarship and Loan Repayment Programs:

1. Over a period of 10 years, Incrementally, increase the amount of funding for NHSC Scholarships to twice the level funded for the 2000 fiscal year.
2. Over a period of 10 years, Incrementally, increase the amount of funding for the NHSC Loan Repayment Program to twice the level funded for the 2000 fiscal year.
3. Include in the definition of “Primary Care Specialties” provided by the NHSC the medical Specialty of General Surgeon as defined by the American College of Surgeons.
4. Beginning in the year 2002 change the contractual matching commitment for NHSC Scholarship recipients from 1 year of service for each year of scholarship received to 2 years of service in the NHSC for each year of scholarship received (maximum of 8 years of service).
5. Increase the yearly NHSC Loan repayment amount for physicians (MD and DO) to $30,000/year with a $120,000 maximum loan repayment amount and require participants in the loan repayment program to contractually commit to 2 years of service in the NHSC for each year of participation in the NHSC Loan Repayment Program (maximum of 8 years of service).

RESOLVED, That the AMA provide model legislation that will double the current funding level for the National Health Services Corps over a period of ten years. The model legislation will be submitted to the Honorable Marion Berry, House of Representatives, Arkansas, for submittal and consideration on the Floor of the House of Representatives floor at a time determined by the AMA-LAC to be appropriate to ensure implementation in a timely fashion.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2000 INTERIM MEETING
ORLANDO, FLORIDA

MSS GOVERNING COUNCIL REPORT A: CHAIR'S REPORT

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT B: POLICY SUNSET REPORT FOR 1995 AND PRIOR AMA-MSS POLICIES

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINER OF THE REPORT FILED

The report addresses policies from 1995 and prior, recommending some for retention and some for rescission. The report also recommends that policies specified for retention in the Appendix be retained as official, active policies of the AMA-MSS.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2000 INTERIM MEETING
ORLANDO, FLORIDA

AMA RESOLUTION 1 – REQUESTING CONSENT FOR INVASIVE PROCEDURES IN THE NEWLY DECEASED PATIENT

HOD ACTION: ADOPTED

RESOLVED, That the AMA study the issue of using deceased patients for training or other educational purposes and develop ethical guidelines regarding this practice.

AMA RESOLUTION 501 – COMPREHENSIVE SCREENING OF NEWBORNS FOR CYSTIC FIBROSIS

HOD ACTION: REFERRED

RESOLVED, That the AMA promote the undertaking of pilot state-based demonstration programs for newborn screening of CF to further clarify issues such as testing methods, cost, adequacy of education/counseling, and risk/benefit to individuals and their families; and be it further

RESOLVED, That the AMA encourage states choosing to undertake pilot demonstration programs for newborn screening of CF to coordinate their efforts with other states undertaking similar newborn screening programs.

AMA RESOLUTION 502 – STATE VARIATIONS IN NEWBORN SCREENING

HOD ACTION: REFERRED

RESOLVED, That the AMA work in conjunction with the American Academy of Pediatrics and other concerned organizations to study the issue of newborn screening of hereditary metabolic disorders and genetic disorders, and develop recommendations (including component laboratory tests, costs, interstate and regional cooperation, and follow-up care protocols) for continuous improvement of newborn screening programs; and be it further

RESOLVED, That the AMA work with the AAP and other concerned organizations, especially state and county medical societies, to promote the continuous improvement of newborn screening programs based on recommendations from studies by the AMA, AAP and other concerned organizations on newborn screening.

AMA RESOLUTION 503 – IMPROVING THE QUALITY OF GERIATRIC PHARMACOLOGICAL THERAPY

HOD ACTION: REFERRED

RESOLVED, That the AMA, in conjunction with the American Geriatrics Society and appropriate specialty societies, study ways to improve our understanding of geriatric pharmacology and to educate our physicians on the special pharmacological needs of the geriatric population; and be it further

RESOLVED, That the AMA, in conjunction with the American Geriatrics Society and appropriate specialty societies, promote the comprehensive inclusion of senior-specific criteria in drug utilization reviews, especially with regards to age-related adverse drug reactions and appropriate dosing.

AMA RESOLUTION 504 – USE OF PSYCHOTROPIC DRUGS IN YOUNG CHILDREN

HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE TO "USE OF PSYCHOTROPIC DRUGS IN CHILDREN"

RESOLVED, That the AMA work in conjunction with the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and other relevant organizations, to encourage more research into the safety and efficacy of psychotropic medications in young children, especially those under 4 years of age; and be it further

RESOLVED, That the AMA endorse efforts to train additional qualified clinical investigators in pediatric, child psychiatry and therapeutics to carry out studies related to the effects of psychotropic drugs in children; and be it further

RESOLVED, That the AMA promote efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of children.

AMA RESOLUTION 605 – MEDICAL COMMUNICATIONS FELLOWSHIP

HOD ACTION: NOT ADOPTED

RESOLVED, That the AMA create an annual Medical Communications Fellowship Program where at least 2 AMA medical student members are placed as fellows for four to eight weeks at media institutions dealing with medical communication; and be it further

RESOLVED, That the Medical Communications Fellowship Program provide a monthly stipend of $1250 dollars to fellows who complete a final report of their internship experience, with information about the program to be submitted annually to the House of Delegates.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2001 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – CREATION OF A PROCEDURES OF THE AMA-MSS HOUSE OF DELEGATES

MSS ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE

Creation of a Procedures of the AMA-MSS Assembly

RESOLVED, That an appropriate committee or task force of the AMA-MSS develop a document outlining the procedures of the AMA-MSS Assembly meetings, including but not limited to reference committee structure and procedures, introduction and disposition of resolutions, order of business, matters of ethical policy and all other relevant procedures, using existing Procedures from other sections as a model, for report back to the AMA-MSS Assembly for ratification at A-02.

MSS RESOLUTION 2 – CHANGING THE SPEAKERSHIP

MSS ACTION: NOT ADOPTED

RESOLVED, The AMA-MSS Internal Operating Procedures be amended so as to accommodate the following changes in the positions of Speaker and Vice-Speaker:

1. One speaker be elected to a one year term at the Annual meeting. At the time of his or her election this speaker will acquire the title Junior Speaker. At this time, the speaker who had maintained the title Junior Speaker will gain the title Senior Speaker.
2. One speaker be elected to a one year term at the Interim meeting. At the time of his or her election this speaker will acquire the title Junior Speaker. At this time, the speaker who had maintained the title Junior Speaker will gain the title Senior Speaker.
3. The Senior Speaker will maintain all of the duties of Speaker and the Junior Speaker will assist the Senior in its duties and will preside in the Senior's absence or at the Senior's request.

MSS RESOLUTION 3 – EXTENDING AMA MEMBERSHIP OPPORTUNITIES TO STUDENTS ENROLLED IN A COMBINED BA/MD PROGRAM

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS ask the House of Delegates in accordance with H-555.975 to expand the AMA membership categories to include students enrolled in a combined BA/MD program (MD must be at an accredited LCME school) and outline an appropriate fee structure and set of benefits.

MSS RESOLUTION 4 – INCREASING THE EFFICIENCY OF STUDENT MEMBERSHIP APPLICATION PROCESSING

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA-MSS encourage the AMA to continue its internal evaluation of the procedures involved in the processing of student membership applications and take steps to decrease delays and increase service to medical student applicants and members; and be it further

RESOLVED, That the AMA-MSS Governing Council report back on the status of student membership processing at I-01.

MSS RESOLUTION 5 – BLOOD DONATION BY HIV-NEGATIVE HOMOSEXUAL MALES

MSS ACTION: REFERRED TO THE GOVERNING COUNCIL FOR REPORT BACK AT I-01

RESOLVED, That the AMA encourage the FDA to modernize its current regulations on blood donation such that homosexual men be subject to deferral criteria more comparable to those used to exclude heterosexuals, and that its policy no longer excludes men who have had at least one sexual contact with another man since 1977.

MSS RESOLUTION 6 – PARITY IN HEALTH CARE FOR SAME SEX COUPLES

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED WITH A CHANGE IN TITLE

Parity in Health Care for Domestic Partnerships

RESOLVED, That the AMA encourages the development of domestic partner health care benefits in the public and private sector; and be it further

RESOLVED, That the AMA supports parity of pre-tax health care benefits for domestic partnerships; and be it further

RESOLVED, That the AMA supports legal recognition of domestic partners for hospital visitation rights and as the primary medical care decision-maker in the Uniform Probate Code in the absence of an alternative health care proxy designee.

MSS RESOLUTION 7 – ENVIRONMENTALLY CONSCIOUS DISPOSAL OF MEDICAL WASTES

MSS ACTION: NOT ADOPTED

RESOLVED, That AMA-MSS encourage medical students to promote autoclaving, then burial of certain appropriate medical wastes as an alternative to incineration at their

medical schools and affiliated academic medical centers, and that AMA-MSS develop project promotion materials to assist medical students in such efforts.

MSS RESOLUTION 8 – MEDICAID INFORMATION FOR EXITING WELFARE PATIENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA study the feasibility and economic impact of implementing a mandatory exit interview for adults that are leaving welfare, informing them of their Medicaid eligibility.

MSS RESOLUTION 9 – CAMPAIGN TO REDUCE FIREARM DEATHS (AMENDMENT TO H-145.988)

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA amend policy H-145.988 to read that:

The AMA, as part of its campaign against violence, will publicize information to educate the public regarding methods to reduce death and injury due to keeping guns in the home. Such publicity will affirm that the most effective method of reducing firearm deaths and injuries is to reduce the prevalence of firearms in homes and communities, by emphasizing that

1. a firearm in the home is more likely to be used to kill or injure a family member than an intruder,
2. keeping a firearm in the home is a significant risk factor for suicide and homicide, firearms in the home often contribute to domestic violence.

MSS RESOLUTION 10 – SEATBELT USE IN YOUNG DRIVERS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED WITH A CHANGE IN TITLE

Seatbelt Use in Young Drivers and Passengers

RESOLVED, That the AMA urges physicians to take an active stance with their young patients on the importance of safety in motor vehicles through routine questioning regarding passenger seat belt use during every history and physical exam.

MSS RESOLUTION 11 – PROVISION OF PATIENT EDUCATION REGARDING COST AND EFFICACY OF PRESCRIPTION DRUGS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA encourage the FDA to make accessible to the public a pamphlet, appropriate for all patients, that:

1) Presents a cost-benefit analysis of available treatment options with the emphasis on cost-effectiveness when appropriate

2) Compares the efficacy of each available treatment option
3) Discusses the long-term implications and potential side effects of pharmaceutical products

MSS RESOLUTION 12 – SUPPORT FOR LEGISLATION TO PROVIDE TAX CREDITS TO BUSINESSES THAT PROVIDE NURSING FEMALE EMPLOYEES TIME AND FACILITIES/EQUIPMENT FOR BREASTFEEDING

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED WITH A CHANGE IN TITLE FOR SUBMITTAL TO THE AMA-HOD AS RESOLUTION 243

HOD ACTION: NOT ADOPTED

Support for Legislation for Businesses to Provide Breastfeeding Employees Time, Facilities and Equipment for Breast Feeding

RESOLVED, That the AMA support legislation encouraging and promoting breast feeding, such as tax credits for businesses that provide facilities and equipment for employed breastfeeding mothers to breastfeed or express milk on business premises; and be it further

RESOLVED, That this resolution be forwarded to the AMA-HOD at this meeting (A-01)

MSS RESOLUTION 13 – EXPANDING THE NATIONAL HEALTH SERVICE CORPS TO INCLUDE SCHOOL BASED HEALTH CLINICS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA study the feasibility and economic impact of placing a primary care physician into schools deemed to be in economically underserved and physician shortage areas; and be it further

RESOLVED, That the AMA study the feasibility and economic impact of expanding the National Health Service Corps scholarship program to include school-based health clinics in its realm of physician placement.

MSS RESOLUTION 14 – SECONDARY APPLICATION FEES AND MEDICAL STUDENT DEBT

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS organize a thorough investigation into the procedural costs, finances, and miscellaneous expenses associated with the processing of secondary applications at each medical school; and be it further

RESOLVED, That the AMA-MSS explore the manner in which secondary application fees are utilized or allocated by admissions committees and any other relevant departments and committees within each medical school; and be it further

RESOLVED, That the AMA-MSS examine the formula from which individual medical institutions derive their secondary application fees for a given year; and be it further

RESOLVED, That the AMA-MSS, with an ultimate goal of reducing medical student debt, prepare a report documenting the results of their investigation into the determination and the use of secondary application fees by all American medical colleges.

MSS RESOLUTION 15 – ESTABLISHMENT OF A NATIONAL MERIT BASED MEDICAL SCHOOL SCHOLARSHIP PROGRAM

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS Governing Council study the efficacy and feasibility of creating a nationwide scholarship system that would select students using objective and subjective criteria, to award scholarship certificates which are to be funded by the institutions including corporations, state and local governments, medical societies, and others.

MSS RESOLUTION 16 – REMOVAL OF INCOME THRESHOLD FOR THE INTEREST DEDUCTIBILITY OF EDUCATIONAL LOANS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA adjust its legislative advocacy efforts to be fully consistent with established policy regarding the elimination of income threshold limitations for the deductibility of interest on educational loans.

MSS RESOLUTION 17 – RURAL MEDICINE IN THE MEDICAL SCHOOL CURRICULUM

MSS ACTION: NOT ADOPTED

RESOLVED, The AMA supports education in rural medicine and encourages medical schools to include training in rural areas as part of their clinical curriculum; and be it further

RESOLVED, The AMA encourages making a rural medicine clerkship, so to ensure that medical students possess knowledge and clinical abilities in rural medicine as well as an opportunity to appreciate the benefits of practicing in a small town community, and thus stimulate interest in practicing in small towns and help in resolving the lack of doctors in rural areas; and be it further

RESOLVED, The AMA encourages medical schools that do not require clinical experience in rural medicine to ensure that their students possess the knowledge, clinical abilities in rural medicine, and they are aware of benefits of practicing in the rural communities.

MSS RESOLUTION 18 – MINIMUM STANDARDS FOR GERIATRIC UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA recommend and organize a committee comprised of medical students, physicians, and administrators to develop minimum standards for geriatric education that includes both didactic material and clinical training that can be readily integrated into the existing medical school courses and medicine clerkship.

MSS LATE RESOLUTION 1 – MEDICAL SCHOOL HONOR CODE REVISIONS TO INCLUDE COMPROMISING NBME SUBJECT EXAMS AND USMLE STEP EXAMS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS adopt as policy urging that medical schools and medical students include in their honor codes provisions that make it an Honor Code violation to provide, use, accumulate, and disseminate any materials that are derived from the direct or indirect encounter with examination materials provided by the NBME for preparation for the Subject Exams and the USMLE Step Examinations; and be it further

RESOLVED, That the AMA-MSS recognize and adopt as policy that any form of violation of contract between examinees taking NBME Examinations (Subject Examinations or USMLE Step Examinations) regarding the dissemination and use of information about these examinations is unethical and unacceptable behavior on the part of its membership.

MSS LATE RESOLUTION 2 – RESIDENT WORK HOURS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA-MSS work with the AMA-RFS to make the improvement of hospital working conditions, including resident/fellow work hours, a top priority for the AMA; and be it further

RESOLVED, That the AMA-MSS supports the concept of pursuing avenues in addition to working with the ACGME to alleviate resident work hours concerns.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2001 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS GOVERNING COUNCIL REPORT A: MEDICAL STUDENT REPRESENTATION IN THE AMA HOUSE OF DELEGATES: REGIONAL DELEGATE ELECTION

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

1. That the AMA-MSS will elect Regional delegates to the AMA House of Delegates, according to the following guidelines:
    1. Each Region is responsible for selecting its own delegate(s), based on the process identified by the Region and submitted to the MSS Governing Council by the close of each Annual Meeting.
    2. Elections for the Regionally elected student delegates to the AMA House of Delegates will be held at the Interim Meeting of the AMA Medical Student Section.
    3. Eligibility rules for candidates will be the same as those for AMA-MSS Governing Council members as outlined in Section IV.C of the AMA-MSS Internal Operating Procedures.
    4. Candidates will be required to submit a completed Application and CV to the Department of Medical Student Services by the published deadline each year to be kept on file by DMSS.
    5. A list of candidates for each Region will be included in the MSS Assembly Agenda Book for each Interim Meeting. Individual candidates are personally responsible for reproducing and distributing copies of their CVs and/or Personal Statements to members of their Region.
    6. Each state is entitled to a maximum of one delegate, unless there are fewer candidates than available positions. A state may have an unlimited number of alternate delegates.
    7. All election disputes will be referred to the Governing Council.
    8. <u>Each Region shall be free to institute more stringent requirements consistent with all other AMA and AMA-MSS rules. These requirements shall serve as minimal guidelines to the Regions.</u>

2. That the AMA-MSS Internal Operating Procedures be updated by I-01 to reflect the new AMA Bylaws governing Regional Delegate Representation, and the Guidelines for electing student delegates.

MSS COLRP REPORT A: AMA MEDICAL STUDENT SECTION 2001 – 2004 STRATEGIC PLAN

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINER OF THE REPORT FILED

1. The 2001-2004 Strategic Plan be utilized as a document for prioritizing goals and planning efforts by the AMA-MSS Governing Council and AMA-MSS chapters for the next three years.

2. The 2001-2004 AMA Medical Student Section Strategic Plan, and succeeding plans, be distributed annually to the membership.

3. The AMA-MSS Governing Council shall examine the Strategic Plan at least twice a year to evaluate the progress therein.

4. The AMA-MSS Governing Council continue to report back to the MSS Assembly on their efforts to address and achieve the goals embodied in the Strategic Plan.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2001 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 203 – DNR BRACELETS

HOD ACTION: AMA POLICY H-140.972 REAFFIRMED IN LIEU OF RESOLUTION 203

RESOLVED, That American Medical Association Policy H-140.972, Section 9, be amended by addition to read:

(9) The AMA will disseminate model state legislation that protects the rights of terminally and chronically ill patients to have their do-not-resuscitate wishes honored by emergency personnel in all out of hospital settings. <u>This legislation should encourage the standardization of state physician ordered DNR identification devices, with a standardized bracelet being the recommended form.</u>

AMA RESOLUTION 243 - SUPPORT FOR LEGISLATION FOR BUSINESSES TO PROVIDE BREASTFEEDING EMPLOYEES TIME, FACILITIES AND EQUIPMENT FOR BREAST FEEDING

HOD ACTION: NOT ADOPTED

RESOLVED, That the AMA support legislation encouraging and promoting breast feeding, such as tax credits for businesses that provide facilities and equipment for employed breastfeeding mothers to breastfeed or express milk on business premises

AMA RESOLUTION 245 – DISCOURAGING THE USE OF AD HOC INTERPRETER SERVICES IN MEDICAL PRACTICES

HOD ACTION: REFERRED

RESOLVED, That our American Medical Association include in its Cultural Competency, Health Literacy, and other related initiatives, information for health care providers on the ethical and legal implications of using ad hoc interpreters (i.e., children, friends, bilingual staff not trained in medical interpretation) to communicate with patients when trained interpreters are available, and that the importance of using trained interpreters or interpreting services, when available, be publicized through various communication mechanisms.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2001 INTERIM MEETING
SAN FRANCISCO, CALIFORNIA

MSS RESOLUTION 1 – EXTENDING AMA MEMBERSHIP OPPORTUNITIES TO STUDENTS ENROLLED IN PROGRAMS LONGER THAN FOUR YEARS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA expand AMA-MSS membership to:

1. Include student membership options longer than four years;
2. Create a simple renewal program for students who have already obtained a multi-year membership, yet will be students for greater than the length of their initial membership;
3. Outline an appropriate fee structure for these options; and
4. Determine the recruiting rebate to be refunded to the chapters for these options; and be it further

RESOLVED, That the AMA recommend that state/county medical societies implement membership options for their state's medical students who are enrolled in medical school for longer than four years.

MSS RESOLUTION 2 – NUTRITION LABELING FOR TRANS FATTY ACID CONTENT

MSS ACTION: ADOPTED

RESOLVED, That the AMA support the timely approval of the FDA's proposed amendment of its regulations on nutrition labeling to require that the amount of trans fatty acids present in a food be included in the amount and percent daily value, and that definitions for "trans fat free" and "reduced trans fat" be set.

MSS RESOLUTION 3 – HUMAN INHERITABLE GENETIC MODIFICATIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA review the scientific implications concerning human inheritable genetic modification.

MSS RESOLUTION 4 – MOST FAVORED NATION CLAUSES

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA prepare model legislation to eliminate the use of "most favored nation" clauses in insurance contracts as barriers to offering affordable medical care.

MSS RESOLUTION 5 – SECTIONS AND REGIONS IN THE MSS

MSS ACTION: ADOPTED

RESOLVED, That the American Medical Association – Medical Student Section's Governing Council implement any bylaw changes necessary to combine the functions of both traditional sections and regions into one group.

MSS RESOLUTION 6 – STATE PROVIDE COVERAGE OF MEDICAL FORMULA FOR UNINSURED PEOPLE SUFFERING FROM PHENYLKETONURIA (PKU) REGARDLESS OF AGE OR GENDER

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, Our AMA-MSS promote awareness among health professionals and medical students of Medicaid coverage as it pertains to all PKU patients, regardless of age or gender; and be it further

RESOLVED, Our AMA encourages individual state medical societies to support legislation within their jurisdictions that would provide Medicaid funding and coverage of medical formula and foods for Medicaid patients, regardless of age or gender, suffering from PKU.

MSS RESOLUTION 7 – DISSEMINATING INFORMATION TO COMBAT SCAPEGOATING

MSS ACTION: SUBSTITUTE RESOLUTION 7 ADOPTED WITH A CHANGE IN TITLE:

Disseminating Information to Combat Ethnic Retaliation and Racism

RESOLVED, That the AMA-MSS work to raise awareness about incidents of ethnic retaliation and racism with the goal of reducing the occurrence of such incidents in the future.

MSS RESOLUTION 8 – WEB BASED AMCAS APPLICATION

MSS ACTION: ADOPTED AS AMENDED AND TRANSMITTED TO THE HOD AS RES. 313

HOD ACTION: RES 313 ADOPTED

RESOLVED, That the AMA strongly encourage the AAMC to create a back-up application system for future application processes that can be used in the event that the web-based American Medical College Application Service (AMCAS) proves inadequate and by applicants who have limited access to computer resources; and be it further

RESOLVED, That the AMA strongly encourage the AAMC to work with medical school Admissions Offices to improve and simplify the web-based medical school application; and be it further

RESOLVED, That the AMA work in conjunction with the AAMC to encourage medical schools around the country to remain part of the centralized AMCAS in order to avoid placing an undue burden on future applicants through multiple primary applications; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates for consideration at I-01.

MSS RESOLUTION 9 – AMENDMENT TO INTERNAL OPERATING PROCEDURES' LIMITATION OF LENGTH OF SERVICE

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA-MSS Internal Operating Procedures be amended in pertinent parts to accommodate the following changes:

- That the limitation on the total length of service be increased to four years;
- That all student leadership positions except MSS standing and convention committees, and MSS Regional Delegates, be subject to the 4 year total limit;
- That no person may hold the same leadership position for more than two years.

MSS RESOLUTION 10 – LOAN REPAYMENT PROGRAM DATABASE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA work with the AAMC in the expansion of the AAMC's existing website to include a comprehensive, searchable database of loan repayment programs run by states, counties, hospitals and similar organizations.

MSS RESOLUTION 11 – INVESTIGATION INTO THE CONTRIBUTION OF MEDICARE + CHOICE PROGRAMS TO GRADUATE MEDICAL EDUCATION FUNDING

MSS ACTION: ADOPTED

RESOLVED, That the AMA work to restore proportional contributions to the funding of graduate medical education by Medicare+Choice programs in accordance with previously established statutory guidelines; and be it further

RESOLVED, That the AMA take action to ensure that funding for graduate medical education from Medicare+Choice programs is being properly distributed as allocated to the nation's teaching hospitals.

MSS RESOLUTION 12 – LOW COST DRUGS TO POOR COUNTRIES DURING TIMES OF PANDEMIC HEALTH CRISIS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA support increased availability of anti-retrovial drugs and drugs to prevent active TB infection to countries where HIV/AIDS is pandemic; and be it further

RESOLVED, That the AMA encourage pharmaceutical companies to provide low cost medications to countries during times of pandemic health crises; and be it further

RESOLVED, That the AMA work with the World Health Organization (WHO), UNAID, and similar organizations that provide comprehensive assistance, including health care, to poor countries in an effort to improve public health and national stability.

MSS RESOLUTION 13 – HIV POSTEXPOSURE PROPHYLAXIS FOR MEDICAL STUDENTS DURING ELECTIVES ABROAD

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA recommend that U.S. medical schools ensure that medical students who engage in clinical rotations abroad have immediate access to HIV postexposure prophylaxis, and that the schools assume financial responsibility for providing or obtaining PEP when not otherwise covered; and be it further

RESOLVED, That the AMA encourage medical schools to provide information to medical students regarding the potential health risks of completing a medical rotation abroad, and on the appropriate precautions to take to minimize such risks.

MSS RESOLUTION 14 – ESTABLISHING APPROPRIATE MEDICAL STUDENT TRAINING CONDITIONS

MSS ACTION: ADOPTED

RESOLVED, That the AMA work with the LCME to develop standards addressing appropriate medical student training hours and training conditions during clinical clerkships.

MSS RESOLUTION 15 – MINIMUM STANDARDS FOR GERIATRIC UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, That the Council on Medical Education of the AMA collaborate with the American Geriatrics Society and/or any other appropriate organizations to agree upon requirements for geriatric undergraduate medical education to be incorporated in the curriculum of all US medical schools.

MSS RESOLUTION 16 – IMPLEMENTATION OF NBME CLINICAL SKILLS ASSESSMENT EXAM

MSS ACTION: SUBSTITUTE RESOLUTION 16 ADOPTED AS AMENDED AND TRANSMITTED TO THE HOD AS RES 311

HOD ACTION: RES 311 ADOPTED AS AMENDED

RESOLVED, That our AMA take all steps necessary to prevent implementation of the Clinical Skills Assessment Exam (CSAE) as the NBME has not developed an implementation plan that involves reasonable geographic and financial structures; and be it further,

RESOLVED, That our AMA request an itemized rationalization from the NBME for the proposed cost of $1000 for the CSAE and the number and location of the testing sites, and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-01.

MSS LATE RESOLUTION 1 – US MEDICAL STUDENT MATCH FEES

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA-MSS strongly encourages the NRMP staff to develop and implement an equitable NRMP Match fee structure, for both U.S. Medical Students and Independent Applicants, that appropriately reflects actual costs for each group.

MSS LATE RESOLUTION 2 – MID-YEAR AND RETROACTIVE MEDICAL SCHOOL TUITION INCREASES

MSS ACTION: ADOPTED AS AMENDED AND TRANSMITTED TO THE HOD AS RES 312

HOD ACTION: RES 312 ADOPTED AS AMENDED

RESOLVED, That our AMA work with the AAMC to discourage assessment of mid-year and retroactive increases in medical school tuition and fees; and be it further

RESOLVED, That our AMA encourage state and county medical societies to develop policy and lobby state legislatures to help restrain medical school tuition increases; and be it further

RESOLVED, That our AMA report back to the HOD at A-02 on its progress in limiting rapidly rising medical school tuition levels, especially mid-year and retroactive tuition increases; and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-01.

GUIDE TO THE AMA-MSS ASSEMBLY (RES 1, A-01)

MSS ACTION: RATIFIED

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2001 INTERIM MEETING
SAN FRANCISCO, CALIFORNIA

MSS GOVERNING COUNCIL REPORT A: BLOOD DONATION BY HIV NEGATIVE HOMOSEXUAL MALES

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

That the AMA encourage the Food and Drug Administration to continue evaluation and monitoring of regulations on blood donation by men who have had sex with other men, and to consider making modifications to the current deferral policies if sufficient scientific evidence becomes available to support such a change.

MSS GOVERNING COUNCIL REPORT B: POLICY SUNSET REPORT FOR 1996 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATION ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

Policy 295.072MSS, Emergency Child Care, be retained in full.

MSS GOVERNING COUNCIL REPORT C: MEDICAL STUDENT MEMBERSHIP PROCESSING

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT LATE A: RESIDENT WORK HOURS

MSS ACTION: SUBSTITUTE RECOMMENDATIONS ADOPTED AND TRANSMITTED TO THE HOD AS RES 310 AND THE REMAINDER OF THE REPORT FILED

HOD ACTION: RES 310 ADOPTED AS AMENDED

That the AMA may draft original, modify existing, or oppose legislation and pursue regulatory or administrative strategies when dealing with resident work hours and conditions.

That the AMA continue to work with organizations like the Accreditation Council on Graduate Medical Education (ACGME) and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) toward finding solutions to the problem of work hours and conditions which would strengthen current work hours enforcement mechanisms.

That the AMA encourage the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patients safety and to explore possible solutions to the problem of work hours and conditions.

That these recommendations be forwarded to the House of Delegates at I-01.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2001 INTERIM MEETING
SAN FRANCISCO, CALIFORNIA

AMA RESOLUTION 101 – PARITY IN HEALTH CARE FOR DOMESTIC PARTNERSHIPS

HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE TO <u>EQUITY IN HEALTH CARE FOR DOMESTIC PARTNERSHIPS</u>

RESOLVED, That the AMA encourages the development of domestic partner health care benefits in the public and private sector; and be it further

RESOLVED, That our AMA support equity of pre-tax health care benefits for domestic partnerships; and be it further

RESOLVED, That our AMA support legal recognition of domestic partners for hospital visitation rights and as the primary medical care decision maker in the absence of an alternative health care proxy designee.

AMA RESOLUTION 203 – REMOVAL OF THE INCOME THRESHOLD FOR THE INTEREST DEDUCTIBILITY OF EDUCATIONAL LOANS

HOD ACTION: POLICIES H-305.955, 305.070, 305.978, 465.988 REAFFIRMED IN LIEU OF RES 203

RESOLVED, That the AMA adjust its legislative advocacy efforts to be fully consistent with established policy regarding the elimination of income threshold limitations for the deductibility of interest on educational loans.

AMA RESOLUTION 402 – SEATBELT USE IN YOUNG DRIVERS AND PASSENGERS

HOD ACTION: POLICIES H-15.962, 15.993 REAFFIRMED IN LIEU OF RES 402

RESOLVED, That the AMA urges physicians to take an active stance with their young patients on the importance of safety in motor vehicles through routine questioning regarding passenger seat belt use during every history and physical exam.

AMA RESOLUTION 310 – RESIDENT/FELLOW WORK AND LEARNING ENVIRONMENT

HOD ACTION: ADOPTED AS AMENDED

That the AMA may draft original, modify existing, or oppose legislation and pursue regulatory or administrative strategies when dealing with resident work hours and conditions.

That the AMA work with organizations such as the Accreditation Council for Graduate Medical Education (ACGME), the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and other appropriate organizations, toward finding solutions to the problem of work hours and conditions which would strengthen current work hours enforcement mechanisms.

That the AMA encourage the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patients safety and to explore possible solutions to the problem of work hours and conditions.

AMA RESOLUTION 311 – IMPLEMENTATION OF NBME CLINICAL SKILLS ASSESSMENT EXAM

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association (AMA) request an itemized rationalization from the National Board of Medical Examiners (NBME) for the proposed cost of $1000 for the Clinical Skills Assessment Exam (CSAE) and the number and location of the testing sites; and be it further

RESOLVED, That our AMA take all steps necessary to delay implementation of the CSAE until the NBME can develop an implementation plan that involves reasonable geographic and financial structures; and be it further

RESOLVED, That our AMA express deep concern to the NBME that the proposed CSAE imposes unacceptable costs and travel burdens on examinees.

AMA RESOLUTION 312 – MID-YEAR AND RETROACTIVE MEDICAL SCHOOL TUITION INCREASES

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA work with the AAMC to discourage assessment of mid-year and retroactive increases in medical school tuition and fees; and be it further

RESOLVED, That our AMA encourage state and county medical societies to develop policy and lobby state legislatures to help minimize medical school tuition increases in public or officially-designated state medical schools; and be it further

RESOLVED, That medical schools provide entering students with an estimate of their future tuition costs and fees, possibly based on past history of the school's tuition; and be it further

RESOLVED, That our AMA report back to the HOD at I-02 on its progress in limiting mid-year and retroactive tuition increases.

AMA RESOLUTION 313 – WEB BASED AMCAS APPLICATION

HOD ACTION: ADOPTED

RESOLVED, That the AMA strongly encourage the AAMC to create a back-up application system for future application processes that can be used in the event that the web-based American Medical College Application Service (AMCAS) proves inadequate and by applicants who have limited access to computer resources; and be it further

RESOLVED, That the AMA strongly encourage the AAMC to work with medical school Admissions Offices to improve and simplify the web-based medical school application; and be it further

RESOLVED, That the AMA work in conjunction with the AAMC to encourage medical schools around the country to remain part of the centralized AMCAS in order to avoid placing an undue burden on future applicants through multiple primary applications.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2002 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – THE DESIGNATION OF PERMANENT MEMBERSHIP POSITIONS WITHIN LOCAL AMA-MSS CHAPTERS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA-MSS strongly encourage every medical school to designate a permanent position within their chapter to be responsible for matters pertaining to membership recruitment and retention throughout the school year, and that the chapter provide the individual's name and current mailing address to the AMA Medical Student Section Outreach Program prior to each Annual Meeting.

MSS RESOLUTION 2 – DIRECT ELECTION OF AMA-MSS ALTERNATE DELEGATE

MSS ACTION: ADOPTED FOR TRANSMITTAL TO THE AMA HOUSE OF DELEGATES (HOD) AT THIS 2002 ANNUAL MEETING AS RESOLUTION 14

RESOLVED, That the AMA amend its Bylaws to provide for the direct candidacy and election of the AMA-MSS Alternate Delegate by the AMA-MSS Assembly, with the option of adding unsuccessful candidates for Delegate to the Alternate Delegate ballot by floor nomination.

RESOLVED, That this resolution be transmitted to the AMA-HOD at A-02.

MSS RESOLUTION 3 – REDUCING THE RISK OF FLIGHT- ASSOCIATED VENOUS THROMBOEMBOLISM

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2002 INTERIM MEETING

RESOLVED, That the AMA work with and encourage the Federal Aviation Administration (FAA) and the airline industry to alert passengers to the flight-associated risk of deep vein thrombosis; and be it further

RESOLVED, That the AMA work with and encourage the FAA and the airline industry to provide specific recommendations to passengers regarding ways to reduce their flight-associated risk for DVT.

MSS RESOLUTION 4 – GRAPHIC WARNINGS ON TOBACCO PRODUCTS

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2002 INTERIM MEETING TO READ AS FOLLOWS:

PICTURE-BASED WARNINGS ON TOBACCO PRODUCTS

RESOLVED, That the AMA support appropriate legislation requiring picture-based warning labels on tobacco products produced in, sold in or exported from the United States.

MSS RESOLUTION 5 – UPDATING AMA ANTI- DRUNK DRIVING POLICY/STRATEGY

MSS ACTION: WITHDRAWN

MSS RESOLUTION 6 – USING POSTED TRIAGE PRIORITIES TO IMPROVE PATIENT SATISFACTION IN THE EMERGENCY DEPARTMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA encourage hospital emergency departments (EDs) to establish visible, written, and comprehensible signs in waiting areas describing triage priorities in expediting emergency care to increase patient satisfaction; and be it further

RESOLVED, That the AMA encourage hospital EDs to respect the communities they serve by providing signs in waiting areas describing triage priorities in a language appropriate to these patients.

MSS RESOLUTION 7– STANDARDIZED ADVANCED CARE CARDIAC LIFE SUPPORT (ACLS) TRAINING FOR MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support standardized ACLS training for medical students prior to clinical clerkships; and be it further

RESOLVED, That the AMA strongly encourage medical schools to fund ACLS training for medical students.

MSS RESOLUTION 8 – REAUTHORIZATION AND REVERSAL OF PROPOSED FUNDING CUTS TO TITLE VII, TITLE VIII, AND THE CHILDREN'S HOSPITAL'S GME PROGRAMS

MSS ACTION: ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2002 ANNUAL MEETING AS RESOLUTION 225

RESOLVED, That our AMA lobby both for the timely reauthorization of the Title VII, Title VIII, and the Children's Hospital's GME Programs and the reversal of funding cuts proposed by the Administration's FY 2003 budget; and be it further

RESOLVED, That this resolution be forwarded to the AMA-HOD at A-02.

MSS RESOLUTION 9 – DE-LINKING MEDICAID FROM WELFARE: ROOM FOR IMPROVEMENT

MSS ACTION: REAFFIRMED POLICIES H-290.976 AND H-290.982

RESOLVED, That the American Medical Association advocate for improvements in the nation's Medicaid system as a requirement for reauthorization of PRWORA, including but not limited to:

- Simplifying the process for Medicaid enrollment, including development of separate forms for Medicaid and TANF in every state.
- Mandating educational seminars of caseworkers in each state about the different eligibility requirements for Medicaid and cash assistance to prevent dissemination of misinformation.
- Continuing aggressive outreach programs in every state to ensure 100% health care coverage for the children of the United States.
- Revising eligibility requirements so that those with incomes below the federal poverty line qualify for Medicaid. States could raise the additional funds using Massachusetts' model of an increase in the tobacco sales tax.
- Encouraging states to develop programs, like the Insurance Partnership of Massachusetts, to help employers provide health insurance to low-income employees.

MSS RESOLUTION 10 – STATE-BASED DEMONSTRATION PROJECTS OF TAX CREDITS FOR UNIVERSAL HEALTH CARE ACCESS

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2002 INTERIM MEETING

RESOLVED, That our AMA target one or two appropriate states, then work in collaboration with their state medical societies and other appropriate entities to establish state-based pilot programs of means-tested refundable tax credits to deliver universal health insurance.

MSS RESOLUTION 11 – EXPANDING POST-MASTECTOMY OPTIONS FOR CANCER SURVIVORS

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2002 INTERIM MEETING

RESOLVED, That our AMA recommends that third party payors provide coverage and reimbursement for medically beneficial breast cancer treatments including but not limited to prophylactic contralateral mastectomy.

MSS RESOLUTION 12 – ALTERNATIVE SOLUTIONS FOR RECOGNIZING DEPENDENT CARE EXPENSES IN DETERMINING MEDICAL EDUCATION FINANCIAL AID

MSS ACTION: ADOPTED AS AMENDED BY REINSTATING ORIGINAL RESOLVE 1 FOR TRANSMITTAL TO THE AMA-HOD AT THE 2002 INTERIM MEETING

RESOLVED, That our AMA work with the Liaison Committee on Medical Education to require, as part of the accreditation standards for medical schools, that dependent health insurance, dependent care, and dependent living expenses be included both as part of the "cost of attendance" and as an educational expense for the purposes of student budgets and financial aid in medical schools; and be it further

RESOLVED, That our AMA encourage medical schools to include dependent health insurance, dependent care, and dependent living expenses as part of the "cost of attendance" and as an educational expense for the purposes of student budgets and financial aid; and be it further

RESOLVED, That our AMA ask its Council on Medical Education, Section on Medical Schools, and Women's Physician Congress to consider alternative methods to carry out the intentions of current HOD policy on the issue of dependent health insurance, dependent care, and dependent living expenses; and be it further

RESOLVED, That our AMA-MSS issue a policy statement supporting the inclusion of dependent care, health insurance, and living expenses in medical student financial aid budgets; and be it further

RESOLVED, That our AMA report back on actions taken on this resolution, and their results, to the AMA-MSS Assembly and AMA-HOD at A-2003.

MSS RESOLUTION 13 – USE OF THE ANAL PAP SMEAR AS A SCREENING TOOL FOR ANAL DYSPLASIA

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL

RESOLVED, That the AMA support and promote the use of the anal pap smear as a screening test for anal carcinoma in at-risk populations; and be it further

RESOLVED, That the AMA support the education and training of medical students, residents, fellows in training, and current practitioners in the appropriate screening methods and follow-up procedures for the anal pap smear.

MSS RESOLUTION 14 – HEALTH CARE NEEDS OF THE TRANSGENDER COMMUNITY

MSS ACTION: SUBSTITUTE RESOLUTION 14 ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2002 INTERIM MEETING

RESOLVED, That all AMA policies that address civil rights, discrimination, and similar issues be expanded as appropriate to give specific consideration to gender identity; and be it further

RESOLVED, That AMA policy H-160.991, Health Care Needs of the Homosexual Population, be expanded to include the health care needs of the transgender community in addition to the homosexual community.

MSS RESOLUTION 15 – PROTECTING A MOTHER'S RIGHT TO BREASTFEED

MSS ACTION: ADOPTED

RESOLVED, That the AMA-MSS support state legislation that clarifies and enforces a mother's right to breastfeed in a public place and will encourage all states to adopt breastfeeding legislation which clarifies and protects a mother's right to breastfeed in a public place.

MSS LATE RESOLUTION 1 – STATE SOCIETY AND STATE MEDICAL BOARD SUPPORT TO DELAY IMPLEMENTATION OF THE USMLE CLINICAL SKILLS ASSESSMENT EXAM

MSS ACTION: ADOPTED FOR TRANSMITTAL TO THE AMA HOUSE OF DELEGATES (HOD) AT THIS 2002 ANNUAL MEETING AS RESOLUTION 323

RESOLVED, That our AMA encourage state medical licensing boards to collectively exclude the CSAE from state medical licensure requirements until such time as

1) The exam has been demonstrated to be statistically valid, reliable, practical and evidence based, and

2) The NBME produces scientific studies justifying the necessity of the exam for U.S. medical graduates, and

3) A testing site is available in every state with an LCME accredited medical school or within 100 miles of that school, whichever is closer; and be it further,

RESOLVED, That our AMA encourage state medical societies to advocate for the collective exclusion of the CSAE from state medical licensure board regulations until such time as

1) The exam has been demonstrated to be statistically valid, reliable, practical and evidence based, and

2) The NBME produces scientific studies justifying the necessity of the exam for U.S. medical graduates, and

3) A testing site is available in every state with an LCME accredited medical school or within 100 miles of that school, whichever is closer; and be it further,

RESOLVED, That our AMA urgently contact all relevant entities, including the National Board of Medical Examiners and the Federation of State Medical Boards for the delay of the implementation of the proposed mandatory Clinical Skills Assessment Examination until such time as

1) The exam has been demonstrated to be statistically valid, reliable, practical and evidence based, and

2) The NBME produces scientific studies justifying the necessity of the exam for U.S. medical graduates, and

3) A testing site is available in every state with an LCME accredited medical school or within 100 miles of that school, whichever is closer; and,

4) The cost to the medical student is equal to or less than that of the Step II examination; and be it further

RESOLVED, That our AMA commend the LCME for making clinical skill competencies a priority, and work with the AAMC and LCME to assure that clinical skill competencies are taught and assessed using standardized patient examinations as part of every medical school curriculum; and be it further,

RESOLVED, That our AMA encourage all LCME accredited medical schools to adopt as policy that all medical students at their institutions pass an OSCE or CSAE as part of the matriculation requirements for the conferring of an MD degree; and be it further,

RESOLVED, that this resolution be forwarded to the AMA HOD at A-2002.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2002 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS GOVERNING COUNCIL REPORT A - CHAIR'S REPORT

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT B – AMA-MSS RESOLUTION SUBMISSION DEADLINE

MSS ACTION: ADOPTED

1. That Section VIII.G of the AMA-MSS Internal Operating Procedures be modified to specify that resolutions must be submitted electronically to the AMA Department of Medical Student Services 40 days prior to the start of each Annual and Interim Meeting.

2. That policy 630.009MSS, *Use of Postmark for Determination of Deadlines*, be rescinded.

MSS GOVERNING COUNCIL REPORT C – AMA-MSS RESOLUTION SUBMISSION CHECK LIST

MSS ACTION: ADOPTED

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

1. That Policy 630.053MSS, *AMA-MSS Resolution Reform*, be amended by substitution as follows:

   "That all resolution authors are strongly encouraged to utilize the Resolution Submission Checklist as a guide when developing their resolutions."

MSS GOVERNING COUNCIL REPORT D - CHANGES TO AMA-MSS INTERNAL OPERATING PROCEDURES AFFECTING LENGTH OF SERVICE IN AMA-MSS LEADERSHIP POSITIONS

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT E - EUROPEAN MEDICAL STUDENT ASSOCIATION (EMSA) – OFFICIAL OBSERVER

MSS ACTION: ADOPTED

The AMA-MSS Governing Council recommends that the following recommendation be adopted and the remainder of this report be filed.

1. The European Medical Students Association be invited to send a non-voting Official Observer to all meetings of the AMA-MSS Assembly.

MSS GOVERNING COUNCIL REPORT F – RESIDENT/FELLOW WORK AND LEARNING ENVIRONMENT

MSS ACTION: RECOMMENDATIONS ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2002 ANNUAL MEETING AS RESOLUTION 321

Your Governing Council urges you to review RFS Report F carefully and to adopt as MSS policy the following recommendations as outlined in this report and that the remainder of the report be filed.

RESOLVED, That our American Medical Association define resident duty hours as those scheduled hours associated with primary resident or fellowship responsibilities; and be it further

RESOLVED, That our AMA support a limit on resident duty hours of 84 hours per week averaged over a two-week period; and be it further

RESOLVED, That our AMA support on-call activities no more frequent than every third night and there be at least one consecutive 24 hour duty-free period day every seven days both averaged over a two-week period; and be it further
RESOLVED, That our AMA support a standard workday limit for resident physicians of 12 hours, with patient care assignments exceeding 14 hours considered on-call activities; and be it further

RESOLVED, That our AMA support a limit on scheduled on-call assignments of 24 consecutive hours, with on-call assignments exceeding 24 consecutive hours ending before 30 hours, and the final 6 hours of this shift are for education, patient follow-up, and transfer of care, and new patients and/or continuity clinics must not be assigned to the resident during this 6-hour period; and be it further

RESOLVED, That our AMA support the inclusion of home call hours in the total number of weekly scheduled duty hours if the resident on call can routinely expect to get a less than 5 consecutive hours of sleep; and be it further

RESOLVED, That our AMA support a limit on assignments in high intensity settings of 12 scheduled hours with flexibility for sign off activities; and be it further

RESOLVED, That our AMA support that limits on duty hours must not adversely impact the organized educational activities of the residency program; and be it further

RESOLVED, That our AMA ask the Accreditation Council for Graduate Medical Education to establish new requirements for mandatory and protected education time in residency programs that constitutes no less than 10% of scheduled duty hours; and be it further

RESOVLED, That our AMA support that scheduled time providing patient care services of limited or no educational value be minimized; and be it further

RESOLVED, That our AMA ask the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; and be it further

RESOLVED, That our AMA ask JCAHO to establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and be it further

RESOLVED, That our AMA support the AMA Council on Legislation as the coordinating body in the creation of legislative and regulatory options.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2002 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 14 – DIRECT ELECTION OF AMA-MSS ALTERNATE DELEGATE

HOD ACTION: ADOPTED

RESOLVED, That the AMA amend its Bylaws to provide for the direct candidacy and election of the AMA-MSS Alternate Delegate by the AMA-MSS Assembly, with the option of adding unsuccessful candidates for Delegate to the Alternate Delegate ballot by floor nomination.

AMA RESOLUTION 225 – REAUTHORIZATION AND REVERSAL OF PROPOSED FUNDING CUTS TO TITLE VII, TITLE VIII, AND THE CHILDREN'S HOSPITAL'S GME PROGRAMS

HOD ACTION: AMA RESOLUTION 224 ADOPTED IN LIEU OF RESOLUTIONS 224 AND 225 TO READ AS FOLLOWS:

RESOLVED, That our AMA reaffirm and support its ongoing efforts to lobby both for the timely reauthorization of the Title VII, Title VIII, and the Children's Hospital's GME Programs and the reversal of funding cuts proposed by the Administration's FY 2003 budget.

AMA RESOLUTION 301 – INVESTIGATION INTO THE CONTRIBUTION OF MEDICARE+CHOICE PROGRAMS TO GRADUATE MEDICAL EDUCATION FUNDING

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA work to restore proportional contributions to the funding of graduate medical education by Medicare+Choice programs in accordance with previously established statutory guidelines; and be it further

RESOLVED, That the AMA take appropriate action to ensure that funding for graduate medical education from Medicare+Choice programs is being distributed as allocated to the nation's teaching hospitals.

AMA RESOLUTION 302 – LOAN REPAYMENT PROGRAM DATABASE

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA work with the AAMC in the expansion of the AAMC's existing website to include a comprehensive, searchable database of loan repayment programs run by states, counties, hospitals and similar organizations.

AMA RESOLUTION 303 – HIV POSTEXPOSURE PROPHYLAXIS FOR MEDICAL STUDENTS DURING ELECTIVES ABROAD

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association recommend that US medical schools ensure that medical students who engage in clinical rotations abroad have immediate access to HIV prophylaxis; and be it further

RESOLVED, That the AMA encourage medical schools to provide information to medical students regarding the potential health risks of completing a medical rotation abroad, and on the appropriate precautions to take to minimize such risks.

AMA RESOLUTION 304 – ESTABLISHING APPROPRIATE MEDICAL STUDENT TRAINING CONDITIONS

HOD ACTION: ADOPTED

RESOLVED, That the AMA work with the LCME to develop standards addressing appropriate medical student training hours and training conditions during clinical clerkships.

AMA RESOLUTION 321 – RESIDENT/FELLOW WORK AND LEARNING ENVIRONMENT

HOD ACTION: RECOMMENDATIONS IN COUNCIL ON MEDICAL EDUCATION REPORT 9 ADOPTED AS AMENDED IN LIEU OF RESOLUTIONS 310, 317, 318, AND 321 TO READ AS FOLLOWS:

1. That our American Medical Association adopt the following definitions for resident physician education:

   "Total duty hours" represents those scheduled hours of activity associated with a residency program and include: a) scheduled time providing direct patient care or supervised patient care that contributes to the ability of the resident physician t o meet educational goals and objectives; b) scheduled time to participate in formal educational activities; c) scheduled time providing administrative and patient care services of limited or no educational value; and d) time needed to transfer the care of patients.

   "Organized educational activities" are of two types: a) "Formal educational activities" include scheduled educational programs such as conferences, seminars, and grand rounds; and b) "Patient care educational activities" include individualized instruction with a more senior resident or attending physician and teaching rounds with an attending physician.

2. That resident physician total duty hours must not exceed 80 hours per week, averaged over a two-week period and that our AMA work with GME accrediting bodies to determine if an increase of 5% may be appropriate for some training programs

3. That workdays that exceed 12 hours are defined as on-call.

4. That scheduled on-call assignments should not exceed 24 hours. Residents may remain on-duty for up to 30 hours to complete the transfer of care, patient follow-up, and education; however, residents may not be assigned new patients, cross-coverage of other providers' patients, or continuity clinic during that time.

5. That on-call be no more frequent than every third night and there be at least one consecutive 24-hour duty-free period every seven days both averaged over a two-week period.

6. That on-call from home be counted in the calculation of total duty hours and on-call frequency if the resident physician can routinely expect to get less than eight hours of sleep.

7. That there should be a duty-free interval of at least 10 hours prior to returning to duty.

8. That limits on total duty hours must not adversely impact resident physician participation in the organized educational activities of the residency program. Formal educational activities must be scheduled and available within total duty hour limits for all resident physicians for at least eight hours per week averaged over a two-week period.

9. That scheduled time providing patient care services of limited or no educational value be minimized.

10. That program directors should establish guidelines for scheduled work outside of the residency program, such as moonlighting, and must approve and monitor that work.

11. That as continued evidence is developed and collected regarding resident work hours, patient safety, resident well-being, and resident education, resident physician total duty hours be reassessed.

12. That our AMA: a) strongly encourage the accreditation Council for Graduate Medical Education (ACGME) to vigorously enforce the common accreditation standards adopted by their Board of Directors on June 11, 2002 regarding resident duty hours and b) that the ACGME be requested to provide the AMA with a report on the number of programs by specialty that were required to provide immediate progress reports to Residency Review Committees and the Institutional Review Committee as well as the number of programs for which resident surveys and focused follow-up visits were conducted, beginning with the period of July 1, 2001-June 30, 2002 and then on an annual basis.

AMA RESOLUTION 323 – STATE SOCIETY AND STATE MEDICAL BOARD SUPPORT TO DELAY IMPLEMENTATION OF THE USMLE CLINICAL SKILLS ASSESSMENT EXAM

HOD ACTION: SUBSTITUTE RESOLUTION 308 ADOPTED IN LIEU OF RESOLUTIONS 308, 319, AND 323 TO READ AS FOLLOWS:

RESOLVED, That our American Medial Association urgently contact the National Board of Medical Examiners (NBME), all organizations represented on the NBME Governing Board, and the Federation of State Medical Boards to request suspension of the implementation of the proposed Clinical Skills Assessment Examination (CSAE) until such time as

1) The examination has been demonstrated to be statistically valid, reliable, practical, and evidence based.

2) Scientific studies have been published in peer review journals validating the examination for US medical students and graduates and demonstrating that the fiscal and societal benefits of the examination justify the costs.

3) Testing sites are available in more reasonable geographic locations than currently proposed by the NBME , and be it further

RESOLVED, That our AMA and state medical societies encourage state medical licensing boards to exclude the CSAE from state medical licensure requirements until the above conditions are met; and be it further

RESOLVED, That our AMA continue the dialogue with the NBME and the Federation of State Medical Boards concerning the implementation of the CSAE, and be it further

RESOLVED, That our AMA ask its representatives to the Liaison Committee on Medical Education to ensure that medical students' clinical skills are assessed regularly during their clinical training.

AMA RESOLUTION 401 – BLOOD DONATION BY HIV NEGATIVE HOMOSEXUAL MALES

HOD ACTION: SUBSTITUTE RESOLUTION 401 ADOPTED IN LIEU OF RESOLUTIONS 401 AND 406 WITH CHANGE IN TITLE TO READ AS FOLLOWS:

BLOOD DONOR RECRUITMENT

RESOLVED, That our American Medical Association advocate to the federal government for the establishment of a national volunteer blood donor education and recruitment campaign to assure an adequate and readily available blood supply; and be it further

RESOLVED, That our AMA support scientifically-based policies that ensure the safety of the nation's blood supply; and be it further

RESOLVED, That our AMA encourage the Food and Drug Administration to continue evaluating and monitoring regulations on blood donation and to consider modifications to the current exclusion policies if sufficient scientific evidence supports such changes.

AMA RESOLUTION 402 – LOW COST DRUGS TO POOR COUNTRIES DURING TIMES OF PANDEMIC HEALTH CRISIS

HOD ACTION: ADOPTED

RESOLVED, That the AMA support increased availability of anti-retrovial drugs and drugs to prevent active TB infection to countries where HIV/AIDS is pandemic; and be it further

RESOLVED, That the AMA encourage pharmaceutical companies to provide low cost medications to countries during times of pandemic health crises; and be it further

RESOLVED, That the AMA work with the World Health Organization (WHO), UNAID, and similar organizations that provide comprehensive assistance, including health care, to poor countries in an effort to improve public health and national stability.

AMA RESOLUTION 415 – STATE-PROVIDED COVERAGE OF MEDICAL FORMULA FOR UNINSURED PEOPLE SUFFERING FROM PHENYLKETONURIA (PKU) REGARDLESS OF AGE OR GENDER

HOD ACTION: RESOLUTION 415 ADOPTED IN LIEU OF RESOLUTION 416

RESOLVED, That the AMA encourages individual state medical societies to support legislation within their jurisdictions that would provide Medicaid funding and coverage of medical formula and foods for Medicaid patients, regardless of age or gender, suffering from PKU.

AMA RESOLUTION 501 – NUTRITION LABELING FOR TRANS FATTY ACID CONTENT

HOD ACTION: ADOPTED

RESOLVED, That the AMA support the timely approval of the FDA's proposed amendment of its regulations on nutrition labeling to require that the amount of trans fatty acids present in a food be included in the amount and percent daily value, and that definitions for "trans fat free" and "reduced trans fat" be set.

AMA RESOLUTION 601 – EXTENDING AMA MEMBERSHIP OPPORTUNITIES TO STUDENTS ENROLLED IN PROGRAMS LONGER THAN FOUR YEARS

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association expand AMA Medical Student Section membership to:

1. Include student membership options longer than four years;
2. Create a simple renewal program for students who have already obtained a multi-year membership, yet will be students for greater than the length of their initial membership;
3. Outline an appropriate fee structure for these options; and
4. Determine the recruiting rebate to be refunded to the chapters for these options; and be it further

RESOLVED, That our AMA recommend that state and county medical societies implement membership options for their state's medical students who are enrolled in medical school for longer than four years.

AMA RESOLUTION 701 – MOST FAVORED NATION CLAUSES

HOD ACTION: ADOPTED

RESOLVED, That the AMA prepare model legislation to eliminate the use of "Most Favored Nation" clauses in insurance contracts as barriers to offering affordable medical care.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2002 INTERIM MEETING
NEW ORLEANS, LOUISIANA

MSS RESOLUTION 1 – LAUNCHING A NATIONWIDE SMOKEFREE WORKPLACES CAMPAIGN IN 2003

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2002 INTERIM MEETING AS RESOLUTION 923 TO READ AS FOLLOWS:

LAUNCHING A MULTI-STATE SMOKEFREE WORKPLACES CAMPAIGN IN 2003

RESOLVED, That our AMA encourage state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation in 2003 that eliminates smoking in public places and businesses as a "worker's rights" issue; and be it further

RESOLVED, That our AMA draft model state legislation to eliminate smoking in public places and businesses, possibly modeled on existing laws in California and Delaware; and be it further

RESOLVED, That our AMA-MSS make the elimination of smoking in public places and businesses a top public health priority, and be it further

RESOLVED, That our AMA encourage individual medical students, residents, and physicians – as well as medical schools, hospitals, clinics, and physician practices – to endorse, support, and lobby for local and state legislation to eliminate smoking in public places and businesses as a "workers right" issue, and be it further

HOD ACTION: SUBSTITUTE RESOLUTION 923 ADOPTED

RESOLVED, That our AMA encourage state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation in 2003 that prohibits smoking in public places and businesses; and be it further

RESOLVED, That our AMA update draft model state legislation to prohibit smoking in public places and businesses, which would include language that would prohibit preemption of stronger local laws; and be it further

RESOLVED, That our AMA encourage individual medical students, residents, and physicians - as well as medical schools, hospitals, clinics, and physician practices – to endorse, support, and lobby for local and state legislation where needed to prohibit smoking in public places and businesses.

MSS RESOLUTION 2 – PROTECTION FROM SECOND-HAND TOBACCO SMOKE AT ACCESS POINTS OF PUBLIC BUILDINGS

MSS ACTION: REAFFIRMED POLICIES H-505.983 AND H-630.140

RESOLVED, That the AMA support appropriate legislation prohibiting smoking at access points of public buildings in order to eliminate this significant cause of involuntary exposure to harmful second-hand tobacco smoke; and be it further

RESOLVED, That the AMA take into consideration the unreasonable public health risk posed by second-hand tobacco smoke when making decisions regarding choices of location for conducting AMA activities.

MSS RESOLUTION 3 – STEPS IN ADVANCING TOWARDS UNIVERSAL ACCESS TO HEALTH INSURANCE

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL

RESOLVED, That our AMA-MSS recognize the efforts of the American Academy of Family Practitioners (AAFP) and the American College of Physicians – American Society of Internal Medicine (ACP-ASIM) in assembling proposals for advancing towards universal access to health insurance in order to stimulate debate and discussion on this issue; and be it further

RESOLVED, That our AMA-MSS endorse and support legislation or other mechanisms to enable:(1) at minimum, affordable coverage to all people with incomes up to 200% of the federal poverty level, and (2) purchasing groups for health insurance to give individuals the collective buying power now only available to large groups; and be it further

RESOLVED, That our AMA encourage and work with state medical societies to rank-order the cost benefit analyses of the top 10-20 preventive services and medical procedures in their states, for the use of any plans to establish broader access to health insurance; and be it further

RESOLVED, That our AMA study the value of means-testing Medicare coverage, both immediately and prospectively over 10-, 20-, and 30-year time horizons; and be it further

RESOLVED, That our AMA support sliding-scale contributions to Medicare or taxing Medicare Benefits, with the explanation that Medicare is more properly viewed as a collective insurance program, rather than as a traditional investment with a guaranteed level of “return.”

MSS RESOLUTION 4 – HEALTH INSURANCE PREMIUM SUBSIDIES FOR UNIVERSAL COVERAGE

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2003 ANNUAL MEETING

RESOLVED, That our AMA expand health system reform efforts to integrate other federal health insurance premium subsidies in addition to refundable health insurance tax credits for attaining universal access to health care.

MSS RESOLUTION 5 – CHILDHOOD OBESITY AS A PUBLIC HEALTH EPIDEMIC

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That our AMA-MSS urges physicians to work with appropriate federal agencies, medical specialty societies, and public health organizations to overcome cultural, temporal, and economic barriers to exercise prescription by developing and demonstrating the effectiveness of culturally appropriate and necessary tools, including mass media based efforts, to help physicians more effectively counsel obese and overweight children and their families with special emphasis on targeting high risk groups.

MSS RESOLUTION 6 – FAST FOOD RESTAURANTS IN HOSPITALS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA:
(1) Establish a system to rank the overall health value of meals offered by food providers, fast food franchises, and other food contractors;
(2) Rank those food providers, franchises, and contractors using that system; and
(3) Publish that ranking to assist and encourage hospitals to choose food providers that offer healthier meals to patients, physicians, and hospital employees; and be it further

RESOLVED, That our AMA oppose the presence and use of independent food contractors in hospitals that do not provide healthy meal alternatives.

MSS RESOLUTION 7 – DIRECT ELECTION OF THE AMA-MSS VICE SPEAKER

MSS ACTION: ADOPTED

RESOLVED, That the AMA-MSS amend its Internal Operating Procedures to provide for the direct candidacy and election of the AMA-MSS Vice Speaker by the AMA-MSS Assembly, with the option of adding unsuccessful candidates for Speaker to the Vice Speaker ballot by floor nomination.

MSS RESOLUTION 8 – ALIGNMENT OF MSS RESOURCES WITH STRATEGIC PRIORITIES

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS governing council evaluate the efficiency of MSS budget expenditures and resource allocations with respect to MSS strategic priorities.

MSS RESOLUTION 9 – MEDICAL SPANISH

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA collaborate with the Association of American Medical Colleges and/or any other appropriate organizations to incorporate medical Spanish into the preclinical curriculum of all U.S. medical schools as an elective, required course and/or component of a pre-existing course; and be it further

RESOLVED, That the AMA recommend that premedical advisors urge premedical students to take a Spanish language course as part of their undergraduate coursework; and be it further

RESOLVED, That our AMA-MSS encourage medical students to lobby their medical curriculum boards for the introduction of medical Spanish in the preclinical years.

MSS RESOLUTION 10 – GENDER-SPECIFIC REHABILITATIVE PROGRAMS, MENTAL HEALTH, AND EDUCATIONAL SERVICES FOR GIRLS IN THE JUVENILE DETENTION SYSTEM

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2003 ANNUAL MEETING

RESOLVED, That our AMA work with appropriate organizations to evaluate gender-specific rehabilitation programs, mental health services and educational services in juvenile detention centers.

MSS RESOLUTION 11 – BALLISTIC IMAGING OF ALL NEW FIREARMS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support the expansion of the National Integrated Ballistics Information Network (NIBIN), or a similar database, to include ballistic images of all new firearms sold in the United States, and be it further

RESOLVED, That the AMA support state and local legislation to establish databases of ballistic images of all new firearms sold within their respective jurisdictions until a nationwide program is established.

MSS RESOLUTION 12 – SCAPHOID FRACTURES AMONG THE IN-LINE SKATING COMMUNITY

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA: (1) place a greater emphasis on wrist guard wearing among the in-line skating population, particularly those new to the sport, children, and older adults; (2) work with federal agencies, medical societies, and public health organizations to educate the population at large about the dangers of wrist falls and encourage people to seek medical attention for even minor wrist pain; (3) encourage its member physicians to be aware of possible patient inattention to minor wrist pain and routinely check with patients as to the incidence of recent falls.

MSS LATE RESOLUTION 1 – PRESERVATION OF HIV AND STD PREVENTION PROGRAMS INVOLVING SAFER SEX STRATEGIES AND CONDOM USE

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2002 INTERIM MEETING AS RESOLUTION 732

RESOLVED, That the AMA reaffirms its policy to reiterate that HIV and STD prevention education must be comprehensive to incorporate safer sex strategies including condom

use, not just abstinence, and that these programs be culturally sensitive to sexual orientation minorities, and be it further

RESOLVED, That the AMA urges the Centers for Disease Control and Prevention to reinstate an on-line fact sheet and curriculum on HIV and STD prevention education involving condom use, and be it further

RESOLVED, That the AMA issue a letter to Secretary Tommy Thompson of the U.S. Department of Health and Human Services (DHHS) to express grave concern that funding, promotion, and institutional support for safer sex programs including those that involve condom use are being compromised, and urges the DHHS to ensure that abstinence-only programs are not funded at the expense of funding for safer sex programs involving condom use.

HOD ACTION: RESOLUTION 732 ADOPTED AS AMENDED

RESOLVED, That our American Medical Association reaffirm its policy to reiterate that HIV and STD prevention education must be comprehensive to incorporate safer sex strategies including condom use, not just abstinence, and that these programs be culturally sensitive to sexual orientation minorities, and be it further

RESOLVED, That our AMA urge the Centers for Disease Control and Prevention to maintain the on-line fact sheet and curriculum on HIV and STD prevention education involving condom use and to continue to augment the fact sheet as new information is developed; and be it further

RESOLVED, That our AMA issue a letter to Secretary of the U.S. Department of Health and Human Services to express grave concern that funding, promotion, and institutional support for safer sex programs, including those that involve condom use, not be compromised.

MSS LATE RESOLUTION 2 – USMLE CHANGING USMLE STEP I GRADE REPORTING TO PASS/FAIL

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA request that the ERAS system of the NRMP not report Step I numeric scores until such scores correlate with physician performance; and be it further

RESOLVED, That our AMA request that the NBME report scores for Step I as Pass/Fail only.

MSS LATE RESOLUTION 3 – DEVELOPING RATIONAL ROLE FOR USMLE STEP EXAMS

MSS ACTION: ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THE 2003 ANNUAL MEETING

RESOLVED, That our AMA, with appropriate partners, study what role, if any, scaled and scored national, standardized examinations like the USMLE Steps I and II should have in evaluation of applicants for residency, and propose appropriate changes to the examination(s) in order to serve that role.

MSS LATE RESOLUTION 4 – IMPLEMENTATION OF THE COMLEX-PE

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA adopt policy opposing implementation of the COMLEX-PE that is identical to existing policy opposing implementation of the CSAE.

MSS EMERGENCY RESOLUTION 1 – CLINICAL SKILLS ASSESSMENT AS PART OF MEDICAL SCHOOL STANDARDS

MSS ACTION: ADOPTED FOR TRANSMITTAL TO THE AMA HOD AT THIS 2002 INTERIM MEETING AS RESOLUTION 821

RESOLVED, That given the importance of assessing clinical competency, the AMA strongly urge the LCME and AOA modify their accreditation standards as soon as possible to require that medical schools administer a rigorous and consistent assessment of clinical skills to all students as a requirement for advancement and graduation; and be it further

RESOLVED, That the AMA amend HOD Policy H-275.956 by deletion and addition to read:

H-275.956 Demonstration of Clinical Competence

It is the policy of the AMA to (1) support continued efforts to develop and validate methods for assessment of clinical skills; (2) continue its participation in the development and testing of methods for clinical skills; and (3) oppose the use of these methods in evaluation for licensure of graduates of LCME- and AOA-accredited medical schools, believing that clinical skills assessment is best performed using a rigorous and consistent examination administered by the medical school.

HOD ACTION: SUBSTITUTE RESOLUTION 821 ADOPTED

RESOLVED, That given the importance of assessing clinical competency, our American Medical Association strongly urge the Liaison Committee on Medical Education and the American Osteopathic Association to modify and enforce uniform accreditation standards as soon as possible to require that all medical schools rigorously and consistently assess clinical skills of all students as a requirement for advancement and graduation; and be it further

RESOLVED, That our AMA amend Policy H-275.956 by insertion and addition to read:

H-275.956 Demonstration of Clinical Competence

> It is the policy of the AMA to (1) support continued efforts to develop and validate methods for assessment of clinical skills; (2) continue its participation in the development and testing of methods for clinical skills assessment; and (3) recognize that clinical skills assessment is best performed using a rigorous and consistent examination administered by the medical school, and should not be used in evaluation for licensure of graduates of LCME- and AOA-accredited medical schools.

HOD ACTION: Amendment K-1 referred to Board of Trustees as follows:

Recommend that AMA policy H-275.956 [with changes reflected above] be amended by addition and deletion as follows:

> It is the policy of the AMA to (1) support continued efforts to develop and validate methods for assessment of clinical skills; (2) continue its participation in the development and testing of methods for clinical skills assessment; and (3) recognize that clinical skills assessment is best performed using a rigorous and consistent examination administered by the medical school, and should not be used in evaluation for licensure of medical school graduates.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2002 INTERIM MEETING
NEW ORLEANS, LOUISIANA

MSS GOVERNING COUNCIL REPORT A – USE OF THE ANAL PAP SMEAR AS A SCREENING TOOL FOR ANAL DYSPLASIA

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR DECISION

Your Governing Council recommends that the following recommendations be adopted in lieu of Resolution 13, A-02:

1. AMA support continued research on the diagnosis and treatment of anal cancer and its precursor lesions.

2. AMA promote awareness of the current research regarding the utility of anal pap smears as a screening tool for anal cancer.

3. AMA support instituting anal pap smears as a screening tool for anal cancer in high-risk populations, including but not limited to HIV+ MSM, HIV- MSM and HIV + women. Screening in HIV+ MSM and women should be done annually, and every three years in HIV- MSM.

GOVERNING COUNCIL REPORT B - POLICY SUNSET REPORT FOR 1997 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

Policy 20.002MSS, AIDS Education, HIV will be inserted in place of AIDS

Policy 655.018MSS, Membership Retention into Residency, “medical students and residents” will be inserted

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2002 INTERIM MEETING
NEW ORLEANS, LOUISIANA

AMA RESOLUTION 704 - STATE-BASED DEMONSTRATION PROJECTS OF TAX CREDITS FOR UNIVERSAL HEALTH CARE ACCESS

HOD ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association target one or two appropriate states, then work in collaboration with their state medical societies and other appropriate entities to establish state-based pilot programs of means-tested refundable tax credits to deliver universal health insurance.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2003 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – RECOGNIZING SPOUSAL CARE EXPENSES IN DETERMINING MEDICAL EDUCATION FINANCIAL AID

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS issue a policy statement supporting the inclusion of spousal health insurance in medical student financial aid budgets; and be it further

RESOLVED, That our AMA-MSS encourage medical schools to include spousal and same-sex spousal equivalent health insurance as part of the "cost of attendance" and as an educational expense for the purposes of student budgets and financial aid.

MSS RESOLUTION 2 – CONSIDERATION OF HUMANISTIC QUALITIES IN MEDICAL SCHOOL ADMISSIONS

MSS ACTION: REAFFIRMED POLICY H-295.888

RESOLVED, That our AMA reaffirm previous policy that "encourage[s] research on ways to reliably evaluate the personal qualities (such as empathy, integrity, commitment to service) of applicants to medical school and support broad dissemination of the results" (H-295.888); and be it further

RESOLVED, That our AMA encourage medical school admissions committees to place significant emphasis on the humanistic aspects (such as empathy, integrity and commitment to service) of an applicant's candidacy, and to make admissions decisions accordingly.

MSS RESOLUTION 3 – THE ABANDONMENT OF AFFIRMATIVE ACTION PROGRAMS IN MEDICAL SCHOOL ADMISSIONS

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 325 WITH CHANGE IN TITLE TO READ AS:

CONTINUED SUPPORT FOR DIVERSITY IN MEDICAL EDUCATION

RESOLVED, That the AMA and the AMA-MSS publicly state and reaffirm its stance on diversity in medical education; and be it further

RESOLVED, That the AMA and the AMA-MSS publicly state and reaffirm its strong opposition to the reduction of opportunities used to increase the number of minority and premedical students in training.

HOD ACTION: RESOLUTION 325 ADOPTED

MSS RESOLUTION 4– INJUNCTIVE RELIEF AGAINST MEDICAL SCHOOL TUITION INCREASES AFTER THE START OF THE ACADEMIC YEAR

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS support that the AMA (in collaboration with state, specialty, and other interested organizations) study and report back at I-03 on the case precedent, timing, risks, and other considerations in filing an application for injunctive relief to block retroactive or mid-year tuition increases.

MSS RESOLUTION 5– EXPANDING ADVOCACY ON EDUCATIONAL DEBT AND MEDICAL SCHOOL TUITION TO INCLUDE ISSUES OF EDUCATIONAL FINANCING

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA, in collaboration with medical school deans and other interested organizations, study and profile the impact of the Medicare cut reversal on medical school revenues and budgets in 2003; and be it further

RESOLVED, That our AMA-MSS and AMA broaden our current advocacy to restrain medical school tuition and educational debt to include issues of educational financing such as fighting cuts in Medicare (and possibly Medicaid as well).

MSS RESOLUTION 6 – BIOTERRORISM EDUCATION IN THE MEDICAL SCHOOL CURRICULUM PRIOR TO CLINICAL ROTATIONS

MSS ACTION: REAFFIRMED AMA CSA REPORT 4, A-99 AND AMA BOT REPORT 26, I-01

RESOLVED, That our American Medical Association will encourage the inclusion of bioterrorism readiness education for medical students prior to clinical clerkships.

MSS RESOLUTION 7– CLINICAL SKILLS ASSESSMENT EXAM IMPLEMENTATION

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 324 WITH CHANGE IN TITLE TO READ AS:

CLINICAL SKILLS ASSESSMENT EXAM AND COLLEGE OF OSTEOPATHIC MEDICINE LICENSING EXAM-PHYSICAL EXAM IMPLEMENTATION

RESOLVED, That our AMA study mechanisms for providing feedback to medical students on their performance on the proposed United States Medical Licensing Exam (USMLE) Clinical Skills Assessment Examination (CSAE) and College of Osteopathic Medicine Licensing Exam-Physical Exam (COMLEX-PE) including but not limited to written narrative feedback, and access to video recording of the exam for possible review with their medical school and communicate these findings to the National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME), and be it further

RESOLVED, That our AMA-MSS study safeguard measures for students in the first five years of implementation of the Clinical Skills Assessment Exam and COMLEX-PE; and be it further

RESOLVED, That our AMA encourage medical schools to develop mechanisms to assist medical students to meet financial obligations associated with the requirements for participation in the CSAE and COMLEX-PE, and be it further

RESOLVED, That our AMA encourage medical schools to avoid linking passage of the CSAE and COMLEX-PE to graduation requirements for at least the first 5 years of the implementation of the exam, and be it further

RESOLVED, That our AMA encourage medical schools to reevaluate their educational programs to ensure appropriate emphasis of clinical skills training in medical schools, and be it further

RESOLVED, That our AMA in conjunction with the NRMP, AOA, AGCME, and other interested organizations study the potential impact of the CSAE and COMLEX-PE on undergraduate and graduate medical education and report back at A-04, and be it further

RESOLVED, That our AMA strongly encourage the NBME and NBOME to develop policies to ensure adequate capacity for registration and administration of the CSAE and COMLEX-PE in order to accommodate all students testing for the initial time as well ensuring students failing the exam can retest within 4 months, and be it further

RESOLVED, That our AMA monitor in an ongoing fashion, the implementation of the CSAE and COMLEX-PE and its impact on the medical education continuum.

HOD ACTION: RESOLUTION 324 ADOPTED AS AMENDED IN LIEU OF RESOLUTION 315:

RESOLVED, That our AMA study mechanisms for providing feedback to medical students on their performance on the proposed United States Medical Licensing Exam (USMLE) Clinical Skills Assessment Examination (CSAE) and College of Osteopathic Medicine Licensing Exam-Physical Exam (COMLEX-PE) including but not limited to written narrative feedback, and access to video recording of the exam for possible review with their medical school and communicate these findings to the National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME), and be it further

RESOLVED, That our AMA encourage medical schools to avoid linking passage of the CSAE and COMLEX-PE to graduation requirements for at least the first 5 years after the implementation of the proposed exam (New HOD Policy); and be it further

RESOLVED, That our AMA encourage medical schools to develop mechanisms to assist medical students to meet financial obligations associated with the requirements for participation in the CSAE and COMLEX-PE (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage medical schools to reevaluate their educational programs to ensure appropriate emphasis of clinical skills training in medical schools, and be it further

RESOLVED, That our AMA in conjunction with the NRMP, AOA, AGCME, and other interested organizations study the potential impact of the CSAE and COMLEX-PE on undergraduate and graduate medical education and report back at A-04, and be it further

RESOLVED, That our AMA strongly encourage the NBME and the National Board of Osteopathic Medical Examiners to develop policies to ensure adequate capacity for registration and administration of the proposed CSAE and COMLEX-PE in order to accommodate all students testing for the initial time as well as ensuring that students failing the exam can retest within 60 days (Directive to Take Action); and be it further

RESOLVED, That our AMA monitor in an ongoing fashion, the proposed implementation of the CSAE and COMLEX-PE and its impact on the medical education continuum; and be it further

RESOLVED, That our AMA involve all interested groups at the AMA in any AMA deliberations regarding the CSAE as well as utilization of this or a similar test for recertification purposes, to ensure that the perspectives of all physicians are reflected. (Directive to Take Action)

MSS RESOLUTION 8 –STATE TOBACCO TAX INCREASES AND RESPONSIBLE USE OF RESULTING FUNDS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA supports increases in the taxation of tobacco products with revenue from any such tax increases appropriated exclusively for the following uses:

A) Educational, counter advertising and cessation programs designed to decrease the prevalence or the adverse effects of tobacco use

B) Health related costs associated with tobacco use

MSS RESOLUTION 9 – USE OF STATE TOBACCO TAX REVENUE AND TOBACCO SETTLEMENT FUND TRACKING AND PUBLISHING

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA work with other interested organizations to seek and publish state by state accounting information regarding the specific uses of all state tobacco taxes and tobacco settlement funds.

MSS RESOLUTION 10 – SUPPORTING EXCISE TAXATION OF TOBACCO PRODUCTS EQUALING AT LEAST THE ESTIMATED COST TO SOCIETY

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA emphasize the discrepancy between tobacco excise tax revenue and tobacco's cost to society when educating legislators and the public about the enormous economic and health impact of tobacco use; and be it further

RESOLVED, That the AMA support a long-term goal to raise tobacco excise taxes at least to the estimated cost to society rather than an arbitrary amount.

MSS RESOLUTION 11 – SMOKEFREE WORKPLACES 2003 AND FIGHTING SECURITIZATION OF TOBACCO SETTLEMENT FUNDS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the AMA-MSS establish policy to strongly oppose the securitization of tobacco settlement funds; and be it further

RESOLVED, That the AMA-MSS support our AMA in encouraging the issue of strong public statements condemning the growing movement to "securitize" tobacco settlement funds as a one-time fix for budget problems.

MSS RESOLUTION 12 – INTERNATIONAL BAN ON TOBACCO ADVERTISING

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the AMA-MSS support the AMA in a national and international ban within constitutional protections on tobacco advertising; and be it further

RESOLVED, That the AMA-MSS support the AMA in encouraging the U.S. government to include a ban on tobacco advertising in the international treaty on tobacco controls.

MSS RESOLUTION 13 – PROTECTION FROM SECOND-HAND TOBACCO SMOKE AT ACCESS POINTS OF PUBLIC BUILDINGS

MSS ACTION: REAFFIRMED POLICIES H-505.983 AND H-630.140

RESOLVED, That the AMA support appropriate legislation prohibiting smoking at access points of public buildings in order to eliminate this significant cause of involuntary exposure to harmful second-hand tobacco smoke; and be it further

RESOLVED, That the AMA take into consideration the unreasonable public health risk posed by second-hand tobacco smoke when making decisions regarding choices of location for conducting AMA activities.

MSS RESOLUTION 14 – ANNOUNCING OUR SUPPORT OF THE INTERNATIONAL FRAMEWORK CONVENTION ON TOBACCO CONTROL

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA publicly state its endorsement of the international Framework Convention on Tobacco Control (FCTC) and its support of tobacco excise

taxes, bans on tobacco advertising, and the establishment of Smokefree Workplaces in other nations; and be it further

RESOLVED, That our AMA formally join the Framework Convention Alliance as a Member Organization.

MSS RESOLUTION 15 – AMA-MSS NATIONAL ADVOCACY FELLOW

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA MSS Governing Council research and investigate the possibility of creating the position of AMA-MSS National Advocacy Fellow, as a full-time fellowship to be based in the AMA Washington, D.C., office, and report back at I-03.

MSS RESOLUTION 16 – UPDATING THE AMA GOVERNMENT RELATIONS INTERNSHIP PROGRAM

MSS ACTION: SUBSTITUTE RESOLUTION 16 ADOPTED AS AMENDED IN LIEU OF RESOLUTION 15 AND 16 FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 615:

RESOLVED, That the AMA in collaboration with the MSS Governing Council work to develop an implementation plan for modifying the existing AMA Government Relations Internship Program to include a year long, full time medical student fellowship to be based in the AMA Washington D.C. office, and determine the impact the position would have on current Governing Council roles with report back at I-03.

HOD ACTION: RESOLUTION 615 ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association in collaboration with the MSS Governing Council evaluate modifying and expanding the existing AMA Government Relations Internship Program based in the AMA Washington, DC office with report back at the 2003 Interim Meeting.

MSS RESOLUTION 17 – IMMEDIATE PAST CHAIR FUNDING

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED AS AMENDED:

RESOLVED, That the MSS Internal Operating Procedures be amended such that it states the Immediate Past Presiding Officer of the AMA-MSS is an unfunded, ex-officio, non-voting member of the Governing Council.

MSS RESOLUTION 18 – STUDYING THE POTENTIAL FOR A PRE-MEDICAL STUDENT ASSOCIATE MEMBER CATEGORY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA MSS Governing Council, in collaboration with appropriate entities study the benefits and drawbacks, cost-benefit, and challenges to establishing a Pre-medical Student Associate Membership category; and be it further

MSS RESOLUTION 19 – BUILDING AMA-MSS MEMBERSHIP THROUGH PROMOTION OF AMPAC AND STATE MEDICAL PACS

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 616:

RESOLVED, That our AMA-MSS urge all medical student chapters to work with the AMPAC Student Advisory Board to conduct fall or winter annual membership drives for AMPAC and state PACs; and be it further

RESOLVED, That our AMA urge all delegates to annually recruit for AMPAC and state PAC membership among all medical student members that they are in contact with; and be it further

RESOLVED, That our AMA-MSS urge all regional delegates to annually recruit for AMPAC and state PAC membership among all medical students from their respective regions; and be it further

RESOLVED, That where state laws permit, our AMA and our AMA-MSS encourage all medical students (regardless of AMA membership) to join state medical society PACs; and be it further

RESOLVED, That our AMA and our AMA-MSS recognize the state and the medical student region with the highest percentage membership in AMPAC and/or state PACs at each annual meeting.

HOD ACTION: RESOLUTION 616 ADOPTED

RESOLVED, That our AMA urge all delegates to annually recruit for American Medical Political Action Committee (AMPAC) and state political action committees (PAC) membership among all medical student members that they are in contact with; and be it further

RESOLVED, That where state laws permit, our AMA encourage all medical students (regardless of AMA membership) to join state medical society PACs; and be it further

RESOLVED, That our AMA recognize the state and the medical student region with the highest percentage membership in AMPAC and/or state PACs at each annual meeting.

MSS RESOLUTION 20 – DIRECT ELECTION OF AMPAC STUDENT BOARD MEMBER NOMINEES

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS hold a general election biennially at the Interim meeting for the two AMPAC student board member nominees to be submitted to the AMA Board of Trustees for selection.

MSS RESOLUTION 21 – EXPANDING AMA-MSS MEETINGS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS Governing Council investigate the feasibility of expanding, and/or reorganizing, the forums of the MSS meetings in order to draw more non-voting participants, and report back to the MSS at I-03, and be it further

RESOLVED, That, if such action(s) were deemed feasible, the AMA-MSS Governing Council work to restructure future MSS meetings accordingly.

MSS RESOLUTION 22 – FORMATION OF THE AMA GAY, LESBIAN, BISEXUAL, AND TRANSGENDER (GLBT) CONSORTIUM

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA develop a Gay, Lesbian, Bisexual, and Transgender (GLBT) Consortium, which will represent the interests of GLBT physicians within our AMA and the health care needs of GLBT patients.

MSS RESOLUTION 23 – FORCING DEVELOPMENT OF UNIVERSAL ACCESS TO HEALTH CARE ONTO THE LEGISLATIVE AGENDA

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA study and prepare an action plan to work with state medical societies to develop and pursue the passage of state legislation similar in spirit to the March 2003 versions of the Illinois Health Care Justice Act of 2003 (Illinois HB2268 and SB1430); specifically, develop and pursue state legislation directing the state governments to develop a strategy by which, by a time definite, a plan to provide universal access to quality health care for all state residents can be developed, and that this multi-stage plan should include:

- The establishment of a study commission, that includes representatives from physicians as well as other health care providers, tasked with the responsibility of compiling information about proposed plans to achieve universal access to health care and proposing recommendations for action;

- A first phase of fixed duration in which the commission solicits proposals from the public and all interested groups regarding what health care services should constitute the core of health care services that should be universally accessible to all state residents and how that universal access should be achieved;

- A second phase of fixed duration in which the commission solicits input from the public and all interested groups about the plans and options proposed in the first phase in order to effectively compare the merits and disadvantages of the plans proposed in the first phase;

- A third phase in which the commission, by a time definite, based on the information provided, issues a proposed plan to the state legislature to achieve universal access to health care, and that the legislature is required, by a time definite, to either approve some version of that plan or restart the entire process;

And that, in order for this issue to be effectively included in the 2004 elections, the proposed study and report by our AMA be returned to the House of Delegates by Interim 2003.

MSS RESOLUTION 24 – EXAMINING THE IMPLICATIONS OF THE HEALTH CARE PERSONNEL DELIVERY SYSTEM

MSS ACTION: ADOPTED

RESOLVED, That our AMA study the Health Care Personnel Delivery System and its implications for physicians and other health care professionals as well as the civilian health care system and report its findings with any recommendations for change.

MSS RESOLUTION 25 – STATE-BASED DEMONSTRATION PROJECTS OF OUR AMA PLAN FOR REFORM TO EXPAND HEALTH COVERAGE TO THE UNINSURED

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

STATE-BASED DEMONSTRATION PROJECTS OF OUR AMA PLAN FOR REFORM TO EXPAND HEALTH COVERAGE

RESOLVED, That our AMA shall work with state medical societies and other interested organizations to identify several states which would serve as appropriate and willing sites for statewide demonstration projects of our AMA Plan for Reform in order to expand health coverage to the uninsured and underinsured, and be it further

RESOLVED, That our AMA work for passage of enabling state and federal legislation to include the refundable tax credits described in the AMA Plan for Reform.

MSS RESOLUTION 26 – MEDICAL STUDENT PARTICIPATION IN STATEWIDE MOVEMENTS FOR EXPANDING HEALTH COVERAGE TO THE UNINSURED

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

MEDICAL STUDENT PARTICIPATION IN STATEWIDE MOVEMENTS FOR EXPANDING HEALTH COVERAGE

RESOLVED, That our AMA-MSS shall encourage its members to participate in statewide movements that seek to expand health coverage to the uninsured and underinsured.

MSS RESOLUTION 27 – NONDISCRIMINATORY POLICY FOR THE HEALTH CARE NEEDS OF THE HOMOSEXUAL POPULATION

MSS ACTION: ADOPTED

RESOLVED, That our AMA encourage physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, healthcare workers, or employees to include "sexual orientation, sex, or perceived gender" in any nondiscrimination statement; and be it further

RESOLVED, That our AMA encourage and work with state medical societies to provide a sample printed nondiscrimination policy suitable for framing, and encourage individual physicians to display for patient and staff awareness-as one example: "This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or perceived gender."

MSS RESOLUTION 28 – A NO-FAULT PROFESSIONAL LIABILITY SYSTEM

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA encourage state-based demonstration projects of a no-fault medical professional liability system as the preferred mechanism for improving patient safety, efficiently compensating injured patients, and reducing the substantial costs of defensive medicine and litigation to our healthcare system.

MSS RESOLUTION 29 – EXPANDING OUR STATE AND FEDERAL COALITIONS FOR TORT REFORM

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA and our AMA-MSS shall work together with public hospitals, sympathetic government officials, and other interested groups to recruit health activists and minority groups into our coalitions for tort reform.

MSS RESOLUTION 30 – UNDERSTANDING HOW ANTITRUST LAW NEGATIVELY AFFECTS PHYSICIAN RALLIES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS organize an educational seminar at A-04 so that external antitrust legal counsel may review these issues and discuss with our AMA-MSS the AMA approach to the organization of physician rallies, especially in the context of recent physician advocacy for tort reform.

MSS RESOLUTION 31 – ABSTINENCE-ONLY EDUCATION

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 441 WITH CHANGE IN TITLE TO READ AS:

OPPOSITION TO SOLE FUNDING OF ABSTINENCE-ONLY EDUCATION

RESOLVED, That our AMA will actively oppose increasing federal and state funding for abstinence-only education, unless future research shows its superiority over comprehensive sex education in terms of preventing negative health outcomes; and be it further

RESOLVED, That our AMA amend existing HOD policy H-170.968 Sexuality Education, Abstinence, and Distribution of Condoms in School by addition of:

> (5) opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems.
>
> **HOD ACTION: RESOLUTION 441 ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:**

SUPPORT FOR COMPREHENSIVE FAMILY LIFE EDUCATION

RESOLVED, That our American Medical Association endorse comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes.

MSS RESOLUTION 32 – INFORMED CONSENT WITH REGARDS TO ADVERTISING AND PRESCRIBING CONTRACEPTIVES

> **MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT A-04**

RESOLVED, That the AMA amend existing house resolution H-75.995 Contraceptive Advertising to read as follows: Our AMA ~~supports the concept of providing~~ recommends that manufacturers provide clear, accurate and balanced information on the effectiveness, safety, ~~and~~ risks/benefits, and the possible mechanisms of action, both primary and secondary, of ~~contraception~~ contraceptives in all public media and advertisements. ~~urges that such advertisements include appropriate information on the effectiveness, safety and risk/benefits of various methods.~~ (Res. 4, A-87; Reaffirmed: Sunset Report, I-97) and be it further

RESOLVED, That the AMA encourage physicians who prescribe birth control to include in their discussions with patients information regarding the effectiveness, safety, risks/benefits, and the possible primary and secondary mechanisms of action.

MSS RESOLUTION 33 – PEANUT ALLERGIES IN SCHOOLS AND AIRPLANES

> **MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:**

ALLERGIC REACTIONS IN SCHOOLS AND AIRPLANES

RESOLVED, That the AMA recommend that all schools provide increased student education on the danger of food allergies; and be it further

RESOLVED, That the AMA recommend that all schools have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the school administration, be trained and certified in the indications for and techniques of their use; and be it further

RESOLVED, That the AMA recommend that all commercial airlines have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the flight staff, such as the head flight attendant, be trained and certified in the indications for and techniques of their use.

MSS RESOLUTION 34 – MERCURY IN FOOD AS A HUMAN HEALTH HAZARD

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the AMA-MSS support the AMA encouraging that testing of mercury content in food, including fish, be continued by appropriate agencies, and laboratory reporting of results of mercury testing be updated and consistent with current Environmental Protection Agency and National Academy of Sciences standards; and be it further

RESOLVED, That the AMA-MSS support the AMA encouraging the Food and Drug Administration to determine the most appropriate means of testing and labeling of all foods, including fish, to determine mercury content and encourage that the results and advisories of any mercury testing of fish should be readily available where fish are sold, including labeling of packaged/canned fish; and be it further

RESOLVED, That the AMA-MSS support the AMA encouraging physicians to educate their patients about the potential dangers of mercury toxicity in some food and fish products, especially those that are well documented to contain mercury, and to advise pregnant women to limit and parents to limit their children's consumption of such products.

MSS RESOLUTION 35 – UNITED NATIONS POPULATION FUND

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT I-03

RESOLVED, That AMA affirms the importance of funding for the United Nations Population Fund (UNFPA); and be it further

RESOLVED, That AMA issues a letter to the Bush Administration expressing concern about the withdrawal of funds from the UNFPA.

MSS RESOLUTION 36 – RECOMMENDING USE OF DNA ANALYSIS FOR DEATH ROW INMATES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS encourage states to utilize DNA testing for individuals on Death Row who could potentially be exonerated by its evidence; and be it further

RESOLVED, That our AMA support legislation which ensures that competent, experienced counsel be provided for every person accused of a capital crime and that those convicted of a crime have access to DNA testing.

MSS RESOLUTION 37 – UNIFICATION OF CAPITAL PUNISHMENT POLICIES

MSS ACTION: NOT ADOPTED

RESOLVED, That an individual's opinion on capital punishment is the personal moral decision of the individual; and be it further

RESOLVED, That our AMA, as a body of physicians dedicated to the protection of health and the preservation of life for all Americans when medically possible, opposes the practice of capital punishment by the federal or any state government.

MSS RESOLUTION 38 – EXAMINING THE ROLE OF PORTABLE ELECTRONIC MEDICAL RECORDS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA study manufacturer claims and relevant market research regarding portable electronic medical records devices and report back on the benefits and risks of implementing and using such devices in the delivery of health care.

MSS RESOLUTION LATE 1 – OPPOSITION TO THE JULY 1, 2006, INCREASE IN STAFFORD LOAN RATES

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 316 ENTITLED:

REDUCTION IN STUDENT LOAN INTEREST RATES

RESOLVED, That the AMA actively lobby for legislation aimed at establishing an affordable student loan structure with a variable interest rate capped at no more than 6.8%; and be it further

RESOLVED, That the AMA-MSS specifically encourage members to write letters to senators and representatives, especially those on the appropriate specific subcommittees, to support the revisitation of the issue of how interest rates on student loans are determined; and be it further

RESOLVED, That the AMA-MSS provide a sample letter of support for this cause to AMA-MSS members so that members can simply sign and forward the letter to their respective governmental representatives.

HOD ACTION: RESOLUTION 316 ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association actively lobby for legislation aimed at establishing an affordable student loan structure with a variable interest rate capped at no more than 5.0%. (Directive to Take Action)

MSS RESOLUTION LATE 2 – OPPOSING THE RESTRUCTURING OF THE LCME

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 323:

RESOLVED, that the AMA work with the AAMC to maintain the current secretariat and managerial structure of the LCME, and immediately discontinue current plans to change said structure of the LCME; and be it further

RESOLVED, that our AMA study means to optimize the operation of the LCME while retaining full participation in the LCME and medical education as a whole.

HOD ACTION: RECOMMENDATIONS CONTAINED IN COUNCIL ON MEDICAL EDUCATION REPORT 7 ADOPTED AS AMENDED IN LIEU OF RESOLUTIONS 313, 317, AND 323, REMAINDER OF REPORT FILED:

1. That our AMA reaffirm its ongoing commitment to excellence in medical education and its continuing responsibility for accreditation of undergraduate medical education. (New HOD Policy)

2. That any proposed changes in the role of the AMA in the organization or structure of the LCME should be considered matters of AMA policy. (New HOD Policy)

3. That our AMA continues to support the current dual Secretariat structure for the management of the Liaison Committee on Medical Education. (Directive to take Action)

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2003 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS GOVERNING COUNCIL REPORT A – STEPS IN ADVANCING TOWARDS UNIVERSAL ACCESS TO HEALTH INSURANCE

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1) That our AMA-MSS recognize the efforts of the American Medical Association (AMA) in assembling proposals for the advancement toward universal access to health insurance and supports *Expanding Health Insurance: The AMA Proposal for Reform*.

2) That our AMA-MSS recognize the efforts of the American Academy of Family Physicians (AAFP) and the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) in assembling proposals for advancing towards universal access to health insurance and supports engaging in discussions with appropriate members to continue to refine existing policies.

3) That our AMA-MSS support our AMA's continuing work to develop a model for means-testing Medicare coverage in the context of the AMA's Medicare Reform Proposal.

4) That our AMA-MSS support the AMA's policy, Resolution 733, I-02, Achieving Health Care Coverage for All:

> That our American Medical Association join with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States on or before January 1, 2009 that is consistent with relevant AMA policy.

MSS GOVERNING COUNCIL REPORT B – ELECTION PROCEEDINGS FOR SAME-STATE CANDIDATES

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT C – INVESTIGATION OF CAMPAIGN RULE INFRACTIONS

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT D – RESIDENT/FELLOW WORK AND LEARNING ENVIRONMENT

MSS ACTION: RECOMMENDATIONS ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 ANNUAL MEETING AS RESOLUTION 322 AND THE REMAINDER OF THE REPORT FILED

1. That our AMA ask the Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME) to reconsider the changes made in the Common Program Requirements for duty hours and the procedures for the approval exemptions at their meeting of February 11, 2003, and approve the original language and intent from June 2002 prior to the implementation of requirements on July 1, 2003;

2. That our AMA study all options to address enforcement and compliance with the ACGME Duty Hour requirements (JCAHO, legislation, private methods etc) with a report back to the House of Delegates at the A-04 meeting;

3. That our AMA study, develop, and promote a method of creating an environment for residents to safely report violations on resident duty hours without any repercussions;

4. That our AMA request an annual report to ACGME's Member Organizations from the ACGME, which includes the number of complaints received, the number not in compliance due to duty hours and working conditions and the action taken by ACGME, and that this report be indexed by specialty;

5. That our AMA continue to work with the ACGME to refine the duty hours standards, and work with ACGME and other appropriate entities to collect evidence on the impact of current standards in regards to patient and resident safety, resident education, and eliminating fatigue and sleep deprivation;

6. That our AMA support the program module developed by the American Academy for Sleep Medicine to educate residency training programs on sleep deprivation and fatigue that is scheduled to be ready for distribution by July 1, 2003;

7. That the AMA-RFS and the AMA-MSS continue working with groups such as the Committee of Interns (CIR) on collaborative efforts to see that duty hour reform is enforced and continue to work to improve working conditions for residents and fellows;

8. That our AMA conduct a 10-year survey to capture the attitudes and changes of residents on duty hours after the new ACGME guidelines to determine the effect on working conditions for residents and fellows;

9. That our AMA reaffirm policy H.310.928 and D. 310.999 by encouraging the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patient safety in order to find solutions to the problems;

10. That the remainder of this report be filed.

HOD ACTION: RESOLUTION 322 ADOPTED AS AMENDED AND RESOLVE 8 REFERRED TO THE BOARD OF TRUSTEES:

1. That our AMA ask the Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME) to reconsider the changes made in the Common Program Requirements for duty hours and the procedures for the approval exemptions at their meeting of February 11, 2003, and approve the original language and intent from June 2002 prior to the implementation of requirements on July 1, 2003;

2. That our AMA study all options to address enforcement and compliance with the ACGME Duty Hour requirements (JCAHO, legislation, private methods etc) with a report back to the House of Delegates at the A-04 meeting;

3. That our AMA study, develop, and promote a method of creating an environment for residents to safely report violations on resident duty hours without any repercussions;

4. That our AMA request an annual report to ACGME's Member Organizations from the ACGME, which includes the number of complaints received, the number not in compliance due to duty hours and working conditions and the action taken by ACGME, and that this report be indexed by specialty;

5. That our AMA continue to work with the ACGME to refine the duty hours standards, and work with ACGME and other appropriate entities to collect evidence on the impact of current standards in regards to patient and resident safety, resident education, and eliminating fatigue and sleep deprivation;

6. That our AMA support education during residency training programs on sleep deprivation and fatigue; (New HOD Policy)

7. That the AMA-RFS and the AMA-MSS continue working with groups such as the Committee of Interns (CIR) on collaborative efforts to see that duty hour reform is enforced and continue to work to improve working conditions for residents and fellows;

8. That our AMA conduct a 10-year survey to capture the attitudes and changes of residents on duty hours after the new ACGME guidelines to determine the effect on working conditions for residents and fellows;

9. That our AMA reaffirm policy H.310.928 and D. 310.999 by encouraging the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patient safety in order to find solutions to the problems;

10. That the remainder of this report be filed.

MSS COMMITTEE ON LONG RANGE PLANNING REPORT A - REGIONAL DELEGATES – THE FIRST YEAR

> **MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED**

Orientation and Involvement of Regional Delegates

1. That our AMA-MSS continue to distribute *Procedures of the House of Delegates* and *Guide to the House of Delegates* and a welcome letter to the Regional Delegates and Alternate Delegates.

2. That our AMA-MSS develop and distribute to the Regional Delegates and Alternate Delegates a Regional Delegate Schedule of mandatory and suggested meetings before and during the Annual and Interim Meetings of the House of Delegates.

3. That our AMA-MSS eliminate Regional Delegate and Alternate Delegate responsibilities during the Thursday of the opening of the MSS Assembly.

4. That our AMA-MSS leadership actively increase the inclusion of the Regional Delegates and Alternate Delegates in its discussions on policy issues.

House Coordinating Committee

5. That our AMA-MSS send Regional Delegates and Alternate Delegates electronic copies of the House Coordinating Committee Resolution Reports prior to the opening of the MSS Assembly.

6. That our AMA-MSS encourage House Coordinating Committee members to attend as much of the House of Delegates Meetings as possible.

7. That our AMA-MSS continue to study reorganizing the AMA-MSS House Coordinating Committee to increase efficiency and coordination with the Regional Delegates and Alternate Delegates.

Creation of Regional Delegations to the HOD

8. That our AMA-MSS modify the MSS Internal Operating Procedures to establish the position of Regional Delegation Chair per the following language of this report: “Through a mechanism of its own choosing, each Region should appoint a member of its Regional Delegation to the HOD, either a Regional Delegate or an Alternate Delegate, to serve in the capacity of Regional Delegation Chair. The responsibilities of the Regional Delegation Chair should include 1) Assigning of Regional Delegates to different reference committees, 2) The coordination of replacing absent Regional Delegates with present Alternate Delegates, 3) Taking attendance for the HOD meetings, 4) The execution of the Region’s plan to select a replacement Delegate, 5) The mentorship and orientation of inexperienced Regional Delegates, and 6) Any other responsibilities assigned by the Region.”

9. That our AMA-MSS develop a mentorship program for newly elected Regional Delegates and Alternate Delegates and experienced Regional Delegates and Alternate Delegates, House Coordinating Committee members, and members of the Governing Council similar to the “Big Sib” programs run at many Medical Schools.
10. That our AMA-MSS encourage assigning Regional Delegates and Alternate Delegates to separate House of Delegates Reference Committees, as is currently done with House Coordinating Committee members.

State Delegations to the HOD

11. That our AMA-MSS communicate to the State delegation chairs gratitude for the mentorship provided by members of the State delegations to the Regional Delegates and Alternate Delegates and include a reminder that funding of Regional Delegates is encouraged and that Alternate Delegates from a given Region may not be from the same state as the Regional Delegates.

12. That our AMA-MSS communicate support for increased contact between the State delegations of the Regional Delegates and all of the Alternate Delegates from the given Region.

Regional-GC Conflicts of Interest

13. That Regional Delegates and Regional Alternate Delegates be prohibited from declaring candidacy for MSS Delegate or MSS Alternate Delegate until they have completed their Regional Delegate or Alternate Delegate term. Regional Delegates and Regional Alternate Delegates shall not be prohibited from seeking other MSS Governing Council positions or AMA or AMA-MSS Council or Committee positions while serving their terms as Regional Delegate or Alternate Delegate and that the MSS Internal Operating Procedures be changed accordingly.

Selection of Replacement Regional Delegates

14. That the AMA-MSS, pursuant to the AMA-MSS IOPs VII.C.1, require each region to submit a detailed plan on filling positions of Regional Delegate in the event that for any reason whatsoever these positions become temporarily or permanently (i.e. until the end of the term) vacant and that the AMA-MSS not certify any of the Regional Delegates from a Region that has not submitted this plan.

15. That in the event of a Regional Delegate not being able to fulfill his or her duties, the Alternate Delegate shall assume the position of Regional Delegate and be seated with the state which had provided support for the individual when he or she was Alternate Delegate and that the AMA-MSS work with the AMA-HOD Office of the Speaker to that end.

MSS Regions

16. That our AMA-MSS encourage its Regions to develop a contingency plan for nominating candidates for Regional Delegate from the floor in the situation that there are not enough candidates to properly fill all of the Regional Delegate and Alternate Delegate seats and that our AMA-MSS develop model Regional Bylaws to that effect. Candidates for this emergency replacement position should be held to the same candidacy standards as candidates for Regional Delegate excepting that all deadlines applicable to the Regional Delegate candidates shall be waived and that our AMA-MSS develop model Regional Bylaws to that effect. Upon election, the candidate must submit the required paperwork, since the position cannot be certified until such paperwork is submitted.

17. That our AMA-MSS encourage its Regions to consider term limits for its Regional Delegates and Alternate Delegates and adopt additional Regional Bylaws after due consideration.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2003 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 107- EXPANDING POST-MASTECTOMY OPTIONS FOR CANCER SURVIVORS

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association recommend that third party payors provide coverage and reimbursement for medically necessary breast cancer treatments including but not limited to prophylactic contralateral mastectomy and/or oophorectomy.

AMA RESOLUTION 108 - HEALTH INSURANCE PREMIUM SUBSIDIES FOR UNIVERSAL COVERAGE

HOD ACTION: REFERRED TO THE BOARD OF TRUSTEES

RESOLVED, That our AMA expand health system reform efforts to integrate other federal health insurance premium subsidies in addition to refundable health insurance tax credits for attaining universal access to health care.

AMA RESOLUTION 301 - RECOGNIZING DEPENDENT CARE EXPENSES IN DETERMINING MEDICAL EDUCATION FINANCIAL AID

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

RECOGNIZING SPOUSE AND DEPENDENT CARE EXPENSES IN DETERMINING MEDICAL EDUCATION FINANCIAL AID

RESOLVED, That our AMA encourage medical schools to include spouse and dependent health insurance, dependent care, and dependent living expenses as part of the “cost of attendance” and as an educational expense for the purposes of student budgets and financial aid.

RESOLVED, That our AMA ask its Council on Medical Education, Section on Medical Schools, and Women Physicians Congress to consider options to carry out the intentions of current House of Delegates’ policy on the issue of spouse and dependent health insurance, dependent care, and dependent living expenses.

RESOLVED, That our AMA report back on actions taken on this resolution and their results, to the House of Delegates at the 2004 Annual Meeting.

AMA RESOLUTION 303 - DEVELOPING RATIONAL ROLE FOR USMLE STEP EXAMS

HOD ACTION: ADOPTED IN LIEU OF RESOLUTION 321

RESOLVED, That our AMA, with appropriate partners, study what role, if any, scaled and scored national, standardized examinations like the USMLE Steps I and II should have in evaluation of applicants for residency, and propose appropriate changes to the examination(s) in order to serve that role.

AMA RESOLUTION 406 - REDUCING THE RISK OF FLIGHT-ASSOCIATED VENOUS THROMBOEMBOLISM

HOD ACTION: REFERRED TO THE BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work with and encourage the Federal Aviation Administration (FAA) and the airline industry to alert passengers to the flight-associated risk of deep vein thrombosis; and be it further

RESOLVED, That our AMA work with and encourage the FAA and the airline industry to provide specific recommendations to passengers regarding ways to reduce their flight-associated risk for DVT.

AMA RESOLUTION 407 – PICTURE-BASED WARNINGS ON TOBACCO PRODUCTS

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association support appropriate legislation requiring picture-based warning labels on tobacco products produced in, sold in or exported from the United States.

AMA RESOLUTION 410 - HEALTH CARE NEEDS OF THE TRANSGENDER COMMUNITY

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That Policy H-65.990, Civil Rights Restoration, be amended by insertion to read as follows:

> The AMA reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age.

AMA RESOLUTION 411 - GENDER-SPECIFIC REHABILITATIVE PROGRAMS, MENTAL HEALTH, AND EDUCATIONAL SERVICES FOR GIRLS IN THE JUVENILE DETENTION SYSTEM

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association work with appropriate organizations to evaluate gender-specific rehabilitation programs, mental health services and educational services in juvenile detention centers, and community-based programs for delinquent girls who have been adjudicated.

RESOLVED, That our AMA support comprehensive health education for female delinquents, including information on responsible sexual behavior, the prevention of sexually transmissible diseases and HIV/AIDS, and also support the availability of intervention programs for girls who have been victimized.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2003 INTERIM MEETING
HONOLULU, HAWAII

MSS RESOLUTION 1 – SUPPORT OF BUSINESS OF MEDICINE EDUCATION FOR MEDICAL STUDENTS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA encourage all US medical schools to provide students with a basic foundation in medical business, drawing upon curricular domains referenced in Undergraduate Medical Education for the 21st Century (UME-21), in order to assist students in fulfilling their professional obligation to patients and society in an efficient, ethical, and cost-effective manner.

MSS RESOLUTION 2 – EXPANSION OF STUDENT HEALTH SERVICES IN MEDICAL SCHOOLS

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT I-04

RESOLVED, That our AMA encourages medical schools to increase their student health center's hours to include weekend coverage; and be it further

RESOLVED, That our AMA encourages medical schools to include onsite counseling as part of their student health services; and be it further

RESOLVED, That our AMA strongly encourage all medical schools to establish student health centers in order to provide adequate and timely medical and mental health care to their students; and be it further

RESOLVED, That our AMA encourages medical schools to place significant emphasis on the mental and physical well being of their students.

MSS RESOLUTION 3 – PROVIDING DENTAL AND VISION INSURANCE TO MEDICAL STUDENTS

MSS ACTION: NOT ADOPT AND THAT POLICY H-295.942 BE AMENDED IN LIEU OF RESOLUTION 3 TO READ AS FOLLOWS:

(3) medical schools and residency training programs to pay for or offer <u>comprehensive and</u> affordable health insurance <u>coverage, including but not limited to medical, dental, and vision care</u>, to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance;

MSS RESOLUTION 4– ENDORSEMENT OF THE HEALTH CARE ACCESS RESOLUTION

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT A-04

RESOLVED, That the AMA supports the Health Care Access Resolution as a means to establishing a consensus in Congress to enact legislation that provides access to comprehensive health care for all Americans.

MSS RESOLUTION 5– EXPANDING THE AMOUNT OF GRADUATE-LEVEL SUBSIDIZED STAFFORD LOANS

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR ACTION

RESOLVED, That our AMA work with NAFSAA to lobby congress to increase student loans limits; and be it further

RESOLVED, That our AMA support increased subsidized loan limits in 2004 starting at $10,000 for graduate and professional students, with stepped increases in the following years in accordance with NASFAA; and be it further

RESOLVED, That our AMA supports increasing unsubsidized loan limits in 2004 for graduate and professional students to 150% of the subsidized limits with stepped increases in the following years in accordance with NASFAA.

MSS RESOLUTION 6 – EXPANDING AND STRENGTHENING AMA ADVOCACY ON MEDICAL STUDENT DEBT

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 INTERIM MEETING AS RESOLUTIONS 850, 848 AND 847 ENTITLED:

IMMEDIATE LEGISLATIVE SOLUTIONS TO MEDICAL STUDENT DEBT, LONG TERM SOLUTIONS TO MEDICAL STUDENT DEBT AND STATE AND LOCAL ADVOCACY ON MEDICAL STUDENT DEBT

RESOLVED, That our AMA-MSS form a new coalition, to include at a minimum the members of the present Coalition of Medical Student Organizations, the medical student sections of specialty societies, and the National Association of Graduate-Professional Students, for the purpose of sharing information and coordinating lobbying activity on student debt; and be it further

RESOLVED, That our AMA-MSS join the National Association of Graduate-Professional Students as an Affiliate Member; and be it further

RESOLVED, That our AMA-MSS convey to medical students the work that we have done and are doing through the Coalition for Student Loan Fairness; and be it further

RESOLVED, That our AMA endorse and actively lobby for during the 2003-2004 Reauthorization of the Higher Education Act:

- Elimination of the “single-holder” rule
- Continuation of the consolidation loan program and a consolidator’s ability to lock in a fixed interest rate
- Expansion of the deferment period for loan repayment to cover the entire duration of residency and fellowship
- Broadening of the definition of economic hardship as used to determine eligibility for student loan deferment
- Retention of the option of loan forbearance for residents who are ineligible for student loan deferment
- Inclusion of dependent care expenses in the definition of “cost of attendance”; and be it further

RESOLVED, That our AMA lobby for passage of legislation that would:

- Eliminate the cap on the student loan interest deduction
- Increase the income limits for taking the interest deduction
- Include room and board expenses in the definition of tax-exempt scholarship income
- Make permanent the education tax incentives that our AMA successfully lobbied for as part of Economic Growth and Tax Relief Reconciliation Act of 2001; and be it further

RESOLVED, That our AMA explore membership in the American Council on Education and/or the Committee for Education Financing, in order to build our ties to the higher education community and report back by A-04; and be it further

RESOLVED, That our AMA more aggressively publicize existing work done through the Coalition for Student Loan Fairness; and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on potential new sources of Graduate Medical Education funding and ways to increase resident salaries; and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on feasible strategies for creating new and/or expanded loan programs specifically for the health professions; and be it further

RESOLVED, That our AMA study and report back at the 2005 Annual Meeting on the feasibility of earmarking federal funds to undergraduate medical education for the purpose of reducing medical school tuition at public and private universities; and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on the need for non-primary-care physicians in underserved areas, with a focus on showing how the National Health Service Corps and similar loan repayment programs could feasibly be expanded to cover specialties beyond primary care; and be it further

RESOLVED, That our AMA study and report back at the 2005 Annual Meeting on appropriate methods for calculating the value of the clinical work performed by medical students and taking such calculations into account when determining the cost of educating a medical student; and be it further

RESOLVED, That our AMA support and encourage our state medical societies to support further expansion of state loan repayment programs, and in particular expansion of those programs to cover physicians in non-primary-care specialties; and be it further

RESOLVED, That our AMA urge our state medical societies to actively solicit funds (either directly or through their Foundations) for the establishment and expansion of medical student scholarships, and that our AMA develop a set of guidelines and suggestions to assist states in carrying out such initiatives; and be it further

RESOLVED, That our AMA oppose the charging of broad and ill-defined student fees by medical schools, such as but not limited to professional fees, encouraging in their place fees that are earmarked for specific and well-defined purposes; and be it further

RESOLVED, That our AMA encourage medical schools to use their collective purchasing power to obtain discounts for their students on necessary medical equipment, textbooks, and other educational supplies; and be it further

RESOLVED, That our AMA encourage medical schools to cooperate with undergraduate institutions to establish collaborative debt counseling for entering first-year medical students; and be it further

RESOLVED, That our AMA urge our state medical societies to advocate for an annual tuition cap (adjusted for inflation) at public and private medical schools within their states.

HOD ACTION: RESOLUTION 850, IMMEDIATE LEGISLATIVE SOLUTIONS TO MEDICAL STUDENT DEBT, ADOPTED

RESOLVED, That our American Medical Association endorse and actively lobby for the Reauthorization of the Higher Education Act, including:

- Elimination of the “single-holder” rule
- Continuation of the consolidation loan program and a consolidator’s ability to lock in a fixed interest rate
- Expansion of the deferment period for loan repayment to cover the entire duration of residency and fellowship
- Broadening of the definition of economic hardship as used to determine eligibility for student loan deferment
- Retention of the option of loan forbearance for residents who are ineligible for student loan deferment
- Inclusion of dependent care expenses in the definition of “cost of attendance” (Directive to Take Action); and be it further

RESOLVED, That our AMA lobby for passage of legislation that would:

- Eliminate the cap on the student loan interest deduction
- Increase the income limits for taking the interest deduction
- Include room and board expenses in the definition of tax-exempt scholarship income
- Make permanent the education tax incentives that our AMA successfully lobbied for as part of Economic Growth and Tax Relief Reconciliation Act of 2001. (Directive to Take Action)

HOD ACTION: RESOLUTION 848, LONG TERM SOLUTIONS TO MEDICAL STUDENT DEBT, ADOPTED

RESOLVED, That our American Medical Association explore membership in the American Council on Education and/or the Committee for Education Financing, in order to build our ties to the higher education community and report back by the 2004 Annual Meeting (Directive to Take Action); and be it further

RESOLVED, That our AMA more aggressively publicize existing work done through the Coalition for Student Loan Fairness (Directive to Take Action); and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on potential new sources of Graduate Medical Education funding and ways to increase resident salaries (Directive to Take Action); and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on feasible strategies for creating new and/or expanded loan programs specifically for the health professions (Directive to Take Action); and be it further
RESOLVED, That our AMA study and report back at the 2005 Annual Meeting on the feasibility of earmarking federal funds to undergraduate medical education for the purpose of reducing medical school tuition at public and private universities (Directive to Take Action); and be it further

RESOLVED, That our AMA study and report back at the 2004 Interim Meeting on the need for non-primary-care physicians in underserved areas, with a focus on showing how the National Health Service Corps and similar loan repayment programs could feasibly be expanded to cover specialties beyond primary care (Directive to Take Action); and be it further

RESOLVED, That our AMA study and report back at the 2005 Annual Meeting on appropriate methods for calculating the value of the clinical work performed by medical students and taking such calculations into account when determining the cost of educating a medical student. (Directive to Take Action)

HOD ACTION: RESOLUTION 847, STATE AND LOCAL ADVOCACY ON MEDICAL STUDENT DEBT, ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association support and encourage our state medical societies to support further expansion of state loan repayment programs, and in particular expansion of those programs to cover physicians in non-primary care specialties (Directive to Take Action); and be it further

RESOLVED, That our AMA urge state medical societies to actively solicit funds (either directly or through their Foundations) for the establishment and expansion of medical student scholarships, and that our AMA develop a set of guidelines and suggestions to assist states in carrying out such initiatives (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose the charging of broad and ill-defined student fees by medical schools, such as but not limited to professional fees, encouraging in their place fees that are earmarked for specific and well-defined purposes (New HOD Policy); and be it further

RESOLVED, That our AMA encourage medical schools to use their collective purchasing power to obtain discounts for their students on necessary medical equipment, textbooks, and other educational supplies (New HOD Policy); and be it further

RESOLVED, That our AMA encourage medical schools to cooperate with undergraduate institutions to establish collaborative debt counseling for entering first-year medical students (New HOD Policy); and be it further

RESOLVED, That our AMA study the merits of an annual tuition cap (adjusted for inflation) at public and private medical schools within their states. (Directive to Take Action)

MSS RESOLUTION 7– REFINANCING FEDERAL CONSOLIDATION LOANS

MSS ACTION: ADOPTED AS AMENDED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 INTERIM MEETING AS RESOLUTION 849:

RESOLVED, Our AMA support the refinancing of Federal Consolidation Loans; and be it further

RESOLVED, Our AMA actively advocate for legislation that provides the opportunity to refinance Federal Consolidation Loans.

HOD ACTION: RESOLUTION 849 ADOPTED

RESOLVED, That our American Medical Association support the refinancing of Federal Consolidation Loans (Directive to Take Action); and be it further

RESOLVED, That our AMA actively advocate for modification of pending and future legislation which that provides the opportunity to refinance Federal Consolidation Loans. (Directive to Take Action)

MSS RESOLUTION 8 –TRUTH IN MEDICAL SCHOOL TUITION

MSS ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association encourage medical schools to implement a “truth-in-tuition” policy that would freeze the tuition charged for the four years at the same amount a student was charged at the time of enrollment into medical school to allow students to do better financial and career choice planning.

MSS RESOLUTION 9 – MAINTAINING A DATABASE OF EXPIRED AMA-MSS POLICIES

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR DECISION

RESOLVED, That our AMA-MSS develop and maintain a publicly available searchable information repository of prior AMA-MSS policies that have expired; and be it further

RESOLVED, That this repository include information about the advocacy actions taken on each expired policy and the success or failure of those actions.

MSS RESOLUTION 10 – ENSURING OUTSTANDING MSS DELEGATE CANDIDATES

MSS ACTION: NOT ADOPTED

RESOLVED, That a Regional Delegate or a Regional Alternate Delegate may run to become MSS Delegate or Alternate Delegate provided that they first attain written permission from the Chair of their State Physician Delegation and, if elected, resign his/her position.

MSS RESOLUTION 11 – CLARIFICATION OF APPOINTED POSITIONS

MSS ACTION: NOT ADOPTED

RESOLVED, The AMA-MSS amend its Internal Operating Procedures to accommodate the following change:

> No Governing Council Member may seek appointment to an AMA-MSS Committee or an AMA Council during his/her term on the GC.

MSS RESOLUTION 12 – CHANGING THE SPEAKERSHIP

MSS ACTION: NOT ADOPTED

RESOLVED, The AMA-MSS Internal Operating Procedures and AMA Bylaws be amended so as to accommodate the following changes in the positions of Speaker and Vice Speaker:

> 1. One speaker be elected to a one-year term at the Interim meeting. At the time of his or her election this speaker will acquire the title “Vice-Speaker.” At this time, the speaker who had maintained the title “Vice-Speaker” will gain the title “Speaker.”
>
> 2. One speaker be elected to a one-year term at the Annual meeting. At the time of his or her election this speaker will acquire the title “Vice Speaker.” At this time, the speaker who had maintained the title “Vice-Speaker” will gain the title “Speaker.”
>
> 3. The Speaker will maintain all of the duties previously associated with the Speaker. The Vice-Speaker will assist the Speaker in its duties and will preside in the Speaker's absence or at the Speaker's request.
>
> 4. This policy becomes active at the Interim meeting that occurs no less than six months following its passage. The two Speakers who had been elected during the previous six months will retain their posts, and thus there will be three speakers. At the following Annual meeting, there will again be an election for one Vice-Speaker. The Vice-Speaker elected at the previous Interim will become

Speaker, and the terms of the Speaker and Vice-Speaker elected at the preceding Annual will naturally terminate.

MSS RESOLUTION 13 – OPPOSITION TO CLINICAL SKILLS EXAMINATIONS FOR PHYSICIAN MEDICAL RE-LICENSURE

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA oppose clinical skills examinations for the purpose of physician medical re-licensure until such examinations can be shown to accurately predict physician clinical incompetence or moral turpitude; and be it further

RESOLVED, That our AMA reaffirm its support for continuous quality improvement of practicing physicians; and support research into methods to improve clinical practice, including practice guidelines; and be it further

RESOLVED, That our AMA continue to support the implementation of quality improvement through local professional, non-governmental oversight.

MSS RESOLUTION 14 – ADDITIONS TO UNITED STATES MEDICAL LICENSURE EXAMINATION

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

ADDITIONS TO UNITED STATES MEDICAL LICENSURE EXAMINATION AND COLLEGE OF OSTEOPATHIC MEDICAL LICENSURE EXAM

RESOLVED, That our AMA oppose additions to the United States Medical Licensure Examination and College of Osteopathic Medical Licensing Exam that lack predictive validity for future performance as a physician; and be it further

RESOLVED, That our AMA work with appropriate organizations toward requiring consensus approval by professional medical organizations for implementation of additions or modifications to the United States Medical Licensure Examination and College of Osteopathic Medical Licensing Exam.

MSS RESOLUTION 15 – MEDICAL STUDENT CLINICAL WORK HOURS

MSS ACTION: NOT ADOPTED

RESOLVED, That AMA presently recommend that all medical schools voluntarily structure medical students work hours in accordance with resident work hour plans, so that at the least there is never a circumstance where medical students are expected to work longer hours than their supervisors; and be it further

RESOLVED, That in the course of the next year the AMA examine the issue of medical student work hours and design and implement a policy that is equal in strength to the resident work hours policy and that protects medical students and patients from problems that could potentially arise as a result of over-tired medical students.

MSS RESOLUTION 16 – MEDICAL STUDENT CLINICAL TRAINING AND EDUCATION CONDITIONS

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR ACTION IN LIEU OF RESOLUTION 15 AND RESOLUTION 16

RESOLVED, That our AMA:

1) Commend the LCME for addressing the issue of the medical student learning environment including student clerkship hours;

2) Urge the LCME to adopt specific medical student clinical training and educational guidelines for the clerkship years including:

- No more than one night on call every three nights;
- No more than 80 hours total of clinical training and education time per week averaged over four weeks;
- No more than 24 consecutive hours on call;

3) Recommend that the LCME revisit the issue of medical student clinical training and education conditions every five years for revision.

MSS RESOLUTION 17 – PROPOSAL REGARDING THE IMPLEMENTATION OF A MANDATORY CLINICAL SKILLS ASSESSMENT EXAMINATION

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED:

RESOLVED, That our American Medical Association Medical Student Section seek to gain at least one voting member on the National Board of Medical Examiners for students from our AMA-MSS.

MSS RESOLUTION 18 – ELIMINATING RELIGIOUS DISCRIMINATION FROM RESIDENCY PROGRAMS

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR STUDY WITH REPORT BACK AT I-04

RESOLVED, That the AMA formally oppose any residency requirements that directly interfere with an individuals religious beliefs and practices; and be it further

RESOLVED, That the AMA encourage the Accreditation Council for Graduate Medical Education to extend its current policies regarding religious exceptions to include the observance of the Sabbath; and be it further

RESOLVED, That the AMA encourage the Accreditation Council for Graduate Medical Education to require that all residency programs become aware of and make an effort to ensure that residents be allowed to practice in a manner that does not interfere with their religious convictions, including observance of the Sabbath in accordance with Title VII of the Civil Rights Act of 1964.

MSS RESOLUTION 20 – REQUIREMENT OF RECESS FOR DAILY PHYSICAL ACTIVITY IN SCHOOLS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

REQUIREMENT FOR DAILY FREE PLAY IN SCHOOLS

RESOLVED, That our AMA recommend that elementary schools maintain at least thirty minutes of daily free play during each school day; and be it further

RESOLVED, That our AMA work with other interested medical societies to urge the Department of Education and state and national legislatures to enact regulatory and legislative provisions that ensure at least thirty minutes of daily free play for elementary school students.

MSS RESOLUTION 21 – FAST FOOD RESTAURANTS IN HOSPITALS

MSS ACTION: SUBSTITUTE MSS RESOLUTION ADOPTED WITH CHANGE IN TITLE TO READ AS:

HEALTHY FOOD OPTIONS IN HOSPITALS

RESOLVED, That our AMA encourage healthy food options be available, at reasonable prices and easily accessible, on hospital premises.

MSS RESOLUTION 22 – INCREASING CUSTOMER AWARENESS OF NUTRITION INFORMATION AND INGREDIENT LISTS IN RESTAURANTS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA supports the adoption of regulations by the U.S. Food and Drug Administration requiring restaurants with menu items that are standard to multiple locations provide standard nutrition labels for all applicable items, available to their customers on request; and be it further

RESOLVED, That our AMA supports the adoption of regulations by the U.S. Food and Drug Administration requiring all restaurants, school, and work cafeterias to have ingredient lists for all menu items, available to their customers on request.

MSS RESOLUTION 23 – ESTABLISHMENT OF PLAYGROUND SAFETY GUIDELINES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA develop specific guidelines for manufacturers and city planners for building a safe playground; and be it further

RESOLVED, That our AMA and the State Medical Societies lobby for legislation that will ensure that communities will abide to safe playground guidelines.

MSS RESOLUTION 24 – SAME-SEX CO-ADOPTION

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

SAME-SEX AND/OR OPPOSITE SEX NON-MARRIED PARTNER

RESOLVED, That our AMA support legislative and other efforts to allow the adoption by the same-sex and/or opposite sex non-married partner who functions as a second parent or co-parent of children who are born to or adopted by one member.

MSS RESOLUTION 25 – CREATING CONTINUITY OF CARE FOR FOSTER CARE CHILDREN

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA and AMA-MSS work with the Department of Family and Child Services to institute a new form which includes patient information such as case number, caseworker contact information, current medications, allergies, physicians and corresponding existing appointments, as well as a problem list; and be it further

RESOLVED, That the AMA and the AMA-MSS require the Department of Family and Child Services to enforce that this new form go with the child from foster family to foster family as well as to every physician appointment so that a physician can be kept up to date on changes in treatment and new physicians have an idea of the patient's past medical history and contact information for previous physicians; and be it further

RESOLVED, That the AMA and the AMA-MSS require the Department of Family and Child Services to include a HIPPA release be included on the back side of the information form so that physicians can add information as treatments are added or changed as well as for permission to leave health information with the patient; and be it further

RESOLVED, That the AMA and the AMA-MSS require the placement of a central call center or similar centralized information system within the Department of Family and Child Services of each state so that physician offices can leave details of appointment dates and times as well as changes to therapy with the case worker; and be it further

RESOLVED, That the AMA-MSS and the AMA lobby for budget increases for the Social Services Department so that these additions can be implemented; and be it further

RESOLVED, That the AMA-MSS and the AMA provide funds for Georgia specifically as a pilot program to be certain that these additions will be successful.

MSS RESOLUTION 26 – CONTINUING THE FIGHT TO LOWER INFANT MORTALITY IN THE UNITED STATES

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED:

RESOLVED, That our AMA-MSS affirms as a top priority the reduction of the rate of infant mortality in the United States through the promotion of access to prenatal and infant care, education on healthy choices to reduce risks, and research on how to best reduce infant mortality; and be it further

RESOLVED, That our AMA-MSS communicate to the AMA Health Disparities Initiative the importance of reducing infant mortality in the United States, and specifically where this problem manifests as racial or ethnic disparities in health indicators.

MSS RESOLUTION 27 – PROMOTING BREASTFEEDING IN HOSPITALS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED:

RESOLVED, That the American Medical Association strengthen the support for breastfeeding in the health care system by encouraging hospitals to provide written breastfeeding policy that is communicated to health care staff; and be it further

RESOLVED, That the American Medical Association encourage hospitals to train staff in the skills needed to implement written breastfeeding policy, to educate pregnant women about the benefits and management of breastfeeding, to attempt early initiation of breastfeeding, to practice “rooming-in,” to educate mothers on how to breastfeed and maintain lactation, and to foster breastfeeding support groups and services; and be it further

RESOLVED, that our AMA investigate the factors contributing to the differences in breastfeeding rates between various racial and ethnic groups with a report back that includes possible actions to be taken to address these factors.

MSS RESOLUTION 28 – SUPPORT OF PROGRAMS THAT DISCOURAGE ADOLESCENT ALCOHOL CONSUMPTION

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED:

RESOLVED, That our AMA-MSS strongly encourage AMA-MSS chapters to work with adolescents in their local communities in order to both raise awareness of the dangers of alcohol consumption by minors as well as to curtail underage drinking in their local populations.

MSS RESOLUTION 29 – SETTING A SAFETY STANDARD FOR RETRACTABLE NEEDLES IN U.S. HEALTH CARE SETTINGS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED WITH CHANGE IN TITLE TO READ AS:

SUPPORT FOR NEEDLESTICK PREVENTION

RESOLVED, That our AMA-MSS strongly support the implementation of needlestick prevention devices, including but not limited to retractable needles or needleless systems, with the participation of physicians and other health care workers who will use such devices and, where appropriate, introduce such devices accompanied by the necessary education and training as part of a comprehensive sharps injury prevention and control program.

MSS RESOLUTION 30 – COMPLETE FEDERAL RESPONSIBILITY FOR MEDICAL TRANSLATION SERVICES

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS believes that neither physicians nor patients should be expected to fund translation services for their patients as Department of Health and Human Services' policy guidance currently requires.

MSS RESOLUTION 31 – UNIVERSAL OUT-OF-HOSPITAL DNR BRACELETS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED WITH CHANGE IN TITLE TO READ AS:

UNIVERSAL OUT-OF-HOSPITAL DNR SYSTEMS

RESOLVED, That our AMA should investigate and support the development of a standardized nationwide out-of-hospital DNR system and report back at A-05.

MSS RESOLUTION 32 – DEVELOPMENT AND SUPPORT OF PROSPECTIVE PERSONALIZED HEALTH PLANNING

MSS ACTION: REFFERRED TO MSS GOVERNING COUNCIL FOR REPORT

RESOLVED, Our AMA continues to recognize the gravity of expanding health care costs and the need to adapt the United States' health care system to prospectively prevent the development of disease by ethically using genomics, proteomics, metabolomics, imaging and other advanced diagnostics, along with standardized, HIPAA-compliant informatics tools to develop individual risk assessments and personal health plans to prevent disease; and be it further

RESOLVED, Our AMA shall elevate this issue to one of the top several priorities on its agenda; and be it further

RESOLVED, that our AMA supports studies aimed at determining the viability of prospective care models, and measures that will assist in creating a stronger focus on prospective care in the United States' health care system.

MSS RESOLUTION 33 – RECOGNIZING THE NEED FOR APPROPRIATE SAFETY MEASURES AND MANDATORY FOLLOW-UP CARE FOR LIVING ORGAN DONORS

MSS ACTION: NOT ADOPTED

RESOLVED, That the Council on Scientific Affairs of our AMA continue its assessment of organ donation initiated by Report 4 of the Council of Scientific Affairs (I-02) with a subsequent report specifically concerning living donor transplants; and be it further

RESOLVED, That our AMA encourage scientific research in the comparative efficacy of living-donor transplants, the safety of organ procurement from living donors, and long term health implications of living donors; and be it further

RESOLVED, That our AMA endorse legislation to require follow-up care of living donors by the medical institution involved; and be it further

RESOLVED, That our AMA continue to support the attempt to bridge the donation gap, but ensure that quality of care not be impaired in the process.

MSS RESOLUTION 34 – ENDING DISCRIMINATION AGAINST CONTRACEPTION

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA support the concept of equity among all forms of prescription contraception in order to offer women the option of affordable contraceptives which would include support from state and federal agencies.

MSS RESOLUTION 35 – TRACKING AND PUNISHING DISTRIBUTORS OF COUNTERFEIT PHARMACEUTICALS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2003 INTERIM MEETING AS RESOLUTION 924

RESOLVED, That our AMA support the Food and Drug Administration's efforts to research a uniform tracking system for pharmaceuticals; and be it further

RESOLVED, That our AMA support legislation making the production and distribution of counterfeit pharmaceuticals a felony.

HOD ACTION: RESOLUTION 924 ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association support the Food and Drug Administration's efforts to evaluate and facilitate implementation of effective tracking systems for pharmaceuticals (Directive to Take Action); and be it further

RESOLVED, That our AMA support legislation making the production and distribution of counterfeit pharmaceuticals a felony. (Directive to Take Action)

MSS RESOLUTION 36 – DISCONTINUE ADVERTISEMENT OF PHARMACEUTICALS ON THE AMA WEB SITE

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED:

RESOLVED, That our AMA amends its current policy on web site pharmaceutical advertising to state that: “There will be no pharmaceutical advertisements on the AMA web site which are directed towards patients.”

MSS RESOLUTION 37 – OPPOSING THE SALE OF TOBACCO IN RETAIL AND GROCERY STORES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA supports that the sale of tobacco products be restricted to tobacco specialty stores.

MSS RESOLUTION LATE 2 – ENSURING MEDICAL CARE FOR PATIENTS WITH LOW INCOMES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS support reforming the acute care portion of Medicaid through a combination of advanceable, refundable tax credits with insurance market reforms, purchasing group arrangements modeled after the Federal Employees Health Benefit Program (FEHBP), and reforms in the financing, benefits, and reimbursement of the Medicaid and S-CHIP programs, and be it further

RESOLVED, That our AMA-MSS oppose the premature dismantling of the current Medicaid system in favor of refundable tax credits until a pilot study of such a plan is underway, and be it further

RESOLVED, That our AMA-MSS consider whether the acute care portion of Medicaid should continue to be a public program jointly financed by states and the federal government, become a private program fully funded by the federal government, or some other alternative - and that our Governing Council shall report back on this issue at A-04.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2003 INTERIM MEETING
HONOLULU, HAWAII

MSS GOVERNING COUNCIL REPORT A – NATIONAL RESIDENT MATCHING PROGRAM LAWSUIT

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT NOT FILED

1) That the AMA-MSS officially oppose the NRMP anti-trust litigation.

2) That the AMA-MSS continue to work with other student, resident, and physician organizations to research and promote changes in the structure and/or the rules governing the Match so as to maximize the advantage to medical students and residents.

3) That the AMA-MSS conduct a survey of its members to define specific aspects of the Match that require improvement.

4) That the AMA-MSS GC report back to the MSS Assembly at A-04 about the status of its efforts in this regard.

MSS GOVERNING COUNCIL REPORT B – UNITED NATIONS POPULATION FUND

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

1) That the AMA support reinstitution of US funding to the United Nations Fund for Population Activities or other United Nations population and reproductive health programs consistent with AMA policy.

2) That the AMA write letters to the Bush Administration and to the US House of Representatives expressing concern over the withdrawal of United States funding from the United Nations Fund for Population Activities and recommending full reinstitution of such funding.

3) That the AMA educates its members about the possible consequences of the withdrawal of US funding from the United Nations Fund for Population Activities and its support for the reinstitution of such funding.

MSS GOVERNING COUNCIL REPORT C – USE OF THE ANAL PAP SMEAR AS A SCREENING TOOL FOR ANAL DYSPLASIA

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT D – INTERNAL OPERATING PROCEDURES AMENDMENTS

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

That the Rule VIII.F.2 of the MSS IOPs be amended as follows:

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

MSS GOVERNING COUNCIL REPORT E - POLICY SUNSET REPORT FOR 1998 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

Policies 100.006, Reclassification of Heroin for Therapeutic Use; 130.002, Use of Automatic External Defibrillators; 440.012, Public Education Announcements for Detection of Skin Cancer and 470.003; Pre-Participation Screening in Student Athletes will be retained

Policy 640.003, States Leadership Steering Committee, A change in title from "States Leadership Steering Committee" to "States Regional Chairs" will be made

Policy 250.010, Medical Supply Donations to Foreign Countries, a change in language from "continual" to "continuing" will be made

Policy 165.003, Advocacy For Rapid And Timely Implementation Of The State Children's Health Insurance Program, "any appropriate" will be inserted between "and" and "other organizations"

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2003 INTERIM MEETING
HONOLULU, HAWAII

AMA RESOLUTION 703 – EXAMINING THE IMPLICATIONS OF THE HEALTH CARE PERSONNEL DELIVERY SYSTEM

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association study the Health Care Personnel Deliver System and its implication for physicians and other health care professionals, as well as the civilian health care system and report its findings with any recommendations for change.

AMA RESOLUTION 704 – STATE-BASED DEMONSTRATION PROJECTS OF OUR AMA PLAN FOR REFORM TO EXPAND HEALTH COVERAGE

HOD ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That our American Medical Association support federal legislation and/or regulation that would authorize the establishment of state-based demonstration projects to implement refundable tax credits as a means of expanding health insurance coverage to the uninsured. (Directive to Take Action); and be it further

RESOLVED, That our AMA report back to the House of Delegates at the 2004 Interim Meeting on the status of federal legislative and/or regulatory efforts to authorize the establishment of state-based tax credit demonstration projects. (Directive to Take Action)

AMA RESOLUTION 803 – STATE TOBACCO TAX INCREASES AND RESPONSIBLE USE OF RESULTING FUNDS

HOD ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association support increases in the taxation of tobacco products with revenue from any such tax increases appropriated exclusively for the following uses:

1. Educational, counter-advertising, and cessation programs designed to decrease the prevalence or the adverse effects of tobacco use.
2. Health related costs associated with tobacco use. (Directive to Take Action)

AMA RESOLUTION 804 – USE OF STATE TOBACCO TAX REVENUE AND TOBACCO SETTLEMENT FUND TRACKING AND PUBLISHING

HOD ACTION: CURRENT AMA POLICY REAFFIRMED

RESOLVED, That our American Medical Association work with other interested organizations to seek and publish state-by-state accounting information regarding the specific uses of all state tobacco taxes and tobacco settlement funds. (Directive to Take Action)

AMA RESOLUTION 902 – A NO-FAULT PROFESSIONAL LIABILITY SYSTEM

HOD ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association encourage state-based demonstration projects of a no-fault medical professional liability system as the preferred mechanism for improving patient safety, efficiently compensating injured patients, and reducing the substantial costs of defensive medicine and litigation to our health care system. (Directive to Take Action)

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2004 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – STATE SUPPORT OF PUBLIC MEDICAL SCHOOL EDUCATION

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the American Medical Association (AMA) oppose any legislation that would compel graduates of public medical schools to agree to practice in a particular locale upon completion of medical training, including a medical residency, as a condition of matriculation.

MSS RESOLUTION 2 – BOYCOTT OF THE USMLE STEP 2 CS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA change item #2 from policy D-275.997 Clinical Skills Assessment (CSA) which states "Our AMA will support continued development and implementation of a clinical skills examination component into the United States Medical Licensure Examination (USMLE)" to read "Our AMA does not support a clinical skills examination component in the United States Medical Licensure Examination (USMLE)"; and be it further

RESOLVED, That our AMA-MSS urge medical schools not to require registration for the USMLE Step 2 CS for graduation; and be it further

RESOLVED, That our AMA-MSS urge the NBME not to require passage of the USMLE Step 2 CS in order to register for the USMLE Step 3 for the first 3 years of its administration in order to further study this exam; and be it further

RESOLVED, That our AMA-MSS urge state governments and state boards of medicine not to require the USMLE Step 2 CS for licensure for the persons taking this exam in the first 3 years of its administration in order to further study this exam; and be it further

RESOLVED, That our AMA-MSS study the failure rates of the USMLE Step 2 CS, comparing schools with a longstanding standardized patient component in their curriculum to those without; and be it further

RESOLVED, That our AMA-MSS request that the USMLE Step 2 CS not be required for licensure until failure rates of medical students from all medical schools are reasonably comparable; and be it further

RESOLVED, If the NBME fails to delay the requirement of passage of the USMLE Step 2 CS for registering for the USMLE Step 3, then our AMA-MSS, to the extent legally permissible, organize and support a boycott of the USMLE Step 2 CS to begin July 1, 2005; and be it further

RESOLVED, If the NBME fails to delay the requirement of passage of the USMLE Step 2 CS for registering for the USMLE Step 3, then our AMA-MSS and the AMA-MSS Governing Council, to the extent legally permissible, attempt to gain support of a boycott of the USMLE Step 2 CS from other medical student groups.

MSS RESOLUTION 3 – STANDARDIZATION OF THE USMLE TESTING ENVIRONMENT

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS investigate the environment in which the USMLE Steps 1, 2CK, and 3 are proctored; and be it further

RESOLVED, That means of standardizing examination environments which will not increase cost to students be studied; and be it further

RESOLVED, That our AMA-MSS report back at I-04.

MSS RESOLUTION 4 – MEDICAL STUDENT MALPRACTICE COVERAGE

MSS ACTION: ADOPTED

RESOLVED, That the Governing Council study the issue of medical student malpractice coverage, the impact of differences in medical liability insurance coverage on externship participation at other training institutions, and the availability of and methods of funding supplemental malpractice insurance for medical students and report back at I-04.

MSS RESOLUTION 5 – U.S. MEDICAL LIABILITY CRISIS AND THE IMPACT ON CLINICAL MEDICAL EDUCATION

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA recognize that undergraduate and graduate medical education are impacted by the medical liability crisis; and be it further

RESOLVED, That our AMA oppose medical liability insurance premiums based solely on preceptor or volunteer faculty status; and be it further

RESOLVED, That our AMA study the scope, potential impact and possible solutions of the medical liability crisis on volunteer faculty liability premium costs and the impact on medical education, and report back to the AMA-HOD at A-05.

MSS RESOLUTION 6 – MSS SUPPORT OF THE HARVARD/COMMONWEALTH POLICY EDUCATION INITIATIVE

MSS ACTION: ADOPTED

RESOLVED, That the AMA-MSS agree to serve as a collaborator for the Harvard/Commonwealth Health Policy Education Initiative; and be it further

RESOLVED, That the AMA-MSS work to publicize the Harvard/Commonwealth Health Policy Education Initiative to MSS Chapters, individual students, and medical school deans/curriculum committees.

MSS RESOLUTION 7 – ESTABLISHING PROGRAMS BETWEEN HOUSES OF WORSHIP AND MEMBERS OF OUR AMERICAN MEDICAL ASSOCIATION TO PROMOTE PHYSICAL AND HEALTH EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association attempt to organize and standardize a guideline for medical students who would be interested in pursuing programs coordinating nutrition and physical education programs with populations of individual religious denominations without intertwining such work with the religious message of the denomination; and be it further

RESOLVED, That our American Medical Association consider establishing similar guidelines for residents and physicians, and be it further

RESOLVED, That our American Medical Association structure the guideline in such a way that it could apply to medical students, residents, and physicians of any faith to educate populations of denominations of any other faith.

MSS RESOLUTION 8 – NATIONAL RESIDENCY MATCH PROGRAM REFORM

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR STUDY AND REPORT BACK AT I-04

RESOLVED, That our AMA-MSS support working with the National Residency Match Program to seek reforms to the NRMP to include the following basic principles:

1. Rank ordering must continue to prefer student, not program choices.
2. Programs and students must continue to be able to get second, third and lower choices.
3. Couples must continue to be able to apply dually.
4. Antitrust laws must be followed.
5. Transaction costs must be kept to reasonable levels.
6. Residents must continue to be recognized as “labor.”
7. Training and education must be dominant vs. “scut work” in any realignment of work hours.
8. Programs must be able to continue their “safety net” function.
9. All solicitations must avoid “exaggeration of interest;” and be it further

RESOLVED, That our AMA-MSS support working with the National Residency Match Program to seek reforms to the NRMP to include the following requirements:

1. The Match should be continued, not abolished.
2. The Match should continue to be held in March.
3. Programs should not be permitted to remove positions from the Match once they have committed these positions to it. Students should not be permitted to withdraw from the Match after the deadline for submission of the “rank order” to the Match.
4. Students should be allowed to “opt out” of the NRMP Match without penalty when there are extenuating circumstances.
5. Programs should pay all the costs of the Match, i.e., no cost to students.
6. Solicitation of students by programs should not begin before October 1st.

7. Programs should provide a “draft” contract to students on request, anytime after October 1, and it should be negotiable up until the student submits their rank-order for program preference.
8. Programs must make all information they share with other programs available to students, i.e., “transparent.”
9. The Osteopathic Match should be incorporated into a single all-students Match; and be it further

RESOLVED, That our AMA-MSS support working with the National Residency Match Program to seek reforms to the NRMP that should include the following requirements:

1. Non-U.S. medical school graduates should not be treated the same as U.S. graduates by the match.
2. Programs should be allowed to provide “commentary” about their programs referable to other programs, e.g., regional averages for salary.
3. The U.S. Military Residency Selection process should not be incorporated into the Match.

MSS RESOLUTION 9 – MODERNIZATION OF MEDICAL EDUCATION ASSESSMENT AND MEDICAL SCHOOL ACCREDITATION

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA vigorously work to establish medical education system reforms throughout the medical education continuum that demand evidence based teaching methods that positively impact patient safety or quality of patient care; and be it further

RESOLVED, That our AMA work with the Liaison Committee on Medical Education (LCME) to perform frequent and extensive educational outcomes assessment of specialized competencies in the medical school accreditation process at minimum every four years, requiring evidence showing the degree to which educational objectives impacting patient safety or quality of patient care are or are not being attained.

MSS RESOLUTION 10 – TEACHING AND EVALUATING PROFESSIONALISM IN MEDICAL SCHOOLS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA strongly urge the Liaison Committee on Medical Education to promptly create and enforce uniform accreditation standards that require all LCME- accredited medical schools to evaluate professional behavior regularly as part of medical education; and be it further

RESOLVED, That our AMA strongly urge the Liaison Committee on Medical Education to develop competencies for professional behavior and a mechanism for outcome assessment at least every four years in the accreditation process, examining teaching and evaluation of the competencies at LCME-accredited medical schools; and be it further

RESOLVED, That our AMA recognize that evaluation of professionalism is best performed by medical schools and should not be used in evaluation for licensure of graduates of LCME-accredited medical schools; and be it further

RESOLVED, That our AMA continue it’s efforts to teach and evaluate professionalism during medical education; and be it further

RESOLVED, That our AMA actively oppose, by all available means, any attempt by the NBME and/or FSMB to add separate, fee-based examinations of behaviors of professionalism to the United States Licensing Examinations.

MSS RESOLUTION 11 – PATIENT CONFIDENTIALITY AND REPRODUCTIVE HEALTH

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS condemns the attempts the Department of Justice to subpoena medical records in cases involving abortion.

MSS RESOLUTION 12 – PHYSICIAN DISCRETION AND REPRODUCTIVE HEALTH

MSS ACTION: ADOPTED AS AMENDED IN LIEU OF RESOLUTION 12 AND RESOLUTION 13:

RESOLVED, That our AMA-MSS oppose the Partial Birth Abortion Ban Act of 2003 and support all legislative and judicial efforts that oppose the law on the grounds that the law interferes with the physician's discretion in making medical decisions.

MSS RESOLUTION 13 – REPEAL POLICY H-5.981, CONCERNING HR 1122

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA repeal H-5.981 Policy Concerning HR 1122; and be it further

RESOLVED, That this resolution be forwarded for consideration by the HOD at A-04.

MSS RESOLUTION 14 – A CHILDREN'S BILL OF MEDICAL RIGHTS

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR STUDY AND REPORT BACK AT I-04

RESOLVED, That our American Medical Association Medical Student Section (AMA-MSS) and our AMA support the right of a competent child to full disclosure of their diagnosis and medical condition; and be it further

RESOLVED, That our AMA-MSS and our AMA support the age a child CAN be considered competent to be involved in their own health management to be the same age at which they can be tried as an adult in a court of law in their state of residence; and be it further

RESOLVED, That our AMA-MSS and our AMA encourage physicians to act as both mediators and patient advocates when there is a conflict between the wishes of the minor patient and the wishes of their legal guardian concerning the minor's health management; and be it further

RESOLVED, That the AMA-MSS and the AMA support state code and precedent setting court cases that will support the right of a minor child to full disclosure of their medical diagnosis.

MSS RESOLUTION 15 – ENCOURAGING VISION SCREENINGS FOR SCHOOLCHILDREN

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA encourage and support outreach efforts to provide vision screenings for school-age children prior to primary school enrollment; and be it further

RESOLVED, That our AMA encourage the development of programs to improve school readiness by detecting undiagnosed vision problems; and be it further

RESOLVED, That our AMA support periodic pediatric eye screenings with referral for comprehensive professional evaluation as appropriate.

MSS RESOLUTION 16 – SUN PROTECTION PROGRAMS IN ELEMENTARY SCHOOLS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA work with the National Association of State Boards of Education, the Centers for Disease Control and Prevention and other appropriate entities to encourage elementary schools to develop sun protection policies.

MSS RESOLUTION 17 – TEACHING OF CARDIOPULMONARY RESUSCITATION TO ALL HIGH SCHOOL STUDENTS

MSS ACTION: SUBSTITUTE RESOLUTION 17 ADOPTED:

RESOLVED, That the AMA amend policy H-130.983 to read as follows:

The AMA supports publicizing the importance of teaching CPR <u>including the use of Automated External Defibrillation</u> and strongly recommends the incorporation of CPR classes as a voluntary part of secondary school programs. (Sub. Res. 67, A-86; Reaffirmed: Sunset Report, I-96)

MSS RESOLUTION 18 – TEEN AND YOUNG ADULT SUICIDE IN THE UNITED STATES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA recognizes teen and young-adult suicide as a serious health concern in the United States, and be it further

RESOLVED, That our AMA will compile resources to reduce teen and young adult suicide, including but not limited to CME classes, patient education programs and other appropriate educational and interventional programs for health care providers, and report back at A-05.

MSS RESOLUTION 19 – ESTABLISHMENT OF A NATIONAL IMMUNIZATION REGISTRY OF "VACCINES FOR CHILDREN" ENROLLED PATIENTS

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT A-05

RESOLVED, That our AMA work with the Centers for Disease Control, the National Immunization Program, and other interested organizations to develop a national centrally-operated immunization registry that:

1) can be linked to systematic reminder, recall, and outreach interventions at the community and practice level and
2) would focus on those children participating in the VFC program.

MSS RESOLUTION 20 – CREATION OF DISTRIBUTABLE MEDIA FOR PROMOTION AND EDUCATION ABOUT THE AMA PROPOSAL FOR REFORM

MSS ACTION: WITHDRAWN

MSS RESOLUTION 21 – PATIENT SAFETY PRACTICES

MSS ACTION: SUBSTITUTE RESOLUTION 21 ADOPTED:

RESOLVED, That our AMA Medical Student Section seek to educate its members on patient safety and quality assessment tools at I-04.

MSS RESOLUTION 22 – NALOXONE ADMINISTRATION AND HEROIN OVERDOSE

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT A-05

RESOLVED, That the AMA recommend that all states adopt legislation that allows local Medical Directors of Emergency Medical Services to train first responders including police officers and firefighters to carry and administer naloxone; and be it further

RESOLVED, That our AMA gather and study documentary evidence regarding the effectiveness of currently implemented take-home naloxone programs and report back on the benefits and risks of this method of overdose-death prevention.

MSS RESOLUTION 23 – STUDYING THE HEALTH EFFECTS OF AERIAL HERBICIDE SPRAYING UNDER "PLAN COLUMBIA"

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-Medical Student Section asks the AMA to issue a public statement requesting the World Medical Association and the World Health Organization to study the health effects of aerial herbicide spraying in the South American country of Colombia and its neighboring countries.

MSS RESOLUTION 24 – ENDORSING REMEDY AND ENCOURAGING IMPLEMENTATION OF SIMILAR PROGRAMS AT MEDICAL INSTITUTIONS THROUGHOUT THE U.S.

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

SUPPORT OF MEDICAL AND SURGICAL SUPPLY RECYCLING PROGRAMS

RESOLVED, That the AMA-Medical Student Section (AMA-MSS) promote organizations that provide medical and surgical supplies to underserved areas through recycling programs; and be it further

RESOLVED, That the AMA-MSS encourage AMA-MSS chapters to participate in medical and surgical supply recycling programs.

MSS RESOLUTION 25 – MSS INVOLVEMENT WITH INTERNATIONAL HEALTH AND POLICY

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS investigate the creation of a program that would specifically allocate a stipend for a student internship in international health and policy and to specify organizations with established internship opportunities dealing with international and public health.

MSS RESOLUTION 26 – ESTABLISHING AN AMA INTERNATIONAL HEALTH CONSORTIUM

MSS ACTION: ADOPTED

RESOLVED, That the AMA establish an "international health consortium" of physicians, residents, and medical students interested in promoting international health issues.

MSS RESOLUTION 27 – DEBT RELIEF

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support full debt cancellation in all nations eligible for aid from the United States under the Bush AIDS initiative; and be it further

RESOLVED, That our AMA work with Jubilee International and other organizations to determine which nations have odious debt that should be cancelled or annulled; and be it further

RESOLVED, That our AMA support President Bush's proposal that up to 50% of the World Bank's lending to the poorest countries be converted to grants focused on education, health care, access to clean water, and sanitation; and be it further

RESOLVED, That the AMA educate its members about the impact of debt relief for poor nations and our organization's support for debt relief programs and policies.

MSS RESOLUTION 28 – PRESUMED CONSENT FOR ORGAN DONATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support a system of presumed consent wherein organs would be used for transplantation after the death of a person over 18 years of age, unless: 1) they registered an objection during their lifetime, 2) discussion with relatives reveals an unregistered objection, or 3) to proceed would cause severe distress to those close to the deceased; and be it further

RESOLVED, That our AMA work to educate the public about the shortage of organs available for transplantation, the public health benefit of a system of presumed consent, and the option for every citizen to opt-out of such a system; and be it further

RESOLVED, That this resolution be directly forwarded to the HOD at A-05.

MSS RESOLUTION 29 – BRING BACK THE PRINTED COPIES OF MEETING HANDBOOKS

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS maintain access to an electronic version of the meeting handbook and also provide members registered for the national meeting the option of receiving a printed copy.

MSS RESOLUTION 30 – COMMUNITY SERVICE RECOGNITION AWARD

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the AMA-Medical Student Section (AMA-MSS) create an online template whereby medical school chapters may submit completed community service projects to be considered for recognition; and be it further

RESOLVED, That the AMA-MSS create a webpage to highlight, on a regular basis, service projects from those submitted by AMA-MSS chapters; and be it further

RESOLVED, That the AMA-MSS governing council select annually from the submitted community service projects and give recognition to the outstanding community service project of the year at the AMA-MSS annual meeting and on the AMA-MSS web page; and be it further

RESOLVED, That the AMA-MSS recognize the medical school chapter with the outstanding community service project of the year by giving a grant of $500 to continue community involvement in the local chapter.

MSS RESOLUTION 31 – CREATION OF INTERNATIONAL HEALTH POLICY REGIONAL CHAIRS

MSS ACTION: ADOPTED

RESOLVED, That the AMA-MSS suggest that each region elect or appoint an International Health Policy Committee Regional Chair.

MSS RESOLUTION 32 – DEVELOPMENT OF REGIONAL INFRASTRUCTURE

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT I-04

RESOLVED, That the AMA designate additional appropriate funding and staff support for the 7 AMA-MSS regions, and be it further

RESOLVED, That our AMA-Medical Student Section (AMA-MSS) create a task force, composed of at least 1 member from each region as well as representation from the AMA-MSS Governing Council, to study the best approach for improving and empowering the regional infrastructure and to explore the possibility of expanding the funding available to the regional leadership, and to report back to the AMA-MSS at I-04.

MSS RESOLUTION 33 – ELIMINATING REDUNDANCY BETWEEN THE MSS HOUSE COORDINATING COMMITTEE AND THE MEDICAL STUDENT REGIONAL DELEGATES

MSS ACTION: NOT ADOPTED

RESOLVED, That beginning at I-04, our AMA-MSS shall dissolve the AMA-MSS House Coordinating Committee as a separate convention committee; and be it further

RESOLVED, That the responsibilities of the regional delegates and regional alternate delegates shall include preparing and organizing MSS testimony for HOD resolutions as assigned by the AMA-MSS Delegate and Alternate Delegate.

MSS RESOLUTION 34 – EMPOWERING MEDICAL STUDENT REGION DELEGATES AT AMA-HOD MEETINGS

MSS ACTION: NOT ADOPTED

RESOLVED, That regarding AMA-HOD resolutions for which our AMA-MSS has no direct policy, our AMA-MSS shall empower a caucus of (1) AMA-MSS Governing Council members, (2) students on state AMA-HOD delegations, and (3) the medical student regional delegates and alternates to establish AMA-MSS support or opposition to any given AMA-HOD resolution by a 2/3 vote; and be it further

RESOLVED, That our AMA-MSS reaffirm the right of any medical student delegate or alternate to the HOD to speak on behalf of themselves on any HOD resolution; and be it further

RESOLVED, That our AMA-MSS shall never publicly support or oppose any physician candidates for any AMA-HOD office as a voting block; and be it further

RESOLVED, That our AMA-MSS shall never formally oppose any physician candidate for the AMA-HOD, even in private sessions.

MSS RESOLUTION 35 – MOTIVATING OUR MSS LEADERSHIP

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT I-04

RESOLVED, That our AMA-MSS should develop a mechanism to formally recognize MSS committee members and MSS Governing Council members who have demonstrated exceptional commitment to their respective groups, and be it further

RESOLVED, That our AMA-MSS should develop a mechanism to formally condemn and/or fairly replace MSS committee members and MSS Governing Council members who have demonstrated a lack of commitment to their respective groups, and be it further

RESOLVED, That, in principle, any mechanism to recognize, condemn and/or replace MSS committee members and MSS Governing Council members should be orchestrated in consultation with a group equivalent in representation to the group that appointed/elected these members to their respective positions.

MSS RESOLUTION 36 – EXPANDING STUDENT INVOLVEMENT AND PARTICIPATION IN AMPAC

MSS ACTION: SUBSTITUTE RESOLUTION 36 ADOPTED:

RESOLVED, That AMA-MSS Policy 565.003 be reaffirmed; and be it further

RESOLVED, That our AMA-MSS Governing Council research the creation of an election process for the AMPAC student board member, and report back at I-04.

MSS RESOLUTION 37 – PARITY

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-Medical Student Section (AMA-MSS) study the best approach for improving the mechanism of representation of medical students within the MSS Assembly and explore the possibility of changing the structure of this representation, and report back at I-04.

MSS RESOLUTION 38 – INCREASING MEMBERSHIP RETENTION AND ACTIVITY OF UPPER-CLASS MEDICAL STUDENTS

MSS ACTION: SUBSTITUTE RESOLUTION 38 ADOPTED:

RESOLVED, That the AMA-Medical Student Section (AMA-MSS) Governing Council send a letter to the AMA Board of Trustees Membership Task Force to provide our suggestions for increasing activity of students in their clinical years and membership retention into residency, and request a status report on these membership activities by I-04.

MSS RESOLUTION 39 – EXTENDING MEMBERSHIP BENEFITS TO STUDENTS ENROLLED IN THE SOPHIE DAVIS BIOMEDICAL EDUCATION BS/MD PROGRAM

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT I-04

RESOLVED, That our AMA-MSS establish a three-year pilot project extending eligibility for membership benefits, including representation and voting rights as the CUNY-Sophie Davis campus in the AMA-MSS assembly to fourth- and fifth-year students at the CUNY-Sophie Davis combined B.S./M.D. program, with appropriate steps taken to make this eligibility permanent at the end of the three-year period should the project be deemed successful by the Medical Society of the State of New York and AMA-MSS; and be it further

RESOLVED, That our AMA-MSS encourage members of AMA-MSS chapters at New York University School of Medicine, New York Medical College, SUNY-Stony Brook School of Medicine, SUNY-Downstate School of Medicine, and Albany Medical College to recruit fourth- and fifth-year students at the CUNY-Sophie Davis combined B.S./M.D. program who attend these chapters' respective medical schools; and be it further

RESOLVED, That our AMA-MSS invite fourth-and fifth-year students at the CUNY-Sophie Davis combined B.S./M.D. program to attend AMA-MSS assembly meetings as observer members of the New York delegation until such time as eligibility for membership is established for them; and be it further

RESOLVED, That our AMA-MSS research similar programs throughout the United States to recruit additional members by allowing for such provisional memberships until conventional chapters can be established.

MSS RESOLUTION 40 – ESTABLISHING A LONG-TERM UPPERCLASSMAN MEDICAL STUDENT MEMBERSHIP RECRUITMENT AND RETENTION PROGRAM TO BUILD AMA MEMBERSHIP

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS establish a five-year pilot project of an upperclassman medical student membership recruitment and retention initiative, incorporating:

- county medical society involvement in local chapter activities and recruitment;
- suggested local, state, and national incentive options for second-, third- and fourth-year medical student members;
- an organized public relations program that reaches out to each chapter at least twice a year to help inform medical students about AMA and AMPAC past accomplishments and upcoming activities; and
- AMPAC and state PAC recruitment among upperclassmen medical student AMA members;
- a joint working committee of AMA physicians and AMA-MSS leaders to brainstorm incentives, assemble recruitment packages, and monitor progress of this recruitment drive; and
- an annual progress report on first-year medical student, upperclassman medical student, and AMPAC recruitment; and be it further

RESOLVED, That our AMA-MSS request that AMPAC make their website more accessible to medical students, generate publicity materials to educate students about their activities, and help our MSS with its membership recruitment initiatives; and be it further

RESOLVED, That our AMA-MSS encourage local chapters to work with the AMPAC Student Advisory Board to organize annual membership drives among upperclassmen and medical residents for our AMA; and be it further

RESOLVED, That our AMA-MSS encourage medical students to organize recruitment drives among current AMA members for AMPAC and state PACs; and be it further

RESOLVED, That our AMA-MSS and AMPAC jointly recognize:

- the local chapter that conducts the most successful recruitment effort each fall and spring; and
- the local chapter with the highest percentage of upperclassman medical student members in our AMA and AMPAC each year; and
- the medical student who successfully recruits the largest percentage of students from his or her school to our AMA each year.

MSS RESOLUTION 41 – DEFINING PHYSICIAN AS M.D. AND D.O.

MSS ACTION: SUBSTITUTE RESOLUTION 41 ADOPTED AS AMENDED:

RESOLVED, That our AMA suggest that all resolutions be written to include both “MD and DO,” unless specifically applicable to one or the other; and be it further

RESOLVED, That our AMA shall suggest all reference committees to amend the language of any resolution that reads either “M.D. or D.O.” to read “M.D. and D.O.”, unless specifically applicable to one or the other, prior to publication of reference committee reports.

MSS RESOLUTION 42 – ESTABLISHMENT OF STATE STUDENT ADVOCACY AWARD

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR DECISION BACK AT I-04

RESOLVED, That our AMA encourage each state medical society to offer an annual State Student Advocacy Award to a student that demonstrates interest in advocacy efforts and legislative action; and be it further

RESOLVED, That our AMA encourage each state medical society to include their recipient of the State Student Advocacy Award in their plans for physicians’ Capitol Hill Visits after the National Advocacy Conference; and be it further

RESOLVED, That our AMA waive the fee for the National Advocacy Conference for the recipient of the annual State Student Advocacy Award as a matching incentive for the state medical society to fund hotel and/or travel accommodations for that individual; and be it further

RESOLVED, That this resolution be forwarded to the AMA HOD at A-04.

MSS RESOLUTION LATE 5 – FDA REJECTION OF OVER-THE-COUNTER STATUS FOR EMERGENCY CONTRACEPTION PILLS

MSS ACTION: ADOPTED FOR TRANSMITTAL TO THE AMA-HOD AT THIS 2004 ANNUAL MEETING AS RESOLUTION 443

RESOLVED, That our AMA issue a public statement to oppose the unprecedented actions of the Acting Director of the United States Food and Drug Administration in overruling the approval of over-the-counter access to the Plan B pill – and urge the reconsideration of this decision immediately; and be it further

RESOLVED, That our AMA amend policy H-75.985 by addition and deletion to read as follows:

> H-75.985 Access to Emergency Contraception. It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through **pharmacies,** hospitals, clinics, emergency rooms, acute care centers, and physicians’ offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; ~~**and**~~ (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; **and** (**5**) **to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter**; and be it further

RESOLVED, That our AMA work with the American College of Obstetricians and Gynecologists, Physicians for Reproductive Choice and Health, local and state medical societies, and other interested organizations to continue its efforts to increase access to emergency contraception – including further lobbying of the U.S. Food and Drug Administration and Congress to make emergency contraception available over-the-counter; and be it further

RESOLVED, That our AMA report back on the issue of increasing access to emergency contraception at I-04; and be it further

RESOLVED, That this resolution be forwarded to the AMA-HOD at A-04.

HOD ACTION: ADOPTED

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2004 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS GOVERNING COUNCIL REPORT A - NATIONAL RESIDENT MATCHING PROGRAM SURVEY

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT B – INFORMED CONSENT WITH REGARDS TO ADVERTISING AND PRESCRIBING CONTRACEPTIVES

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

1) That our AMA-MSS support continued research that explores alternative mechanisms of contraceptives.

2) That our AMA-MSS supports the concept of providing accurate and balanced information on the effectiveness, safety and risks/benefits of contraception in all public media and urges that such advertisements include appropriate information on the effectiveness, safety and risk/benefits of various methods with the addition of information regarding possible secondary mechanisms of contraceptive methods when conclusive and quantitative data is available.

MSS GOVERNING COUNCIL REPORT C – EVALUATION OF THE PRINCIPLES OF THE HEALTH CARE ACCESS RESOLUTION

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA-MSS amend the following MSS policies that pertain to universal health care access and coverage to read "affordable universal" care or coverage: MSS 165.004, MSS 165.007 and MSS 180.011.
2. That our AMA-MSS shall support efforts to make health care more cost-effective by reducing administrative burdens, but only to such a degree that quality of care is not compromised.
3. That our AMA-MSS shall support means of including both long-term care and prescription drug benefits into the guidelines for seeking affordable universal health care access and coverage.
4. That our AMA-MSS reaffirms its support for including preventative care and early intervention services into any plan calling for affordable universal health care access and coverage by reaffirming MSS 295.022 and MSS 170.001.
5. That our AMA-MSS reaffirms its support for parity in mental health care coverage by reaffirming MSS policy “Disparity of Mental Health Coverage”.
6. That our AMA-MSS encourage the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality of health care; and that our AMA-MSS supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.

7. That our AMA-MSS adopt policy to promote outcomes research as an effective mechanism to improve the quality of medical care for all persons and urge that the results of such research be used only for educational purposes and for improving practice parameters.
8. That our AMA-MSS adopt policy to address the need to increase numbers of qualified health care professionals, practitioners, and providers in underserved areas to increase timely access to quality care.
9. That our AMA-MSS shall support the inclusion of adequate and timely payments to physicians and other providers into any plan calling for affordable universal health care access.
10. That our AMA-MSS reaffirm policies MSS 160.002 and MSS 160.004 that are related to the support of medical facilities for patients who are unable to afford medical care.
11. That our AMA-MSS reaffirm policies MSS 165.004, MSS 165.005 and MSS 165.006 and support the inclusion of the principles of continuity of health insurance coverage and continuity of medical care into any plan calling for affordable universal health care access.
12. That our AMA-MSS support the inclusion of the principle of consumer choice of healthcare providers and practitioners into any plan calling for affordable universal health care access.
13. That our AMA-MSS support the inclusion of reducing health care administrative cost and burden into any plan calling for affordable universal health care access.

MSS GOVERNING COUNCIL REPORT D – MAINTAINING A DATABASE OF EXPIRED AMA-MSS POLICIES

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT E – ELIMINATING RELIGIOUS DISCRIMINATION FROM RESIDENCY PROGRAMS

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

1) That the AMA encourage the adoption of residency requirements that allow individuals to honor their religious beliefs and practices.

2) That the AMA encourage the Accreditation Council for Graduate Medical Education and the American Osteopathic Association to extend its current policies regarding religious exceptions to include the observance of religious holidays and observances.

3) That the AMA encourage the Accreditation Council for Graduate Medical Education to require that all residency programs become aware of and make an effort to ensure that residents be allowed to practice in a manner that does not interfere with their religious convictions, including observance of religious holidays and observances.

4) That our AMA study the current state of religious conflicts with residency requirements and report back at A-05.

MSS GOVERNING COUNCIL REPORT F – DEVELOPMENT AND SUPPORT OF PROSPECTIVE PERSONALIZED HEALTH PLANNING

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1) That our AMA continue to recognize the need for possible adaptation of the United States' health care system to prospectively prevent the development of disease by ethically using genomics, proteomics, metabolomics, imaging and other advanced diagnostics, along with standardized informatics tools to develop individual risk assessments and personal health plans.

2) That our AMA support studies aimed at determining the viability of prospective care models, and measures that will assist in creating a stronger focus on prospective care in the United States' health care system.

3) That our AMA support research and discussion regarding the multidimensional ethical issues related to prospective care models, such as genetic testing.

MSS GOVERNING COUNCIL REPORT G – MEDICAID REFORM AND COVERAGE FOR THE UNINSURED: BEYOND TAX CREDITS

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

1) That our AMA-MSS actively support the ongoing efforts of our AMA to reform Medicaid in order to increase access to health care among the uninsured and underinsured of our nation;

2) That our AMA-MSS support the ongoing AMA efforts to implement graduated, refundable tax credits as a replacement for Medicaid;

3) That our AMA-MSS make the active promotion and education of our AMA plan for health insurance reform a top priority;

4) That our AMA and our AMA-MSS work to create and fund programming that will educate both physicians and patients about our AMA plan for insurance reform and publicize that plan to the general public;

5) That our AMA continue to study Health Savings Accounts in order to gain more insight into their effects on a large scale and to determine if our AMA could use them as another means of increasing health care access in our nation;

6) That our AMA study other mechanisms beyond tax credits for covering America's uninsured, including but not limited to replacing Medicaid with a publicly-controlled non-profit corporation, and report back at I-05.

MSS COMMITTEE ON LONG RANGE PLANNING REPORT A - AMA MEDICAL STUDENT SECTION 2004-2007 STRATEGIC PLAN

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That, in the realm of advocacy, our MSS should:

    - Continue to view the Regional Delegates as independent entities, the assistance of which should be actively solicited in order to accomplish AMA-HOD victories, and
    - Continue to pursue collaborative national advocacy goal setting and execution, as is done through the AMA-MSS Committee on Legislation and Advocacy, and
    - Actively solicit the input of the AMA Government Relations Advocacy Fellow in the generation of national advocacy directions, as it would with any of the student members of AMA Councils, while recognizing that the Fellow is primarily responsible to the AMA Advocacy Staff, and
    - Continue to develop learning modules, action items, and development materials that are accessible and easy to use for the implementation of MSS actions at the state and chapter levels.

2. That, in the realm of membership, our MSS should:

- Make membership recruitment and retention the number one goal for the next three years, and
- Emphasize retention of involvement of members as they transition into their clinical years of medical school, and
- Develop better mechanisms to retain membership of students as they transition out of medical school and into residencies, and
- Utilize advocacy as a means to increase membership recruitment and retention, while recognizing that breadth of policy is a key to attracting a breadth of potential members, and
- Improve public awareness of MSS advocacy victories as a means to increase membership recruitment and retention by any means necessary, including but not limited to seeking an AMA staff position dedicated to MSS external communications.

3. That, in the realm of leadership, our MSS Governing Council should:

- Continue to pursue collaborative policy making in the form of ad-hoc task forces and standing committees, and
- Encourage the MSS Chair to delegate responsibility for advocacy to the Vice-Chair so that the Chair can emphasize collaborating with other organizations (e.g. AMSA, AAMC, SNMA, etc.) and serving as the public face of the MSS, and
- Encourage the MSS Member at-Large to take full responsibility for pursuing the membership goals, and
- Take steps to strengthen Regional allegiance and leadership.

4. That our MSS Leadership regularly evaluate their progress toward the accomplishment of these goals, with annual reports to the AMA-MSS Assembly.

5. That our AMA-MSS make this Strategic Plan available on the MSS Website.

6. That our AMA-MSS seek a new three year plan for the 2007-2010 period, with report to the MSS Assembly at A-07.

MSS COMMITTEE ON LONG RANGE PLANNING REPORT B - ENFORCING THE "ONE PER STATE" RULE IN GOVERNING COUNCIL ELECTIONS

MSS ACTION: REPORT FILED

MSS COMMITTEE ON LONG RANGE PLANNING REPORT C - REGISTRY OF STATE SOCIETY ACTIVITIES

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

That this report and the accompanying Registry of Medical Student Opportunities in State Societies be filed for information and that the Registry be made readily available on the AMA-MSS Web-site and updated as needed.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2004 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 5 – UNIVERSAL OUT-OF-HOSPITAL DNR SYSTEMS

HOD ACTION: REFERRED TO THE BOARD OF TRUSTEES

RESOLVED, That our AMA should investigate and support the development of a standardized nationwide out-of-hospital DNR system and report back at A-05.

AMA RESOLUTION 107 – ENDING DISCRIMINATION AGAINST CONTRACEPTION

HOD ACTION: CURRENT POLICY REAFFIRMED IN LIEU OF RESOLUTION 107

AMA RESOLUTION 204 – PARTNER CO-ADOPTION

HOD ACTION: ADOPTED

RESOLVED, That our AMA support legislative and other efforts to allow the adoption of a child by the same-sex partner, or opposite sex non-married partner, who functions as a second parent or co-parent to that child.

AMA RESOLUTION 305 – SUPPORT OF BUSINESS OF MEDICINE EDUCATION FOR MEDICAL STUDENTS

HOD ACTION: ADOPTED

RESOLVED, That our AMA encourage all US medical schools to provide students with a basic foundation in medical business, drawing upon curricular domains referenced in Undergraduate Medical Education for the 21st Century (UME-21), in order to assist students in fulfilling their professional obligation to patients and society in an efficient, ethical, and cost-effective manner.

AMA RESOLUTION 306 – PROVIDING DENTAL AND VISION INSURANCE TO MEDICAL STUDENTS

HOD ACTION: ADOPTED WITH CHANGE IN TITLE TO READ AS:

PROVIDING DENTAL AND VISION INSURANCE TO MEDICAL STUDENTS AND RESIDENT PHYSICIANS

RESOLVED, That AMA policy H-295.942 be amended to read as follows:

(3) medical schools and residency training programs to pay for or offer comprehensive and affordable health insurance coverage, including but not limited to medical, dental, and vision care, to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance;

AMA RESOLUTION 307 – OPPOSITION TO CLINICAL SKILLS EXAMINATIONS FOR PHYSICIAN MEDICAL RE-LICENSURE

HOD ACTION: ADOPTED AS AMENDED IN LIEU OF RESOLUTION 313:

RESOLVED, That our AMA oppose clinical skills examinations for the purpose of physician medical re-licensure; and be it further

RESOLVED, That our AMA reaffirm its support for continuous quality improvement of practicing physicians; and support research into methods to improve clinical practice, including practice guidelines; and be it further

RESOLVED, That our AMA continue to support the implementation of quality improvement through local professional, non-governmental oversight.

AMA RESOLUTION 308 – ADDITIONS TO UNITED STATES MEDICAL LICENSURE EXAMINATION AND COLLEGE OF OSTEOPATHIC MEDICAL LICENSURE EXAM

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

ADDITIONS TO UNITED STATES MEDICAL LICENSURE EXAMINATION AND COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSURE EXAMINATION

RESOLVED, That our AMA oppose additions to the United States Medical Licensure Examination and Comprehensive Osteopathic Medical Licensure Examination that lack predictive validity for future performance as a physician.

AMA RESOLUTION 310 – MEDICAL STUDENT CLINICAL TRAINING AND EDUCATION CONDITIONS

HOD ACTION: REFERRED TO THE BOARD OF TRUSTEES

Resolved, That our AMA:

1) Commend the LCME for addressing the issue of the medical student learning environment including student clerkship hours;
2) Urge the LCME to adopt specific medical student clinical training and educational guidelines for the clerkship years including:

- No more than one night on call every three nights;
- No more than 80 hours total of clinical training and education time per week averaged over four weeks;
- No more than 24 consecutive hours on call;

3) Recommend that the LCME revisit the issue of medical student clinical training and education conditions every five years for revision.

AMA RESOLUTION 409 – REQUIREMENT FOR DAILY FREE PLAY IN SCHOOLS

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA recommend that elementary schools maintain at least thirty minutes of daily free play or physical education that is consistent with CDC guidelines; and be it further

RESOLVED, That our AMA work with other interested medical societies to urge the Department of Education and state and national legislatures to enact regulatory and legislative provisions that ensure at least thirty minutes of daily free play for elementary school students.

AMA RESOLUTION 410 – HEALTHY FOOD OPTIONS IN HOSPITALS

HOD ACTION: ADOPTED

RESOLVED, That our AMA encourage healthy food options be available, at reasonable prices and easily accessible, on hospital premises.

AMA RESOLUTION 411 – INCREASING CUSTOMER AWARENESS OF NUTRITION INFORMATION AND INGREDIENT LISTS IN RESTAURANTS

HOD ACTION: SUBSTITUTE RESOLUTION 411 ADOPTED IN LIEU OF RESOLUTIONS 411 AND 430:

RESOLVED, That our AMA support and seek federal legislation or rules requiring restaurants that have menu items common to multiple locations to provide standard nutrition labels for all applicable items, available for public viewing; and be it further

RESOLVED, That our AMA support and seek federal legislation or rules requiring all school and work cafeterias and restaurants to have ingredient lists for all menu items, available for public viewing.

AMA RESOLUTION 412 – PROMOTING BREASTFEEDING IN HOSPITALS

HOD ACTION: RESOLUTION 412 ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

PROMOTION BY PHYSICIANS AND HOSPITALS OF BREASTFEEDING

RESOLVED, That our American Medical Association promote education on breastfeeding in undergraduate, graduate and continuing medical education curricula; and be it further

RESOLVED, That our AMA encourage the education of patients during prenatal care on the benefits of breastfeeding; and be it further

RESOLVED, That our AMA investigate the factors contributing to the differences in breastfeeding rates between various racial and ethnic groups with a report back that includes possible actions to be taken to address these factors.

AMA RESOLUTION 413 – RESTRICTING TOBACCO SALES

HOD ACTION: ADOPTED

RESOLVED, That our AMA supports that the sale of tobacco products be restricted to tobacco specialty stores.

AMA RESOLUTION 414 – NONDISCRIMINATORY POLICY FOR HEALTH CARE NEEDS OF THE HOMOSEXUAL POPULATION

HOD ACTION: ADOPTED

RESOLVED, That our AMA encourage physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, healthcare workers, or employees to include "sexual orientation, sex, or perceived gender" in any nondiscrimination statement; and be it further

RESOLVED, That our AMA encourage and work with state medical societies to provide a sample printed nondiscrimination policy suitable for framing, and encourage individual physicians to display for patient and staff awareness-as one example: "This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or perceived gender."

AMA RESOLUTION 415 – ALLERGIC REACTIONS IN SCHOOLS AND AIRPLANES

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That the AMA recommend that all schools provide increased student and teacher education on the danger of food allergies; and be it further

RESOLVED, That the AMA recommend that all schools have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the school administration be trained and certified in the indications for and techniques of their use; and be it further

RESOLVED, That the AMA recommend that all commercial airlines have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the flight staff, such as the head flight attendant, be trained and certified in the indications for and techniques of their use.

AMA RESOLUTION 441 – UNITED NATIONS POPULATION FUND

HOD ACTION: ADOPTED

RESOLVED, That the AMA support reinstitution of US funding to the United Nations Fund for Population Activities or other United Nations population and reproductive health programs consistent with AMA policy, and be it further

RESOLVED, That the AMA write letters to the Bush Administration and to the US House of Representatives expressing concern over the withdrawal of United States funding from the United Nations Fund for Population Activities and recommending full reinstitution of such funding, and be it further

RESOLVED, That the AMA educates its members about the possible consequences of the withdrawal of US funding from the United Nations Fund for Population Activities and its support for the reinstitution of such funding.

AMA RESOLUTION 443 – FDA REJECTION OF OVER-THE-COUNTER STATUS FOR EMERGENCY CONTRACEPTION PILLS

HOD ACTION: ADOPTED

RESOLVED, That our AMA issue a public statement to oppose the unprecedented actions of the Acting Director of the United States Food and Drug Administration in overruling the approval of over-the-counter access to the Plan B pill – and urge the reconsideration of this decision immediately; and be it further

RESOLVED, That our AMA amend policy H-75.985 by addition and deletion to read as follows:

> H-75.985 Access to Emergency Contraception. It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through **pharmacies,** hospitals, clinics, emergency rooms, acute care centers, and physicians' offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; ~~**and**~~ (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; **and** (**5**) **to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter**; and be it further

RESOLVED, That our AMA work with the American College of Obstetricians and Gynecologists, Physicians for Reproductive Choice and Health, local and state medical societies, and other interested organizations to continue its efforts to increase access to emergency contraception – including further lobbying of the U.S. Food and Drug Administration and Congress to make emergency contraception available over-the-counter; and be it further

RESOLVED, That our AMA report back on the issue of increasing access to emergency contraception at the 2004 Interim Meeting.

AMA RESOLUTION 512 – USE OF ANAL PAP SMEAR AS A SCREENING TOOL FOR ANAL DYSPLASIA

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association support continued research on the diagnosis and treatment of anal cancer and its precursor lesions, including the evaluation of the anal pap smear as a screening tool for anal cancer.

AMA RESOLUTION 602 – RESTRICTION OF PHARMACEUTICAL ADVERTISING ON THE AMA WEBSITE

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association amend its current Advertising Guidelines on web site pharmaceutical advertising to state that: "There will be no pharmaceutical advertisements on the AMA web site which are directed towards patients."

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2004 INTERIM MEETING
ATLANTA, GEORGIA

MSS RESOLUTION 1 – LIFETIME E-MAIL ACCOUNTS AS A BENEFIT OF AMA MEMBERSHIP

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA study the implementation and value added benefit of either an e-mail forwarding service or e-mail accounts as a benefit of AMA membership and report back no later than A-06.

MSS RESOLUTION 2 – REEVALUATING AMA-MSS MEMBERSHIP BENEFITS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA continue to provide tangible membership benefits for medical students that are both useful and encourage participation in our professional society, and be it further

RESOLVED, That our AMA-MSS evaluate providing medical students with the option of a printed copy subscription to *The Journal of The American Medical Association (JAMA)* and/or online access via a password system for student members and report back at A-05, and be it further

RESOLVED, That our AMA-MSS evaluate the most appropriate multi-year membership benefit for student members and report back at A-05.

MSS RESOLUTION 3 – AMENDMENTS TO MSS INTERNAL OPERATING PROCEDURES REGARDING CONVENTION COMMITTEES

MSS ACTION: ADOPTED AS AMENDED:

That the MSS amend its Internal Operating Procedures (IOPs) as follows:

Section VII, H, 1:
Credentials Committee. An eight member Credentials Committee, composed of one member per region as defined in VII.A., unless there are no candidates from a region, and one Chair, shall be appointed by the Governing Council. The Committee shall be responsible for consideration of all matters relating to the registration and certification of delegates including credentialing delegates for business meetings, verifying a quorum is present, and distributing ballots for elections; and that the MSS amend its IOPs as follows:

Section VII, H, 2:
Rules Committee. A Rules Committee shall be composed of four at-large members. The committee shall review late and emergency resolutions and make recommendations to

the MSS Assembly on whether or not to consider them as business of the Assembly. The Rules Committee shall also collect and tabulate ballots for MSS elections, and count hand votes during the business meeting as requested by the Speakers; and that the MSS amend its IOPs as follows:

Section VII, H:
The convention committees shall be appointed by the Governing Council. These committees are to expedite the conduct of business at each meeting of the MSS Assembly. For each meeting, the Governing Council will appoint the following committees and any others they see fit that would facilitate the business of the Assembly.

MSS RESOLUTION 4 – IMPROVING AND EXPANDING STATE MEDICAL SOCIETY SCHOLARSHIP PROGRAMS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA and our AMA-MSS work with the state medical societies and their associated foundations along with medical schools to ensure that information about all scholarships they offer is readily available online; and be it further

RESOLVED, That our AMA and our AMA-MSS strongly urge each state medical society to add a voting medical student representative to its foundation Board of Directors or other appropriate governing body; and be it further

RESOLVED, That our AMA and AMA-MSS collect and propagate model bylaws changes from state foundations that have added medical students to their Boards of Directors; and be it further

RESOLVED, That our AMA, via its component state medical societies, urge all state foundations to consider converting any loan programs they may have into scholarship programs and provide information to said foundations on how other states have achieved this conversion; and be it further

RESOLVED, That the AMA ask the state foundations and our AMA Foundation to encourage donors to pool their funds with others to endow large scholarships; and be it further

RESOLVED, That our AMA ask our AMA Foundation to work with the state medical societies and their foundations to ensure that scholarship funds are disbursed directly to the student, not to the medical school; and be it further

RESOLVED, That our AMA ask our AMA Foundation to work with state medical societies and their foundations to make scholarship programs direct-application at the medical school level; and be it further

RESOLVED, That our AMA ask our AMA Foundation to compile and distribute to the state foundations a list of fundraising “best practices” that have been shown to be effective in raising funds for medical scholarships; and be it further

RESOLVED, That this resolution be transmitted to the AMA House of Delegates at I-04.

HOD ACTION: AMA RESOLUTIONS 616 AND 617 REFERRED

MSS RESOLUTION 5 – FLIGHT DISCOUNTS FOR TRAVEL TO THE CLINICAL SKILLS ASSESSMENT EXAMINATION (CSAE)

MSS ACTION: ADOPTED AS AMENDED with change in title to read:

FLIGHT DISCOUNTS FOR TRAVEL FOR AMA-MSS MEMBERS

RESOLVED, That the AMA seek flight discounts for AMA-MSS members utilizing travel services.

MSS RESOLUTION 6 – ENCOURAGING LEADERSHIP DEVELOPMENT

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT A-05

RESOLVED, That our AMA-MSS amend its Internal Operating Procedures to accommodate the following change:

That the following leadership positions are ranked in tiers such that any person who has held a position from a higher tier may not run for a position in a lower tier, but may run for an additional position in the same tier or rerun for the same position:

1. At Large Officer
2. Alternate Delegate, Vice Speaker
3. Delegate, Speaker, Vice Chair, Councilors
4. Chair
5. Trustee

MSS RESOLUTION 7 – CHANGING THE CULTURE OF HEALTHCARE DELIVERY: ENCOURAGEMENT OF TEAMWORK AMONG HEALTHCARE PROFESSIONAL STUDENTS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED:

RESOLVED, That the AMA-MSS Governing Council review medical school and other allied health programs that promote interaction between students in health care professions, and report back at I-05.

MSS RESOLUTION 8 – IMPROVING SEXUAL EDUCATION IN THE MEDICAL SCHOOL CURRICULUM

MSS ACTION: ADOPTED

RESOLVED, That our AMA encourage all medical schools to train medical students to be able to take a thorough and non-judgmental sexual history in a manner that is sensitive to the personal attitudes and behaviors of patients in order to decrease anxiety and personal difficulty with sexual aspects of health care; and be it further

RESOLVED, That our AMA issue a public service announcement that encourages patients to discuss concerns related to sexual health with their physician and reinforces our commitment to helping patients maintain sexual health and well-being.

MSS RESOLUTION 9 – COMBINING THE RESIDENCY MATCH PROGRAMS

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR REPORT BACK AT A-05

RESOLVED, That our AMA-MSS support the collaborative efforts in the education of both osteopathic and allopathic students and graduates by endorsing the concept of a combined Match to commence for the graduating class of 2006; and be it further

RESOLVED, That this endorsement be forwarded to the AMA HOD, owing to the time sensitive nature of this issue, for immediate action during this session of the AMA HOD.

MSS RESOLUTION 10 – EDUCATING MEDICAL STUDENTS ON LEGAL ASPECTS OF MEDICAL PRACTICE

MSS ACTION: NO ACTION

RESOLVED, That our AMA encourage medical schools to offer formal education regarding state and federal laws as they apply to medical practice prior to participation in clinical clerkships, and that this education continue throughout medical school to reflect changes in state and federal laws that may occur.

MSS RESOLUTION 11 – REDUCING STRESS AND ANXIETY AMONG MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA should support efforts in US medical schools to institute programs to reduce stress and anxiety among medical students. Such efforts should be especially focused on first-year students and can include means such as medical student support groups, better disclosure of academic standards, social activities, scheduling changes, grading changes and professional counseling.

MSS RESOLUTION 12 – HEALTH CARE ECONOMICS/BUSINESS AS PREREQUISITES FOR MEDICAL EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA shall encourage the AAMC's member institutions to adopt undergraduate coursework in business and economics as a suggested and/or mandatory requirement for admission and matriculation to medical school.

MSS RESOLUTION 13 – HEALTH INSURANCE FOR MEDICAL STUDENTS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA work with the AMA Insurance Agency to investigate the feasibility of developing and marketing a health insurance plan that will be tailored to medical students, affordable, continuous, hassle-free, and more comprehensive than a catastrophic (major-medical) plan, and report back at I-05.

MSS RESOLUTION 14 – FUNDING FOR AMA-MSS STANDING COMMITTEES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS Governing Council study the creation of a grant specifically allotted for AMA-MSS standing committees to use for promotion of 1) activities that focus on a past or present National Service Project; 2) community service, advocacy, or educational activities related to an issue that is addressed by AMA or AMA-MSS Policy; and 3) membership recruitment at national AMA-MSS meetings, and report back at A-05.

MSS RESOLUTION 15 – EDUCATING MEDICAL STUDENTS ABOUT THE PHARMACEUTICAL INDUSTRY

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED AS AMENDED:

RESOLVED, That AMA Policies D-295.957 and D-140.981 be reaffirmed; and be it further

RESOLVED, That our AMA strongly encourage medical schools to include unbiased curricula concerning the impact of direct-to-consumer marketing practices employed by the pharmaceutical industry, as they relate to the physician-patient relationship; and be it further

RESOLVED, That our AMA strongly encourage medical schools to include unbiased information in their curricula concerning the pharmaceutical industry regarding (1) the cost of research and development for new medications, (2) the cost of promoting and advertising new medications, and (3) the proportion of (1) and (2) in comparison to their overall expenditures and (4) the basic principles in the decision-making process involved in prescribing medications, specifically using evidence-based medicine to compare outcomes and cost effectiveness of generic versus proprietary medications of the same class.

MSS RESOLUTION 16 – MEMBERSHIP RETENTION INTO RESIDENCY

MSS RESOLUTION 17 – PUBLICIZING AMA-MSS MEMBERSHIP INITIATIVES

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR DECISION

RESOLVED, That our AMA MSS create a survey to be distributed among upper class members in order to evaluate how the MSS can better serve that segment of membership and motivate members to join the RFS, as well as to determine the extent of membership of former MSS members in specialty societies, and report back to the assembly at I-05; and be it further

RESOLVED, That our AMA MSS study possible mechanisms for the AMA to increase penetration and presence within hospital residency programs including possible methods to combine reduced RFS membership with enrollment in specific residency programs, and report back to the assembly at A-05; and be it further

RESOLVED, That our AMA distribute complimentary or discounted clinical tools such as pen lights, reflex hammers, diagnostic tools, and PDA devices and programs to all AMA members, upon entering their clinical training years of medical or osteopathic school; and be it further

RESOLVED, That our AMA provide all new RFS members with a "Welcome to the RFS kit" that includes useful clinical tools, a letter describing the advocacy provided by the AMA on issues pertinent to residents, a survey which will allow RFS members to provide feedback regarding improving the RFS, and a 'coupon book' of all benefits provided to RFS members by the AMA; and be it further

RESOLVED, That the Governing Council of the AMA-MSS actively encourage local AMA chapter Presidents through letters and/or e-mails to solicit graduating students on their campuses to become RFS members; and be it further

RESOLVED, That our AMA formally award the MSS chapter with the largest number of graduating students signed up in each state as RFS members; and be it further

RESOLVED, That the AMA MSS work with the RFS and ensure that there are both formal and informal co-sponsored events at all national AMA meetings between the MSS and RFS; and be it further

RESOLVED, That the AMA MSS and the RFS work together to create regional and chapter networks between RFS members and MSS chapters; and be it further

RESOLVED, That our AMA and MSS publicize the existent AMA upper class membership initiatives to all upper class and RFS members, including financial programs for Residents such as AMA-sponsored home mortgage/home equity programs, Platinum VISA credit card, car rental program, educational loan consolidation program, and the AMA-Consulting Link, as well as publications such as JAMA, *AMANews,* AMA-RFS E-mail, policy promotion grants specifically for residents engaged in activities supporting AMA policy and the AMA Foundation Leadership Award which recognizes residents, fellows, and students who have demonstrated strong non-clinical leadership skills in medicine or community affairs; and be it further

RESOLVED, That this resolution be forwarded to the HOD at A-05.

MSS RESOLUTION 17 – PUBLICIZING AMA-MSS MEMBERSHIP INITIATIVES

RESOLVED, That our AMA's Medical Student Outreach Program (MSSOP) publicize the auxiliary benefits of membership, including but not limited to, discounts on insurance coverage, legal and financial consulting, computer purchases, PDA purchases and software, car rentals, educational loan consolidation as part of the member benefits package; and be it further

RESOLVED, That our AMA-MSS and MSSOP continue to make chapters aware of the recruitment incentives for MSS chapters for MSS recruitment; and be it further

RESOLVED, That our AMA establish and publicize the recruiting bonus/reimbursement system in place for MSS chapters which recruit outgoing students into the RFS; and be it further

RESOLVED, That our AMA explore the financial and technological feasibility of establishing lifelong email forwarding accounts for members as a member benefit and report back at A-05; and be it further

RESOLVED, That our AMA-MSS expand the ready-made slideshows available by developing a “slide bank” of slides concerning issues of importance in all fields—policy, advocacy, community service, international health, medical education, ethics, recruitment, leadership opportunities, etc.; and be it further

RESOLVED, That our AMA explore the possibility of creating “seed” monies available to new or reconstituting MSS chapters to assist them in traveling to national meeting and report back at A-05; and be it further

RESOLVED, That our AMA compile the names of interested, active physician members in the AMA by location and specialty and establish a members-only, searchable database or webpage whereby student and resident members could easily contact said physicians for career counseling and professional development.

MSS RESOLUTION 18 – EQUAL OPPORTUNITIES FOR OSTEOPATHIC AND ALLOPATHIC MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That monthly costs per clinical rotation in hospital and preceptor settings are set at an equal price for osteopathic and allopathic medical students; and be it further

RESOLVED, That all fees for clinical rotation sites are the same for osteopathic and allopathic medical students; and be it further

RESOLVED, That the AMA ensures that accreditation bodies provide that all osteopathic and allopathic institutions maintain fair practice standards for equal access to all US medical students; and be it further

RESOLVED, That the AMA discourage discrimination by institutions and programs based on osteopathic or allopathic training by working with accreditation bodies and establishing fair practice ramifications for those who do not adhere to these guidelines; and be it further

RESOLVED, That this resolution be referred to the AMA HOD for immediate action in this session of the AMA HOD.

MSS RESOLUTION 19 – ADOLESCENT BACK PAIN AND BACKPACKS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA recommend that physicians consider heavy backpack use in the differential diagnosis of adolescents who present with non-specific back pain; and be it further

RESOLVED, That the AMA recommend that parents and schools make efforts to ensure safe and proper use of backpacks; and be it further

RESOLVED, That the AMA encourage manufacturers to inform consumers of the risks associated with overloading their backpacks.

MSS RESOLUTION 20 – DRUNK DRIVING PREVENTION THROUGH DESIGNATED DRIVER USE PROMOTION

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA and AMA-MSS urge businesses that serve alcohol to offer incentives such as free admission, reduced food prices, and free non-alcoholic beverages to patrons who elect to be designated drivers.

MSS RESOLUTION 21 – ANTIDEPRESSANT USAGE AMONG CHILDREN, ADOLESCENTS AND YOUNG ADULTS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS amend existing policy 120.003MSS by addition and deletion as follows:

> "That the AMA work in conjunction with the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and other relevant organizations to encourage increased funding for research into the safety and efficacy of psychotropic medications in ~~young children~~ children, especially those under 4 years of age, adolescents, and young adults; and to establish diagnostic criteria for use of these medications in ~~2-4 year olds,~~ children, adolescents, and young adults; promote incentives to create the infrastructure necessary to carry out studies related to the effects of psychoactive drugs in ~~young children~~ children, adolescents, and young adults, expressly to train qualified clinical investigators in pediatrics, child psychiatry, and pharmacology, and promote efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of ~~young children~~ children, adolescents, and young adults"; and be it further

RESOLVED, That our AMA amend existing policy H-60.944 by addition and deletion as follows:

> "Our AMA: (1) endorses efforts to train additional qualified clinical investigators in pediatrics, child psychiatry, and therapeutics to carry out studies related to the effects of psychotropic drugs in ~~children~~ children, adolescents, and young adults; and (2) promotes efforts to educate physicians about the appropriate use of

psychotropic medications in the treatment of ~~children~~ children, adolescents, and young adults”.~~; and be it further~~

RESOLVED, That our MSS support working in conjunction with all appropriate specialty societies to prepare an independent, comprehensive review of the scientific data currently available pertaining to the safety and efficacy of the use of Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants in the treatment of child and adolescent psychiatric disorders.

MSS RESOLUTION 22 – TEACHING SEXUAL EDUCATION TO DISABLED YOUTH IN SCHOOL

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA encourage the Department of Education to ensure mentally and/or physically disabled youth receive more effective and comprehensive sexual education; and be it further

RESOLVED, That our AMA encourage the Department of Education to offer sexual education counseling targeted to mentally and/or physically disabled youth.

MSS RESOLUTION 23 – ABSTINENCE-ONLY EDUCATION AND FEDERALLY-FUNDED COMMUNITY-BASED INITIATIVES

MSS ACTION: **ADOPTED AS AMENDED:**

RESOLVED, That our AMA extend its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in H-170.968; and be it further

RESOLVED, That our AMA oppose federal funding of community-based abstinence-only sex education programs and instead support federal funding of comprehensive sex education programs that teach about contraceptive choices and safe sex while also stressing the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections; and be it further

RESOLVED, That this be forwarded to the AMA-HOD in I-04.

HOD ACTION: AMA RESOLUTION 834 ADOPTED AS AMENDED:

RESOLVED, That our AMA extend its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in H-170.968; and be it further

RESOLVED, That our AMA support federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive

choices and safe sex, and oppose federal funding of community-based sex education programs that fail to show evidence-based benefits.

MSS RESOLUTION 24 – A REQUEST TO STUDY THE FEASIBILITY OF IMPLEMENTING AN AMA PATIENT SAFETY DATABASE

MSS ACTION: ADOPTED

RESOLVED, That the AMA study the feasibility of creating and implementing a patient safety database incorporating existing policy guidelines.

MSS RESOLUTION 25 – FOLIC ACID FORTIFICATION OF GRAIN PRODUCTS USED BY HISPANICS

MSS ACTION: ADOPTED AS AMENDED with change in title to read:

FOLIC ACID FORTIFICATION OF GRAIN PRODUCTS

RESOLVED, That our AMA urge the Food and Drug Administration to recommend the folic acid fortification of all grains marketed for human consumption, including grains not carrying the "enriched" label; and be it further

RESOLVED, That our AMA write letters to domestic and international producers of corn grain products, including masa, nixtamal, maize, and pozole, to advocate for folic acid fortification of such products; and be it further

RESOLVED, That our AMA amend existing policy H-440.898 as follows (additions underscored):

> "Our AMA will: (1) encourage the Centers for Disease Control and Prevention (CDC) to continue to conduct surveys to monitor nutritional intake and the incidence of neural tube defects (NTD); (2) continue to encourage broad-based public educational programs about the need for women of child-bearing potential to consume adequate folic acid through nutrition, food fortification, and vitamin supplementation to reduce the risk of NTD; (3) encourage the CDC and the National Institutes of Health to fund basic and epidemiological studies and clinical trials to determine causal and metabolic relationships among homocysteine, vitamins B12 and B6, and folic acid, so as to reduce the risks for and incidence of associated diseases and deficiency states; (4) encourage research efforts to identify and monitor those populations potentially at risk for masking vitamin B12 deficiency through routine folic acid supplementation of enriched food products; (5) urge the Food and Drug Administration to increase folic acid fortification to 350 µg per 100 g of enriched cereal grain; and (6) encourage the FDA to require food, food supplement, and vitamin labeling to specify milligram content, as well as RDA levels, for critical nutrients, which vary by age, gender, and hormonal status (including anticipated pregnancy); <u>and (7) encourage the FDA to recommend the folic acid fortification of all grains marketed for human consumption</u> ~~from domestic producers~~<u>, including grains not carrying the "enriched" label.</u>

MSS RESOLUTION 26 – "KEEPSAKE" FETAL ULTRASONOGRAPHY

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the AMA adopt the current Food and Drug Administration (FDA) policy on use of non-diagnostic fetal ultrasound, which views "keepsake" fetal videos as an unapproved use of a medical device; and be it further

RESOLVED, That the AMA lobby the federal government to enforce the current FDA position, which views "keepsake" fetal videos as an unapproved use of a medical device, on non-medical use of ultrasonic fetal imaging.

MSS RESOLUTION 27 – NATIONAL MINIMUM NEWBORN SCREENING RECOMMENDATIONS

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED AS AMENDED:

RESOLVED, That our AMA support and recognize a need for uniform minimum newborn screening (NBS) recommendations; and be it further

RESOLVED, That our AMA encourage continued research on the benefits of NBS for certain diseases and the development of new NBS technology; and be it further

RESOLVED, That the AMA recommend the adoption of a national minimum uniform screening panel for newborns by establishment of model state legislation and encouragement of legislation for adoption by Congress, pending completion and a review of the evaluation by the Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children.

MSS RESOLUTION 28 – PROMOTING FITNESS AND HEALTHY LIFESTYLES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the MSS encourage all physicians and health professionals to set an example by striving to maintain a healthy weight and engaging in physical activity as recommended by scientific literature and expert panels; and be it further

RESOLVED, That the MSS encourage all physicians and health professionals to set an example by maintaining a healthy and nutritious diet as recommended by scientific literature and expert panels; and be it further

RESOLVED, That the MSS encourage all physicians and health professionals to set an example by getting enough sleep to avoid the known short and long term adverse effects of sleep deprivation as recommended by scientific literature and expert panels.

MSS RESOLUTION 29 – U.S. GOVERNMENT INVOLVEMENT IN PREVENTING FUTURE VACCINE SHORTAGES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS encourage the U.S. government to create a long term solution to change the infrastructure of the vaccine industry to prevent future problems such as shortages.

MSS RESOLUTION 30 – PROMOTION OF RAPID HIV TEST

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA work with any and all local and state medical societies, and other interested U.S. and international organizations to increase access to and utilization of FDA approved rapid HIV testing by personnel appropriately trained in test administration and results counseling; and be it further

RESOLVED, That our AMA report back on its efforts to increase access to FDA approved HIV rapid testing at the 2006 Interim Meeting (I-06).

MSS RESOLUTION 31 – MEDICAL CARVE-OUT FROM US LEGISLATION, ECONOMIC EMBARGOS OR TRADE SANCTIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support a carve-out from existing legislation, trade sanctions or economic embargos to allow for the free trade and donation of medicines, medical supplies, medical equipment, and spare parts for medical equipment; and be it further

RESOLVED, That the AMA oppose any new legislation, trade sanctions, or economic embargos against foreign countries which do not expressly allow for the free trade or donation of medicines, medical supplies, medical equipment, and spare parts for medical equipment; and be it further

RESOLVED, That the AMA oppose any legislation that impedes the sale, delivery, or procurement of medicines, medical supplies, medical equipment, and spare parts for medical equipment to legally entitled parties in foreign countries under sanction or embargo.

MSS RESOLUTION 32 – CONCIERGE MEDICINE

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS study the issue of concierge medicine, its many modalities, its impact on our careers and molding future patient care, and report back at A-05.

MSS RESOLUTION 33 – FAST FOOD LABELS

MSS ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association seek federal legislation that requires that all food products provided by fast food restaurants, as defined above, which contain or exceed the FDA's daily recommended amount of saturated fat, display a label on their respective containers stating that "excessive consumption of foods high

in saturated fats, combined with a sedentary lifestyle, may lead to an increased risk of obesity, heart disease, and diabetes."

MSS RESOLUTION 34 – KEEPING INDUSTRY GIFTS OUT OF THE PHYSICIAN-PATIENT RELATIONSHIP-ADDENDUM TO AMA CODE OF ETHICS, SECTION E8.061, PART 2

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA recognizes that small gifts covered under the AMA Policy E- 8.061(2) may be distributed by industry for advertising or marketing purposes; and be it further

RESOLVED, That the AMA supports a policy stating that the use of such gifts containing health-related commercial advertisements should be avoided in clinical areas where patients may observe their usage, thereby fostering a positive physician-patient relationship by minimizing patients' perceptions of conflicts of interest.

MSS RESOLUTION 35 – RECOGNITION OF PARENTAL NEGLIGENCE IN CHILD OBESITY

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA recognize that obesity in children can be a result of parental negligence; and be it further

RESOLVED, That the AMA support the development of a program similar to the Child Protective Services that allows for intervention on behalf of the child to appropriately educate the family and child, establish guidelines, and provide follow-up care; and be it further

RESOLVED, That the AMA support mandatory involvement in this program for families with children who are obese or are at risk for obesity.

MSS RESOLUTION 36 – ADDITION OF ALTERNATIVES TO SOFT DRINKS IN PUBLIC SCHOOLS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA should seek to promote the consumption and availability of low calorie, low sugar drinks as a healthy alternative in public schools instead of beverages such as carbonated sodas.

MSS RESOLUTION 37 – SUPPORT FOR NATIONAL PAIN CARE POLICY ACT OF 2003

MSS ACTION: SUBSTITUTE RESOLUTION ADOPTED with change in title to read:

SUPPORT FOR A NATIONAL CENTER ON PAIN RESEARCH

RESOLVED, That our AMA support the development of a Center or Institute for Pain Research, similar to that described in the National Pain Care Act of 2003 (HR 1863), that would assist in the distribution of funding toward more clinical and basic science research regarding the treatment as well as the biology of pain; and be it further

RESOLVED, That our AMA support efforts to create public awareness on responsible pain management, symptom management, and palliative care.

MSS RESOLUTION 38 – ADVERTISING FOR HERBAL SUPPLEMENTS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS and our AMA strongly encourage the naming of herbal supplements in a manner so that they cannot be confused with prescription drugs; and be it further

RESOLVED, That our AMA-MSS and our AMA strongly discourage the advertising of herbal supplements in a way that resembles prescription drug advertisements; and be it further

RESOLVED, That our AMA-MSS and our AMA work with the appropriate agencies to strengthen regulations regarding the advertising and distribution of herbal supplements; and be it further

RESOLVED, That our AMA-MSS and our AMA work with appropriate agencies to improve public awareness of regulations and distribution practices associated with herbal supplements, including but not limited to purity, safety, and pregnancy risk.

MSS RESOLUTION LATE 1 – LEGAL INJUNCTION ON MEDICAL SCHOOL TUITION INCREASES

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS and our AMA support the use of legal injunctions to block mid-year and retroactive medical school tuition or fee increases; and be it further

RESOLVED, That our AMA offer an amicus brief in support of the plaintiffs in Kashmiri, et al. v. Regents of the University of California; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at I-04 due to its time-sensitivity and the imminent start of the appeals trial.

HOD ACTION: AMA RESOLUTION 833 REFERRED FOR DECISION

MSS RESOLUTION LATE 2: AMA AND AMA-MSS SUPPORT FOR NIH PUBLIC ACCESS POLICY

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS support development and implementation, by the NIH and other appropriate organizations, of policies and systems that will provide free and continuous public access, beginning a reasonable amount of time after original publication, to all published, peer-reviewed manuscripts based on work funding in any part by the NIH; and be it further

RESOLVED, That our AMA-MSS communicate AMA policy on public access to NIH-funded research results through a letter to both NIH and the Alliance for Taxpayer Access.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2004 INTERIM MEETING
ATLANTA, GEORGIA

MSS GOVERNING COUNCIL REPORT A – POLICY SUNSET REPORT FOR 1999 AMA-MSS POLICIES

> **MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED**

1) The policies specified for retention in the Appendix be retained as official, active policies of the AMA-MSS.

MSS GOVERNING COUNCIL REPORT B – EXTENDING MEMBERSHIP BENEFITS TO STUDENTS ENROLLED IN THE SOPHIE DAVIS BIOMEDICAL EDUCATION B.S./M.D. PROGRAM

> **MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED**

1) The AMA-MSS Governing Council recommends that MSS Resolution 39 (A-04) be not adopted and that the remainder of this report be filed.

MSS GOVERNING COUNCIL REPORT C - A CHILDREN'S BILL OF MEDICAL RIGHTS

> **MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED**

1) The AMA-MSS Governing Council recommends that MSS Resolution 14, A-04, not be adopted.

MSS GOVERNING COUNCIL REPORT D – STANDARDIZATION OF THE USMLE TESTING ENVIRONMENT

> **MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED**

1) That the AMA-MSS Governing Council send a letter to the National Board of Medical Examiners to request improvements in the United States Medical Licensing Examination (USMLE) testing environment, including: availability of quiet rooms, use of quiet keyboards, construction of sound resistant cubicles, and provision of earplugs or headphones.

MSS GOVERNING COUNCIL REPORT E – DEVELOPMENT OF REGIONAL INFRASTRUCTURE

> **MSS ACTION: FILED**

MSS GOVERNING COUNCIL REPORT F – NATIONAL RESIDENT MATCHING PROGRAM SURVEY

MSS ACTION: REFERRED TO MSS GOVERNING COUNCIL FOR DECISION

1. That our AMA and AMA-MSS encourage the NRMP to create educational programs, online programs, and pamphlets for upper-class students in order to help educate them about the Match and that the AMA continue to create educational programs concerning the Match process

2. That our AMA develop an on-line system by which concerns, complaints, and comments critical of the Match may be collected anonymously and forwarded to the NRMP.

3. That our AMA MSS encourage the AMA, NRMP and all other organizations with a vested interest in student placement in residency training to evaluate proposals to improve the Match.

4. That our AMA and AMA-MSS continue to advocate for maintenance of a standard application deadline for application to all residency programs.

5. That our AMA and AMA-MSS encourage the NRMP to maintain the current mechanism whereby all 'main match' applicants receive appointments to residency programs on a uniform date and time.

6. That our AMA and AMA-MSS work to ensure that residency programs do not initiate focused recruitment efforts of students (via interview offers, discussions about working conditions, or personalized informational packets) earlier than the May 1st prior to the student's final year of medical school

7. That our AMA and AMA-MSS work with appropriate organizations to establish a requirement that residency programs offer multiple interview dates as well as a specified amount of advanced notice concerning the scheduling of interviews to applicants when extending an interview offer.

8. That our AMA support current NRMP policy that all residency training programs must share the future contracts of employment (which must include expected salary, work hours, and expectations of the resident) with applicants prior to submission of final match rank lists.

9. That our AMA support provisions that prevent residency programs from making promises of employment to applicants in exchange for guarantees related to the applicants final Match rank order list.

10. That our AMA encourage the strict enforcement of penalties for all residency programs that violate the rules of the Match including attempting to persuade applicants to reveal their Match preferences before Match lists are submitted.

11. That our AMA continue to study how to balance the strong sentiment that residents

in the same program and same PGY be paid the same salary with the importance of preserving the competitive rights of each applicant to seek terms of employment.

12. That our AMA and AMA-MSS encourage the NRMP to subject US medical school seniors and independent applicants to the same rules when participating in the NRMP's matching program.

13. That our AMA and AMA-MSS strongly oppose the option for medical students to pay for enrollment in a residency training program under any circumstance.

14. That our AMA and AMA-MSS strongly oppose the offering of reduced salary to an applicant for stronger rank placement.

15. That our AMA-MSS study the potential of modifying the match program so that residency applicants can hold multiple offers of employment for a short period of time before making a final binding decision to enroll in one training program.

16. That our AMA-MSS examine the reasons and motivations of surveyed students to ask for the ability of applicants to bargain with residency programs on terms of employment before their final match rank lists are submitted, while surveyed residents rejected this suggestion.

17. That our AMA and AMA-MSS utilize the data from this survey to inform future discussions and policy decisions in regards to the National Resident Matching Program.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2004 INTERIM MEETING
ATLANTA, GEORGIA

AMA RESOLUTION 703 – MEDICAID REFORM AND COVERAGE FOR THE UNINSURED: BEYOND TAX CREDITS

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association continue work to create and fund programming that will educate both physicians and patients about our AMA plan for insurance reform and publicize that plan to the general public; and be it further

RESOLVED, That our AMA continue to study Health Savings Accounts in order to gain more insight into their effects on a large scale and to determine if our AMA could use them as another means of increasing health care access in our nation; and be it further

RESOLVED, That our AMA study other mechanisms beyond tax credits for covering America's uninsured and report back at the 2005 Interim Meeting.

AMA RESOLUTION 708 – STATE SUPPORT OF PUBLIC MEDICAL SCHOOL EDUCATION

HOD ACTION: ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association oppose any legislation that would require graduates of public medical schools to agree to practice in a particular locale, as a condition of matriculation.

RESOLVED, That our American Medical Association strongly endorse and support voluntary programs involving loan repayment, discounted tuition, or a tuition waiver for medical students who voluntarily agree to practice in particular locales or underserved areas.

AMA RESOLUTION 818 – MODERNIZATION OF MEDICAL EDUCATION ASSESSMENT AND MEDICAL SCHOOL ACCREDITATION

HOD ACTION: REFERRED

RESOLVED, That our American Medical Association vigorously work to establish medical education system reforms throughout the medical education continuum that demand evidence based teaching methods that positively impact patient safety or quality of patient care; and be it further

RESOLVED, That our AMA work with the Liaison Committee on Medical Education to perform frequent and extensive educational outcomes assessment of specialized competencies in the medical school accreditation process at minimum every four years,

requiring evidence showing the degree to which educational objectives impacting patient safety or quality of patient care are or are not being attained.

AMA RESOLUTION 909 – U.S. MEDICAL LIABILITY CRISIS AND THE IMPACT ON CLINICAL MEDICAL EDUCATION

HOD ACTION: REFERRED

RESOLVED, That our American Medical Association recognize that undergraduate and graduate medical education are impacted by the medical liability crisis; and be it further

RESOLVED, That our AMA oppose medical liability insurance premiums based solely on preceptor or volunteer faculty status; and be it further

RESOLVED, That our AMA study the scope, potential impact and possible solutions of the medical liability crisis on volunteer faculty liability premium costs and the impact on medical education, and report back at the 2005 Annual Meeting.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2005 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – AMA-MSS MEDICAL STUDENT LOAN & FINANCIAL AID ONLINE EDUCATION RESOURCE

MSS ACTION: SUBSTITUTE RESOLUTION 1 ADOPTED:

RESOLVED, That AMA Policies H-305.989 AND H-305.996 be reaffirmed; and be it further

RESOLVED, That the AMA-MSS request that each medical school provide to the MSS its own up to date online resource explaining prior to enrollment its loan disbursement procedures and any private loans the school may offer.

MSS RESOLUTION 2 – INCORPORATING MEDICAL STUDENT DEBT INTO MEDICAL SCHOOL RANKING METHODOLOGIES

MSS ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association, without endorsing either the methodology or the concept of ranking of medical schools, encourage the incorporation of medical student debt into the scoring methodology for popular published rankings of medical schools (such as the US News and World Report ranking of medical schools).

MSS RESOLUTION 3 – EQUAL OPPORTUNITIES FOR OSTEOPATHIC AND ALLOPATHIC MEDICAL STUDENTS

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO READ AS:

EQUAL FEES FOR OSTEOPATHIC AND ALLOPATHIC MEDICAL STUDENTS

RESOLVED, That AMA Policies H-405.989 and G-635.053 be reaffirmed; and be it further

RESOLVED, That the AMA discourage discrimination by institutions and programs based on Osteopathic or Allopathic training; and be it further

RESOLVED, That the AMA support equal fees for clinical rotation externships by Osteopathic and Allopathic medical students; and be it further

RESOLVED, That the AMA encourages that LCME/ACGME accredited institutions maintain fair practice standards for equal access to all US medical students, Osteopathic and Allopathic; and be it further

RESOLVED, That this be referred to the AMA HOD at or before A-06.

MSS RESOLUTION 4 – IMPLEMENTATION OF A SECOND MATCH

MSS ACTION: SUBSTITUTE RESOLUTION 4 ADOPTED:

RESOLVED, That the AMA-MSS Governing Council work collaboratively with the National Resident Matching Program (NRMP) to improve the scramble and study the logistics of a second Match.

MSS RESOLUTION 5 – ESTABLISHING A JOINT MSS AND RFS APPROACH FOR RECRUITMENT INITIATIVES FOR INCOMING MSS MEMBERS TO THE RFS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the AMA-MSS work with the RFS to focus membership strategies to retain student members and recruit new resident members; and be it further

RESOLVED, That the AMA-MSS work with medical school deans to find better means to recruit 4th year medical students to the RFS including increased presence at match day and graduation events.

MSS RESOLUTION 6 – CONCURRENT LEADERSHIP POSITIONS

MSS ACTION: REFERRED TO GOVERNING COUNCIL FOR STUDY

RESOLVED, That a member of the MSS may serve as either a Governing Council member or Councilor at any given time; and be it further

RESOLVED, That should a member's terms of office on the MSS Governing Council and AMA Council be concurrent for any period of time, said member must resign from one position and the vacancy shall be filled according to MSS regulations; and be it further

RESOLVED, That appropriate changes be made to the MSS House Operating Procedures immediately following A-05.

MSS RESOLUTION 7 – COUNCILOR ELECTIONS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That a Governing Council member shall excuse themselves from all formal and informal Governing Council discussion and selection of any position for which they are a candidate.

MSS RESOLUTION 8 – TRUSTEE NOMINATION

MSS ACTION: REFERRED TO GOVERNING COUNCIL FOR REPORT BACK AT I-05

RESOLVED, That nominations for Trustee must be made in advance of the opening of the meeting at which a Trustee is to be elected; and be it further

RESOLVED, That appropriate changes be made to the MSS House Operating Procedures immediately following A-05.

MSS RESOLUTION 9 – MEDICAL STUDENT SECTION DISCRETIONARY FUNDING

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the Governing Council be allotted a discretionary fund of at least $500 for every Annual/Interim Meeting beginning with I-05 that may only be used with the sole authorization of the Chair of the Medical Student Section and be disbursed according to existing AMA guidelines regarding discretionary funding; and be it further

RESOLVED, That the Governing Council work with appropriate staff members to become more involved in the allocation of the existing budget of the Medical Student Section and report back with specific examples of how Governing Council input into the process has changed by A-06.

MSS RESOLUTION 10 – INCREASING AMPAC TRANSPARENCY

MSS ACTION: REFERRED TO THE GOVERNING COUNCIL FOR STUDY AND REPORT BACK AT I-05

RESOLVED, That our AMA request that AMPAC write a report regarding AMPAC activities after each election cycle, which will be accessible through the AMPAC homepage, to which only AMA members will have access, with this report to include 1) the list of candidates supported by AMPAC in the most recent election cycle 2) the amount of money that each candidate received in the last election cycle, including through polls and independent expenditures 3) the AMA priority or other reasoning by which the AMPAC board decided to support each candidate in the last election cycle; and be it further

RESOLVED, That our AMA request that reports for all previous years will be available only to AMA members through this same website; and be it further

RESOLVED, This resolution be forwarded to the HOD at I-05.

MSS RESOLUTION 11 – PROMOTING MSS POLITICAL ACTION

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA Medical Student Section (MSS) Governing Council will determine a method by which to set AMA-MSS political action priorities and how those priorities should be forwarded to the AMA for consideration as AMA political action priorities; and be it further

RESOLVED, That this method by which AMA-MSS will set its political action priorities will be ready to implement by I-05.

MSS RESOLUTION 12 – AN INITIATIVE TO ENCOURAGE MENTAL HEALTH EDUCATION IN PUBLIC SCHOOLS

MSS RESOLUTION 13 – REDUCING STIGMA AND INCREASING DETECTION OF MENTAL ILLNESSES

MSS ACTION: SUBSTITUTE RESOLUTION 13 ADOPTED IN LIEU OF RESOLUTIONS 12 AND 13

RESOLVED, That our AMA work with mental health organizations to encourage patients to discuss mental health concerns with their physicians; and be it further

RESOLVED, That our AMA work with the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for elementary through high school students.

MSS RESOLUTION 14 – ENSURING BEST CARE FOR CHILDREN WITH DIABETES IN SCHOOL

MSS ACTION: REFERRED TO THE GOVERNING COUNCIL FOR REPORT BACK AT A-06

RESOLVED, That our AMA join the National Association of School Nurses and American Federation of Teachers in strongly opposing legislation that has non-medical school personnel dosing and administering injectable medications to students, or making clinical decisions regarding a student's health or treatment; and be it further

RESOLVED, That our AMA oppose enactment of legislation to authorize school nurses training non-healthcare school personnel as diabetes personnel.

MSS RESOLUTION 15 – EXCESSIVE JUICE CONSUMPTION IN CHILDREN OF LOW-INCOME FAMILIES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA strongly urge the Special Supplemental Nutrition Program for Women, Infants, and Children to remove or restrict fruit juices from its list of potential food resources due to their general lack of beneficial nutritional content; and be it further

RESOLVED, That our AMA strongly urge the Special Supplemental Nutrition Program for Women, Infants, and Children to place a cap on funds that could be allotted to families for the purchase of fruit juices per monthly budget; and be it further

RESOLVED, That our AMA support the findings from Institute of Medicine's special committee on WIC Food Packages and aid in the implementation of its recommendations.

MSS RESOLUTION 16 – INCREASING ACCESS TO HEALTHCARE BY CORRECTING TREATABLE DISTURBANCES IN VISUAL ACUITY TO IMPROVE PUBLIC HEALTH OUTCOMES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA encourage the development of programs and/or outreach efforts to support periodic eye examinations for elderly patients; and be it further

RESOLVED, That our AMA support referring those seeking a driver's license who fail a vision screening at their respective Department of Motor Vehicles (1) to an appropriate healthcare provider for a complete dilated eye exam and (2) to provide information about free health coverage programs when necessary or applicable.

MSS RESOLUTION 17 – NATIONAL LEGISLATION BANNING SMOKING IN FOOD ESTABLISHMENTS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS and AMA actively pursue national legislation banning smoking in all cafeterias, restaurants, cafes, coffee shops, food courts or concessions, supermarkets or retail food outlets, bars, taverns, or in a place where food or drink is sold to the public and consumed on the premise.

MSS RESOLUTION 18 – URGING THE ESTABLISHMENT OF A FEDERAL OFFICE OF MEN'S HEALTH

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA will promote the establishment of a federal Office of Men's Health to coordinate outreach and awareness efforts on the federal and state levels, promote preventive health behaviors for men, and provide a vehicle whereby researchers on men's health can collaborate and share information and findings.

MSS RESOLUTION 19 – DEBT RELIEF

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support the concept that debt cancellation can result in improved health conditions in developing countries; and be it further

RESOLVED, That our AMA offer education to its members about debt relief and its impact on health crises in developing countries; and be it further

RESOLVED, That our AMA include links to DATA, Jubilee Debt Campaign and/or other organizations which provide ways for individuals to advocate for debt relief on its AMA website.

MSS RESOLUTION 20 – MEDICAL EXEMPTIONS IN U.S. LEGISLATION, ECONOMIC EMBARGOS, AND TRADE SANCTIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support exemptions in existing and new legislation, trade sanctions or economic embargos to allow for the trade and donation of medicines, medical supplies, medical equipment, and replacement parts for non-functioning medical equipment in order to decrease the morbidity and mortality of affected populations; and be it further

RESOLVED, That the AMA support the right of legally entitled parties in foreign countries under sanction or embargo to procure medicines, medical supplies, medical equipment, and replacement parts for non-functioning medical equipment, and oppose any legislation which specifically intends to undermine or otherwise impede such a right, and be it further

RESOLVED, That the AMA oppose the use of imported or donated medicines, medical supplies, medical equipment, or replacement parts for non-functioning medical equipment by sanctioned or embargoed countries for non-medical, military, industrial, or illegal purposes.

MSS RESOLUTION 21 – INSURANCE COVERAGE OF EXERCISE FACILITY ACCESS FOR PATIENTS WITH AN "EXERCISE PRESCRIPTION"

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA continue supporting development of free or low-cost community recreation centers and exercise facilities; and be it further

RESOLVED, That our AMA support both government-sponsored and commercial insurance coverage of exercise-facility access for patients with an "exercise prescription" from their physicians; and be it further

RESOLVED, That our AMA-MSS encourage medical students to advocate for free exercise facilities in their own communities.

MSS RESOLUTION 22 – TAX DEDUCTIONS FOR COURSES PROMOTING PHYSICAL ACTIVITY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support community education programs, including programs or courses at academic institutions to increase physical activity; and be it further

RESOLVED, That our AMA advocate the appropriate federal and state governments to provide tax deductions for tuition and fees related to courses that encourage physical activity or participation in sports.

MSS RESOLUTION 23 – PATIENT ACCESS TO LEGAL PHARMACEUTICALS UNDER PHARMACIST CONSCIENTIOUS OBJECTOR POLICY

MSS ACTION: SUBSTITUTE RESOLUTION 23 ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS support the American Pharmaceutical Association in ensuring that pharmacies and pharmacists set up systems which guarantee patient access to legal pharmaceuticals without unnecessary delay or interference; and be it further

RESOLVED, That our AMA-MSS support legislation which requires pharmacies to fill legally written prescriptions or to provide timely alternative access without interference.

MSS RESOLUTION 24 – UNIVERSITY RESEARCH, INTELLECTUAL PROPERTY AND ACCESS TO ESSENTIAL MEDICINES IN RESOURCE-POOR SETTINGS

MSS ACTION: REFERRED TO THE GOVERNING COUNCIL FOR REPORT BACK AT I-05

RESOLVED, That our AMA will work to advance the development of treatment, prophylaxis (including vaccines), and devices for neglected diseases through encouraging universities to place a greater emphasis on supporting, reporting on, and promoting Neglected Diseases research; and be it further

RESOLVED, That our AMA will urge universities to engage nontraditional partners in order to create new opportunities for Neglected Diseases drug development, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions; and be it further

RESOLVED, That our AMA will work with universities, students, researchers, and community members to establish norms and implement strategies and best practices to promote access to essential medicines in developing countries; and be it further

RESOLVED, That this resolution be forwarded to the 2005 AMA House of Delegates Annual Meeting.

MSS RESOLUTION 25 – STUDENT EXPERT WITNESS TESTIMONY RESEARCH POSITION(S)

MSS ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association should work with state medical boards and state medical associations to sponsor medical student research position(s) under physician oversight and guidance to assist in the verification of all expert witness testimony; and be it further

RESOLVED, That the American Medical Association should work with state medical boards and state medical associations to sponsor a modest research stipend for these annual student research position(s); and be it further

RESOLVED, That the American Medical Association clearly state that this medical student research position under physician oversight and guidance would entail reviewing expert witness testimony for any statements that appear to violate good practice standards or discrepancies or any perjury by expert witnesses; and be it further

RESOLVED, That the American Medical Association proscribe that any findings of the student researcher should be passed on to the state medical board and state medical association for formal inquiry and disciplinary measures, if appropriate; and be it further

RESOLVED, That our AMA report back on the issue of having the American Medical Association work with state medical boards and state medical associations in sponsoring medical student research position(s) to assist in expert witness testimony verification at the 2006 Annual Meeting.

MSS RESOLUTION 26 – EVOLUTION AND INTELLIGENT DESIGN IN STATE-SPONSORED SCIENCE CURRICULA

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support the teaching of evolution in state-sponsored scientific curricula for the purpose of supporting the theories on which current medical research and treatment is based; and be it further

RESOLVED, That the AMA oppose the teaching of intelligent design as a viable scientific theory.

MSS RESOLUTION 27 – INADEQUATE SEDATION IN LETHAL INJECTION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA highlight physician concerns about the conscious suffering of prisoners during execution by lethal injection as it is currently practiced and encourage reform to eliminate this suffering; and be it further

RESOLVED, That our AMA advocate for the reform of lethal injection in states in which this method of capital punishment is practiced, with an emphasis on issues such as: proper training for those who carry out execution by lethal injection, the establishment of informative, firm and publicly available protocols for lethal injection, and State financial backing to make these reforms feasible.

MSS RESOLUTION 28 – PROMOTING AWARENESS AND EDUCATION OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER HEALTH ISSUES ON MEDICAL SCHOOL CAMPUSES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS support medical student interest groups to organize and congregate under the auspices of furthering their medical education or enhancing patient care by improving their knowledge and understanding of various communities – without regard to their gender, sexual orientation, race, religion, disability, ethnic origin, national origin or age; and be it further

RESOLVED, That our AMA-MSS support students who wish to conduct on-campus educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; and be it further

RESOLVED, That our AMA-MSS encourage the LCME to require all medical schools to incorporate LGBT health issues in their curricula; and be it further

RESOLVED, That our AMA-MSS reaffirm their opposition to discrimination against any medical students on the basis of their sexual orientation.

MSS RESOLUTION LATE 1 – DETERMINING RESIDENTS' SALARIES

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA support reforming the current system of determining residents' salaries so that a resident's level of training, cost of living, whether or not they work in an underserved area and other factors relevant to appropriate compensation of residents are taken into account.

MSS RESOLUTION LATE 2 – AMA USE OF SOCIAL SECURITY NUMBERS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the AMA should no longer require whole SSNs of physicians-in-training, residents, or physicians applying for membership, but rather utilize a unique non-SSN identifier; and be it further

RESOLVED, That existing SSNs should be deleted from AMA databases and be replaced with a unique non-SSN identifier associated with each particular member; and be it further

RESOLVED, That this issue be referred to the Annual 2005 AMA House of Delegates for consideration.

HOD ACTION: RESOLUTION 625 REFERRED

RESOLVED, That the AMA should no longer require whole SSNs of physicians-in-training, residents, or physicians applying for membership, but rather utilize a unique non-SSN identifier; and be it further

RESOLVED, That existing SSNs should be deleted from AMA databases and be replaced with a unique non-SSN identifier associated with each particular member.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2005 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS GOVERNING COUNCIL REPORT A – NALOXONE ADMINISTRATION AND HEROIN OVERDOSE

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA recognize the great burden that both prescription and non-prescription opiate addiction and abuse places on patients and society alike and reaffirm its support for the compassionate treatment of patients with opiate addiction.

2. That our AMA monitor the progress of nasal naloxone studies and report back as needed.

3. That our AMA work to remove obstacles to physicians who wish to conduct ethical and needed research in the area of addiction medicine.

MSS GOVERNING COUNCIL REPORT B – ESTABLISHMENT OF A NATIONAL IMMUNIZATION REGISTRY OF "VACCINES FOR CHILDREN" ENROLLED PATIENTS

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA work with the Centers for Disease Control, the Department of Health and Human Services, the United States Public Health Service and other interested organizations to develop a National Immunization Registry (NIR) that considers the use of information technology to manage and access information contained within it.

2. That our AMA ensure that any National Immunization Registry (NIR) that is created protect the patient-physician relationship.

MSS GOVERNING COUNCIL REPORT C – MOTIVATING OUR MSS LEADERSHIP

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT D – EXPANDING STUDENT INVOLVEMENT AND PARTICIPATION IN AMPAC

MSS ACTION: RECOMMENDATIONS NOT ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA-MSS shall hold an election, at the Annual Meeting of each even-numbered year, to select the student slot on the AMPAC Board of Directors.

2. That all Delegates of our AMA-MSS Assembly, regardless of AMPAC membership status, shall vote in the election for our nominee(s) to the AMPAC Board of Directors.

3. That our AMA-MSS Governing Council shall seek the permission of the AMA Board of Trustees for our AMA-MSS to nominate and forward one and only one student for appointment to the AMPAC Board of Directors.

4. That our AMA-MSS Speaker and Vice Speaker shall propose, at the 2005 Interim Meeting, such changes to the Internal Operating Procedures as are necessary to implement an elections process for the AMPAC BOD nominee(s).

MSS GOVERNING COUNCIL REPORT E – CONCIERGE MEDICINE

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT F – FUNDING FOR AMA-MSS STANDING COMMITTEES

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the MSS Governing Council outline the creation, maintenance and dissolution of standing and ad-hoc committees and report back at I-05.

2. That the MSS Governing Council handle requests for funding from MSS standing or ad-hoc committees on a case by case basis with the committee that is requesting the funding presenting a justifiable proposal, which clearly meets the Governing Council's goals, 30 days in advance of the monetary need.

3. That the MSS Governing Council seek funding for two conference calls per committee per year.

MSS GOVERNING COUNCIL REPORT G – MSS INVOLVEMENT WITH INTERNATIONAL HEALTH AND POLICY

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the AMA-MSS expand GRIP for a trial period in 2006 for medical student interns in non-clinical international health policy programs outside of the Washington, D.C. area. International health policy interns will be selected based upon the availability of slots after the traditional GRIP applicants are selected.

2. That the AMA-MSS Governing Council present a report at I-06 analyzing the effectiveness of this trial expansion of GRIP.

MSS GOVERNING COUNCIL REPORT H – REEVALUATING AMA-MSS MEMBERSHIP BENEFITS

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT I – MECHANISM OF REPRESENTATION WITHIN THE MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS NOT ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the representation structure of our MSS Assembly be based on proportionate representation such that each school receives one delegate per a set number of enrolled students, inclusive of branch campuses, except in cases where the branch campus is located in a state different than the main campus.

2. That our Governing Council use AAMC and AOA enrollment data to determine the appropriate number of enrolled students needed to allot one delegate in the MSS Assembly.

3. That our Governing Council draft the appropriate MSS Internal Operating Procedure and AMA Bylaw changes and submit them to the MSS Assembly for consideration at I-05 with forwarding to the AMA House of Delegates as appropriate.

MSS GOVERNING COUNCIL REPORT J – COMBINING THE RESIDENCY MATCH PROGRAMS

MSS ACTION: REFERRED TO GOVERNING COUNCIL FOR REPORT BACK AT I-05

1. That our AMA-MSS Governing Council monitor the actions of osteopathic associations regarding the possibility of combining the allopathic and osteopathic residency program matches.

MSS GOVERNING COUNCIL REPORT K – PAST AND FUTURE POLICY SUGGESTIONS TO IMPROVE THE NATIONAL RESIDENT MATCHING PROGRAM

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA-MSS and AMA work with the NRMP to keep transaction costs of the Match to reasonable levels, and that fees charged for each program a medical student applies to be capped at a reasonable level that takes into account medical students' budgeting constraints.

2. That our AMA urge the NRMP to allow students to opt out of the Match without penalty when there are extenuating circumstances such as:

- Unforeseen family emergencies such as illness that would require the individual to care for a family member.
- Unforeseen physical or mental health problems that would impede the individual's ability to participate in residency training.
- Required military or foreign service duty.

3. That our AMA support students, residents, and all appropriate organizations who work to ensure that any suspected violation of NRMP policy is addressed, publicized, and proper redress achieved, including the active promotion of NRMP complaint forms and other existing channels.

4. That our AMA work with the Accreditation Council for Graduate Medical Education and other appropriate agencies to assure that the terms of employment for resident physicians reflect the unique and extensive amount of education and experience acquired by physicians.

5. That our AMA study the use of collective bargaining with residency programs participating in the Accreditation Council for Graduate Medical Education to ensure fair and equitable terms of employment for resident physicians.

6. That our AMA study the creation of a body that would establish and monitor criteria for fair and equitable terms of employment for resident physicians.

7. That our AMA support the concept that programs should retain the ability to extend applicants positions outside the Match.

8. That our AMA support improvements to the structure of the Match program for efficient placement of unmatched students, as long as such alterations do not result in postponement of the traditional “Match Day” date in mid-March.

MSS GOVERNING COUNCIL REPORT L – COMPENSATION OF AMA GENERAL OFFICERS

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the Student and Resident Trustees be equal and full Non-Officer members of the AMA Board of Trustees in all respects except effect on total years of tenure.

MSS REGIONS TASK FORCE REPORT A – DEVELOPING OUR REGIONS

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

1. That our AMA-MSS Governing Council re-commission the Regions Task Force to develop amendments to the IOP reflective of current structure and intention of the Regions with additional language to create Regional Coordination Committees in each Region with report back to the AMA-MSS Assembly in I-05.

2. That our AMA-MSS reaffirm the roles of the Regional Chairs.

3. That our AMA-MSS recognize that the roles of the Region are to provide a home within the MSS, to serve as a communication unit for the MSS, to provide a means to foster collaboration between the chapters and states, and to facilitate interaction and integration of newly developing chapters with well established chapters.

4. That our AMA-MSS develop an orientation handbook for newly elected Regional Leadership.

5. That our AMA-MSS develop an orientation workshop for newly elected Regional Leadership to be held as soon as possible after their election.

6. That our AMA-MSS recognize the Regional Leadership for their time, efforts and selflessness.

7. That our AMA-MSS Governing Council seek funding and resources for the Regional Chair and Vice-Chair to include:

i. Airfare and hotel accommodations for the Annual and Interim Meetings
ii. Airfare and hotel accommodations to attend their Regional meeting.
iii. Conference calls with Regional leaders, state or chapter chairs as needed

8. That our AMA-MSS Governing Council re-commission the Regions Task Force to continue to study the question of Regional realignment with report back to the AMA-MSS Assembly in I-05.

9. That our AMA-MSS provide opportunity for an additional Regional meeting at each AMA-MSS meeting to take place prior to the opening of the MSS General Assembly.

10. That our AMA-MSS Governing Council seek funding for the addition of one full-time staff person for the purpose of support of our Regions and report back at A-06.

MSS REGIONS TASK FORCE REPORT B – TIERING OUR LEADERSHIP

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. The Regions Task Force recommends that Section IV.E and IV.G of the MSS Internal Operating Procedures be reaffirmed and that the remainder of this report be filed for information.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2005 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 303 – EDUCATING MEDICAL STUDENTS ABOUT THE PHARMACEUTICAL INDUSTRY

HOD ACTION: RESOLUTION 303 ADOPTED

RESOLVED, That our American Medical Association reaffirm Policies D-295.957 and D-140.981 (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA strongly encourage medical schools to include unbiased curricula concerning the impact of direct-to-consumer marketing practices employed by the pharmaceutical industry as they relate to the physician-patient relationship (Directive to Take Action); and be it further

RESOLVED, That our AMA strongly encourage medical schools to include unbiased information in their curricula concerning the pharmaceutical industry regarding (1) the cost of research and development for new medications, (2) the cost of promoting and advertising new medications, (3) the proportion of (1) and (2) in comparison to their overall expenditures, and (4) the basic principles in the decision making process involved in prescribing medications, specifically using evidence based medicine to compare outcomes and cost effectiveness of generic versus proprietary medications of the same class. (Directive to Take Action)

AMA RESOLUTION 304 – TEACHING AND EVALUATING PROFESSIONALISM IN MEDICAL SCHOOLS

HOD ACTION: RESOLUTION 304 ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association strongly urge the Liaison Committee on Medical Education (LCME) to promptly create and enforce uniform accreditation standards that require all LCME accredited medical schools to evaluate professional behavior regularly as part of medical education (Directive to Take Action); and be it further

RESOLVED, That our AMA strongly urge the LCME to develop standards for professional behavior with outcome assessments at least every eight years, examining teaching and evaluation of the competencies at LCME-accredited medical schools (Directive to Take Action); and be it further

RESOLVED, That our AMA recognize that evaluation of professionalism is best performed by medical schools and should not be used in evaluation for licensure of graduates of LCME accredited medical schools (New HOD Policy); and be it further

RESOLVED, That our AMA continue its efforts to teach and evaluate professionalism during medical education (Directive to Take Action); and be it further

RESOLVED, That our AMA actively oppose, by all available means, any attempt by the National Board of Medical Examiners and/or the Federation of State Medical Boards to add separate, fee-based examinations of behaviors of professionalism to the United States Medical Licensing Examinations. (Directive to Take Action)

AMA RESOLUTION 306 – IMPROVING SEXUAL EDUCATION IN THE MEDICAL SCHOOL CURRICULUM

HOD ACTION: RESOLUTION 306 WITHDRAWN, RESOLUTION 314 ADOPTED

AMA RESOLUTION 308 – ELIMINATING RELIGIOUS DISCRIMINATION FROM RESIDENCY PROGRAMS

HOD ACTION: RESOLUTIONS 308 AND 316 REFERRED

RESOLVED, That our American Medical Association encourage the adoption of residency requirements that allow individuals to honor their religious beliefs and practices (New HOD Policy); and be it further

RESOLVED, That our AMA encourage the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) to extend its current policies regarding religious exceptions to include the observance of religious holidays and observances (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the ACGME and the AOA to require that all residency programs become aware of and make an effort to ensure that residents be allowed to practice in a manner that does not interfere with their religious convictions, including observance of religious holidays and observances (Directive to Take Action); and be it further

RESOLVED, That our AMA study the current state of religious conflicts with residency requirements and report back at the 2006 Annual Meeting. (Directive to Take Action)

AMA RESOLUTION 406 – TEACHING SEXUAL EDUCATION TO DISABLED YOUTH IN SCHOOL

HOD ACTION: RESOLUTION 406 ADOPTED AS AMENDED:

RESOLVED, That our AMA encourage the department of Education to ensure that mentally and/or physically disabled youth receive effective and comprehensive sexual health education (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the Department of Education to offer sexual health education counseling targeted to mentally and/or physically disabled youth. (Directive to Take Action)

AMA RESOLUTION 413– ADDITION OF ALTERNATIVES TO SOFT DRINKS IN PUBLIC SCHOOLS

HOD ACTION: RESOLUTION 413 ADOPTED AS AMENDED WITH CHANGE IN TITLE:

ADDITION OF ALTERNATIVES TO SOFT DRINKS IN SCHOOLS

RESOLVED, That our AMA seek to promote the consumption and availability of nutritious beverages as a healthy alternative to high-calorie, low nutritional-content beverages (such as carbonated sodas and sugar-added juices). (Directive to Take Action)

AMA RESOLUTION 415 – DRUNK DRIVING PREVENTION THROUGH DESIGNATED DRIVER USE PROMOTION

HOD ACTION: RESOLUTION 415 WITHDRAWN

AMA RESOLUTION 422 – DEVELOPMENT AND SUPPORT OF PROSPECTIVE PERSONALIZED HEALTH PLANNING

HOD ACTION: RESOLUTION 422 REFERRED

AMA RESOLUTION 424 – TEEN AND YOUNG ADULT SUICIDE IN THE UNITED STATES

HOD ACTION: RESOLUTION 424 ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association recognize teen and young-adult suicide as a serious health concern in the United States (New HOD Policy); and be it further

RESOLVED, That our AMA work with appropriate federal agencies, national organizations, and medical specialty societies to compile resources to reduce teen and young-adult suicide, including but not limited to continuing medical education classes, patient education programs, and other appropriate educational and interventional programs for health care providers, and report back at the 2006 Interim Meeting. (Directive to Take Action)

AMA RESOLUTION 430 – ENCOURAGING VISION SCREENINGS FOR SCHOOLCHILDREN

HOD ACTION: RESOLUTION 430 ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association encourage and support outreach efforts to provide vision screenings for school-age children prior to primary school enrollment (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the development of programs to improve school readiness by detecting undiagnosed vision problems (Directive to Take Action); and be it further

RESOLVED, That our AMA support periodic pediatric eye screenings based on AAP, AAFP, and AAO evidence-based guidelines with referral to an ophthalmologist for a comprehensive professional evaluation as appropriate. (New HOD Policy)

AMA RESOLUTION 505 – REQUEST TO STUDY THE FEASIBILITY OF IMPLEMENTING AN AMA PATIENT SAFETY DATABASE

HOD ACTION: RESOLUTION 505 ADOPTED

RESOLVED, That our American Medical Association study the feasibility of creating and implementing a national patient safety error reporting database incorporating existing policy guidelines. (Directive to Take Action)

AMA RESOLUTION 506 – ANTIDEPRESSANT USAGE AMONG CHILDREN, ADOLESCENTS AND YOUNG ADULTS

HOD ACTION: RESOLUTION 506 ADOPTED WITH TITLE OF POLICY H-60.944 CHANGED:

USE OF PSYCHOTROPIC DRUGS IN CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

RESOLVED, That our American Medical Association amend existing Policy H-60.944 by addition as follows:

> Our AMA: (1) endorses efforts to train additional qualified clinical investigators in pediatrics, child psychiatry, and therapeutics to carry out studies related to the effects of psychotropic drugs in children, adolescents, and young adults; and (2) promotes efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of children, adolescents, and young adults. (Modify Current HOD Policy)

AMA RESOLUTION 511 – PROMOTION OF RAPID HIV TEST

HOD ACTION: RESOLUTION 511 ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association work with any and all local and state medical societies, and other interested US and international organizations, to increase access to and utilization of Food and Drug Administration (FDA)-approved rapid HIV testing in accordance with the quality assurance guidelines for rapid HIV testing developed by the Centers for Disease Control and Prevention (CDC. Additionally, pre- and post-test counseling should be performed in accordance with guidelines established by the CDC (Directive to Take Action); and be it further

RESOLVED, That our AMA report back on its efforts to increase access to FDA-approved HIV rapid testing at the 2006 Interim Meeting. (Directive to Take Action)

AMA RESOLUTION 513 – SUPPORT FOR A NATIONAL CENTER ON PAIN RESEARCH

HOD ACTION: RESOLUTION 513 REFERRED FOR DECISION

AMA RESOLUTION 515 – FOLIC ACID FORTIFICATION OF GRAIN PRODUCTS

HOD ACTION: RESOLUTION 515 REFERRED

AMA RESOLUTION 530 – MINIMUM NEWBORN SCREENING RECOMMENDATIONS

HOD ACTION: RESOLUTION 530 REFERRED

AMA RESOLUTION 603 – LIFETIME E-MAIL ACCOUNTS AS A BENEFIT OF AMA MEMBERSHIP

HOD ACTION: RESOLUTIONS 603 AND 614 REFERRED

AMA RESOLUTION 606 – DEFINING PHYSICIAN AS M.D. AND D.O.

HOD ACTION: RESOLUTION 606 ADOPTED WITH CHANGE IN TITLE:

USE OF MD AND DO IN AMA RESOLUTIONS

RESOLVED, That our American Medical Association suggest that all resolutions be written to include both “MD and DO,” unless specifically applicable to one or the other (Directive to Take Action); and be it further

RESOLVED, That our AMA suggest that all reference committees amend the language of any resolution that reads either “MD” or “DO” to read “MD and DO,” unless specifically applicable to one or the other, prior to publication of reference committee reports. (Directive to Take Action)

AMA RESOLUTION 607 – FLIGHT DISCOUNTS FOR TRAVEL FOR AMA MSS MEMBERS

HOD ACTION: RESOLUTION 607 REFERRED FOR DECISION

AMA RESOLUTION 608 – ESTABLISHING AN AMA INTERNATIONAL HEALTH CONSORTIUM

HOD ACTION: RESOLUTION 608 WITHDRAWN

AMA RESOLUTION 617 – HEALTH INSURANCE FOR MEDICAL STUDENTS

HOD ACTION: RESOLUTION 617 ADOPTED

RESOLVED, That our American Medical Association work with the AMA Insurance Agency to investigate the feasibility of developing and marketing a health insurance plan that will be tailored to medical students, affordable, continuous, hassle-free, and more comprehensive than a catastrophic (major medical) plan, and report back at the 2005 Interim Meeting. (Directive to Take Action)

AMA RESOLUTION 625 – AMA USE OF SOCIAL SECURITY NUMBERS

HOD ACTION: RESOLUTION 625 REFERRED

RESOLVED, That our American Medical Association no longer require whole Social Security Numbers (SSNs) of physicians-in-training, residents, or physicians applying for membership, but rather utilize a unique non-SSN identifier (New HOD Policy); and be it further

RESOLVED, That existing SSNs be deleted from AMA databases and be replaced with a unique non-SSN identifier associated with each particular member. (Directive to Take Action)

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2005 INTERIM MEETING
DALLAS, TEXAS

MSS RESOLUTION 1 – AMA-MSS GUEST MEMBERSHIP FOR UNDERGRADUATE/ GRADUATE STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the Bylaws of our AMA be amended to offer guest membership to any undergraduate/graduate student interested in a medical career as a way to increase medical student membership in the future; and be it further

RESOLVED, That our AMA grant these undergraduate/graduate guest members access to the resources (i.e. *JAMA, Archives, Virtual Mentor, American Medical News, e-Voice, FRIEDA*, etc.) provided by the AMA-MSS and any other membership benefits as seen fit by the Medical Student Section Outreach Program (MSSOP); and be it further

RESOLVED, That dues for guest membership for undergraduates/graduate students be set to follow the current membership dues schedule for medical student members (currently $20 for 1 year, $38 for 2 years, $54 for 3 years, $68 for four years); and be it further

RESOLVED, That our AMA encourage individual MSS chapters to include undergraduate/graduate guest members located within their geographical areas (when feasible) in local AMA-MSS activities.

MSS RESOLUTION 2 – STUDENT EXPERT WITNESS TESTIMONY RESEARCH POSITION(S)

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS request that state medical boards review all expert testimony in cases that go to trial; and be it further

RESOLVED, That the AMA-MSS assist state medical boards in implementing student research position(s) to assist in the verification of all expert witness testimony, and be it further

RESOLVED, That the AMA-MSS encourage a modest research stipend to be awarded for this annual position(s); and be it further

RESOLVED, That the AMA-MSS encourage that the student research position would entail reviewing expert witness testimony for any statements that appear to violate good practice standards or discrepancies or any perjury by expert witnesses; and be it further

RESOLVED, That the AMA-MSS support that any findings of the student researcher should be passed on to the State Medical Board for formal inquiry and disciplinary measures, if appropriate.

MSS RESOLUTION 3 – STUDENT LOAN FORGIVENESS FOR VOLUNTEER CLINIC WORK

> **MSS ACTION: SUBSTITUTE RESOLUTION 3 ADOPTED AND MSS POLICIES 305.003, 305.008 AND 305.053 REAFFIRMED:**

RESOLVED, That our AMA-MSS support that our AMA conduct an analysis of the creative use of tax credits, student loan deferment and loan forgiveness programs, and practice subsidies as financial incentives to physicians for providing care in identified underserved areas; and be it further

RESOLVED, That our AMA-MSS support that our AMA work with state medical societies and other appropriate entities to identify, catalogue, and evaluate the effectiveness of incentive programs designed to promote the location and retention of physicians in rural and urban underserved areas and, consequently, improve patient access to health care in these areas.

MSS RESOLUTION 4 – AMA STANCE ON BILL S.51 AND SUPPORT FOR ONGOING FETAL PAIN RESEARCH

> **MSS ACTION: ADOPTED AS AMENDED AND MSS POLICY 5.004 REAFFIRMED with change in title to read:**
>
> **AMA STANCE ON PHYSICIAN SCRIPTS AND SUPPORT FOR ONGOING FETAL PAIN RESEARCH**

RESOLVED, That our AMA encourage further unbiased research on fetal pain; and be it further

RESOLVED, That our AMA oppose government-mandated physician scripts.

MSS RESOLUTION 5 – MULTIPLE OFFERS FOR RESIDENCY

> **MSS ACTION: RESOLVED 1 REFERRED TO MSS GOVERNING COUNCIL FOR REPORT AND RESOLVED 2 NOT ADOPTED**

RESOLVED, That our AMA shall actively and intently work with the National Resident Matching Program and all other relevant bodies to permit residency and fellowship applicants to receive multiple offers of employment from as many employing programs as are interested in hiring them, with the following stipulations:

> a) That those offers shall state an initial offer of salary and hours for each year of the residency or fellowship,
> b) That those offers shall be valid for a period of 30 days during which the applicant and program may negotiate increased salary or decreased work hours,

c) That the initial offer of the residency or fellowship to an applicant shall remain available as a default offer during the 30 day period should the applicant and program not agree to adjustments in salary and hours,
d) That, in writing, the applicant shall be required to accept or reject offers received by the end of the 30 day period, and
e) That offers rejected by one applicant may be tendered by the relevant residency and fellowship program to any other applicant, who with the same provisions for negotiation outlined above must accept or reject the offer within 30 days; and be it further

RESOLVED, That our AMA support all preexisting residency and fellowship protections against favoritism, side deals, early and exploding offers, and related applicant and employer concerns not in conflict with the concept of residency and fellowship applicants receiving multiple offers of employment, including but not limited to preserving Match Day as the date of initial offers, existing limits on residency and fellowship work hours, and prohibitions against binding deals before Match Day.

MSS RESOLUTION 6 – JOINT AND SEVERAL LIABILITY REFORM

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage state legislatures to implement a legal standard of proportionate liability in medical malpractice awards and remove all forms of joint and several liability; and be it further

RESOLVED, That our AMA recommend that state medical associations review their own state laws and recommend appropriate reform to their state legislature of legal standards of proportionate liability in medical malpractice awards and remove all forms of joint and several liability.

MSS RESOLUTION 7 – BASIC LIFE SAVING (BLS) SKILLS FOR MEDICAL STUDENTS

MSS ACTION: MSS POLICY 295.083 AND AMA POLICY H-295.906 REAFFIRMED

MSS RESOLUTION 8 – INSTRUCTION OF EFFECTIVE TEACHING METHODS IN MEDICAL SCHOOL CURRICULA

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS encourage the Liaison Committee on Medical Education to recommend that medical schools include instruction on effective teaching methods in their curricula.

MSS RESOLUTION 9 – RELOCATION OF MEDICAL STUDENTS IN THE EVENT OF EMERGENCY

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS support the formation of protocols by individual medical schools to relocate and temporarily or permanently assimilate medical students into other medical schools in the event of a crisis or natural disaster resulting in the closing of their medical school.

MSS RESOLUTION 10 – COVERING THE UNINSURED AS AMA'S TOP PRIORITY

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That the number one priority of the American Medical Association be comprehensive health system reform that achieves reasonable health insurance for all Americans that emphasizes prevention, quality and safety while addressing the broken medical liability system, flaws in Medicare and Medicaid, and improving the physician practice environment.

MSS RESOLUTION 11 – PROMOTION OF HEALTHY BODY IMAGE IN PRE-ADOLESCENT CHILDREN

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA support school-based primary prevention programs for pre-adolescent children in order to prevent the onset of eating disorders and other behaviors associated with a negative body image.

MSS RESOLUTION 12 – INCREASING WHOLE GRAINS IN SCHOOL CHILDREN'S DIETS

MSS ACTION: AMA POLICY H-150.962 REAFFIRMED IN LIEU OF MSS RESOLUTION 12

RESOLVED, That our AMA shall: (1) recommend the incorporation of more whole grain foods into the nutrition standards of K-12 students; and be it further

RESOLVED, That our AMA shall (2) encourage school food vendors to offer whole grain options for the school systems and move towards the replacement of white bread with a whole grain alternative.

MSS RESOLUTION 13 – INCREASING CONSUMPTION OF FRUITS AND VEGETABLES

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA encourage the U.S. Department of Agriculture to significantly increase subsidies to domestic producers of fruits and vegetables for the purpose of increasing consumption of fruits and vegetables in the United States.

MSS RESOLUTION 14 – PHYSICIAN OBJECTION TO TREATMENT AND INDIVIDUAL PATIENT DISCRIMINATION

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA reaffirm that physicians can conscientiously object to the treatment of a patient only in non-emergent situations; and be it further

RESOLVED, That our AMA support policy that when a physician conscientiously objects to serve a patient, the physician must provide alternative(s) which include a prompt and appropriate referral.

MSS RESOLUTION 15 – INCREASING AWARENESS OF THE BENEFITS AND RISKS ASSOCIATED WITH COMPLEMENTARY AND ALTERNATIVE MEDICINE

MSS ACTION: SUBSTITUTE RESOLUTION 15 ADOPTED:

RESOLVED, That our AMA support the incorporation of Complementary and Alternative Medicine (CAM) in medical education as well as continuing medical education curricula, covering CAM's benefits, risks, and efficacy.

MSS RESOLUTION 16 – SUN SAFETY EDUCATION IN ELEMENTARY PUBLIC SCHOOLS

MSS ACTION: MSS POLICY 60.011 AND AMA POLICY D-170.997 REAFFIRMED

MSS RESOLUTION 17 – INCREASING ACCESSIBILITY TO MENINGITIS PROTECTION

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS encourage all Universities to offer the meningococcal vaccine preferably at reduced cost and to educate students about the benefits of vaccination; and be it further

RESOLVED, That our AMA-MSS support the incorporation of the cost of the meningococcal vaccine into the estimated cost of attendance.

MSS RESOLUTION 18 – COACH'S EDUCATION AND YOUTH SPORTS INJURIES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support policy that makes the participation of youth league coaches in sports-injury awareness training programs mandatory for their involvement in sanctioned youth sports leagues.

MSS RESOLUTION 19 – HUMAN PAPILLOMAVIRUS (HPV) INCLUSION IN HIGH SCHOOL HEALTH EDUCATION CURRICULA

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our American Medical Association strongly urge existing school health education programs to emphasize the high incidence of human papillomavirus and to discuss the importance of routine pap smears in the prevention of cervical cancer.

MSS RESOLUTION 20 – NATIONAL HIV TESTING DAY

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA recognize National HIV Testing Day and encourage AMA members to promote participation in voluntary HIV testing and counseling through community and media outreach, health fairs, and free testing sites across the country.

MSS RESOLUTION 21 – PROVIDING GOVERNMENT-SPONSORED HEALTHCARE FORMS IN MULTIPLE LANGUAGES

MSS ACTION: AMA POLICY H-290.982 REAFFIRMED

MSS RESOLUTION 22 – METHAMPHETAMINE ABUSE

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS work to educate members on the health impacts of methamphetamine manufacture and abuse; and be it further

RESOLVED, That our AMA support national and state legislation that regulates pseudoephedrine availability and accessibility to prevent the use of pseudoephedrine for non-medical purposes.

MSS RESOLUTION 23 – PRIORITIZATION OF PATIENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA support evacuation plans of healthcare facilities and communities that are based on the severity of patient healthcare needs and the availability of necessary healthcare technology/ support and not on insurance status or other social factors; and be it further

RESOLVED, That the AMA encourages physicians to work with the AMA, their state and district chapters, their affiliated health organizations, and local authorities to enhance and enact evacuation plans for their local hospitals and healthcare settings that are based on the severity of patient healthcare needs and the availability of necessary healthcare technology/ support.

MSS RESOLUTION 24 – MANDATORY ANONYMOUS HIV TESTING ON UNDERGRADUATE CAMPUSES

MSS ACTION: ADOPTED AS AMENDED with change in title to read:

ANONYMOUS HIV TESTING ON UNDERGRADUATE CAMPUSES

RESOLVED, That our AMA encourage undergraduate campuses to conduct anonymous, free HIV testing with qualified staff and counselors.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2005 INTERIM MEETING
DALLAS, TEXAS

MSS GOVERNING COUNCIL REPORT A – COMBINING THE AOA AND ACGME RESIDENT MATCHING PROGRAMS

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the AMA-MSS request that the NRMP explore the possibility of combining the AOA and the NRMP match.

2. That the AMA-MSS await the report of the American Osteopathic Association House of Delegates on combining the AOA and NRMP match programs and continue to monitor the final actions of the various osteopathic governing bodies.

MSS GOVERNING COUNCIL REPORT B – INCREASING AMPAC TRANSPARENCY

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

1. That our AMPAC Student Advisory Board, AMPAC Board of Directors Student Representative and MSS Governing Council collaborate on placing the following on our MSS website:

A list of all AMPAC contributions and other candidate-related expenditures for at least the past three election cycles.

A detailed description of AMPAC's general contribution process including at a minimum:

- The process by which requests are forwarded to AMPAC from state PACs.
- The options AMPAC has when considering such requests.
- The way in which state PACs and candidates are notified of AMPAC's decision.
- Methods other than direct contribution by which AMPAC can support particular candidates (e.g. independent expenditures, partisan communications).
- An explanation of how an AMPAC member can most effectively register his or her opinion of a given candidate (either with AMPAC or the state PAC) in order to have that opinion considered in the contribution process.

A statement of AMPAC's general contribution priorities for the current election cycle, including a statement of the AMA's legislative priorities, without reference to any specific race or contribution.

2. If one year after placement, the AMPAC information on the MSS website is deemed by the AMPAC student board member and the Governing Council to be both fiscally and logistically appropriate to maintain, the GC will forward a request to the AMPAC Board of Directors for inclusion of that information on the AMPAC website.

MSS GOVERNING COUNCIL REPORT C – DEVELOPING OUR REGIONS

MSS ACTION: FILED

MSS GOVERNING COUNCIL REPORT D – EXPANSION OF STUDENT HEALTH SERVICES

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA strongly encourage all medical schools to establish student health centers in order to provide adequate and timely medical and mental health care to their students.

2. That our AMA encourage medical schools to increase their student health center's hours to include weekend coverage.

MSS GOVERNING COUNCIL REPORT E – POLICY SUNSET REPORT FOR 2000 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. The policies specified for retention in the Appendix be retained as official, active policies of the AMA-MSS.

MSS COMMITTEE ON LONG RANGE PLANNING REPORT A – TRUSTEE NOMINATION

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the MSS Internal Operating Procedures be amended to read as follows:

Section VI.A, Candidates. Medical students seeking the student position on the AMA Board of Trustees must submit an application, CV, and statement of interest by the deadline determined by the Governing Council. <u>Students who have submitted applications after the deadline may be nominated from the floor of the Business Meeting at a time determined by the Governing Council.</u> Incumbent students seeking reelection must enter the election process.

Section V, Governing Council, Speaker & Vice Speaker<u>, and student representative to the AMA Board of Trustees</u>.
A. Time of Election. The Chair-Elect of the Governing Council shall be elected by the MSS Assembly at the Interim Meeting for a two-year term which will include 6 months as Chair-Elect, one full year as Chair, and 6 months as Immediate Past Chair. The four remaining Governing Council members and the Speaker and Vice Speaker shall be elected by the MSS Assembly at the Annual Meeting of the Section. The Governing Council shall set the day and hour of such elections and shall give the medical student

members of the Association ample notification. Nominations. Nominations for the Governing Council positions, and Speaker and Vice Speaker positions shall be received in advance of the Annual Meeting (student representative to the AMA Board of Trustees and Chair-Elect at the Interim Meeting), pursuant to the rules of the Medical Student Section. Further nominations may be made from the floor of the Business Meeting at a time determined by the Governing Council.

MSS COMMITTEE ON LONG RANGE PLANNING REPORT B – CONCURRENT LEADERSHIP POSITIONS

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That no Councilor or Liaison may run for a MSS Governing Council position at the Annual Meeting if their term will either begin after or continue more than two months past that Annual Meeting.

2. That a Councilor or Liaison may run for the position of Trustee at the Interim Meeting if their current Councilor or Liaison position will not continue past the Annual Meeting as per AMA Bylaws (policy B-5.101).

3. That no MSS member shall hold a Council or Liaison position as well as a Governing Council position at the same time for more than two months, unless their Governing Council position will conclude before their term as Councilor/Liaison position starts. The only exception shall be that a member may hold a Councilor or Liaison position and the position of Immediate-Past Chair simultaneously.

4. Members may not run for the position of Chair-Elect while simultaneously serving as Councilor or Liaison.

5. That all applicants for Council and Liaison positions be informed of the Governing Council's decision to appoint or not appoint them at least three months prior to the Annual Meeting.

6. That any appropriate changes to the Internal Operating Procedures (IOPs) necessary to the implementation of the above recommendations be in place for A-06.

7. That any changes to AMA Bylaws necessary to the implementation of the above recommendations be pursued at A-06.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2005 INTERIM MEETING
DALLAS, TEXAS

AMA RESOLUTION 706 – URGING THE ESTABLISHMENT OF A FEDERAL OFFICE OF MEN'S HEALTH

HOD ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association promote the establishment of a federal Office of Men's Health to coordinate outreach and awareness efforts on the federal and state levels, promote preventive health behaviors for men, and provide a vehicle whereby researchers on men's health can collaborate and share information and findings. (Directive to Take Action)

AMA RESOLUTION 709 – ESTABLISHMENT OF A NATIONAL IMMUNIZATION REGISTRY

HOD ACTION: SUBSTITUTE RESOLUTION 709 ADOPTED with change in title to read:

ESTABLISHMENT OF A NETWORK OF STATE IMMUNIZATION REGISTRIES

RESOLVED, That our American Medical Association work with the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Public Health Service and other interested organizations to develop a network of state-based immunization registries that meet a set of minimum standards and allow for access at a national level, while ensuring the protection of the patient-physician relationship. (Directive to Take Action)

AMA RESOLUTION 809 – EQUAL FEES FOR OSTEOPATHIC AND ALLOPATHIC MEDICAL STUDENTS

HOD ACTION: RESOLVED 1 ADOPTED, RESOLVED 2 ADOPTED AS AMENDED AND RESOLVEDS 3 AND 4 REFERRED.

RESOLVED, That American Medical Association Policies H-405.989, "Physicians and Surgeons," and G-635.053, "AMA Membership Strategy: Osteopathic Medicine," be reaffirmed (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA, in collaboration with the American Osteopathic Association, discourage discrimination against medical students by institutions and programs based on osteopathic or allopathic training (New HOD Policy); and be it further

RESOLVED, That our AMA support equal fees for clinical rotation externships by osteopathic and allopathic medical students (New HOD Policy); and be it further

RESOLVED, That our AMA encourage that Liaison Committee on Medical Education- and Accreditation Council for Graduate Medical Education-accredited institutions maintain fair practice standards for equal access to all US medical students, osteopathic and allopathic. (New HOD Policy)

AMA RESOLUTION 813 – EYE EXAMS FOR THE ELDERLY

HOD ACTION: RESOLUTION 813 ADOPTED AS AMENDED:

RESOLVED, That our AMA encourage physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings. (Directive to Take Action)

AMA RESOLUTION 816 – POLICY SUGGESTIONS FOR IMPROVING THE NATIONAL RESIDENT MATCHING PROGRAM

HOD ACTION: RESOLUTION 816 REFERRED

RESOLVED, That our American Medical Association work with the National Resident Matching Program (NRMP) to keep transaction costs of the Match to reasonable levels, and that fees charged for each program a medical student applies to be capped at a reasonable level that takes into account medical students' budgeting constraints (Directive to Take Action); and be it further

RESOLVED, That our AMA urge the NRMP to allow students to opt out of the Match without penalty when there are extenuating circumstances such as:

- Unforeseen family emergencies such as illness that would require the individual to care for a family member,
- Unforeseen physical or mental health problems that would impede the individual's ability to participate in residency training, or
- Required military or foreign service duty (Directive to Take Action); and be it further

RESOLVED, That our AMA support students, residents, and all appropriate organizations who work to ensure that any suspected violation of NRMP policy is addressed, publicized, and proper redress achieved, including the active promotion of NRMP complaint forms and other existing channels (New HOD Policy); and be it further

RESOLVED, That our AMA study the use of collective bargaining with residency programs participating in the Accreditation Council for Graduate Medical Education to ensure fair and equitable terms of employment for resident physicians (Directive to Take Action); and be it further

RESOLVED, That our AMA study the creation of a body that would establish and monitor criteria for fair and equitable terms of employment for resident physicians (Directive to Take Action); and be it further

RESOLVED, That our AMA support the concept that programs should retain the ability to extend applicants positions outside the Match (New HOD Policy); and be it further

RESOLVED, That our AMA support improvements to the structure of the Match program for efficient placement of unmatched students, as long as such alterations do not result in postponement of the traditional “Match Day” date in mid-March. (New HOD Policy)

AMA RESOLUTION 903 – NATIONAL LEGISLATION BANNING SMOKING IN FOOD ESTABLISHMENTS

> **HOD ACTION: RESOLUTION 903 ADOPTED AS AMENDED WITH THE ADDITION OF A SECOND RESOLVE AND CHANGE IN TITLE:**
>
> **BANNING SMOKING IN ALL WORKPLACES**

RESOLVED, That our American Medical Association actively support national, state, and local legislation and actively pursue regulations banning smoking in all workplaces.

RESOLVED, That our American Medical Association work to ensure that federal legislation banning smoking in all work places does not prohibit or weaken existing more strict state or local regulations.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2006 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – COMMUNICATION AND CLINICAL TEACHING CURRICULA

MSS ACTION: REFERRED FOR REPORT BACK AT I-06

RESOLVED, That our AMA-MSS and AMA strongly urge every residency program have their residents undergo formal clinical training teaching methods in order provide better education for medical students and residents with the ultimate goal of better care for patients; and be it further

RESOLVED, That our AMA-MSS and AMA strongly urge that the Accreditation Council for Graduate Medical Education define formal requirements regarding the clinical teaching qualifications for faculty attending physicians; and be it further

RESOLVED, That our AMA-MSS and AMA strongly urge that the Liaison Committee on Medical Education ensure that faculty attending physicians and residents who teach medical students undergo such training in clinical teaching; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates.

MSS RESOLUTION 2 – MEDICAL SPANISH ELECTIVES IN MEDICAL SCHOOL CURRICULUM

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association strongly encourages all LCME and AOA accredited U.S. medical schools to offer medical second languages, especially medical Spanish, to their students as an elective.

MSS RESOLUTION 3 – PATIENT SAFETY CURRICULUM

MSS ACTION: REFERRED FOR REPORT BACK AT A-07

RESOLVED, That our AMA-MSS and AMA strongly urge each medical school to design and implement comprehensive patient safety curricula that includes error and safety science, ethics and disclosure, continuous quality improvement, safety regulatory and accreditation initiatives, microsystems, simulation training, communication skills and interdisciplinary teamwork; and be it further

RESOLVED, That our AMA-MSS and AMA strongly urge the Liaison Committee on Medical Education to produce and enforce accreditation standards for all medical schools regarding inclusion of patient safety curricula; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates.

MSS RESOLUTION 4 – STANDARDIZATION OF MEDICAL STUDENT BACKGROUND CHECKS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association Medical Student Section (AMA-MSS) collaborate with the appropriate organizations to ensure the standardization of medical student criminal background checks throughout all LCME and AOA accredited medical schools; and be it further

RESOLVED, That our AMA-MSS work with the appropriate organizations to ensure that medical student criminal background checks are structured to maintain the student's confidentiality, as well as avoid excessive frequency, cost, and duplicity as students rotate through clinical sites; and be it further

RESOLVED, That our AMA-MSS support the recommendations of the Council on Medical Education Report 9 (A-06).

MSS RESOLUTION 5 – HPV VACCINE IN CERVICAL CANCER PREVENTION WORLDWIDE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA (1) urge physicians to educate themselves and their patients about HPV vaccination; and (2) encourage the development and funding of programs targeted at reducing HPV transmission and screening for infection and precancerous cervical changes in developing countries; and be it further

RESOLVED, That our AMA: (1) intensify efforts to improve awareness and understanding about the availability and efficacy of HPV vaccinations in the general public; and be it further

RESOLVED, That our AMA: (1) encourage the integration of HPV vaccination into reproductive health care settings, including but not limited to routine reproductive health care visits for adults and adolescents; and (2) support the availability of the HPV vaccine to patient groups that benefit most from preventative measures, including but not limited to low-income and pre-sexually active populations; and be it further

RESOLVED, That our AMA-MSS shall provide a brief status report on AMA activities related to the HPV vaccine at the 2007 Annual Meeting.

MSS RESOLUTION 6 – MSS STANCE ON CHALLENGES TO WOMEN'S RIGHT TO REPRODUCTIVE HEALTH CARE ACCESS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our MSS oppose legislation that would restrict a woman's right to obtain medical services associated with their reproductive health, as defined in policy 5.001 MSS, on the grounds that they interfere with a physician's ability to provide medical care.

MSS RESOLUTION 7 – NUTRITION EDUCATION FOR PARENTS OF SCHOOL AGED CHILDREN

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS encourage the development of informational nutrition programs to be implemented through the public school system and methods, such as public service announcements or community awareness campaigns, with the goal to educate parents about healthy lifestyles in an effort to prevent and reduce the prevalence of overweight and obesity in children and adolescents.

MSS RESOLUTION 8 – PERIODIC REVIEW AND UPDATING OF ADVANCE DIRECTIVES

MSS ACTION: REFERRED FOR REPORT BACK AT I-06

RESOLVED, That our AMA encourages a standardized policy that calls for regular review and updating of a patient's Advanced Directive orders by their direct healthcare providers to ascertain, upon both admission to and discharge from a hospital, if the patient's views surrounding their own critical or end-of-life care have evolved since the Advanced Directive was created or last modified; and be it further

RESOLVED, That our AMA encourages a patient's primary care physician discuss the status of the patient's Advance Directive orders at yearly scheduled exams.

MSS RESOLUTION 9 – USAGE OF ALCOHOL BASED HAND SANITIZERS IN INSTITUTIONAL SETTINGS

MSS ACTION: ADOPTED AS AMENDED:

RESOLVED, That our AMA-MSS: (1) recognize alcohol-based hand sanitizers with alcohol concentrations of greater than 60% as an effective adjunct to hand washing in reducing microbial contamination and spread; and (2) urges the placement of alcohol-based hand sanitizer dispensers in institutional settings and highly trafficked public areas.

MSS RESOLUTION 10 – SUBSTANCE ABUSE TRAINING IN THE PRE-CLINICAL YEARS OF MEDICAL SCHOOL

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA strongly urge the Liaison Committee on Medical Education to develop competencies for substance abuse treatment to be included in medical schools' pre-clinical curricula.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2006 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS GOVERNING COUNCIL REPORT A – UNIVERSITY RESEARCH, INTELLECTUAL PROPERTY, AND ACCESS TO ESSENTIAL MEDICINES IN RESOURCE-POOR SETTINGS

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA-MSS will support universities engaging nontraditional partners in order to create new opportunities for neglected diseases drug development, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions.

2. That our AMA-MSS will support the protection of fair access to essential medicines in developing countries.

MSS GOVERNING COUNCIL REPORT B – ENSURING BEST CARE FOR CHILDREN WITH DIABETES IN SCHOOL

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our AMA support the implementation of rigorous training programs under physician oversight, including frequent refresher courses, for selected school staff members to dose and administer injectable medications in emergency situations and to aid the child in their self-administration of insulin in the case that a licensed medical professional is not available.

MSS GOVERNING COUNCIL REPORT C - CHAIR'S REPORT ON STRATEGIC PLAN DIRECTIVES

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That our MSS Committee on Long Range Planning shall develop a new MSS Strategic Plan for 2007-2010.

2. That the new Strategic Plan shall, as feasible and appropriate, incorporate input from meeting participants, committee members, Councilors/appointees, the Governing Council, and the general membership.

3. That the new Strategic Plan shall, in addition to other issues identified as priorities by COLRP, consider and make recommendations regarding:

- Strategies for improving coordination and communication between Committees, Councilors, Governing Council, staff, and all other MSS leadership, including but not limited to a system of regular reports.
- The role of the Government Relations Advocacy Fellow in setting the MSS' advocacy direction and the appropriate interaction between the GRAF, the GC, and the MSS Committees.

- What data the MSS should most aggressively seek to acquire regarding the characteristics, desires, and perceptions of current and prospective members.
- Which member(s) of the MSS Governing Council should serve as the primary liaison(s) to AMA Membership/Marketing staff.
- Avenues for our MSS to pursue to improve communications with the general membership, the leadership, and the public.

MSS GOVERNING COUNCIL REPORT D – CHAIR'S REPORT ON BUDGET INITIATIVES

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

1. That the Chair-Elect of the Governing Council shall, as part of his/her official duties, work with the MSS Director to become involved in the budgeting process of the Section and to develop proposals for new initiatives as appropriate.

2. That the Chair or Chair-Elect of the Governing Council shall, as part of his/her official duties, present an annual report on the categorized usage of the MSS budget over the preceding fiscal year.

MSS GOVERNING COUNCIL REPORT E – MEDICAL STUDENT SECTION POLICY MAKING PROCEDURES

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

1. That the GC encourage each standing committee to undertake a policy consolidation in one particular area relevant to that committee's background if time allows, and if so, to author a policy consolidation report for every Interim Meeting, beginning with I-06, and that the Governing Council report back at A-08.

2. That the GC encourage standing committees to study one area relevant to that committee's background, and make policy recommendations in report format once a year, if that committee does not already have an assigned study and time permits, and that the Governing Council report back at A-08.

3. That there be instituted a ranking/prioritization process of all adopted MSS resolutions at the completion of the MSS Assembly. This prioritization will help determine the MSS Delegate and Alternate Delegate's focus of lobbying in the AMA-HOD.

4. That the MSS shall not impose a cap on the number of resolutions it sends to the AMA House of Delegates, but shall use a prioritization process to aid in determining which MSS resolutions warrant the most effort in the AMA-HOD.

5. That the GC create a historical record to note actions taken by the MSS on various issues each year. This historical record need not contain the actual letters written or specific persons who took an action, but will contain a record of all public actions taken by the MSS beginning with the 2006-2007 GC.

6. That the GC formalize each post-meeting recap from the Delegate and Alternate Delegate as an official document, to be preserved as part of the MSS historical record.

7. That the GC work to better publicize the tracking grid by including a current version in both the Interim and Annual meeting Handbook and placing a link to the most up-to-date tracking grid in a prominent location on the Main MSS website.

8. That the MSS continue usage of the mandatory Resolution Checklist, as a mechanism for discerning true MSS policy versus action items that can be accomplished in another capacity.

9. That our MSS Governing Council shall continue to work with the Committee on Long Range Planning and other appropriate MSS entities to explore the feasibility and desirability of implementing a Policy Hearing and other mechanisms to improve the quality of resolutions submitted to our Assembly.

10. That the MSS maintain the Reaffirmation Calendar as a means of addressing important, but previously passed MSS policy.

11. That when an MSS policy which has been forwarded to the HOD (but was not passed) comes up for sunsetting, the MSS Delegate and MSS Alternate Delegate will consider reforwarding the item as a new HOD resolution at their discretion prior to sunset.

MSS REGIONAL INFRASTRUCTURE TASK FORCE REPORT A - STRENGTHENING OF REGIONAL INTERNAL OPERATING PROCEDURES (IOPS), CREATION OF REGIONAL COORDINATING COMMITTEES, AND CREATION OF MEMBERSHIP/ RECRUITMENT CHAIR FOR EACH REGION

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED

1. That the following sections within each region's Internal Operating Procedures be standardized:
    a. Name
    b. Purpose and Principles
    c. Membership
    d. Method for Substituting Regional Delegates at the National Meetings
    e. Number of Required Meetings
    f. Quorum
    g. Parliamentary Authority
    h. Amendments
    i. Supremacy and Severability

while leaving the content of the Elections, Voting, and Committees sections up to each region individually.

2. That Region Chairs work with emerging chapters and create a Membership/ Recruitment Chair for their respective region.

3. That our AMA-MSS create Region Coordinating Committees within each region (composed of the Region Chair, other leaders within the region at the discretion of the Region Chair, State Chairs, and Regional Delegates) to further improve communication within our regions.

4. That Region Chairs undertake pilot projects to build region funding.

MSS REGIONAL INFRASTRUCTURE TASK FORCE REPORT B - RECOMMENDATIONS FOR IMPROVEMENT OF THE REGION CHAIR'S GUIDE

MSS ACTION: REPORT FILED

MSS REGIONAL INFRASTRUCTURE TASK FORCE REPORT C - REGIONAL DELEGATE/ALTERNATE DELEGATE APPORTIONMENT

MSS ACTION: RECOMMENDATION ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the MSS Governing Council revisit the issue of RD/AD apportionment with report back to the AMA-MSS Assembly at A-2010.

MSS REGIONAL INFRASTRUCTURE TASK FORCE REPORT D - REGIONAL REALIGNMENT

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED

1. That the MSS Governing Council re-commission a Regional Infrastructure Task Force in 2006-7 to continue studying the issue of regional infrastructure and stability, especially with respect to:
   a. funding for chapter and regional leadership
   b. regional realignment
   c. the future of the status of satellite / branch campuses within the MSS
   d. increased medical student representation within the AMA HOD

2. That our AMA-MSS Governing Council re-commission a Regional Infrastructure Task Force to continue to study the question of regional realignment with interim report back to the AMA-MSS Assembly and a workshop in I-06 and a proposal for regional realignment (taking into consideration the issue of satellite campuses) to the AMA-MSS Assembly in A-07.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
TRANSMITTED TO THE AMA HOUSE OF DELEGATES

2006 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 004 – MEDICAL STUDENT CONCURRENT LEADERSHIP POSITIONS

HOD ACTION: SUBSTITUTE RESOLUTION 4 ADOPTED

RESOLVED, That the AMA Bylaws be amended to allow a medical student who is elected as the Trustee from the Medical Student Section to retain a position of AMA Councilor or Liaison until assuming office on the Board of Trustees. (Directive to Take Action)

AMA RESOLUTION 005 - PHYSICIAN OBJECTION TO TREATMENT AND INDIVIDUAL PATIENT DISCRIMINATION

HOD ACTION: REFERRED

RESOLVED, That our American Medical Association affirm that physicians can conscientiously object to the treatment of a patient only in non-emergent situations (New HOD Policy); and be it further

RESOLVED, That our AMA support policy that when a physician conscientiously objects to serve a patient, the physician must provide alternative(s) which include a prompt and appropriate referral. (New HOD Policy)

AMA RESOLUTION 303 - DETERMINING RESIDENTS' SALARIES

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association encourage that residents' level of training, cost of living, and other factors relevant to appropriate compensation be considered by graduate training programs when establishing salaries for residents. (New HOD Policy)

AMA RESOLUTION 306 – INCREASING AWARENESS OF THE BENEFITS AND RISKS ASSOCIATED WITH COMPLEMENTARY AND ALTERNATIVE MEDICINE

HOD ACTION: SUBSTITUTE RESOLUTION 306 ADOPTED

RESOLVED, That our American Medical Association promote awareness among medical students and physicians of the wide use of complementary and alternative medicine, including its benefits, risks, and evidence of efficacy or lack thereof. (Directive to take Action)

AMA RESOLUTION 309 – EXPANSION OF STUDENT HEALTH SERVICES

HOD ACTION: REFERRED

RESOLVED, That our American Medical Association strongly encourage all medical schools to establish student health centers in order to provide adequate and timely medical and mental health care to their students (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage medical schools to increase their student health centers' hours to include weekend coverage. (Directive to Take Action)

AMA RESOLUTION 412: INCREASING DETECTION OF MENTAL ILLNESS AND ENCOURAGING EDUCATION

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association work with mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers. (Directive to Take Action)

AMA RESOLUTION 418– HUMAN PAPILLOMAVIRUS (HPV) INCLUSION IN HIGH SCHOOL EDUCATION CURRICULA

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association strongly urge existing school health education programs to emphasize the high prevalence of human papillomavirus in both males and females, the causal relationship of HPV to genital lesions and cervical cancer, and the importance of routine pap smears in the early detection of cervical cancer; and be it further

RESOLVED, That our American Medical Association urge that students and parents be educated about HPV and the availability of the HPV vaccine. (Directive to Take Action)

AMA RESOLUTION 420 – PROMOTION OF HEALTHY BODY IMAGE IN PRE-ADOLESCENT CHILDREN

HOD ACTION: REFERRED

RESOLVED, That our American Medical Association support school-based primary prevention programs for pre-adolescent children in order to prevent the onset of eating disorders and other behaviors associated with a negative body image. (New HOD Policy)

AMA RESOLUTION 515: ANONYMOUS HIV TESTING ON UNDERGRADUATE CAMPUSES

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

CONFIDENTIAL HIV TESTING ON UNDERGRADUATE CAMPUSES

RESOLVED, That our American Medical Association encourage undergraduate campuses to conduct confidential, free HIV testing with qualified staff and counselors. (Directive to Take Action)

AMA RESOLUTION 516 – NATIONAL HIV TESTING DAY

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association recognize National HIV Testing Day and encourage AMA members to promote participation in voluntary HIV testing and counseling through community and media outreach, health fairs, and free testing sites across the country. (New HOD Policy)

AMA RESOLUTION 523 – AMA STANCE ON PHYSICIAN SCRIPTS AND SUPPORT FOR ONGOING FETAL PAIN RESEARCH

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

AMA STANCE ON THE INTERFERENCE OF THE GOVERNMENT IN THE PRACTICE OF MEDICINE

RESOLVED, That our American Medical Association oppose the interference of government in the practice of medicine, including the use of government-mandated physician recitations. (New HOD Policy)

AMA RESOLUTION 526 - NALOXONE ADMINISTRATION AND HEROIN OVERDOSE

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

INTRANASAL NALOXONE ADMINISTRATION

RESOLVED, That our American Medical Association recognize the great burden that opiate addiction and abuse places on patients and society alike and reaffirm its support for the compassionate treatment of patients with opiate addiction (New HOD Policy); and be it further

RESOLVED, That our AMA monitor the progress of intranasal naloxone studies and report back as needed. (Directive to Take Action)

RESOLUTION 613 - COMPREHENSIVE HEALTH SYSTEM REFORM

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That comprehensive health system reform, which achieves access to quality health care for all Americans while improving the physician practice environment, be of the highest priority for our American Medical Association.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2006 INTERIM MEETING
LAS VEGAS, NEVADA

MSS RESOLUTION 1 - DOCTORS DEFENDING BREASTFEEDING

MSS ACTION: ADOPTED

RESOLVED, That our AMA discourage hospitals and health care professionals from distributing formula and bottles to women who are willing and able to breastfeed (New AMA Policy); and be it further

RESOLVED, That our AMA oppose the marketing or distribution of infant formula in ways that may interfere with the protection and promotion of breastfeeding (New AMA Policy); and be it further

RESOLVED, That our AMA recognize the inherent conflict of interest present when infant formula manufacturers provide financial support for research into or professional meetings regarding infant and child feeding (New AMA Policy).

MSS RESOLUTION 2 - EDUCATING THE MEDICAL COMMUNITY AND OTHER STAKEHOLDERS ABOUT "EXPANDING HEALTH INSURANCE: THE AMA PROPOSAL FOR REFORM"

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS increase efforts to educate medical students about the AMA's plan for health insurance reform at the national, state, and local levels (Directive to Take Action); and be it further

RESOLVED, That our AMA-MSS support current AMA efforts to educate the medical community, lawmakers, and the general public about the AMA's plan for health insurance reform (New MSS Policy); and be it further

RESOLVED, That our AMA-MSS facilitate the distribution of materials produced by the AMA and AMA-MSS pertaining to the AMA's plan for health insurance reform to medical students at the national, state, and local levels (Directive to Take Action).

MSS RESOLUTION 3 - CANCER SCREENING IN WOMEN WHO HAVE SEX EXCLUSIVELY WITH WOMEN

MSS RESOLUTION 4 - SEXUALLY TRANSMITTED INFECTION (STI) RISK IN WOMEN WHO HAVE SEX EXCLUSIVELY WITH WOMEN

MSS ACTION: SUBSTITUTE RESOLUTION 3 ADOPTED IN LIEU OF MSS RESOLUTION 3 AND MSS RESOLUTION 4 WITH CHANGE IN TITLE

CANCER SCREENING AND SEXUALLY TRANSMITTED INFECTION (STI) RISK IN WOMEN WHO HAVE SEX EXCLUSIVELY WITH WOMEN

RESOLVED, That our AMA reaffirm H-160.991 including the importance of taking a thorough and sensitive sexual history (Reaffirm Current AMA Policy); and be it further

RESOLVED, That our AMA educate physicians regarding the need for women who have sex exclusively with women for regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions (Directive to Take Action); and be it further

RESOLVED, That our AMA support our partner medical organizations in educating women who have sex exclusively with women on the need for regular cancer screening exams, the risk for sexually transmitted infections, and the appropriate safe sex techniques to avoid that risk (Directive to Take Action).

MSS RESOLUTION 5 - ADDITION OF SEXUAL VIOLENCE TO AMA POLICY D-515.998

MSS ACTION: ADOPTED WITH CHANGE IN TITLE

ADDITION OF SEXUAL VIOLENCE AWARENESS TO AMA POLICY D-515.998

RESOLVED, That our AMA amend policy D-515.998 by addition and deletion to read as follows:

D-515.998 Resources for Victims of Sexual Violence in the Adolescent Population
Our AMA will develop materials on domestic violence, partner abuse, ~~and~~ date violence, and sexual violence (including but not limited to sexual assault, sexual harassment, stalking, and cyberstalking) that are suitable for use in junior high and high schools and work with the Alliance and state medical societies in an effort to ensure the distribution and placement of these materials in junior high and high schools around the country (Modify Current AMA Policy).

MSS RESOLUTION 6 - TOWARD ENVIRONMENTAL RESPONSIBILITY

MSS ACTION: REFERRED FOR REPORT BACK AT A-07

RESOLVED, That our AMA-MSS and AMA recognize that global warming promotes the emergence and growth of infectious diseases, contributes to extreme weather events, and exacerbates respiratory diseases like asthma (New AMA Policy); and be it further,

RESOLVED, That our AMA-MSS and AMA support recycling, efficient water usage, and the use of alternative fuels, “green” buildings, and other methods to reduce carbon footprints as important public health interventions (New AMA Policy); and be it further,

RESOLVED, That our AMA-MSS and AMA strongly encourage the use of recycling services at AMA House of Delegates meetings, Section meetings, and other AMA meetings (New AMA Policy); and be it further,

RESOLVED, That our AMA study and implement creative solutions to reduce internal paper and fresh water use and, most importantly, reduce our organization’s carbon footprint, and report back at A-08 (Directive to Take Action).

MSS RESOLUTION 7 - AMA SUPPORT FOR MANNED SPACE EXPLORATION OF THE MOON AND MARS THAT WILL PROMOTE MEDICAL ADVANCES AND ENHANCE PATIENT CARE

MSS ACTION: ADOPTED

RESOLVED, That our AMA reaffirm previous policy (H-45.994) which supports the continuation of medical research on manned space flight and the international space station (Reaffirm Current AMA Policy); and be it further

RESOLVED, That our AMA publicly support the National Aeronautics and Space Administration's (NASA) new commitment for manned space exploration of the moon, Mars, and other celestial bodies for the benefits to medicine and advances in patient care (Directive to Take Action).

MSS RESOLUTION 8 - WRITTEN MATERNITY POLICIES: A NEW LCME ACCREDITATION STANDARD

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS urge the Liaison Committee on Medical Education to add maternity, paternity, and adoption leave policies as an accreditation standard or annotation (Directive to Take Action).

MSS RESOLUTION 9 - PUBLIC SCHOOL SCREENING FOR CHILDHOOD OBESITY

MSS ACTION: REFERRED FOR REPORT BACK AT A-07

RESOLVED, That our AMA seek legislation to provide federal funding for the establishment of a national public school obesity screening program utilizing the Body Mass Index (BMI) as the standard, where results of such screening and recommendations for appropriate intervention (where needed) will be confidentially provided to parents (Directive to Take Action); and be it further

RESOLVED, That our AMA reaffirm policies D-60.990, D-440.971, and D-440.980 as regards intervention programs for the treatment of those children found to be obese or at risk for overweight related health problems, such as, but not limited to, alternative menus, physical fitness activity-based programs incorporated into the daily schedule, and instructional programs for parents (Reaffirm Current AMA Policy).

MSS RESOLUTION 10 - EQUAL OPPORTUNITY IN PROFESSIONAL SOCIETIES FOR PHYSICIANS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA urge its state medical associations and constituent societies to oppose policy that directly or indirectly restricts or restrains any individual member's freedom of choice with respect to professional societies for which they are eligible (Directive to Take Action); and be it further

RESOLVED, That our AMA urge state medical associations to review and study membership provisions of their bylaws to maintain fair membership standards for equal access for all physicians and medical students (Directive to Take Action); and be it further

RESOLVED, That our AMA urge state medical associations to provide all medical students equal access to funding and opportunity within the realm of their society (Directive to Take Action).

MSS RESOLUTION 11 - AVAILABILITY OF NEED-BASED GENETIC TESTING SUBSIDIES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support legislative and other efforts to provide need-based genetic testing subsidies to populations with a high incidence of genetic disorders (Directive to Take Action).

MSS RESOLUTION 12 - USAGE OF RADIOFREQUENCY IDENTIFICATION (RFID) TAGS FOR IDENTIFICATION OF SURGICAL GAUZE SPONGES

MSS ACTION: REFERRED FOR REPORT BACK AT A-07

RESOLVED, That our AMA encourage the use of RFID technology as an appropriate means of improving patient safety, decreasing surgical incidence of retained sponges, and reducing subsequent sequelae (New AMA Policy).

MSS RESOLUTION 13 - NATIONWIDE TAX ON FOODS WITH HIGH ENERGY DENSITY TO BE USED TOWARDS HEALTH EDUCATION IN COMBATING OBESITY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA strongly urge the U.S. Congress to pass a modest national tax on foods with high energy density (>900kJ/100g) and allocate the revenues from that tax into a nationwide health education program (Directive to Take Action); and be it further

RESOLVED, That our AMA strongly urge the U.S. Congress that special attention be given to educating poor and immigrant communities, especially those at high risk for obesity, on healthy eating (Directive to Take Action).

MSS RESOLUTION 14 - IMPROVING MATERNITY LEAVE POLICIES FOR RESIDENTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA study and encourage the ACGME's participation in such study of: a) the feasibility of considering guaranteed paid maternity leave for residents of no less than six weeks duration, with the possibility of unpaid maternity leave of an additional six weeks; b) written leave policies for residents for paternity and adoption; and c) the effect of such maternity, paternity, and adoption leave policies on residency programs, with report back to the AMA-HOD at A-08 (Directive to Take Action).

MSS RESOLUTION 15 - SUPPORT FOR INCREASED REGULATION IN TISSUE PROCUREMENT

MSS ACTION: REFERRED FOR REPORT BACK AT A-07

RESOLVED, That our AMA support efforts by the FDA, American Association of Tissue Banks (AATB), CDC, and other establishments to institute a uniform system of tissue tracking and national database of tissue registry (New AMA Policy); and be it further

RESOLVED, That our AMA encourage hospitals, research facilities, and teaching facilities to use tissue only from sources accredited and in compliance with the FDA, and with documentation of the etiology of the donor, clear consent of the donor for tissue donation, cause of death, and testing of the tissue for diseases such as HIV, Hepatitis A, B, and C, and other potentially mitigating factors to the safety of individuals receiving or working with tissues be known (New AMA Policy); and be it further

RESOLVED, That our AMA work to amend FDA policy to develop regulations for tissue to be used for educational or research policy, and require tissue banks supplying educational and research facilities to register with the FDA (Directive to Take Action).

MSS RESOLUTION 16 - FOOD STAMP INCENTIVE PROGRAM

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support legislation to provide a meaningful increase in the value of food stamps when used to purchase fruits and vegetables (Directive to Take Action).

MSS RESOLUTION 17 - DELIRIUM SCREENING IN EMERGENCY DEPARTMENTS

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

GERIATRIC DELIRIUM SCREENING

RESOLVED, That our AMA support efforts to educate physicians regarding the importance of delirium screening for clinically relevant patients 65 years of age or older, using an evidence-based and validated delirium detection tool (New AMA Policy).

MSS RESOLUTION 18 - EVALUATION OF THE COST OF MEDICAL EDUCATION

MSS ACTION: REFERRED FOR DECISION

RESOLVED, That our AMA oppose tuition increases that are not reflective of an increase in the true cost of medical education (New AMA Policy); and be it further

RESOLVED, That our AMA direct the Council on Medical Education to determine the exact cost of educating a medical student either through a new study or meta-analysis of current data, as well as any relationship of this cost to rising medical student tuition (Directive to Take Action); and be it further

RESOLVED, That this resolution be forwarded immediately to the AMA House of Delegates.

MSS RESOLUTION LATE 2 - OPPOSING LEGISLATION TO CUT FUNDING TO THE HRSA HEALTH CAREERS OPPORTUNITY PROGRAM AND THE HRSA CENTERS OF EXCELLENCE PROGRAM

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA publicly oppose any reduction or elimination of funding for the Health Careers Opportunity Program and the Centers of Excellence Program (Directive to Take Action); and be it further

RESOLVED, That our AMA work with other interested organizations to seek increased public and private sector funding for the Health Careers Opportunity Program and the Centers of Excellence Program (Directive to Take Action).

RESOLVED, That this resolution be forwarded to the AMA-HOD at I-06.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2006 INTERIM MEETING
LAS VEGAS, NEVADA

MSS GOVERNING COUNCIL REPORT A - PERIODIC REVIEW AND UPDATING OF ADVANCE DIRECTIVES

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 8-A-06 AND REMAINDER OF REPORT FILED

1. That our AMA-MSS reaffirm the following policies:
H-370.977 - The Inclusion of Advance Directives Concerning Organ Donation in Living Wills
H-140.970 - Decisions to Forgo Life-Sustaining Treatment for Incompetent Patients
E-2.22 - Do-Not-Resuscitate Orders
(Reaffirm Current AMA Policy)

2. That our AMA support policies and legislation mandating physician reimbursement for time spent discussing advance directives with patients (Directive to Take Action).

MSS GOVERNING COUNCIL REPORT B - PROPOSED AMENDMENTS TO THE AMA-MSS INTERNAL OPERATING PROCEDURES

MSS ACTION: RECOMMENDATION ADOPTED AND REMAINDER OF REPORT FILED

1. That the AMA-MSS Internal Operating Procedures be amended by insertion and deletion to read:

MSS GOVERNING COUNCIL REPORT C - DEVELOPING OUR REGIONS

MSS ACTION: REPORT FILED

MSS GOVERNING COUNCIL REPORT D - MSS INVOLVEMENT WITH INTERNATIONAL HEALTH AND POLICY

MSS ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

1. That our AMA-MSS extend the trial period of the expansion of the Government Relations Internship Program (GRIP) to international health policy (IHP) internships for one additional year.

2. That the continued trial expansion of GRIP to IHP be limited to non-clinical IHP programs located specifically in the Washington, D.C., area.

3. That all GRIP applications submitted on time, including those of students applying for IHP internships, be considered concurrently.

4. That a maximum of two of the ten available GRIP positions be filled by candidates pursuing IHP internships.

5. That the AMA-MSS International Health and Policy Committee actively promote and publicize the trial expansion of GRIP to IHP over the coming year, with GC report back on the success of this trial expansion at I-07.

MSS GOVERNING COUNCIL REPORT E - MULTIPLE OFFERS FOR RESIDENCY AND FELLOWSHIP APPLICANTS

> **MSS ACTION: RECOMMENDATION ADOPTED IN LIEU OF MSS RESOLUTION 1-I-05 AND REMAINDER OF REPORT FILED**

1. That MSS 295.069 (Fairness in the National Resident Matching Program) and AMA D-310.977 (National Resident Matching Program Reform) be reaffirmed.

MSS GOVERNING COUNCIL REPORT F - POLICY SUNSET REPORT FOR 2001 AMA-MSS POLICIES

> **MSS ACTION: RECOMMENDATION ADOPTED AND REMAINDER OF REPORT FILED**

1. That the policies specified for retention in the Appendix of this report be retained as official, active policies of the AMA-MSS.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
TRANSMITTED TO THE AMA HOUSE OF DELEGATES

2006 INTERIM MEETING
LAS VEGAS, NEVADA

AMA RESOLUTION 801- MEDICAL SECOND LANGUAGE ELECTIVES IN MEDICAL SCHOOL CURRICULUM

HOD ACTION: RECOMMENDED AGAINST CONSIDERATION

RESOLVED, That our American Medical Association strongly encourage all Liaison Committee on Medical Education- and American Osteopathic Association-accredited US medical schools to offer medical second languages, especially medical Spanish, to their students as electives (New HOD Policy).

AMA RESOLUTION 802- ENSURING BEST IN-SCHOOL CARE FOR CHILDREN WITH DIABETES

HOD ACTION: RECOMMENDED AGAINST CONSIDERATION

RESOLVED, That our American Medical Association support the implementation of rigorous training programs under physician oversight, including frequent refresher courses, for selected school staff members to dose and administer injectable medications in emergency situations and to aid the child in his or her self-administration of insulin in the case that a licensed medical professional is not available (New HOD Policy).

AMA RESOLUTION 803- HPV VACCINE IN CERVICAL CANCER PREVENTION WORLDWIDE

HOD ACTION: RECOMMENDED AGAINST CONSIDERATION

RESOLVED, That our American Medical Association (1) urge physicians to educate themselves and their patients about HPV vaccination; and (2) encourage the development and funding of programs targeted at reducing HPV transmission and screening for infection and precancerous cervical changes in developing countries (Directive to Take Action); and be it further

RESOLVED, That our AMA intensify efforts to improve awareness and understanding about the availability and efficacy of HPV vaccinations in the general public (Directive to Take Action); and be it further

RESOLVED, That our AMA (1) encourage the integration of HPV vaccination into reproductive health care settings, including but not limited to routine reproductive health care visits for adults and adolescents and (2) support the availability of the HPV vaccine to patient groups that benefit most from preventative measures, including but not limited to low-income and pre-sexually active populations (Directive to Take Action).

AMA RESOLUTION 830- OPPOSING LEGISLATION TO CUT FUNDING TO THE HRSA HEALTH CAREERS OPPORTUNITY PROGRAM AND THE HRSA CENTERS OF EXCELLENCE PROGRAM

HOD ACTION: RECOMMENDATIONS IN COUNCIL ON MEDICAL EDUCATION REPORT 1 ADOPTED AS AMENDED IN LIEU OF RESOLUTION 830

1. That our American Medical Association support increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, and socioeconomic origin. (New HOD Policy)

2. That our AMA, independently and in collaboration with other groups such as the Association of American Medical Colleges (AAMC), actively work and advocate for funding at the federal and state levels and in the private sector to support the following:
   Pipeline programs to prepare and motivate members of underrepresented groups to enter medical school;
   Diversity or minority affairs offices at medical schools;
   Financial aid programs for students from groups that are underrepresented in medicine; and
   Financial support programs to recruit and develop faculty members from underrepresented groups (Directive to Take Action)

3. That our AMA work to obtain full restoration and protection of federal Title VII funding, and similar state funding programs, for the Centers of Excellence Program, Health Careers Opportunity Program, Area Health Education Centers, and other programs that support physician training, recruitment, and retention in geographically-underserved areas. (Directive to Take Action)

4. That our AMA take a leadership role in efforts to enhance diversity in the physician workforce, including engaging in broad-based efforts that involve partners within and beyond the medical profession and medical education community. (Directive to Take Action)

5. That our AMA encourage the Liaison Committee on Medical Education to assure that medical schools demonstrate compliance with its requirements for a diverse student body and faculty. (Directive to Take Action)

6. Through the identification of models and strategies at the national and state/regional levels, our AMA study and report back at the 2009 Annual Meeting on the following:
   The status of efforts to assure adequate funding for diversity initiatives;
   The current status of underservice and access to care in the US (regionally and by population); and
   The recruitment and retention of physicians to practice in underserved areas and to work with underserved populations. (Directive to Take Action)

7. That our AMA collaborate with the AAMC, the Educational Commission for Foreign Medical Graduates, and the Federation of State Medical Boards to study the contribution of international medical graduates to the overall diversity and distribution of the US medical workforce and report at the 2008 Annual Meeting. (Directive to Take Action)

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2007 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 - MEDICAL TOURISM

MSS ACTION: SUBSTITUTE RESOLUTION 1 ADOPTED IN LIEU OF MSS RESOLUTION 1

RESOLVED, That our AMA-MSS supports informing patients about potential risks and benefits of going abroad to receive medical treatment.

MSS RESOLUTION 2 - TRANSPARENCY IN UNDERGRADUATE MEDICAL EDUCATION FINANCING

MSS GC REPORT G - SOLUTIONS TO TACKLING THE INCREASING COST OF MEDICAL EDUCATION

MSS ACTION: RECOMMENDATIONS OF MSS GC REPORT G ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 2-A-07 AND MSS RESOLUTION 18-I-06, AND REMAINDER OF REPORT FILED

1. That our AMA support policies that ensure that funding gained by medical schools from all future increases to medical school tuition and fees be allocated directly to improve the education of medical students (New AMA Policy).

2. That our AMA support policies that ensure that all information related to the allocation of funds from tuition and fees increases be disclosed to all prospective and current medical students for each respective medical school campus (New AMA Policy).

3. That the AMA-MSS Governing Council continue to work with our AMA Council on Medical Education, the Association of American Medical Colleges (AAMC), and the AAMC Organization of Student Representatives (OSR) to encourage medical schools to adopt policies that ensure that all increases to medical school tuition and fees go towards direct improvements to medical student education.

4. The AMA-MSS work to develop print and electronic resources for our local chapters to utilize on their campuses to encourage their medical school deans to adopt policies that ensure transparency in medical school tuition and fees increases.

5. The AMA-MSS Governing Council write a letter to the Liaison Committee on Medical Education (LCME) encouraging the adoption of policies that ensure that all increases to medical school tuition and fees go towards direct improvements to medical student education.

6. That the AMA-MSS Governing Council report back at I-07.

MSS RESOLUTION 3 - INCLUSION OF ANESTHESIOLOGY ROTATION AS A REQUISITE IN CORE CLINICAL CURRICULUMS OF LCME-ACCREDITED MEDICAL SCHOOLS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage and work with the Liaison Committee on Medical Education to ensure that adequate anesthesiology exposure is included as a routine part of all LCME-accredited medical schools' core clinical curriculums.

MSS RESOLUTION 4 - PHYSICIAN IDENTIFICATION FOR TRANSPARENCY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support and strongly encourage the distribution by hospitals and other patient care facilities of an additional separate identifying badge labeled clearly in large font M.D or D.O to be worn by the respective licensed physician below the physician's name badge at all health care facilities at all times whereby patients are encountered.

MSS RESOLUTION 5 - A CALL TO IMPROVE THE PHYSICIAN IMAGE AND SOLIDIFY THE ROLE OF THE PHYSICIAN AMONGST ALTERNATIVE HEALTH CARE PROVIDERS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA respond by submitting a "public awareness" rebuttal article to the U.S. News Weekly - a magazine highly utilized by a wide range of consumers or possibly a different magazine of the same caliber – aimed at addressing the news spread posted in U.S. News Weekly of 2005 which would contain all the pertinent information possibly including useful findings resulting from D35.993 – most especially including mid-level practitioner education/preparation vs. medical school education, the misnomer that these practitioners are "better than doctors" or that doctors are "becoming removed from patients", and the risks of creating a primary health care system over-run by mid-level practitioners pushing to take the "back-door" to practice medicine and how that might squeeze out licensed medical doctors from primary care and has the propensity to trickle into specialty areas as already occurring in the case of anesthesiologists vs. nurse anesthetists.

MSS RESOLUTION 6 - ERROR DISCLOSURE AND PHYSICIAN APOLOGIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support full disclosure of medical errors; and be it further

RESOLVED, That out AMA-MSS support legislation that allows a physician to make an expression of apology, regret, sympathy, commiseration, condolence, or compassion to a patient or a patient's family without it constituting an admission of physician liability for any purpose (New AMA Policy).

MSS RESOLUTION 7 - PROTECTING GRADUATE MEDICAL EDUCATION: REVISITING THE ALL PAYER SYSTEM

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA work together with other stakeholders to actively lobby Congress for legislation requiring all payers to contribute towards graduate medical education, while simultaneously continuing to lobby to protect Medicare and Medicaid graduate medical education payments, with report back at A-08 (Directive to Take Action); and be it further

RESOLVED, That our AMA-MSS work with the AMA Council on Medical Education to study the desirability and feasibility of financing undergraduate medical education by public and private funding sources.

MSS RESOLUTION 8 - HEALTH CARE AS A RIGHT FOR ALL CITIZENS OF THE UNITED STATES OF AMERICA

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA asserts that access to high quality and affordable health care is one of the unalienable rights of all citizens of the United States of America; and be it further

RESOLVED, That a letter from the AMA Board of Trustees detailing the AMA's specific policy that access to high quality and affordable health care is one of the unalienable rights of all citizens of the United States of America be sent within 30 days of the adjournment of the 2007 AMA Interim Meeting to (1) all official candidates who have filed federal papers for an exploratory committee to run for the office of President of the United States for the upcoming 2008 Presidential election and (2) all elected members of the United States Senate and the United States House of Representatives and (3) all State Governors of the United States of America; and be it further

RESOLVED, That this resolution be forwarded to the AMA HOD at I-07.

MSS RESOLUTION 9 - OBESITY: SIMPLIFIED RATING SYSTEM FOR PROCESSED FOODS

MSS ACTION: REFERRED FOR REPORT AS AMENDED

RESOLVED, That our AMA encourage the FDA to develop a food health label to be used in addition to current nutrition labels. This additional label should serve to provide nutritional information in a format that is easily understood by the general population. Based on a simple scale, this labeling system may be similar to those implemented in Sweden and the U.K.

MSS RESOLUTION 10 - ENCOURAGING SCHOOLS TO ACTIVELY INVOLVE FAMILIES IN HEALTHY NUTRITION EDUCATION

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA work with various health education resource providers, such as Medem, and the American Academy of Pediatrics to develop childhood nutrition presentation materials for use by elementary schools; and be it further

RESOLVED, That the AMA encourage elementary schools to access, download, and provide childhood nutrition education materials to students' families through school-based nutrition workshops and/or special events geared toward healthy eating and exercise.

MSS RESOLUTION 11 - STANDARDIZATION OF MEDICAL LIABILITY COVERAGE REQUIREMENTS FOR MEDICAL STUDENTS

MSS ACTION: REFERRED FOR REPORT BACK AT I-07

RESOLVED, That the AMA work with the American Osteopathic Association to direct medical schools to explore ways to provide short term additional medical liability coverage to students to allow them to complete a visiting rotation at any institution that requires greater liability coverage than that provided by the medical school; and be it further

RESOLVED, That the AMA direct the Council on Medical Education to study and determine why medical student medical liability coverage requirements are so high, and report back at A-08; and be it further

RESOLVED, That the AMA direct the Council on Medical Education to study and determine the most effective policy that would allow all students to complete at least one 4-week rotation at an institution requiring extra medical liability coverage without paying excessive out of pocket fees for the additional coverage; and be it further

RESOLVED, That this resolution be forwarded immediately to the AMA House of Delegates.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2007 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS COLRP REPORT A - AMA MEDICAL STUDENT SECTION 2007-2010 OPERATIONAL PLAN

MSS ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

1. That in the realm of Advocacy our MSS should:

    a. Continue to focus on student- and patient-centered issues. Advocacy efforts should aim to frame issues from a student point of view in order to engage as many members possible, and
    b. Continue the effort toward creating student-specific action alerts, which should be made available at national meetings, and
    c. Continue to coordinate MSS National Lobby Day and utilize the GRAF as a key link in coordinating lobbying efforts and lobby day planning, and
    d. Implement an efficient mechanism to regularly update issue briefs that focus on the most relevant issues in order to control volume, and
    e. Encourage chapters to involve students in lobbying at the local/state level and to communicate with legislators more frequently, and
    f. Continue meetings with medical education leaders as a means for gathering information, strategizing, and building relationships. MSS leaders involved in these meetings should be encouraged to educate themselves about relevant issues as much as possible prior to the meetings in order to ensure their effectiveness, and
    g. Strive to make advocacy efforts transparent via outlets such as Web site publications, and communicate these efforts to members whenever this is possible or allowed.

2. That in the realm of Communications via the MSS Web site our MSS should:

    a. Encourage submission of updates from MSS leaders including, but not limited to, the Governing Council, AMA Council student members, Region Chairs, and Committee Chairs to MSS staff regarding their relevant Web site content at least twice per year, and
    b. Explore the development of a “most read/e-mailed” feature for the MSS home page, a “what’s new/most recently updated” feature, a meeting blog, a policy tracking grid, as well as a column directed at the general membership, with report back from the Governing Council at A-08.

3. That in the realm of Communications our MSS Governing Council should:

    a. Continue working with AMA staff to modify membership sign-up and renewal documents for students to include an “opt-out of receiving commercial offers” box and ensure that those who select this option do not receive commercial solicitations associated with membership, and

b. Consider, as part of Assembly business, the addition of 5 minute addresses from key section leaders to update the membership, and
c. Work with MSS staff to compile an MSS staff directory for dissemination to section leaders.

4. That in the realm of Media Exposure our MSS Governing Council should:

    a. Require annual formal media training for each newly elected GC, and
    b. Encourage chapters and states to publicize events at the local level and make available the use of AMA-MSS media templates, among other resources, for that purpose, and
    c. Track the number and content of MSS media exposure at the local, state, and national level, and
    d. Explore the creation of student biosketches for use on student membership recruitment documents, AMA publications directed at students, and the MSS Web site, and
    e. Consider developing a mechanism to both monitor and rapidly respond to media opportunities relevant to the MSS, and
    f. Work with AMA Media Relations staff to further identify opportunities for media exposure relevant to the MSS.

5. That in the realm of Community Service our MSS should:

    a. Increase the ease of access for local and state chapters to project ideas, resources, and contacts through the AMA-MSS Web site, as well as publicizing successful projects via the Web site, and
    b. Require the Community Service Committee to provide more detailed information on resources and contacts for chapter-level community service projects, and
    c. Continue to provide incentive for chapters to focus on community service projects within the realm of the National Service Project, and
    d. Require that the MSS Speaker/Vice Speaker work with the Standing and Convention Community Service Committees to schedule the National Service Project event to prevent conflict with the policy-making agenda of the meeting, and
    e. Require the GC and Community Service Committee to work with AMA Media Relations staff to increase media coverage of our NSP and service projects, and
    f. Continue to foster coordination of the Community Service Liaison (CSL) with national GC and region leadership, and
    g. Align the MSS Community Service agenda, including the National Service Project with the AMA and MSS advocacy agenda whenever possible, and
    h. Consider the creation of a national community service event to be executed separately from the Annual and Interim Meetings, similar in concept to Lobby Day.

6. That in the realm of Membership our MSS should:

    a. Work with the RFS to develop a membership recruitment and retention strategy to improve member retention into residency, expanding on successes seen within the MSS. The MSS-RFS joint committee should prepare a plan of action for presentation at A-08, including its metrics and benchmarks for success and a proposed timeline for efforts, and

b. Study the feasibility and advantage of further reduction in membership dues to all medical students eligible to join the AMA-MSS within the context of other efforts for increasing AMA-MSS membership, and prepare a report with a plan of action incorporating timelines and benchmarks for success for presentation at I-08, and
c. Work in a targeted fashion with three to six states, including region and state chairs, chapter Chairs within the state, and advisors or staff members from the state society, to identify what problems the state may be having and how national operations can best serve that state. From this targeted work, the MSS should develop initiatives for nationwide activity in membership recruitment and retention, and
d. Before each Annual Meeting, identify chapters that have not been as successful in membership recruitment and identify leadership within each chapter whom we can help to strengthen recruiting efforts and activity, and integrate the "Succeeding in Medical School" initiative into this campaign, and
e. Work with the Section on Medical Schools to develop mechanisms such as academic-specific recruiting materials or a recognition program to honor leaders in academic medicine who are also involved with organized medicine. Work with the Section on Medical Schools should be focused on identifying initiatives that will address the disjunction between academia and organized medicine, and
f. Work with the Section on Medical Schools to identify initiatives that will address the disjunction between academia and organized medicine, and
g. Continue to work with the Section on Medical Schools to develop Chapter Mentoring Programs in which chapters will work with distinct local physician leaders to link up students to State and County Medical Society and AMA resources.

7. That in the realm of Governing Council Leadership the MSS Governing Council should:

    a. Annually define more specifically the roles between the Speaker/Vice Speaker and Delegate/Alternate Delegate during their first plenary session, and
    b. Increase institutional memory for future MSS leaders through creation of documentation, including personal experience and advice from each GC member to be kept by the AMA-MSS staff for transfer to future GCs, and
    c. Encourage the MSS Vice Chair to continue enlistment of aid of other GC members to serve as liaisons with MSS committees to enhance consulting in a timely manner, and
    d. Set the goals of the AMA MSS by the end of the first GC meeting, including setting broad goals and expectations for each AMA MSS Standing Committee.

8. That in the realm of Councilors, Liaisons and other Student Representatives the MSS Governing Council should:

    a. Establish a formal mechanism for current student representatives to assist incoming student representatives with the transition into their new position, such as a training session at Annual Meetings, and
    b. Encourage each Student Representatives to communicate regularly with his or her associated MSS committee(s), if one exists, and
    c. Encourage the GC to consider the creation of a Councilor Forum at national meetings to give MSS members the opportunity to communicate more with Student Representatives, and
    d. Consider the addition of application criteria for selection of Student Representatives on their ability to serve as mentors for future MSS leaders.

9. That in the realm of MSS Committees the MSS Governing Council should:

    a. Require an annual end of year 1-2 page report by each MSS committee to be kept by the AMA-MSS staff to enhance institutional memory, and
    b. Establish a process by which MSS committees are reviewed every three years to assess their need and efficacy, to delineate their responsibilities, and to consider the creation of needed committees.

10. That in the realm of Policy the MSS should:

    a. Continue having policy separate from that of the AMA to allow support of both MSS and larger AMA issues, and
    b. Encourage the GC to establish top priorities for the MSS and strongly encourage that resolutions fulfill those priorities, and
    c. Through the GC, provide regular updates of the status of our AMA MSS goals, priorities, and policy implementation via GC goals and policy grids at both the Interim and Annual meetings, and
    d. Make available a presentation and printed brochure on national meeting procedures (as has been presented at previous national meetings), for access by chapters and meeting participants, in order to better integrate first-time attendees, and
    e. Better publicize writing workshops to chapters, and
    f. Propose a listserv feedback deadline to ensure that (1) authors receive enough help from more experienced members, (2) submitted resolutions are not redundant and are of higher quality, and (3) policy is discussed through proper channels (i.e. GC, Councils, and Committees), and
    g. Study the Assembly extraction process for improvement and update for report back to the Assembly, and
    h. Require formal meetings between Reference Committee Chairs and the Speaker/Vice Speaker before national meetings to define each individual's role in the policy making process. The Reference Committee Chair guide should be updated to emphasize citations and equal weight of whereas clauses, testimony, and staff notes in final Reference Committee recommendations, and
    i. Collaborate with current and former Government Relations Advocacy Fellows to further utilize and clarify the role of this position within the MSS.

11. That in the realm of Regions the MSS Governing Council should:

    a. Study the overall role of regions and regional leadership within the MSS, focusing on how these roles can be optimized to best serve the MSS and their member states/chapters. In particular, the roles of the regional leadership should be addressed and documented in the same manner that the GC positions are delineated.

12. That our MSS Leadership regularly evaluate their progress toward the accomplishment of these goals, with annual reports to the AMA-MSS Assembly on subjects for which formal deadlines have not been stated.

13. That our AMA-MSS make this Operational Plan available on the MSS Web site.

14. That our AMA-MSS seek a new three year Operational Plan for the 2010-2013 period, with report to the MSS Assembly at A-10.

MSS RITFORCE REPORT A - PROPOSAL FOR REGIONAL EQUITY

MSS ACTION: RECOMMENDATIONS 1, 2, 3, 4, AND 6 ADOPTED AS AMENDED, RECOMMENDATION 5 REFERRED FOR DECISION, AND REMAINDER OF REPORT FILED

1. That the MSS Internal Operating Procedures and AMA Bylaws be amended to reflect the following MSS Assembly representation criteria for central campuses:

    a. The AMA medical student members of each program accredited by the Liaison Committee on Medical Education or the American Osteopathic Association (central campuses) may select one representative and one alternate representative.

    b. Each central campus that has a total student population (not including students at any associated satellite campuses) greater than 999 may select one additional representative and one additional alternate representative.

    c. Central campus representation in the MSS Assembly shall be contingent upon that campus having seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings. The records of the MSS Credentials Committee will be the official record of representative attendance.

    d. Central campuses that have not seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings will be placed on probationary status. The Governing Council shall be required to notify inactive campuses in writing. While these central campuses will be eligible to send their students to AMA-MSS national meetings to serve on convention committees and provide testimony to Reference Committees, they will not be eligible to seat any representatives in the MSS Assembly until the following conditions for reactivation are met:

        i. Petition in writing to the MSS Governing Council, no later than 30 days prior to the national meeting at which the central campus wishes to seat a representative, co-signed by the central campus chapter president and MSS Assembly representative.
        ii. Reactivation will be at the discretion of the MSS Governing Council.

2. That the MSS IOPs and AMA Bylaws be amended to reflect the following MSS Assembly representation criteria for satellite campuses:

    a. The AMA medical student members of an LCME- or AOA-accredited program that has more than one campus may select a representative and an alternate representative from each satellite campus. For the purposes of representation in the MSS Assembly, a satellite campus shall be defined as:

    "A separate administrative campus from the central campus where a minimum of 20 members of the medical school student body are assigned for some portion of their instruction for a period of time not less than one academic year."

b. Satellite campus representation in the MSS Assembly shall be contingent upon that campus having seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings. The records of the MSS Credentials Committee will be the official record of representative attendance.

c. Satellite campuses that have not seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings will be placed on probationary status. While these satellite campuses will be eligible to send their students to AMA-MSS national meetings to serve on convention committees and provide testimony to Reference Committees, they will not be eligible to seat any representatives in the MSS Assembly until the following conditions for reactivation are met:

    i. Petition in writing to the MSS Governing Council, no later than 30 days prior to the national meeting at which the satellite camps wishes to seat a representative, co-signed by the satellite campus chapter president and MSS Assembly representative.

    ii. Reactivation will be at the discretion of the MSS Governing Council.

3. That the MSS Credentials Committee members be informed of the definition and eligibility criteria for central campuses and satellite campuses.

4. That the Credentials Committee members request proof of satellite campus attendance from satellite campus representatives wishing to be credentialed as MSS Assembly representatives not depending on physical address.

5. That the AMA-MSS Governing Council work with AMA-MSS and AMA Membership Department staff directly to:

    a. Establish a membership-dependent voting apportionment of representatives to the MSS Assembly.

    b. Determine a “bare minimum” standard for AMA-MSS membership at any campus wishing to be represented in the AMA-MSS Assembly, with report back to the AMA-MSS at A-08.

6. That the MSS Governing Council re-evaluate the impact of these recommendations at A-10, when the AMA-MSS develops its Operational Plan.

MSS RITFORCE REPORT B - SATELLITE CAMPUS COMPOSITION AND MEDICAL SCHOOL EXPANSION

MSS ACTION: FILED

MSS RITFORCE REPORT C - IMPROVING RECORD-KEEPING OF MSS MEMBER PARTICIPATION

MSS ACTION: FILED

MSS GC REPORT A - CHANGING THE CULTURE OF HEALTH CARE DELIVERY: ENCOURAGEMENT OF TEAMWORK AMONG HEALTH CARE PROFESSIONAL STUDENTS

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 7-I-04 AND REMAINDER OF REPORT FILED

1. That the MSS further assess the current role of interprofessional education in U.S. medical education, with report back at A-08.

2. That our AMA recognize that interprofessional education and partnerships are a top priority of the American medical education system (New AMA Policy).

3. That our AMA explore the feasibility of the implementation of LCME and AOA accreditation standards requiring interprofessional training in medical schools (Directive to Take Action).

MSS GC REPORT B - COMMUNICATION AND CLINICAL TEACHING CURRICULA

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 1-A-06 AND REMAINDER OF REPORT FILED

1. That our AMA-MSS and AMA establish policy supporting the development of formalized medical teacher training for residents and attending faculty (New AMA Policy).

2. That our AMA-MSS and AMA explore the feasibility of the Accreditation Council for Graduate Medical Education defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents (Directive to Take Action).

3. That our AMA-MSS and AMA work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty (Directive to Take Action).

MSS GC REPORT C - PATIENT SAFETY CURRICULUM

MSS ACTION: RECOMMENDATION ADOPTED IN LIEU OF MSS RESOLUTION 3-A-06 AND REMAINDER OF REPORT FILED

1. That the AMA explore the feasibility of the Liaison Committee on Medical Education (LCME) including the requirement of patient safety training in medical school accreditation (Directive to Take Action).

MSS GC REPORT D - HPV VACCINE IN CERVICAL CANCER PREVENTION WORLDWIDE

MSS ACTION: REPORT FILED

MSS GC REPORT E - PUBLIC SCHOOL SCREENING FOR CHILDHOOD OBESITY

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 9-I-06 AND REMAINDER OF REPORT FILED

1. That our AMA encourage research and evaluative studies to develop a unified, evidence-based tool to accurately determine youth and adolescent weight status (New AMA Policy).

2. That our AMA encourage wide-scale, comprehensive, school-based obesity prevention that includes didactic curriculum, nutrition standards, physical education programs, and parent- and teacher- involvement. (Directive to Take Action).

MSS GC REPORT F - SUPPORT FOR INCREASED REGULATION IN TISSUE PROCUREMENT

MSS ACTION: RECOMMENDATIONS ADOPTED IN LIEU OF MSS RESOLUTION 15-I-06 AND REMAINDER OF REPORT FILED

1. That our AMA support efforts by the FDA, the American Association of Tissue Banks, CDC, and other appropriate establishments to institute a uniform system of tissue tracking and a national database of tissue registry for tissues intended for nonclinical scientific and educational purposes (New AMA Policy).

2. That our AMA reaffirm AMA Policy H-370.988 – Regulation of Tissue Banking (Reaffirm Existing AMA Policy).

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2007 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 101 - PHYSICIAN REIMBURSEMENT FOR TIME SPENT DISCUSSING ADVANCE DIRECTIVES

HOD ACTION: AMA POLICY H-390.916 AMENDED AND ADOPTED IN LIEU OF AMA RESOLUTION 101

H-390.916 Payment for Patient Conferences ~~Medicare Reimbursement for Physician Office Visits~~ Regarding Advance Directives

Our American Medical Association encourages payment ~~CMS to provide Medicare reimbursement~~ for medical conferences with patients and/or relatives and guardians regarding medical management and future medical management, particularly as it relates to the discussion of advance directives (i.e., living wills and durable powers of attorney for health care).

AMA RESOLUTION 303 – IMPROVING MATERNITY LEAVE POLICIES FOR RESIDENTS

HOD ACTION: ADOPTED WITH CHANGE IN TITLE

IMPROVING PARENTAL LEAVE POLICIES FOR RESIDENTS

RESOLVED, That our American Medical Association study and encourage the Accreditation Council for Graduate Medical Education's participation in such study of 1) the feasibility of considering guaranteed paid maternity leave for residents of no less than six weeks duration, with the possibility of unpaid maternity leave of an additional six weeks; 2) written leave policies for residents for paternity and adoption; and 3) the effect of such maternity, paternity, and adoption leave policies on residency programs, with report back to the House of Delegates at the 2008 Annual Meeting. (Directive to Take Action)

AMA RESOLUTION 304 – MEDICAL SCHOOL LANGUAGE ELECTIVES IN MEDICAL SCHOOL CURRICULUM

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association encourage all Liaison Committee on Medical Education- and American Osteopathic Association- accredited US medical schools to offer medical second languages to their students as electives. (Directive to Take Action)

AMA RESOLUTION 403 - DOCTORS DEFENDING BREASTFEEDING

HOD ACTION: REAFFIRMED

RESOLVED, That our American Medical Association discourage hospitals and health care professionals from distributing formula and bottles to women who are willing and able to breastfeed (New AMA Policy); and be it further

RESOLVED, That our AMA oppose the marketing or distribution of infant formula in ways that may interfere with the protection and promotion of breastfeeding (New AMA Policy); and be it further

RESOLVED, That our AMA recognize the inherent conflict of interest present when infant formula manufacturers provide financial support for research into or professional meetings regarding infant and child feeding. (New AMA Policy)

AMA RESOLUTION 404 - ENSURING BEST IN-SCHOOL CARE FOR CHILDREN WITH DIABETES

HOD ACTION: REFERRED

AMA RESOLUTION 405 - FOOD STAMP INCENTIVE PROGRAM

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association support legislation to provide a meaningful increase in the value of food stamps when used to purchase fruits and vegetables. (Directive to TAKE ACTION)

AMA RESOLUTION 406 - ADDITION OF SEXUAL VIOLENCE AWARENESS TO AMA POLICY D-515.998

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association amend Policy D-515.998 by addition and deletion to read as follows:

D-515.998 Resources for Victims of Sexual Violence in the Adolescent Population
Our AMA will develop materials on domestic violence, partner abuse, ~~and~~ date violence, and sexual violence (including but not limited to sexual assault, sexual harassment, stalking, and cyberstalking) that are suitable for use in junior high and high schools and work with the Alliance and state medical societies in an effort to ensure the distribution and placement of these materials in junior high and high schools around the country. (Modify Current HOD Policy)

AMA RESOLUTION 501 - CANCER SCREENING AND SEXUALLY TRANSMITTED INFECTION (STI) RISK IN WOMEN WHO HAVE SEX EXCLUSIVELY WITH WOMEN

HOD ACTION: ADOPTED

RESOLVED, That our American Medical Association reaffirm Policy H-160.991, including the importance of taking a thorough and sensitive sexual history (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA educate physicians regarding the need for women who have sex exclusively with women for regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions (Directive to Take Action); and be it further

RESOLVED, That our AMA support our partner medical organizations in educating women who have sex exclusively with women on the need for regular cancer screening exams, the risk for sexually transmitted infections, and the appropriate safe sex techniques to avoid that risk. (Directive to Take Action)

AMA RESOLUTION 502 - AMA SUPPORT FOR MANNED SPACE EXPLORATION OF THE MOON AND MARS THAT WILL PROMOTE MEDICAL ADVANCES AND ENHANCE PATIENT CARE

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association reaffirm Policy H-45.994 which supports the continuation of medical research on manned space flight and the international space station (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA publicly support the National Aeronautics and Space Administration's new commitment for manned space exploration of the moon, Mars, and other celestial bodies for the benefits to medicine and advances in patient care (Directive to Take Action); and be it further

RESOLVED, That our AMA support the continuation of NASA research to accomplish safe, human space exploration as this research has demonstrated and may have potential future benefits to medicine and advances in patient care.

AMA RESOLUTION 503 – HPV VACCINE IN CERVICAL CANCER PREVENTION WORLDWIDE

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

HPV VACCINE AND CERVICAL CANCER PREVENTION WORLDWIDE

RESOLVED, That our American Medical Association (1) urge physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine cervical cancer screening; and (2) encourage the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs. (Directive to Take Action); and be it further

RESOLVED, That our AMA intensify efforts to improve awareness and understanding about HPV and associated diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public (Directive to Take Action); and be it further

RESOLVED, That our AMA (1) encourage the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults, and (2) support the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations. (Directive to Take Action)

AMA RESOLUTION 504 – GERIATRIC DELIRIUM SCREENING

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association support efforts to educate physicians regarding the importance of evaluation of delirium for high risk patients and patients who are symptomatic. (New HOD Policy)

AMA RESOLUTION 601 - EQUAL OPPORTUNITY IN PROFESSIONAL SOCIETIES FOR PHYSICIANS

HOD ACTION: REFERRED WITH REPORT BACK AT A-08

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2007 INTERIM MEETING
HONOLULU, HAWAII

MSS RESOLUTION 1 - SUPPORTING THE EXPANSION OF U.S. RESIDENCY PROGRAMS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 1 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 1.

RESOLVED, That our AMA-MSS support increases in the number of residency positions according to AMA workforce studies, where such increases would not undermine existing physician residency positions in any of the states; and be it further

RESOLVED, That our AMA-MSS rescind existing MSS Policy 200.013 – Residency Position Limits.

MSS RESOLUTION 3 – ADOPTING A DEFINITION FOR METABOLIC SYNDROME

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the development of a consensus statement defining metabolic syndrome.

MSS RESOLUTION 4 - ESSENTIAL MEDICINES FOR THE DEVELOPING WORLD

MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED IN LIEU OF MSS RESOLUTION 4.

RESOLVED, That existing policy 250.016MSS be reaffirmed; and be it further

RESOLVED, That our AMA (1) support universities engaging nontraditional partners in order to create new opportunities for neglected disease drug development, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions; and (2) support the protection of fair access to essential medicines in developing countries.

MSS RESOLUTION 5 - IMPLEMENTATION OF AUTOMATED EXTERNAL DEFIBRILLATORS IN HIGH-SCHOOL AND COLLEGE SPORTS PROGRAMS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 5 ADOPTED IN LIEU OF MSS RESOLUTION 5.

RESOLVED, That our AMA support state legislation and/or state educational policies encouraging each high school and college that participates in interscholastic and/or intercollegiate athletic programs to have an automated external defibrillator (AED) and trained personnel on its premises; and be it further

RESOLVED, That our AMA support state legislation and/or state educational policies encouraging athletic coaches, sports medicine personnel, and student athletes to be trained and certified in CPR, AED, basic life support, and recognizing the signs of sudden cardiac arrest.

MSS RESOLUTION 6 - NEED FOR NATIONAL GUIDELINES FOR SCREENING FOR FAMILIAL INTRACRANIAL UNRUPTURED ANEURYSMS

MSS ACTION: MSS RESOLUTION 6 NOT ADOPTED.

RESOLVED, That our AMA study the appropriateness of a standard guideline for screening for intracranial aneurysms in at-risk populations, with report back by the 2009 Annual Meeting; and be it further

RESOLVED, That such a report include a proposal for such a standard guideline if there is a population for which screening would be appropriate and cost-effective (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that insurance companies fund screening practices based in the established guidelines.

MSS RESOLUTION 8 - AMBLYOPIA SCREENING AND THE "SEE BY THREE" PROGRAM

MSS ACTION: MSS RESOLUTION 8 NOT ADOPTED.

RESOLVED, That our AMA work with the Children's Eye Foundation and other appropriate organizations to support the See By Three Program.

MSS RESOLUTION 9 - FORMATION OF AN AMA DISABILITY AND DEAF CONSORTIUM

MSS ACTION: MSS RESOLUTION 9 NOT ADOPTED.

RESOLVED, That our AMA develop a Disability and Deaf Consortium, which will represent the interests and unique needs of physicians, medical students, and patients with disabilities within our AMA; and be it further

RESOLVED, That our AMA study current physician and medical student demographics to determine the prevalence of disabilities within this group; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates for consideration at A-08.

MSS RESOLUTION 10 - HEALTH CARE AS A RIGHT FOR ALL CITIZENS OF THE UNITED STATES OF AMERICA

MSS ACTION: MSS RESOLUTION 10 NOT ADOPTED.

RESOLVED, That our AMA assert that access to high quality and affordable health care is one of the rights of all citizens of the United States of America; and be it further

RESOLVED, That a letter from the AMA Board of Trustees detailing our support for access to high quality and affordable health care as one of the rights of all citizens of the United States of America be sent within 30 days of the adjournment of this meeting to (1) all official candidates for the office of President of the United States for the upcoming 2008 Presidential election, (2) all members of the 110th United States Congress and (3) all Governors of the 50 United States; and be it further

RESOLVED, That this resolution be forwarded directly to the AMA House of Delegates at I-07.

MSS RESOLUTION 11 - REMOVING BARRIERS TO CARE FOR TRANSGENDER PATIENTS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED.

RESOLVED, That our AMA support public and private health insurance coverage for treatment of gender identity disorder in adolescents and adults; and be it further

RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder in adolescents and adults when prescribed by a physician.

MSS RESOLUTION 12 - THE FAILURE OF MARKET-BASED HEALTHCARE REFORM

MSS ACTION: RESOLVE 1 OF MSS RESOLUTION 12 ADOPTED AS AMENDED WITH CHANGE IN TITLE, AND AMA POLICY D-390.967 REAFFIRMED IN LIEU OF RESOLVE 2 OF MSS RESOLUTION 12.

REEXAMINING MARKET BASED HEALTH CARE REFORM

RESOLVED, That our AMA reanalyze the concept of market based health care reform, specifically addressing the financial, ethical, and moral soundness of a system that relies on private health insurance, and report back at A-09.

MSS RESOLUTION 13 - SUPPORT FOR FAMILY AND RELATIONSHIPS DURING MEDICAL SCHOOL AND RESIDENCY

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS work with the RFS, the AMA Alliance, and other interested organizations to urge medical schools and residency programs to provide access to and encourage use of relationship counseling; and be it further

RESOLVED, That our AMA-MSS work with the RFS, the AMA Alliance, and other interested organizations to encourage medical schools and residency programs to offer workshops, activities, or lectures regarding the balance of family life with medical training and practice; and be it further

RESOLVED, That our AMA-MSS work with the RFS, the AMA Alliance, and other interested organizations to promote opportunities for student and resident spouses and partners to become involved in the medical community, particularly through the AMA Alliance; and be it further

RESOLVED, That our AMA-MSS directly support the family relationships of medical students and residents by adding to the “Resources” sections of the MSS Web page links to the many articles and resources available regarding balancing and enriching families and relationships while training for and practicing medicine.

MSS RESOLUTION 14 - INCREASING MEDICAL SCHOOL CLASS SIZES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 14 ADOPTED IN LIEU OF MSS RESOLUTION 14.

RESOLVED, That our AMA support increasing the number of medical students, provided that such expansion would not jeopardize the quality of medical education.

MSS RESOLUTION 15 - APPLICATION OF CHRONOTHERAPY TO CHEMOTHERAPEUTIC TREATMENT OF CANCER IN THE UNITED STATES

MSS ACTION: MSS RESOLUTION 15 NOT ADOPTED.

RESOLVED, That our AMA encourage application of chronotherapy knowledge to clinical settings by all physicians directly involved in chemotherapeutic treatment of cancer through distribution of educational materials about chronotherapy; and be it further

RESOLVED, That our AMA advocate for the NIH and other funded groups to make resources available for additional clinical trials to confirm the benefits of chronotherapy and its application to cancer by following the model of the chronotherapy cooperative group within the European Organization for Research and Treatment of Cancer; and be it further

RESOLVED, That our AMA-MSS promote awareness of chronotherapy in cancer therapy by distribution of educational materials among medical students and therefore maintain its commitment to medical education and scientific discovery.

MSS RESOLUTION 16 – STUDENT LOAN EMPOWERMENT

MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED.

RESOLVED, That our AMA support legislation that requires medical schools to inform students of all government loan opportunities along with private loans, and requires disclosure of reasons that preferred lenders were chosen.

MSS RESOLUTION 18 - DEARTH OF NOVEL ANTIBIOTICS

MSS ACTION: MSS RESOLUTION 18 REFERRED FOR REPORT BACK AT I-08

RESOLVED, That our AMA endorse legislation or lobby for legislation that will grant companies tax incentives for pursuing antibiotic research. (Any expenditure towards the development of a new class of antibiotic would not be taxed.)

MSS RESOLUTION 19 - LABEL CHANGES FOR OVER-THE-COUNTER COUGH AND COLD MEDICATION FOR CHILDREN UNDER SIX YEARS OLD

MSS ACTION: MSS RESOLUTION 19 NOT ADOPTED.

RESOLVED, That our AMA recommend that the FDA (1) require labeling for over-the-counter antitussive, expectorant, nasal decongestant, antihistamine, and combination cough and cold products that states that these products should not be used for treatment of cough or cold in children under 6 years of age as they have not been shown to be safe or effective in this age group; and (2) notify manufacturers that the use of advertising or labeling displaying images of children under the age of 6 is not supported by scientific evidence and that these manufacturers are subject to enforcement action at any time.

MSS RESOLUTION 20 - INCREASED FUNDING FOR AMA-MSS REGION MEETINGS

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 20 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 20.**

RESOLVED, That out AMA-MSS evaluate the funding needs of region meetings and study the value of MSS region meetings with respect to membership, leadership development, and region communications, and that the MSS Governing Council issue a report with the results at A-08.

MSS RESOLUTION 21 - REGIONAL REPRESENTATION ON REFERENCE COMMITTEES

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 21 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 21.**

RESOLVED, That our AMA-MSS Governing Council continue to empower regions and work toward increasing diversity on all MSS Committees by using regional diversity as one of the selection criteria for all MSS Committees; and be it further

RESOLVED, That our AMA-MSS Governing Council report back at A-10 on the issue of regional diversity on MSS Committees.

MSS RESOLUTION 23 – EXPEDITED PARTNER THERAPY

> **MSS ACTION: MSS RESOLUTION 23 NOT ADOPTED.**

RESOLVED, That in those states where expedited partner therapy is not expressly permissible, our AMA assist constituent associations with the creation of model legislation and encourages the constituent associations to support enactment of statutes that permit physicians to provide expedited partner therapy to patients diagnosed with gonorrhea or Chlamydia infection; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at I-07.

MSS RESOLUTION 24 - HEALTH INSURANCE AS AN ESSENTIAL SOCIAL SERVICE FOR ALL AMERICANS

> **MSS ACTION: AMA POLICIES E-2.095 AND H-165.866 REAFFIRMED IN LIEU OF MSS RESOLUTION 24.**

RESOLVED, That our AMA assert that health insurance is an essential social service for all Americans unable to cover catastrophic expenses on their own; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at A-08.

MSS RESOLUTION 25 - COMPARISON TRIALS AS THE BASIS FOR FDA APPROVAL OF ME TOO DRUGS

> **MSS ACTION: MSS RESOLUTION 25 NOT ADOPTED.**

RESOLVED, That our AMA actively support head-to-head testing of new drugs against already-existing drugs in equivalent doses as the basis for FDA approval if an approved drug with a similar mechanism of action already exists on the market; and be further

RESOLVED, That our AMA advocate for transparency in the dissemination of efficacy data derived from head-to-head trials that are used to obtain approval of a new drug, including the publication of all study outcomes regardless of statistical significance or inability to demonstrate superiority, and disclosure of funding sources and conflicts of interest; and be further

RESOLVED, That our AMA discourage the practice of aggressively marketing reformulations and therapeutic class drugs that prove to offer no benefit or marginal benefit from already-existing drugs or drugs that are standard-of-care; and be further

RESOLVED, That our AMA ask the FDA to consider the requirement of head-to-head testing of new drugs in development to show efficacy in direct outcomes against already-approved drugs with a similar mechanism of action or as current standard of care, rather than only efficacy against placebo.

MSS RESOLUTION LATE 1 - PROFESSIONAL PROMOTION DISCLOSURE REGISTRY

> **MSS ACTION: MSS RESOLUTION LATE 1 REFERRED FOR REPORT BACK AT I-08.**

RESOLVED, That our AMA develop specifications outlining criteria that should be included in any professional promotion disclosure registry in terms of enforcement, transparency, public availability, and reported payments (in accordance with AMA ethical guidelines depicting appropriate payments) to optimize and unify various professional promotion monitoring systems without jeopardizing prescriber-identifiable data; and be it further

RESOLVED, That our AMA support future initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual payments to physicians from the pharmaceutical, device, and biologic industries while neither preempting stronger state legislation, nor allowing the use of prescriber-identifiable data for marketing purposes.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2007 INTERIM MEETING
HONOLULU, HAWAII

GC REPORT A - TOWARD ENVIRONMENTAL RESPONSIBILITY

MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 6-I-06 AND REMAINDER OF REPORT FILED.

1. That our AMA recognize the negative impact of climate change on global human health, particularly in the areas of infectious disease, the direct effects of heat, severe storms, food and water availability, and biodiversity.

2. That our AMA conduct an internal assessment of its environmental footprint and research creative solutions to minimize it and report back at I-08.

3. That our AMA-MSS continue to study climate change and its impact on human health by conducting an analysis of the environmental impact of hospitals, physician practices, and medical industry suppliers and report back at I-08.

GC REPORT B – UPDATE ON THE TRIAL EXPANSION OF THE GOVERNMENT RELATIONS INTERNSHIP PROGRAM TO INTERNATIONAL HEALTH AND POLICY INTERNSHIPS

MSS ACTION: RECOMMENDATIONS OF GC REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS extend the trial period of the expansion of the Government Relations Internship Program (GRIP) to international health policy (IHP) internships for one additional year.

2. That the continued trial expansion of GRIP to IHP be limited to non-clinical IHP programs located specifically in the Washington, D.C., area.

3. That all GRIP applications submitted on time, including those of students applying for IHP internships, be considered concurrently.

4. That a maximum of two of the ten available GRIP positions be filled by candidates pursuing IHP internships.

5. That the AMA-MSS International Health and Policy Committee actively promote and publicize the trial expansion of GRIP to IHP over the coming year, with GC report back on the success of this trial expansion at I-08.

GC REPORT C – POLICY SUNSET REPORT FOR 2002 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATION OF GC REPORT C ADOPTED.

1. That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS.

COLRP REPORT A - BIENNIAL REVIEW OF NATIONAL MEDICAL STUDENT ORGANIZATIONS CURRENTLY REPRESENTED IN THE MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT A REFERRED FOR DECISION.

1. That the MSS recommend to the AMA Board of Trustees that the following organizations no longer be represented as National Medical Student Organizations in the MSS Assembly: Student Aviation Management Association, American Association of Physicians of Indian Origin, American College of Legal Medicine, National Network of Latin American Medical Students, Student National Medical Association.

2. That, per MSS Internal Operating Procedure VIII. C, 5., the MSS confer official observer status on the American Association of Physicians of Indian Origin, the American College of Legal Medicine, the National Network of Latin American Medical Students, the Student National Medical Association, and the American Physician Scientists Association.

3. That the MSS consider amending AMA Bylaw 7.3341 (b) to read: "The organization must be composed ~~solely~~ primarily of medical students enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program."

4. That the MSS consider amending the AMA Bylaws to permit voting representation in the MSS Assembly for the Association of American Medical Colleges – Organization of Student Representatives and its equivalent osteopathic medical student organization.

5. That the AMA-MSS Governing Council reinforce the biennial review process for NMSOs as outlined in MSS Internal Operating Procedure VIII. C. 4.

SUMMARY OF ACTIONS
AMA-MSS REAFFIRMATION CALENDAR

2007 INTERIM MEETING
HONOLULU, HAWAII

MSS Reaffirmation Calendar: The AMA-MSS will implement a reaffirmation consent calendar akin to that used by the AMA-HOD and set forth in AMA Policy 545.979 and 545.974, to expedite the business of the Assembly on resolutions seeking reaffirmation of existing AMA-MSS policy; and that the Reaffirmation Calendar provide "statements of support" for existing AMA policy for those resolutions deemed identical or nearly identical to existing AMA policy. (MSS Amended Res. 17, A-93; MSS Report C, I-93; MSS Report C, I-97)

The following items were reaffirmed by the MSS Assembly at the 2007 Interim Meeting:

MSS RESOLUTION 2 - ENCOURAGEMENT OF MEDICAID FUNDING FOR 17P PROGESTERONE FOR HIGH RISK PREGNANCIES

RESOLVED, That our AMA strongly encourage all state Medicaid programs and private insurers to provide funding for 17P progesterone treatment for all eligible women in need of this therapy.

REAFFIRMS AMA POLICIES H-290.993, H-420.972, AND H-425.976:

H-290.993 Coverage of Drugs by Medicaid
Our AMA (1) urges CMS to develop meaningful guidelines for state Medicaid agencies to pay for drugs necessary to treat life-threatening and other serious medical conditions, even if such drugs are manufactured/distributed by non-rebating firms, and (2) asks CMS to grant states reasonable autonomy in decisions to cover these medically necessary drugs without retroactive economic penalty. (Res. 195, A-91; Reaffirmed: Sunset Report, I-01)

H-420.972 Prenatal Services to Prevent Low Birthweight Infants
Our AMA encourages all state medical associations and specialty societies to become involved in the promotion of public and private programs that provide education, outreach services, and funding directed at prenatal services for pregnant women, particularly women at risk for delivering low birthweight infants. (Res. 231, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmation A-07)

H-425.976 Preconception Care
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. (Res. 414, A-06)

MSS RESOLUTION 7 - DECREASING THE SPREAD OF HIV/AIDS IN THE UNITED STATES

RESOLVED, That our AMA promote the establishment of a standard of care that calls for hospital and medical personnel to routinely recommend testing for HIV/AIDS in conjunction with any medical evaluation to patients ages 13-64 as suggested by the CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings;" and be it further

RESOLVED, That our AMA develop these standards in cooperation with other interested stakeholders.

REAFFIRMS AMA POLICY D-20.992:

D-20.992 Improving Access to Rapid HIV Testing: An Update
Our AMA: (1) supports the Centers for Disease Control and Prevention's (CDC) 2006 Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings; (2) will continue to work with the CDC to implement the revised recommendations for HIV testing of adults, adolescents and pregnant women in health care settings, including exploring the publication of a guide on the use of rapid HIV testing in primary care settings; and (3) will identify legal and funding barriers to the implementation of the CDC's HIV testing recommendations and develop strategies to overcome these barriers. (CSAPH Rep. 2, I-06)

MSS RESOLUTION 17 – A CALL TO DEVELOP A CENTRALIZED DATABASE TO FACILITATE SHARED ACCESS TO ESSENTIAL MEDICAL INFORMATION AMONG HEALTHCARE PROVIDERS

RESOLVED, That our AMA seek to raise awareness among AMA physicians of electronic medical records, medical records database, and their potential benefits; and be it further

RESOLVED, That our AMA support legislation that would lead to designing a program that would convert all records to an electronically based database that will ensure privacy, increased quality of care and increased communications between physicians of different specialties in regards to patient's care; and be it further

RESOLVED, That the AMA design policies to encourage hospitals locally and statewide to increase the conversion of paper forms to electronic ones and have them collected into a

database that can be accessed by physicians/appointed personnel for patient care in urgent and non-urgent settings.

REAFFIRMS AMA POLICIES H-478.995, D-165.952, D-478.994, D-478.995, AND D-478.996:

H-478.995 National Health Information Technology
Our AMA supports the development, adoption, and implementation of national health information technology standards through collaboration with public and private interests, and consistent with current efforts to set health information technology standards for use by the federal government. (Res. 730, I-04)

D-165.952 National Health Care Policy Agenda
1. Our AMA will synthesize current AMA policy for the specific purpose of advocating a comprehensive, patient-centered National Health Care Policy Agenda.

2. This Agenda will strongly address the most important issues affecting physicians and patients in the United States, such as public- and private-sector financing and delivery, care for the uninsured, wellness and personal responsibility, liability, patient safety, and health information technology, and recommend comprehensive and workable solutions.

D-478.994 Health Information Technology
Our AMA will:

(1) support legislation and other appropriate initiatives that provide positive incentives for physicians to acquire health information technology (HIT);

(2) pursue legislative and regulatory changes to obtain an exception to any and all laws that would otherwise prohibit financial assistance to physicians purchasing HIT; and

(3) support initiatives to ensure interoperability among all HIT systems. (Res. 723, A-05; Reaffirmation A-07)

D-478.995 National Health Information Technology
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. (Res. 730, I-04)

D-478.996 Information Technology Standards and Costs
Our AMA will: (1) encourage the setting of standards for health care information technology whereby the different products will be interoperable and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems; (2) work with Congress and insurance companies to appropriately align incentives as part of the development of a National Health Information Infrastructure (NHII), so that the financial burden on physicians is not disproportionate when they implement these technologies in their offices; (3) review the following issues when participating in or commenting on initiatives to create a NHII: (a) cost to physicians at the office-based level; (b) security of electronic records; and (c) the standardization of electronic systems; (4) continue to advocate for and support initiatives that minimize the financial burden to physician practices of adopting and maintaining electronic medical records; and (5) continue its active involvement in efforts to define and promote standards that will facilitate the interoperability of health information

technology systems. (Res. 717, A-04; Reaffirmation, A-05; Appended: Sub. Res. 707, A-06; Reaffirmation A-07)

MSS RESOLUTION 22 – OFFERING HEALTHY FOOD CHOICES IN PRIMARY AND SECONDARY SCHOOLS NATIONWIDE

RESOLVED, That our AMA support national legislation requiring healthy food menu options that meet predetermined, evidence-based nutritional standards as prescribed by the medical community in all primary and secondary schools.

REAFFIRMS AMA POLICY D-60.990:

D-60.990 Exercise and Healthy Eating for Children
Our AMA shall: (1) seek legislation that would require the development and implementation of evidence-based nutrition standards for all food served in K-12 schools irrespective of food vendor or provider; and (2) work with the US Public Health Service and other federal agencies, the Federation, and others in a coordinated campaign to educate the public on the epidemic of childhood obesity and enhance the K-12 curriculum by addressing the benefits of exercise, physical fitness, and healthful diets for children. (Res. 423, A-02; Reaffirmation A-04; Reaffirmation A-07)

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2007 INTERIM MEETING
HONOLULU, HAWAII

AMA RESOLUTION 702 - SUPPORT FOR INCREASED REGULATION IN TISSUE PROCUREMENT

HOD ACTION: AMA POLICIES D-370.995, D-140.986, AND H-370.988 REAFFIRMED IN LIEU OF AMA RESOLUTION 702.

RESOLVED, That our AMA support efforts by the FDA, the American Association of Tissue Banks, CDC, and other appropriate establishments to institute a uniform system of tissue tracking and a national database of tissue registry for tissues intended for nonclinical scientific and educational purposes ; and be it further

RESOLVED, That our AMA reaffirm AMA Policy H-370.988 – Regulation of Tissue Banking.

AMA RESOLUTION 801 – PATIENT SAFETY CURRICULA IN UNDERGRADUATE MEDICAL EDUCATION

HOD ACTION: AMA RESOLUTION 801 ADOPTED AS AMENDED.

RESOLVED, That our AMA explore the feasibility of asking the Liaison Committee on Medical Education to encourage the discussion of basic patient safety and quality improvement issues in medical school curricula.

AMA RESOLUTION 803 - CHILDHOOD OBESITY

HOD ACTION: AMA POLICIES H-170.984, H-170.999. D-60.990, AND D-440.971 REAFFIRMED IN LIEU OF AMA RESOLUTION 803.

RESOLVED, That our AMA encourage wide-scale, comprehensive, school-based obesity prevention that includes didactic curriculum, nutrition standards, physical education programs, and parent- and teacher- involvement; and be it further

RESOLVED, That our AMA encourage research and evaluative studies to develop a unified, evidence-based tool to accurately determine youth and adolescent weight status.

AMA RESOLUTION 804 – COMMUNICATION AND CLINICAL TEACHING CURRICULA

HOD ACTION: AMA RESOLUTION 804 REFERRED.

RESOLVED, That our AMA establish policy supporting the development of formalized medical teacher training for residents and attending faculty; and be it further

RESOLVED, That our AMA explore the feasibility of the Accreditation Council for Graduate Medical Education defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents; and be it further

RESOLVED, That our AMA work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2008 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – RESTRICTION OF NON-VETERINARY ANTIMICROBIALS IN COMMERCIAL LIVESTOCK TO REDUCE ANTIBIOTIC RESISTANCE

MSS ACTION: MSS RESOLUTION 1 ADOPTED AS AMENDED.

HOD ACTION: AMA RESOLUTION 530 ADOPTED AS AMENDED.

RESOLVED, That our AMA work with interested partners in the Federation of Medicine to develop formal recommendations, based on a review of the evidence and expert clinical judgment, to develop and/or improve new or existing FDA guidelines concerning the prudent use of antibiotics in livestock to protect patients from the dangers of antimicrobial-resistant pathogens; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at A-08.

MSS RESOLUTION 2 – MARIJUANA: MEDICAL USE AND RESEARCH

MSS ACTION: MSS RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA support reclassification of marijuana's status as a Schedule I controlled substance into a more appropriate schedule; and be it further

RESOLVED, That this resolution be forwarded to the House of Delegates at I-08.

MSS RESOLUTION 3 – HEALTH POLICY EDUCATION IN MEDICAL SCHOOLS

MSS ACTION: MSS RESOLUTION 3 REFERRED FOR REPORT.

RESOLVED, That our AMA strongly encourage medical schools to include within their core curricula health policy education examining the political, economic, and social policies influencing health care, as well as medical decision making; and be it further

RESOLVED, That our AMA work with the Association of American Medical Colleges (AAMC) to integrate health policy education into the core medical school curricula and establish basic topics regarding health policy education that should be included within medical education; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates.

MSS RESOLUTION 4 – THE PATIENT-CENTERED MEDICAL HOME CONCEPT

MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 4.

RESOLVED, That our AMA adopt only the following definition of the patient-centered medical home model as set forth by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic

Association in the *Joint Principles of the Patient-Centered Medical Home*: (1) Personal physician, (2) Physician directed medical practice, (3) Whole person orientation, (4) Care is coordinated and/or integrated, (5) Quality and safety, (6) Enhanced access, and (7) Payment; and be it further

RESOLVED, That our AMA continue to support the Medicare Medical Home Demonstration project and study the implications of including “payment” as a principle in the definition of the patient-centered medical home model; and be it further

RESOLVED, That our AMA advocate that every American have access to medical services within the setting of a patient-centered medical home; and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-08.

MSS RESOLUTION 5 – BENEFITS OF MARRIAGE

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

STUDYING MARRIAGE-BASED HEALTH DISPARITIES AMONG GAY, LESBIAN, BISEXUAL, AND TRANSGENDER FAMILIES

RESOLVED, That our AMA-MSS support AMA efforts to evaluate existing data concerning same-sex couples and their dependent children and report back to the House of Delegates to determine whether there is evidence of health care disparities for these couples and children because of their exclusion from civil marriage.

MSS RESOLUTION 6 – INCREASED FUNDING FOR AMA-MSS REGIONAL MEETINGS

MSS ACTION: MSS RESOLUTION 6 NOT ADOPTED.

RESOLVED, That the AMA-MSS request the House of Delegates of the AMA to support a resolution that would increase funding for the seven AMA-MSS Regional meetings beyond the present amount of $1,000 annually.

MSS RESOLUTION 7 – SURVIVAL OF THE J-1 VISA WAIVER PROGRAM

MSS ACTION: MSS RESOLUTION 7 REFERRED FOR REPORT.

RESOLVED, That our AMA-MSS GC form an ad hoc committee to study whether the changes in the decisions of foreign medical graduates to practice in rural underserved areas based on visa requirements justify immediate forwarding to the AMA House of Delegates for study of the problems presented by the current decline in J1 visa waiver program and the alternative H1B visa.

MSS RESOLUTION 8 – FUNDAMENTAL MELANOMA EDUCATION

MSS ACTION: MSS RESOLUTION 8 NOT ADOPTED.

RESOLVED**,** That our AMA recommend that U.S. accredited medical schools provide education about the fundamentals of melanoma screening and prevention to medical students during their first two years (or equivalent basic science years) of medical education.

MSS RESOLUTION 9 – SUPPORT FOR INCREASE IN FEDERAL FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH

MSS ACTION: SUBSTITUTE MSS RESOLUTION 9 ADOPTED IN LIEU OF MSS RESOLUTION 9.

RESOLVED, That our AMA support sufficient increases in National Institutes of Health funding to cover the rising cost of research.

MSS RESOLUTION 10 – DEFINITION OF MSS STANDING COMMITTEES AND TRANSPARENCY OF THE STANDING COMMITTEE APPLICATION PROCESS

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED.

RESOLVED, That the definition of AMA-MSS Standing Committees be explicitly written into the AMA-MSS Internal Operating Procedures as follows:

A new article (Article VII) titled "MSS Standing Committees" to be inserted after the current Article VI and which states: "The Standing Committees shall be appointed by the Governing Council. These committees are to generally support the mission of the AMA-MSS."

MSS RESOLUTION 11 – A CALL TO FURTHER RECOGNIZE AND EXPEDITE THE NATIONWIDE HEALTH INFORMATION NETWORK

MSS ACTION: MSS RESOLUTION 11 NOT ADOPTED.

RESOLVED, That our AMA recognize the efforts of the Department of Health and Human Services Nationwide Health Information Network (NHIN) initiative and push for an accelerated implementation of the program earlier than 2014; and be it further

RESOLVED, That our AMA support an initiative to unite the development of HIPAA compliant health information software between government and for-profit corporations and encourage interoperability; and be it further

RESOLVED, That this issue be forwarded to our AMA's House of Delegates meeting in June 2008.

MSS RESOLUTION 12 – ONE HEALTH

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS engage in dialog with the Student American Veterinary Medical Association to promote collaboration with the public health and veterinary professional and educational communities; and be it further

RESOLVED, That our AMA-MSS review the American Veterinary Medical Association One Health Initiative Task Force report and report back at I-08 regarding our MSS position on the Task Force recommendations, specifically those related to education.

MSS LATE RESOLUTION 2 – PRESUMED CONSENT FOR ORGAN DONATION

MSS ACTION: MSS LATE RESOLUTION 2 REFERRED FOR REPORT.

RESOLVED, That our AMA draft and support legislation at the federal and state levels that:

1. Establishes “presumed consent” as the idea that “deceased individuals are presumed to be organ donors unless they indicate their refusal to donate;”
2. Establishes “presumed consent” as defined by E-2.155 as the model for cadaveric organ donation in the United States;
3. Protects the right of families to refuse organ donation of the deceased individual; and
4. Requires that refusal to donate be recorded in a manner that is easily accessible to the appropriate health care professionals.

MSS LATE RESOLUTION 3 – GLOBAL HIV/AIDS PREVENTION

MSS ACTION: MSS LATE RESOLUTION 3 ADOPTED AS AMENDED.

HOD ACTION: SPONSOR GRANTED LEAVE TO WITHDRAW AMA RESOLUTION 438.

RESOLVED, That our AMA support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives, or grantee pledges of opposition to prostitution; and be it further

RESOLVED, That our AMA extend its support of comprehensive family-life education to foreign aid programs, promoting abstinence while also discussing the role of safe sexual practices in disease prevention; and be it further

RESOLVED, That this be immediately forwarded to the AMA House of Delegates.

MSS LATE RESOLUTION 4 – INDUSTRY SUPPORT OF PROFESSIONAL EDUCATION IN MEDICINE

MSS ACTION: SUBSTITUTE MSS LATE RESOLUTION 4 ADOPTED AS AMENDED IN LIEU OF MSS LATE RESOLUTION 4.

RESOLVED, That our AMA-MSS encourage aggressively decreasing reliance on industry support for medical education and support alternative funding mechanisms to finance quality medical education.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2008 ANNUAL MEETING
CHICAGO, ILLINOIS

GC REPORT A – MEDICAL STUDENT SECTION POLICY MAKING PROCEDURES

MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That 645.022MSS – Medical Student Section Policy Making Procedures be rescinded.

2. That, as part of its annual review of MSS policies set to sunset at I-08, the MSS Governing Council undertake policy consolidation for at least one issue, and report back with recommendations for future policy consolidation efforts.

3. That, when deemed necessary by the MSS Delegate and Alternate Delegate, the MSS employ a ranking/prioritization process for MSS resolutions intended to be forwarded to the AMA House of Delegates.

4. That the MSS Governing Council provide the MSS with updates on actions taken on resolutions and report recommendations adopted by the MSS Assembly, similar in format to the HOD's "Implementation of Resolutions and Report Recommendations" documents, and that these updates be archived as an historical record of GC actions.

5. That the MSS continue to use a Reaffirmation Consent Calendar, modeling it in the style of the House of Delegates Reaffirmation Consent Calendar.

6. That the MSS Governing Council educate the Section, specifically representatives to the MSS Assembly, on the purpose and functioning of the MSS Reaffirmation Consent Calendar.

7. That the MSS continue to use and enforce the mandatory MSS Resolution Checklist.

8. That when MSS policy comes up for sunsetting, the MSS Delegate and Alternate Delegate, at their discretion, consider reforwarding to the House of Delegates MSS policy that was previously forwarded but not adopted.

GC REPORT B – USE OF RADIO FREQUENCY IDENTIFICATION TAGS IN SURGICAL SPONGES

MSS ACTION: RECOMMENDATION OF GC REPORT B NOT ADOPTED AND REMAINDER OF REPORT FILED.

That our AMA support the use of RFID technology as a means by which to prevent the retention of surgical sponges in order to improve patient safety and reduce subsequent sequelae.

GC REPORT C – LIABILITY COVERAGE FOR MEDICAL STUDENTS COMPLETING EXTRAMURAL ELECTIVES

MSS ACTION: RECOMMENDATIONS OF GC REPORT C ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS encourage the Association of American Medical Colleges to increase the utility of its Extramural Electives Compendium (EEC) by providing information regarding liability coverage requirements at all host institutions and by making this a searchable feature, and additionally that the AMA-MSS provide a link to the EEC on its Web site.

2. That our AMA-MSS and AMA take into account the appropriate minimum levels of student liability coverage when examining the issue of student debt, particularly when in conversations with the administrations of various medical schools.

3. That our AMA examine whether or not students have been found partially accountable in recent malpractice suits, as well as the appropriateness of the amounts of medical student liability coverage required by medical schools with respect to the current medical professional liability insurance market.

4. That our AMA examine the propriety of schools requiring their own and visiting students to carry levels of medical liability coverage in excess of the minimum amounts mandated for physicians by state law.

GC REPORT D – MEMBERSHIP DEPENDENT VOTING APPORTIONMENT

MSS ACTION: GC REPORT D FILED.

GC REPORT E – NATIONAL MEDICAL STUDENT REPRESENTATION IN THE MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS OF GC REPORT E ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

HOD ACTION: AMA RESOLUTION 16 ADOPTED.

1. That the following organizations maintain their voting representation within the AMA-MSS Assembly pending final revision of the AMA Bylaws and MSS Internal Operating Procedures (IOPs): American Association of Physicians of Indian Origin, American College of Legal Medicine, Asian Pacific American Medical Student Association, Military Medical Student Association, National Network of Latin American Medical Students, and Student National Medical Association.

2. That the eligibility criteria for National Medical Student Organizations (NMSOs) as set forth in the AMA Bylaws and the MSS IOPs be amended to allow representation to the MSS Business Meeting for NMSOs whose memberships are composed primarily, as opposed to solely, of medical students. The MSS Governing Council will make a recommendation to the AMA Board of Trustees as to whether a prospective NMSO is composed “primarily” of medical students.

3. That the AMA Bylaws and MSS IOPs be amended to establish automatic representation to the MSS Business Meeting for every student group affiliated with a parent organization seated in the AMA House of Delegates.

4. That the AMA Bylaws and MSS IOPs be amended to establish representation to the MSS Business Meeting for the Association of American Medical Colleges – Organization of Student Representatives and for the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents.

5. That the recommendations of this report be forwarded to the AMA House of Delegates at A-08

GC REPORT F – ANTIMICROBIAL RESISTANCE: DEARTH OF NOVEL ANTIBIOTICS

MSS ACTION: RECOMMENDATION OF GC REPORT F ADOPTED AS AMENDED WITH CHANGE IN TITLE AND REMAINDER OF REPORT FILED.

NOVEL ANTIBIOTICS AND ANTIMICROBIAL RESISTANCE

1. That our AMA continue to monitor the spread of antibiotic resistance and, if deemed necessary, support mechanisms that would result in the timely development of novel antibiotics. Mechanisms should include a combination of push and pull incentives with legislation modeled after the Orphan Drug Act in conjunction with intensive educational efforts targeting physicians and patients.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2008 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 2 – PROMOTING REPRESENTATIVE EQUALITY AT THE MSS BUSINESS MEETING

HOD ACTION: AMA RESOLUTION 2 ADOPTED.

RESOLVED, That our American Medical Association Bylaws be amended to reflect the following Medical Student Section Business Meeting representation criteria for central and satellite campuses:

1. The AMA medical student members of each educational program as defined in Bylaw 7.331 that has more than one campus may select one representative and one alternate representative from each campus.
2. Each central campus that has a total student population (not including students at any associated satellite campuses) greater than 999 may select one additional representative and one additional alternate representative.
3. A satellite campus is redefined as a separate administrative campus from the central campus where a minimum of 20 members of the medical school student body are assigned for some portion of instruction over a period of time not less than one academic year (and that specific reference in AMA Bylaws to the Charles R. Drew University of Medicine and Science is no longer necessary because that campus qualifies for representation under the proposed definition of a satellite campus).

RESOLUTION 16 – NATIONAL MEDICAL STUDENT ORGANIZATION REPRESENTATION IN THE MSS ASSEMBLY

HOD ACTION: AMA RESOLUTION 16 ADOPTED.

RESOLVED, That our American Medical Association bylaws pertaining to National Medical Student Organizations (NMSOs) be amended to allow representation to the MSS Business Meeting for NMSOs whose memberships are composed “primarily,” as opposed to “solely,” of medical students. The MSS Governing Council will make a recommendation to the AMA Board of Trustees as to whether a prospective NMSO is composed “primarily” of medical students; and be it further

RESOLVED, That the AMA Bylaws be amended to establish automatic representation to the MSS Business Meeting for every student group affiliated with a parent organization seated in the AMA House of Delegates; and be it further

RESOLVED, That the AMA Bylaws be amended to establish representation to the MSS Business Meeting for the Association of American Medical Colleges – Organization of Student Representatives and for the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents.

AMA RESOLUTION 113 – REEXAMINING MARKET BASED HEALTH CARE REFORM

HOD ACTION: POLICY H-165.888 REAFFIRMED IN LIEU OF AMA RESOLUTION 113.

RESOLVED, That our American Medical Association reanalyze the concept of market based health care reform, specifically addressing the financial, ethical, and moral soundness of a system that relies on private health insurance, and report back at the 2009 Annual Meeting.

AMA RESOLUTION 114 – REMOVING BARRIERS TO CARE FOR TRANSGENDER PATIENTS

HOD ACTION: AMA RESOLUTION 122 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTIONS 114 AND 115.

RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician.

AMA RESOLUTION 307 – STUDENT LOAN EMPOWERMENT

HOD ACTION: AMA RESOLUTION 307 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support a requirement that medical schools inform students of all government loan opportunities along with private loans, and require~~s~~ disclosure of reasons that preferred lenders were chosen.

AMA RESOLUTION 308 – ENCOURAGEMENT OF INTERPROFESSIONAL EDUCATION AMONG HEALTH PROFESSIONS STUDENTS

HOD ACTION: RESOLUTION 308 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association recognize that interprofessional education and partnerships are a priority of the American medical education system; and be it further

RESOLVED, That our AMA explore the feasibility of the implementation of Liaison Committee on Medical Education and American Osteopathic Association accreditation standards requiring interprofessional training in medical schools.

AMA RESOLUTION 309 – INCREASING MEDICAL SCHOOL CLASS SIZES

HOD ACTION: RESOLUTION 309 ADOPTED.

RESOLVED, That our American Medical Association support increasing the number of medical students, provided that such expansion would not jeopardize the quality of medical education.

AMA RESOLUTION 310 – SOLUTIONS TO TACKLING THE INCREASING COST OF MEDICAL EDUCATION

> **HOD ACTION: SUBSTITUTE AMA RESOLUTION 310 ADOPTED IN LIEU OF AMA RESOLUTION 310 WITH CHANGE IN TITLE.**
>
> **TRANSPARENCY IN MEDICAL SCHOOLS' UTILIZATION OF FUNDS FROM TUITION AND FEE INCREASES**

RESOLVED, That our American Medical Association encourage the development of policies by Liaison Committee on Medical Education- and American Osteopathic Association-accredited medical schools that ensure information on the use of funds from tuition and fee increases is disclosed in a standardized format and in a timely manner to prospective and current medical students.

AMA RESOLUTION 421 - IMPLEMENTATION OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED) IN HIGH-SCHOOL AND COLLEGE SPORTS PROGRAMS

> **HOD ACTION: AMA RESOLUTION 421 ADOPTED.**

RESOLVED, That our American Medical Association support state legislation and/or state educational policies encouraging each high school and college that participates in interscholastic and/or intercollegiate athletic programs to have an automated external defibrillator and trained personnel on its premises; and be it further

RESOLVED, That our AMA support state legislation and/or state educational policies encouraging athletic coaches, sports medicine personnel, and student athletes to be trained and certified in cardiovascular-pulmonary resuscitation (CPR), automated external defibrillators (AED), basic life support, and recognizing the signs of sudden cardiac arrest.

AMA RESOLUTION 438 – GLOBAL HIV/AIDS PREVENTION

> **HOD ACTION: SPONSOR GRANTED LEAVE TO WITHDRAW AMA RESOLUTION 438.**

RESOLVED, That our AMA support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives, or grantee pledges of opposition to prostitution; and be it further

RESOLVED, That our AMA extend its support of comprehensive family-life education to foreign aid programs, promoting abstinence while also discussing the role of safe sexual practices in disease prevention.

AMA RESOLUTION 514 – ADOPTING A DEFINITION FOR METABOLIC SYNDROME

> **HOD ACTION: AMA RESOLUTION 514 NOT ADOPTED.**

RESOLVED, That our American Medical Association support the development of a consensus statement defining metabolic syndrome.

AMA RESOLUTION 515 – ESSENTIAL MEDICINES FOR THE DEVELOPING WORLD

HOD ACTION: AMA RESOLUTION 515 ADOPTED.

RESOLVED, That our American Medical Association support universities engaging nontraditional partners, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions, in order to create new opportunities for neglected disease drug development; and be it further

RESOLVED, That our AMA support the protection of fair access to essential medicines in developing countries.

AMA RESOLUTION 530 – RESTRICTION OF NON-VETERINARY ANTIMICROBIALS IN COMMERCIAL LIVESTOCK TO REDUCE ANTIBIOTIC RESISTANCE

HOD ACTION: AMA RESOLUTION 530 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association work with interested partners to develop new, or improve existing, FDA guidelines concerning the prudent use of antibiotics in livestock to protect patients from the dangers of antimicrobial-resistant pathogens.

AMA RESOLUTION 607 – TOWARD ENVIRONMENTAL RESPONSIBILITY

HOD ACTION: AMA RESOLUTIONS 605 AND 607 REFERRED.

RESOLVED, That our American Medical Association recognize the negative impact of climate change on global human health, particularly in the areas of infectious disease, the direct effects of heat, severe storms, food and water availability, and biodiversity; and be it further

RESOLVED, That our AMA conduct an internal assessment of its environmental footprint and research creative solutions to minimize it, and report back at 2008 Interim Meeting.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2008 INTERIM MEETING
ORLANDO, FLORIDA

MSS RESOLUTION 1 - PROMOTING PHYSICIAN AWARENESS OF THE CORRELATION BETWEEN DOMESTIC VIOLENCE AND CHILD ABUSE

MSS ACTION: SUBSTITUTE MSS RESOLUTION 1 ADOPTED IN LIEU OF MSS RESOLUTION 1.

RESOLVED, That our AMA work with members of the Federation of Medicine and other appropriate organizations to educate physicians on (1) the relationship between domestic violence and child abuse and (2) the appropriate role of the physician in treating patients when domestic violence and/or child abuse are suspected.

MSS RESOLUTION 2 - INCREASED EMERGENCY ROOM THROUGHPUT OF BOARDED PATIENTS
MSS RESOLUTION 7 - INCREASED FUNDING FOR OVERCROWDED EMERGENCY ROOMS

MSS ACTION: MSS RESOLUTION 7 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 2 WITH CHANGE IN TITLE.

DECREASING EMERGENCY DEPARTMENT OVERCROWDING

RESOLVED, That our AMA-MSS support legislation that addresses the issue of emergency department overcrowding and patient boarding; and be it further

RESOLVED, That our AMA work with state and federal governments, including agencies such as the Centers for Medicare and Medicaid Services and the U.S. Office of Preparedness and Emergency Operations, to develop guidelines and increase incentives for hospitals to reduce emergency department overcrowding.

MSS RESOLUTION 3 - PROMOTING RESPONSIBLE BIOETHICS JOURNALISM

MSS ACTION: MSS RESOLUTION 3 REFERRED FOR REPORT BACK AT I-09.

RESOLVED, That our AMA encourage journalists writing articles of biomedical or bioethical significance to follow the Principles of the Association of Health Care Journalists (AHCJ); and be it further

RESOLVED, That our AMA make available on its Web site a user-friendly summary of the AHCJ Principles as an initial resource for general interest journalists who are researching and writing such pieces under short deadlines.

MSS RESOLUTION 4 - CONFLICTS OF INTEREST: COVERAGE AND PURCHASING DECISIONS

MSS ACTION: MSS RESOLUTION 4 NOT ADOPTED.

RESOLVED, That to avoid real or perceived conflicts of interest, our AMA advocate that organizations that provide health benefits for patients ought to exclude physicians with direct financial ties to health-related industry, such as drug or device companies, from sitting on hospital, health plan, and medical group formulary committees, clinical guidelines committees, utilization review committees, and committees overseeing the purchase of medical equipment.

MSS RESOLUTION 5 - MEDICAL SCHOOL TUITION CAPS AND TUITION FREEZES TO ALLEVIATE THE PRIMARY CARE PHYSICIAN SHORTAGE IN THE U.S.

MSS ACTION: EXISTING AMA POLICIES D-305.975, H-200.973, H-200.997, H-200.977, AND H-305.928 AND EXISTING MSS POLICY 200.010MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 5.

RESOLVED, That our AMA encourage private and public medical schools to adopt policies that either limit the yearly percentage increase in tuition or hold tuition constant throughout the four years of medical school for each entering class; and be it further

RESOLVED, That our AMA consider recent difficulties in recruiting primary care physicians to be related to the increase in medical school indebtedness; and be it further

RESOLVED, That our AMA support increasing the avenues and incentives for medical students to pursue careers in primary care medicine; and be it further

RESOLVED, That our AMA ensure that medical school will remain affordable for students of all socioeconomic backgrounds.

MSS RESOLUTION 6 - HOSPITAL GUIDELINES FOR THE REDUCTION OF NOSOCOMIAL TRANSMISSION OF DISEASE VIA NECKTIES

MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

HOSPITAL DRESS CODES FOR THE REDUCTION OF NOSOCOMIAL TRANSMISSION OF DISEASE

RESOLVED, That our AMA advocate for the adoption of hospital guidelines for dress codes that minimize transmission of nosocomial infections, particularly in critical and intensive care units.

MSS RESOLUTION 8 - PHARMACEUTICAL “DO-NOT-CONTACT” LIST

MSS ACTION: MSS RESOLUTION 8 NOT ADOPTED.

RESOLVED, That our AMA explore the idea of establishing a database that:

1. Allows physicians, hospitals or other medical institutions to add their name to a national “Do Not Contact List” with regard to pharmaceutical representatives, and
2. Physicians will be given the opportunity to opt-out upon licensing and relicensing, as with the prescribing habits opt-out program.

MSS RESOLUTION 9 - PHYSICIAN-ASSISTED REGULATION OF FIREARM ACCESS BY SUICIDAL PATIENTS

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED.

RESOLVED, That our AMA refer the following issues to a detailed, comprehensive study to be reported back at I-09:

1. The current role of physician-assisted regulation of firearm access by suicidal patients in all 50 states in the U.S.A.;
2. How that role is having an impact in states where there is already a system in place (i.e. California and Connecticut, where physicians treating inpatient patients are required by law to report gun possession to local authorities);
3. The variation in communication between physicians and local authorities in relation to the regulation of gun access in patients who pose harm to themselves and to others;
4. Patient privacy concerns surrounding physician-assisted regulation of firearms; and
5. The best way to increase the physician's role in minimizing the potential harm of guns in at-risk patients.

MSS RESOLUTION 10 - GENDER NEUTRAL HPV GUIDELINES

MSS ACTION: MSS RESOLUTION 10 NOT ADOPTED.

RESOLVED, That our AMA reaffirm previous policy on gender neutral HPV education; and be it further

RESOLVED, That our AMA develop a thorough report reviewing the current literature and research on the benefits of vaccinating males against HPV to reduce male health issues related to penile cancer and genital warts as well as to further reduce infection rates and complications such as cervical cancer among women in order to make an informed policy stance when an HPV vaccine becomes available for males.

MSS RESOLUTION 11 - INCREASING THE FEDERAL SUBSIDIZED STAFFORD LOAN LIMIT FOR GRADUATE AND PROFESSIONAL STUDENTS

MSS ACTION: EXISTING AMA POLICY D-305.993 REAFFIRMED IN LIEU OF MSS RESOLUTION 11.

RESOLVED, That the Federal Government substantially increase the subsidized Stafford Loan limit; and be it further

RESOLVED, That the subsidized Stafford Loan limit be adjusted for inflation regularly.

MSS RESOLUTION 12 - TACKLING CHILDHOOD OBESITY: DISPLAYING AGE-APPROPRIATE NUTRITIONAL INFORMATION ON PUBLIC SCHOOL LUNCH MENUS

MSS ACTION: MSS RESOLUTION 12 NOT ADOPTED.

RESOLVED, That our AMA work with relevant organizations to develop guidelines for posting age-appropriate nutritional information on public school cafeteria menus; and be it further

RESOLVED, That our AMA support state and local policies that require public schools to display age-appropriate nutritional information for all cafeteria-provided food items and educate students on how to interpret this information to make healthier nutritional choices.

MSS RESOLUTION 13 - CREATION OF DOMESTIC FOR-PROFIT MEDICAL SCHOOLS

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 13 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 13.**

RESOLVED, That our AMA collaborate with other organizations involved in preserving the quality of medical education, such as the American Osteopathic Association and the Association of American Medical Colleges, to study the impact of medical school for-profit status on medical education.

MSS RESOLUTION 14 - INTEROPERABLE ELECTRONIC MEDICAL RECORDS: THE FUTURE OF A SEGMENTED HEALTH CARE SYSTEM

> **MSS ACTION: EXISTING AMA POLICIES H-478.995, D-165.952, D-478.994, D-478.995, AND D-478.996 REAFFIRMED IN LIEU OF MSS RESOLUTION 14.**

RESOLVED, That our AMA support development of an interoperable, HIPAA compliant health information network that will securely provide patient-level data and be uniformly accessible through existing and future EMR systems; and be it further

RESOLVED, That our AMA support the essential nature of governmental participation in efforts to develop an interoperable, HIPAA compliant health information network to ensure availability of adequate financial resources, oversight, and enforcement.

MSS RESOLUTION 15 - INVESTIGATION OF THE JULY PHENOMENON

> **MSS ACTION: MSS RESOLUTION 15 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS encourage continued investigation into the possibility of a July Phenomenon and its etiology in surgery and other fields through analysis of nationwide, risk-adjusted, outcome-based, peer-controlled, and validated databases, as exemplified by the American College of Surgeons National Surgical Quality Improvement Program.

MSS RESOLUTION 16 - EXPANSION OF NATIONAL HEALTH SERVICES CORPS SCHOLARSHIP AND LOAN REPAYMENT

> **MSS ACTION: EXISTING AMA POLICIES D-305.975, D-305.993, H-200.984, H-200.985, H-465.988, D-200.984, AND D-200.989 AND EXISTING MSS POLICY 200.002MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 16.**

RESOLVED, That our AMA advocate for the significant expansion of the National Health Service Corps scholarship and loan repayment programs, and lobby Congress to pass legislation to further that expansion and to secure future funding sufficient to meet the full placement needs of the NHSC; and be it further

RESOLVED, That our AMA draft a letter to its component medical societies encouraging them to advocate for the expansion of state programs that provide scholarship and loan forgiveness opportunities for primary care professionals; and be it further

RESOLVED, That this resolution be forwarded to the AMA-HOD at I-08.

MSS RESOLUTION 17 - EXTENSION OF MEDICAL SCHOOL HEALTH CARE COVERAGE THROUGH THE TRANSITION TO RESIDENCY

MSS ACTION: MSS RESOLUTION 17 REFERRED FOR REPORT BACK AT I-09.

RESOLVED, That our AMA advocate that all medical schools allow their students to retain their institutions' health insurance coverage, without an increase in premium costs or change in coverage, for themselves, their dependents, and their spouses through the start of their medical residency or for 60 days, whichever occurs first; and be it further

RESOLVED, That our AMA draft and distribute a letter to all U.S. allopathic and osteopathic medical schools, informing them of AMA policy on the retention of medical student health insurance coverage during the transition from medical school to residency and encouraging them to voluntarily implement such policies at their institutions.

MSS RESOLUTION 18 - COMPARATIVE EFFECTIVENESS RESEARCH

MSS ACTION: MSS RESOLUTION 18 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS adopt policy supporting the creation of an independent organization that:

1. Conducts and supports research into the comparative effectiveness and cost effectiveness of new and existing medical interventions to increase information available for clinical decision-making,
2. Publicly disseminates findings to medical professionals and patients,
3. Involves representatives of physicians and patients in its governance,
4. Ensures that all studies maintain the highest standards of scientific credibility and investigator integrity, including submission of studies through a peer-review process and rules regarding conflicts of interest,
5. Receives funding from a dedicated funding source or sources not subject to Congressional appropriations,
6. Recognizes that patients are unique individuals and while attempting to provide evidence for specific subgroups and circumstances, acknowledges that population-level research is not applicable to every clinical case,
7. Does not make recommendations for public or private insurance coverage decisions or payment policies, and
8. Does not issue physician practice guidelines.

MSS RESOLUTION 19 - MANDATORY CPR/AED TRAINING FOR COLLEGE GRADUATES

MSS ACTION: MSS RESOLUTION 19 NOT ADOPTED.

RESOLVED, That our AMA support the mandate of required CPR/AED education and valid certification as part of a physical education graduation requirement for all bachelor degree recipients in American colleges and universities.

MSS RESOLUTION 20 - INCLUSION OF CORN ON ALLERGEN WARNING LABELS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 20 ADOPTED IN LIEU OF MSS RESOLUTION 20 WITH CHANGE IN TITLE.

STUDY THE NECESSITY OF THE INCLUSION OF CORN ON ALLERGEN WARNING LABELS

RESOLVED, That our AMA examine the prevalence and significance of corn allergy in the U.S. population and determine if the addition of allergen warning labels to corn-containing and corn-derived products is justified.

MSS RESOLUTION 21 - RECOGNIZING THE IMPORTANCE OF THE THEORY OF EVOLUTION IN SCIENCE EDUCATION

MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.

RESOLVED, That our AMA endorse the teaching of the theory of evolution as an integral part of science education.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2008 INTERIM MEETING
ORLANDO, FLORIDA

GC REPORT A - SIMPLIFIED RATING SYSTEM FOR PROCESSED FOODS

MSS ACTION: RECOMMENDATION OF GC REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS Resolution 9-A-07 not be adopted.

GC REPORT B - TOWARD ENVIRONMENTAL RESPONSIBILITY

MSS ACTION: GC REPORT B FILED.

GC REPORT C - PROFESSIONAL PROMOTION DISCLOSURE REGISTRY

MSS ACTION: RECOMMENDATIONS OF GC REPORT C ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA support initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual gifts and payments to physicians from the pharmaceutical, device, and biologic industries.

2. That our AMA develop specifications outlining criteria that should be included in any professional promotion disclosure registry in terms of enforcement, transparency, public availability, and reported payments (in accordance with AMA ethical guidelines depicting appropriate payments) to optimize and unify various professional promotion monitoring systems without jeopardizing prescriber-identifiable data.

GC REPORT D - UPDATE ON THE TRIAL EXPANSION OF THE GOVERNMENT RELATIONS INTERNSHIP PROGRAM TO INTERNATIONAL HEALTH AND POLICY INTERNSHIPS

MSS ACTION: RECOMMENDATIONS OF GC REPORT D ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

1. That the following outdated MSS policy actions pertaining to the trial expansion of GRIP to international health policy (IHP) internships be rescinded: 250.015MSS, 530.024MSS, 530.025MSS.

2. That our MSS indefinitely expand the Government Relations Internship Program (GRIP) to include IHP internships.

3. That the expansion of GRIP to IHP be limited to non-clinical IHP internships based in the Washington, D.C., area.

4. That all GRIP applications submitted on time, including those of students applying for IHP internships, be considered concurrently.

5. That a maximum of two of the ten available GRIP positions be filled by candidates pursuing IHP internships.

6. That the MSS Global Health and Policy Committee actively promote and publicize the expansion of GRIP to IHP over the coming year, with GC report back on the success of this continued expansion at I-09.

GC REPORT E - POLICY SUNSET REPORT FOR 2003 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS OF GC REPORT E ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

1. That the policies specified for retention in Appendix 1 of this report, including 100.006MSS, be retained as official, active policies of the AMA-MSS.

2. That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

3. That MSS policy 645.023MSS – Medical Student Section Policy Making Procedures be amended by insertion and deletion to read as follows:
   (2) As part of its annual review of MSS policies set to sunset at each MSS Interim Meeting~~I-08~~, the MSS Governing Council will undertake policy consolidation for at least one issue~~, and report back with recommendations for future policy consolidation efforts~~.

COLRP REPORT A - THE ONE-PER-STATE RULE AND GOVERNING COUNCIL ELECTIONS

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That the MSS Internal Operating Procedures be amended to revoke the restriction on election of multiple voting Governing Council members from a single state.

2. That our MSS evaluate the impact of the revocation of the one-per-state rule and report back at 2013.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2008 INTERIM MEETING
ORLANDO, FLORIDA

AMA RESOLUTION 820 – THE PATIENT-CENTERED MEDICAL HOME CONCEPT

HOD ACTION: RESOLVE 1 OF AMA RESOLUTION 804 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTIONS 803, 819, AND 820 WITH CHANGE IN TITLE. RESOLVE 2 REFERRED.

PRINCIPLES OF THE PATIENT-CENTERED MEDICAL HOME

RESOLVED, That our American Medical Association adopt the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association "Joint Principles of the Patient-Centered Medical Home" as follows:

Principles

Personal Physician - Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician Directed Medical Practice - The personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole Person Orientation - The personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.

Care is coordinated and/or integrated across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Quality and safety are hallmarks of the medical home:

Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient's family.

Evidence-based medicine and clinical decision-support tools guide decision making.

Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.

Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met.

Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication.

Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model.

Patients and families participate in quality improvement activities at the practice level.

Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.

Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework:

It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.

It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers, and community resources.

It should support adoption and use of health information technology for quality improvement.

It should support provision of enhanced communication access such as secure e-mail and telephone consultation.

It should recognize the value of physician work associated with remote monitoring of clinical data using technology.

It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).

It should recognize case mix differences in the patient population being treated within the practice.

It should allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.

It should allow for additional payments for achieving measurable and continuous quality improvements.

RESOLVE 2 (REFERRED):
RESOLVED, That our AMA, working with all interested specialty societies, continue to study the patient-centered medical home concept, with particular emphasis on funding sources and payment structures:

1. Ensuring that the value added services of the medical home are fully funded by financing mechanisms outside the Medicare Part B physician payment pool including from private insurance, Medicare Parts A and D, and Medicaid;
2. Ensuring that patient access to necessary quality specialty care without a gatekeeper is preserved;
3. Ensuring that patients can select any qualified physician practice as his or her medical home; and

4. Ensuring unity within the House of Medicine.

AMA RESOLUTION 910 - MARIJUANA: MEDICAL USE AND RESEARCH

HOD ACTION: AMA RESOLUTIONS 910 AND RESOLUTION 921 REFERRED.

RESOLVED, That our AMA support reclassification of marijuana's status as a Schedule I controlled substance into a more appropriate schedule.

AMA RESOLUTION 911 – NOVEL ANTIBIOTICS AND ANTIMICROBIAL RESISTANCE

HOD ACTION: AMA RESOLUTION 911 RECOMMENDED AGAINST CONSIDERATION.

RESOLVED, That our AMA continue to monitor the spread of antibiotic resistance and, if deemed necessary, support mechanisms that would result in the timely development of novel antibiotics. Mechanisms should include a combination of push and pull incentives with legislation modeled after the Orphan Drug Act in conjunction with intensive educational efforts targeting physicians and patients.

AMA RESOLUTION 912 – SUPPORT FOR INCREASES IN FEDERAL FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH

HOD ACTION: EXISTING AMA POLICIES H-460.998, H-460.993, AND H-460.983 REAFFIRMED IN LIEU OF AMA RESOLUTION 912.

RESOLVED, That our AMA support sufficient increases in National Institutes of Health funding to cover the rising cost of research.

AMA RESOLUTION 913 – LIABILITY COVERAGE FOR MEDICAL STUDENTS COMPLETING EXTRAMURAL ELECTIVES

HOD ACTION: AMA RESOLUTION 913 REFERRED.

RESOLVED, That our AMA take into account the appropriate minimum levels of student liability coverage when examining the issue of student debt, particularly when in conversations with the administrations of various medical schools; and be it further

RESOLVED, That our AMA examine whether students have been found partially accountable in recent malpractice suits, as well as the appropriateness of the amounts of medical student liability coverage required by medical schools with respect to the current medical professional liability insurance market; and be it further

RESOLVED, That our AMA examine the propriety of schools requiring their own and visiting students to carry levels of medical liability coverage in excess of the minimum amounts mandated for physicians by state law.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2009 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – ALTERNATIVE AMA FUNDING

MSS ACTION: MSS RESOLUTION 1 NOT ADOPTED.

RESOLVED, That our AMA-MSS investigate alternative funding sources that pose no conflict of interest with their mandate; and be it further

RESOLVED, That once sustainable alternative funding sources have been identified and utilized, our AMA either cease selling of physician data or allow physicians to opt-in to such a program.

MSS RESOLUTION 2 – EXPANDING THE VISITING STUDENTS APPLICATION SERVICE FOR VISITING STUDENT ELECTIVES IN THE FOURTH YEAR

MSS ACTION: MSS RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA strongly encourage the Association of American Medical Colleges (AAMC) to expand eligibility for the Visiting Students Application Service (VSAS) to medical students from Commission on Osteopathic College Accreditation (COCA) accredited medical schools; and be it further

RESOLVED, That our AMA support and encourage the AAMC in its efforts to increase the number of members and non-member programs in the VSAS, such as medical schools accredited by COCA and teaching institutions not affiliated with a medical school; and be it further

RESOLVED, That our AMA encourage the AAMC to ensure that member institutions that previously accepted both allopathic and osteopathic applications for fourth year clerkships prior to VSAS implementation, continue to have a mechanism for accepting such applications of osteopathic medical students; and be it further

RESOLVED, That our AMA explore the feasibility of collaborating with other stakeholder organizations and funding agencies to convene leaders in allopathic and osteopathic medicine responsible for undergraduate and graduate medical education, accreditation and certification, to explore opportunities to align education policies and practices, including visiting student elective opportunities.

MSS RESOLUTION 3 – OPPOSITION TO PROTECTED SLEEP TIME

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

REVIEW OF INSTITUTE OF MEDICINE RESIDENT WORK HOURS RECOMMENDATIONS

HOD ACTION: AMA RESOLUTION 330 REFERRED FOR REPORT.

RESOLVED, That our AMA support additional study of the issues raised with respect to duty hours in the 2008 Institute of Medicine report, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*, and consider further modifications of the current duty hours requirements based on the results of this inquiry; and be it further

RESOLVED, That our AMA support the evaluation and improvement of duty hours reform that does not include protected sleep time; and be it further

RESOLVED, That our AMA-MSS, in consultation with the AMA Council on Medical Education, study and develop relevant policy positions on the recommendations of the 2008 Institute of Medicine report, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*, and report back to the MSS Assembly at I-09.

MSS RESOLUTION 4 – STANDARDIZATION OF REFUGEE HEALTH CARE

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

REFUGEE HEALTH CARE

RESOLVED, That our AMA recognize the unique health needs of refugees; and be it further

RESOLVED, That our AMA encourage the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees; and be it further

RESOLVED, That our AMA support extending beyond eight months the period during which new refugees are eligible for Medicaid coverage under the Refugee Medical Assistance program.

MSS RESOLUTION 5 – GUIDELINES FOR DISCLOSURE OF HIV STATUS TO CHILDREN AND ADOLESCENTS WITH HIV

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

DISCLOSURE OF HEALTH STATUS TO CHILDREN AND ADOLESCENTS

RESOLVED, That our AMA encourage relevant members of the Federation of Medicine, as well as relevant non-physician organizations, to provide ongoing communication, support, and training to health care providers to assist parents with disclosing their children's health status, in particular their HIV status, to them in a timely and prudent manner.

MSS RESOLUTION 6 – ADOPTION OF STANDARDIZED PROTOCOLS FOR PREVENTION OF WRONG-SITE SURGERIES

MSS ACTION: AMA POLICIES H-355.981 AND H-335.965 REAFFIRMED IN LIEU OF MSS RESOLUTION 6.

RESOLVED, That our AMA endorse reporting of actual and near-miss wrong-site surgery along with other educational efforts seeking to identify contributory causes; and be it further

RESOLVED, That our AMA support the development of legislation or other appropriate measures requiring hospitals to adopt standardized protocols for prevention of wrong-site surgeries, including but not limited to pre-operative verification processes, operative site marking, and a "time out" immediately prior to surgery.

MSS RESOLUTION 7 - ADDRESSING THE PRACTICE OF NON-THERAPEUTIC NEONATAL CIRCUMCISION AND ADVOCATING FOR THE DISCOURAGEMENT OF SUCH PRACTICE IN NON-RELIGIOUS SETTINGS

MSS ACTION: MSS RESOLUTION 7 NOT ADOPTED.

RESOLVED, That our AMA discourage the practice of non-therapeutic neonatal circumcision in non-religious settings; and be it further

RESOLVED, That our AMA support state legislation and/or state educational policies that encourage physicians, especially pediatricians, to educate parents of newborn males on the proper care and maintenance of their child's prepuce as well as potential medical complications that may arise with regard to the prepuce.

MSS RESOLUTION 8 – PRICE TRANSPARENCY IN HEALTH CARE

MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support legislation that requires insurance providers to provide an online resource for patients and physicians to calculate charges and out-of-pocket expenses associated with investigations and therapies in an effort to better educate patients and physicians on health care costs, equip patients to recognize value in health care, empower patients to participate in the spending of their health care dollars, and promote one-time and long-term patient savings in an effort to reduce economic strains on health care systems.

MSS RESOLUTION 9 – READABILITY OF MEDICAL NOTICES OF PRIVACY PRACTICES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 9 ADOPTED IN LIEU OF MSS RESOLUTION 9.

READABILITY OF MEDICAL NOTICES OF PRIVACY PRACTICES

RESOLVED, That our AMA continue to support physician efforts to provide Notices of Privacy Practices at an appropriate reading level and in a language appropriate to the patient population served; and be it further

RESOLVED, That our AMA make available on its Web site a link to the Health Resources and Services Administration document, *Plain Language Principles and Thesaurus for Making HIPAA Privacy Notices More Readable*.

MSS RESOLUTION 10 – GUIDELINES FOR THE REUSE OF SINGLE USE DEVICES

MSS ACTION: AMA POLICIES H-480.959 AND D-480.993 REAFFIRMED IN LIEU OF MSS RESOLUTION 10.

RESOLVED, That our AMA encourage further research to develop written guidelines and procedures for cleaning and sterilizing techniques for safe reprocessing and reuse of medical devices; and be it further

RESOLVED, That our AMA reevaluate the efficacy of the FDA policy to classify hospitals as manufacturers in the resterilization and reuse of medical devices.

MSS RESOLUTION 11 – FDA REGULATION OF COSMETICS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

NATIONAL COSMETICS REGISTRY AND REGULATION

RESOLVED, That our AMA support legislation for the creation of a publicly available national registry of all cosmetics and their ingredients; and be it further

RESOLVED, That our AMA support legislation for the FDA to be given strengthened authority to recall cosmetic products determined to be harmful based on the FDA's product recall classifications.

MSS RESOLUTION 12 – PROMOTING THE UNIVERSAL USE OF BICYCLE HELMETS

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS encourage chapters to take advantage of current funding sources for community service initiatives to promote bicycle helmet use and to conduct events in their communities on safety education for all ages.

MSS RESOLUTION 13 - MEDICAL DECISION MAKING FOR SAME-SEX COUPLES

MSS ACTION: AMA POLICY H-140.901 REAFFIRMED IN LIEU OF MSS RESOLUTION 13.

RESOLVED, That our AMA support federal legislation to recognize and grant domestic partners, irrespective of sexual orientation, with the same health care and medical decision making rights provided to married couples; and be it further

RESOLVED, That our AMA encourage state and medical specialty societies to consider the introduction of legislation in their state legislatures that provides domestic partners, irrespective of sexual orientation, with the same health care and medical decision making rights provided to married couples regardless of the state's recognition of domestic partnerships or civil unions.

MSS RESOLUTION 14 - ENCOURAGING INNOVATIVE (FIRST IN CLASS) PHARMACEUTICALS

> **MSS ACTION: AMA POLICIES H-460.983 AND H-110.996 REAFFIRMED IN LIEU OF MSS RESOLUTION 14.**

RESOLVED, That our AMA work with the FDA and the U.S. Patent Office to extend patent lives for first in class drugs so that the pharmaceutical industry has a financial incentive to develop innovative products instead of modifying existing compounds.

MSS RESOLUTION 15 - ENCOURAGEMENT FOR NON-SIMULTANEOUS, EXTENDED, ALTRUISTIC DONATION

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 15 ADOPTED IN LIEU OF MSS RESOLUTION 15.**
>
> **INVESTIGATION OF NON-SIMULTANEOUS, EXTENDED, ALTRUISTIC ORGAN DONATION**

RESOLVED, That our AMA examine the feasibility and ethical implications of unconventional organ donation variations, such as non-simultaneous, extended, altruistic organ donation.

MSS RESOLUTION 16 – REDUCING THE RISK OF SEXUALLY TRANSMITTED ILLNESSES IN POST-MENOPAUSAL WOMEN

> **MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED WITH CHANGE IN TITLE.**
>
> **REDUCING THE RISK OF SEXUALLY TRANSMITTED INFECTIONS IN PATIENTS AGE 50 AND OLDER**

RESOLVED, That our AMA encourage physicians to educate their patients, particularly those of age 50 and older, on safe-sex practices and on the risk of sexually transmitted infections.

MSS RESOLUTION 17 – CONDOMS IN PRISONS

> **MSS ACTION: AMA POLICY H-430.988 REAFFIRMED IN LIEU OF MSS RESOLUTION 17.**

RESOLVED, That our AMA-MSS support federal government action to provide condoms in all federal prisons; and be it further

RESOLVED, That our AMA-MSS encourage state government action to provide condoms in all state prisons; and be it further

RESOLVED, That our AMA-MSS encourage government action to provide condoms in all county prisons.

MSS RESOLUTION 18 – NUTRITION LABELING ON ALCOHOLIC BEVERAGE CONTAINERS

MSS ACTION: AMA POLICY H-30.940 REAFFIRMED IN LIEU OF MSS RESOLUTION 18.

RESOLVED, That our AMA support mandatory nutrition and ingredient labels on alcoholic beverage containers; and be it further

RESOLVED, That our AMA recognize alcoholic beverages as consumable "food products;" and be it further

RESOLVED, That our AMA call upon the FDA to regulate the labeling of nutrition and ingredient information on alcoholic beverage containers.

MSS RESOLUTION 19 – INCREASING AWARENESS OF ORAL CONTRACEPTIVES FOR OVARIAN CANCER PREVENTION

MSS ACTION: MSS RESOLUTION 19 NOT ADOPTED.

RESOLVED, That our AMA recognize and support that oral contraceptive use can decrease the risk of ovarian cancer; and be it further

RESOLVED, That our AMA lobby to expand insurance coverage of oral contraception on the premise that it decreases the risk of ovarian cancer; and be it further

RESOLVED, That our AMA urge print and broadcast media to advertise, employ public service announcements, and help develop new ideas to increase awareness to women throughout the nation regarding this benefit.

MSS RESOLUTION 20 – PLACEMENT OF ALCOHOL-BASED HAND SANITIZER DISPENSERS OUTSIDE PUBLIC RESTROOMS

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA (1) recognize alcohol-based hand sanitizers with alcohol concentrations greater than 60 percent as an effective adjunct to hand washing in reducing microbial contamination and spread; and (2) urge the placement of alcohol-based hand sanitizer dispensers outside of public restrooms and in highly trafficked areas.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2009 ANNUAL MEETING
CHICAGO, ILLINOIS

COMMITTEE ON LONG RANGE PLANNING REPORT A - REVISION OF THE MSS ELECTION CAMPAIGN RULES

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That Section V. D. of the MSS Internal Operating Procedures be amended by insertion and deletion as follows:

V. Elections

D. Campaign~~s~~ Rules. ~~Each candidate shall observe the following Campaign Rules:~~

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

2. Candidate Disclosure Form.

a. The day before the election is scheduled to occur, all candidates nominated, either in advance of the meeting or from the floor at the meeting, shall submit a completed Candidate Disclosure Form to the Speaker, the Vice Speaker, or a member of the Rules Committee no later than the time of day designated by the Speaker. No candidate shall be elected if he or she has not completed and submitted a Candidate Disclosure Form.

b. The Candidate Disclosure Form shall be prepared by the Speaker and Vice Speaker and shall consist of two parts:

i. A portion, completed by the candidate, for disclosure of campaign leadership and campaign finances.

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

3. Candidates may distribute only the following campaign materials:

a. Buttons, stickers, and pins ~~(~~less than ~~2~~ 2.5 inches in greatest dimension~~)~~.

~~b. Stickers (less than 2 inches in greatest dimension).~~

~~c. Pins (less than 2 inches in greatest dimension).~~

b. Standard-size business cards.

c. Curricula vitae and personal statements.

i. Curricula vitae and personal statements of candidates nominated, pursuant to the rules of the MSS, in advance of the national meeting at which the election will be held shall be included in the online version of the MSS Meeting Handbook.

ii. At the Assembly Meeting, distribution of curricula vitae and personal statements shall be limited to the area and medium/media designated by the Speaker and announced at least 30 days prior to the meeting at which the election will be held.

iii. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).

d. No trinkets~~, posters~~, candy, pens, or other items may be displayed or distributed.

~~4. Candidates are encouraged to have their curricula vitae and personal statements included in the MSS Agenda Book. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).~~

~~5. At the Assembly Meeting, distribution of curricula vitae and personal statements will be limited to the back table of the Assembly room. It is the candidate's responsibility to make his or her materials available at the back table.~~

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

5. Campaign Communications.

a. Advance mailings by candidates, state associations, component societies, or other organizations on behalf of a candidate are not permissible.

b. Candidates should be prudent and courteous regarding the number and content of electronic messages sent prior to the election. No MSS listserv, message board, or Web log, or any other mode of MSS- or AMA-sponsored communication, shall be used for announcements of candidacy or endorsement.

c. Candidates should use discretion in the number and length of phone calls made prior to the election.

~~6. Candidates should be prudent and courteous regarding the number and content of electronic messages sent prior to the election.~~

~~7. Candidates should use discretion in the number and length of phone calls made prior to the election.~~

6. Campaigning at MSS Chapter, Region, or State meetings other than at a candidate's own MSS Chapter, Region, or State meetings, including attendant social events, is prohibited. Campaigning includes, but is not limited to, discussing candidacy or displaying or distributing campaign paraphernalia.

~~7. Receptions and/or hospitality should not be used for promotion of a candidate(s).~~

~~8. Travel to other Regional and/or state meetings by candidates, other than their own, is expressly prohibited.~~

7. Campaign Involvement.

   a. Only members of the MSS may be publicly involved with any candidate's campaign, or may campaign on their behalf in any capacity, but a candidate may privately seek advice from any individual he or she so chooses, including the Student Trustee and the Government Relations Advocacy Fellow, but excepting all other employed staff of the AMA.

   b. Members of the MSS Governing Council, members of the MSS Rules Committee, and MSS members compensated by the AMA (apart from travel reimbursement), such as the AMA Government Relations Advocacy Fellow, may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. These individuals may, however, mentor potential candidates for elected offices and provide advice to any candidate who seeks it; equal time should be made available to advising all candidates who seek advice.

   c. AMA staff members may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. AMA staff members may, however, answer candidate inquiries about election-related matters and may provide AMA-related information to candidates so long as that information is made available to all MSS members who request it.

   d. No person communicating by any medium (including in person) in his or her official role as a national- or regional-level leader of the MSS (including but not limited to MSS Governing Council member, MSS Committee member, AMA Council member, MSS Representative or Liaison to any AMA group or outside organization, AMPAC Student Advisory Board member, AMA Government Relations Advocacy Fellow, member of any Region Governing Council, etc.) may discuss or promote his or her or another's candidacy during that communication.

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

8. Candidates ~~are encouraged to~~ must fully participate in candidate interviews and question and answer sessions during the Assembly Meeting.

9. ~~Groups inviting candidates need to make available equal time for all candidates. If a group is unable to reasonably accommodate all candidates, no candidate shall be allowed to address the group.~~ A group that invites any candidate for a particular office to speak must invite and make a reasonable effort to accommodate all candidates for that office. Candidates may choose at their discretion to attend or not, but any candidate's availability or lack thereof shall not impose a restriction on the attendance of other candidates.

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

11. Enforcement.

a. Alleged infractions, including but not necessarily limited to violations of the Campaign Rules, ~~stated above~~ should be reported in writing to the MSS Speaker or Vice Speaker, or to any member of the MSS Rules Committee ~~who shall be responsible for their investigation. The MSS Speaker or Vice Speaker will report substantiated infractions to the Assembly prior to balloting. The Assembly should strongly consider any such announcement when voting for candidates.~~

b. The Speaker and Vice Speaker, in conjunction with the Rules Committee, shall be responsible for investigating alleged infractions. No person who is a candidate in the same election as the candidate being investigated for alleged infractions may participate in any part of the investigation of those alleged infractions.

c. Following their investigation and prior to balloting, the MSS Speaker or Vice Speaker shall report substantiated infractions to the Assembly but shall not make any recommendation to the Assembly. No person who is a candidate in the same election as the candidate whose infractions have been substantiated may participate in any part of the reporting of those infractions to the Assembly. In the event that both the Speaker and Vice Speaker are candidates in elections in which campaign rule violations have been alleged, a member of the Rules Committee shall report substantiated infractions in that election to the Assembly but shall not make any recommendation to the Assembly.

2. That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the IOP amendments recommended by this report.

3. That our AMA-MSS reevaluate the efficacy of the Campaign Rules and report back at A-14.

COMMITTEE ON LONG RANGE PLANNING REPORT B - THE AMA-MSS GREENING INITIATIVE: PROMOTING GREENER AND MORE COST EFFECTIVE PRACTICES WITHIN THE AMA-MSS

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS reduce the amount of printing at Annual and Interim meetings by (a) utilizing bulletin boards, rather than printed materials, for quick reference information such as meeting agendas and maps, and (b) encouraging candidates to use more sustainable forms of distribution of campaign materials at Annual and Interim meetings, such as displaying posters with candidate information.

2. That our AMA-MSS study the feasibility of offering printed materials for a monetary fee for Annual and Interim meeting attendees who request them.

3. That our AMA-MSS work toward increasing the availability of power sources for notebook computer use in rooms other than the main Assembly room at Annual and Interim meetings.

4. That our AMA-MSS (a) work toward offering universal wireless Internet access at Annual and Interim meetings, and (b) continue to work with the HOD Speakers toward expanding wireless Internet access at national meetings.

5. That our AMA-MSS promote the availability of recycling and composting at national meeting sites more prominently.

6. That our AMA-MSS actively and continually inform its members about greening efforts, especially with regard to national meetings, and encourage MSS-wide cooperation toward greening goals.

7. That our AMA-MSS establish a Greening Task Force to further study greening issues as they relate to (a) sustainability and best practices for our AMA-MSS and AMA, including the environmental impact of various types of resource consumption (e.g., paper vs. electricity) and how we can optimize and minimize our impact, (b) global climate change and its impact on public health, and (c) cultivating green ideas for grassroots efforts at schools and mechanisms to share students' environmental successes.

GOVERNING COUNCIL REPORT A - CLARIFICATION OF GOVERNING COUNCIL TERM LIMITS

MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS Internal Operating Procedure IV.E. be amended by insertion and deletion as follows:

IV. Officers

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E. Governing Council Terms.

1. ~~Governing Council.~~ The Chair-elect/Chair/Immediate Past Chair of the Governing Council shall serve a two-year term. His or her term as Chair-elect will begin at the conclusion of the Interim Meeting at which he or she is elected. He or she will take office as Chair at the conclusion of the following Annual Meeting, and one year later will become Immediate Past Chair. He or she will serve as Immediate Past Chair until the conclusion of the following Interim Meeting. The other Governing Council ~~officers~~ members shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA. Maximum tenure for ~~voting~~ members of the MSS Governing Council will be two years~~.~~ in any combination of voting or non-voting positions. The periods of service as Chair-elect and Immediate Past Chair shall not count toward this limit.

~~2. Speaker and Vice Speaker. The Speaker and Vice Speaker shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA. Maximum tenure for the Speaker or Vice Speaker position shall be no more than two terms in each position.~~

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2. That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the IOP amendments recommended by this report.

GOVERNING COUNCIL REPORT B - UPDATE OF THE MEDICAL STUDENT SECTION INTERNAL OPERATING PROCEDURES

MSS ACTION: RECOMMENDATIONS OF GC REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS IOP IV be amended by insertion and deletion as follows:

IV. Officers.

A. Designations. The officers of the MSS shall be the ~~six~~ eight Governing Council members: Chair, Vice Chair, AMA Delegate, Alternate AMA Delegate, At-Large Officer, Chair-elect/Immediate Past Chair, Speaker, and Vice Speaker. The Chair-elect/Immediate Past Chair shall be a non-voting member of the Governing Council. The officers of the Assembly for the purpose of business meetings will be the Speaker and Vice Speaker. The Speaker and Vice Speaker shall be non-voting members of the Governing Council.

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C. Qualifications.

1. ~~Governing Council.~~ All members of the Governing Council must be medical student members of the AMA. Any medical student member of the AMA is eligible for a position on the MSS Governing Council, except as prohibited by these IOPs or by the AMA Bylaws.

~~2. Speaker and Vice Speaker. The Speaker and Vice Speaker must be medical student members of the AMA. Any medical student member of the AMA is eligible for the position of Speaker or Vice Speaker.~~

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

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6. Speaker and Vice Speaker. The Speaker and Vice Speaker shall:

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c. Organize ~~and lead~~ an orientation at each Assembly Meeting for new MSS Delegates and Alternate MSS Delegates to the Assembly.

d. Work with other members of the Governing Council in instructing the Convention Committees regarding their duties prior to each Assembly Meeting.

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~~f. Be informed of and attend all Governing Council meetings without the right to vote.~~

g. Prepare a document summarizing parliamentary procedure used in Assembly meetings to be published in the MSS agenda book that is ~~mailed~~ made available to each Assembly representative prior to Assembly meetings.

h. Review the MSS Digest of Actions for consistency with Assembly action prior to its ~~annual reprinting~~ posting to the AMA Web site.

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G. Limitation on Total Years of Service. Students deemed qualified by the other provisions of the AMA Bylaws and these Internal Operating Procedures for election to the positions of MSS Governing Council~~, MSS Speaker, MSS Vice Speaker~~, the AMA Board of Trustees, or appointment through the MSS to a position on an AMA Council, or a committee outside of the AMA that is national in scope and appointed by the Governing Council, the AMA President, the AMA President-elect or the AMA Board of Trustees (such as National Board of Medical Examiners, National Resident Matching Program, American Medical Association Political Action Committee, Liaison Committee on Medical Education, etc.) shall be only so deemed if they have served three or fewer years in one or a combination of any of the aforementioned positions....

2. That MSS IOP V be amended be amended by insertion and deletion as follows:

V. Elections

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

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

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3. That MSS IOP VII be amended by insertion as follows:

VII. Medical Student Trustee

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D. Elections.

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

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4. That MSS IOP VIII be amended by insertion and deletion as follows:

VIII. Regions

A. Structure and Purpose of the MSS Regions.

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

B. Regional Delegates to the AMA House of Delegates.

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2. Elections. The MSS will elect Regional Delegates to the AMA House of Delegates, according to the following guidelines:

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

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5. That MSS IOP IX be amended by insertion and deletion as follows:

IX. MSS Assembly Meeting

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C. Representatives to the Assembly Meeting.

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2. National Medical Specialty Societies, Federal Services, and Professional Interest Medical Associations.

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c. Application Process. An application will be provided to interested national medical specialty societies, federal services, and professional interest medical associations. The organization should submit the application form, and any other documents demonstrating compliance with these criteria, to the MSS Governing Council at least ninety days prior to the first Meeting at which they wish to seat an MSS Delegate. ~~If approved by~~ Upon approval by the Governing Council, ~~the recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees,~~ the organization will be granted a seat in the MSS Assembly with voting privileges on all matters except elections. The newly seated organization will be placed on probationary status for a period of two years, during which time consistent attendance at the four

national Assembly Meetings is expected. At the conclusion of this probation period, the MSS Delegate selected by the organization will attain full voting privileges, including elections, and will be eligible to run for office. The Governing Council will notify the organization of its status at the end of the probation period.

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

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2. ~~To elect, at the Assembly meeting prior to the Annual Meeting of the AMA, the voting members of the Governing Council of the MSS, a Speaker, and a Vice Speaker.~~ To elect, at the Assembly meeting prior to the Interim Meeting of the AMA, the Chair-elect of the Governing Council of the MSS, and the Medical Student Trustee. To elect at the Assembly meeting prior to the Annual Meeting of the AMA, the remaining members of the Governing Council, with the exception of the Immediate Past Chair.

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I. Convention Committees.

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3. Reference Committees. The number of Reference Committees appointed for each MSS Assembly Meeting will be determined by the Governing Council prior to each meeting. Each Reference Committee shall be composed of five voting members and one, non-voting alternate member unless, in the judgment of the Governing Council, circumstances warrant an adjustment in the number of members on one or more Reference Committees. If a voting member is unable to perform his or her duties, the alternate member may be elevated to a voting member at the discretion of the Chair of the Reference Committee. Each committee shall conduct an open hearing on items of business referred to it (resolutions and reports), and make recommendations to the Assembly for disposition of its items of business through the preparation of Reference Committee reports for consideration by the MSS Assembly.

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6. That the MSS IOPs be amended by deletion of XI.C.

XI. Miscellaneous

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~~C. State Medical Student Section. A State Medical Student Section shall be defined for the purposes of certifying and credentialing MSS Delegates and Alternate MSS Delegates to the MSS Assembly meeting as an organization which meets the following criteria:~~

~~1. The Section must possess bylaws.~~

~~2. The Section must provide representatives from each LCME- and AOA-accredited educational program in the state.~~

~~3. The Section must have section officers.~~

~~4. The Section must hold regular meetings.~~

7. That MSS IOP XII. be amended by deletion as follows:

XII. Amendments

A. MSS Requirements. These Internal Operating Procedures may be amended by the approval of two-thirds of the members of the MSS Assembly present and voting. Amendments to these Internal Operating Procedures must be submitted 40 days in advance of the Assembly so that the Governing Council~~, Speaker, Vice Speaker,~~ and MSS Delegates can study the implications of the proposed changes.

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8. That the MSS IOPs be amended by insertion of the following language after the current section XI:

Dispute Resolution. All disputes of these Internal Operating Procedures shall be resolved by the AMA Board of Trustees (BOT) with provision for input from other parties as deemed necessary by the BOT, except in the following instances as defined elsewhere in these Internal Operating Procedures:

A. All disputes involving Regional Delegate or Alternate Delegate elections shall be resolved by the MSS Governing Council.

B. All disputes involving Campaign Rules (MSS IOPs V.D.) as related to the MSS shall be resolved by the Speaker and Vice Speaker of the Medical Student Section.

9. That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the IOP amendments recommended by this report.

GOVERNING COUNCIL REPORT C - ADVOCATING FOR THE CONTINUATION OF A FALL MEETING OF THE MEDICAL STUDENT SECTION

MSS ACTION: RECOMMENDATION OF GC REPORT C ADOPTED AND REMAINDER OF REPORT FILED.

1. That, due to its critical and unique role in our Section, our AMA-MSS advocate for the continuation of a Fall Meeting of the AMA-MSS that is appropriately resourced to achieve our AMA-MSS's core mission.

GOVERNING COUNCIL REPORT D - PRESUMED CONSENT FOR ORGAN DONATION

MSS ACTION: RECOMMENDATION OF GC REPORT D ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS Late Resolution 2-A-08 be not adopted.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2009 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 6 – PROFESSIONAL PROMOTION DISCLOSURE REGISTRY

HOD ACTION: AMA RESOLUTION 6 NOT ADOPTED.

RESOLVED, That our AMA support initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual gifts and payments to physicians from the pharmaceutical, device, and biologic industries.

AMA RESOLUTION 310 – CREATION OF DOMESTIC FOR-PROFIT MEDICAL SCHOOLS

HOD ACTION: AMA RESOLUTION 310 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association, in collaboration with the Association of American Medical Colleges, the Liaison Committee on Medical Education, and the Commission on Osteopathic College Accreditation, study new and emerging models of medical school organization and governance, including for-profit models and how medical school accreditation standards can protect the quality and integrity of the education, with a report back to the House of Delegates at the 2011 Annual Meeting.

AMA RESOLUTION 330 – OPPOSITION TO PROTECTED SLEEP TIME

HOD ACTION: AMA RESOLUTION 330 REFERRED FOR REPORT.

RESOLVED, That our AMA support the evaluation and improvement of duty hours reform that does not include protected sleep time; and be it further

RESOLVED, That our AMA support additional study of the issues raised with respect to duty hours in the 2008 Institute of Medicine report, Resident Duty Hours: Enhancing Sleep, Supervision, and Safety, and consider further modifications of the current duty hours requirements based on the results of this inquiry.

AMA RESOLUTION 414 – PHYSICIAN-ASSISTED REGULATION OF FIREARM ACCESS BY SUICIDAL PATIENTS

HOD ACTION: AMA RESOLUTION 414 REFERRED FOR REPORT.

RESOLVED, That our AMA complete a comprehensive study of the following issues with report back at I-09:

1. The current role of physician-assisted regulation of firearm access by suicidal patients in all 50 states;
2. The variation among states in communication between physicians and local authorities in relation to the regulation of firearm access for patients who pose harm to themselves and to others;
3. The impact of physician-assisted regulation of firearm access in states where there is already a legally prescribed role for physicians in regulating their suicidal patients' access to firearms ;
4. Patient privacy concerns surrounding physician-assisted regulation of firearms; and

5. The best way to increase the physician's role in minimizing the potential harm of firearms to at-risk patients.

AMA RESOLUTION 415 – PROMOTING PHYSICIAN AWARENESS OF THE CORRELATION BETWEEN DOMESTIC VIOLENCE AND CHILD ABUSE

HOD ACTION: RESOLUTION 415 ADOPTED.

RESOLVED, That our AMA work with members of the Federation of Medicine and other appropriate organizations to educate physicians on (1) the relationship between domestic violence and child abuse and (2) the appropriate role of the physician in treating patients when domestic violence and/or child abuse are suspected.

AMA RESOLUTION 513 – NOVEL ANTIBIOTICS AND ANTIMICROBIAL RESISTANCE

HOD ACTION: AMA POLICIES REAFFIRMED IN LIEU OF AMA RESOLUTION 513.

RESOLVED, That our AMA continue to monitor the spread of antibiotic resistance and, if deemed necessary, support mechanisms that would result in the timely development of novel antibiotics. Mechanisms should include a combination of push and pull incentives with legislation modeled after the Orphan Drug Act in conjunction with intensive educational efforts targeting physicians and patients.

AMA RESOLUTION 514 – RECOGNIZING THE IMPORTANCE OF THE THEORY OF EVOLUTION IN SCIENCE EDUCATION

HOD ACTION: AMA POLICY H-170.985 REAFFIRMED IN LIEU OF AMA RESOLUTION 514 AND AMA RESOLUTION 524.

RESOLVED, That our AMA endorse the teaching of the theory of evolution as an integral part of science education.

AMA RESOLUTION 515 – STUDY THE NECESSITY OF THE INCLUSION OF CORN ON ALLERGEN WARNING LABELS

HOD ACTION: AMA RESOLUTION 515 NOT ADOPTED.

RESOLVED, That our AMA examine the prevalence and significance of corn allergy in the U.S. population and determine if the addition of allergen warning labels to corn-containing and corn-derived products is justified.

AMA RESOLUTION 719 – DECREASING EMERGENCY DEPARTMENT OVERCROWDING

HOD ACTION: RECOMMENDATIONS OF CMS REPORT 3 ADOPTED IN LIEU OF AMA RESOLUTION 719.

RESOLVED, That our AMA work with state and federal governments, including agencies such as the Centers for Medicare and Medicaid Services and the U.S. Office of Preparedness and Emergency Operations, to develop guidelines and increase incentives for hospitals to reduce emergency department overcrowding.

AMA RESOLUTION 720 – HOSPITAL DRESS CODES FOR THE REDUCTION OF NOSOCOMIAL TRANSMISSION OF DISEASE

HOD ACTION: AMA RESOLUTION 720 REFERRED FOR REPORT.

RESOLVED, That our AMA advocate for the adoption of hospital guidelines for dress codes that minimize transmission of nosocomial infections, particularly in critical and intensive care units.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2009 INTERIM MEETING
HOUSTON, TEXAS

MSS RESOLUTION 1 – ESTABLISHING TERM LIMITS IN THE HOUSE OF DELEGATES

MSS ACTION: MSS RESOLUTION 1 REFERRED FOR REPORT.

RESOLVED, That our AMA encourage its state and other delegations to the House of Delegates to adopt policies that would provide for a maximum term of 15 consecutive years on the delegation, with a minimum of 5 years before again being allowed to serve on that same delegation; and be it further

RESOLVED, That our AMA study the impact that mandated term limits on Delegates and Alternate Delegates within the House of Delegates would have on the function and composition of the House of Delegates. This study should also address other reasonable measures that could help to make our House of Delegates more representative of our membership and of physicians in these United States of America.

MSS RESOLUTION 2 – MAKING AMA-MSS CAMPAIGNS FAIRER AND MORE SUBSTANTIVE

MSS ACTION: MSS RESOLUTION 2 REFERRED FOR REPORT.

MSS Resolution 2 proposed various amendments to the AMA-MSS Internal Operating Procedures pertaining to campaign rules. Proposed amendments included: 1) a prohibition on the distribution of buttons, stickers, pens, and business cards; 2) a new written candidate question-and-answer requirement; 3) a prohibition on campaign expenditure except that necessary to generate CVs and personal statements, to answer written candidate questions, and for travel to and lodging at the meeting at which the election is held; and 4) a prohibition on candidates campaigning at their own chapter, state, or region meetings.

MSS RESOLUTION 3 – INCREASING INSTITUTIONAL SUPPORT OF STUDENT PARTICIPATION IN YEAR-OUT RESEARCH PROGRAMS DURING MEDICAL SCHOOL

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

UNDERSTANDING INSTITUTIONAL SUPPORT OF STUDENT PARTICIPATION IN YEAR-OUT RESEARCH

RESOLVED, That our AMA-MSS study differences in how medical schools facilitate student participation in year-out research programs.

MSS RESOLUTION 4 – DIRECTION REGARDING EXPANSION OF GRADUATE MEDICAL EDUCATION FUNDING

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS oppose further expansion of graduate medical education funding to non-physician "residencies" at the expense of Accreditation Council for Graduate Medical Education- or AOA Commission on Osteopathic College Accreditation-accredited residency programs; and be it further

RESOLVED, That our AMA-MSS support legislation regarding new funding for primary care graduate medical education designated for Accreditation Council for Graduate Medical Education- or AOA Commission on Osteopathic College Accreditation-accredited residency programs.

MSS RESOLUTION 5 – STRENGTHENING MEDICAL EDUCATION IN DERMATOLOGY IN AN EFFORT TO ENHANCE PRIMARY CARE PROVIDER ABILITY TO DIAGNOSE AND TREAT SKIN DISEASE

MSS ACTION: MSS RESOLUTION 5 NOT ADOPTED.

RESOLVED, That our AMA encourage the Liaison Committee on Medical Education (LCME) and the American Osteopathic Association Commission on Osteopathic College Accreditation (COCA) to include dermatologic medicine as an integral element of medical school education, with defined pre-clinical and clinical curriculum content, goals, and objectives; and be it further

RESOLVED, That our AMA advocate that LCME and COCA include skin cancer screening training as a part of a discrete dermatology unit in medical school core curricula.

MSS RESOLUTION 6 – BANNING MEDICAL SCHOOL SECONDARY APPLICATION FEES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 6 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 6.

STUDYING MEDICAL SCHOOL SECONDARY APPLICATION FEES

RESOLVED, That our AMA-MSS study the criteria used by allopathic and osteopathic medical schools to set medical school secondary application fees, how secondary application fees are allocated and used, and the effects of secondary application fees on the application characteristics and choices of medical school applicants, with report back at I-10.

MSS RESOLUTION 7 - COMPETENCY-BASED PORTFOLIO ASSESSMENT OF MEDICAL STUDENTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 7 ADOPTED IN LIEU OF MSS RESOLUTION 7.

RESOLVED, That our AMA examine new and emerging approaches to medical student evaluation, including competency-based portfolio assessment.

MSS RESOLUTION 8 – FINANCIAL ASSISTANCE FOR INTERNATIONAL STUDENTS ENROLLED IN U.S. MEDICAL SCHOOLS

MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED.

RESOLVED, That our AMA discourage U.S. medical schools from requiring accepted international students to pay more than a single term's tuition at each billing period, in the same manner as the rest of the U.S. citizens and permanent U.S. residents within the student body.

MSS RESOLUTION 9 – STRATEGIES TO ADDRESS THE PRIMARY CARE SHORTAGE BY ALLEVIATING MEDICAL STUDENT INDEBTEDNESS

MSS ACTION: MSS RESOLUTION 9 NOT ADOPTED.

RESOLVED, That our AMA support legislation that decreases the borrowing limits set by the Higher Education Opportunity Act of 1965 and its subsequent revisions to promote lower levels of medical school debt through lower tuition rates; and be it further

RESOLVED, That our AMA support legislation requiring schools and related entities engaged in medical education receiving significant federal subsidies in the form of tax and charitable exemptions to provide for the primary care needs of society by assuming responsibility for a reasonable portion of tuition for those students that choose primary care residencies.

MSS RESOLUTION 10 – AMA ENDORSEMENT OF THE WHO SAFE SURGERY SAVES LIVES CHECKLIST

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

AMA ENDORSEMENT OF THE WHO SURGICAL SAFETY CHECKLIST

RESOLVED, That our AMA endorse the WHO Surgical Safety Checklist as a highly effective tool for reducing morbidity and mortality.

MSS RESOLUTION 11 – ENCOURAGING STATE LEGISLATION TO ALLOW INTERSTATE LICENSE PORTABILITY FOR PHYSICIANS VOLUNTEERING IN FREE CLINICS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED.

RESOLVED, That our AMA study a) the need for interstate license portability to allow physicians to volunteer in free clinics; b) the implications of current state policy in Tennessee, Oklahoma, and Arizona that allows for licensed physicians from other states to volunteer in their free clinics; and c) the effects on physician demographics as well as the medical, financial, and legal implications of interstate license portability for physician volunteers in free clinics.

MSS RESOLUTION 12 – SUPPORTING THE ESTABLISHMENT OF GUIDELINES REGARDING ONLINE PROFESSIONALISM

MSS ACTION: MSS RESOLUTION 12 ADOPTED.

HOD ACTION: AMA RESOLUTION 10 ADOPTED.

RESOLVED, That our AMA initiate discussions with partner organizations towards developing a consensus for online professionalism in the medical community that may be used by medical schools to guide the development of policies outlining expectations of professionalism on the Internet for students; and be it further

RESOLVED, That our AMA, during its efforts to update and modernize the *AMA Code of Medical Ethics*, include a section regarding online professionalism.

MSS RESOLUTION 13 - GUIDELINES FOR DECREASING THE SPREAD OF HIV BY IDENTIFYING AND REFERRING HIGH-RISK ADOLESCENTS TO COMPREHENSIVE HIV RISK REDUCTION INTERVENTIONS

MSS ACTION: AMA POLICIES H-20.903, H-60.986, AND H-20.904 REAFFIRMED IN LIEU OF MSS RESOLUTION 13.

RESOLVED, That our AMA encourage healthcare providers to identify and refer high risk adolescents with a history of substance-abuse, drug-abuse, and/or juvenile-justice involvement to targeted, comprehensive, evidence-based HIV risk reduction interventions tailored for “high-risk” adolescents that specifically address comorbid conditions of substance abuse and juvenile offending.

MSS RESOLUTION 14 - MEDICAL STUDENT INVOLVEMENT DURING PANDEMICS

MSS ACTION: MSS RESOLUTION 14 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

MEDICAL STUDENT INVOLVEMENT IN DISASTER MEDICINE AND PUBLIC HEALTH PREPAREDNESS PLANNING AND RESPONSE

RESOLVED, That our AMA support skill-appropriate medical student involvement in pandemic disaster medicine and public health preparedness planning and response.

MSS RESOLUTION 15 - QUANTIFYING MEDICAL TORT REFORM

MSS ACTION: MSS RESOLUTION 15 ADOPTED AS AMENDED.

HOD ACTION: AMA RESOLUTION 216 ADOPTED.

RESOLVED, That our AMA-MSS support medical liability reform at the federal, state, and municipal levels including, but not limited to, non-economic damage caps, collateral source offset provisions, and the implementation of malpractice courts; and be it further

RESOLVED, That our AMA study the true costs of defensive medicine and the financial impact that tort reform would have on the entire health care system, with a report back and to be updated every ten years; and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-09.

MSS RESOLUTION 16 – PROTECTING HEALTH CARE RIGHT OF CONSCIENCE

MSS ACTION: MSS POLICY 65.011 REAFFIRMED IN LIEU OF MSS RESOLUTION 16.

RESOLVED, That our AMA oppose the Department of Health and Human Services proposal to rescind the December 19, 2008, rule entitled "Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law," which implements enforcement of conscience protections provided for in the Church Amendments, Section 245 of the Public Health Service Act, and the Weldon Amendment; and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-09.

MSS RESOLUTION 17 – PREVENTIVE MEDICINE AND COST CONTAINMENT

MSS ACTION: MSS RESOLUTION 17 NOT ADOPTED.

RESOLVED, That our AMA reaffirm its support of preventive health care as a worthy investment in our nation's health and its support for containing health care costs; and be it further

RESOLVED, That our AMA acknowledge that health services research shows that although some modes of preventive medicine are cost-saving, preventive medicine as a whole increases medical spending and therefore should not be considered a cost-containment strategy; and be it further

RESOLVED, That our AMA not produce materials or issue statements to the medical community, press, or government that misrepresent preventive medicine's potential for cost-containment; and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-09.

MSS RESOLUTION 18 – ADOPTION OF A UNIVERSAL EXERCISE DATABASE AND PRESCRIPTION PROTOCOLS FOR OBESITY REDUCTION

MSS ACTION: MSS RESOLUTION 18 ADOPTED AS AMENDED.

RESOLVED, That our AMA collaborate with federal agencies and professional health organizations such as the American Heart Association and the American College of Sports Medicine to develop an independent meta-database of evidence-based exercise guidelines to assist physicians and other health professionals in making exercise prescriptions; and be it further

RESOLVED, That our AMA support longitudinal research on exercise prescription outcomes in order to further refine prescription-based exercise protocols.

MSS RESOLUTION 19 – REQUIRED REPORTING OF ADVERSE DRUG EVENTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 19 ADOPTED IN LIEU OF MSS RESOLUTION 19.

REPORTING OF ADVERSE DRUG EVENTS

RESOLVED, That our AMA educate physicians about the distinction between adverse events and serious adverse events, as well as the importance of and ethical obligation to report serious adverse events; and be it further

RESOLVED, That our AMA work with relevant governmental agencies and private organizations to facilitate voluntary physician reporting of adverse drug and medical device events; and be it further

RESOLVED, That our AMA encourage the FDA to investigate barriers to physician reporting of serious adverse events.

MSS RESOLUTION 20 – PROMOTING SELECTION OF A HEALTH CARE PROXY IN THE YOUNG ADULT POPULATION

MSS ACTION: SUBSTITUTE MSS RESOLUTION 20 ADOPTED IN LIEU OF MSS RESOLUTION 20.

RESOLVED, That our AMA encourage health care providers to discuss with and educate young adults about the appointment of health care proxies and the establishment of end-of-life care directives.

MSS RESOLUTION 21 – END-OF-LIFE CARE COUNSELING

MSS ACTION: MSS RESOLUTION 21 WITHDRAWN.

RESOLVED, That our AMA strongly support health system reform legislation provisions that support end-of-life care counseling by physicians and reimbursement for physicians for end-of-life care counseling; and be it further

RESOLVED, That our AMA reaffirm current House of Delegates policy H-295.884, which supports end-of-life care undergraduate and graduate medical education; and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-09.

MSS RESOLUTION 22 – PRIMARY CARE AND SUBSPECIALTY PHYSICIAN REPRESENTATION ON THE AMA RVS UPDATE COMMITTEE

MSS ACTION: MSS RESOLUTION 22 NOT ADOPTED.

RESOLVED, That our AMA work with national medical specialty societies to reorganize the AMA RVS Update Committee to add four primary care representatives, so that the RUC is composed of at least nine (30 percent of the now 30 voting members) representatives from primary care fields.

MSS RESOLUTION 23 – DECREASING INCIDENCE OF OBESITY AND NEGATIVE SEQUELAE BY REDUCING THE COST DISPARITY BETWEEN CALORIE DENSE, NUTRITION POOR FOODS AND NUTRITION DENSE FOODS

MSS ACTION: MSS RESOLUTION 23 ADOPTED AS AMENDED.

RESOLVED, That our AMA support efforts to decrease the price gap between calorie dense, nutrition poor (CDNP) foods and naturally nutrition dense (ND) foods to improve health in economically disadvantaged populations by encouraging the expansion, through increased funds and increased enrolment, of existing programs that seek to improve nutrition and reduce obesity such as the Farmer's Market Nutrition Program (FMNP) as a part of the Women, Infants, and Children (WIC) program; and be it further

RESOLVED, That our AMA support the novel application of FMNP to existing programs such as the Supplemental Nutrition Assistance Program (SNAP), and apply program models that incentivize the consumption of ND foods in wider food distribution venues than solely farmer's markets as part of WIC.

MSS RESOLUTION 24 – INCREASING ADVOCACY FOR AND PUBLIC AWARENESS OF THE LACK OF A VACCINE-AUTISM LINK

MSS ACTION: MSS RESOLUTION 24 ADOPTED AS AMENDED.

RESOLVED, That our AMA ask the Office of the Surgeon General for a definitive repudiation of the link between developmental disorders, such as autism, and either thimerosol-containing vaccines or the MMR vaccine.

MSS RESOLUTION 25 – RESTROOM ACCESS FOR PATIENTS WITH CHRONIC INFLAMMATORY BOWEL DISEASE

MSS ACTION: MSS RESOLUTION 25 NOT ADOPTED.

RESOLVED, That our AMA support legislation that gives patients with chronic bowel disease or those that utilize an ostomy device the right to use employee-only bathrooms in predefined circumstances.

MSS RESOLUTION 26 – BASIC FIRST AID AS A PART OF THE HIGH SCHOOL CURRICULUM

MSS ACTION: AMA POLICIES H-130.952 AND H-130.983 REAFFIRMED IN LIEU OF MSS RESOLUTION 26.

RESOLVED, That our AMA recommend the incorporation of first aid training, as defined by the Occupational Health and Safety Administration, as part of the general educational curriculum for high school students.

MSS RESOLUTION 27 – HIGHER STANDARDS IN FOOD PREPARATION BY STREET VENDORS

MSS ACTION: AMA POLICY H-440.904 REAFFIRMED IN LIEU OF MSS RESOLUTION 27.

RESOLVED, That our AMA support legislation that would require every street vendor in the country to be inspected by a government agency once every three months, and require every mobile vending unit to clearly display a government-issued license and health rating; and be it further

RESOLVED, That our AMA support legislation that would define and uphold specific standards for storing and processing of food and food wastes by street vendors, and that would ensure that mobile vending units have adequate supply and access to hygienic necessities, thereby decreasing incidents of food contamination and food poisoning.

MSS RESOLUTION 28 – ACCESS TO AND LICENSURE OF ESSENTIAL MEDICINES

MSS ACTION: MSS RESOLUTION 28 ADOPTED AS AMENDED.

RESOLVED, That our AMA amend policy H-100.963 by insertion as follows:

> H-100.963 Essential Medicines for the Developing World
> Our AMA: (1) supports universities engaging nontraditional partners, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions, in order to create new opportunities for neglected disease drug development; ~~and~~ (2) supports the protection of fair access to essential medicines in developing countries; and (3) supports policies that encourage institutions receiving publicly-funded research grants which result in patentable biomedical technologies to adopt transparent licensing provisions which provide equitable generic access to essential medicines for the developing world.

MSS RESOLUTION 29 – ACCURATE REPORTING OF TRANS FATS IN NUTRITIONAL LABELS
MSS RESOLUTION 30 – ACCURATE REPORTING OF SATURATED FATS IN NUTRITIONAL LABELS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 29 ADOPTED IN LIEU OF MSS RESOLUTION 29 AND MSS RESOLUTION 30.

ACCURATE REPORTING OF FATS IN NUTRITIONAL LABELS

RESOLVED, That our AMA urge the FDA to use the most accurate and scientific processes to measure the fat content in foods, particularly trans fats and saturated fats, and that the most accurate fat content information based on these processes be included on food labeling.

MSS RESOLUTION 31 – TAXATION OF SUGAR-SWEETENED BEVERAGES

MSS ACTION: MSS RESOLUTION 31 NOT ADOPTED.

RESOLVED, That our AMA support and advocate for legislation to tax sugar-sweetened beverages.

MSS RESOLUTION 32 – PROMOTING THE RECALL OF THE PERMANENT DEFERRAL OF MSM INDIVIDUALS AND CHANGING THE DEFERRAL PERIOD TO AN APPROPRIATE TIME LENGTH FOR NON-MONOGAMOUS MSM INDIVIDUALS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 32 ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 32.

SOCIETAL AND ETHICAL CONSEQUENCES OF A 5-YEAR DEFERRAL POLICY FOR MSM INDIVIDUALS

RESOLVED, That our AMA analyze the societal and ethical consequences of a shift to a 5-year deferral policy for blood donation from men who have sex with men, with report back at A-11.

MSS RESOLUTION 33 – PROHIBITING TEXT MESSAGING WHILE DRIVING

MSS ACTION: SUBSTITUTE MSS RESOLUTION 33 ADOPTED IN LIEU OF MSS RESOLUTION 33.

DANGERS OF TEXT MESSAGING WHILE DRIVING

RESOLVED, That our AMA-MSS encourage chapters to take advantage of current funding sources for community service initiatives to promote the dangers of text messaging while driving and to conduct events in their communities on safety education for all drivers.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2009 INTERIM MEETING
HOUSTON, TEXAS

GOVERNING COUNCIL REPORT A – CONTINUED INCLUSION OF INTERNATIONAL HEALTH POLICY INTERNSHIPS IN THE AMA GOVERNMENT RELATIONS INTERNSHIP PROGRAM

MSS ACTION: RECOMMENDATION OF GC REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS policy 565.007MSS be amended by insertion and deletion to read as follows:

   ~~Update on the Trial Expansion of the Government Relations Internship Program to International Health and Policy Internships~~ Inclusion of International Health Policy Internships in the Government Relations Internship Program:
   (1) AMA-MSS will indefinitely expand the Government Relations Internship Program (GRIP) to include IHP internships, with the following criteria: (a) The expansion of GRIP to IHP internships will be limited to non-clinical IHP internships based in the Washington, D.C., area; (b) all GRIP applications submitted on time, including those of students applying for IHP internships, will be considered concurrently; and (c) a maximum of two of the ~~ten~~ available GRIP positions will be filled by candidates pursuing IHP internships.
   (2) The AMA-MSS ~~Global Health and Policy Committee~~ Committee on Global and Public Health or other such committee as designated by the AMA-MSS Governing Council will actively promote and publicize the inclusion of IHP internships in GRIP ~~expansion of GRIP to IHP over the coming year, with GC report back on the success of this continued expansion at I-09~~.

GOVERNING COUNCIL REPORT B – POLICY SUNSET REPORT FOR 2004 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS OF GC REPORT B ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

1. That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS, including policies 5.004MSS and 75.010MSS.

2. That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2009 INTERIM MEETING
HOUSTON, TEXAS

AMA RESOLUTION 1 – INVESTIGATION OF NON-SIMULTANEOUS, EXTENDED, ALTRUISTIC ORGAN DONATION

HOD ACTION: AMA RESOLUTION 1 ADOPTED.

RESOLVED, That our AMA examine the feasibility and ethical implications of unconventional organ donation variations, such as non-simultaneous, extended, altruistic organ donation.

AMA RESOLUTION 2 – DISCLOSURE OF HEALTH STATUS TO CHILDREN AND ADOLESCENTS

HOD ACTION: AMA RESOLUTION 2 ADOPTED.

RESOLVED, That our AMA encourage relevant members of the Federation of Medicine, as well as relevant non-physician organizations, to provide ongoing communication, support, and training to health care providers to assist parents with disclosing their children's health status, in particular their HIV infection status, to them in a timely and prudent manner.

AMA RESOLUTION 10 – SUPPORTING THE ESTABLISHMENT OF GUIDELINES REGARDING ONLINE PROFESSIONALISM

HOD ACTION: AMA RESOLUTION 10 ADOPTED.

RESOLVED, That our AMA initiate discussions with partner organizations toward developing a consensus for online professionalism in the medical community that may be used by medical schools to guide the development of policies outlining expectations of professionalism on the Internet for students; and be it further

RESOLVED, That our AMA, during its efforts to update and modernize the *AMA Code of Medical Ethics*, include a section regarding online professionalism.

AMA RESOLUTION 216 – QUANTIFYING MEDICAL TORT REFORM

HOD ACTION: AMA RESOLUTION 216 ADOPTED.

RESOLVED, That our AMA study the true costs of defensive medicine and the financial impact that tort reform would have on the entire health care system, with a report back and to be updated every ten years.

AMA RESOLUTION 804 – REFUGEE HEALTH CARE

HOD ACTION: AMA RESOLUTION 804 ADOPTED AS AMENDED.

RESOLVED, That our AMA recognize the unique health needs of refugees; and be it further

RESOLVED, That our AMA encourage the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees; and be it further

RESOLVED, That our AMA reaffirm Policy H-290.997, which supports certain reforms to the Medicaid program, including creating basic national standards of uniform eligibility for all persons below poverty level income (adjusted by state per capita income factors) and eliminating the existing categorical requirements.

AMA RESOLUTION 808 – READABILITY OF MEDICAL NOTICES OF PRIVACY PRACTICES

HOD ACTION: AMA RESOLUTION 808 ADOPTED.

RESOLVED, That our AMA continue to support physician efforts to provide Notices of Privacy Practices at an appropriate reading level and in a language appropriate to the patient population served; and be it further

RESOLVED, That our AMA make available on its Web site a link to the U.S. Department of Health and Human Services Health Resources and Services Administration document, *Plain Language Principles and Thesaurus for Making HIPAA Privacy Notices More Readable*.

AMA RESOLUTION 907 – NATIONAL COSMETICS REGISTRY AND REGULATION

HOD ACTION: AMA RESOLUTION 907 REFERRED FOR DECISION.

RESOLVED, That our AMA support legislation for the creation of a publicly available national registry of all cosmetics and their ingredients; and be it further

RESOLVED, That our AMA support legislation for the FDA to be given strengthened authority to recall cosmetic products determined to be harmful based on the FDA's product recall classifications.

AMA RESOLUTION 908 – PLACEMENT OF ALCOHOL-BASED HAND SANITIZER DISPENSERS OUTSIDE OF PUBLIC RESTROOMS

HOD ACTION: AMA RESOLUTION 908 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

PLACEMENT OF ALCOHOL-BASED HAND SANITIZER DISPENSERS IN HIGHLY TRAFFICKED AREAS

RESOLVED, That our AMA recognize alcohol-based hand sanitizers with alcohol concentrations greater than 60 percent as an effective adjunct to hand washing in reducing microbial contamination and spread; and be it further

RESOLVED, That our AMA urge the placement of alcohol-based hand sanitizer dispensers in highly trafficked areas.

AMA RESOLUTION 910 – EXPANDING THE VISITING STUDENTS APPLICATION SERVICE FOR VISITING STUDENT ELECTIVES IN THE FOURTH YEAR

HOD ACTION: AMA RESOLUTION 910 ADOPTED.

RESOLVED, That our AMA strongly encourage the Association of American Medical Colleges (AAMC) to expand eligibility for the Visiting Students Application Service (VSAS) to medical students from Commission on Osteopathic College Accreditation (COCA)-accredited medical schools; and be it further

RESOLVED, That our AMA support and encourage the AAMC in its efforts to increase the number of members and non-member programs in the VSAS, such as medical schools accredited by COCA and teaching institutions not affiliated with a medical school; and be it further

RESOLVED, That our AMA encourage the AAMC to ensure that member institutions that previously accepted both allopathic and osteopathic applications for fourth year clerkships prior to VSAS implementation continue to have a mechanism for accepting such applications of osteopathic medical students.

AMA RESOLUTION 909 – REDUCING THE RISK OF SEXUALLY TRANSMITTED INFECTIONS IN PATIENTS AGE 50 AND OLDER

HOD ACTION: AMA RESOLUTION 909 RECOMMENDED AGAINST CONSIDERATION AT 2009 INTERIM MEETING.

RESOLVED, That our AMA encourage physicians to educate their patients, particularly those aged 50 and older, on safe-sex practices and the risk of sexually transmitted disease.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2010 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – MEDICAL STUDENT PARTICIPATION IN PROFESSIONAL ORGANIZATIONS

MSS ACTION: MSS RESOLUTION 1 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

MEDICAL STUDENT ENGAGEMENT IN PROFESSIONAL MEDICAL SOCIETIES

RESOLVED, That our AMA work with the Association of American Medical Colleges to promote medical student engagement in professional medical societies, including attendance at local, state, and national professional organization meetings, during the pre-clinical and clinical years.

MSS RESOLUTION 2 – STATEMENT OF SUSTAINABILITY PRINCIPLES

MSS ACTION: MSS RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS develop a model sustainability statement that medical schools can use as a template for creating institution-specific sustainability mission statements; and be it further

RESOLVED, That our AMA-MSS encourage all medical schools to adopt mission statements which promote institutional sustainability initiatives such as consumption awareness, waste reduction, energy and water conservation, and the utilization of reusable/recyclable goods.

MSS RESOLUTION 3 – OPPOSITION TO TUITION TAX

MSS ACTION: SUBSTITUTE MSS RESOLUTION 3 ADOPTED IN LIEU OF MSS RESOLUTION 3.

RESOLVED, That our AMA and AMA-MSS oppose medical school tuition taxes and any other attendance-based taxes imposed on medical students by any government entity.

MSS RESOLUTION 4 – USMLE EXAM FEE BURDEN
MSS RESOLUTION 5 – IMPROVEMENTS TO USMLE STEP 2 CS EXAM: FINANCIAL, CONTENT, AND GEOGRAPHIC CONSIDERATIONS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED IN LIEU OF MSS RESOLUTION 4 AND MSS RESOLUTION 5.

RESOLVED, That our AMA-MSS study the actual costs of producing and administering the USMLE and COMLEX computer-based and clinical skills exams to determine the fairness and inherent burden of examination fees imposed on medical students.

MSS RESOLUTION 6 – EARLY RELEASE OF NBME SCORES TO MEDICAL SCHOOLS

MSS ACTION: MSS RESOLUTION 6 NOT ADOPTED.

RESOLVED, That our AMA-MSS encourage the National Board of Medical Examiners to release USMLE score reports to each medical school at least 24 hours before students obtain online access in order to ensure adequate time for faculty to provide support services.

MSS RESOLUTION 7 – INCLUDING MEDICAL HOME TRAINING IN MEDICAL CURRICULUM

MSS ACTION: SUBSTITUTE MSS RESOLUTION 7 ADOPTED IN LIEU OF MSS RESOLUTION 7.

INCLUDING ELEMENTS OF THE PATIENT-CENTERED MEDICAL HOME MODEL IN MEDICAL EDUCATION

RESOLVED, That our AMA-MSS encourage medical schools and residency programs to incorporate elements of the patient-centered medical home model, as defined by the AMA's Joint Principles of the Patient Centered Medical Home, into medical education.

MSS RESOLUTION 8 – MEDICAL STUDENT ACCESS TO ELECTRONIC MEDICAL RECORDS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 8 ADOPTED IN LIEU OF MSS RESOLUTION 8.

RESOLVED, That our AMA encourage teaching hospitals and other clinical clerkship sites to allow medical student access to patient electronic medical records.

MSS RESOLUTION 9 – BETTER UNDERSTANDING OF THE ROLE OF MIDLEVEL PROVIDERS IN MEDICAL EDUCATION AND PRACTICE

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

RECOGNIZING THE IMPORTANT ROLE OF PHYSICIAN EXTENDERS IN THE MULTIDISCIPLINARY PATIENT CARE TEAM

RESOLVED, That our AMA-MSS recognize the importance of nurses, nurse practitioners, and physician assistants to the multidisciplinary patient-care team; and be it further

RESOLVED, That our AMA-MSS recognize that the physician is the leader of the multidisciplinary patient care team, and that there are distinct differences in training, both in time and content, between physicians and physician extenders; and be it further

RESOLVED, That our AMA-MSS support the patient centered medical home model and the role of physicians therein as the primary medical decision makers.

MSS RESOLUTION 10 – INCREASE IN RESIDENCY SPOTS IN ALL STATES WITH CONSIDERATION GIVEN TO STATES WITH INCREASED NUMBER OF MEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 10 NOT ADOPTED.

RESOLVED, That our AMA-MSS will continue to support an increase in the number of residency positions in all states, and will support the determination of the distribution of new seats with consideration given to states that have recently experienced or will be experiencing growth in the number of students due to expansion of existing programs or the creation of new medical schools.

MSS RESOLUTION 11 – IMPROVING PEDIATRICS RESIDENCY TRAINING TO ADVANCE HEALTH CARE FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER PATIENTS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

IMPROVING PRIMARY CARE RESIDENCY TRAINING TO ADVANCE HEALTH CARE FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER PATIENTS

RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education and the American Osteopathic Association to recommend to primary care residency programs that they assess the adequacy and effectiveness of their curricula in training residents on best practices for caring for gay, lesbian, bisexual, and transgender (GLBT) pediatric patients.

MSS RESOLUTION 12 – INCREASING PHYSICIAN PRESENCE IN ONLINE SOCIAL NETWORKS

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS recommend that physicians, medical students, and other members of the medical community educate themselves both about the advantages and increased communication opportunities provided by social networks, but also about the liability and patient confidentiality issues presented.

MSS RESOLUTION 13 - PROMOTING TRANSPARENCY TO STIMULATE IMPROVED QUALITY

MSS ACTION: SUBSTITUTE MSS RESOLUTION 13 ADOPTED IN LIEU OF MSS RESOLUTION 13.

RESOLVED, That our AMA encourage development of public and hospital-based reporting systems that create transparency into individual physician performance to stimulate quality improvement and better-informed patient and physician decision-making.

MSS RESOLUTION 14 – RETHINKING AMA MEDICAL LIABILITY REFORM POLICY

MSS ACTION: AMA POLICIES D-435.984 AND H-435.967 REAFFIRMED IN LIEU OF MSS RESOLUTION 14.

RESOLVED, That, as strategies for liability reform heavily reliant upon caps on non-economic damages have demonstrated largely unrealized potential, our AMA believes that meaningful liability reform will require measures in addition to just caps on non-economic damages, and that acceptable liability reform could be achieved in the absence of caps; and be it further

RESOLVED, That our AMA seek to partner with other interested parties, including the United States Chamber of Commerce, to re-frame the debate on medical liability reform as an economic and cost-containing issue.

MSS RESOLUTION 15 – PROMOTING INTERNET-BASED ELECTRONIC HEALTH RECORDS AND PERSONAL HEALTH RECORDS

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 15 ADOPTED IN LIEU OF MSS RESOLUTION 15.**

RESOLVED, That our AMA advocate for the integration of provider and hospital electronic health records (EHRs) with Internet-based personal health records (PHRs) as an option for patients; and be it further

RESOLVED, That our AMA advocate as a priority for all Internet-based PHRs to be fully HIPAA-compliant.

MSS RESOLUTION 16 – COST EFFECTIVENESS OF LIMITED PRESCRIPTION PRIVILEGES FOR PHYSICAL THERAPISTS

> **MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.**

RESOLVED, That our AMA support allowing civilian physical therapists to write a limited number of prescriptions in a manner similar to that which exists in the military.

MSS RESOLUTION 17 - PHYSICIAN EXTENDERS

> **MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS oppose any legislation that seeks to expand the scope of practice of physician extenders beyond the level of expertise their training provides, and without the appropriate oversight of a physician; and be it further

RESOLVED, That our AMA support innovative reimbursement strategies for primary care physicians that reward the use of physician extenders to meet demand for health care services by increasing capacity for delivering care; and be it further

RESOLVED, That our AMA engage societies of physician extenders to develop consensus recommendations for scope of practice and physician oversight as a means to guide discussions in state and federal legislative bodies; and be it further

RESOLVED, That, in academic environments, our AMA oppose payment models for physician extenders that interfere with graduate medical training, such as productivity bonuses and surgical assisting fees.

MSS RESOLUTION 18 – INCREASING ADVOCACY AND AWARENESS IN THE MEDICAL COMMUNITY ABOUT HORMONE REPLACEMENT THERAPY SIDE EFFECTS IN TRANSGENDER PATIENTS

> **MSS ACTION: MSS RESOLUTION 18 ADOPTED AS AMENDED WITH CHANGE IN TITLE.**
>
> ENCOURAGING RESEARCH INTO THE IMPACT OF LONG-TERM ADMINISTRATION OF HORMONE REPLACEMENT THERAPY IN TRANSGENDER PATIENTS

RESOLVED, That our AMA encourage research into the impact of long-term administration of hormone replacement therapy in transgender patients.

MSS RESOLUTION 19 – DECREASING EPINEPHRINE AUTO-INJECTOR ACCIDENTS AND MISUSE

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 19 ADOPTED IN LIEU OF MSS RESOLUTION 19.**

RESOLVED, That our AMA encourage physicians to review standard epinephrine auto-injector administration protocol with patients upon initial prescription and on follow-up visits; and be it further

RESOLVED, That our AMA encourage improved product design and labeling of epinephrine auto-injectors.

MSS RESOLUTION 21 – REEVALUATION OF ELDERLY DRIVERS

> **MSS ACTION: AMA POLICIES H-15.972 AND H-15.954 REAFFIRMED IN LIEU OF MSS RESOLUTION 21.**

RESOLVED, That our AMA-MSS advocate for state legislation supporting the mandatory recurrent evaluation of elderly drivers; and be it further

RESOLVED, That our AMA-MSS conduct and advocate for research on effective methods for retesting elderly drivers and determining their safety risk; and be it further

RESOLVED, That our AMA-MSS support increased physician and medical student education for recognizing age-related health factors that could compromise driving ability; and be it further

RESOLVED, That our AMA conduct further research to identify an appropriate age for retesting of elderly drivers.

MSS RESOLUTION 22 – SEAT BELT COMPLIANCE IN EMERGENCY VEHICLE PATIENT COMPARTMENTS

> **MSS ACTION: MSS RESOLUTION 22 ADOPTED AS AMENDED.**

RESOLVED, That our AMA collaborate with national emergency medicine and emergency medical services organizations to develop educational resources and training for employees regarding seat belt usage in the patient compartments of emergency vehicles; and be it further

RESOLVED, That our AMA support the amendment of state-seat belt laws with blanket exemptions for emergency medical services personnel such that these laws provide exemptions only when actively involved in patient care.

MSS RESOLUTION 23 – DEFINING THE PHYSICAL BOUNDARIES AND GENERAL SCOPE OF SMOKE-FREE POLICIES ON MEDICAL CAMPUSES AND OTHER INSTITUTIONS OF HIGHER EDUCATION

MSS ACTION: MSS RESOLUTION 23 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the implementation of smoke-free policies on all medical campuses and institutions of higher education nationwide, wherein the geographic extent of the campus is defined as all buildings, facilities, grounds, and properties under the direct purview of the academic institution (in short, all properties owned by the institution, including all transportation vehicles), providing enforcement of such a policy does not interfere or conflict with state or federal law; and be it further

RESOLVED, That our AMA-MSS support the enforcement of smoke-free policies at all institutions of higher education with the use of clearly displayed signs and placards, as well as the inclusion of information regarding the aforementioned policies in the institution's policy statements and bylaws; and be it further

RESOLVED, That our AMA-MSS support a set of comprehensive guidelines on which other academic institutions should base their own smoke-free policies.

MSS RESOLUTION 24 – AMA SUPPORT FOR CONCUSSION LEGISLATION

MSS ACTION: MSS RESOLUTION 24 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

RETURN TO PLAY AFTER SUSPECTED CONCUSSION

RESOLVED, That our AMA support the prohibition of athletes under age 18, who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion, from returning to play or practice without a licensed health care provider's written approval.

MSS RESOLUTION 25 – PROMOTING THE USE OF PROTECTIVE HELMETS FOR SKIING AND SNOWBOARDING

MSS ACTION: SUBSTITUTE MSS RESOLUTION 25 ADOPTED IN LIEU OF MSS RESOLUTION 25.

SKIING AND SNOWBOARDING HELMETS AND SAFETY

RESOLVED, That our AMA (1) actively support skiing and snowboarding helmet use and encourage physicians to educate their patients about the importance of skiing and snowboarding helmet use; (2) encourage the manufacture, distribution, and utilization of safe, effective, and reasonably priced skiing and snowboarding helmets; (3) encourage the availability of helmets at the point of skiing and snowboarding purchase; and (4) develop model state/local legislation requiring the use of skiing and snowboarding safety helmets in the pediatric population, and calling for all who rent skis and snowboards to the pediatric population to offer the rental of skiing and snowboarding safety helmets.

MSS RESOLUTION 26 – DISCLOSURE OF DIGITALLY ALTERED ADVERTISEMENTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 26 ADOPTED IN LIEU OF MSS RESOLUTION 26.

BODY IMAGE AND ADVERTISING TO YOUTH

RESOLVED, That our AMA encourage advertising associations to work with public and private sector organizations concerned with adolescent health to develop guidelines for advertisements, especially those appearing in teen-oriented publications, that would discourage the altering of photographs in a manner that could promote unrealistic expectations of appropriate body image.

MSS RESOLUTION 27 – HIV POSITIVE IMMIGRATION AND PERMANENT RESIDENCY IN THE U.S.

MSS ACTION: SUBSTITUTE MSS RESOLUTION 27 ADOPTED IN LIEU OF MSS RESOLUTION 27.

RESOLVED, That our AMA-MSS ask the AMA to amend H-20.901 by insertion and deletion as follows:

H-20.901 HIV, Immigration, and Travel Restrictions
Our AMA: (1) Supports enforcement of the public charge provision of the Immigration Reform Act of 1990 (PL 101-649); (2) Recommends that decisions on testing and exclusion of immigrants to the United States be made only by the U.S. Public Health Service, based on the best available medical, scientific, and public health information; ~~(3) Supports keeping HIV infection on the list of communicable diseases of "Public Health Significance" for purposes of immigration law and supports excluding immigrants infected with HIV from settling permanently in the United States;~~ (3~~4~~) Recommends that non-immigrant travel into the United States not be restricted because of HIV status; and (4~~5~~) Recommends that confidential medical information, such as HIV status, not be indicated on a passport or visa document without a valid medical purpose.

MSS RESOLUTION 28 – MEDICAL EQUIPMENT AND MEDICATION REUSE FOR INTERNATIONAL RELIEF

MSS ACTION: MSS RESOLUTION 28 NOT ADOPTED.

RESOLVED, That our AMA-MSS encourage medical schools to found student organizations that facilitate the collection and utilization of medical supplies and medications to support international areas in need; and be it further

RESOLVED, That our AMA-MSS work to develop strategies for mass-mobilization of medical supplies and reusable medications for expedited relief to countries in the event of a natural disaster.

MSS RESOLUTION 29 – IMPROVING MENTAL HEALTH SCREENING AND EDUCATION IN SCHOOLS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 29 ADOPTED IN LIEU OF MSS RESOLUTION 29.

IMPROVING PEDIATRIC MENTAL HEALTH SCREENING

RESOLVED, That our AMA recognize the importance of, and support the inclusion of, mental health screening in routine pediatric physicals; and be it further

RESOLVED, That our AMA work with mental health organizations and relevant primary care organizations to disseminate recommended and validated tools for eliciting and addressing mental health concerns in primary care settings.

MSS RESOLUTION 30 – MARRIAGE EQUALITY TO REDUCE HEALTH CARE DISPARITIES FOR SAME-SEX COUPLES

MSS ACTION: MSS RESOLUTION 30 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

MARRIAGE EQUALITY AND REPEAL OF THE DEFENSE OF MARRIAGE ACT

RESOLVED, That our AMA support ending the exclusion of same-sex couples from civil marriage in order to reduce health care disparities affecting those gay and lesbian individuals and couples, their families, and their children; and be it further

RESOLVED, That our AMA-MSS support the repeal of the “Defense of Marriage Act,” as it discriminates against married same-sex couples and their families and directly contributes to health care disparities among the gay, lesbian, bisexual, and transgender (GLBT) community.

MSS RESOLUTION 31 – FEDERAL EXCISE TAX FOR TOBACCO PRODUCTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 31 ADOPTED IN LIEU OF MSS RESOLUTION 31.

FEDERAL EXCISE TAX FOR TOBACCO PRODUCTS

RESOLVED, That our AMA-MSS advocate for legislation establishing a federal excise tax on cigarettes such that the total cost of taxation of cigarettes will be indexed to the best available estimate of smoking-related health costs of a pack of cigarettes.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2010 ANNUAL MEETING
CHICAGO, ILLINOIS

GOVERNING COUNCIL REPORT A – SURVIVAL OF THE J-1 VISA WAIVER PROGRAM

MSS ACTION: RECOMMENDATION OF GC REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS Resolution 7-A-08 not be adopted.

GOVERNING COUNCIL REPORT B – RESPONSIBLE BIOMEDICAL AND BIOETHICS JOURNALISM

MSS ACTION: RECOMMENDATIONS OF GC REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA encourages responsible biomedical and bioethics journalism.

2. That our AMA supports the efforts of the Association of Health Care Journalists and other organizations to promote responsible biomedical and bioethics journalism.

GOVERNING COUNCIL REPORT C – REGIONAL EQUALITY ON AMA-MSS COMMITTEES

MSS ACTION: GC REPORT C FILED.

GOVERNING COUNCIL REPORT D - HEALTH POLICY EDUCATION IN MEDICAL SCHOOLS

MSS ACTION: RECOMMENDATION OF GC REPORT D ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS monitor progress on the development of the Association of American Medical College's behavioral and social science core competencies and report back at A-11.

COUNCIL ON LONG RANGE PLANNING REPORT A – 2010-2013 AMA-MSS OPERATIONAL PLAN

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS make this Operational Plan available on the AMA Web site.

2. That our AMA-MSS seek a new three-year Operational Plan for the 2013-2016 period, with report back to the AMA-MSS Assembly at A-13.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2010 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 002 – SOCIETAL AND ETHICAL CONSEQUENCES OF A FIVE-YEAR BLOOD DONATION DEFERRAL POLICY FOR MEN WHO HAVE HAD SEX WITH MEN

HOD ACTION: AMA RESOLUTION 002 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association, working with relevant organizations and agencies, analyze the societal and ethical consequences of a shift to a 5-year deferral policy for blood donation from men who have sex with men, with report back at the 2011 Annual Meeting.

AMA RESOLUTION 007 – ENCOURAGING YOUNG ADULTS TO ESTABLISH ADVANCE DIRECTIVES AND SELECT HEALTH CARE PROXIES

HOD ACTION: AMA RESOLUTION 007 ADOPTED.

RESOLVED, That our American Medical Association encourage health care providers to discuss with and educate young adults about the establishment of advance directives and the appointment of health care proxies.

AMA RESOLUTION 311 – MEDICAL STUDENT INVOLVEMENT IN DISASTER MEDICINE AND PUBLIC HEALTH PREPAREDNESS PLANNING AND RESPONSE

HOD ACTION: AMA RESOLUTION 311 REFERRED.

RESOLVED, That our American Medical Association support skill-appropriate medical student involvement in pandemic disaster medicine and public health preparedness planning and response.

312 – ADVANCE TUITION PAYMENT REQUIREMENTS FOR INTERNATIONAL STUDENTS ENROLLED IN US MEDICAL SCHOOLS

HOD ACTION: AMA RESOLUTION 312 REFERRED.

RESOLVED, That our American Medical Association discourage U.S. medical schools from requiring international students to pay more than a single term's tuition at each billing period, and encourage schools to instead allow international students to pay tuition in the same manner as U.S. citizens and permanent U.S. residents.

AMA RESOLUTION 313 – INTERSTATE LICENSE PORTABILITY FOR PHYSICIANS VOLUNTEERING IN FREE CLINICS

HOD ACTION: AMA RESOLUTION 313 REFERRED.

RESOLVED, That our American Medical Association study a) the need for interstate license portability to allow physicians to volunteer in free clinics; b) the implications of current state policy in Tennessee, Oklahoma, and Arizona that allows for licensed physicians from other states to volunteer in their free clinics; and c) the effects on physician demographics, as well as

the medical, financial, and legal implications, of interstate license portability for physician volunteers in free clinics.

AMA RESOLUTION 314 – COMPETENCY-BASED PORTFOLIO ASSESSMENT OF MEDICAL STUDENTS

HOD ACTION: AMA RESOLUTION 314 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, and other organizations to examine new and emerging approaches to medical student evaluation, including competency-based portfolio assessment.

AMA RESOLUTION 412 - ACCURATE REPORTING OF FATS ON NUTRITIONAL LABELS

HOD ACTION: AMA RESOLUTION 412 ADOPTED.

RESOLVED, That our American Medical Association urge the FDA to require the use of more precise processes to measure the fat content in foods, particularly trans fats and saturated fats, and to require that the most accurate fat content information based on these processes be included on food labels.

AMA RESOLUTION 413 – INCREASING PUBLIC AWARENESS OF THE LACK OF A VACCINE-AUTISM LINK

HOD ACTION: AMA RESOLUTION 413 ADOPTED.

RESOLVED, That our American Medical Association ask the Office of the Surgeon General to offer a definitive repudiation of the link between either thimerosol-containing vaccines or the MMR vaccine and developmental disorders, such as autism.

AMA RESOLUTION 414 – DECREASING THE INCIDENCE OF OBESITY AND NEGATIVE SEQUELAE BY REDUCING THE PRICE DISPARITY BETWEEN CALORIE-DENSE, NUTRITION-POOR FOODS AND NUTRITION-DENSE FOODS

HOD ACTION: AMA RESOLUTION 414 ADOPTED WITH CHANGE IN TITLE.

REDUCING THE PRICE DISPARITY BETWEEN CALORIE-DENSE, NUTRITION-POOR FOODS AND NUTRITION DENSE FOODS

RESOLVED, That our A American Medical Association support efforts to decrease the price gap between calorie-dense, nutrition-poor foods and naturally nutrition-dense foods to improve health in economically disadvantaged populations by encouraging the expansion, through increased funds and increased enrollment, of existing programs that seek to improve nutrition and reduce obesity, such as the Farmer's Market Nutrition Program as a part of the Women, Infants, and Children program (New HOD Policy); and be it further

RESOLVED, That our American Medical Association support the novel application of the Farmer's Market Nutrition Program to existing programs such as the Supplemental Nutrition Assistance Program (SNAP), and apply program models that incentivize the consumption of naturally nutrition-dense foods in wider food distribution venues than solely farmer's markets as part of the Women, Infants, and Children program.

AMA RESOLUTION 415 – ADOPTION OF A UNIVERSAL EXERCISE DATABASE AND PRESCRIPTION PROTOCOLS FOR OBESITY REDUCTION

HOD ACTION: AMA RESOLUTION 415 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association collaborate with appropriate federal agencies and professional health organizations to develop an independent meta-database of evidence-based exercise guidelines to assist physicians and other health professionals in making exercise prescriptions; and be it further

RESOLVED, That our American Medical Association support longitudinal research on exercise prescription outcomes in order to further refine prescription-based exercise protocols.

AMA RESOLUTION 511 – REDUCING THE RISK OF SEXUALLY TRANSMITTED INFECTIONS IN PATIENTS AGE 50 AND OLDER

HOD ACTION: AMA POLICY H-440.979 REAFFIRMED IN LIEU OF AMA RESOLUTION 511.

RESOLVED, That our American Medical Association encourage physicians to educate their patients, particularly those aged 50 and older, on safe-sex practices and the risk of sexually transmitted disease.

AMA RESOLUTION 512 – ACCESS TO AND LICENSURE OF ESSENTIAL MEDICINES

HOD ACTION: AMA RESOLUTION 512 ADOPTED.

RESOLVED, That our American Medical Association amend policy H-100.963 by insertion and deletion as follows:

H-100.963 Essential Medicines for the Developing World
Our AMA: (1) supports universities engaging nontraditional partners, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions, in order to create new opportunities for neglected disease drug development; ~~and~~ (2) supports the protection of fair access to essential medicines in developing countries; and (3) supports policies that encourage institutions receiving publicly-funded research grants that result in patentable biomedical technologies to adopt transparent licensing provisions that provide equitable generic access to essential medicines for the developing world.

AMA RESOLUTION 513 – REPORTING OF ADVERSE DRUG AND MEDICAL DEVICE EVENTS

HOD ACTION: AMA POLICIES H-120.958 AND H-100.964 REAFFIRMED IN LIEU OF AMA RESOLUTION 513.

RESOLVED, That our American Medical Association educate physicians about the distinction between adverse drug and medical device events and serious adverse drug and medical device events, as well as the importance of and ethical obligation to report serious adverse drug and medical device events to the FDA; and be it further

RESOLVED, That our American Medical Association work with relevant governmental agencies and private organizations to facilitate voluntary physician reporting of adverse drug and medical device events; and be it further

RESOLVED, That our American Medical Association encourage the FDA to investigate barriers to physician reporting of serious adverse drug and medical device events.

AMA RESOLUTION 707 – AMA ENDORSEMENT OF THE WHO SURGICAL SAFETY CHECKLIST

HOD ACTION: AMA RESOLUTION 707 REFERRED FOR DECISION.

RESOLVED, That our AMA endorse the WHO Surgical Safety Checklist as a highly effective tool for reducing morbidity and mortality.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2010 INTERIM MEETING
SAN DIEGO, CALIFORNIA

MSS RESOLUTION 1 – EXPANDING AMA MEMBERSHIP AMONG PRACTICING PHYSICIANS

MSS ACTION: MSS RESOLUTION 1 NOT ADOPTED.

RESOLVED, That our AMA-MSS support innovative member recruitment and member retention strategies by the AMA that preserve the existing structure and function of the House of Delegates; and be it further

RESOLVED, That our AMA-MSS support the concept of an immediate, automatic enrollment of physicians into AMA membership upon enrollment into their state and/or specialty society, with the option to easily and immediately opt out if so desired, a dues-free trial period of limited duration, and a subsequent reduced yearly rate if AMA dues are paid in conjunction with state and/or specialty society dues.

MSS RESOLUTION 2 – EXPANDING AMA-MSS MEMBERSHIP BENEFITS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 2 ADOPTED IN LIEU OF MSS RESOLUTION 2.

ELIGIBILITY CRITERIA FOR AMA FOUNDATION SCHOLARSHIPS

RESOLVED, That our AMA-MSS formally ask the AMA Foundation to consider allowing non-U.S. citizens attending U.S. medical schools to apply for AMA Foundation scholarships.

MSS RESOLUTION 3 – WITHDRAWN

MSS RESOLUTION 4 – RESEARCHING SOLUTIONS TO THE JULY EFFECT

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS amend 460.010MSS by insertion and deletion to read as follows:

> AMA-MSS encourages continued investigation into the ~~possibility~~ etiology of ~~a~~ the July Effect ~~Phenomenon and its etiology in surgery and other fields~~ through analysis of nationwide, risk-adjusted, outcome-based, peer-controlled, and validated databases~~, as exemplified by the American College of Surgeons National Surgical Quality Improvement Program.~~;

and be it further

RESOLVED, That our AMA-MSS ask the AMA to encourage investigation into solutions to the "July effect" spike in medical errors at teaching hospitals.

MSS RESOLUTION 5 (LATE) – RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

MSS RESOLUTION 6 - SUPPORT FOR DEFINITION AND IMPLEMENTATION OF PRECLINICAL LONGITUDINAL CLINICAL EXPERIENCES INTO MEDICAL EDUCATION CURRICULA

> **MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED WITH CHANGE IN TITLE.**
>
> ENCOURAGING THE INCLUSION OF PRECLINICAL LONGITUDINAL CLINICAL EXPERIENCES IN THE MEDICAL EDUCATION CURRICULUM

RESOLVED, That our AMA-MSS ask the AMA to encourage medical schools to include longitudinal clinical experiences for students during the “preclinical” years of medical education.

MSS RESOLUTION 7 – PROMOTION FOR IMPROVED SCHOOL-SPONSORED HEALTH INSURANCE STANDARDS

> **MSS ACTION: MSS RESOLUTION 7 REFERRED FOR REPORT.**

RESOLVED, That our AMA-MSS ask the AMA to acknowledge that the American Council on Education’s request is incongruent with the minimum standards set by the Affordable Care Act; and be it further

RESOLVED, That our AMA-MSS ask the AMA to work with the Department of Health and Human Services and appropriate federal legislature to ensure that all school-sponsored health plans, meet the minimum standards as set by the Affordable Care Act.

MSS RESOLUTION 8 – EXPANDING GRADUATE MEDICAL EDUCATION IN RESPONSE TO THE INCREASE IN MEDICAL STUDENT TRAINING

> **MSS ACTION: AMA POLICIES H-305.929 AND H-310.917 REAFFIRMED IN LIEU OF MSS RESOLUTION 8.**

RESOLVED, That our AMA-MSS advocate for the generation of new sources of funding to support an increase in the number of medical students and at least a proportional increase in the number of residency training positions, preferably in or adjacent to physician shortage areas.

MSS RESOLUTION 9 – INCREASING ADVOCACY FOR GLOBAL HEALTH EDUCATION

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 9 ADOPTED IN LIEU OF MSS RESOLUTION 9.**
>
> GLOBAL HEALTH EDUCATION

RESOLVED, That our AMA-MSS ask the AMA to recognize the importance of global health education for medical students; and be it further

RESOLVED, That our AMA-MSS ask the AMA to encourage medical schools to include global health learning opportunities in their medical education curricula.

MSS RESOLUTION 10 – PROMOTING POSITIVE PERCEPTIONS OF MEDICINE AMONG MEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 10 NOT ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to promote mentorship programs, sponsor seminars, and support the creation of workshops that educate medical students in the history of medical practice and its future impact/directions in order to encourage positive perceptions of modern medicine among current medical students and future generations of physicians.

MSS RESOLUTION 11 – ENCOURAGING INNOVATIVE INITIATIVES TOWARDS ALLEVIATING MEDICAL SCHOOL DEBT: EVALUATION OF THE STRATEGIC ALTERNATIVE FOR FUNDING EDUCATION PROPOSAL

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

EVALUATION OF INCOME-CONTINGENT MEDICAL EDUCATION LOANS

RESOLVED, That our AMA-MSS ask the AMA to study the feasibility of medical school-initiated income-contingent loans, including the Strategic Alternative for Funding Education (SAFE) proposal, as a mechanism to alleviate medical education debt; and be it further

RESOLVED, That our AMA-MSS ask the AMA to sponsor a national request for proposals aimed at recruiting additional innovative initiatives focused on alleviating medical student debt, and support the best proposal(s), following feasibility studies, at the highest lobbying and legislative priority.

MSS RESOLUTION 12 – REQUIRED MEDICAL SCHOOL APPLICATION FEEDBACK FOR REJECTED CANDIDATES

MSS ACTION: MSS RESOLUTION 12 NOT ADOPTED.

RESOLVED, That our AMA-MSS endorse creation by the Association of American Medical Colleges of a policy that identifies general standardized categories which correspond to areas of the rejected student's application that merit improvement, those being: MCAT score, GPA, Clinical Experience, Service Activities, Leadership, Research, Personal Statement, Secondary Essays, Recommendations, Interview.

MSS RESOLUTION 13 – IDENTIFYING AND ENFORCING CORE COMPETENCIES AND ETHICAL GUIDELINES FOR INTERNATIONAL SERVICE-LEARNING

MSS ACTION: SUBSTITUTE MSS RESOLUTION 13 ADOPTED IN LIEU OF MSS RESOLUTION 13.

MEDICAL SCHOOL INTERNATIONAL SERVICE-LEARNING OPPORTUNITIES

RESOLVED, That our AMA-MSS ask the AMA to work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical school international service-learning opportunities are structured to contribute meaningfully to medical education and that medical students are appropriately prepared for these experiences; and be it further

RESOLVED, That our AMA-MSS ask the AMA to work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical students participating in international service-learning opportunities are held to the same ethical and professional standards as students participating in domestic service-learning opportunities.

MSS RESOLUTION 14 – OPPORTUNITIES FOR STUDENTS FROM STATES WITHOUT PUBLIC MEDICAL SCHOOLS

MSS ACTION: MSS RESOLUTION 14 NOT ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to encourage the creation of affiliations between states without public medical schools to nearby states with medical schools to increase opportunities for medical education.

MSS RESOLUTION 15 – MEDICAL STUDENT POSITION REGARDING THE 2010 ACGME RESIDENCY WORK STANDARDS

MSS ACTION: AMA POLICIES H-310.979 AND D-310.955 REAFFIRMED IN LIEU OF RESOLVE CLAUSE 1 OF MSS RESOLUTION 15. REMAINDER OF MSS RESOLUTION 15 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS supports programs focused on improving patient care with clear and measurable outcomes while paying equal attention to other initiatives that have been shown to minimize preventable medical errors and that the decision of whether to impose additional limitations on medical student, resident and fellow duty hours should be based on the prevailing evidence; and be it further

RESOLVED, That our AMA-MSS supports additional efforts to improve patient safety outside of limiting medical student, resident, and fellow work hours, including more adequate training in the art of transitioning care and identification of limitations due to sleep deprivation; and be it further

RESOLVED, That our AMA-MSS supports supervision of medical students, residents and fellows that allows for competency based independence and delegation of clinical responsibility appropriate for level of training.

MSS RESOLUTION 16 – ENCOURAGING MEDICAL STUDENT PROFESSIONALISM: AFFIRMING INSTITUTIONAL FINANCIAL DISCLOSURE POLICIES DURING UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to encourage the Liaison Committee on Medical Education and the American Osteopathic Association Commission on Osteopathic College Accreditation to require all medical schools to make known to students the existence of the physician-industry financial disclosure database(s) that exist or will be created by 2013 as required by the Patient Protection and Affordable Care Act (H.R. 3590 Section 6002); and be it further

RESOLVED, That our AMA-MSS ask the AMA to work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to encourage all medical school faculty to model professional behavior to students by disclosing

the existence of financial ties with industry, in accordance with existing disclosure policies at each respective medical school.

MSS RESOLUTION 17 - PROMOTING AN EDUCATIONAL INITIATIVE TO EDUCATE AMA-MSS MEMBERS ON THE IMPORTANCE OF PUBLIC CORD BLOOD DONATION AND AVAILABLE RESOURCES

> **MSS ACTION: AMA POLICY D-370.990 REAFFIRMED IN LIEU OF MSS RESOLUTION 17.**

RESOLVED, That our AMA-MSS utilize a combination of innovative continuing medical education (CME) and non-CME educational initiatives to instruct its members in the importance of umbilical cord blood donation, the importance of discussing it with their expecting patients, and recent technological developments that enable more new parents to donate their neonate's umbilical cord blood.

MSS RESOLUTION 18 – REQUIRED OFFERING OF HIV & STI TESTING IN EMERGENCY ROOMS

> **MSS ACTION: MSS RESOLUTION 18 REFERRED FOR REPORT.**

RESOLVED, That our AMA-MSS ask the AMA to recommend that all patients receiving hospital or primary care services be given the choice for either gonorrhea and Chlamydia testing in addition to the already mandated HIV testing and be it further; and be it further

RESOLVED, That our AMA-MSS ask the AMA to support hospitals and primary care services to arrange for follow-up medical care of individuals found positive for gonorrhea, Chlamydia, and/or HIV/AIDs. Additionally, it is recommended that these facilities follow-up with patients regarding their continued care in order to assess the effectiveness of testing with linked care.

MSS RESOLUTION 19 – OPPOSING MANDATORY TREATMENT OF PATIENTS COVERED BY GOVERNMENT-FUNDED HEALTH INSURANCE AS A CONDITION OF PHYSICIAN LICENSURE

> **MSS ACTION: AMA POLICIES H-275.994, D-275.962, AND H-275.984 REAFFIRMED IN LIEU OF MSS RESOLUTION 19.**

RESOLVED, That our AMA-MSS ask the AMA to amend H-275.984 by insertion and deletion to read as follows:

> The AMA (1) vigorously opposes legislation which mandates that, as a condition of licensure, physicians who treat ~~Medicare~~ government-funded health insurance beneficiaries must agree to charge or collect from Medicare these beneficiaries no more than the ~~Medicare~~ government allowed amount; (2) strongly affirms the policy that medical licensure should be determined by educational qualifications, professional competence, ethics and other appropriate factors necessary to assure professional character and fitness to practice; and (3) opposes any law that compels either acceptance of ~~Medicare~~ government-funded health insurance assignment or acceptance of the ~~Medicare~~ government allowed amount as payment in full as a condition of state licensure.

MSS RESOLUTION 20 – EDUCATING PATIENTS AND PROVIDERS OF THE REQUIREMENTS AND AVAILABILITY OF LANGUAGE SERVICES IN HEALTH CARE SETTINGS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 20 ADOPTED IN LIEU OF MSS RESOLUTION 20.

STUDY OF INTERPRETER MANDATE

RESOLVED, That our AMA-MSS ask the AMA to evaluate the impact on a physician practice of any federal mandate that requires an interpreter be present for patients who cannot communicate proficiently in English.

MSS RESOLUTION 21 – AWARENESS, DIAGNOSIS, AND TREATMENT OF BIPOLAR DISORDER IN YOUTH

MSS ACTION: AMA POLICIES H-345.981 AND H-60.944 REAFFIRMED IN LIEU OF MSS RESOLUTION 21.

RESOLVED, That our AMA-MSS ask the AMA to encourage medical schools and training programs to include the knowledge and skills necessary to recognize, diagnose, and treat bipolar disorder in children, adolescents, and young adults; and be it further

RESOLVED, That our AMA-MSS ask the AMA to support research efforts to (1) further refine diagnostic criteria for bipolar disorder, especially in children, adolescents, and young adults; and (2) support research into the etiology and effective treatment of bipolar disorder in these patients.

MSS RESOLUTION 22 – PHYSICIAN-BASED EDUCATION TO COMBAT OBESITY ON THE LOCAL LEVEL

MSS ACTION: MSS RESOLUTION 22 REFERRED FOR REPORT.

RESOLVED, That our AMA-MSS ask the AMA to recommend the allocation of federal funding for the formation of nationwide programs that help physicians—with patients suffering from obesity and generally poor diet—identify healthy food vendors, and educate their patients on how to use federal resources such as Supplemental Nutrition Assistance Program food stamps to take advantage of those healthy foods; and be it further

RESOLVED, That our AMA-MSS ask the AMA to urge the federal government to support the nationwide expansion of programs that coordinate and fund the physician-to-patient distribution of coupons for fresh produce as a means to supplement the physician-based nutritional education and obesity management of low income families; and be it further

RESOLVED, That our AMA-MSS ask the AMA to call for the integration of the programs mentioned in the above clauses, with nutritional education programs at nearby schools and other venues, whereby physicians or other healthcare professionals may encourage the use of Supplemental Nutrition Assistance Program food stamps to purchase healthy foods and distribute coupons for fresh produce to families without access to a physician.

MSS RESOLUTION 23 – CREATING NATIONAL STANDARDS FOR ELECTRONIC HEALTH RECORDS SYSTEMS

> **MSS ACTION: AMA POLICIES D-478.996 AND D-478.994 REAFFIRMED IN LIEU OF MSS RESOLUTION 23.**

RESOLVED, That our AMA and AMA-MSS endorse a single standard in the design of electronic medical records which all systems must meet; and be it further

RESOLVED, That our AMA and AMA-MSS support a standard that enables the prompt and complete sharing of pertinent records across electronic medical records systems once a patient has endorsed the release of those records or in the case of a medical emergency.

MSS RESOLUTION 24 – AMA SUPPORT OF MEDICAL SUPPLY REUSE PROGRAMS

> **MSS ACTION: AMA POLICIES D-250.992, H-65.994, AND H-250.987 REAFFIRMED IN LIEU OF MSS RESOLUTION 24.**

RESOLVED, That our AMA-MSS ask the AMA to encourage doctors and hospitals to establish medical reuse programs that give medical supplies to domestic and international relief efforts.

MSS RESOLUTION 25 – PUTTING PRICE TRANSPARENCY INTO PRACTICE

> **MSS ACTION: AMA POLICY H-373.998 REAFFIRMED IN LIEU OF MSS RESOLUTION 25.**

RESOLVED, That our AMA-MSS ask the AMA to actively encourage health care providers to provide, in non-emergent situations, a good-faith estimate of billed charges of common services on, but not limited to consent forms, visitation forms, admit forms, Internet web pages, and/or public databases; be it further

RESOLVED, That our AMA-MSS ask the AMA to create or initiate the creation of a publicly accessible database, with a standardized input, compatible with electronic practice management software, whereby providers can post billed prices and make updates to those prices. This price information should be linked with the AMA's DoctorFinder website. The pricing data should be open source for other information-providers to access and distribute.

MSS RESOLUTION 26 – PROMOTING THE UNIVERSAL ADOPTION OF ELECTRONIC PRESCRIPTION SYSTEMS

> **MSS ACTION: AMA POLICY D-120.958 REAFFIRMED IN LIEU OF MSS RESOLUTION 26.**

RESOLVED, That our AMA-MSS support the universal adoption of electronic prescribing systems and urge clinicians and health organizations to adopt electronic prescription systems in their hospitals and practices; and be it further

RESOLVED, That our AMA-MSS support physician and medical student education programs that highlight the cost effectiveness and increased patient safety of electronic prescription systems.

MSS RESOLUTION 27 – INVESTIGATING COST-SAVING, EQUITABLE CARE IN DIRECT PRACTICE MEDICINE

MSS ACTION: MSS RESOLUTION 27 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to investigate, with the American Academy of Private Physicians, the potential for direct practice medicine to serve as a cost saving tool for certain patients requiring 24-hour access to care; and be it further

RESOLVED, That our AMA-MSS ask the AMA to investigate, with American Academy of Private Physicians, the scope of direct practice medicine and study methods, including partnerships with academic facilities and tax subsidies, to improve the reach of direct practice medicine to include all classes.

MSS RESOLUTION 28 – INTERSTATE MEDICAID COOPERATION

MSS ACTION: MSS RESOLUTION 28 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to support and advocate for legislation allowing out-of-state providers in close proximity to the border to be enrolled as in-state providers in those states that do not currently allow it, using Oregon's Medicaid system as a model; and be it further

RESOLVED, That our AMA-MSS ask the AMA to support and advocate for legislation that would streamline the provider enrollment process in order to encourage more physicians to become providers for border communities.

MSS RESOLUTION 29 – EARLY HEARING DETECTION AND INTERVENTION

MSS ACTION: MSS RESOLUTION 29 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to support Early Hearing Detection and Intervention (EHDI) to ensure that every infant receives proper hearing screening, diagnostic evaluation, intervention, and follow-up in a timely manner; and be it further

RESOLVED, That our AMA-MSS ask the AMA to support federal legislation to provide appropriate resources, coordination, and education for EHDI follow-up with infants who fail initial hearing screening tests.

MSS RESOLUTION 30 – SUPPORT FOR FEES AND TAXES ON SOFT DRINKS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 30 ADOPTED IN LIEU OF MSS RESOLUTION 30.

SUPPORT FOR FEES AND TAXES ON NON-ALCOHOLIC BEVERAGES CONTAINING CALORIC SWEETENERS

RESOLVED, That our AMA-MSS support and advocate for legislation and policies for increased fees and/or taxes on non-alcoholic beverages containing caloric sweeteners; and be it further

RESOLVED, That our AMA-MSS support the exclusive use of revenue generated from taxes on non-alcoholic beverages containing caloric sweeteners for funding of public health programs designed to combat obesity or public health programs that promote good nutrition.

MSS RESOLUTION 31 – POST-PARTUM NUTRITION COUNSELING

MSS ACTION: MSS RESOLUTION 31 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

NUTRITION COUNSELING FOR PREGNANT AND RECENT POST-PARTUM PATIENTS

RESOLVED, That our AMA-MSS ask the AMA to support physician referrals of pregnant and recent post-partum patients to registered dietitians for nutrition counseling; and be it further

RESOLVED, That our AMA-MSS ask the AMA to advocate for the extension of health insurance coverage to registered dietician visits for all pregnant and recent post-partum patients.

MSS RESOLUTION 32 – SUPPORT OF OUTREACH PROGRAMS THAT UTILIZE COMMUNITY LEADERS TO DELIVER CULTURALLY-COMPETENT HEALTH INFORMATION

MSS ACTION: AMA POLICIES H-160.959, H-205.997, AND H-440.911 REAFFIRMED IN LIEU OF MSS RESOLUTION 32.

RESOLVED, That our AMA-MSS ask the AMA to identify and support grassroots outreach programs that empower local leaders to promote healthy practices and regular disease screenings within their communities in a culturally-competent manner; and be it further

RESOLVED, That our AMA-MSS ask the AMA to incorporate community-oriented resources into its health promotion materials and tool kits; and be it further

RESOLVED, That our AMA-MSS ask the AMA to increase awareness of successful projects by publishing them as case studies in medical and public health journals.

MSS RESOLUTION 33 – REDUCING THE INCIDENCE OF BACK PAIN IN SCHOOLCHILDREN BY ENCOURAGING THE PROPER USE OF BACKPACKS

MSS ACTION: MSS RESOLUTION 31 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support guidelines to encourage proper use of backpacks by schoolchildren by recommending lighter loads and the use of both shoulders.

MSS RESOLUTION 34 – PRICE PARITY IN FAST FOOD CHILDREN'S MEALS

MSS ACTION: MSS RESOLUTION 34 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to encourage fast food restaurants to establish price parity between traditional side items and alternative, more healthful options in children's meals; and

RESOLVED, That our AMA-MSS ask the AMA to work directly with the White House's Let's Move Program to support the fast food industry in establishing price parity between traditional side items and alternative, more healthful options in children's meals.

MSS RESOLUTION 35 – SOCIETAL DISCREPANCIES IN THE DISABLED POPULATION AND POST-SECONDARY DISABILITY RESOURCE CENTER UTILIZATION

MSS ACTION: MSS RESOLUTION 35 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support educating medical students and health care professionals on the societal discrepancies endured by the disabled population as well as services provided by post-secondary disability resource centers; and be it further

RESOLVED, That our AMA-MSS promote utilization of disability resource centers at the post-secondary level for students who meet the requirements established by those centers.

MSS RESOLUTION 36 – FOREIGN EMERGENCY MEDICAL RELIEF POLICY AND PROCEDURES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 36 ADOPTED IN LIEU OF MSS RESOLUTION 36.

FOREIGN EMERGENCY MEDICAL RELIEF POLICY AND PROCEDURES FOR HOSPITALS

RESOLVED, That our AMA-MSS ask the AMA to encourage the American Hospital Association to develop policies and procedures to facilitate the coordination of logistics in the event of an international disaster requiring urgent emergency medical relief.

MSS RESOLUTION 37 – AMA ENDORSEMENT OF NATIONAL BIKE TO WORK DAY

MSS ACTION: MSS RESOLUTION 37 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to support “National Bike to Work Day;” and be it further

RESOLVED, That our AMA-MSS ask the AMA to encourage active transportation whenever possible.

MSS RESOLUTION 38 – OPPOSITION TO EXCLUSIVITY AGREEMENTS BETWEEN JUNK FOOD VENDORS AND PUBLIC SCHOOLS

MSS ACTION: MSS RESOLUTION 38 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to oppose exclusivity agreements between school districts and food and beverage vendors unless those agreements contain provisions mandating that vendors predominantly provide healthful food choices that contribute to the nutritional needs of students.

MSS RESOLUTION 39 – COMBATING CHILDHOOD OBESITY WITH PHYSICAL EDUCATION REQUIREMENTS

MSS ACTION: MSS RESOLUTION 39 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to advocate that schools require a health care professional’s recommendation for students to opt out of physical education programs, in order to stress the importance of physical wellness among children and to promote healthy lifestyle choices that extend into adulthood.

MSS RESOLUTION 40 – VACCINATION OF HENS TO LOWER EGG-BORNE TRANSMISSION OF SALMONELLA ENTERITIDIS

MSS ACTION: MSS RESOLUTION 40 NOT ADOPTED.

RESOLVED, That our AMA promote voluntary vaccination of hens against Salmonella enteritidis to prevent egg-borne transmission to humans; and be it further

RESOLVED, That the Council on Science and Public Health of our AMA conduct a literature review of the efficacy of hen vaccination against Salmonella enteritidis to prevent egg-borne transmission to humans.

MSS RESOLUTION 41 – ELIMINATING MEDICAL TUBING MISCONNECTIONS

MSS ACTION: MSS RESOLUTION 41 ADOPTED.

RESOLVED, That our AMA-MSS supports the manufacture and use of medical tubing with designed incompatibility such that it is physically impossible to connect tubing intended for different health functions.

MSS RESOLUTION 42 – TESTING AND LENGTHENING DRUG EXPIRATION DATES

MSS ACTION: AMA POLICY H-115.983 REAFFIRMED IN LIEU OF MSS RESOLUTION 42.

RESOLVED, That our AMA-MSS reaffirms our AMA's support for longer scientifically based stability testing; and be it further

RESOLVED, That our AMA-MSS ask the AMA to encourage the FDA and federal government to more rigorously define and make transparent the definition and process of scientifically based stability testing used to determine expiration dates; and be it further

RESOLVED, That our AMA-MSS ask the AMA to, along with the FDA, U.S. Pharmacopedia, and pharmaceutical companies increase awareness and educate the public, doctors, and hospitals regarding the significance of expiration dates and beyond-expiration date usage of prescription drugs and over-the-counter medications in terms of potency and toxicity; and be it further

RESOLVED, That our AMA-MSS ask the AMA to encourage the FDA to study the fiscal and clinical impact of expiration date extensions for both civilian medications and essential medicines commonly used in domestic and international relief efforts.

MSS RESOLUTION 43 – RE-ALLOCATION AND RE-DISTRIBUTION OF USDA FARM SUBSIDIES

MSS ACTION: MSS RESOLUTION 43 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to study, in collaboration with the appropriate government agencies, the re-distribution and re-allocation of agricultural subsidies delineated in the Food, Conservation, and Energy Act of 2008 in order to increase the amount of financial aid given to agricultural subsidies which support non-commodity crops such as fruit, vegetables, whole grains, nuts, as well as other nutritional staples such as lean meats, poultry, fish, and beans, in alliance with encouragement for a healthier national diet, as delineated by the USDA's guidelines.

MSS RESOLUTION 44 – FINGERSTICK AND SINGLE-USE POINT-OF-CARE BLOOD TESTING DEVICES SHOULD NOT BE USED FOR MORE THAN ONE PERSON

MSS ACTION: MSS RESOLUTION 44 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to encourage improved labeling of fingerstick and point-of-care blood testing devices such that it is clear that multiple-use fingerstick devices made for single patients are intended for use only on single patients.

MSS RESOLUTION 45 – BROADER REGULATION OF DIRECT-TO-CONSUMER GENETIC TESTING

MSS ACTION: AMA POLICIES H-460.908 AND D-480.987 REAFFIRMED IN LIEU OF MSS RESOLUTION 45.

RESOLVED, That our AMA-MSS ask the AMA to recommend that the FDA mandate that all marketed genetic tests developed by individual laboratories be subject to its regulatory authority to assess (a) the class of risk associated with the test's clinical utility, and (b) the reliability and efficacy of the test; and be it further

RESOLVED, That our AMA-MSS ask the AMA to recommend to the FDA that the abovementioned assessments of marketed genetic tests be made available to their prospective clients, whether they be healthcare professionals or the public, in the case of direct-to-consumer genetic tests; and be it further

RESOLVED, That our AMA-MSS ask the AMA to urge the FDA to require that the data obtained from a direct-to-consumer genetic test be made available to the client upon request, so that they may seek the interpretation of a physician or other qualified health care professional.

MSS RESOLUTION 46 – PROMOTING A STANDARD NUTRITION EDUCATION CURRICULUM FOR PRIMARY AND SECONDARY SCHOOL AGE CHILDREN

MSS ACTION: AMA POLICIES D-60.990, D-440.971, H-150.996, AND H-150.953 AND AMA-MSS POLICY 170.012MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 46.

RESOLVED, That our AMA-MSS ask the AMA to encourage state medical societies to promote a standard curriculum at the elementary school, middle school, and high school levels regarding food nutrition so that children and adolescents will be able to better understand their daily intake requirements, and distinguish between healthy and unhealthy food options; and be it further

RESOLVED, That our AMA-MSS ask the AMA to promote further involvement and education of parents in the nutritional education of their children.

MSS RESOLUTION 47 – AMA PARTICIPATION IN EXPANSION OF NATIONAL HEALTH SERVICE CORPS UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

MSS ACTION: SUBSTITUTE MSS RESOLUTION 47 ADOPTED IN LIEU OF MSS RESOLUTION 47.

MEDICAL STUDENT REPRESENTATION IN NATIONAL HEALTH SERVICE CORPS PLANNING

RESOLVED, That our AMA-MSS advocate to increase medical student representation in the decision-making process of the National Health Service Corps during the implementation of the Patient Protection and Affordable Care Act.

MSS RESOLUTION 48 – MEDICAL GHOSTWRITING

MSS ACTION: MSS RESOLUTION 48 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to educate, at appropriate intervals, physicians and physicians-in-training about. The currently-defined differences between being an “author” and being a “contributor” as well as the varied potential for industry bias between these terms and the importance of self-identifying between these terms when submitting manuscripts for publication in accordance with the following text:

- Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Authors should meet conditions all three conditions. Those meeting fewer than all three criteria should be considered contributors.

- When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship/contributorship defined above, and should complete journal-specific author and conflict-of-interest disclosure forms. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments. The National Library of Medicine indexes the group name and the names of individuals the group has identified as being directly responsible for the manuscript; it also lists the names of collaborators if they are listed in Acknowledgments.

- Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship but rather, contributorship.

- All persons designated as authors should qualify for authorship, and all those who qualify should be listed.

- Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2010 INTERIM MEETING
SAN DIEGO, CALIFORNIA

GOVERNING COUNCIL REPORT A – A NEW DIRECTION FOR THE AMA-MSS ANNUAL MEETING

MSS ACTION: RECOMMENDATION OF GC REPORT A ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS study the restructuring of the AMA-MSS Annual and Interim Meetings to meet the programming and policy needs of the AMA-MSS, and report back at A-11.

GOVERNING COUNCIL REPORT B – MEDICAL STUDENT REGIONAL DELEGATE APPORTIONMENT

MSS ACTION: RECOMMENDATIONS OF GC REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS ask the AMA to amend its bylaws such that Medical Student Regional Delegate (RD) and Medical Student Alternate Regional Delegate (AD) positions are allocated at a rate of one RD/AD for every 2,000 medical student members. These allocated RD/AD positions are then apportioned to the seven AMA-MSS Regions at a rate of one RD/AD per 2,000 medical student members within each region, with any remaining allocated RD/AD position(s) being apportioned to the Region(s) with the greatest number of medical student members in excess of a multiple of 2,000.

2. That our AMA-MSS amend its Internal Operating Procedures to reflect any amendments to the AMA Bylaws that affect the allocation or apportionment of Medical Student Regional Delegate and Medical Student Alternate Regional Delegate positions.

GOVERNING COUNCIL REPORT C – MEDICAL STUDENT REGIONAL DELEGATE ELIGIBILITY FOR ELECTION TO MSS DELEGATE AND ALTERNATE DELEGATE POSITIONS

MSS ACTION: RECOMMENDATION OF GC REPORT C ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS amend its Internal Operating Procedures (IOPs) by deletion of MSS IOP VIII.D.:

   ~~**Regional Delegate Conflicts of Interest**. Regional Delegates and Alternate Regional Delegates are prohibited from declaring candidacy for AMA Delegate or Alternate AMA Delegate until they have completed their Regional Delegate or Alternate Regional Delegate term. Regional Delegates and Alternate Regional Delegates shall not be prohibited from seeking other MSS Governing Council positions or AMA or MSS Council or Committee positions while serving their terms as Regional Delegate or Alternate Regional Delegate.~~

GOVERNING COUNCIL REPORT D – UPDATE ON CHANGES TO CRITERIA FOR CHAPTER REPRESENTATION IN THE AMA-MSS ASSEMBLY

MSS ACTION: GC REPORT D FILED.

GOVERNING COUNCIL REPORT E - FURTHER AMENDING THE AMA-MSS CAMPAIGN RULES

MSS ACTION: RECOMMENDATION OF GC REPORT E ADOPTED AND REMAINDER OF REPORT FILED.

1. That AMA-MSS Resolution 2-I-09 not be adopted.

GOVERNING COUNCIL REPORT E – POLICY SUNSET REPORT FOR 2005 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS OF GC REPORT F ADOPTED AND REMAINDER OF REPORT FILED.

1. That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS.

2. That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2010 INTERIM MEETING
SAN DIEGO, CALIFORNIA

AMA RESOLUTION 2 – HIV-POSITIVE IMMIGRATION AND PERMANENT RESIDENCY IN THE US

HOD ACTION: AMA RESOLUTION 2 ADOPTED.

RESOLVED, That our American Medical Association amend HOD Policy H-20.901 by insertion and deletion as follows:

> H-20.901 HIV, Immigration, and Travel Restrictions
> Our AMA: (1) Supports enforcement of the public charge provision of the Immigration Reform Act of 1990 (PL 101-649); (2) Recommends that decisions on testing and exclusion of immigrants to the United States be made only by the U.S. Public Health Service, based on the best available medical, scientific, and public health information; ~~(3) Supports keeping HIV infection on the list of communicable diseases of "Public Health Significance" for purposes of immigration law and supports excluding immigrants infected with HIV from settling permanently in the United States;~~ (3~~4~~) Recommends that non-immigrant travel into the United States not be restricted because of HIV status; and (4~~5~~) Recommends that confidential medical information, such as HIV status, not be indicated on a passport or visa document without a valid medical purpose.

AMA RESOLUTION 5 – MEDICAL STUDENT ACCESS TO ELECTRONIC MEDICAL RECORDS

HOD ACTION: AMA RESOLUTION 5 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association encourage teaching hospitals and other clinical clerkship sites to allow medical student access to patient electronic medical records.

RESOLVED, That our AMA study current barriers to, and help facilitate medical student access to electronic medical records.

AMA RESOLUTION 208 – PHYSICIAN EXTENDERS

HOD ACTION: AMA RESOLUTION 208 ADOPTED AS AMENDED.

RESOLVED, That, in academic environments, our AMA only support payment models for non-physician practitioners that do not interfere with graduate medical training.

AMA RESOLUTION 209 – MARRIAGE EQUALITY

HOD ACTION: AMA RESOLUTION 209 REFERRED.

RESOLVED, That our American Medical Association support ending the exclusion of same-sex couples from civil marriage in order to reduce health care disparities affecting those gay and lesbian individuals and couples, their families, and their children.

AMA RESOLUTION 604 – MEDICAL STUDENT ENGAGEMENT IN PROFESSIONAL MEDICAL SOCIETIES

HOD ACTION: AMA RESOLUTION 604 ADOPTED.

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges to promote medical student engagement in professional medical societies, including attendance at local, state, and national professional organization meetings, during the pre-clinical and clinical years.

AMA RESOLUTION 606 – RESPONSIBLE BIOMEDICAL AND BIOETHICS JOURNALISM

HOD ACTION: AMA RESOLUTION 606 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association encourage responsible biomedical and bioethics journalism.

AMA RESOLUTION 808 – PROMOTING TRANSPARENCY TO STIMULATE IMPROVED QUALITY

HOD ACTION: AMA POLICIES H-406.991, H-406.989, H-450.941, AND H-450.947 REAFFIRMED IN LIEU OF RESOLUTION 808.

RESOLVED, That our American Medical Association encourage development of public and hospital-based reporting systems that create transparency in individual physician performance to stimulate quality improvement and better-informed patient and physician decision-making.

AMA RESOLUTION 809 – PROMOTING INTERNET-BASED ELECTRONIC HEALTH RECORDS AND PERSONAL HEALTH RECORDS

HOD ACTION: AMA RESOLUTION 809 REFERRED.

RESOLVED, That our American Medical Association advocate for the integration of provider and hospital electronic health records (EHRs) with Internet-based personal health records (PHRs) as an option for patients; and be it further

RESOLVED, That our AMA advocate as a priority for all Internet-based PHRs to be fully HIPAA-compliant.

AMA RESOLUTION 905 – OPPOSITION TO TUITION TAXES

HOD ACTION: AMA RESOLUTION 905 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association oppose tuition taxes and any other attendance-based taxes by any government entity.

AMA RESOLUTION 906 – IMPROVING PRIMARY CARE RESIDENCY TRAINING TO IMPROVE HEALTH CARE FOR PEDIATRIC AND ADOLESCENT GAY, LESBIAN, BISEXUAL, AND TRANSGENDER PATIENTS

HOD ACTION: AMA POLICY H-295.878 AMENDED IN LIEU OF AMA RESOLUTION 906.

H-295.878, Eliminating Health Disparities – Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education

"Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; and (3) encourages the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include Lesbian, Gay, Bisexual, and Transgender health issues in the cultural competency curriculum for both undergraduate and graduate medical education; and (4) encourages the LCME, AOA, and ACGME to assess the current status of curricula for medical student and residency education addressing the needs of pediatric and adolescent LGBT patients.

AMA RESOLUTION 909 – SEAT BELT COMPLIANCE IN EMERGENCY VEHICLE PATIENT COMPARTMENTS

HOD ACTION: AMA RESOLUTION 909 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the amendment of state seat belt laws which contain exemptions for emergency medical services personnel, such that these laws would provide exemptions only when personnel are actively involved in patient care.

AMA RESOLUTION 910 – RETURN TO PLAY AFTER SUSPECTED CONCUSSION

HOD ACTION: AMA RESOLUTION 910 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association promote the adoption of requirements that athletes participating in school or other organized youth sports and who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion should not return to play or practice without the written approval of an MD or DO.

RESOLVED, That our AMA encourage educational efforts designed to improve the understanding of concussion by athletes, their parents, coaches, and trainers.

AMA RESOLUTION 911 – SKIING AND SNOWBOARDING HELMETS AND SAFETY

HOD ACTION: SUBSTITUTE AMA RESOLUTION 911 ADOPTED IN LIEU OF AMA RESOLUTIONS 911 AND 928.

HELMET USE BY SNOW SKIERS AND SNOWBOARDERS

RESOLVED, That our American Medical Association support legislation requiring the use of helmets by children ages 17 and younger while snow skiing or snowboarding; and be it further

RESOLVED, That our AMA encourages the use of helmets in adults while snow skiing or snowboarding; and be it further

RESOLVED, That our AMA encourage physicians to educate their patients about the importance of helmet use while skiing and snowboarding; and be it further

RESOLVED, That our AMA encourage the availability of rental helmets at all commercial skiing and snowboarding areas; and be it further

RESOLVED, That Policy H-10.973 be rescinded.

AMA RESOLUTION 907 – ENCOURAGING RESEARCH INTO THE IMPACT OF LONG-TERM ADMINISTRATION OF HORMONE REPLACEMENT THERAPY IN TRANSGENDER PATIENTS

> **HOD ACTION: AMA RESOLUTION 907 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.**

RESOLVED, That our American Medical Association encourage research into the impact of long-term administration of hormone replacement therapy in transgender patients.

AMA RESOLUTION 908 – DECREASING EPINEPHRINE AUTO-INJECTOR ACCIDENTS AND MISUSE

> **HOD ACTION: AMA RESOLUTION 908 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.**

RESOLVED, That our American Medical Association encourage physicians to review standard epinephrine auto-injector administration protocol with patients upon initial prescription and on follow-up visits; and be it further

RESOLVED, That our AMA encourage improved product design and labeling of epinephrine auto-injectors.

AMA RESOLUTION 912 – BODY IMAGE AND ADVERTISING TO YOUTH

> **HOD ACTION: AMA RESOLUTION 912 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.**

RESOLVED, That our American Medical Association encourage advertising associations to work with public and private sector organizations concerned with adolescent health to develop guidelines for advertisements, especially those appearing in teen-oriented publications, that would discourage the altering of photographs in a manner that could promote unrealistic expectations of appropriate body image.

AMA RESOLUTION 913 – IMPROVING PEDIATRIC MENTAL HEALTH SCREENING

> **HOD ACTION: AMA RESOLUTION 913 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.**

RESOLVED, That our American Medical Association recognize the importance of, and support the inclusion of, mental health screening in routine pediatric physicals; and be it further

RESOLVED, That our American Medical Association work with mental health organizations and relevant primary care organizations to disseminate recommended and validated tools for eliciting and addressing mental health concerns in primary care settings.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2011 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 - STATE AUTHORSHIP OF MSS RESOLUTIONS

MSS ACTION: RECOMMENDATIONS OF GOVERNING COUNCIL REPORT A ADOPTED AS AMENDED IN LIEU OF MSS RESOLUTION 1.

1. That our AMA-MSS amend its Internal Operating Procedures to reflect the following changes to the policy-making process at the AMA-MSS Annual Meeting:
    a. Resolutions will be considered at the AMA-MSS Annual Meeting only if they pertain to AMA advocacy efforts or address issues of an urgent nature that must be addressed before the following Interim Meeting.
    b. For the purposes of resolutions considered at the AMA-MSS Annual Meeting, "advocacy" will be defined using the same definition used by the AMA House of Delegates: active use of communication and influence with public and private sector entities responsible for making decisions that directly affect funding and regulation of training, physician practice, payment for physician services, and access to and delivery of medical care. Urgent resolutions may still be brought before the AMA-MSS Assembly at the discretion of the Rules Committee in order to meet pressing concerns. In addition, modifications to the Internal Operating Procedures of the AMA-MSS will not be subject to this definition.
    c. A Resolution Committee consisting of the seven region Chairs or their designees will be responsible for reviewing submitted resolutions and determining whether they meet the requirements for consideration. The Resolution Committee will report its recommendations to the Assembly, which may, by a two-thirds vote of delegates present and voting, overturn any recommendation for or against the consideration of a particular resolution.

2. That our AMA-MSS amend its Internal Operating Procedures such that resolutions may be submitted by chapters, states, and regions in addition to resolutions being submitted by individuals.
3. That our AMA-MSS study mechanisms to further improve and streamline the policymaking process and report back to the Assembly at the 2011 Interim Meeting.
4. That our AMA-MSS study the effects of shifting the policy-making focus of the AMA-MSS Annual Meeting to advocacy issues, and report back to the Assembly at the 2014 Annual Meeting.

MSS RESOLUTION 2 - CHANGING THE REQUIREMENTS OF QUORUM IN THE MSS GENERAL ASSEMBLY

MSS ACTION: MSS RESOLUTION 2 REFERRED.

RESOLVED, That our AMA-MSS amend IOP XI.G.3 by substitution and addition to read: Quorum. ~~Twenty-five~~ Forty percent of the MSS Delegates shall constitute a quorum, provided that at least ten percent of the MSS Delegates from each of the geographic regions are present. The regions are defined in MSS Internal Operating Procedures VII.A.1. For the purposes of defining a quorum, the MSS Delegate of each national medical specialty society, federal service, professional interest medical association, national medical student organization, and

other group is considered part of the region representing the state in which his or her organization's headquarters are located.

MSS RESOLUTION 3 - TRANSPARENCY IN THE ROLE OF REGIONAL DELEGATES

MSS ACTION: MSS RESOLUTION 3 ADOPTED.

RESOLVED, That our AMA-MSS study the issue of Regional Delegate role and transparency, and, by I-11, submit a report detailing suggested changes to Internal Operating Procedures reflecting clarification of the RD role in representation and improved transparency, including representation of the Medical Student Section by the Regional Delegates on issues outside of current MSS policy.

MSS RESOLUTION 4 - HEALTH PROFESSIONS STUDENT ACCESS TO IMMUNIZATIONS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED.

RESOLVED, That our AMA-MSS recommend that all medical schools provide all institutionally required vaccinations to health professions students, with implementation costs to be part of student fees, unless medically contraindicated.

MSS RESOLUTION 5 - ADOLESCENT AND YOUNG ADULT (AYA) CANCER IN MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

ADOLESCENT AND YOUNG ADULT CANCER

RESOLVED, That the AMA-MSS study promoting and endorsing the International Charter of Rights for Young People with Cancer or parallel or similar AMA developed language and encouraging all member societies of the AMA House of Delegates to consider promoting and endorsing the International Charter of Rights for Young People with Cancer or parallel or similar AMA developed language.

MSS RESOLUTION 6 - PROTECTING MEDICAL STUDENT SUMMER RESEARCH COMPENSATION

MSS ACTION: SUBSTITUTE MSS RESOLUTION 6 ADOPTED WITH CHANGE IN TITLE.

MEDICAL STUDENT SUMMER RESEARCH COMPENSATION

RESOLVED, That our AMA-MSS ask the AMA to amend H-460.982 by insertion and deletion as follows:

Availability of Professionals for Research: (1) In its determination of personnel and training needs, major public and private research foundations, including the Institute of Medicine of the National Academy of Sciences, should consider the future research opportunities in the biomedical sciences as well as the marketplace demand for new researchers. (2) The number of physicians in research training programs should be increased by expanding research opportunities during medical school, through the use of short-term training grants and through the establishment of a cooperative network of research clerkships for students attending less research-intensive schools. ~~The number of physicians~~ Participation in research training programs should be increased by providing financial incentives for research centers, academic physicians, and medical students.

MSS RESOLUTION 7 - PRESERVING STATE RESIDENCY OPTIONS FOR MEDICAL SCHOOL APPLICANTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 7 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS conduct a study to detail the current residency requirements for state medical school admission; and be it further

RESOLVED, That our AMA-MSS perform a survey to determine the incidence of current medical students who had lost state residency in one state before qualifying as state residents in a new state, comparing public versus private medical schools.

MSS RESOLUTION 8 - MINDFULNESS EDUCATION TO ADDRESS MEDICAL STUDENT STRESS AND BURNOUT

MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to amend D-310.968 by insertion and deletion as follows:

D-310.968: Intern, ~~and~~ Resident, and Medical Student Burnout:
1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, ~~and~~ fellows, and medical students.
2. Our AMA will work with other interested groups to regularly inform the appropriate ~~Graduate Medical Education designated~~ institutional officials, program directors, resident physicians, and attending faculty about resident~~/~~, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through the appropriate media outlets.~~such media as the AMA's GME e-Letter.~~
3. Our AMA will encourage the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges to address the recognition, treatment, and prevention of burnout among residents~~/~~, fellows, and medical students.
4. Our AMA will encourage further studies and disseminate the results of studies on physician burnout to the medical education and physician community.
5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements, with a report back at the 2009 Interim Meeting of the AMA House of Delegates;
and be it further

RESOLVED, That our AMA encourages the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout.

RESOLUTION 9 - INCREASING FUNDING FOR GRADUATE MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 9 ADOPTED.

RESOLVED, That our AMA-MSS encourage both public and private payers to contribute to graduate medical education funding, through, for example, expansion of government grant opportunities; and be it further

RESOLVED, That our AMA-MSS urge the AMA to work toward the removal of caps on residency programs funded by the Center for Medicare and Medicaid Services (CMS), and encourage the CMS to adjust Graduate Medical Education funding to account for the need of an expanded workforce; and be it further

RESOLVED, That our AMA-MSS advocate for transparency in how graduate medical education funds are allocated to residency programs and for how those programs use the allotted funding.

RESOLUTION 10 - EQUITABLE DISTRIBUTION OF MEDICAL SCHOOL FINANCIAL AID

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

DEPENDENCY STATUS OF MEDICAL STUDENTS FOR FINANCIAL AID

RESOLVED, That our AMA-MSS conduct a study to 1) Document medical schools' rationale for deviation from federal independent status criteria for financial aid determination, 2) Explore potential consequences of recognizing medical students' independent financial status for institutional aid, and 3) Outline solutions for more appropriately matching medical school financial aid to student need.

RESOLUTION 11 - ENCOURAGING CURRICULUM THAT FOCUSES ON THE MERITS OF ACADEMIC-INDUSTRY COLLABORATION AND THE BENEFITS OF DISCLOSING PHYSICIAN-INDUSTRY FINANCIAL RELATIONSHIPS

MSS ACTION: MSS POLICY 295.157MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 11.

RESOLVED, That our AMA-MSS amend 295.157MSS by adding the following resolved clause: "That our AMA-MSS ask the AMA to work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to encourage all medical schools to incorporate curriculum that focuses on both the merits and risks of academic-industry collaboration and the benefits of disclosing physician-industry financial relationships."

RESOLUTION 12 - ENACTING A GLOBAL HEALTH SERVICE CORPS

MSS ACTION: MSS RESOLUTION 12 NOT ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to endorse a federally-funded program offering loan forgiveness to skilled health professionals that participate in at least one year of medical education and capacity building to enhance the healthcare system and infrastructure in low-income countries, as proposed by Kerry, Auld, and Farmer in their The New England Journal of

Medicine article “An International Service Corps for Health—an Unconventional Prescription for Diplomacy”.

RESOLUTION 13 - WORK HOUR TRACKING

MSS ACTION: MSS RESOLUTION 13 NOT ADOPTED.

RESOLVED, That our AMA work with the ACGME to study existing and proposed methods for tracking and reporting of resident work hours nationwide for recommendation of standardized protocol for existing programs.

RESOLUTION 14 - STUDY OF THE IMPACT OF MAYO VS. USA ON MEDICAL RESIDENTS AND THEIR EMPLOYERS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 14 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS work with the AMA-RFS and the AMA Council on Medical Education to study and subsequently educate residents and medical students about the implications of the *Mayo Foundation for Medical Education and Research et al. v. United States* decision.

RESOLUTION 15 - THE TRANSITION FROM NRMP “SCRAMBLE” TO SUPPLEMENTAL OFFER AND ACCEPTANCE PROGRAM

MSS ACTION: MSS RESOLUTION 15 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the National Resident Matching Program to study the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas.

RESOLUTION 16 - AMA STUDENTS FOR A FAIR NRMP MATCH AGREEMENT

MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

TRANSPARENCY IN THE NRMP MATCH AGREEMENT

RESOLVED, That our AMA ask the National Resident Matching Program to publish all statistics on waivers and violations with subsequent consequences for both programs and applicants, thereby encouraging match integrity and transparency in violation repercussions; and be it further

RESOLVED, That our AMA advocate for the word “training” in section 7.2.1 of the NRMP match agreement be changed to “residency training” and specifically state that NRMP cannot prevent an applicant from maintaining their education through rotating, researching, teaching, or otherwise working in positions other than resident training at NRMP affiliated programs.

RESOLUTION 17 - STUDYING ECONOMIC GROWTH AND DISTRIBUTION OF GRADUATE MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 17 NOT ADOPTED.

RESOLVED, That our AMA author a report on the marginal economic benefit of each residency slot by geographic region and specialty, based on methodology used for the AMA study on physician economic impact, and this data should be stated independently of and compared against the cost of Graduate Medical Education to determine the investment potential in funding residents' education.

RESOLUTION 18 - USE OF POLST FORMS TO GUIDE END-OF-LIFE CARE DECISIONS

MSS ACTION: SUBSTITUTE RESOLUTION 18 ADOPTED WITH CHANGE IN TITLE.

ENCOURAGING STANDARDIZED ADVANCE DIRECTIVES
FORMS WITHIN STATES

RESOLVED, That our AMA encourage state societies to develop a standardized form of advance directives for use by physicians and other health care providers as a template to discuss end-of-life care with their patients.

RESOLUTION 19 - SUPPORT FOR ESTABLISHMENT OF MINIMUM REQUIREMENTS FOR TRAINING OF PERSONNEL ADMINISTERING MEDICAL RADIATION

MSS ACTION: MSS RESOLUTION 19 ADOPTED.

RESOLVED, That our AMA support efforts to establish minimum standards for personnel performing medical procedures using ionizing radiation to be appropriately educated and trained in order to avoid patient overradiation.

RESOLUTION 20 - CYTOCHROME P-450 SYSTEM INTERACTION PAMPHLET

MSS ACTION: MSS RESOLUTION 20 NOT ADOPTED.

RESOLVED, That our AMA study the utility of developing a pamphlet of clinically relevant foods and drugs that interact with the cytochrome P-450 system to be used for physician-based education of patients; and be it further

RESOLVED, That our AMA encourage physicians to continue discussing possible food and drug interactions with the cytochrome P-450 system with their patients.

RESOLUTION 21 - CARE FOR TRAUMATIC BRAIN INJURY AND MENTAL ILLNESS CO-OCCURRENCE IN VETERANS OF OPERATIONS ENDURING FREEDOM AND IRAQI FREEDOM

MSS ACTION: MSS RESOLUTION 21 NOT ADOPTED.

RESOLVED, That our AMA, in collaboration with the Department of Defense and Veterans Affairs, investigate the effect of co-morbid traumatic brain injury and mental illness, such as Post-Traumatic Stress Disorder, in Operation Enduring Freedom and Operation Iraqi Freedom veterans; and be it further

RESOLVED, That our AMA encourage all physicians, including those outside of the Department of Defense and Veterans Affairs, to screen military members and veterans under their care for Traumatic Brain Injury, Post-Traumatic Stress Disorder, and Major Depressive Disorder.

RESOLUTION 22 - HIV VIRAL LOAD TESTING FOLLOWING INDETERMINATE WESTERN BLOT

MSS ACTION: MSS RESOLUTION 22 NOT ADOPTED.

RESOLVED, That our AMA study the utility of HIV viral load testing following a positive ELISA and indeterminate Western Blot and determine whether change should be made to the current guidelines.

RESOLUTION 23 - REDUCTION OF VERBAL, PHYSICAL, AND ONLINE BULLYING BASED ON ACTUAL OR PERCEIVED SEXUAL ORIENTATION OR GENDER IDENTITY

MSS ACTION: MSS RESOLUTION 23 ADOPTED AS AMENDED AND AMA POLICIES D-60.992 AND D-60.993 REAFFIRMED.

RESOLVED, That our AMA urge social networking platforms to adopt Terms of Service that define and prohibit cyberbullying and cyberhate.

RESOLUTION 24 - REDUCING SUICIDE RISK AMONG LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING YOUTH THROUGH COLLABORATION WITH ALLIED ORGANIZATIONS

MSS ACTION: MSS RESOLUTION 24 ADOPTED AS AMENDED, AND AMA POLICIES D-60.978 AND D-60.983 REAFFIRMED.

RESOLVED, That our AMA partner with public and private organizations dedicated to public health and public policy to reduce lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth suicide and improve health among LGBTQ youth.

RESOLUTION 25 - NOVEL TECHNOLOGIES IN BIOMETRICS AND MEDICAL ID BRACELETS USED TO ENHANCE SECURITY AND QUALITY OF CARE

MSS ACTION: MSS RESOLUTION 25 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the use of biometric technologies, such as, but not limited to fingerprint and palm scanners, in hospitals and clinics (1) for patient identification to reduce health insurance fraud and (2) for providers to streamline and secure user authentication processes and better protect patient privacy; and be it further

RESOLVED, That our AMA-MSS ask the AMA to amend H-130.987 by insertion and deletion as follows:

H-130.987 Emergency Medical Identification Aids: The AMA (1) urges worldwide use of the Emergency Medical Identification Symbol (Symbol); (2) urges that persons with special health problems wear a readily evident durable metal or plastic alerting device and that all persons carry a universal medical information card identifying family, friends and personal physicians; (3) urges that the Symbol be imprinted on alerting devices, on medical identification cards, and on emergency medical care educational material; ~~and~~(4) encourages physicians to work individually with their patients in selecting an appropriate signal device and identification card; <u>and (5) encourages health insurance providers to offer enrollment in a virtual medical ID bracelet identification alert system as an optional health service, which can offer emergency responders immediate access to pertinent health information and family contact information.</u>

RESOLUTION 26 - ORGAN TRANSPLANTATION BETWEEN HIV-POSITIVE DONORS AND RECIPIENTS

MSS ACTION: MSS RESOLUTION 26 NOT ADOPTED.

RESOLVED, That our AMA study the risks and benefits of a change in national policy to allow the transplantation of HIV-infected organs to HIV-positive transplant recipients.

RESOLUTION 27 - SELF-INJECTABLE EPINEPHRINE PREPAREDNESS IN RESPONSE TO ANAPHYLAXIS

MSS ACTION: AMA POLICIES H-440.884 AND D-60.976 REAFFIRMED IN LIEU OF MSS RESOLUTION 27.

RESOLVED, That our AMA urge physicians to work with parents and schools to ensure that all patients who are prescribed two doses of self-injectable epinephrine actually carry both doses; and be it further

RESOLVED, That our AMA endorse the adoption of increased units of available self-injectable epinephrine in all new and existing emergency kits (including airlines and schools) and appropriately adjust emergency protocols so that all individuals suffering from acute anaphylactic episodes have available to them a minimum of two doses of self-injectable epinephrine in such kits.

RESOLUTION 28 - REQUIRING PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS IN ALL NURSING HOMES

MSS ACTION: MSS RESOLUTION 28 ADOPTED AS AMENDED.

RESOLVED, That our AMA support state legislation that mandates Automated External Defibrillator placement in all nursing homes as a condition of licensure.

RESOLUTION 29 - INVESTIGATING THE CONTRIBUTION OF INSURANCE-BASED SEGREGATION TO HEALTHCARE DISPARITIES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 29 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

ELIMINATION OF HEALTH CARE DISPARITIES RESULTING FROM INSURANCE STATUS

RESOLVED, That our AMA-MSS support the elimination of health care disparities caused by differential treatment based on insurance status of Americans; and be it further

RESOLVED, That our AMA-MSS encourage the Commission to End Health Care Disparities to specifically address in its mission, advocacy and actions, the contribution of differences in insurance status to health care disparities; and be it further

RESOLVED, That our AMA-MSS support efforts by the Agency for Healthcare Research and Quality to specifically investigate the impact of insurance-based segregation of Medicaid

patients in different settings on racial and ethnic health care disparities and make appropriate evidence-based recommendations.

RESOLUTION 30 - BICYCLE SHARING PROGRAMS

MSS ACTION: MSS RESOLUTION 30 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support city governments in their investigation of the feasibility and economic sustainability of bicycle sharing programs; and be it further

RESOLVED, That our AMA-MSS support implementation of a bicycle sharing program in cities where the feasibility, economic viability, and potential health impacts are favorable.

RESOLUTION 31 - SLEDDING AND HELMET SAFETY

MSS ACTION: SUBSTITUTE MSS RESOLUTION 31 ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to amend H-470.974 by insertion and deletion as follows:

Athletic Helmets: 1. Our AMA urges the Consumer Product Safety Commission to establish standards that athletic and recreational helmets, including but not limited to football, baseball, hockey, horse back riding, bicycle and motorcycle riding, lacrosse, and skiing, produced or sold in the United States provide protection against head injury; and that the AMA advocate the use of appropriate and safe clear face guards as a permanent installation on the current bilateral ear protective batter's helmet to be worn by all baseball and softball players as required safety equipment in all organized baseball and softball for those children from 5 to 14 years of age. 2. Our AMA: (a) supports legislation requiring the use of helmets by children ages 17 and younger while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing, ~~or~~ and snowboarding; (b) encourages the use of helmets in adults while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing ~~or~~ and snowboarding; (c) encourages physicians to educate their patients about the importance of helmet use while engaged in potentially dangerous athletic activities, including but not limited to sledding, skiing and snowboarding; and (d) encourages the availability of rental helmets at all commercial sledding, skiing and snowboarding areas.

RESOLUTION 32 - NUTRITION INFORMATION IN US ELEMENTARY, MIDDLE, AND HIGH SCHOOLS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 32 ADOPTED.

RESOLVED, That our AMA-MSS amend 150.015MSS as follows:

150.015MSS Increasing Customer Awareness of Nutrition Information and Ingredient Lists in Restaurants and Schools: AMA-MSS will ask the AMA to (1) support the adoption of regulations by the U.S. Food and Drug Administration requiring restaurants with menu items that are standard to multiple locations provide standard nutrition labels for all applicable items, available to their customers on request and (2) support the adoption of regulations by the U.S. Food and Drug Administration requiring all restaurants, school, and work cafeterias to have ingredient lists and nutritional information, including total fat, trans fat, sugar content, and sodium, for all menu items, available to their customers on request.

RESOLUTION 33 - IMPROVED ADEQUACY OF TRANSLATION SERVICES IN HOSPITAL AND PHARMACY SETTINGS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 33 ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to amend policy H-215.982 by deletion and insertion as follows:

H-215.982 Translator Services ~~in Hospitals~~: Our AMA encourages ~~hospitals~~ health care institutions, including but not limited to hospitals and pharmacies, that serve populations with a significant number of non-English speaking patients to provide trained translator services.

RESOLUTION 34 - AVERTING ANTIRETROVIRAL TREATMENT RATIONING IN THE UNITED STATES – STRENGTHENING THE AIDS DRUG ASSISTANCE PROGRAM

MSS ACTION: MSS RESOLUTION 34 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to lobby the United States Congress to expand funding to ensure coverage for all current and future qualified individuals for the AIDS Drug Assistance Program.

RESOLUTION 35 - CREATION OF NATIONAL REGISTRY FOR HEALTHY SUBJECTS IN PHASE I CLINICAL TRIALS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 35 ADOPTED.

RESOLVED, That our AMA encourage the development and implementation of a national registry, with minimally identifiable information, for healthy subjects in phase I trials by the US Food and Drug Administration or other appropriate organizations to promote subject safety, research quality, and document previous trial participation.

RESOLUTION 36 - SUPPORTING VOLUNTARY ORGAN DONATION FROM DEATH ROW PRISONERS

MSS ACTION: MSS RESOLUTION 36 ADOPTED AS AMENDED.

RESOLVED, That our AMA reexamine the issue of lethal injection and organ retrieval from executed prisoners and report on its findings at A-12.

RESOLUTION 37 - STIGMATIZATION OF MENTAL HEALTH DISORDERS IN MEDICAL PROFESSIONALS, BY MEDICAL PROFESSIONALS

MSS ACTION: MSS RESOLUTION 37 ADOPTED WITH CHANGE IN TITLE.

STIGMATIZATION OF MENTAL HEALTH DISORDERS WITHIN THE MEDICAL PROFESSION

RESOLVED, That our AMA investigate how the stigmatization of mental health disorders in medical professionals by medical professionals has developed and persists; and be it further

RESOLVED, That our AMA address this stigmatization by taking an active role in activities such as developing and/or encouraging programming to promote awareness about and reduce this stigmatization.

RESOLUTION 38 - ADDRESSING SAFETY AND REGULATION IN MEDICAL SPAS

MSS ACTION: MSS RESOLUTION 38 ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate for state regulation over medical spas to include a classification system of traditional salon treatments and medical procedures, with recommendations as to who may perform procedures based on the level of risk to the patient and requirements for practitioners to be licensed by an appropriate Board of Registration; and be it further

RESOLVED, That our AMA advocate that botulinum toxin injections be considered the practice of medicine; and be it further

RESOLVED, That our AMA take steps to increase the public awareness about the dangers of medical spas by encouraging the creation of formal complaint procedures and accountability measures within the Department of Health and Human Services in order to increase transparency.

RESOLUTION 39 - USING FREE CLINICS TO PROVIDE MEDICAL HOMES TO UNINSURED OR INDIGENT PATIENTS

MSS ACTION: MSS RESOLUTION 39 NOT ADOPTED.

RESOLVED, That our AMA endorse the use of autonomous free clinics as legitimate medical homes for poor and indigent patients by recognizing them as part of our country's healthcare safety net; and be it further

RESOLVED, That our AMA encourage greater physician involvement with free clinics by endorsing revisions to current tax code which would allow licensed physicians to claim deductions on their income tax return for the services they render in a free clinic, at a rate commensurate with Medicaid reimbursement; and be it further

RESOLVED, That our AMA improve physician coverage at free clinics by supporting the participation of retired physicians in free clinics and making an effort to inform this labor force of the protections they are afforded under state and national "Good Samaritan" laws

RESOLUTION 40 - RESTRICTIONS ON USE OF PHYSICIAN PRESCRIBING DATA FOR COMMERCIAL PURPOSES

MSS ACTION: MSS RESOLUTION 40 ADOPTED.

RESOLVED, That our AMA-MSS support limiting the use of physician prescribing data from any and all sources for commercial purposes, including its use by pharmaceutical companies; and be it further

RESOLVED, That our AMA-MSS support the availability of physician prescribing data to organizations using it for public health research, law enforcement, adverse effects reporting, and all other noncommercial purposes.

RESOLUTION 41 - ADVOCATING FOR MANDATED CHOICE AND RECIPROCITY IN ORGAN DONATION ENROLLMENT

MSS ACTION: SUBSTITUTE MSS RESOLUTION 41 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

USING TAX RETURNS TO IDENTIFY ORGAN DONATION STATUS

RESOLVED, That our AMA study the implementation of a national database of organ donors that utilizes state and/or federal tax returns as a means to identify organ donors.

RESOLUTION 42 - ADVOCATE MINIMAL COST FOR MEDICAL DEVICES BY OPPOSING FEDERAL TAXATION ON MEDICAL DEVICES

MSS ACTION: MSS RESOLUTION 42 NOT ADOPTED.

RESOLVED, That our AMA oppose federal taxation levied on medical devices or on the manufacturing of such medical devices in order to prevent cost increases of medical devices.

RESOLUTION 43 - MAINTAINING INSURANCE COVERAGE AND EMPOWERING STATE CHOICE

MSS ACTION: MSS RESOLUTION 43 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support an individual mandate for health insurance coverage; and be it further

RESOLVED, That our AMA-MSS support proposals for state-choice in federal health insurance reform only if they maintain the standards of insurance quality and reach set forward under the 2010 Patients Protection and Affordable Care Act.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2011 ANNUAL MEETING
CHICAGO, ILLINOIS

GOVERNING COUNCIL REPORT A - STUDY OF THE STRUCTURE OF THE ANNUAL AND INTERIM MEETINGS

MSS ACTION: RECOMMENDATIONS OF GOVERNING COUNCIL REPORT A ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS amend its Internal Operating Procedures to reflect the following changes to the policy-making process at the AMA-MSS Annual Meeting:
    a. Resolutions will be considered at the AMA-MSS Annual Meeting only if they pertain to AMA advocacy efforts or address issues of an urgent nature that must be addressed before the following Interim Meeting.
    b. For the purposes of resolutions considered at the AMA-MSS Annual Meeting, “advocacy” will be defined using the same definition used by the AMA House of Delegates: active use of communication and influence with public and private sector entities responsible for making decisions that directly affect funding and regulation of training, physician practice, payment for physician services, and access to and delivery of medical care. Urgent resolutions may still be brought before the AMA-MSS Assembly at the discretion of the Rules Committee in order to meet pressing concerns. In addition, modifications to the Internal Operating Procedures of the AMA-MSS will not be subject to this definition.
    c. A Resolution Committee consisting of the seven region Chairs or their designees will be responsible for reviewing submitted resolutions and determining whether they meet the requirements for consideration. The Resolution Committee will report its recommendations to the Assembly, which may, by a two-thirds vote of delegates present and voting, overturn any recommendation for or against the consideration of a particular resolution.

2. That our AMA-MSS amend its Internal Operating Procedures such that resolutions may be submitted by chapters, states, and regions in addition to resolutions being submitted by individuals.
3. That our AMA-MSS study mechanisms to further improve and streamline the policymaking process and report back to the Assembly at the 2011 Interim Meeting.
4. That our AMA-MSS study the effects of shifting the policy-making focus of the AMA-MSS Annual Meeting to advocacy issues, and report back to the Assembly at the 2014 Annual Meeting.

GOVERNING COUNCIL REPORT B - STI TESTING IN EMERGENCY ROOMS

MSS ACTION: RECOMMENDATION OF GOVERNING COUNCIL REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That MSS Resolution 18-I-10 not be adopted.

GOVERNING COUNCIL REPORT C - APPLICABILITY OF ACA REGULATIONS TO STUDENT HEALTH INSURANCE PLANS

MSS ACTION: RECOMMENDATION OF GOVERNING COUNCIL REPORT C ADOPTED AND REMAINDER OF REPORT FILED

1. That MSS Resolution 7-I-10 not be adopted.

GC REPORT D - UNDERSTANDING MEDICAL SCHOOL SUPPORT OF STUDENT PARTICIPATION IN YEAR-OUT RESEARCH PROGRAMS

MSS ACTION: RECOMMENDATION OF GOVERNING COUNCIL REPORT D ADOPTED.

1. That our AMA-MSS work with the AMA Section on Medical Schools, the AMA Council on Medical Education, and other appropriate groups to encourage medical schools to facilitate student participation in year-out research programs.

COUNCIL ON LONG RANGE PLANNING REPORT A – BIENNIAL REVIEW OF ORGANIZATIONS SEATED IN THE AMA-MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS OF COUNCIL ON LONG RANGE PLANNING REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That the AMA-MSS Governing Council recommend to the AMA Board of Trustees that the Military Medical Student Organization no longer be represented in the MSS Assembly.

2. That the AMA-MSS Governing Council terminate the representation in the MSS Assembly of the student components of the American College of Surgeons and the Association of Military Surgeons of the United States until such time as these organizations re-establish their eligibility and re-apply for representation.

3. That our AMA-MSS confer official observer status on the American College of Surgeons, the Association of Military Surgeons of the United States, and the Military Medical Student Organization.

COUNCIL ON LONG RANGE PLANNING REPORT B - ESTABLISHING TERM LIMITS IN THE AMA HOUSE OF DELEGATES

MSS ACTION: RECOMMENDATION OF COUNCIL ON LONG RANGE PLANNING REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That Resolution 1-I-09 not be adopted and that this report be filed.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2011 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 113 – INTERSTATE MEDICAID COOPERATION

HOD ACTION: AMA POLICY H-290.981 REAFFIRMED IN LIEU OF AMA RESOLUTION 113.

RESOLVED, That our American Medical Association support and advocate for legislation allowing out-of-state providers in close proximity to the border to be enrolled as in-state providers in those states that do not currently allow it, using Oregon's Medicaid system as a model; and be it further

RESOLVED, That our American Medical Association support and advocate for legislation that would streamline the provider enrollment process in order to encourage more physicians to become providers for border communities.

AMA RESOLUTION 306 – EVALUATION OF INCOME-CONTINGENT MEDICAL EDUCATION LOANS

HOD ACTION: AMA RESOLUTION 306 REFERRED.

RESOLVED, That our American Medical Association study the feasibility of medical school-initiated income-contingent loans, including the Strategic Alternative for Funding Education proposal, as a mechanism to alleviate medical education debt; and be it further

RESOLVED, That our American Medical Association sponsor a national request for proposals aimed at recruiting additional innovative initiatives focused on alleviating medical student debt, and support the best proposal(s), following feasibility studies, at the highest lobbying and legislative priority.

AMA RESOLUTION 307 – MEDICAL SCHOOL INTERNATIONAL SERVICE-LEARNING OPPORTUNITIES

HOD ACTION: AMA RESOLUTION 307 REFERRED.

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical school international service-learning opportunities are structured to contribute meaningfully to medical education and that medical students are appropriately prepared for these experiences; and be it further

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical students participating in international service-learning opportunities are held to the same ethical and professional standards as students participating in domestic service-learning opportunities.

AMA RESOLUTION 308 – ENCOURAGING MEDICAL STUDENT PROFESSIONALISM: AFFIRMING INSTITUTIONAL FINANCIAL DISCLOSURE POLICIES DURING UNDERGRADUATE MEDICAL EDUCATION.

HOD ACTION: AMA RESOLUTION 308 ADOPTED.

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to encourage the Liaison Committee on Medical Education and the American Osteopathic Association Commission on Osteopathic College Accreditation to require all medical schools to make known to students the existence of the physician-industry financial disclosure databases that exist or will be created by 2013 as required by the Patient Protection and Affordable Care Act; and be it further

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to encourage all medical school faculty to model professional behavior to students by disclosing the existence of financial ties with industry, in accordance with existing disclosure policies at each respective medical school.

AMA RESOLUTION 309 – ENCOURAGING THE INCLUSION OF PRECLINICAL LONGITUDINAL CLINICAL EXPERIENCES IN THE MEDICAL EDUCATION CURRICULUM

HOD ACTION: AMA RESOLUTION 309 ADOPTED.

RESOLVED, That our American Medical Association encourage medical schools to include longitudinal clinical experiences for students during the “preclinical” years of medical education.

AMA RESOLUTION 310 – GLOBAL HEALTH EDUCATION

HOD ACTION: AMA RESOLUTION 310 REFERRED.

RESOLVED, That our American Medical Association recognize the importance of global health education for medical students; and be it further

RESOLVED, That our American Medical Association encourage medical schools to include global health learning opportunities in their medical education curricula.

AMA RESOLUTION 311 – MEDICAL GHOSTWRITING

HOD ACTION: SUBSTITUTE RESOLUTION 311 ADOPTED WITH CHANGE IN TITLE.

PRINCIPLES OF AUTHORSHIP IN PEER-REVIEWED JOURNALS

RESOLVED, That our AMA educate, at appropriate intervals, physicians and physicians-in-training about the currently defined difference between being an “author” and being a “contributor” as defined by the Uniform Requirements for Manuscripts of the International Committee of Medical Journal Editors, as well as the varied potential for industry bias between these terms.

AMA RESOLUTION 312 – RESEARCHING SOLUTIONS TO THE JULY EFFECT

HOD ACTION: AMA RESOLUTION 312 NOT ADOPTED.

RESOLVED, That our American Medical Association encourage investigation into solutions to the “July effect” spike in medical errors at teaching hospitals.

AMA RESOLUTION 407 – PRICE PARITY IN FAST FOOD CHILDREN’S MENU

HOD ACTION: SUBSTITUTE RESOLUTION 402 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTIONS 407 AND 402.

RESOLVED, That our AMA support and encourage corporate social responsibility in the use of marketing incentives that promote healthy childhood behaviors, including the consumption of healthy food in accordance with federal guidelines and recommendations; and be it further

RESOLVED, That our AMA encourage fast food restaurants to establish competitive pricing between less healthy and more healthy food choices in children’s meals; and be it further

RESOLVED, That our AMA work with appropriate agencies, organizations, and corporations to educate health professionals and the public about healthy food choices in fast food restaurants; and be it further

RESOLVED, That our American Medical Association support personal and parental responsibility to encourage healthy childhood behaviors, including the consumption of healthy food.

AMA RESOLUTION 408 – OPPOSITION TO EXCLUSIVITY AGREEMENTS BETWEEN JUNK FOOD VENDORS AND PUBLIC SCHOOLS

HOD ACTION: AMA POLICY D-60.990 REAFFIRMED IN LIEU OF AMA RESOLUTION 408.

RESOLVED, That our American Medical Association oppose exclusivity agreements between school districts and food and beverage vendors unless those agreements contain provisions mandating that vendors provide predominantly healthful food choices that contribute to the nutritional needs of students.

AMA RESOLUTION 409 – NUTRITION COUNSELING FOR PREGNANT AND RECENT POST-PARTUM PATIENTS

HOD ACTION: AMA RESOLUTION 409 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support physician referrals of pregnant and post-partum patients for nutrition counseling; and be it further

RESOLVED, That our AMA advocate for the extension of health insurance coverage for nutrition counseling for all pregnant and recent post-partum patients.

AMA RESOLUTION 410 – FOREIGN EMERGENCY MEDICAL RELIEF POLICY AND PROCEDURES FOR HOSPITALS

HOD ACTION: AMA RESOLUTION 410 NOT ADOPTED.

RESOLVED, That our American Medical Association encourage the American Hospital Association to develop policies and procedures to facilitate the coordination of logistics in the event of an international disaster requiring urgent emergency medical relief.

AMA RESOLUTION 411 – REALLOCATION AND REDISTRIBUTION OF USDA FARM SUBSIDIES

HOD ACTION: AMA POLICY D-150.978 REAFFIRMED IN LIEU OF AMA RESOLUTION 411.

RESOLVED, That our American Medical Association study, in collaboration with the appropriate government agencies, the redistribution and reallocation of agricultural subsidies delineated in the Food, Conservation, and Energy Act of 2008 in order to increase the amount of financial aid given to agricultural subsidies that support crops such as fruit, vegetables, nuts, as well as other nutritional staples such as lean meats, poultry, fish, and beans, in alliance with encouragement for a healthier national diet, as delineated by U.S. Department of Agriculture guidelines.

AMA RESOLUTION 412 – COMBATING CHILDHOOD OBESITY WITH PHYSICAL EDUCATION REQUIREMENTS

HOD ACTION: AMA RESOLUTION 412 REFERRED.

RESOLVED, That our American Medical Association advocate that schools require a health care professional's recommendation for students to opt out of physical education programs, in order to stress the importance of physical wellness among children and to promote healthy lifestyle choices that extend into adulthood.

AMA RESOLUTION 413 – BODY IMAGE AND ADVERTISING TO YOUTH

HOD ACTION: AMA RESOLUTION 413 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association encourage advertising associations to work with public and private sector organizations concerned with child and adolescent health to develop guidelines for advertisements, especially those appearing in teen-oriented publications, that would discourage the altering of photographs in a manner that could promote unrealistic expectations of appropriate body image.

AMA RESOLUTION 414 – IMPROVING PEDIATRIC MENTAL HEALTH SCREENING

HOD ACTION: AMA RESOLUTION 414 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association recognize the importance of, and support the inclusion of mental health (including substance use, abuse, and addiction) screening in routine pediatric physicals; and be it further

RESOLVED, That our AMA work with mental health organizations and relevant primary care organizations to disseminate recommended and validated tools for eliciting and addressing

mental health (including substance use, abuse, and addiction) concerns in primary care settings.

AMA RESOLUTION 512 – ENCOURAGING RESEARCH INTO THE IMPACT OF LONG-TERM ADMINISTRATION OF HORMONE REPLACEMENT THERAPY IN TRANSGENDER PATIENTS

HOD ACTION: AMA RESOLUTION 512 ADOPTED.

RESOLVED, That our American Medical Association encourage research into the impact of long-term administration of hormone replacement therapy in transgender patients.

AMA RESOLUTION 513 – DECREASING EPINEPHRINE AUTO-INJECTOR ACCIDENTS AND MISUSE

HOD ACTION: AMA RESOLUTION 513 ADOPTED.

RESOLVED, That our American Medical Association encourage physicians to review standard epinephrine auto-injector administration protocol with patients upon initial prescription and on follow-up visits; and be it further

RESOLVED, That our AMA encourage improved product design and labeling of epinephrine auto-injectors.

AMA RESOLUTION 514 – EARLY HEARING DETECTION AND INTERVENTION

HOD ACTION: AMA RESOLUTION 514 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support Early Hearing Detection and Intervention to ensure that every infant receives proper hearing screening, diagnostic evaluation, intervention, and follow-up in a timely manner; and be it further

RESOLVED, That our AMA support federal legislation to that provides for the development and monitoring of statewide programs and systems for hearing screening of newborns and infants, prompt evaluation and diagnosis of children referred from screening programs, and appropriate medical, educational, and audiological interventions and follow-up for children identified with hearing loss.

AMA RESOLUTION 515 – FINGERSTICK AND SINGLE-USE POINT-OF-CARE BLOOD TESTING DEVICES SHOULD NOT BE USED FOR MORE THAN ONE PERSON

HOD ACTION: AMA RESOLUTION 515 ADOPTED.

RESOLVED, That our American Medical Association encourage improved labeling of fingerstick and point-of-care blood testing devices such that it is clear that multiple-use fingerstick devices made for single patients are intended for use only on single patients.

AMA RESOLUTION 604 – AMA SUPPORT FOR NATIONAL BIKE TO WORK DAY

HOD ACTION: AMA RESOLUTION 604 ADOPTED.

RESOLVED, That our American Medical Association support National Bike to Work Day; and be it further

RESOLVED, That our American Medical Association encourage active transportation whenever possible.

AMA RESOLUTION 605 – MEDICAL STUDENT REGIONAL DELEGATE ALLOCATION AND APPORTIONMENT

HOD ACTION: AMA RESOLUTION 605 ADOPTED.

RESOLVED, That our American Medical Association amend its bylaws such that Medical Student Regional Delegate (RD) and Medical Student Alternate Regional Delegate (AD) positions are allocated at a rate of one RD/AD for every 2,000 medical student members. These allocated RD/AD positions are then apportioned to the seven AMA-MSS Regions at a rate of one RD/AD per 2,000 medical student members within each region, with any remaining allocated RD/AD position(s) being apportioned to the Region(s) with the greatest number of medical student members in excess of a multiple of 2,000.

AMA RESOLUTION 709 – INVESTIGATING COST-SAVING, EQUITABLE CARE IN DIRECT PRACTICE MEDICINE

HOD ACTION: AMA RESOLUTION 709 NOT ADOPTED.

RESOLVED, That our American Medical Association investigate, with the American Academy of Private Physicians, the potential for direct practice medicine to serve as a cost saving tool for certain patients requiring 24-hour access to care; and be it further

RESOLVED, That our American Medical Association investigate, with the American Academy of Private Physicians, the scope of direct practice medicine and study methods, including partnerships with academic facilities and tax subsidies, to improve the reach of direct practice medicine to include all classes.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2011 INTERIM MEETING
NEW ORLEANS, LOUISIANA

MSS RESOLUTION 1 – STUDYING MEDICAL STUDENT WORK HOUR POLICIES

MSS ACTION: MSS RESOLUTION 1 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS should survey U.S. medical schools and report on medical student work hour policies and possible implications of such policies on patient care, quality of education, and student well-being.

MSS RESOLUTION 2 – HEALTH POLICY EDUCATION IN MEDICAL SCHOOL AND RESIDENCY

MSS ACTION: SUBSTITUTE MSS RESOLUTION 2 ADOPTED.

RESOLVED, That our AMA-MSS amend policy 295.153MSS by insertion and deletion as follows:

> 295.153MSS Health Policy Education in Medical Schools: AMA-MSS will monitor progress on the development of the Association of American Medical College's behavioral and social science core competencies and report back ~~at A-11.~~ upon release of the competencies.

MSS RESOLUTION 3 – MEDICAL STUDENT ACCESS TO COMPREHENSIVE MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That the AMA-MSS strongly encourage the Association of American Medical Colleges and the Liaison Committee on Medical Education to conduct research into the number of US medical students with mental health and/or substance abuse concerns who either: 1.) do not seek treatment due to the cost involved, or 2.) have sought treatment, but do not feel that it has been adequate due to yearly visit and dollar limits placed on their care by their insurance plan.

MSS RESOLUTION 4 – INCREASED EMPHASIS ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN MEDICAL SCHOOL CURRICULUM

MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to amend policy H-345.984 by insertion as follows:

> H-345.984 Awareness, Diagnosis and Treatment of Depression and Other Mental Illnesses.
> (1) Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental

illnesses, both when it occurs by itself and when it occurs with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings. (2) Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.

MSS RESOLUTION 5 – PRELIMINARY YEAR PROGRAM PLACEMENT

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED.

RESOLVED, That the AMA encourage the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, and other involved organizations to strongly encourage residency programs that now require a preliminary year to match residents for their specialty and then arrange with another department or another medical center for the preliminary year of training unless the applicant chooses to pursue preliminary year training separately.

MSS RESOLUTION 6 – INVESTIGATING ADVERSE PUBLIC HEALTH OUTCOMES RELATING TO CHRONIC GME FUNDING SHORTAGES

MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED

RESOLVED, That the AMA act to encourage appropriate stakeholder organizations to study and quantify the public health impacts of cuts to GME funding sources, including the effects on, but not limited to, the physician shortage, spending on public health initiatives, and availability and quality of care.

MSS RESOLUTION 7 – IMPROVING ACCESS TO SUBSIDIZED GRADUATE STUDENT LOANS

MSS ACTION: AMA POLICY D-305.993 REAFFIRMED IN LIEU OF MSS RESOLUTION 7.

RESOLVED, That our AMA work with medical schools, state medical societies and specialty societies to expand availability of low-cost, subsidized student loans for medical students to replace the federal subsidized Stafford student loan program through other sources.

MSS RESOLUTION 8 – FEDERAL GOVERNMENT PROFESSIONAL STUDENT LOAN CHANGES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 8 ADOPTED.

RESOLVED, That the AMA-MSS research the effect that recent changes to the federal student loan program will have on current and future medical students and their patients, including but not limited to the effect on future student enrollment, socioeconomic diversity of medical students, loan defaults, repayment schedules, and total student indebtedness.

MSS RESOLUTION 9 - INCREASING ORGAN DONATION DISCUSSIONS THROUGH MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS encourage the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, and the Liaison Committee on Medical Education to include training on organ donation discussions in undergraduate and graduate medical education; and be it further.

RESOLVED, That our AMA compile current materials into a comprehensive resource and make them available for the development of a Continuing Medical Education Activity educating physicians on how to conduct organ donation discussions with patients; and be it further

RESOLVED, That our AMA support the development of billing codes for physician-patient organ donation discussions.

MSS RESOLUTION 10 – ADVOCATING FOR A GREENER MEDICAL SCHOOL

MSS ACTION: MSS POLICY 135.013MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 11

RESOLVED, That our AMA-MSS study current and potential practices in medical education that promote sustainability and issue a report to the Association of American Medical Colleges and medical school administrators describing and promoting the best practices in sustainability; and be it further

RESOLVED, That our AMA-MSS support sustainable initiatives across the medical community.

MSS RESOLUTION 11 – SECURING QUALITY CLINICAL EDUCATION SITES FOR US-ACCREDITED SCHOOLS

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED

RESOLVED, That our AMA oppose extraordinary payments by any medical school for access to clinical rotations.

MSS RESOLUTION 12 – EFFECT OF COMPUTERS IN THE EXAM ROOM ON PHYSICIAN-PATIENT COMMUNICATION

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That the AMA study the effect of electronic devices, including but not limited to computers and tablets, in the exam room on doctor-patient communication with an emphasis on alternatives and modifications that might improve the physician-patient relationship.

MSS RESOLUTION 13 – LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PATIENT-SPECIFIC TRAINING PROGRAMS FOR HEALTHCARE PROVIDERS

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED

RESOLVED, That our AMA support the training of healthcare providers in cultural competency as well as in physical health needs for lesbian, gay, bisexual, and transgender patient populations.

MSS RESOLUTION 14 – ELIMINATING GIFTS TO PHYSICIANS FROM INDUSTRY

MSS ACTION: MSS RESOLUTION 14 NOT ADOPTED.

RESOLVED, That our AMA encourage physicians to take measures to decrease industry influence by refusing all gifts (defined as contributions whose primary benefit is not directly to patients: pens & pads, modest meals, direct sponsorship of conference expenses) while maintaining that patient-centered donations (defined as drug samples, educational/diagnostic tools) are acceptable.

MSS RESOLUTION 15 – COST SAVINGS SHARING OF PHYSICIAN LED QUALITY IMPROVEMENT PROJECTS

MSS ACTION: MSS RESOLUTION 15 ADOPTED AS AMENDED.

RESOLVED, That our AMA gather a repository of Quality Improvement Project (QIP) quality measures and financial benefits by identifying and contacting physician QIP leaders and inviting them to contribute their prior and ongoing data from QIP for analysis of QIP quality measures and financial benefits, with the goal of allowing other physicians, who practice in a wide range of practice settings and specialties, to review these quality measures and financial benefits and approximate how a similar project could benefit their own healthcare organization.

MSS RESOLUTION 16 – REGULATORY REFORM OF IN VITRO MEDICAL DIAGNOSTICS

MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.

RESOLVED, That our AMA advocate for the creation of a specialized center within the Food and Drug Administration (FDA) for the evaluation and research of *in vitro* and laboratory medical diagnostics on equal par with the three extant centers for the evaluation and research of drugs, biologics and medical devices; and be it further

RESOLVED, That our AMA urge the Food and Drug Administration to reclassify appropriate *in vitro* medical diagnostics from current drug, biologic or device classifications to a new medical diagnostic classification upon the creation of an FDA specialized center for the evaluation and research of in vitro and laboratory medical diagnostics to optimize and encourage new medical diagnostic research and development.

MSS RESOLUTION 17 – SUPPORT OF MULTILINGUAL DIGITAL ASSESSMENT TOOLS FOR MEDICAL PROFESSIONALS

MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the publication and validation of standard patient assessment tools in multiple languages.

MSS RESOLUTION 18 – PROTECTING THE DOCTOR-PATIENT RELATIONSHIP

MSS ACTION: AMA POLICY H-373.995 REAFFIRMED IN LIEU OF MSS RESOLUTION 18.

RESOLVED, That our AMA-MSS vigorously supports the physician-patient-family relationship and actively opposes any state and/or federal effort to interfere in the content of the discussion between a physician and his/her patient during a clinical encounter; and be it further

RESOLVED, That our AMA-MSS advocate against 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.

MSS RESOLUTION 19 – PREFERENTIAL SUPPORT FOR LESS INVASIVE MEASURES IN MEDICAL CARE

MSS ACTION: MSS RESOLUTION 19 NOT ADOPTED.

RESOLVED, That our AMA-MSS encourage the preferential use of less invasive interventional methods in medicine in situations where more invasive methods are not likely to increase quality or duration of life by comparison; and be it further

RESOLVED That our AMA-MSS support scientific advancement and legislation that advance preventive care and reduces the invasiveness of current and future interventional treatments; and be it further

RESOLVED That our AMA-MSS support research elucidating the complexity of informed consent with regard to issues including (1) the effect of physician bias on patients' decision making, and (2) the nature of patient satisfaction with informed consent procedures after iatrogenic complications following invasive interventional methods.

MSS RESOLUTION 20 – REDUCING BARRIERS TO PREVENTIVE HEALTH CARE DELIVERY AND COMPENSATION

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS ask the AMA to support both the reduction of financial barriers to the delivery of cost effective preventive health care services, and the implementation of financial incentives for cost-effective preventive medical care; and be it further

RESOLVED, That our AMA-MSS ask the AMA to conduct a study examining the effects of improvements in financial incentives for the delivery of cost-effective preventive care, and to make information from such study available through avenues including but not limited to the AMA web site to better educate physicians and the public about the benefits of preventive health care services.

MSS RESOLUTION 21 – TAX DEDUCTIONS FOR STATE BASED HEALTH INSURANCE EXCHANGE POLICIES

MSS ACTION: MSS RESOLUTION 20 REFERRED

RESOLVED, That the American Medical Association (AMA) advocate for federal and state tax deductions for all individual policy purchasers, and specifically those on new state-based health insurance exchanges, that are equivalent to the tax breaks provided to employers who purchase policies for their employees; and be it further

RESOLVED, That our AMA advocate that federal and state tax laws should not penalize individuals and small business owners who purchase their own insurance on state-based health insurance exchanges, but rather that tax laws should be applied equitably, relative to employees who receive employer sponsored benefits.

MSS RESOLUTION 22 – VALUE BASED INSURANCE DESIGN

MSS ACTION: MSS RESOLUTION 22 ADOPTED AS AMENDED

RESOLVED, that our AMA conduct a study to evaluate the utility of value-based insurance design (VBID) as a modality for enhancing patient care and reducing health care costs; and be it further

RESOLVED, That our AMA recommend to the AMA Insurance Agency that value-based insurance design be studied for potential future inclusion in Agency health insurance products.

MSS RESOLUTION 23 – RECOGNIZING SOCIOECONOMIC STATUS AS A DETERMINANT OF HEALTH

MSS ACTION: SUBSTITUTE MSS RESOLUTION 23 ADOPTED.

RESOLVED, That our AMA study dynamic mechanisms to monitor the impact of socioeconomic status on health-related risk factors, quality of care, and access to intervention.

MSS RESOLUTION 24 – STRATEGIES TO IMPROVE CARE FOR UNDERINSURED PATIENTS

MSS ACTION: MSS RESOLUTION 24 ADOPTED.

RESOLVED, That our AMA study successful strategies for improving patient access to quality and timely health care, and report back at Interim 2012 with examples of successful models and recommendations for expanding these models nationally.

MSS RESOLUTION 25 – INVESTIGATING TRANSPORTATION AND ACCESSIBILITY TO FREE MEDICAL CLINICS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 25 ADOPTED WITH CHANGE IN TITLE.

TRANSPORTATION AND ACCESSIBILITY TO FREE MEDICAL CLINICS

RESOLVED, That our AMA encourage initiatives that address transportation as a barrier to utilization of those institutions addressing the healthcare needs of the underserved in local communities.

MSS RESOLUTION 26 – ON-SITE EMPLOYER MEDICAL CLINICS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 26 ADOPTED.

RESOLVED, That our American Medical Association study the effect of on-site employer medical clinics on employee preventative health benefits and health access benefits; and be it further

RESOLVED, That our American Medical Association develop guidelines for the operation of on-site employer- sponsored medical clinics, ensuring that employee privacy, safety, and access to preventive health are not compromised.

MSS RESOLUTION 27 – AMA GRADING OF SAFE, EFFECTIVE SMARTPHONE APPS

MSS ACTION: MSS RESOLUTION 24 ADOPTED AS AMENDED WITH CHANGE IN TITLE

SAFE EFFECTIVE SMARTPHONE APPLICATIONS

RESOLVED, That the AMA-MSS support ongoing research on the safety and efficacy of medical apps used in clinical settings in terms of patient outcomes and physician performance and efficiency.

MSS RESOLUTION 28 – CLOSER MONITORING OF EMERGENCY MEDICAL KITS ON PASSENGER AIRCRAFTS

MSS ACTION: AMA POLICY H-45.981 REAFFIRMED IN LIEU OF MSS RESOLUTION 28

RESOLVED, That our AMA recommend that the Federal Aviation Administration (FAA) to adopt a standardized recording system for all in-flight medical emergencies so that lessons learned from management of in-flight medical emergencies can be utilized for care of future passenger(s) that become ill during a flight; and be it further

RESOLVED, That our AMA work closely with the American College of Emergency Physicians (ACEP), American Society of Aerospace Medicine Specialists (ASAMS) and the FAA to determine the optimal content of the first aid kits on passenger airplanes and urge that the standardized emergency medical kits with identical elements be stored in identical location on every flight; and be it further

RESOLVED, That our AMA recommend that the FAA mandate a regulation for medical emergency kits to be fully stocked to the existing standards onboard all commercial flights before each flight.

MSS RESOLUTION 29 – SUPPORT FOR DRUG COURTS

MSS ACTION: MSS RESOLUTION 29 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the establishment of drug courts as an alternative to incarceration and as a more effective means of overcoming drug addiction for drug-abusing individuals convicted of nonviolent crimes; and be it further

RESOLVED, That our AMA encourage legislators to establish drug courts at the state and local level in the United States.

MSS RESOLUTION 30 – REDUCED INCARCERATION AND IMPROVED TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS OR ILLICIT DRUG DEPENDENCE

MSS ACTION: SUBSTITUTE MSS RESOLUTION 30 ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to amend policy H-430.989 by insertion and deletion as follows:

> H-430.989 Disease Prevention and Health Promotion in Correctional Institutions: Our AMA urges state and local health departments to develop plans that would foster closer working relations between the criminal justice, medical, and public health systems toward 1. the prevention and control of HIV/AIDS, substance abuse, tuberculosis and hepatitis,2. the management and treatment of psychiatric disorders such as drug dependence, and 3. a reduction in reincarceration rates related to drug abuse and psychiatric disorders. Some of these plans should have as their objectives: (a) an increase in collaborative efforts between parole officers, ~~and~~ drug treatment center staff and psychiatric care center staff in case management aimed at helping patients to continue in treatment and to remain drug free; (b) an increase in direct referral by correctional systems of parolees with a history of intravenous drug use to drug treatment centers; and (c) consideration by judicial authorities of assigning individuals to drug treatment programs, as well as inpatient or outpatient psychiatric treatment programs, as a sentence or in connection with sentencing."

MSS RESOLUTION 31 – RECOGNITION OF ADDICTION AS PATHOLOGY, NOT CRIMINALITY

MSS ACTION: MSS RESOLUTION 31 ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support encouraging government agencies to re-examine the enforcement-based approach to illicit drug issues and to prioritize and implement policies that treat drug abuse as a public health threat and drug addiction as a preventable and treatable disease.

MSS RESOLUTION 32 – SUPPORT OF MEDICAL AMNESTY POLICIES FOR UNDERAGE ALCOHOL INTOXICATION

MSS ACTION: SUBSTITUTE MSS RESOLUTION 32 ADOPTED.

RESOLVED, That our American Medical Association support efforts among universities, hospitals, and legislators to establish medical amnesty policies that protect underage drinkers from punishment when seeking emergency medical attention for themselves or others.

MSS RESOLUTION 33 – IMPROVING MENTAL HEALTH SERVICES FOR PREGNANT AND POSTPARTUM MOTHERS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 33 ADOPTED.

RESOLVED, That our American Medical Association support improvements in current mental health services for women during pregnancy and postpartum; and be it further

RESOLVED, That our American Medical Association support advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage from 6 weeks to 1 year postpartum; and be it further

RESOLVED, That our American Medical Association support appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum.

MSS RESOLUTION 34 – ADVOCACY FOR 9/11 EARLY RESPONDER HEALTH COVERAGE OF CANCER

MSS ACTION: MSS RESOLUTION 34 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage further study of the association between post-September 11, 2001 World Trade Center attack exposure and cancer incidence.

MSS RESOLUTION 35 – EDUCATION AND FUNDING ALLOCATION FOR THE MUSCULAR DYSTROPHIES PROPORTIONATE TO INCIDENCE

MSS ACTION: MSS RESOLUTION 35 NOT ADOPTED.

RESOLVED, That our AMA advocate for education of medical students, residents, and lawmakers on all forms of muscular dystrophy, including myotonic muscular dystrophy; and be it further

RESOLVED, That our AMA advocate for inclusion of all prevalent forms of muscular dystrophy, including myotonic muscular dystrophy, for language used in government-originating funding and/or policy.

MSS RESOLUTION 36 – PROMOTING PREVENTION OF FATAL OPIOID OVERDOSE

MSS ACTION: MSS RESOLUTION 36 ADOPTED AS AMENDED

RESOLVED, That our AMA encourage the establishment of new pilot programs directed towards heroin overdose treatment with naloxone; and be it further

RESOLVED, That our AMA advocate for encourage the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities.

MSS RESOLUTION 37 – PITCHER SAFETY IN LITTLE LEAGUE & HIGH SCHOOL BASEBALL/SOFTBALL LEAGUES

MSS ACTION: SUBSTITUTE MSS RESOLUTION 37 ADOPTED.

RESOLVED, That MSS Policy 10.012MSS be amended to read as follows:

> ~~Sledding and~~ Helmet Safety: AMA-MSS will ask the AMA to amend H-470.974 by insertion and deletion as follows: Athletic Helmets: 1. Our AMA urges the Consumer Product Safety Commission to establish standards that athletic and recreational helmets, including but not limited to football, baseball, hockey, horse back riding, bicycle and motorcycle riding, lacrosse, and skiing, produced or sold in the United States provide protection against head injury; and that the AMA advocate the use of appropriate and safe clear face guards as a permanent installation on the current bilateral ear protective batter's helmet to be worn by all baseball and softball players as required safety equipment in all organized baseball and softball for those children from 5 to ~~14~~ 18 years of age; that the AMA encourage the use of protective

helmets and face shields to be worn by all baseball and softball pitchers in organized leagues from 5 to 18 years of age. 2. Our AMA: (a) supports legislation requiring the use of helmets by children ages 17 and younger while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing, ~~or~~ and snowboarding; (b) encourages the use of helmets in adults while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing ~~or~~ and snowboarding; (c) encourages physicians to educate their patients about the importance of helmet use while engaged in potentially dangerous athletic activities, including but not limited to sledding, skiing and snowboarding; and (d) encourages the availability of rental helmets at all commercial sledding, skiing and snowboarding areas.

MSS RESOLUTION 38 – PROVIDING FREE ACCESS TO SMOKING CESSATION TREATMENTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 38 ADOPTED WITH CHANGE IN TITLE.

PROVIDING FULL COVERAGE FOR SMOKING CESSATION TREATMENTS

RESOLVED, That our AMA-MSS support working with state and local medical societies to formally request that state lawmakers allocate at least the Centers for Disease Control and Prevention-recommended minimum amount of the state's Tobacco Settlement Fund award annually to tobacco cessation programs; and be it further

RESOLVED, That our AMA-MSS recommend that third-party payers and government agencies involved in medical care offer full coverage for smoking cessation products to smokers seeking counseling for quitting.

MSS RESOLUTION 39 – REDUCING SECOND-HAND SMOKE IN APARTMENT COMPLEXES

MSS ACTION: AMA POLICY H-490.907 REAFFIRMED IN LIEU OF MSS RESOLUTION 39.

RESOLVED, That AMA supports legislation that would permit landlords to have a geographically distinct apartment complex(es) deemed "smoke-free"; and be it further

RESOLVED, That AMA encourage its members to inform patients who live in multi-unit housing with children the risks of secondhand smoke and the indirect exposure occurring in multiunit housing.

MSS RESOLUTION 40 – PHYSICIAN POSITION TO NOVEL TOBACCO MARKETS

MSS ACTION: AMA POLICIES H-495.985 AND H-495.987 REAFFIRMED IN LIEU OF MSS RESOLUTION 40.

RESOLVED, That our MSS ask the AMA to study the emerging trend of Snus Tobacco marketing promotion and use, especially among younger aged tobacco consumers; and be it further

RESOLVED, That our MSS strongly support any measures to increase tobacco taxation and tobacco taxation parity between all tobacco forms; and be it further

RESOLVED, That our MSS and AMA continue to educate the medical community and the public through any means about the dangers of oral tobacco use with a new emphasis on novel tobacco products such as Snus Tobacco due to its growing prevalence and use.

MSS RESOLUTION 41 – AMA SUPPORT FOR IMPLEMENTATION OF IMAGE GENTLY AND FDA EFFORTS TO REDUCE COMPUTED TOMOGRAPHY RADIATION IN CHILDREN

MSS ACTION: SUBSTITUTE MSSRESOLUTION 41 ADOPTED WITH CHANGE IN TITLE.

AMA-MSS SUPPORT FOR IMPLEMENTATION OF IMAGE GENTLY AND FDA EFFORTS TO REDUCE COMPUTED TOMOGRAPHY RADIATION IN CHILDREN

RESOLVED, That our AMA-MSS support the current US Food and Drug Administration policy including; promoting the safe use of medical imaging devices, supporting informed clinical decision making and increasing patient awareness; and be it further

RESOLVED, That our AMA-MSS support working with all relevant parties to advocate for inclusion of an individual registry containing the patient's historical (test and procedure-based) cumulative radiation dose, as well as research the fiscal impact such a registry would incur; and be it further

RESOLVED, That our AMA-MSS encourage the continued development and use of standardized electronic medical record systems that will help physicians track the number of imaging procedures a patient is receiving and that will help physicians discuss the potential dangers of high level of radiation exposure with patients; and be it further

RESOLVED, That our AMA-MSS support initiatives to increase awareness of ionizing radiation exposure from medical imaging and practices that lower radiation exposure from medical imaging.

MSS RESOLUTION 42 – HPV VACCINATION ACCESS FOR MINORS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 42 ADOPTED.

RESOLVED, That the AMA develop and support model state legislation allowing HPV vaccination consent by a unemancipated minor, independent of parental involvement.

MSS RESOLUTION 43 – INCREASING HEALTHCARE CAPACITY IN RESOURCE LIMITED SETTINGS THROUGH THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF

MSS ACTION: MSS RESOLUTION 43 REFERRED.

RESOLVED, That our AMA-MSS ask the AMA to endorse the Global Health Service Corps (GHSC) as an additional mechanism for the President's Emergency Plan for AIDS Relief (PEPFAR) to assist strengthening African healthcare workforces; with the stipulation that the GHSC only be supported with existing funds already allocated to PEPFAR's current funding allocation mandate to support healthcare workforce capacity building and training activities in resource limited settings.

MSS RESOLUTION 44 – AMENDMENT TO EXISTING POLICY OPPOSING LEGISLATION WHICH MAY INTERFERE WITH PHYSICIAN'S PAIN MANAGEMENT STRATEGIES

MSS ACTION: AMA POLICY H-120.960 REAFFIRMED IN LIEU OF MSS RESOLUTION 44.

RESOLVED, That our AMA-MSS amend policy 270.009MSS by insertion as follows:

> AMA-MSS will ask the AMA to: (1) support the idea that physicians who prescribe pain medication to relieve acute or chronic pain of both malignant and non-malignant origins should be freed from the burden of excessive legislative *or* regulatory scrutiny and censure; and (2) seek to implement legislation protecting physicians who treat acute and chronic pain of malignant and non-malignant origins.

MSS RESOLUTION 45 – SUPPORT FOR SERVICE ANIMALS, ANIMALS IN HEALTHCARE, AND MEDICAL BENEFITS OF PET OWNERSHIP

MSS ACTION: MSS RESOLUTION 45 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS recognize the potential medical benefits of dogs as animal companions; and be it further

RESOLVED, That our AMA-MSS encourage research into the use and implementation of service animals as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit.

MSS RESOLUTION 46 – RECOGNITION OF PATIENT UNIQUENESS IN MEDICAL TREATMENT

MSS ACTION: MSS RESOLUTION 46 NOT ADOPTED.

RESOLVED, That our AMA-MSS support attempts to standardize care only if they recognize (1) the changing nature of expert opinion on best practices and (2) the necessity that physicians be given the autonomy to use their own judgement in how to implement these standards for patients' unique biochemical and personal needs; and be it further

RESOLVED, That our AMA-MSS recognize that each patient is biochemically and psycho-socially an individual and encourage physicians to consider this when planning treatment, in lieu of rigid methods of care which do not treat patients as individuals.

MSS RESOLUTION 47 – REGULATIONS ON THE PATENTING OF ENDOGENOUS HUMAN DNA

MSS ACTION: SUBSTITUTE MSS RESOLUTION 47 ADOPTED.

RESOLVED, That our AMA oppose the patenting of endogenously occurring human DNA or RNA sequences, including specific alleles of such sequences found anywhere within the human population, or DNA and RNA products derived from these sequences.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2011 INTERIM MEETING
NEW ORLEANS, LOUISIANA

GOVERNING COUNCIL REPORT A - FINANCIAL AID DEPENDENCY STATUS OF MEDICAL STUDENTS

MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS encourage medical schools to institute an appeals procedure that allows individual students with extenuating familial circumstances to apply for institutional financial aid without parental tax information taken into consideration, such as students whose non-custodial parent's whereabouts are unknown or students who have an established history of non-support from their parents.

2. That our AMA-MSS work to ensure adequate dissemination of information on educational funding sources available to medical students.

GOVERNING COUNCIL REPORT B – TRANSPARENCY IN THE ROLE OF REGIONAL DELEGATE

MSS ACTION: RECOMMENDATION OF GC REPORT B ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS amend its Internal Operating Procedures to reflect the following structure and rules of the Medical Student Section Caucus to the AMA House of Delegates:

    A. MSS Caucus Structure

        1. The regional delegates and alternate regional delegates, together with the MSS Delegate and Alternate, form the MSS Caucus.
        2. The MSS Delegate and MSS Alternate Delegate should be considered the chair and vice chair of the caucus respectively and their responsibilities in those positions include, but are not limited to:
            a. Overseeing debate, discussion, and voting that occurs within the caucus
            b. Assigning regional delegates to reference committees
            c. Speaking on behalf of the MSS in reference committee hearings and the HOD, or delegating the responsibility to speak on certain resolutions to others of their choosing
            d. Developing general MSS strategy for passing or defeating resolutions
            e. Coordinating and negotiating with the leadership of other groups within the HOD.
        3. Other medical student delegates to the AMA HOD, including students appointed to their state delegations, are not considered members of the caucus for voting purposes, though they are encouraged to take part in MSS

Caucus meetings , and may be assigned to speak on behalf of the MSS by the MSS Delegate.

B. Determining MSS Caucus Positions on AMA HOD Resolutions

1. For all MSS Caucus activities requiring a vote, all members of the caucus shall be given one vote.
2. A quorum of at least 50% of potential voting members must participate for a vote to be valid.
3. In the AMA HOD, the MSS Caucus must take positions on resolutions that are consistent with the existing policy of the MSS as defined in the MSS Digest of Actions whenever possible.
4. In areas where relevant MSS policy exists, but the interpretation is uncertain, a majority vote of a quorum of delegates will determine the caucus's interpretation.
5. When a resolution is before the AMA HOD that is of significant importance to the MSS, but for which no MSS policy exists, any member of the MSS Caucus may move that the MSS take a position on the resolution. Such a movement requires a second by another caucus member and a 2/3rds majority vote to pass.
6. Positions set using the procedures described in section B.5 are valid for the duration of that meeting only, and do not apply to future interim or annual meetings.
7. The MSS Caucus may not use the procedures described in section B.5 to take positions that are contrary to existing MSS policy.

C. Reporting of Caucus Actions

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

GOVERNING COUNCIL REPORT C - PHYSICIAN-BASED EDUCATION TO COMBAT OBESITY ON THE LOCAL LEVEL

MSS ACTION: RECOMMENDATION OF GC REPORT C ADOPTED AND REMAINDER OF REPORT FILED.

1. That 150.018MSS and 150.020MSS be reaffirmed.

GOVERNING COUNCIL REPORT D – POLICY SUBSET REPORT FOR 2006 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS OF GC REPORT D ADOPTED AND REMAINDER OF REPORT FILED.

1. That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS.

2. That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

COMMITTEE ON LONG-RANGE PLANNING REPORT A - STUDY OF THE STRUCTURE OF THE ANNUAL AND INTERIM MEETINGS

MSS ACTION: COLRP REPORT A FILED.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2011 INTERIM MEETING
NEW ORLEANS, LOUISIANA

AMA RESOLUTION 3 – SUPPORTING VOLUNTARY ORGAN DONATION FROM DEATH ROW PRISONERS

> **HOD ACTION: AMA RESOLUTION 3 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.**

RESOLVED, That our AMA reexamine the issue of lethal injection and organ retrieval from executed prisoners and report on its findings at the 2012 AMA Annual Meeting.

AMA RESOLUTION 4 – USING TAX RETURNS TO IDENTIFY ORGAN DONATION STATUS

> **HOD ACTION: AMA RESOLUTION 4 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.**

AMA RESOLUTION 5- ENCOURAGING STANDARDIZED ADVANCE-DIRECTIVES FORMS WITHIN STATES

> **HOD ACTION: AMA RESOLUTION 5 ADOPTED AS AMENDED**

RESOLVED, That our American Medical Association encourage each state society to develop a standardized form of advance directives for use by physicians and other health care providers as a template to discuss end-of-life care with their patients.

AMA RESOLUTION 208 – REQUIRING PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS IN ALL NURSING HOMES

> **HOD ACTION: AMA POLICY H-440.890 REAFFIRMED IN LIEU OF AMA RESOLUTION 208.**

RESOLVED, That our AMA support state legislation that mandates Automated External Defibrillator placement in all nursing homes as a condition of licensure.

AMA RESOLUTION 209 – ADDRESSING SAFETY AND REGULATION IN MEDICAL SPAS

> **HOD ACTION: AMA RESOLUTION 209 ADOPTED AS AMENDED**

RESOLVED, that our American Medical Association advocate for state regulation to ensure that cosmetic medical procedures, whether performed in medical spas or in more traditional medical settings, have the same safeguards as “medically necessary” procedures, including those which require appropriate training, supervision and oversight; and be it further

RESOLVED, that our AMA advocate that cosmetic medical procedures, such as botulinum toxin injections, dermal filler injections, and laser and intense pulsed light procedures, be considered the practice of medicine; and be it further

RESOLVED, that our AMA take steps to increase the public awareness about the dangers of those medical spas which do not adhere to patient safety standards by encouraging the creation of formal complaint procedures and accountability measures in order to increase transparency; and be it further

RESOLVED, that our AMA continue to evaluate the evolving issues related to medical spas, in conjunction with interested state and medical specialty societies.

AMA RESOLUTION 210 – AVERTING ANTIRETROVIRAL TREATMENT RATIONING IN THE UNITED STATES – STRENGTHENING THE AIDS DRUG ASSISTANCE PROGRAM

> **HOD ACTION: AMA POLICIES H-20.907 AND H-20.922 REAFFIRMED IN LIEU OF AMA RESOLUTION 210.**

RESOLVED, That our AMA lobby the United States Congress to expand funding to ensure coverage for all current and future qualified individuals for the AIDS Drug Assistance Program.

AMA RESOLUTION 814 – IMPROVED ADEQUACY OF TRANSLATION SERVICES IN HOSPITAL AND PHARMACY SETTINGS

> **HOD ACTION: AMA RESOLUTION 814 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.**

RESOLVED, That our AMA amend policy H-215.982 by deletion and insertion as follows:

> H-215.982 Translator Services ~~in Hospitals:~~ Our AMA encourages ~~hospitals~~ <u>health care institutions, including but not limited to hospitals and pharmacies,</u> that serve populations with a significant number of non-English speaking patients to provide trained translator services.

AMA RESOLUTION 815 – VIRTUAL MEDICAL ID BRACELETS

> **HOD ACTION: AMA RESOLUTION 815 ADOPTED AS AMENDED**

RESOLVED, That our American Medical Association amend Policy H-130.987 by insertion and deletion as follows:

> H-130.987 Emergency Medical Identification Aids: The AMA (1) urges worldwide use of the Emergency Medical Identification Symbol (Symbol); (2) urges that persons with special health problems wear a readily evident durable metal or plastic alerting device and that all persons carry a universal medical information card identifying family, friends and personal physicians; (3) urges that the Symbol be imprinted on alerting devices, on medical identification cards, and on emergency medical care educational material; (4) encourages physicians to work individually with their patients in selecting an appropriate signal device and identification card; and (5) recognizes the need for patients to have the option to enroll in portable medical identification alert systems that current technologies support, such as virtual medical identification alert systems and smart cards, which can offer emergency responders immediate access to pertinent health information and family contact information.

AMA RESOLUTION 816 – BIOMETRIC TECHNOLOGIES USED TO ENHANCE SECURITY

HOD ACTION: AMA RESOLUTION 816 ADOPTED AS AMENDED WITH A CHANGE IN TITLE.

BIOMETRIC TECHNOLOGIES USED TO ENHANCE SECURITY AND PATIENT SAFETY

RESOLVED, That our American Medical Association encourage the use of biometric technologies where feasible, such as, but not limited to, fingerprint and palm scanners in hospitals and clinics (1) for patient identification to improve patient safety while reducing health insurance fraud and (2) for providers to streamline and secure user authentication processes and better protect patient privacy.

AMA RESOLUTION 912 – MEDICAL STUDENT SUMMER RESEARCH COMPENSATION

HOD ACTION: AMA RESOLUTION 912 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our American Medical Association amend H-460.982 by insertion and deletion as follows:

H-460.982 Availability of Professionals for Research: (1) In its determination of personnel and training needs, major public and private research foundations, including the Institute of Medicine of the National Academy of Sciences, should consider the future research opportunities in the biomedical sciences as well as the marketplace demand for new researchers. (2) The number of physicians in research training programs should be increased by expanding research opportunities during medical school, through the use of short-term training grants and through the establishment of a cooperative network of research clerkships for students attending less research-intensive schools. ~~The number of physicians~~ Participation in research training programs should be increased by providing financial incentives for research centers, academic physicians, and medical students.(3) The current annual production of PhDs trained in the biomedical sciences should be maintained into the 1990s. (4) The numbers of nurses, dentists, and other health professionals in research training programs should be increased. (5) Members of the industrial community should increase their philanthropic financial support to the nation's biomedical research enterprise. Concentration of support on the training of young investigators should be a major thrust of increased funding. The pharmaceutical and medical device industries should increase substantially their intramural and extramural commitments to meeting postdoctoral training needs. A system of matching grants should be encouraged in which private industry would supplement the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration sponsored Career Development Awards, the National Research Service Awards and other sources of support. (6) Philanthropic foundations and voluntary health agencies should continue their work in the area of training and funding new investigators. Private foundations and other private organizations should increase their funding for clinical research faculty positions. (7) The National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration should modify the renewal grant application system by lengthening the funding period for grants that have received high

priority scores through peer review. (8) The support of clinical research faculty from the National Institutes of Health Biomedical Research Support Grants (institutional grants) should be increased from its current one percent. (9) The academic medical center, which provides the multidisciplinary research environment for the basic and clinical research faculty, should be regarded as a vital medical resource and be assured adequate funding in recognition of the research costs incurred.

AMA RESOLUTION 913 – CREATION OF NATIONAL REGISTRY FOR HEALTHY SUBJECTS IN PHASE I CLINICAL TRIALS

HOD ACTION: AMA RESOLUTION 913 ADOPTED.

RESOLVED, That our AMA encourage the development and implementation of a national registry, with minimally identifiable information, for healthy subjects in phase I trials by the US Food and Drug Administration or other appropriate organizations to promote subject safety, research quality, and to document previous trial participation.

AMA RESOLUTION 914 – INCREASING AWARENESS OF NUTRITIONAL INFORMATION IN SCHOOLS

HOD ACTION: AMA RESOLUTION 914 REFERRED.

RESOLVED, That our AMA supports the adoption of federal regulations requiring all school and work cafeterias to have nutritional information for menu items available for public viewing.

AMA RESOLUTION 915 – REDUCING SUICIDE RISK AMONG LESBIAN, GAY, TRANSGENDER, AND QUESTIONING YOUTH THROUGH COLLABORATION WITH ALLIED ORGANIZATIONS

HOD ACTION: AMA RESOLUTION 915 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our AMA partner with public and private organizations dedicated to public health and public policy to reduce lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth suicide and improve health among LGBTQ youth.

AMA RESOLUTION 916 – SLEDDING AND HELMET SAFETY

HOD ACTION: AMA RESOLUTION 916 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our AMA amend H-470.974 by insertion and deletion as follows:

Athletic Helmets: 1. Our AMA urges the Consumer Product Safety Commission to establish standards that athletic and recreational helmets, including but not limited to football, baseball, hockey, horse back riding, bicycle and motorcycle riding, lacrosse, and skiing, produced or sold in the United States provide protection against head injury; and that the AMA advocate the use of appropriate and safe clear face guards as a permanent installation on the current bilateral ear protective batter's helmet to be worn by all baseball and softball players as required safety equipment in all organized baseball and softball for those children from 5 to 14 years of age. 2. Our AMA: (a) supports legislation requiring the use

of helmets by children ages 17 and younger while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing, ~~or~~ and snowboarding; (b) encourages the use of helmets in adults while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing ~~or~~ and snowboarding; (c) encourages physicians to educate their patients about the importance of helmet use while engaged in potentially dangerous athletic activities, including but not limited to sledding, skiing and snowboarding; and (d) encourages the availability of rental helmets at all commercial sledding, skiing and snowboarding areas.

AMA RESOLUTION 917 – STIGMATIZATION OF MENTAL HEALTH DISORDERS WITHIN THE MEDICAL PROFESSION

HOD ACTION: AMA RESOLUTION 917 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING.

RESOLVED, That our AMA investigate how the stigmatization of mental health disorders in medical professionals by medical professionals has developed and persists; and be it further

RESOLVED, That our AMA address the stigmatization of mental health disorders in medical professionals by medical professionals by taking an active role in activities such as developing and/or encouraging programming to promote awareness about and reduce this stigmatization.

AMA RESOLUTION 918 – TRANSPARENCY IN THE NATIONAL RESIDENT MATCHING PROGRAM MATCH AGREEMENT

HOD ACTION: AMA RESOLUTION 918 ADOPTED AS AMENDED WITH REFERRAL OF 2ND RESOLVED CLAUSE.

RESOLVED, That our AMA ask the National Resident Matching Program (NRMP) to publish data regarding waivers and violations with subsequent consequences for both programs and applicants while maintaining the integrity of the match and protecting the identities of both programs and participants; and be it further

RESOLVED, That our AMA advocate for the word “training” in section 7.2.1 of the NRMP match agreement be changed to “residency training” and specifically state that NRMP cannot prevent an applicant from maintaining their education through rotating, researching, teaching, or otherwise working in positions other than resident training at NRMP affiliated programs.

AMA RESOLUTION 919 – MEDICAL STUDENT BURNOUT

HOD ACTION: AMA RESOLUTION 919 ADOPTED AS AMENDED

RESOLVED, That our AMA encourages the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout; and be it further

RESOLVED, That D-310.968 be amended by insertion and deletion as follows:

INTERN, ~~AND~~ RESIDENT, AND MEDICAL STUDENT BURNOUT:

1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, ~~and~~ fellows, and medical students.
2. Our AMA will work with other interested groups to regularly inform the appropriate ~~Graduate Medical Education designated~~ institutional officials, program directors, resident physicians, and attending faculty about resident~~/~~, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through the appropriate media outlets. ~~such media as the AMA's GME e-Letter.~~
3. Our AMA will encourage the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges to address the recognition, treatment, and prevention of burnout among residents~~/~~, fellows, and medical students.
4. Our AMA will encourage further studies and disseminate the results of studies on physician and medical student burnout to the medical education and physician community.
5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements.

AMA RESOLUTION 920 – THE TRANSITION FROM THE NATIONAL RESIDENT MATCHING PROGRAM SCRAMBLE TO THE SUPPLEMENTAL OFFER AND ACCEPTANCE PROGRAM

HOD ACTION: AMA RESOLUTION 920 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the National Resident Matching Program to study and publish the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas.

AMA RESOLUTION 921 – ESTABLISHMENT OF TRAINING REQUIREMENTS FOR RADIATION ADMINISTRATION

HOD ACTION: SUBSTITUTE AMA RESOLUTION 921 ADOPTED IN LIEU OF AMA RESOLUTIONS 921 AND 923.

REDUCING RADIATION EXPOSURE IN THE MEDICAL SETTING

RESOLVED, That our American Medical Association support education and standards for all providers and medical personnel using ionizing and non-ionizing radiation that includes awareness of, and methods to avoid, patient over-radiation; and be it further

RESOLVED, That our AMA support policies that promote the safe use of medical imaging devices, informed clinical decision-making regarding the use of procedures that use radiation, and patient awareness of medical radiation exposure; and be it further

RESOLVED, That our AMA encourage the continued development and use of standardized electronic medical record systems that will help physicians track the number of imaging procedures a patient is receiving, in both the in-patient and out-patient settings, which will help physicians discuss the potential dangers of high level of radiation exposure with patients (New HOD Policy); and be it further

RESOLVED, That our AMA support public initiatives, such as the “Image Wisely” and “Image Gently” campaigns, which aim to increase awareness of radiation in the medical setting and reduce exposure.

AMA RESOLUTION 922 – REDUCTION IN ONLINE BULLYING

HOD ACTION: AMA RESOLUTION 922 RECOMMENDED AGAINST CONSIDERATION AT THIS MEETING

RESOLVED, That our AMA urge social networking platforms to adopt Terms of Service that define and prohibit cyberbullying and cyberhate.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2012 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 –TRANSPARENCY IN MEDICAL STUDENT FINANCIAL AID REPORTING

MSS ACTION: MSS RESOLUTION 1 ADOPTED AS AMENDED.

RESOLVED, That the AMA-MSS ask the Association of American Medical Colleges and AACOM to require greater transparency in financial aid information provided to medical students and applicants by encouraging medical colleges to provide additional data to students and applicants including but not limited to:

(1) average debt incurred in medical school for graduating students with federal aid assistance, separated by in-state and out-of-state students, reported in quartiles
(2) percent of current students receiving financial aid other than loans
(3) and the amount and types of available non-loan aid such as scholarships, interest-free loans, or grants available from the institution.

MSS RESOLUTION 2 – REDUCING THE FINANCIAL AND EDUCATIONAL COSTS OF RESIDENCY INTERVIEWS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 2 ADOPTED.

RESOLVED, That our AMA-MSS study and recommend further actions in assessing mechanisms to reduce the financial burdens and time requirement of the residency application process.

MSS RESOLUTION 3 – EXPANDING CLERKSHIP SITE ACCESS TO INCLUDE US MEDICAL SCHOOLS UNDERGOING ACCREDITATION

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That AMA policy D-295.320, subsection 4, should be amended by insertion as follows:

4. Our AMA will advocate for regulations that would ensure clinical clerkship slots be given first to students of US medical schools that are Liaison Committee on Medical Education-, Commission on Osteopathic College Accreditation-approved, or schools currently given preliminary accreditation status, provisional accreditation status, or equivalent, from either of the above bodies.

MSS RESOLUTION 4 – QUALITY IMPROVEMENT EDUCATION IN MEDICAL SCHOOLS AND RESIDENCY PROGRAMS

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS advocate to medical school deans for the inclusion of quality improvement education in medical school curricula; and be it further

RESOLVED, That our AMA-MSS encourage the American College of Medical Quality, the Association of American Medical Colleges, the Liaison Committee on Medical Education, the American Association of Colleges of Osteopathic Medicine, the Commission on Osteopathic Colleges Accreditation, and other relevant bodies to develop a basic set of core competencies in medical quality improvement that all medical school curricula should include; and be it further

RESOLVED, That our AMA-MSS encourage the American College of Medical Quality and other appropriate organizations to develop a guideline curriculum in medical quality improvement to be made available to medical schools; and be it further

RESOLVED, That our AMA-MSS work with relevant parties to monitor the national implementation of quality improvement education in medical school curricula and report back to the Medical Student Section.

MSS RESOLUTION 5 – COMPREHENSIVE WOMEN'S HEALTHCARE FOR PROFESSIONALS DURING TRAINING

MSS ACTION: AMA POLICIES H-295.872 AND H-295.942 REAFFIRMED IN LIEU OF MSS RESOLUTION 5.

RESOLVED, That the AMA ask the LCME, AAMC, and ACGME to ensure that all medical training facilities support the health and well-being of medial trainees by:

1. Removing institutional and insurance barriers to all aspects of comprehensive women's healthcare including but not limited to
   (1) annual exams,
   (2) cancer and disease surveillance,
   (3) access to counseling services for preconception, prenatal genetic screening, lactation, nutrition, relationship support, intimate partner violence, and sexual assault,
   (4) complete maternity care including medical lactation devices and facilities, as well as
   (5) comprehensive family planning counseling, medications, devices, and procedures.
2. Offering group insurance plans with at least one option which includes comprehensive women's healthcare coverage comparable to coverage of other basic healthcare.
3. Maintaining student or employee health facilities equipped to perform annual exams including pelvic exams.
4. Providing accessible, on-site space dedicated to breast-milk expression and storage.

MSS RESOLUTION 6 – EXPANSION OF MEDICAL SPANISH IN US MEDICAL SCHOOLS

MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED.

RESOLVED, That the AMA-MSS encourage the AAMC, LCME, COCA, and AOA to identify and evaluate existing ways that schools incorporate medical Spanish and other non-English languages into their curricula and report successful strategies for improved proficiency to be used as guidelines for US accredited medical schools.

MSS RESOLUTION 7 – COMPENSATION FOR REDUCTION OF RESIDENCY INCOME DUE TO PAYROLL TAX

MSS ACTION: MSS RESOLUTION 7 NOT ADOPTED.

RESOLVED, That our AMA-MSS encourage advocacy to include an increase in funding of Graduate Medical Education per resident position to offset the loss of income due to tax burdens for residents in addition to proposed increases in funding to accommodate additional residency positions.

MSS RESOLUTION 8 – ELIMINATING LEGACY ADMISSIONS

MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS and our AMA oppose the use of legacy status in medical school admissions and to support mechanisms to eliminate its inclusion from the application process such as by encouraging the AAMC, AACOM, LCME, and the AACOM to remove any questions on secondary applications pertaining to legacy status.

MSS RESOLUTION 9 - REVISION OF RESUSCITATION POLICIES FOR PREMATURE INFANTS BORN AT THE CUSP OF VIABILITY

MSS ACTION: SUBSTITUTE MSS RESOLUTION 9 ADOPTED.

RESOLVED, That our AMA-MSS support programs designed to educate health care professionals who treat premature infants, as well as parents and caregivers of premature infants, on evidence-based guidelines on neonatal resuscitation, especially with regard to premature infants born at the cusp of viability.

MSS RESOLUTION 10 – PROTECTING THE PATIENT AND PHYSICIAN RELATIONSHIP FROM LEGISLATIVE REGULATION

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS oppose legislation that requires physicians to perform medical procedures without valid medical indication or contrary to standards of care, especially as it concerns mandates to perform fetal ultrasounds on patients; and be it further

RESOLVED, That our AMA-MSS oppose legislation that mandates specific counseling by physicians to patients, including mandatory viewing and description of fetal ultrasound images or required listening of fetal heart sounds.
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MSS RESOLUTION 11 – REIMBURSEMENT FOR ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN PRIMARY CARE

MSS ACTION: AMA POLICY D-160.919 REAFFIRMED IN LIEU OF MSS RESOLUTION 11.

RESOLVED, That our AMA advocate for the universal screening of social determinants of health and referral to community-based resources by physicians to be regarded and treated as an important, legitimate, and reimbursable medical service by third party payers and government agencies involved in medical care.

MSS RESOLUTION 12 – STRUCTURED PHYSICAL ACTIVITY REIMBURSEMENT FOR PRE-DIABETIC AND DIABETIC POPULATIONS

MSS ACTION: MSS RESOLUTION 12 NOT ADOPTED.

RESOLVED, That the AMA advocate the Centers for Medicare and Medicaid to create reimbursement provisions for structured physical activity programs for clinically-evaluated pre-diabetic and diabetic populations.

MSS RESOLUTION 13 – ESTABLISHING STANDARDS FOR ACCEPTABLE UTILIZATION OF VIRTUAL PATIENT CARE

MSS ACTION: SUBSTITUTE MSS RESOLUTION 13 ADOPTED WITH CHANGE IN TITLE.

WEB-BASED TELE-HEALTH INITIATIVES AND POSSIBLE INTERFERENCE WITH THE TRADITIONAL PHYSICIAN-PATIENT RELATIONSHIP

RESOLVED, That our AMA-MSS support our American Medical Association urging the US Department of Health and Human Services (DHHS) to review tele-health initiatives being implemented by major health insurance carriers (i.e., United Healthcare, Blue Cross Blue Shield) and others to assure that proper standards of care are maintained, that such initiatives and the physicians who work with them are adherent to professional practice standards and federal public health laws and regulations; and to take appropriate actions to eliminate such initiatives that do not meet acceptable standards and regulations; and be it further

RESOLVED, That our AMA-MSS support our AMA seeking regulatory guidance from the DHHS regarding the essential requirements of web-based tele-health technology and health care initiatives and the requirements of physicians and healthcare providers who engage in the delivery of such services.

MSS RESOLUTION 14 – USE OF INTEGRATED PREHOSPITAL ELECTRONIC PATIENT CARE REPORTS FOR PREHOSPITAL HEALTHCARE PROVIDERS

MSS ACTION: MSS RESOLUTION 14 ADOPTED AS AMENDED.

RESOLVED, That our AMA support legislation incentivizing the comprehensive use of integrated electronic patient care reports by EMTs and paramedics for better cross communication, and to standardize the flow of information from prehospital to hospital.

MSS RESOLUTION 15 – COST TRANSPARENCY THROUGH CLINICAL REPORT DOCUMENTATION

MSS ACTION: AMA POLICY H-185.975 REAFFIRMED IN LIEU OF MSS RESOLUTION 15.

RESOLVED, That our AMA to encourage the Department of Human & Health and Services to require healthcare providers to include documentation of submitted charges for all diagnostic or therapeutic procedures and tests on clinical reports submitted to the ordering physician.

MSS RESOLUTION 16 – ALIGNING PRESCRIPTION MEDICATION RENEWALS

MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED.

RESOLVED, That the AMA encourage relevant organizations, including but not limited to insurance companies and professional pharmacy organizations, to develop a plan to implement prescription refill schedule strategies so that patients requiring multiple prescription medications may reduce the travel barriers for prescription acquisition.

MSS RESOLUTION 17 – ADVOCATING FOR A MODIFIED FORM OF THE INDEPENDENT PAYMENT ADVISORY BOARD

MSS ACTION: MSS RESOLUTION 17 NOT ADOPTED.

RESOLVED, That our AMA advocate for the adoption of the IPAB with the maximum acceptable level of physician membership on the panel; and be it further

RESOLVED, That our AMA make recommendations of physician members for the IPAB to the President of the United States for Senate confirmation; and be it further

RESOLVED, That our AMA advocate for the IPAB to focus on value-based delivery models, pay for performance, coordinating care, and other models that can increase quality while controlling costs; and be it further

RESOLVED, That our AMA uses the RUC and other relevant AMA committees to offer comments and recommendations regarding proposals put forward by the IPAB.

MSS RESOLUTION 18 – PHYSICIAN OWNERSHIP AND REFERRAL FOR RADIATION ONCOLOGY AND CANCER SERVICES

MSS ACTION: MSS RESOLUTION 18 NOT ADOPTED.

RESOLVED, That our AMA work with relevant parties such as the American Society for Radiation Oncology to advocate for repealing the in-office ancillary exception of radiation oncology to physician self-referral laws.

MSS RESOLUTION 19 – THE IDENTIFICATION & PROTECTION OF HUMAN TRAFFICKING VICTIMS

MSS ACTION: RESOLUTION 19 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the development of educational initiatives to train medical students, residents and physicians to understand their role in treating and screening for human trafficking in suspected patients; and be it further

RESOLVED, That our AMA-MSS support AMA encouragement of editors and publishers of medical training literature to include indications that a patient might be a victim of human trafficking and suggested screening questions as created by Department of Health and Human Services; and be it further

RESOLVED, That our AMA-MSS support the AMA working with the Department of Health and Human Services, and law enforcement agencies to develop guidelines for use in hospital and office settings in order to better identify victims of human trafficking and to provide a conduit to resources that can better address all of the victim's medical, legal and social needs; and be it further

RESOLVED, That our AMA-MSS encourages physicians to act as first responders in addressing human trafficking.

MSS RESOLUTION 20 – INCLUSION OF FOLIC ACID SUPPLEMENTS IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the addition of folic acid supplements in the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs;

RESOLVED, That our AMA work with United States Department of Agriculture and other appropriate organizations to encourage and procedurally facilitate the implementation of folic acid supplements in the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs.

MSS RESOLUTION 21 – IMPLEMENTATION AND FUNDING OF CHILDCARE SERVICES FOR PATIENTS

MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage primary care and emergency department settings, where feasible, to offer inexpensive or free childcare services to patients.

MSS RESOLUTION 22 – ANTITRUST EXEMPTION FOR HEALTH INSURANCE COMPANIES

MSS ACTION: MSS RESOLUTION 22 ADOPTED.

RESOLVED, That our AMA urge federal authorities to oppose antitrust exemption status for health insurance companies.

MSS RESOLUTION 23 – INCREASING THE SCHOOL NURSE TO STUDENT RATIO

MSS ACTION: RESOLUTION 23 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage state medical societies and organizations, such as the National Association of School Nurses and other stakeholders, to advocate at all levels for adequate funding of school nurse positions; and be it further

RESOLVED, That our AMA encourage public schools, private schools, and other relevant organizations to employ school nurses in a manner that complies with CDC recommended nurse-to-student ratios.

MSS RESOLUTION 24 – ADVOCACY FOR A SYSTEM OF IMPROVED & STANDARDIZED INSTRUCTIONS FOR DRUG LABELS IN ORDER TO PROMOTE HEALTH LITERACY AND PATIENT WELLBEING

MSS ACTION: MSS RESOLUTION 24 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourages the Food and Drug Administration and other appropriate third parties to consider the implementation of a system of written medication instructions with strongly correlating standardized pictorial representations that adequately

represent the instructions in order to allow individuals of low literacy to clearly comprehend directions for and significance of medication use; and be it further

RESOLVED, That our AMA encourages the Food and Drug Administration (FDA) and other appropriate third parties to include on all prescribed medication labels, if the patient so desires, the reason for which the medication was prescribed.

MSS RESOLUTION 25 – AWARENESS AND SCREENING OF PSYCHIATRIC DISEASES AMONG ETHNIC-MINORITY AND IMMIGRANT POPULATIONS

> **MSS ACTION: SUBSTITUTE MSS RESOLUTION 25 ADOPTED WITH CHANGE IN TITLE.**

PSYCHIATRIC DISEASES AMONG ETHNIC-MINORITY AND IMMIGRANT POPULATIONS

RESOLVED, That our AMA encourage National Institutes for Mental Health (NIMH) and local health departments to examine national and regional variations in psychiatric illnesses among immigrant and minority populations with the goal of creating psychometrically validated tools to appropriately address the needs of immigrant and minority populations.

MSS RESOLUTION 26 – EXPLICIT RECOGNITION OF INFANT FORMULA IN AMA ADVOCACY AND POLICIES GOVERNING INDUSTRY GIFTS AND SAMPLE REPORTING

> **MSS ACTION: AMA POLICY E-8.061 AND H-245.982 REAFFIRMED IN LIEU OF MSS RESOLUTION 26.**

RESOLVED, That the AMA-MSS recognize brand-name infant formula and its associated accessories as products which could qualify as an industry or sample gifts to individual physicians and/or hospitals; and be it further

RESOLVED, That our AMA recognize brand-name infant formula and its associated accessories as products which could qualify as an industry or sample gifts to individual physicians and/or hospitals; and be it further

RESOLVED, That AMA lobby the department of Health and Human Services to explicitly include infant formula as a reportable sample gift regulated in a manner identical to PPACA section 6004 for drug sample transparency.

MSS RESOLUTION 27 – CANCER SCREENING TO REDUCE HEALTH DISPARITIES

> **MSS ACTION: AMA POLICY D-350.996 REAFFIRMED IN LIEU OF MSS RESOLUTION 27.**

RESOLVED, That our AMA advocate for the availability of cancer screening all populations regardless of racial/ethnic and socioeconomic status; and be it further

RESOLVED, That our AMA increase awareness of disparities in cancer care and encourage the implementation of cancer screening intervention programs for at-risk patients; and be it further

RESOLVED, That our AMA encourage the Department of Health and Human Services, the American Cancer Society, and other appropriate parties to develop national strategies to reduce disparities in cancer screening.

MSS RESOLUTION 28 – ADVOCATING FOR MEDICAL-LEGAL PARTNERSHIPS

MSS ACTION: AMA POLICY D-265.989 REAFFIRMED IN LIEU OF MSS RESOLUTION 28.

RESOLVED, That our AMA advocate for legislation that funds and develops medical-legal partnership demonstration projects and supports their utilization throughout the United States; and be it further

RESOLVED, That our AMA empower relevant groups such as the National Center for Medical-Legal Partnership to develop feasible long-term funding strategies for medical-legal partnerships; and be it further

RESOLVED, That our AMA encourage relevant parties to monitor and implement medical-legal partnership payment models and publically make available aggregate data on the implementation of medical-legal partnerships throughout the nation.

MSS RESOLUTION 29 – EXAMINING THE ETHICS OF PUBLIC WATER FLUOURIDATION

MSS ACTION: RESOLUTION 29 NOT ADOPTED.

RESOLVED, That our AMA the commission its Council on Ethical and Judicial Affairs to examine the medical ethics of public water fluoridation and to issue its findings to the national, state, and municipal public health agencies involved in its use.

MSS RESOLUTION 34 – STANDARDIZE MISTREATMENT REPORTING

MSS ACTION: MSS RESOLUTION 34 NOT ADOPTED.

RESOLVED, That the AMA-MSS advocate that graduate medical education and undergraduate medical education adopt standardized anonymous mistreatment reporting and that standardized anonymous mistreatment reporting contain but not be limited to the annual incidence and rate of formally filed as well as informally reported mistreatment by individual institution, site, department and course/rotation; and be it further

RESOLVED, That the AMA-MSS advocate that mistreatment be defined as “behavior, intentional or unintentional, that shows disrespect for the dignity of others and unreasonably interferes with the learning process- Examples include sexual harassment; discrimination and or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of forms of assessment in a punitive manner;” and be it further

RESOLVED, That the AMA-MSS advocate that the AMA take leadership in addressing mistreatment in further recognition that this issue is of cultural, financial and ethical interest to the profession.

MSS RESOLUTION 38 - COMPREHENSIVE EVIDENCE-BASED DRUG TREATMENT IN PRISONS

MSS ACTION: RESOLUTION 38 ADOPTED AS AMENDED.

RESOLVED, That our AMA work with appropriate specialty societies to develop and promote legislative and policy initiatives that expand comprehensive evidence-based substance abuse treatment in federal, state and local prisons and jails.

MSS RESOLUTION 41 – STRENGTHENING AMA ADVOCACY AGAINST DRUG SHORTAGES

MSS ACTION: SUBSTITUTE RESOLUTION 41 ADOPTED WITH CHANGE IN TITLE.

DRUG SHORTAGES

RESOLVED, That our AMA-MSS support the Council on Science and Public Health Report 7-A-12, "Drug Shortages Update," that contains the following recommendations:

1. Our AMA supports the recommendations of the 2010 Drug Shortage Summit convened by the American Society of Health System Pharmacists, American Society of Anesthesiologists, American Society of Clinical Oncologists and the Institute for Safe Medication Practices and work in a collaborative fashion with these and other stakeholders to implement theserecommendations in an urgent fashion.
2. Our AMA supports requiring all manufacturers of Food and Drug Administration approve drugs to give the agency advance notice (within 6 months or otherwise as soon as practicable) of anticipated voluntary or involuntary, permanent or temporary, discontinuance of manufacture or marketing of such a product.
3. Our AMA supports the creation of a task force to enhance the HHS Secretary's response to preventing and mitigating drug shortages and to create a strategic plan to address ongoing aspects of drug shortages.
4. Our AMA will advocate that the U.S. Food and Drug Administration and/or Congress require drug manufacturers to establish a plan for continuity of supply of vital and life-sustaining medications and vaccines to avoid production shortages whenever possible.
5. The Council on Science and Public Health continue to evaluate the drug shortage issue and keep the HOD informed about AMA efforts to address this problem.
6. Our AMA urges the development of a comprehensive federal report on the root causes of drug shortages. Such an analysis should include economic factors, including federal reimbursement practices, as well as contracting practices by market participants on competition, access to drugs, and pricing.

MSS RESOLUTION 45 – INCREASED ADVOCACY FOR HEPATITIS C VIRUS EDUCATION, PREVENTION, SCREENING, AND TREATMENT

MSS ACTION: SUBSTITUTE MSS RESOLUTION 45 ADOPTED.

RESOLVED, That our AMA encourage the adoption of age-based screening practices for hepatitis C, in alignment with recent Centers for Disease Control recommendations; and be it further

RESOLVED, That our AMA encourage increased resources for Centers for Disease Control and state Departments of Public Health for the development and coordination of Hepatitis C Virus infection educational and prevention efforts.

LATE RESOLUTION 1 – SUPPORT OF LEGISLATION FOR MEDICALLY ACCURATE, AGE-APPROPRIATE SEXUAL HEALTH EDUCATION IN PUBLIC SCHOOLS

MSS ACTION: SUBSTITUTE LATE RESOLUTION 1 ADOPTED.

RESOLVED, That our AMA-MSS amend MSS Policy 170.010MSS by insertion as follows:

> 170.010MSS Abstinence-Only Education and Federally-Funded Community-Based Initiatives: AMA-MSS supports initiatives to ~~will ask the AMA~~ to: (1) extend AMA ~~its~~ support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in H-170.968; and (2) oppose federal funding of community-based abstinence-only sex education programs and instead support federal funding of comprehensive sex education programs that teach about contraceptive choices and safe sex while also stressing the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections; and (3) support school programs education that include recognizing and preventing sexual abuse and dating violence.

LATE RESOLUTION 2 - SUPPORTING TWO-INTERVAL GRADING SYSTEMS FOR MEDICAL EDUCATION

MSS ACTION: LATE RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS acknowledge the benefits of a two-interval grading system in medical colleges and universities in the United States for the non-clinical curriculum.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2012 ANNUAL MEETING
CHICAGO, ILLINOIS

GOVERNING COUNCIL REPORT A - PRESERVING STATE RESIDENCY OPTIONS FOR MEDICAL SCHOOL APPLICANTS

MSS ACTION: GC REPORT A NOT ADOPTED.

GC Report A offered information and a link for further details on state government policies on in-state residency for students.

GOVERNING COUNCIL REPORT B – HEALTH POLICY EDUCATION IN MEDICAL SCHOOLS

MSS ACTION: RECOMMENDATIONS OF GC REPORT B ADOPTED AND THE REMAINDER OF THE REPORT FILED.

1. That our AMA-MSS encourage medical schools to implement teaching strategies that promote outcome based development of behavioral and social science foundations for medical students.

2. That our AMA-MSS encourage the AAMC to engage in appropriate follow-up research based on the implementation of its behavioral and socioeconomic report competencies.

GOVERNING COUNCIL REPORT C - TAX DEDUCTIONS FOR STATE BASED HEALTH INSURANCE EXCHANGE POLICIES

MSS ACTION: RECOMMENDATIONS OF GC REPORT C ADOPTED AND THE REMAINDER OF THE REPORT FILED.

The Governing Council recommends that AMA Policies H-165.848 and H-165.920 be reaffirmed in lieu of Resolution 21-I-11 and that this remainder of this report be filed..

GOVERNING COUNCIL REPORT D – ADOLESCENT AND YOUNG ADULT CANCER

MSS ACTION: RECOMMENDATIONS OF GC REPORT D ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS encourage further research into the scientific basis, treatment, and diagnosis of Adolescent and Young Adult Cancers.

2. That our AMA-MSS promote education and research about the unique challenges to treating Adolescents and Young Adults with cancer, and promote solutions to these challenges.

GOVERNING COUNCIL REPORT E - INCREASING ACCESS TO CARE IN RESOURCE LIMITED SETTINGS USING PEPFAR

MSS ACTION: RECOMMENDATIONS OF GC REPORT E ADOPTED AND THE REMAINDER OF THE REPORT FILED.

1. That our AMA-MSS supports the efforts of the Global Health Service Partnership to strengthen African Healthcare workforces.

2. That our AMA-MSS recognizes the benefits of including loan repayment in the Global Health Service Partnership to be funded from a variety of sources

COMMITTEE ON LONG-RANGE PLANNING REPORT A – CHANGING THE REQUIREMENTS OF QUORUM IN THE MSS GENERAL ASSEMBLY

MSS ACTION: RECOMMENDATIONS OF COLRP REPORT A ADOPTED AND THE REMAINDER OF THE REPORT FILED.

Your MSS Committee on Long Range Panning recommends that Resolution 2-A-11 is not adopted and that the remainder of this report is filed.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2012 ANNUAL MEETING

AMA RESOLUTION 001 – HPV VACCINATION FOR MINORS

HOD ACTION: AMA RESOLUTION 001 REFERRED.

RESOLVED, That our AMA develop and support model state legislation allowing unemancipated minors to consent to HPV vaccination without parental consent.

AMA RESOLUTION 002 – USING TAX FORMS TO IDENTIFY ORGAN DONATION STATUS

HOD ACTION: AMA RESOLUTION 002 NOT ADOPTED.

RESOLVED, That our AMA study the implementation of a national database that would identify potential organ donors based on state and/or federal tax forms.

AMA RESOLUTION 003 – SUPPORTING VOLUNTARY ORGAN DONATION FROM DEATH ROW PRISONERS

HOD ACTION: AMA RESOLUTION 003 NOT ADOPTED.

RESOLVED, That our AMA reexamine current Opinion E-2.06, “Capital Punishment” prohibiting physicians’ participation in capital punishment related to organ retrieval from executed prisoners.

AMA RESOLUTION 101 – TRANSPORTATION AND ACCESSIBILITY TO FREE MEDICAL CLINICS

HOD ACTION: HOD POLICY H-130.954 REAFFIRMED IN LIEU OF AMA RESOLUTION 101.

RESOLVED, That our AMA encourage initiatives that address transportation as a barrier to care.

AMA RESOLUTION 102 – IMPROVING MENTAL HEALTH SERVICES FOR PREGNANT AND POSTPARTUM MOTHERS

HOD ACTION: AMA RESOLUTION 102 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support improvements in current mental health services for women during pregnancy and postpartum; and be it further

RESOLVED, That our American Medical Association support advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage to 1 year postpartum; and be it further

RESOLVED, That our American Medical Association support appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum.

RESOLVED, That our AMA continue to advocate for funding programs that address perinatal and postpartum depression through research, public awareness, and support programs (New HOD Policy).

AMA RESOLUTION 103 – ON-SITE EMPLOYER MEDICAL CLINICS

> **HOD ACTION: AMA RESOLUTION 103 ADOPTED AS AMENDED WITH CHANGE IN TITLE.**

ON-SITE EMPLOYER SPONSORED MEDICAL CLINICS

RESOLVED, That our American Medical Association study the effect of on-site employer sponsored medical clinics on employee preventive health benefits and health access benefits; and be it further

RESOLVED, That our AMA develop guidelines for the operation of on-site employer-sponsored medical clinics, ensuring that employee privacy, safety, and access to preventive health are not compromised, and that such clinics are staffed by MD/DOs, or health care practitioners who have direct access to and supervision by MD/DOs, as consistent with state laws.

AMA RESOLUTION 104 – VALUE-BASED INSURANCE DESIGN

> **HOD ACTION: AMA RESOLUTION 104 ADOPTED AS AMENDED.**

RESOLVED, That our American Medical Association study value-based insurance design as a modality for enhancing patient care and reducing health care costs.

AMA RESOLUTION 105 – STRATEGIES TO IMPROVE CARE FOR UNDERINSURED PATIENTS

> **HOD ACTION: HOD POLICIES D-165.957 AND H-160.940 REAFFIRMED IN LIEU OF AMA RESOLUTION 105.**

RESOLVED, That our American Medical Association study successful strategies for improving patient access to quality and timely health care, and report back at Interim 2012 with examples of successful models and recommendations for expanding these models nationally.

AMA RESOLUTION 106 – STUDYING SOCIOECONOMIC STATUS AS A DETERMINANT OF HEALTH

> **HOD ACTION: HOD POLICY H-350.974 REAFFIRMED IN LIEU OF AMA RESOLUTION 106.**

RESOLVED, That our AMA study mechanisms to monitor the impact of socioeconomic status (SES) on health-related risk factors, quality of care, and access to services.

AMA RESOLUTION 107 – REDUCING BARRIERS TO PREVENTIVE HEALTH CARE DELIVERY AND COMPENSATION

> **HOD ACTION: HOD POLICIES H-425.987, H-185.954 AND H-165.840 REAFFIRMED IN LIEU OF AMA RESOLUTION 107.**

RESOLVED, That our American Medical Association support both the reduction of financial barriers to the delivery of cost effective preventive health care services, and the implementation of financial incentives for cost-effective preventive medical care; and be it further

RESOLVED, That our American Medical Association conduct a study examining the effects of improvements in financial incentives for the delivery of cost-effective preventive care, and to make information from such study available through avenues including but not limited to the AMA web site to better educate physicians and the public about the benefits of preventive health care services.

AMA RESOLUTION 201 – SUPPORT FOR DRUG COURTS

> **HOD ACTION: AMA RESOLUTION 201 ADOPTED AS AMENDED.**

RESOLVED, That our American Medical Association support the establishment of drug courts as a an effective method of intervention for individuals with addictive disease who are convicted of nonviolent crimes; and be it further

RESOLVED, That our American Medical Association encourage legislators to establish drug courts at the state and local level in the United States.

AMA RESOLUTION 202 – SUPPORT FOR MEDICAL AMNESTY POLICIES FOR UNDERAGE ALCOHOL INTOXICATION

> **HOD ACTION: AMA RESOLUTION 202 ADOPTED AS AMENDED.**

RESOLVED, That our American Medical Association support efforts among universities, hospitals, and legislators to establish medical amnesty policies that protect underage drinkers from punishment for underage drinking when seeking emergency medical attention for themselves or others.

AMA RESOLUTION 301 - INCREASED EMPHASIS ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN MEDICAL SCHOOL

> **HOD ACTION: AMA RESOLUTION 301 ADOPTED AS AMENDED WITH CHANGE IN TITLE.**

INCREASED EMPHASIS ON EDUCATION IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN MEDICAL SCHOOL

RESOLVED, That our American Medical Association amend policy H-345.984 by insertion as follows:

> Awareness, Diagnosis and Treatment of Depression and Other Mental Illnesses: (1) Our AMA encourages: (a) medical schools, primary care residencies, and other

training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, either as the chief complaint or with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression and other mental illnesses who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings. (2) Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.

AMA RESOLUTION 302 – SECURING QUALITY EDUCATION SITES FOR US-ACCREDITED SCHOOLS

HOD ACTION: SUBSITUTE RESOLUTION 302 ADOPTED.

RESOLVED, That our American Medical Association advocate for federal and state legislation or regulations to oppose any extraordinary compensation for clinical clerkship sites by medical schools or other clinical programs that would result in displacement or otherwise limit the training opportunities of United States LCME/COCA students in clinical rotations.

AMA RESOLUTION 303 – INVESTIGATING ADVERSE HEALTH OUTCOMES RELATING TO CHRONIC GRADUATE MEDICAL EDUCATION FUNDING SHORTAGES

HOD ACTION: AMA POLICY D-305.967 REAFFIRMED IN LIEU OF AMA RESOLUTION 303.

RESOLVED, That our AMA encourage appropriate stakeholder organizations to study and quantify the public health impacts of cuts to graduate medical education funding sources, including, but not limited to, the effects on the physician shortage, spending on public health initiatives, and availability and quality of care.

AMA RESOLUTION 304 – LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PATIENT-SPECIFIC TRAINING FOR HEALTHCARE PROVIDERS

HOD ACTION: AMA POLICIES H-295.878 AMD H-160.991 REAFFIRMED IN LIEU OF AMA RESOLUTION 304.

RESOLVED, That our American Medical Association support the training of healthcare providers in cultural competency as well as in physical health needs for lesbian, gay, bisexual, and transgender patient populations.

AMA RESOLUTION 305 – MEDICAL STUDENT SUMMER RESEARCH COMPENSATION

HOD ACTION: AMA RESOLUTION 305 ADOPTED.

RESOLVED, That our American Medical Association amend H-460.982 by insertion and deletion as follows:

> (1) In its determination of personnel and training needs, major public and private research foundations, including the Institute of Medicine of the National Academy of Sciences, should consider the future research opportunities in the biomedical sciences as well as the marketplace demand for new researchers. (2) The number of physicians in research training programs should be increased by expanding research opportunities during medical school, through the use of short-term training grants and through the establishment of a cooperative network of research clerkships for students attending less research-intensive schools. ~~The number of physicians~~ Participation in research training programs should be increased by providing financial incentives for research centers, academic physicians, and medical students. (3) The current annual production of PhDs trained in the biomedical sciences should be maintained into the 1990s. (4) The numbers of nurses, dentists, and other health professionals in research training programs should be increased. (5) Members of the industrial community should increase their philanthropic financial support to the nation's biomedical research enterprise. Concentration of support on the training of young investigators should be a major thrust of increased funding. The pharmaceutical and medical device industries should increase substantially their intramural and extramural commitments to meeting postdoctoral training needs. A system of matching grants should be encouraged in which private industry would supplement the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration sponsored Career Development Awards, the National Research Service Awards and other sources of support. (6) Philanthropic foundations and voluntary health agencies should continue their work in the area of training and funding new investigators. Private foundations and other private organizations should increase their funding for clinical research faculty positions. (7) The National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration should modify the renewal grant application system by lengthening the funding period for grants that have received high priority scores through peer review. (8) The support of clinical research faculty from the National Institutes of Health Biomedical Research Support Grants (institutional grants) should be increased from its current one percent. (9) The academic medical center, which provides the multidisciplinary research environment for the basic and clinical research faculty, should be regarded as a vital medical resource and be assured adequate funding in recognition of the research costs incurred.

AMA RESOLUTION 306: PRELIMINARY YEAR PROGRAM PLACEMENT

> **HOD ACTION: AMA RESOLUTION 306 ADOPTED.**

RESOLVED, That the American Medical Association encourage the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, and other involved organizations to strongly encourage residency programs that now require a preliminary year to match residents for their specialty and then arrange with another department or another medical center for the preliminary year of training unless the applicant chooses to pursue preliminary year training separately.

AMA RESOLUTION 307 INCREASING ORGAN DONATION DISCUSSIONS THROUGH MEDICAL EDUCATION

HOD ACTION: AMA RESOLUTION 307 NOT ADOPTED.

RESOLVED, That our American Medical Association compile current materials into a comprehensive resource available for the development of a Continuing Medical Education course educating physicians on how to conduct organ donation discussions with patients; and be it further

RESOLVED, That our Americal Medical Association support the development of billing codes for physician-patient organ donation discussions.

AMA RESOLUTION 401 – REDUCTION OF ONLINE BULLYING

HOD ACTION: AMA RESOLUTION 401 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

REDUCTION OF ELECTRONIC AGGRESSION

RESOLVED, That our American Medical Association urge social networking platforms to adopt Terms of Service that define and prohibit electronic aggression, which may include any type of harassment or bullying, including but not limited to that occurring through e-mail, chat room, instant messaging, website (including blogs) or text messaging.

AMA RESOLUTION 404 – HELMET SAFETY

HOD ACTION: SUBSTITUTE RESOLUTION 404 ADOPTED.

RESOLVED, That our AMA amend Policy H-470.974 by substitution as follows:

> Athletic Helmets: 1. Our AMA urges the Consumer Product Safety Commission and other appropriate agencies and organizations to establish standards to ensure that athletic and recreational equipment produced or sold in the United States provide protection against head and facial injury. 2. Our AMA: (a) supports requiring the use of head and facial protection by children and adolescents while engaged in potentially dangerous athletic and recreational activities; (b) encourages the use of head and facial protection for adults while engaged in potentially dangerous athletic and recreational activities; (c) encourages physicians to educate their patients about the importance of head and facial protection while engaged in potentially dangerous athletic and recreational activities; and (d) encourages the availability of rental helmets at all commercial settings where potentially dangerous athletic and recreational activities take place.

AMA RESOLUTION 501 – 9/11 EARLY RESPONDER HEALTH COVERAGE

HOD ACTION: AMA RESOLUTION 501 ADOPTED WITH CHANGE IN TITLE.

STUDY OF CANCER INCIDENCE IN 9/11 RESPONDERS

RESOLVED, That our American Medical Association encourage further study of the association between post-September 11, 2001 World Trade Center attack exposure and cancer incidence.

AMA RESOLUTION 502 – REDUCED INCARCERATION AND IMPROVED TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS OR ILLICIT DRUG DEPENDENCE

> **HOD ACTION: HOD POLICY H-430.997 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTION 502.**

RESOLVED, That our American Medial Association amend Policy H-430.989 by insertion and deletion as follows:

> H-430.989 Disease Prevention and Health Promotion in Correctional Institutions: Our AMA urges state and local health departments to develop plans that would foster closer working relations between the criminal justice, medical, and public health systems toward 1. the prevention and control of HIV/AIDS, substance abuse, tuberculosis and hepatitis, 2. the management and treatment of psychiatric disorders such as drug dependence, and 3. a reduction in reincarceration rates related to drug abuse and psychiatric disorders. Some of these plans should have as their objectives: (a) an increase in collaborative efforts between parole officers, and drug treatment center staff and psychiatric care center staff in case management aimed at helping patients to continue in treatment and to remain drug free; (b) an increase in direct referral by correctional systems of parolees with a history of intravenous drug use to drug treatment centers; and (c) consideration by judicial authorities of assigning individuals to drug treatment programs, as well as inpatient or outpatient psychiatric treatment programs, as a sentence or in connection with sentencing.

AMA RESOLUTION 503 – PROMOTING PREVENTION OF FATAL OPIOID OVERDOSE

> **HOD ACTION: HOD POLICY D-95.987 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTION 503.**

RESOLVED, That our American Medical Association encourage the establishment of new pilot programs directed towards heroin overdose treatment with naloxone; and be it further

RESOLVED, That our American Medical Association encourage the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities.

AMA RESOLUTION 504 – REGULATIONS ON THE PATENTING OF ENDOGENOUS HUMAN DNA

> **HOD ACTION: HOD POLICY H-140.855 REAFFIRMED AS AMENDED IN LIEU OF AMA RESOLUTION 504.**

RESOLVED, That our American Medical Association oppose the patenting of endogenously occurring human DNA or RNA sequences, including specific alleles of such sequences found anywhere within the human population, or DNA and RNA products derived from these sequences.

AMA RESOLUTION 701 – EFFECT OF COMPUTERS IN THE EXAM ROOM ON PHYSICIAN-PATIENT COMMUNICATION

HOD ACTION: AMA RESOLUTION 701 REFERRED.

RESOLVED, That our AMA study the effect of electronic devices, including but not limited to computers and tablets, in the exam room on doctor-patient communication with an emphasis on alternatives and modifications that might improve the physician-patient relationship.

AMA RESOLUTION 702 – IMPROVED ADEQUACY OF TRANSLATION SERVICES IN HOSPITAL AND PHARMACY SETTINGS

HOD ACTION: AMA RESOLUTION 702 ADOPTED AS AMENDED.

RESOLVED, That our AMA amend Policy H-215.982 by deletion and insertion to read as follows:

> H-215.982 Interpretive Services ~~in Hospitals~~: Our AMA encourages hospitals and pharmacies that serve populations with a significant number of non-English speaking or hearing impaired patients to provide trained interpretive services.

;and be it further

RESOLVED, That Policy D-160.992 “Appropriate Reimbursement for Language Interpretive Services” be reaffirmed.

AMA RESOLUTION 703 – SUPPORT OF MULTILINGUAL ASSESSMENT TOOLS FOR MEDICAL PROFESSIONALS

HOD ACTION: AMA RESOLUTION 703 ADOPTED.

RESOLVED, That our AMA encourage the publication and validation of standard patient assessment tools in multiple languages.

AMA RESOLUTION 704 – PHYSICIAN LED QUALITY IMPROVEMENT PROJECTS

HOD ACTION: HOD POLICIES D-450.983, D-478.984 AND H-450.946 REAFFIRMED IN LIEU OF AMA RESOLUTION 704.

RESOLVED, That our AMA gather a repository of Quality Improvement Project (QIP) quality measures and financial benefits by identifying and contacting physician QIP leaders and inviting them to contribute their prior and ongoing data from QIP for analysis of QIP quality measures and financial benefits, for eventual review by other physicians to approximate how a similar project could benefit their own healthcare organization.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2012 INTERIM MEETING
HONOLULU, HAWAII

MSS RESOLUTION 1 –REDEFINING SATELLITE CAMPUS FOR THE PURPOSE OF DELEGATE ALLOCATION

MSS ACTION: MSS RESOLUTION 1 REFERRED FOR STUDY.

RESOLVED, That our AMA define “satellite campus” as an administrative campus separate from the central campus where a minimum of 20 members of the student body are assigned for a majority of their instruction, defined as greater than two academic years in a traditional four year curriculum.

MSS RESOLUTION 2 – RESOLUTION TO IMPROVE PARTICIPATION & INVOLVEMENT IN AMA

MSS ACTION: SUBSTITUTE MSS RESOLUTION 2 NOT ADOPTED.

RESOLVED, That use of existing conference software4 be expanded and utilized to broadcast meeting proceedings to members who are unable to attend; and be it further

RESOLVED, That members who are viewing remotely be enabled to submit questions and commentary on resolutions in real time as they are being discussed in the HOD; and be it further

RESOLVED, That authors from schools that are unable to attend the conference be permitted to submit audio/video testimony and respond to questions in real time via audio/video conferencing; and be it further

RESOLVED, That all chapters should submit votes electronically using a unique login code using existing e-voting software; and be it further

RESOLVED, That chapters be enabled to vote remotely if they demonstrate financial restrictions on attendance at the conference; and be it further

RESOLVED, That chapters voting remotely also be required to participate remotely in regional proceedings at national meetings, utilizing existing e-voting technology to participate in regional
elections.

MSS RESOLUTION 3 – IMPROVEMENTS TO RESIDENT DUTY HOUR REPORTING CONDITIONS

MSS ACTION: MSS RESOLUTION 3 NOT ADOPTED.

RESOLVED, That our AMA continue to encourage the Accreditation Council for Graduate Medical Education (ACGME) and other stakeholders to continue studying resident duty hour standards, with particular attention paid to factors related to under-reporting; and be it further,

RESOLVED, That our AMA work with the ACGME to develop penalties for duty hour violations that are a measured response to the nature and/or frequency of infractions and that avoids indirectly penalizing residents for reporting such violations.

MSS RESOLUTION 4 – PREVENTING DISCRIMINATION AGAINST PATIENTS BY MEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That the AMA oppose the refusal by medical students to treat patients on the basis of the patient's race, ethnicity, age, religion, ability, marital status, sexual orientation, sex, or gender identity.

MSS RESOLUTION 5 – INSURANCE EDUCATION FOR MEDICAL STUDENTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 5 ADOPTED.

RESOLVED, That our AMA work with the AAMC, AACOM, LCME, and COCA to encourage integration of medical educational curricula on insurance, especially pertaining to policy coverage, claim processes, reimbursement, basic private insurance packages, Medicare, and Medicaid, and the physician's role in obtaining affordable care for patients.

MSS RESOLUTION 6 – POLICY AND ADVOCACY ROTATIONS FOR MEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the recognition and incorporation of elective advocacy and health policy rotations and fellowships for medical students within the US medical curriculum;

RESOLVED, That our AMA work with state and specialty societies, the AAMC, AACOM, COCA, LCME, and other interested organizations to implement health advocacy rotations and fellowships, and develop a set of model guidelines and curricular goals to be used by state and specialty societies.

MSS RESOLUTION 7 – RETAINING PUBLIC SERVICE LOAN FORGIVENESS

MSS ACTION: MSS RESOLUTION 7 ADOPTED AS AMENDED.

RESOLVED, That our AMA oppose the reduction of medical student and physician benefits or the creation of more stringent requirements for qualification under Public Service Loan Forgiveness; and be it further

RESOLVED, That our AMA support the expansion and increase of medical student and physician benefits under Public Service Loan Forgiveness (PSLF).

MSS RESOLUTION 8 – DESIGNING A PROCESS IMPROVEMENT CURRICULUM FOR MEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 8 NOT ADOPTED.

RESOLVED, That our American Medical Association establish a task force to design a process improvement curriculum tailored to medical students, residents, and physicians; and be it further

RESOLVED, That our AMA fund its development into a free, optional online course for AMA members across the country.

MSS RESOLUTION 9 - IMPROVING CURRENT UNDERSTANDING OF MEDICAL SCHOOL GRADING SYSTEMS

MSS ACTION: MSS RESOLUTION 9 NOT ADOPTED.

RESOLVED, That our AMA-MSS conduct a study on the outcomes of tiered vs. Pass/Fail grading systems on student wellness, USMLE/COMLEX performance, residency match performance, and residency director impressions.

MSS RESOLUTION 10 – COLLABORATIVE EFFORT TO REDUCE FEDERAL LOAN INTEREST RATES

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED.

RESOLVED, That the AMA-MSS policy 305.052MSS be amended to read “(1) AMA-MSS supports actively lobbying for legislation aimed at establishing an affordable student loan structure with a variable interest rate capped at no more than 5.0%.” ; and be it further

RESOLVED, That the AMA-MSS and AMA work in collaboration with other health profession organizations to reduce the current fixed interest rate.

MSS RESOLUTION 11 – STUDYING THE EFFECT OF FINANCIAL DONATIONS ON MEDICAL SCHOOL ADMISSIONS

MSS ACTION: MSS RESOLUTION 12 NOT ADOPTED.

RESOLVED, That the AMA-MSS ask our AMA to study the effects of financial donations on medical school admissions and recommend either name-blind admissions or otherwise robust

guidelines towards eliminating undue influences on admissions committee decisions beyond the
individual merits of the applicant.

MSS RESOLUTION 12 – INCREASING PUBLIC SERVICE OPPORTUNITIES FOR SPECIALISTS

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That the AMA encourage the National Health Service Corps and other relevant stake holders to expand their scope and encourage the participation of specialists in order to ensure the provision of services in underserved communities; and be it further

RESOLVED, That we urge our AMA to work with state and federal governments, medical schools, the AAMC, and other relevant entities to encourage new loan forgiveness programs for specialists treating underserved patient populations; and be it further

RESOLVED, That our AMA urge states who opt-out of the ACA expansion of Medicaid to still comply with the increased reimbursement schedule for specialists treating Medicaid patients.

MSS RESOLUTION 13 – PRIVACY OF STUDENT ELECTRONIC MEDICAL RECORDS AT MEDICAL SCHOOL AFFILIATED HOSPITALS

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support added safeguards, such as audits or “break the glass” access, for medical student records when those records are placed in the same system used for patients at the school's affiliated hospitals.

MSS RESOLUTION 14 – PRESERVING THE ROLE OF PHYSICIANS AND PATIENTS IN THE EVOLUTION OF HEALTH INFORMATION TECHNOLOGY

MSS ACTION: MSS RESOLUTION 14 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS supports increasing the number of funded positions at all levels of graduate, medical, and allied health professional training in medical informatics to a level commensurate with current Health Information Technology (HIT) spending through mechanisms including, but not limited to, student research positions funded by National Institutes of Health (NIH) T and F programs

MSS RESOLUTION 15 – ACCOUNTING FOR SOCIOECONOMIC STATUS IN CLINICAL AND PUBLIC HEALTH RESEARCH

MSS ACTION: MSS RESOLUTION 15 ADOPTED AS AMENDED.

RESOLVED, That our AMA study the literature regarding the inclusion of Socioeconomic Status data in clinical and public health research so as to recommend future inclusion of

appropriate minimum standards in future research.

MSS RESOLUTION 16 – RE-APPRAISAL OF THE RELATIVE VALUE SCALE UPDATE COMMITTEE (RUC)

MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.

RESOLVED, That our AMA recommend the RUC explore ways to increase the transparency of RUC proceedings; and be it further

RESOLVED, That our AMA recommend that individual specialty societies consider term limits for their representatives on the RUC; and be it further

RESOLVED, That our AMA-MSS explore ways to reform the system of specialty representation to better reflect the proportion of practicing physicians and to address the disparities in primary care needs.

MSS RESOLUTION 17 – ASSISTED SUICIDE

MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS recognizes that situations may exist where it would be ethically acceptable for patients to choose to end their own lives; and be it further

RESOLVED, That our AMA-MSS rescind policy 140.006MSS “Suicide Assisting Devices”.

MSS RESOLUTION 18 – PERMITTING SUNSCREEN IN SCHOOLS

MSS ACTION: MSS RESOLUTION 18 ADOPTED.

RESOLVED, That our AMA-MSS ask the AMA to support the exemption of sunscreen from over-thecounter medication possession bans in schools and to encourage all schools to allow students to bring and possess sunscreen at school without restriction; and be it further

RESOLVED, That our AMA-MSS ask the AMA to encourage schools to allow teachers to provide students with sunscreen, without requiring the teacher to assist in application.

MSS RESOLUTION 19 – PROGRAMS TO COMBAT FOOD DESERTS

MSS ACTION: RESOLUTION 19 ADOPTED AS AMENDED.

RESOLVED, That the AMA amend policy D-150.978 by insertion and deletion as follows:

> "Our AMA: (1) supports practices and policies in medical schools, hospitals, and other health care facilities that support and model a healthy and ecologically sustainable food system, which provides food and beverages of naturally high nutritional quality; (2) encourages the development of a healthier food system through ~~the US Farm Bill~~tax incentive programs, community-level initiatives and ~~other~~ federal legislation; and (3) will consider working with other health care and public health organizations to educate the health care community and the public about the importance of healthy and ecologically sustainable food systems.

MSS RESOLUTION 20 – POVERTY SCREENING AS A CLINICAL TOOL FOR IMPROVING HEALTH OUTCOMES

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the development of standardized, validated questionnaires to screen for social and economic risk factors with high sensitivity and specificity; and be it further

RESOLVED, That our AMA encourage the use of questionnaires to screen for social and economic risk factors in order to improve care plans, and direct patients to appropriate resources.

MSS RESOLUTION 21 – INCREASED ADVOCACY FOR NEEDLE EXCHANGE PROGRAMS

MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.

RESOLVED, That the AMA amend policy H-95.958 by insertion as follows:

> The AMA: (1) encourages needle exchange programs and physicians to refer their patients to such programs; (2) will initiate and support legislation providing funding for needle exchange programs for injecting drug users; and (3) strongly encourages state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription and needle exchange program employees are protected from prosecution for disseminating syringes.

MSS RESOLUTION 22 – HOOKAH CAFES AND THE HAZARDS OF WATERPIPE SMOKING

MSS ACTION: MSS RESOLUTION 22 ADOPTED AS AMENDED.

RESOLVED, That the AMA-MSS ask the AMA to revise policies H-495.989, D-495.999, H-495.988, and H-490.914 to explicitly define "tobacco products" as "including but not limited to, cigarettes, smokeless tobacco, chewing tobacco, and hookah/waterpipe tobacco."

MSS RESOLUTION 23 – RECOMMENDING MODIFIED REGULATION ON DIRECT-TO-CONSUMER ADVERTISING OF DRUGS

MSS ACTION: AMA POLICY H-105.988 REAFFIRMED IN LIEU OF MSS RESOLUTION 23.

RESOLVED, That our AMA support modified regulation of direct-to-consumer advertising of drugs: (1) advertisements should include quantification of absolute risk or symptom reduction compared to placebo, alternative drugs and lifestyle changes, (2) adverse effect information should be provided in an independent, unaltered segment of the advertisement without background music or unrelated imagery.

MSS RESOLUTION 24 – INVESTIGATING THE POSSIBILITY OF A UNIFIED LIVING DONOR KIDNEY REGISTRY

MSS ACTION: MSS RESOLUTION 24 ADOPTED.

RESOLVED, That our AMA-MSS encourage the AMA to support the study of how to develop a unified, nationwide living kidney donor registry and advocate for public and private funding of such studies to reach the long term goal of establishing a unified registry.

MSS RESOLUTION 25 – PHYSICAL ACTIVITY AND NUTRITION IN SCHOOLS

MSS ACTION: MSS RESOLUTION 25 NOT ADOPTED.

RESOLVED, That our AMA work with federal and state medical societies to support legislation requiring nutrition and physical exercise classes in K-12 education as well as recess in elementary schools.

MSS RESOLUTION 26 – REIMBURSING PHYSICIANS FOR STRUCTURED PHYSICAL ACTIVITY CONSULTATIONS FOR DIABETIC AND PRE-DIABETIC PATIENTS

MSS ACTION: MSS RESOLUTION 26 NOT ADOPTED.

RESOLVED, That our AMA advocate the Centers for Medicare and Medicaid to create reimbursement provisions for physicians to engage in structured physical activity consultations, targeted at providing clarity on local and commercial programs, with clinically-evaluated diabetic and pre-diabetic patients.

MSS RESOLUTION 27 – CANNABIS AND THE REGULATORY VOID

MSS ACTION: SUBSTITUTE RESOLUTION 27 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS believes that, although cannabis is a mind-altering drug whose use may have unforeseen consequences; (1) federal and state governments should

abolish all criminal penalties relating to consumption or possession of cannabis; and (2) additional research should be encouraged.

MSS RESOLUTION 28 – ELIMINATING HEALTH CARE DISPARITIES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

MSS ACTION AMA POLICY H-165.855 AND H-290.982 REAFFIRMED IN LIEU OF MSS RESOLUTION 28.

RESOLVED, That the AMA-MSS support lowering Medicaid eligibility renewal requirements specifically for children with special needs.

MSS RESOLUTION 29 – MANDATING ORGAN DONATION EDUCATION IN DRIVER TRAINING PROGRAMS

MSS ACTION: SUBSTITUTE RESOLUTION 29 ADOPTED.

RESOLVED, That our AMA encourage all states to include organ and tissue donation education in pre-licensing and drivers training programs.

MSS RESOLUTION 30 – SUPPORT FOR MEDICAID REIMBURSEMENT OF NEONATAL MALE CIRCUMCISION

MSS ACTION: MSS RESOLUTION 30 ADOPTED.

RESOLVED, That our AMA will encourage state Medicaid reimbursement of neonatal male circumcision; and be it further

RESOLVED, That our AMA will update current policy to support the general principles of the revised 2012 Circumcision Policy Statement of the American Academy of Pediatrics, which reads “Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV.”

MSS LATE RESOLUTION 1 – REQUEST TO INTRODUCE GRADUATE MEDICAL EDUCATION AS ITS OWN LINE ITEM IN THE FEDERAL BUDGET

MSS ACTION: MSS LATE RESOLUTION 1 NOT ADOPTED.

RESOLVED, That the AMA petition the United States House of Representatives to remove Graduate Medical Education funding from the general fund of Medicare and introduce it as its own line-item in the federal budget; and be it further

RESOLVED, That this resolution be forwarded to the AMA HOD at A-13.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2012 INTERIM MEETING
HONOLULU, HAWAII

GOVERNING COUNCIL REPORT A - PRIORITIZATION PROCEDURES FOR 2012 INTERIM MEETING

MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AND THE REMAINDER OF THE REPORT FILED.

1. That the AMA-MSS consider the 30 submissions prioritized by the MSS Governing Council, Regional Delegates, and MSS Reference Committee, as reflected in the preliminary report of the Reference Committee, as the only resolutions to be considered by the Reference Committee and by the MSS Assembly for floor debate at the 2012 Interim Meeting.

2. That the MSS Governing Council create a task force to evaluate the pilot approach proposed for I-12, and research the policy-making procedures of the MSS Assembly, with clarification to the Internal Operating Procedures as appropriate, and recommend a process for future implementation to ensure proper and efficient consideration of the items of business of the MSS Assembly.

GOVERNING COUNCIL REPORT B – PRESERVING STATE RESIDENCY OPTIONS FOR MEDICAL SCHOOL APPLICANTS

MSS ACTION: GC REPORT B NOT ADOPTED.

GC Report B provided an informational report on how in-state tuition is recognized throughout US public medical schools.

GOVERNING COUNCIL REPORT C -– POLICY SUNSET REPORT FOR 2007 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS OF GC REPORT C ADOPTED AND THE REMAINDER OF THE REPORT FILED.

1. That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS.

2. That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

GOVERNING COUNCIL REPORT D – USMLE EXAM FEE BURDEN

MSS ACTION: GC REPORT D FILED.

Governing Council Report D provides information on GC efforts to obtain detailed financial breakdowns regarding the implementation of these exams, which were unsuccessful, as exam officials have explained that such information is not available for dissemination.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2012 INTERIM MEETING
HONOLULU, HAWAII

AMA RESOLUTION 201 – ANTITRUST EXEMPTION FOR HEALTH INSURANCE COMPANIES

HOD ACTION: AMA RESOLUTION 201 REFERRED FOR DECISION.

RESOLVED, That our AMA urge federal authorities to oppose antitrust exemption status for health insurance companies.

AMA RESOLUTION 801 – PRESCRIPTION REFILL SCHEDULE

HOD ACTION: AMA RESOLUTION 801 ADOPTED.

RESOLVED, That the AMA encourage relevant organizations, including but not limited to insurance companies and professional pharmacy organizations, to develop a plan to implement prescription refill schedule strategies so that patients requiring multiple prescription medications may reduce the travel barriers for prescription acquisition.

AMA RESOLUTION 802 – USE OF INTEGRATED ELECTRONIC PATIENT CARE REPORTS FOR PREHOSPITAL PROVIDERS

HOD ACTION: AMA RESOLUTION 802 REFERRED FOR STUDY.

that our AMA support legislation incentivizing the comprehensive use of electronic patient care reports by EMTs and paramedics for better cross communication and to standardize the flow of information to and from the hospital.

AMA RESOLUTION 901 – COMPREHENSIVE EVIDENCE-BASED DRUG TREATMENT IN PRISONS

HOD ACTION: HOD POLICIES H-430.994 AND H-430.997 REAFFIRMED IN LIEU OF AMA RESOLUTION 901.

RESOLVED, That our AMA work with appropriate specialty societies to develop and promote legislative and policy initiatives that expand comprehensive evidence-based substance abuse treatment in federal, state and local prisons and jails.

AMA RESOLUTION 902 – ELIMINATING USE OF LEGACY IN MEDICAL SCHOOL ADMISSIONS

HOD ACTION: AMA RESOLUTION 902 NOT ADOPTED.

RESOLVED, That our AMA oppose the use of legacy status in medical school admissions and support mechanisms to eliminate its inclusion from the application process, such as by encouraging the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, and the Liaison Committee on Medical Education to encourage schools to remove any questions on secondary applications pertaining to legacy status.

AMA RESOLUTION 903 – EXPANDING CLERKSHIP SITE ACCESS TO INCLUDE US MEDICAL SCHOOLS UNDERGOING ACCREDITATION

HOD ACTION: AMA RESOLUTION 903 ADOPTED AS AMENDED.

RESOLVED, That AMA policy D-295.320 be amended by insertion as follows:

> D-295.320 Factors Affecting the Availability of Clinical Training Sites for Medical Student Education
> 1. Our American Medical Association will work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medical Education to encourage local and state governments and the federal government, as well as private sector philanthropies, to provide additional funding to support infrastructure and faculty development for medical school expansion. 2. Our AMA will encourage medical schools and the rest of the medical community within states or geographic regions to engage in collaborative planning to create additional clinical education resources for their students. 3. Our AMA will support the expansion of medical education programs only when educational program quality, including access to appropriate clinical teaching resources, can be assured. 4. Our AMA will advocate for regulations that would ensure clinical clerkship slots be given first to students of US medical schools that are Liaison Committee on Medical Education- or Commission on Osteopathic College Accreditation-approved, or schools currently given preliminary accreditation status, provisional accreditation status, or equivalent, from either of the above bodies.

;and be it further

RESOLVED, That the AMA study the issue of limiting international medical student clerkship rotations to a maximum of 12 weeks, with a report back to the House of Delegates

AMA RESOLUTION 904 – IMPROVED AND STANDARDIZED INSTRUCTIONS FOR DRUG LABELS

HOD ACTION: AMA SUBSTITUTE RESOLUTION 104 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

IMPROVED PRESCRIPTION CONTAINER LABELING

RESOLVED, That our AMA encourage state Boards of Pharmacy to adopt the newly revised standards contained in the United States Pharmacopeia general chapter on prescription container labeling, which offers specific guidance on how prescription labels should be organized in a patient-centered manner. (Directive to Take Action)

AMA RESOLUTION 905 – INCLUSION OF FOLIC ACID SUPPLEMENTS IN NUTRITIONAL ASSISTANCE PROGRAMS

HOD ACTION: AMA RESOLUTION 905 REFERRED FOR STUDY.

RESOLVED, That our AMA support the addition of folic acid supplements in the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs; and be it further

RESOLVED, That our AMA work with United States Department of Agriculture and other appropriate organizations to encourage and procedurally facilitate the implementation of folic acid supplements in the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs.

AMA RESOLUTION 906 – INCREASED ADVOCACY FOR HEPATITIS C VIRUS EDUCATION, PREVENTION, SCREENING AND TREATMENT

HOD ACTION: AMA RESOLUTION 906 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with recent Centers for Disease Control recommendations; and be it further

RESOLVED, That our AMA encourage the Centers for Disease Control and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts.

AMA RESOLUTION 907 – PSYCHIATRIC DISEASES AMONG ETHNIC-MINORITY AND IMMIGRANT POPULATIONS

HOD ACTION: HOD POLICIES H-425.987, H-185.954 AND H-165.840 REAFFIRMED IN LIEU OF AMA RESOLUTION 107.

RESOLVED, That our AMA encourage the National Institutes for Mental Health (NIMH) and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.

AMA RESOLUTION 908 – INCREASING THE SCHOOL NURSE TO STUDENT RATIO

HOD ACTION: AMA POLICY H-60.991 REAFFIRMED IN LIEU OF AMA RESOLUTION 908

RESOLVED, That our AMA encourage state medical societies and organizations, such as the National Association of School Nurses and other stakeholders, to advocate at all levels for adequate funding of school nurse positions; and be it further

RESOLVED, That our AMA encourage public schools, private schools, and other relevant organizations to employ school nurses in a manner that complies with CDC recommended nurse-to-student ratios.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2013 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 - NATIONAL INSTITUTES OF HEALTH AND NATIONAL SCIENCE FOUNDATION FUNDING AFTER SEQUESTRATION

MSS ACTION: AMA POLICY H-460.926 REAFFIRMED IN LIEU OF MSS RESOLUTION 1.

RESOLVED, That our AMA support an increase in National Institutes of Health (NIH) and National Science Foundation (NSF) funding for medical research to counteract sequestration funding cuts and work with Congress to protect and support NIH and NSF funding for medical research; and be it further

RESOLVED, That this resolution be forwarded immediately to the House of Delegates at A-13.

MSS RESOLUTION 2 - GUN SAFETY COUNSELING IN UNDERGRADUATE AND GRADUATE MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate for the inclusion of strategies for counseling patients on safe gun storage and use in undergraduate medical education; and be it further

RESOLVED, That our AMA-MSS advocate to reaffirm AMA Policy H-145.976, which prohibits any limitations on physicians having the ability to discuss firearms with patients. However, we also advocate that our AMA add additional language prohibiting any such limitations on medical students; and be it further

RESOLVED, That our AMA advocate that the Association of American Medical Colleges, Agency for Health, Research and Quality, and other relevant professional medical societies develop gun safety counseling modules to be used in undergraduate medical education.

MSS RESOLUTION 3 - USMLE STEPS 1, 2, AND 3 TIME LIMIT EXTENSIONS FOR JOINT DEGREE MD CANDIDATES

MSS ACTION: MSS RESOLUTION 3 NOT ADOPTED.

RESOLVED, That our AMA urge the NBME to recommend exceptions to 7 year time limit for completing USMLE exams be given to all students pursuing a MD/PhD or DO/PhD, regardless of their field of training; and be it further

RESOLVED, That our AMA work with the FSMB to extend the exceptions to the 7 year time limit to all MD/PhD and DO/PhD trainees in all states regardless of their field of training.

MSS RESOLUTION 4 - INCORPORATING BEHAVIORAL COMPETENCIES INTO ADMISSIONS FOR SCHOOLS RECEIVING AMA MEDICAL EDUCATION GRANTS

MSS ACTION: RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the incorporation of admissions practices that objectively evaluate applicants' behavioral competencies into future AMA medical education funding initiatives.

MSS RESOLUTION 5 – SUSTAINABLE FINANCING OF GRADUATE MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support our AMA, with consultation of interested stakeholders, developing a comprehensive framework for a sustainable graduate medical education financing plan that addresses the physician workforce shortage and could be implemented at both the state and federal levels; and be it further

RESOLVED, That our AMA-MSS support our AMA advocating for pilot projects supported through state and/or federal funding in medically under-served areas that foster resident training programs, and offer loan repayment as a means to address the physician workforce shortage; and be it further

RESOLVED, That our AMA-MSS support our AMA working with our state medical societies for the drafting and implementation of model legislation to enact a comprehensive plan for graduate medical education reform once such a plan is developed.

MSS RESOLUTION 6 - STANDARDIZATION OF MEDICAL ETHICS CORE COMPETENCIES FOR UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED.

RESOLVED, That our AMA and AMA-MSS recognize the importance of addressing the disparity between current outcomes and the ideal status of undergraduate medical education in bioethics and humanities; and be it further

RESOLVED, That our AMA, in partnership with appropriate AMA-MSS bodies, leverage its internal resources and its relationships with professional society stakeholders to create suggested guidelines for undergraduate medical education of bioethics and humanities guided by LCME requirements and the ASBH Task Force; and be it further

RESOLVED That our AMA advocate for the national adoption of a set of suggested guidelines for undergraduate medical education in bioethics and humanities by allopathic and osteopathic medical schools.

MSS RESOLUTION 7 – ELIMINATE STEP 2 CLINICAL SKILLS EXAM

MSS ACTION: SUBSTITUTE MSS RESOLUTION 7 ADOPTED WITH CHANGE IN TITLE.

EVALUATION OF STANDARDIZED CLINICAL SKILLS EXAMS

RESOLVED, That our AMA evaluate the benefits and consequences of the implementation of standardized clinical exams as a step for licensure and provide recommendations based on these findings; and be it further

RESOLVED, That our AMA evaluate the consequences of the January 2013 changes to the USMLE Step II Clinical Skills exam and their implications for US medical students.

MSS RESOLUTION 8 – OUTCOMES TRANSPARENCY TO FACILITATE QUALITY IMPROVEMENT AND PATIENT SAFETY

MSS ACTION: MSS RESOLUTION 8 REFERRED FOR STUDY.

RESOLVED, That our AMA publically advocate for a culture of meaningful and accurate outcomes transparency among health care organizations to facilitate improvements in patient care and safety; and be it further

RESOLVED, That our AMA encourage outcomes transparency in accountable care organizations and delivery systems to stimulate more informed patient and physician decision-making, as well as quality improvement initiatives; and be it further

RESOLVED, That our AMA commission a task force to evaluate the challenges and implications of outcomes transparency among health care organizations, including the need for proper risk and geographic adjustments to data reporting.

MSS RESOLUTION 9 – HEALTH INSURANCE EXCHANGES AND MEDICAID REFORMING DISINCENTIVES

MSS ACTION: MSS RESOLUTION 9 NOT ADOPTED.

RESOLVED, That our AMA advocate with state medical associations to actively structure state Health Insurance Exchanges, including currently available Medicaid programs, to remove financial disincentives that dissuade beneficiaries from seeking gainful employment; and be it further

RESOLVED, That our AMA advocate with state medical associations for a study regarding a patient's net financial gain or loss through movement between tiers within their state Health Insurance Exchanges.

MSS RESOLUTION 10 - OPHTHALMIC PEDIATRIC TESTING INITIATIVE FOR CONTINUING SUCCESS

MSS ACTION: MSS RESOLUTION 10 NOT ADOPTED.

RESOLVED, That the AMA encourages the development of a defined, uniform vision screening guideline for conditions including, but not limited to, amblyopia, retinoblastoma, strabismus, and poor vision, agreed upon by the following professional pediatric care organizations: American Academy of Ophthalmology, American Academy of Pediatrics, and American Academy of Family Physicians (who currently follows the United States Preventative Services Task Force recommendations); and be it further

RESOLVED, That the AMA supports legislation that vision screening be added to the immunization card or immunization databases to provide proof of test before a child's entry into public elementary schools, OR a visual screening exam be performed during kindergarten at schools to identify students who may need further treatment; and be it further

RESOLVED, That the AMA encourage further research by appropriate third party organizations to determine the most cost effective and nationally applicable method for screening preschool aged children.

MSS RESOLUTION 11 - PRIVACY ISSUES FOR MINORS REGARDING INSURANCE COMPANY EXPLANATIONS OF BENEFITS

MSS ACTION: SUBSTITUTE RESOLUTION 11 ADOPTED.

RESOLVED, That our AMA advocate for maintaining privacy regarding the doctor patient relationship for adults and dependents who are insured through their spouse, parent, or guardian, respectively; and be it further

RESOLVED, That our AMA advocate against allowing insurance companies to send Explanations of Benefits containing sensitive medical information regarding both adults and dependents to anyone other than the patient or their health care provider; and be it further

RESOLVED, That our AMA advocate that Explanations of Benefits be made available only if an insurance claim has been denied, and in this case for the information to be sent directly to the (adult or dependent) patient, who may then choose to discuss it with their physician or share it with their spouse, parent, or guardian.

MSS RESOLUTION 12 - ENABLING A CONTIGUOUS, NATIONAL ELECTRONIC HEALTH RECORD NETWORK

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support collaboration with appropriate federal government agencies and industry partners to develop and promote legislative and policy initiatives that require the interoperability of independent healthcare systems such that electronic health records data be entirely transferable; and be it further

RESOLVED, That our AMA study private and public sector initiatives regarding efforts to establish a nationwide health information network and other relevant interoperability initiatives.

MSS RESOLUTION 13 – PUBLIC REPORTING OF PHYSICIAN OUTCOMES

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support that all programs that publicly report physician outcomes consider a petition process that allows healthcare providers to request exceptions for extreme risk unaccounted for by risk adjustment, and procedures performed for palliative purposes.

MSS RESOLUTION 14 - PROMOTING CELIAC DISEASE SCREENING USAGE AND STANDARDS

MSS ACTION: MSS RESOLUTION 14 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS recognize undiagnosed celiac disease as a public health problem; and be it further

RESOLVED, That our AMA-MSS support the formal establishment of evidence-based celiac disease screening recommendations and high-risk population definitions for general and pediatric populations by appropriate stakeholders.

MSS RESOLUTION 15 – USE OF INDIVIDUALIZED VIOLENCE RISK ASSESSMENTS IN REPORTING OF MENTAL HEALTH PROFESSIONALS FOR FIREARM BACKGROUND CHECKS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 15 ADOPTED WITH CHANGE IN TITLE.

USE OF INDIVIDUALIZED VIOLENCE RISK ASSESSMENTS FOR FIREARM BACKGROUND CHECKS

RESOLVED, That our AMA-MSS encourage mental health professionals to use individualized violence risk assessments, rather than categorical exclusion criteria, in reports to state or federal authorities for firearm backgrounds checks.

MSS RESOLUTION 16 – READABILITY OF PATIENT MATERIALS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 16 ADOPTED.

RESOLVED, That our AMA-MSS support health literacy such that patient education materials should be written at a level understandable by the patient population.

MSS RESOLUTION 17 - THE NEXT TRANSFORMATIVE PROJECT: IN SUPPORT OF THE BRAIN INITIATIVE

MSS ACTION: RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the scientific and medical objectives of the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative of mapping the human brain to better understand normal and disease process; and be it further

RESOLVED, That our AMA encourage appropriate scientific, medical and governmental organizations to participate in and support advancement in understanding the human brain in conjunction with the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative; and be it further

RESOLVED, That our AMA evaluate the role of our organization in ensuring the proper execution of the BRAIN initiative; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates.

MSS RESOLUTION 18 – STRENGTHENING OUR GUN POLICIES ON BACKGROUND CHECKS AND THE MENTALLY ILL

MSS ACTION: MSS RESOLUTION 18 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support strengthening of the National Instant Criminal Background Check System (NICS) and encourage states to mandate reporting patients with mental illnesses who pose a risk to themselves or others so that their gun licenses can be suspended and their firearms removed until they are deemed fit; and be it further

RESOLVED, That our AMA-MSS encourage the use of smart gun technology on all firearms so that only the lawful owner can discharge a weapon; and be it further

RESOLVED, That our AMA-MSS support universal background checks for people buying guns through any medium.

MSS RESOLUTION 19 - SUPPORT FOR NONADDICTIVE NICOTINE CONTENT LEVELS IN CIGARETTES

MSS ACTION: AMA POLICY H-495.988 REAFFIRMED IN LIEU OF MSS RESOLUTION 19.

RESOLVED, That our AMA, in line with scientific evidence and popular support, advocate that the FDA mandate nicotine content in cigarettes be at nonaddictive levels.

MSS RESOLUTION 20 – ATHLETE CONCUSSION MANAGEMENT AND CHRONIC TRAUMATIC ENCEPHALOPATHY PREVENTION

MSS ACTION: SUBSTITUTE MSS RESOLUTION 20 ADOPTED.

RESOLVED, That our AMA support collegiate and professional athletic organizations adopting

evidence- based guidelines for the evaluation and management of concussions; and be it further

RESOLVED, That our AMA encourage further research in the diagnosis, treatment, and prevention of chronic traumatic encephalopathy.

MSS RESOLUTION 21 - ALLERGEN LABELING INITIATIVE FOR VENDORS AND ESTABLISHMENTS

MSS ACTION: MSS RESOLUTION 21 NOT ADOPTED.

RESOLVED, That our AMA encourage food vendors, including restaurants and catering companies, label all prepared foods that contain one of the eight major food allergens in a similar manner as that stated in the FALCPA to prevent food induced allergic reactions and anaphylaxis; and be it further

RESOLVED, That our AMA support legislation that requires food vendors to label all prepared foods that contain one of the eight major food allergens to prevent food-induced allergic reactions and anaphylaxis.

MSS RESOLUTION 22 – REDEFINING AND ENFORCING MEDICAL NEUTRALITY

MSS ACTION: SUBSTITUTE MSS RESOLUTION 22 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

REGULATIONS IN TIMES OF ARMED CONFLICT

RESOLVED, That our AMA endorse the World Medical Association's "Regulation in Times of Armed Conflict" as policy on the topic of medical neutrality; and be it further

RESOLVED, That our AMA advocate that the United States use its voice in international affairs to protect medical neutrality.

MSS RESOLUTION 23 – SUPPORT FOR EVIDENCE-BASED EARLY CHILDHOOD HOME VISITATION PROGRAMS

MSS ACTION: AMA POLICY D-60.988 REAFFIRMED IN LIEU OF MSS RESOLUTION 23.

RESOLVED, That our AMA advocate Congress to expand access to evidence-based, early childhood home visitation programs.

MSS RESOLUTION 24 – OPT-OUT ORGAN DONATION

MSS ACTION: MSS RESOLUTION 24 TABLED.

RESOLVED, That, on the basis of new evidence, our AMA Council on Ethical and Judicial

Affairs re-examine the possibility of supporting opt-out organ donation in lieu of current opt-in policies.

MSS RESOLUTION 25 – BANNING SMOKING WHILE DRIVING IN VEHICLES IN WHICH MINORS ARE PRESENT

MSS ACTION: MSS RESOLUTION 25 ADOPTED AS AMENDED.

RESOLVED, That our AMA support legislation that prohibits smoking while operating or riding in a vehicle that contains children.

MSS RESOLUTION 26 - PREVENTING VIOLENT INTENT TRAUMA RECIDIVISM

MSS ACTION: MSS RESOLUTION 26 TABLED.

RESOLVED, That our American Medical Association lobby against and oppose any limitations on the unbiased study of, or public funding for, any trauma and injury research including but not limited to investigations of trauma-related weaponry; and be it further

RESOLVED, That our American Medical Association lobby the federal government to make funds from the National Institutes of Health available to state designated trauma centers for financing, studying and implementing community tailored pilot trauma recidivism prevention programs; and be it further

RESOLVED, That our American Medical Association advocate for legislation requiring state designated trauma centers make an attempt to uniformly identify individuals, whenever possible, who enter a trauma center with the risk factors of illicit drug use, known prior trauma admission, drug related criminal activity, alcohol use at the time of admission or known psychiatric conditions and provide them with community tailored necessary social services, mentoring, trauma-trained case worker(s), identification of community resources and counseling related to their risk factors prior to discharge.

MSS RESOLUTION 27 – STRONGLY ADVOCATE FOR RESTORED FEDERAL FUNDING FOR INDIAN HEALTH SERVICES

MSS ACTION: MSS RESOLUTION 27 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS supports increased federal funding for Indian Health Services programs that directly influence medical student education opportunities; and be it further

RESOLVED, That our AMA-MSS support AMA advocacy that all of the facilities that serve American Indian and Alaska Native populations under the Indian Health Service be adequately funded to fulfill their mission and their obligations to patients and providers; and be it further

RESOLVED, That our AMA partner with recognized American Indian health advocacy organizations like the National Indian Health Board, the National Congress of American Indians, and the Association of American Indian Physicians, among other interested parties, to advocate for increased funding for Indian Health Services in Congress.

LATE RESOLUTION 2 - TRAINING IN REPRODUCTIVE HEALTH TOPICS AS A REQUIREMENT FORACCREDITATION OF FAMILY MEDICINE RESIDENCIES

MSS ACTION: LATE RESOLUTION 2 ADOPTED.

RESOLVED, That our AMA-MSS support our AMA in working with the Accreditation Council for Graduate Medical Education to protect patient access by advocating for preservation of accreditation requirements for family medicine residencies in reproductive health topics, including contraceptive counseling, family planning, and counseling for unintended pregnancy.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2013 ANNUAL MEETING
CHICAGO, ILLINOIS

GOVERNING COUNCIL REPORT A – POLICY-MAKING PROCEDURES

MSS ACTION: GOVERNING COUNCIL REPORT A RECOMMENDATIONS ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

1. That, a minimum of 90 days before the start of a national MSS meeting, the MSS Delegate and Alternate Delegate, with input from other members of the MSS caucus to the AMA House of Delegates, release a list of several suggested resolution topics based on perceived gaps in the MSS Digest of Actions.
2. That a list of all GC Action Items received during the period between MSS national meetings will be included in the Meeting Handbook as official MSS Actions. Additionally, the MSS should create an opportunity for the Governing Council to discuss GC Action Item implementation status with interested students.
3. That Reference Committees be encouraged to recommend GC Action Items in future report reasoning.
4. That the MSS Internal Operating Procedures be amended in order to eliminate the advocacy-only rule.
5. That all authored resolutions are submitted to the region of the resolution's primary author for rough draft scoring using the MSS Scoring Rubric. Following the draft submission deadline, regional delegates and alternate delegates will be assigned specific resolutions, for which they score and subsequently contact the particular resolution's author to offer feedback and suggestions prior to the MSS final resolution deadline.
6. That the MSS Internal Operating Procedure be revised to require resolutions to be submitted 50 days prior to the start of an Annual or Interim Meeting.
7. That all resolutions submitted for MSS consideration by the resolution deadline will be scored blindly by the MSS House Coordinating Committee and the Regional and Alternate Delegates from the 6 regions where the primary author's school is not located, with each resolution's average ranking subsequently being released to the author.
8. That our MSS will release detailed resolution formatting rules and an easy to use template for resolution drafting, available on the MSS Resolution Resources page. Resolutions not meeting the formatting guidelines will be returned to the submitting author and not be accepted until properly formatted within the established deadlines.
9. That the MSS Internal Operating Procedures be revised to require that all resolutions recommended for reaffirmation by the MSS Reference Committee will require 1/3 of all present delegates to vote for its extraction from the Final Reference Committee report.

GOVERNING COUNCIL REPORT B – PRESERVING STATE RESIDENCY OPTIONS FOR MEDICAL SCHOOL APPLICANTS

MSS ACTION: GOVERNING COUNCIL REPORT B FILED.

GC Report B provides the results of an evaluation and survey on state residency requirements for medical schools throughout the country.

COMMITTEE ON LONG RANGE PLANNING REPORT A – 2013-2016 AMA-MSS OPERATIONAL PLAN

MSS ACTION: COMMITTEE ON LONG RANGE PLANNING REPORT A ADOPTED.

1. That our MSS make the 2013-16 Operational Plan available on the AMA Web site.
2. That our MSS seek a new three-year Operational Plan for the 2016-2019 period, with report back to the AMA-MSS Assembly at A-16.

COMMITTEE ON LONG RANGE PLANNING REPORT B – BIENNIAL REVIEW OF ORGANIZATIONS SEATED IN THE AMA-MSS ASSEMBLY

MSS ACTION: COMMITTEE ON LONG RANGE PLANNING REPORT B FILED.

COLRP Report B reviews the representational status of each specialty society, professional interest group, and medical student organization seated in the MSS Assembly in order to verify that they each meet the organizational requirements for full representational status.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2013 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 1 – DISCRIMINATION AGAINST PATIENTS BY MEDICAL STUDENTS

HOD ACTION: RESOLUTION 1 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association oppose the refusal by medical students to participate in the care of patients on the basis of the patient's race, ethnicity, age, religion, ability, marital status, sexual orientation, sex, or gender identity.

AMA RESOLUTION 2 – INVESTIGATING THE POSSIBILITY FOR A UNIFIED LIVING DONOR KIDNEY REGISTRY

HOD ACTION: RESOLUTION 2 REFERRED FOR DECISION.

RESOLVED, That our American Medical Association support the study of developing a unified, nationwide living kidney donor registry and to advocate for public and private funding of such studies to reach the long term goal of establishing a unified registry.

AMA RESOLUTION 3 – ORGAN DONATION EDUCATION IN DRIVER TRAINING PROGRAMS

HOD ACTION: AMA Policy H-370.984 adopted as amended in lieu of Resolution 3.

H-370.984 Organ Donation Education
Our AMA encourages all states and local organ procurement organizations to provide educational materials to driver education and safety classes.

AMA RESOLUTION 201 – SUPPLEMENTAL NUTRITION PROGRAM ASSISTANCE

HOD ACTION: AMA POLICIES D-150.983, D-150.987, D-150.981, H-150.937, H-150.933, H-150.944, H-150.953, H-150.960, H-440.902 AND D-440.954 REAFFIRMED IN LIEU OF RESOLUTION 201.

AMA RESOLUTION 202 - INCREASING PUBLIC SERVICES OPPORTUNITIES FOR SPECIALISTS

HOD ACTION: AMA POLICIES D-200.978, D-200.980, D-200.982, D-200.985, H-200.954, D-305.960, D-305.973, D-305.975, D-305.979, D-305.993 AND H-305.928 REAFFIRMED IN LEIU OF RESOLUTION 202.

AMA RESOLUTION 203 – NEEDLE EXCHANGE PROGRAMS

HOD ACTION: RESOLUTION 203 ADOPTED.

RESOLVED, That our AMA amend policy H-95.958 by insertion and deletion as follows:

> The AMA: (1) encourages needle exchange programs and physicians to refer their patients to such programs; (2) will initiate and support legislation ~~revoking the 1988 federal ban on~~ providing funding for needle exchange programs for injecting drug users; and (3) strongly encourages state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription and needle exchange program employees are protected from prosecution for disseminating syringes.

AMA RESOLUTION 204 – PROGRAMS TO COMBAT FOOD DESERTS

HOD ACTION: RESOLUTION 204 ADOPTED.

RESOLVED, That our AMA amend policy D-150.978 by insertion and deletion as follows:

> "Our AMA: (1) supports practices and policies in medical schools, hospitals, and other health care facilities that support and model a healthy and ecologically sustainable food system, which provides food and beverages of naturally high nutritional quality; (2) encourages the development of a healthier food system through ~~the US Farm Bill~~ tax incentive programs, community-level initiatives and ~~other~~ federal legislation; and (3) will consider working with other health care and public health organizations to educate the health care community and the public about the importance of healthy and ecologically sustainable food systems.

AMA RESOLUTION 301 - POLICY AND ADVOCACY ROTATIONS FOR MEDICAL STUDENTS

AMA RESOLUTION 303 - INSURANCE EDUCATION FOR MEDICAL STUDENTS

HOD ACTION: SUBSTITUTE RESOLUTION 301 ADOPTED IN LIEU OF RESOLUTIONS 301, 303, AND 313

SYSTEMS BASED EDUCATION FOR MEDICAL STUDENTS AND RESIDENT/FELLOW PHYSICIANS

RESOLVED, That our American Medical Association support the availability of educational resources and elective rotations for medical students and resident/fellow physicians on all aspects of systems-based practice, to improve awareness of and responsiveness to the larger context and system of health care and to aid in developing 6 our next generation of physician leaders; and be it further

RESOLVED, That our AMA encourage development of model guidelines and curricular goals for elective courses and rotations and fellowships in systems-based practice, to be used by state and specialty societies, and explore developing an educational module on this topic as part of its Introduction to the Practice of Medicine (IPM) product; and be it further

RESOLVED, That our AMA request that undergraduate and graduate medical education accrediting bodies consider incorporation into their requirements for systems-based practice education such topics as health care policy and patient care advocacy; insurance, especially pertaining to policy coverage, claim processes, reimbursement, basic private insurance packages, Medicare, and Medicaid; the physician's role in obtaining affordable care for patients; cost awareness and risk benefit analysis in patient care; inter-professional teamwork in a physician-led team to enhance patient safety and improve patient care quality; and identification of system errors and implementation of potential systems solutions for enhanced patient safety and improved patient outcomes

AMA RESOLUTION 302 – COLLABORATIVE EFFORT TO REDUCE FEDERAL LOAN INTEREST RATES

HOD ACTION: RESOLUTION 302 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association work in collaboration with other health profession organizations to reduce advocate for a reduction of the current fixed interest rate of the Stafford student loan program.

AMA RESOLUTION 304 – RETAINING PUBLIC SERVICE LOAN FORGIVENESS

HOD ACTION: RESOLUTION 304 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the expansion and increase of medical student and physician benefits under Public Service Loan Forgiveness.

AMA RESOLUTION 402 - CLARIFYING AMA TOBACCO POLICIES

HOD ACTION: RESOLUTION 402 ADOPTED.

RESOLVED, That our AMA revise policies H-495.989, D-495.999, H-495.988, and H-490.914 to explicitly define "tobacco products" as "including but not limited to, cigarettes, smokeless tobacco, chewing tobacco, and hookah/waterpipe tobacco."

AMA RESOLUTION 403 – PERMITTING SUNSCREEN IN SCHOOLS

HOD ACTION: RESOLUTION 403 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support the exemption of sunscreen from over-the-counter medication possession bans in schools and encourage all schools to allow students to bring and possess sunscreen at school without restriction and without requiring physician authorization.

AMA RESOLUTION 404 - POVERTY SCREENING AS A CLINICAL TOOL FOR IMPROVING HEALTH OUTCOMES

HOD ACTION: RESOLUTION 404 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage screening for social and economic risk factors in order to improve care plans, and direct patients to appropriate resources.

AMA RESOLUTION 502 – ACCOUNTING FOR SOCIOECONOMIC STATUS IN CLINICAL AND PUBLIC HEALTH RESEARCH

HOD ACTION: RESOLUTION 503 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association encourage study of the inclusion of Socioeconomic Status (SES) data in clinical and public health research so as to identify appropriate minimum standards for the inclusion of such data in research studies.

AMA RESOLUTION 503 – SUPPORT FOR MEDICAID REIMBUSEMENT OF NEONATAL MALE CIRCUMCISION

HOD ACTION: RESOLUTION 503 ADOPTED.

RESOLVED, That our AMA encourage state Medicaid reimbursement of neonatal male circumcision; and be it further

RESOLVED, That our AMA amend policy H-60.945 by insertion and deletion as follows:

> Our AMA: (1) encourages training programs for pediatricians, obstetricians, and family physicians to incorporate information on the use of local pain control techniques for neonatal circumcision; (2) supports the general principles of the ~~1999~~ 2012 Circumcision Policy Statement of the American Academy of Pediatrics, which reads as follows: ~~"Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision. In circumstances in which there are potential benefits and risks, yet the procedure is not essential to the child's current well-being, parents should determine what is in the best interest of the child. To make an informed choice, parents of all male infants should be given accurate and unbiased information and be provided the opportunity to discuss this decision. If a decision for circumcision is made, procedural analgesia should be provided;"~~ "Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV." and (3) urges that as part of the informed consent discussion, the risks and benefits of pain control techniques for circumcision be thoroughly discussed to aid parents in making their decisions.

AMA RESOLUTION 522 – THE NEXT TRANSFORMATIVE PROJECT – IN SUPPORTOF THE BRAIN INITIATIVE

HOD ACTION: RESOLUTION 522 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the scientific and medical objectives of the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative of mapping the human brain to better understand normal and disease process; and be it further

RESOLVED, That our AMA encourage appropriate scientific, medical and governmental organizations to participate in and support advancement in understanding the human brain in conjunction with the BRAIN initiative.

AMA RESOLUTION 701 - IMPLEMENTATION AND FUNDING OF CHILDCARE SERVICES FOR PATIENTS

HOD ACTION: RESOLUTION 701 NOT ADOPTED.

RESOLVED, That our AMA encourage primary care and emergency department settings, where feasible, to offer inexpensive or free childcare services to patients.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2013 INTERIM MEETING
NATIONAL HARBOR, MARYLAND

MSS RESOLUTION 1 - OPT-OUT ORGAN DONATION

MSS ACTION: SUBSTITUTE MSS RESOLUTION 1 ADOPTED.

RESOLVED, That our AMA reexamine the ethical considerations of presumed consent and other potential models for increasing the United States organ donor pool.

MSS RESOLUTION 2 – PREVENTING VIOLENT INTENT TRAMA RECIDIVISM

MSS ACTION: AMA POLICIES H-145.975, H-515.979, AND D-515.993 REAFFIRMED IN LIEU OF MSS RESOLUTION 2.

RESOLVED, That our American Medical Association support making public funds available for financing, studying and implementing trauma recidivism prevention programs; and be it further

RESOLVED, That our American Medical Association encourage trauma centers to systematically identify individuals with literature-supported risk factors for repeat violence and provide them with community resources and counseling related to their risk factors prior to and after discharge; and be it further

RESOLVED, That the American Medical Association lobby against and oppose any limitations on the unbiased study of, or public funding for, any trauma and injury research including but not limited to investigations of trauma-related weaponry such as firearms.

MSS RESOLUTION 3 – MEDICAL STUDENT MISTREATMENT

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS formally support AMA Policies H-295.900, H-225.969, and H-295.955; and be it further

RESOLVED, That our AMA-MSS encourage medical schools to have procedures in place for students to report incidents of mistreatment without fear of retaliation and that instructions on how to report incidents should be explained to students at the beginning of medical school and again before starting clinical rotations.

MSS RESOLUTION 4 – OVER THE COUNTER ACCESS TO ORAL CONTRACEPTIVES

MSS ACTION: AMA POLICIES D-75.995 AND H-170.968 REAFFIRMED IN LIEU OF MSS RESOLUTION 2.

RESOLVED, That our AMA-MSS support the AMA in recommending to the US Food and Drug Administration that manufacturers of oral contraceptives be encouraged to submit the required application and supporting evidence for the Agency to consider approving a switch in status from prescription to over-the-counter for such products ; and be it further

RESOLVED, That our AMA-MSS encourage the continued study of issues relevant to over- the-counter classification of oral contraceptives.

RESOLVED, That our AMA-MSS support action by our AMA in efforts to expand patient access to over-the-counter US Food and Drug Administration-approved oral contraceptives in conjunction with a multidisciplinary-approach to educating patients on the appropriate use of over-the-counter oral contraceptive pills.

MSS RESOLUTION 5 – UNIFIED MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support a Unified Accreditation system for allopathic and osteopathic graduate medical education programs.

MSS RESOLUTION 6 – BEST PRACTICES FOR MOBILE MEDICAL APPLICATIONS

MSS ACTION: AMA POLICY D-480.975 REAFFIRMED IN LIEU OF MSS RESOLUTION 6.

RESOLVED, That our AMA-MSS supports the principles that (1) mobile medical applications should be properly referenced and/or physician reviewed; (2) a list of authors, a date of the most recent medical review, a date of the most recent software update, and any potential involvement by drug or other commercial organizations must be clearly noted; (3) mobile medical applications should not violate patient privacy; and be it further

RESOLVED, That our AMA-MSS supports research into the efficacy and risks associated with both physician and patient use of mobile medical applications and be it further

RESOLVED, That our AMA-MSS support periodic re-evaluation of the scope of mobile medical applications requiring approval by the Food and Drug Administration; and be it further

RESOLVED, That our AMA will ask the FDA to create a database of incidents where mobile medical applications were associated with a medical harm, similar to the FDA Adverse Event Reporting System.

MSS RESOLUTION 7 – SHARED MEDICAL APPOINTMENTS: A NOVEL HEALTHCARE MODEL

MSS ACTION: AMA POLICY H-160.911 REAFFIRMED IN LIEU OF MSS RESOLUTION 7.

RESOLVED, That our AMA support voluntary shared medical appointments that maintain patient privacy as a supplement to current standards of follow-up chronic care.

MSS RESOLUTION 8 – MODERNIZATION OF HIV SPECIFIC CRIMINAL LAWS

MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED.

RESOLVED, That our AMA amend policy H-20.914 via insertion and deletion as follows:

Discrimination and Criminalization Based on HIV Seropositivity

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; and (4) Encourages medical staff to work closely with hospital administration and governing bodies to establish appropriate policies regarding HIV-positive patients; and (5) Supports consistency of federal and state criminal laws with current medical and scientific knowledge and accepted human rights-based approaches to disease control and prevention, including avoidance of any imposition of unwarranted 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.

MSS RESOLUTION 9 – CONTINUED SUPPORT FOR THE VIRTUAL REFERENCE COMMITTEE AND THE CREATION OF AN ONLINE RESOLUTION FORUM

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the continued implementation and utilization of the Virtual Reference Committee, including the use of online testimony to develop a Reference Committee report, prior to each AMA and AMA-MSS national meeting.

MSS RESOLUTION 10 – HIGH RATES OF CESAREAN DELIVERIES

MSS ACTION: MSS RESOLUTION 10 ADOPTED.

RESOLVED, That the AMA-MSS will ask the AMA to support the American Congress of Obstetricians and Gynecologists' 2013 opinion that recommended vaginal delivery instead of cesarean section in the absence of maternal or fetal indications; and be it further

RESOLVED, That the AMA-MSS will ask the AMA to encourage appropriate agencies and organizations to study the indications for cesarean section in order to achieve a greater degree of standardization in their use; and be it further

MSS RESOLUTION 11 – IMPROVING HOME HEALTH CARE

MSS ACTION: SUBSTITUTE MSS RESOLUTION 11 ADOPTED.

RESOLVED, That our AMA support the establishment of state-based certification for home health care workers and regulatory oversight over home health agencies.

MSS RESOLUTION 12 – CONFORMING BIRTH CERTIFICATE POLICIES TO EVOLVING MEDICAL STANDARDS FOR TRANSGENDER PATIENTS

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support policies that reduce barriers to and allow for a change of sex designation on birth certificates for transgender individuals based upon verification by a health care provider that the individual is undergoing or has undergone gender transition according to applicable medical standards of care; and be it further

RESOLVED, That our AMA-MSS support that sex designation on an individual's birth certificate, or any change thereof, not hinder access to appropriate medical care.

MSS RESOLUTION 13 – PROVIDING COMPLETE MATERNITY CARE UNDER THE AFFORDABLE CARE ACT

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate for expanding coverage of maternity care to dependent women under the age of 26 on their parents' large group plans.

MSS RESOLUTION 14 – ELIMINATING NONCLINICAL ANTIBIOTIC USAGE IN LIVESTOCK

MSS ACTION: AMA POLICIES H-440.895 AND D-100.976 REAFFIRMED IN LIEU OF MSS RESOLUTION 14.

RESOLVED, That our AMA oppose the use of critically important antibiotics in livestock for nonclinical reasons; and be it further

RESOLVED, That our AMA support legislative and policy measures that eliminate the nonclinical use of antibiotics in livestock.

MSS RESOLUTION 15 – MONITORING ACCOUNTABILITY FOR ACCREDITATION FOLLOWING DELETION OF IS-2 STANDARD FOR GOVERNANCE BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 15 NOT ADOPTED.

RESOLVED, That our AMA, with input from COCA and the LCME, study and continually monitor the impact of domestic for-profit medical schools and for-profit host institutions on the quality of undergraduate medical education, availability of clinical clerkship spots for medical students at existing schools, medical student debt, and access to residency training positions; and be it further

RESOLVED, That our AMA consider opposing the existence of domestic for-profit medical schools and for-profit host institution governance models, should it deem that these entities fail to provide quality undergraduate medical education or that they adversely impact the availability of clinical clerkships for medical students at existing schools.

MSS RESOLUTION 16 – INCORPORATION OF COMPARATIVE ANALYSES OF THE HEALTHCARE SYSTEMS OF OTHER NATIONS INTO THE MEDICAL CURRICULUM

MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.

RESOLVED, That our AMA amend Resolution H-295.924 to include a fourth clause that supports the recognition and incorporation of comparative analyses of various nations' healthcare systems into US medical curricula.

MSS RESOLUTION 17 - IMPROVING PHYSICIAN MENTAL HEALTH AND REDUCING STIGMA THROUGH REVISION OF MEDICAL LICENSURE APPLICATIONS.

MSS ACTION: RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS aim to reduce stigmatization mental health issues in the medical community by (a) opposing state medical boards' practice of issuing licensing applications that equate seeking help for mental health issues with the existence of problems sufficient to create professional impairment and (b) opposing the breach in a physician's private health record confidentiality by requiring access to these records when an applicant reports treatment.

MSS RESOLUTION 18 – PREVENTION AND AWARENESS OF IN-FLIGHT SYNCOPE INCIDENCE

MSS ACTION: AMA POLICIES H-45.979, H-45.978, AND H-45.983 REAFFIRMED IN LIEU OF MSS RESOLUTION 18.

RESOLVED, That our AMA work with the Federal Aviation Administration and the Aerospace Medical Association to support physician and patient awareness of the risk of syncope and presyncope in-flight, particularly on longer flights; and be it further

RESOLVED, That our AMA promote the use and availability of in-flight therapeutic supplemental oxygen; and be it further

RESOLVED, That our AMA work with the Federal Aviation Administration and the Aerospace Medical Association to track the incidence of in-flight medical emergencies related to syncope in

order to establish improved guidelines and identify relevant additional risk factors; and be it further

RESOLVED, That our AMA promote awareness of in-flight medical complications of syncope and its resulting sequelae such as hospitalization and possible death.

MSS RESOLUTION 19 – STUDYING HOSPITAL-ENFORCED ADMISSIONS, TESTING, AND PROCEDURE QUOTAS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 19 ADOPTED.

RESOLVED, That our AMA study the extent to which U.S. hospitals inappropriately interfere in physicians' independent exercise of medical judgment, including but not limited to the use of admissions, testing, and procedure quotas.

MSS RESOLUTION 20 – SUPPORT FOR INCORPORATION AND RESEARCH OF GLUCAGON PEN UTILIZATION IN HYPOGLYCEMIC EPISODES IN BASIC LIFE SUPPORT TRAINING AND GLUCAGON PEN PLACEMENT IN PUBLIC DOMAINS

MSS ACTION: MSS RESOLUTION 20 NOT ADOPTED.

RESOLVED, That our AMA-MSS encourage independent research by appropriate third parties to study the implementation of glucagon pens or glucagon tablets in public places adjacent to the location of the AED, to manage hypoglycemic episodes in diabetics and others suffering from hypoglycemic episodes; and be it further

RESOLVED, That our AMA-MSS encourage independent research by appropriate third parties to study the incorporation of glucagon pens implementation in Basic Life Support training.

MSS RESOLUTION 21 – SHARED DECISION-MAKING IN MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.

RESOLVED, That Our AMA amend policy D.373.999 by insertion as follows:

> Our AMA will work with state and specialty societies, medical schools, and others as appropriate to educate and communicate to medical students and to physicians about the importance of shared decision-making guidance through publications and other educational methods and assist the medical community in moving towards patient-centered care; and be it further

RESOLVED, That our AMA will collaborate with the appropriate medical education organizations to develop undergraduate medical education recommendations that ensure proficiency in shared decision making and effective use of shared decision-making tools, such as patient decision aids.

MSS RESOLUTION 22 – COST TRANSPARENCY THROUGH CLINICAL REPORT DOCUMENTATION

MSS ACTION: MSS RESOLUTION 22 NOT ADOPTED.

RESOLVED, That our AMA urge the Centers for Medicare and Medicaid Service to require hospitals to include documentation of submitted charges for all diagnostic or therapeutic procedures and tests on clinical reports submitted to the ordering physician.

MSS RESOLUTION 23 – EQUITABLE BILLING PRACTICES

MSS ACTION: MSS RESOLUTION 23 NOT ADOPTED.

RESOLVED, That the AMA-MSS support that charges billed by health care providers or health care facilities be directly and transparently tied to the cost to providers to deliver said goods and services, which may include overhead expenses; and be it further

RESOLVED, That the AMA-MSS support that patients possessing no insurance, insufficient insurance, or who otherwise pay medical bills largely out-of-pocket should not be excessively charged by health care providers or health care facilities for goods and services out of proportion to the cost to the provider or to the amount charged to insured beneficiaries; and be it further

RESOLVED, That the AMA-MSS support that not-for-profit health care facilities should bill patients with financial hardship possessing no insurance, insufficient insurance, or who otherwise pay medical bills largely out-of-pocket based on recouping expenses for goods and services, including overhead, without generating a profit; and be it further

RESOLVED, That the AMA actively oppose practices that inhibit price transparency in healthcare, including non-disclosure agreements between health care providers and the manufacturers or marketers of medical devices and goods.

MSS RESOLUTION 24 – INVESTING IN AMERICA'S FUTURE PHYSICIANS

MSS ACTION: MSS RESOLUTION 24 REFERRED.

RESOLVED, That our AMA-MSS ask the AMA to direct the Board of Trustees to allocate a dedicated pool of funds, to be utilized at the discretion of the MSS Governing Council, for the specific purpose of inviting expert speakers and providing resources to deliver educational programs that invest in the personal and professional development of America's future physicians.

MSS RESOLUTION 25 – PROVISION OF SOCIAL SERVICES IN PRIMARY CARE SETTINGS

MSS ACTION: MSS RESOLUTION 25 NOT ADOPTED.

RESOLVED, That our AMA support the provision of employees and, in cases of limited budgets, the expansion of model programs such as Health Leads within primary care settings to assist

low-income individuals, such as those who are eligible for Medicare, Medicaid, or a state-run subsidized health insurance program, access basic needs resources, including but not limited to health insurance, food assistance programs, affordable housing, employment, continuing education, gas and electric discounts, transportation assistance, clothing, childcare subsidies, and legal services.

MSS RESOLUTION 26 – SUNSCREEN AND SUN PROTECTION COUNSELING BY PHYSICIANS

MSS ACTION: SUBSTITUTE RESOLUTION 26 ADOPTED.

RESOLVED, That our AMA encourage physicians to counsel their patients on sun-protective behavior.

MSS RESOLUTION 27 – MOTIVATIONAL INTERVIEWING IN MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 27 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the incorporation of motivational interviewing into medical school curriculum.

MSS RESOLUTION 28 – DEVELOPMENT OF A STANDARDIZED POST-CONDUCTED ELECTRICAL DEVICE EXPOSURE MEDICAL PROTOCOL AND EDUCATIONAL CAMPAIGN

MSS ACTION: MSS RESOLUTION 28 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association encourage appropriate organizations and medical specialty societies to develop a standardized, post-exposure medical protocol for the use of conducted electrical devices (CEDs) using recent advances in the understanding of the risks associated with CEDs; and be it further

RESOLVED, That our American Medical Association support the incorporation of a standardized post-conducted electric device (CED)-exposure medical protocol into law enforcement procedures and training.

MSS RESOLUTION 29 – PREVENTIVE SCREENING AND TREATMENT OF MALNUTRITION IN HOSPITAL PATIENTS

MSS ACTION: MSS RESOLUTION 25 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the standardization and accreditation of interdisciplinary nutrition support team services for provision of comprehensive nutritional screening, assessment, and management in hospitals; and be it further

RESOLVED That our AMA support the establishment of national registries for the sharing of information on prevalence of malnutrition, health outcomes, costs, and other metrics associated

with the performance of nutrition support teams and other preventive nutritional interventions; and be it further

RESOLVED, That our AMA support the reimbursement of assessment and interventions provided by nutrition support teams as preventive services where they are used to preclude or mitigate adverse health outcomes, rather than manage disease-related malnutrition.

MSS RESOLUTION 30 – INCREASED GRADUATE MEDICAL EDUCATION FUNDING THROUGH AFFORDABLE CARE ACT REVENUE

MSS ACTION: MSS RESOLUTION 30 NOT ADOPTED.

RESOLVED, That the AMA advocate for the funding generated by the Affordable Care Act through its excise tax on indoor tanning services9 be directed toward increasing graduate medical education funding with the intention of expanding the number of available residency positions and maintaining the positions offered now; and be it further

RESOLVED, That the AMA advocate that the revenue generated through the Affordable Care Act's annual fee on branded prescription pharmaceutical manufacturers and importers providers9 be directed toward increasing graduate medical education funding with the intention of expanding the number of available residency positions and maintaining the positions offered now.

MSS RESOLUTION 31 – THE ROLE OF MEDICAL STUDENTS IN THE DEVELOPMENT OF HEALTH INFORMATION TECHNOLOGY

MSS ACTION: SUBSTITUTE RESOLUTION 31 ADOPTED.

RESOLVED, That our AMA-MSS work with our AMA and other relevant organizations to (a) facilitate active and timely medical student input in Health Information Technology research and development; (b) continually determine how best our AMA-MSS can assist in the improvement of Health Information Technology.

MSS RESOLUTION 32 – THE REPRESENTATION OF HEALTH AND MEDICINE IN SOCIAL MEDIA

MSS ACTION: MSS RESOLUTION 32 NOT ADOPTED.

RESOLVED, That our AMA encourage physicians to take a stance against misinformation in social media, and it be further

RESOLVED, That our AMA encourage physicians to take a strong stance against misinformation in social media, and be it further

RESOLVED, That our AMA actively work to improve its social media presence and distribute credible health information, and be it further

RESOLVED, That our AMA utilize social media in order to inform the public about major health

issues by making primary research outcomes easily readable and accessible to patients.

MSS RESOLUTION 33 – PHYSICIAN ATTIRE AUTONOMY

MSS ACTION: AMA POLICY H-440.856 REAFFIRMED IN LIEU OF MSS RESOLUTION 33

RESOLVED, That our AMA promote physician and medical student use of context-appropriate, professional attire in all health care settings, recognizing long sleeves, white coats, unsecured long neck ties, and other articles of clothing as possible vectors for health care-associated infections; and be it further

RESOLVED, That our AMA recognize differences in regional customs, age, religion, culture, education, socioeconomic status and other health care setting infection risk, and promote physician autonomy in attire selection when weighing patient beneficence and an endeavor to prevent health care-associated infections, against any risk of possible patient non-adherence.

MSS RESOLUTION 34 – IMPARTIAL AND UNCONFLICTED PANELS TO GUIDE RESEARCH FUNDING TO DETERMINE EFFICACY OF A DRUG

MSS ACTION: MSS RESOLUTION 34 NOT ADOPTED.

RESOLVED, That our American Medical Association establish Funding Direction Panels, which will consist entirely of volunteer members with no relevant conflict of interests within the past five years, to direct funding from pharmaceutical and medical device companies seeking to fund testing of their products towards researchers in a neutral and unbiased manner, removing the ability of companies to influence results by selecting researchers. Companies seeking to perform Phase III trials of their products can approach these panels with their proposed research. These panels must then select a researcher qualified and capable of performing the study. The manner and criteria of selection should be publicly announced; and be it further

RESOLVED, That our AMA study the ethical issues surrounding a medical journal publishing a study that has been directly funded by a pharmaceutical company without the use of a funding direction panel to reduce bias and the 1st, 2nd and 5th Principles of the AMA Code of Medical Ethics; and be it further

RESOLVED, That our AMA study the ethical issues surrounding a medical journal publishing a study that does not publicly disclose all of its patient-level data and protocols and the 1st, 2nd and 5th Principles of the AMA Code of Medical Ethics.

MSS RESOLUTION 35 – LEAD CASE MANAGERS

MSS ACTION: MSS RESOLUTION 35 NOT ADOPTED.

RESOLVED, That our AMA promote the incorporation of a case manager who would be in charge of lead exposure prevention and management at all primary care settings in high-risk areas.

MSS RESOLUTION 36 – PREVENTION OF MOSQUITO TRANSMITTED DISEASES

MSS ACTION: MSS RESOLUTION 34 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage physicians to discuss and promote protective practices specific for mosquitoes, such as those developed by the Centers for Disease Control, with patients when clinically appropriate.

MSS RESOLUTION 37 – NON-DISCRIMINATION FOR CANNABIS USE IN EMPLOYEE DRUG SCREENING

MSS ACTION: MSS RESOLUTION 35 NOT ADOPTED.

RESOLVED, That our AMA support policies to eliminate discrimination against positive cannabis drug screens in current and/or prospective employees; and be it further

RESOLVED, That our AMA encourage employers who choose to drug screen for cannabis follow guidelines consistent with their alcohol and tobacco screening policies; and be it further

RESOLVED, That our AMA recommend employers drug screen only in circumstances where an employee is impaired due to suspected drug use; and be it further

RESOLVED, That our AMA urge termination of employment should not be based on a positive drug screen, but on impaired working ability or noncompliance with substance abuse programs.

MSS RESOLUTION 38 – FOOD ALLERGIC REACTIONS IN SCHOOLS, AIRPLANES, AND RESTAURANTS

MSS ACTION: MSS RESOLUTION 38 NOT ADOPTED.

RESOLVED, That our AMA amend previous policy H-440.884 by insertion of the following phrase:

> "and (4) that restaurants have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the restaurant staff, such as the manager, be trained in the indications for and techniques of their use."

RESOLVED, That our AMA amend the title of previous policy H-440.884 to "Food Allergic Reactions in Schools, Airplanes, and Restaurants"; and be it further

RESOLVED, That our AMA-MSS amend MSS policy 150.012 to reflect the amended language of H-440.884.

MSS RESOLUTION 39 – IMPLEMENTING BIKE LANES TO IMPROVE OVERALL BICYCLIST SAFETY

MSS ACTION: SUBSTITUTE MSS RESOLUTION 39 ADOPTED.

RESOLVED, That our AMA-MSS supports research on the safety and efficacy of the implementation of various forms of bicycle lanes in reducing crash incidence and severity.

MSS RESOLUTION 40 – INCREASING HEALTHY FOOD OPTIOJNS IN SCHOOL MEALS FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS

> **MSS ACTION: AMA POLICIES H-150.944 AND H-150.962 REAFFIRMED IN LIEU OF MSS RESOLUTION 40.**

RESOLVED, That our AMA develop a guideline of foods, including fruits and vegetables, that are considered healthy and could be made available in schools; and be it further

RESOLVED, That our AMA lobby for the use of a guideline of healthy foods in determining school lunches, including but not limited to those provided for the National School Lunch Program; and be it further

RESOLVED, That our AMA encourage public schools to collaborate with local farmers in an effort to provide fresher food options and to increase the servings of fruits and vegetables in school lunches; and be it further

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

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORT

2013 INTERIM MEETING
NATIONAL HARBOR, MARYLAND

GC REPORT B-I-13 – POLICY SUNSET REPORT FOR 2008 AMA-MSS POLICIES

MSS ACTION: GC REPORT B-I-13 ADOPTED.

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

1. That the policies specified for retention in Appendix 1 be retained as official, active policies of the AMA-MSS.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
SUBMITTED TO THE AMA HOUSE OF DELEGATES

2013 INTERIM MEETING
NATIONAL HARBOR, MARYLAND

HOD RESOLUTION 601 – REGULATIONS IN TIMES OF ARMED CONFLICT

HOD ACTION: POLICY H-520.998 REAFFIRMED IN LIEU OF 10 HOD RESOLUTION 601.

RESOLVED, That our AMA endorse the World Medical Association's "Regulation in Times of Armed Conflict" as policy on the topic of medical neutrality; and be it further

RESOLVED, That our AMA advocate that the United States use its voice in international affairs to protect medical neutrality.

RESOLUTION 801 - PRIVACY ISSUES FOR MINORS REGARDING INSURANCE COMPANY EXPLANATION OF BENEFITS

HOD ACTION: HOD RESOLUTION 801 REFERRED.

RESOLVED, That our AMA advocate for maintaining privacy regarding the doctor patient relationship for adults and dependents who are insured through their spouse, parent, or guardian; and be it further

RESOLVED, That our AMA advocate against allowing insurance companies to send Explanations of Benefits containing sensitive medical information regarding both adults and dependents to anyone other than the patient or their health care provider; and be it further

RESOLVED, That our AMA advocate that Explanations of Benefits be made available only if an insurance claim has been denied, and in this case for the information to be sent directly to the (adult or dependent) patient, who may then choose to discuss it with their physician or share it with their spouse, parent, or guardian.

RESOLUTION 902 – MEDICAL ETHICS GUIDELINES FOR UNDERGRADUATE MEDICAL EDUCATION

HOD ACTION: POLICY H-295.961 REAFFIRMED IN LIEU OF RESOLUTION 902.

RESOLVED, That our AMA recognize the importance of addressing the disparity between current outcomes and the ideal status of undergraduate medical education in bioethics and humanities; and be it further

RESOLVED, That our AMA, in partnership with the AMA-MSS, leverage its internal resources and its relationships with professional society stakeholders to create suggested guidelines for undergraduate medical education of bioethics and humanities guided by Liaison Committee on

Medical Education requirements and the American Society for Bioethics and Humanities Task Force; and be it further

RESOLVED, That our AMA advocate for the national adoption of a set of suggested guidelines for undergraduate medical education in bioethics and humanities by allopathic and osteopathic medical schools.

RESOLUTION 903 - GUN SAFETY COUNSELING IN UNDERGRADUATE MEDICAL EDUCATION

> **HOD ACTION: HOD RESOLUTION 903 ADOPTED AS AMENDED WITH A TITLE CHANGE.**

FIREARM SAFETY COUNSELING IN PHYSICIAN-LED HEALTH CARE TEAMS

RESOLVED, That our AMA will amend Policy H-145.976 by insertion and deletion as follows:

> H-145.976 Censorship of Physician Discussion of Firearm Risk
> Our AMA: (1) will oppose any restrictions on physicians' and other members of the physician-led health care team's ability to inquire and talk about firearm safety issues and risks with their patients; and (2) will oppose any law restricting physicians' and other members of the physician-led health care team's discussions with patients and their families about ~~guns~~ firearms as an intrusion into medical privacy; and be it further

RESOLVED, That our AMA encourage dissemination of educational materials related to firearm safety to be used in undergraduate medical education.

HOD RESOLUTION 904 – EVALUATIONS OF STANDARDIZED CLINICAL SKILLS EXAMS

> **HOD ACTION: HOD RESOLUTION 904 ADOPTED AS AMENDED.**

RESOLVED, That our AMA evaluate the cost/value equation, benefits, and consequences of the implementation of standardized clinical exams as a step for licensure, along with the barriers to more meaningful examination feedback for both examinees and U.S. medical schools, and provide recommendations based on these findings; and be it further

RESOLVED, That our AMA evaluate the consequences of the January 2013 changes to the USMLE Step II Clinical Skills exam and their implications for U.S. medical students and international medical graduates.

HOD RESOLUTION 905 – ATHLETE CONCUSSION MANAGEMENT AND CHRONIC TRAUMATIC ENCEPHALOPATHY PREVENTION

> **HOD ACTION: HOD RESOLUTION 905 ADOPTED AS AMENDED.**

RESOLVED, That our AMA support the adoption of evidence-based guidelines for the evaluation and management of concussions by all athletic organizations; and be it further

RESOLVED, That our AMA encourage further research into the diagnosis, treatment, and prevention of chronic traumatic encephalopathy.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2014 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – RESTRICTING THE SALE OF E-CIGARETTES TO MINORS

MSS ACTION: MSS RESOLUTION 1 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support increased clinical research on the effects of electronic cigarettes; and be it further

RESOLVED, That our AMA-MSS support education on the effects of e-cigarettes to parents and their children in various settings ranging from schools to clinics.

MSS RESOLUTION 2 – SOLITARY CONFINEMENT

MSS ACTION: MSS RESOLUTION 2 ADOPTED.

RESOLVED, That our AMA oppose the use of solitary confinement for juveniles or the mentally ill regardless of circumstance; and be it further

RESOLVED, That our AMA oppose the use of solitary confinement for disciplinary purposes; and be it further

RESOLVED, That our AMA support that isolation for clinical or therapeutic purposes must be conducted under the recommendation and supervision of a physician.

MSS RESOLUTION 3 – PRACTICAL USE OF ADVANCE DIRECTIVES IN MEDICAL EDUCATION

MSS ACTION: AMA POLICY D-140.976 REAFFIRMED IN LIEU OF MSS RESOLUTION 3.

RESOLVED, That our AMA-MSS recommend that all LCME and COCA accredited medical schools provide students the opportunity to complete an advance directive and learn to further address advance care planning in the course of their curricula; and be it further

RESOLVED, That our AMA-MSS encourage the LCME and COCA to include in their current accreditation standards opportunities for personal completion of advance directives by medical students and opportunities to further address advance care planning in the course of the medical-school curricula.

MSS RESOLUTION 4 – INCORPORATING COMMUNITY HEALTH WORKERS INTO THE U.S. HEALTH CARE SYSTEM

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the incorporation of community health workers into the U.S. health care system and support legislation that integrates community health workers into care delivery models especially in communities of economically disadvantaged, rural, and minority populations; and be it further

RESOLVED, That our AMA work with the American Association of Healthcare Workers on a definition of community health workers in order to define their required level of training and scope of practice; and to legitimize their role as health care providers.

MSS RESOLUTION 5 – INCLUSION OF PREVENTIVE MEDICINE PHYSICIANS IN THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate for the inclusion of physicians trained in Preventive Medicine among those who qualify for participation in the National Health Service Corps Loan Repayment Program.

MSS RESOLUTION 6 – REDUCING BIAS AND DISCRIMINATION AGAINST OBESE PATIENTS

MSS ACTION: MSS RESOLUTION 6 NOT ADOPTED.

RESOLVED, That our AMA study the consequences of weight discriminatory practices by healthcare professionals on patient outcomes and identify methods to reduce weight discrimination in the healthcare system.

MSS RESOLUTION 7 – PROMOTING EDUCATION OF ELECTRONIC HEALTH RECORDS IN UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: MSS RESOLUTION 7 ADOPTED AS AMENDED.

RESOLVED, That our AMA support efforts to incorporate EHR training into undergraduate medical education.

MSS RESOLUTION 8 – PROTECTING MEDICAL STUDENTS' RIGHTS AS PATIENTS

MSS ACTION: SUBSTITUTE RESOLUTION 8 ADOPTED.

RESOLVED, That our AMA amend policy H-315.983 by insertion and deletion as follows:

H-315.983 Patient Privacy and Confidentiality

(1) Our AMA affirms the following key principles that should be consistently implemented to evaluate any proposal regarding patient privacy and the confidentiality of medical information: (a) That there exists a basic right of patients to privacy of their medical information and records, and that this right should be explicitly acknowledged; (b) That patients' privacy should be honored unless waived by the patient in a meaningful way or in rare instances when strong countervailing interests in public health or safety justify invasions of patient privacy or breaches of confidentiality, and then only when such invasions or breaches are subject to stringent safeguards enforced by appropriate standards of accountability; (c) That patients' privacy should be honored in the context of gathering and disclosing information for clinical research and quality improvement activities, and that any necessary departures from the preferred practices of obtaining patients' informed consent and of de-identifying all data be strictly controlled; and (d) That any information disclosed should be limited to that information, portion of the medical record, or abstract necessary to fulfill the immediate and specific purpose of disclosure. (2) Our AMA affirms: (a) that physicians and medical students who are patients are entitled to the same right to privacy and confidentiality of personal medical information and medical records as other patients, (b) that when patients exercise their right to keep their personal medical histories confidential, such action should not be regarded as fraudulent or inappropriate concealment, and (c) that physicians and medical students should not be required to report any aspects of their patients' medical history to governmental agencies or other entities, beyond that which would be required by law. (3) Employers and insurers should be barred from unconsented access to identifiable medical information lest knowledge of sensitive facts form the basis of adverse decisions against individuals. (a) Release forms that authorize access should be explicit about to whom access is being granted and for what purpose, and should be as narrowly tailored as possible. (b) Patients, ~~and~~ physicians, and medical students should be educated about the consequences of signing overly-broad consent forms. (c) Employers and insurers should adopt explicit and public policies to assure the security and confidentiality of patients' medical information. (d) A patient's ability to join or a physician's participation in an insurance plan should not be contingent on signing a broad and indefinite consent for release and disclosure. (4) Whenever possible, medical records should be de-identified for purposes of use in connection with utilization review, panel credentialing, quality assurance, and peer review. (5) The fundamental values and duties that guide the safekeeping of medical information should remain constant in this era of computerization. Whether they are in computerized or paper form, it is critical that medical information be accurate, secure, and free from unauthorized access and improper use. (6) Our AMA recommends that the confidentiality of data collected by race and ethnicity as part of the medical record, be maintained. (7) Genetic information should be kept confidential and should not be disclosed to third parties without the explicit informed consent of the tested individual. (8) When breaches of confidentiality are compelled by concerns for public health and safety, those breaches must be as narrow in scope and content as possible, must contain the least identifiable and sensitive information possible, and must be disclosed to the fewest possible to achieve the necessary end. (9) Law enforcement agencies requesting private medical information should be given access to such information only through a court order. This court order for disclosure should be granted only if the law enforcement entity has shown, by clear and convincing evidence, that the information sought is necessary to a legitimate law enforcement inquiry; that the needs of the law enforcement authority cannot be satisfied by non-identifiable health information or by any other information; and that the law enforcement need for the information outweighs the privacy interest of the individual to whom the information pertains. These records should be subject to

stringent security measures. (10) Our AMA must guard against the imposition of unduly restrictive barriers to patient records that would impede or prevent access to data needed for medical or public health research or quality improvement and accreditation activities. Whenever possible, de-identified data should be used for these purposes. In those contexts where personal identification is essential for the collation of data, review of identifiable data should not take place without an institutional review board (IRB) approved justification for the retention of identifiers and the consent of the patient. In those cases where obtaining patient consent for disclosure is impracticable, our AMA endorses the oversight and accountability provided by an IRB. (11) Marketing and commercial uses of identifiable patients' medical information may violate principles of informed consent and patient confidentiality. Patients divulge information to their physicians only for purposes of diagnosis and treatment. If other uses are to be made of the information, patients must first give their uncoerced permission after being fully informed about the purpose of such disclosures (12) Our AMA, in collaboration with other professional organizations, patient advocacy groups and the public health community, should continue its advocacy for privacy and confidentiality regulations, including: (a) The establishment of rules allocating liability for disclosure of identifiable patient medical information between physicians and the health plans of which they are a part, and securing appropriate physicians' control over the disposition of information from their patients' medical records. (b) The establishment of rules to prevent disclosure of identifiable patient medical information for commercial and marketing purposes; and (c) The establishment of penalties for negligent or deliberate breach of confidentiality or violation of patient privacy rights. (13) Our AMA will pursue an aggressive agenda to educate patients, the public, physicians and policymakers at all levels of government about concerns and complexities of patient privacy and confidentiality in the variety of contexts mentioned. (14) Disclosure of personally identifiable patient information to public health physicians and departments is appropriate for the purpose of addressing public health emergencies or to comply with laws regarding public health reporting for the purpose of disease surveillance. (15) In the event of the sale or discontinuation of a medical practice, patients should be notified whenever possible and asked for authorization to transfer the medical record to a new physician or care provider. Only de-identified and/or aggregate data should be used for "business decisions," including sales, mergers, and similar business transactions when ownership or control of medical records changes hands. (16) The most appropriate jurisdiction for considering physician breaches of patient confidentiality is the relevant state medical practice act. Knowing and intentional breaches of patient confidentiality, particularly under false pretenses, for malicious harm, or for monetary gain, represents a violation of the professional practice of medicine. (17) Our AMA Board of Trustees will actively monitor and support legislation at the federal level that will afford patients protection against discrimination on the basis of genetic testing. (18) Our AMA supports privacy standards that would require pharmacies to obtain a prior written and signed consent from patients to use their personal data for marketing purposes. (19) Our AMA supports privacy standards that require pharmacies and drug store chains to disclose the source of financial support for drug mailings or phone calls. (20) Our AMA supports privacy standards that would prohibit pharmacies from using prescription refill reminders or disease management programs as an opportunity for marketing purposes. (BOT Rep. 9, A-98; Reaffirmation I-98; Appended: Res. 4, and Reaffirmed: BOT Rep. 36, A-99; Appended: BOT Rep. 16 and Reaffirmed: CSA Rep. 13, I-99; Reaffirmation A-00; Reaffirmed: Res. 246 and 504 and Appended Res. 504 and 509, A-01; Reaffirmed: BOT Rep. 19, I-01; Appended: Res. 524, A-02; Reaffirmed: Sub. Res. 206, A-04; Reaffirmed: BOT Rep. 24, I-04; Reaffirmed: BOT Rep. 19, I-06; Reaffirmation A-07; Reaffirmed: BOT Rep. 19, A-07; Reaffirmed:

CEJA Rep. 6, A-11; Reaffirmed in lieu of Res. 705, A-12; Reaffirmed: BOT Rep. 17, A-13)

MSS RESOLUTION 9 – SUPPORT FOR A MINIMUM REQUIREMENT FOR VACCINE OPT-OUTS

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support legislation that requires Vaccine Opt-Out forms to be cosigned by both a patient or guardian and healthcare professional acknowledging that the healthcare professional has discussed the risks and benefits of immunization including the risks to the patient and community resulting from declining vaccinations.

MSS RESOLUTION 10 – ESTABLISHING ASTHMA MANAGEMENT ACTION PLANS IN ELEMENTARY-MIDDLE SCHOOLS

MSS ACTION: AMA POLICY D-60.979 REAFFIRMED IN LIEU OF MSS RESOLUTION 10.

RESOLVED, That our AMA support legislative and policy measures that strongly encourage training of teachers to incorporate the identification and severity of asthma in students, asthma awareness education and emergency protocol, and monitoring of medication; and be it further

RESOLVED, That our AMA encourage the adoption of asthma management action plans and asthma-friendly school policies that include the elimination of environmental asthma triggers, improving indoor air quality, and pest management to improve health outcomes in American schools.

MSS RESOLUTION 11 – IMPROVING THE SAFETY OF PLAYGROUNDS THROUGH HEIGHT RESTRICTIONS AND PROTECTIVE SURFACING REQUIREMENTS

MSS ACTION: MSS RESOLUTION 11 ADOPTED.

RESOLVED, That our AMA-MSS support the adoption of height restrictions and minimum protective surfacing requirements for playground equipment.

MSS RESOLUTION 12 – PROVIDING GREATER EMPHASIS ON THE SOCIAL DETERMINANTS OF HEALTH IN MEDICAL SCHOOL CURRICULUM

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA support meaningful integration of issues pertaining to the social determinants of health and health disparities in medical school curricula that emphasize strategies for recognizing and addressing the needs of patients from marginalized populations.

MSS RESOLUTION 13 – TOXIC STRESS AND ADVERSE CHILDHOOD EXPERIENCES

MSS ACTION: AMA-MSS POLICY 295.007MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 13.

RESOLVED, That our AMA-MSS acknowledge that the morbidity and mortality associated with exposure to toxic stress and Adverse Childhood Experiences (ACEs) pose a major public health problem; and be it further

RESOLVED, That our AMA-MSS support the use of state, federal, and private resources for the research and development of policies and programs that reduce the population risk of exposure to toxic stress and ACEs, as well as mitigate the harm that they may cause; and be it further

RESOLVED, That our AMA-MSS support the formal education of all health care providers about the prevalence and impact of toxic stress and ACEs, including the addition of relevant learning requirements to the medical educational curriculum.

MSS RESOLUTION 14 – SIMPLE TEMPLATES EMPOWERING PATIENTS TO UNDERSTAND PRESCRIPTIONS (STEP UP)

MSS ACTION: MSS RESOLUTION 14 ADOPTED AS AMENDED.

RESOLVED, That our AMA support third parties in researching the effectiveness of personalized medication cards, written in a variety of languages for low literacy target audiences, in increasing medication adherence and improving health outcomes.

MSS RESOLUTION 15 – ADVOCACY FOR SINGLE-PAYER HEALTH INSURANCE

MSS ACTION: MSS RESOLUTION 15 NOT ADOPTED.

RESOLVED, That our AMA advocate for legislation to implement a single-payer health insurance system.

MSS RESOLUTION 16 – ADDRESSING EMERGING TRENDS IN RECREATIONAL DRUG ABUSE

MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the appropriate agency to provide CME courses in emerging trends in recreational substance abuse; and be it further

RESOLVED, That our AMA support the appropriate agency to disseminate current and accurate information regarding emerging trends in recreational substance abuse.

MSS RESOLUTION 17 – INCLUDING MILITARY HISTORY AS PART OF STANDARD HISTORY TAKING

MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage the universal inclusion of military history in the standard history taking of all adults in civilian healthcare settings; and be it further

RESOVLED, That our AMA support the addition of military history training to early and continuing medical education and the continued refinement of existing screening resources.

MSS RESOLUTION 18 – ADVOCATING FOR RESEARCH ON PHYSICIAN-INITIATED CONVERSATIONS ABOUT TREATMENT COST

MSS ACTION: MSS RESOLUTION 18 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the conduction of controlled studies to determine if conversations about cost with patients have any meaningful change on various measures of health outcomes, including but not limited to quality of treatment decisions, liability, and patient satisfaction; and be it further

RESOLVED, That our AMA support studies to determine if physicians or health professionals are the appropriate party to initiate such conversations.

MSS RESOLUTION 19 – SUPPORT FOR NUTRITION LABEL RESVISION AND FDA REVIEW OF ADDED SUGARS

MSS ACTION: MSS RESOLUTION 19 ADOPTED AS AMENDED.

HOD ACTION: RESOLUTION 422 ADOPTED.

RESOLVED, That our AMA issue a statement of support for the newly proposed nutrition labeling by the FDA during the public comment period; and be it further

RESOLVED, That our AMA recommend that the FDA further establish a recommended daily value (%DV) for the new added sugars listing on the revised nutrition labels based on previous recommendations from the WHO and AHA; and be it further

RESOLVED, That our AMA encourage further research into studies of sugars as addictive through epidemiological, observational, and clinical studies in humans.

MSS RESOLUTION 20 – USMLE STEP 1 CONTENT AND TIMING

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA ask the NBME to track USMLE Step 1 exam timing and subsequently publish aggregate data to determine the significance of advanced clinical experience on Step 1 exam performance.

MSS RESOLUTION 21 – ADDRESSING THE PROTECTED PRIMARY CARE SHORTAGE BY

PROMOTING EDUCATION OF INITIATIVES FOR INTERNATIONAL MEDICAL GRADUATES

MSS ACTION: MSS RESOLUTION 21 WITHDRAWN.

RESOLVED, That our AMA recognize, guide and increase the awareness of IMG education initiatives that partner with private sector financial organizations to create sustainable financing mechanisms that provide positive returns for the community, the teaching institution, and private sector partners; and be it further

RESOLVED, That our AMA advocate for seed funding to establish the infrastructure and methodology necessary to measure, quantify, and qualify the success and impact of the above stated education initiatives.

MSS RESOLUTION 22 – SOBRIETY CHECKPOINTS

MSS ACTION: MSS RESOLUTION 22 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the use of sobriety checkpoints to deter driving following alcohol consumption; and be it further

RESOLVED, That our AMA work with state medical societies to pursue legislation to overturn bans on the use of sobriety checkpoints.

MSS RESOLUTION 23 – AMA SUPPORT FOR MEDICAL STUDENTS, RESIDENTS, AND FACULTY WHO PROVIDE BREASTMILK AFTER REENTRY INTO THE WORKPLACE

MSS ACTION: AMA POLICY H-245.982 REAFFIRMED IN LIEU OF MSS RESOLUTION 23.

RESOLVED, That our AMA amend by insertion and deletion AMA Policy H-245.982(2b) to read as follows: “to encourage medical schools, graduate medical education programs and healthcare facilities to support medical students, residents, and physicians who provide breast milk for their infants, not only by providing private lactation centers, but also by equipping these spaces with appropriate equipment, including electronic medical record access and telephone, so as to allow continued productivity while expressing breast milk.”

MSS RESOLUTION 24 – SAFETY NET HOSPITALS AND NEED FOR DISPROPORTIONATE SHARE HOSPITAL FUNDING

MSS ACTION: AMA POLICY D-215.995 REAFFIRMED IN LIEU OF MSS RESOLUTION 24.

RESOLVED, That our AMA oppose the proposed DSH funding cuts currently outlined in the ACA due to the uneven implementation of the Medicaid expansion; and be it further

RESOLVED, That our AMA study the potential impact from the proposed DSH reductions and evaluate efforts to prevent, reduce, or offset the cuts in DSH payments outlined in the ACA to

hospitals located in areas with large immigrant and/or indigent populations, thus preserving federal support for the solvency of critical safety-net hospitals and avoiding a potential public health crisis.

MSS RESOLUTION 25 – ADVANCE DIRECTIVES DURING PREGNANCY

MSS ACTION: MSS RESOLUTION 25 ADOPTED AS AMENDED.

RESOLVED, That our AMA support that pregnant women with decision-making capacity have the same right to refusal of treatment through advanced directives as nonpregnant women; and be it further

RESOLVED, That our AMA further study the legality and ethics related to the circumstances under which restrictions and/or exclusions are applied to pregnant women's advance directives.

MSS RESOLUTION 26 – PATIENT CONFIDENTIALITY IN NATIONAL SECURITY INVESTIGATIONS

MSS ACTION: MSS RESOLUTION 26 ADOPTED.

RESOLVED, That our AMA will re-study the impact and scope of the USA PATRIOT Act, especially Section 215, in light of recent court decisions and public disclosures that may change the limits of federal surveillance on patient confidentiality; and be it further

RESOLVED, That our AMA amend Policy D-315.987 by insertion and deletion as follows:

D-315.987 Patient Confidentiality and the USA Patriot Act
Our AMA will: (1) study the potential impact of the USA Patriot Act on patient confidentiality; (2) develop recommendations for physicians, hospitals and electronic medical record providers who are contacted for information about patients pursuant to provisions of the USA Patriot Act; (3) advocate for such modifications to the USA Patriot Act as may be necessary to protect patient confidentiality and minimize legal liability for physicians; (4) advocate ~~that Section 215 of the USA Patriot Act sunset as scheduled, or, if the Act is reauthorized,~~ for amendments to Section 215 in accordance with the recommendations presented in Board of Trustees Report 29-A-05; (5) develop educational materials to inform physicians of the federal disclosure requirements of the Patriot Act as amended in 2006; and (6) advocate for further amendments to the Patriot Act, including the repeal of the one year non-disclosure order.

MSS RESOLUTION 27 – PREVENTING REACTIVATION OF LATENT TB IN FOREIGN-BORN POPULATIONS

MSS ACTION: AMA-MSS POLICY 440.008MSS REAFFIRMED IN LIEU OF RESOLUTION 27.

RESOLVED, That our AMA encourage greater awareness among domestic health care professionals and immigrants about the high risk of reactivation of latent TB in foreign-born populations following settlement in the US; and be it further

RESOLVED, That our AMA encourage the assessment of risk factors for reactivation of latent TB among foreign-born populations at highest risk for TB, including socioeconomic factors.

MSS RESOLUTION 28 – ADEQUATE AND CONSISTENT TRAINING IN UNDERGRADUATE MEDICAL EDUCATION TO PROMOTE SKIN CANCER SCREENING AND COUNSELING IN AT-RISK PATIENTS

MSS ACTION: MSS RESOLUTION 28 NOT ADOPTED.

RESOLVED, That our AMA encourage appropriate stakeholders to provide medical students with adequate and consistent training on how to (1) identify patients at-risk for skin cancer; (2) perform the appropriate skin cancer screening examination on these patients; (3) properly counsel these patients on sun-protective behaviors.

MSS RESOLUTION 29 – OPPOSING INVALIDATED PHYSICIAN PERFORMANCE METRICS

MSS ACTION: MSS RESOLUTION 29 NOT ADOPTED.

RESOLVED, That our AMA-MSS oppose statistically invalidated physician performance metrics

MSS RESOLUTION 30 – RECOGNIZING LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS) AS EFFICACIOUS AND ECONOMICAL FORMS OF CONTRACEPTION

MSS ACTION: MSS RESOLUTION 30 ADOPTED AS AMENDED.

RESOLVED, That our AMA study unintended pregnancies and their consequences with a focus on current efficacious and economic methods to overcome the problem; and be it further

RESOLVED, That our AMA support the training of all primary care providers in the area of preconception counseling.

MSS RESOLUTION 31 – ALTERING SCHOOL DAYS TO ALLEVIATE ADOLESCENT SLEEP DEPRIVATION

MSS ACTION: MSS RESOLUTION 31 ADOPTED AS AMENDED.

RESOLVED, That our AMA support appropriate entities in establishing clear evidence-based recommendations from existing research on adolescent sleep needs and school start times and that the AMA support legislation congruent with those guidelines.

MSS RESOLUTION 32 – EMERGENCY DEPARTMENT INSURANCE SCREENING

MSS ACTION: MSS RESOLUTION 32 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

EMERGENCY DEPARTMENT INSURANCE LINKING

RESOLVED, That our AMA support the establishment of insurance-linking programs in the emergency department in a manner that does not interfere with providing emergency medical services.

MSS RESOLUTION 33 – ERADICATING HOMELESSNESS

MSS ACTION: MSS RESOLUTION 33 ADOPTED AS AMENDED.

RESOLVED, That our AMA support improving the health outcomes and decreasing the health care costs of treating the chronically homeless through housing-first approaches; and be it further

RESOLVED, That our AMA support the appropriate organizations in developing an effective national plan to eradicate homelessness.

MSS RESOLUTION 34 – PROMOTING RESPONSIBLE ANTIBIOTICS USE THROUGH PUBLIC AWARENESS

MSS ACTION: MSS RESOLUTION 34 NOT ADOPTED.

RESOLVED, That our AMA become a leader in coordinating the federal and state governments and various philanthropic organizations in launching a focused media campaign that deploys all effective platforms, including internet, television, and print, to make the American citizen a prudent consumer of antibiotics.

MSS RESOLUTION 35 – INCREASING HEALTHY FOOD CHOICES AMONG FAMILIES SUPPORTED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

MSS ACTION: MSS RESOLUTION 35 ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate for positive financial incentives to encourage healthier food purchases for Supplemental Nutrition Assistance Program participants.

MSS RESOLUTION 36 – EQUAL PATERNAL AND MATERNAL LEAVE FOR MEDICAL RESIDENTS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 36 ADOPTED.

RESOLVED, That our AMA amend policy H-405.960 by insertion and deletion as follows:

H-405.960 Policies for Maternity, Family and Medical Necessity Leave
AMA adopts as policy the following guidelines for, and encourage the implementation of, Maternity, Family and Medical Necessity Leave for Medical Students and Physicians: (1) The AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of written leave policies, including parental, family, and medical leave policies, as part of the physician's standard benefit agreement; (2) Recommended components of maternity and paternity leave policies for medical students and physicians include: (a) duration of leave allowed before and after delivery; (b) category of leave credited; (c) whether leave is paid or unpaid; (d) whether provision is made for continuation of insurance benefits during leave, and who pays the premium; (e) whether sick leave and vacation time may be accrued from year to year or used in advance; (f) how much time must be made up in order to be considered board eligible; (g) whether make-up time will be paid; (h) whether schedule accommodations are allowed; and (i) leave policy for adoption~~; and (j) leave policy for paternity~~. (3) AMA policy is expanded to include physicians in practice, reading as follows: (a) residency program directors and group practice administrators should review federal law concerning maternity and paternity leave for guidance in developing policies to assure that pregnant physicians and expecting male physicians are allowed the same sick leave or disability benefits as those physicians who are ill or disabled; (b) staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' workloads, particularly in residency programs; and (c) physicians should be able to return to their practices or training programs after taking maternity leave without the loss of status. (4) Our AMA encourages residency programs, specialty boards, and medical group practices to incorporate into their maternity leave policies a six-week minimum leave allowance, with the understanding that no woman should be required to take a minimum leave; (5) Residency program directors should review federal and state law for guidance in developing policies for parental, family, and medical leave; (6) Medical students and physicians who are unable to work because of pregnancy, childbirth, and other related medical conditions should be entitled to such leave and other benefits on the same basis as other physicians who are temporarily unable to work for other medical reasons; (7) Residency programs should develop written policies on parental leave, family leave, and medical leave for physicians. Such written policies should include the following elements: (a) leave policy for birth or adoption; (b) duration of leave allowed before and after delivery; (c) category of leave credited (e.g., sick, vacation, parental, unpaid leave, short term disability); (d) whether leave is paid or unpaid; (e) whether provision is made for continuation of insurance benefits during leave and who pays for premiums; (f) whether sick leave and vacation time may be accrued from year to year or used in advance; (g) extended leave for resident physicians with extraordinary and long-term personal or family medical tragedies for periods of up to one year, without loss of previously accepted residency positions, for devastating conditions such as terminal illness, permanent disability, or complications of pregnancy that threaten maternal or fetal life; (h) how time can be made up in order for a resident physician to be considered board eligible; (i) what period of leave would result in a resident physician being required to complete an extra or delayed year of training; (j) whether time spent in making up a leave will be paid; and (k) whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules, and permanent part-time scheduling; (8) Our AMA endorses the concept of paternity leave for birth and adoption as a benefit for resident physicians, medical students, and physicians in practice equal to maternity leave benefits; (9) Staffing levels and scheduling are encouraged to be flexible enough to allow for

coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs; (10) Physicians should be able to return to their practices or training programs after taking parental leave, family leave, or medical leave without the loss of status; (11) Residency program directors must assist residents in identifying their specific requirements (for example, the number of months to be made up); because of leave for eligibility for board certification and must notify residents on leave if they are in danger of falling below minimal requirements for board eligibility. Program directors must give these residents a complete list of requirements to be completed in order to retain board eligibility; (12) Our AMA encourages flexibility in residency training programs, incorporating maternity and paternity leave and alternative schedules for pregnant house staff; and (13) In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year. (CCB/CLRPD Rep. 4, A-13)

MSS RESOLUTION 37 – AMA SUPPORT FOR INCREASING ACCESS TO SHADOWING OPPORTUNITIES FOR PREMEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 37 ADOPTED AS AMENDED.

RESOLVED**,** That our AMA-MSS encourage state medical societies to create a database of physicians willing to provide shadowing opportunities to undergraduate students.

MSS RESOLUTION 38 – AGAINST THE USE OF MULTIVITAMIN SUPPLEMENTS FOR PRIMARY PREVENTION OF CHRONIC DISEASE

MSS ACTION: MSS RESOLUTION 38 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

HARMS AND BENEFITS OF VITAMIN AND MINERAL SUPPLEMENTS

RESOLVED, That our AMA-MSS advocate for increased education and awareness regarding the harms and benefits of vitamin and mineral supplements; and be it further

RESOLVED, That our AMA-MSS support the study of vitamin and mineral supplement use in primary prevention of chronic disease.

MSS RESOLUTION 39 – REGIONAL RESOLUTION VETTING PROCESS

MSS ACTION: MSS RESOLUTION 39 NOT ADOPTED.

RESOLVED, That our AMA-MSS Internal Operating Procedure be amended or adopted as follows:

1. That Regions, by an affirmative majority vote, may exempt themselves, their Region Delegates and their members from any

Checklist/Rubric/Grading process as outlined by GC Report A and reflected in the IOPs for future Annual and Interim Assembly meetings; and

2. That Regions, if such an affirmative vote takes place, must amend their bylaws such that a vetting process, as determined to be satisfactory by the Region, is ensured; and
3. That the Governing Council, only by two-thirds majority vote, may remove the Region exemption if the Region is deemed to have an inadequate vetting process; and
4. That submission deadlines for the Region-approved resolutions shall coincide with the final draft deadlines for all other resolutions; and
5. That Regions, while they may testify in front of reference committees or petition the Speaker of the AMA-MSS to change the order of resolution consideration, they will not be construed as having any additional codified role not otherwise specified in the IOPs

MSS RESOLUTION 40 – COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

MSS ACTION: MSS RESOLUTION 40 ADOPTED AS AMENDED.

RESOLVED, That our AMA work with state medical societies to 1) advocate for legal protection for commercially sexually exploited youth as an alternative to prosecution for crimes related to sexual exploitation, and 2) encourage the development of appropriate, comprehensive, trauma-informed services as an alternative to criminal detention in order to overcome barriers to necessary services and care for commercially sexually exploited youth.

MSS RESOLUTION 41 – AFTER-SCHOOL PROGRAMS FOR ADOLESCENT STUDENTS

MSS ACTION: MSS RESOLUTION 41 NOT ADOPTED.

RESOLVED, That our AMA develop educational materials for health-care professionals and the public emphasizing the benefits of after-school programs for adolescent children.

MSS RESOLUTION 42 – COMBATING SEX-LINKED DISCRIMINATION OF DENYING SPECIAL REQUEST FOR LACTATION DURING MEDICAL BOARD EXAMINATION

MSS ACTION: MSS RESOLUTION 42 ADOPTED.

RESOLVED, That our AMA urge all medical examination agencies to grant special request to give breast-feeding test-takers additional break time and a suitable environment during the medical licensing examination to express milk; and be it further

RESOLVED, That our AMA encourage all medical examination agencies to serve as role models to improve public health by supporting mothers who provide breast milk to their infants.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2014 ANNUAL MEETING
CHICAGO, ILLINOIS

GOVERNING COUNCIL REPORT A – REDUCING THE FINANCIAL AND EDUCATIONAL COSTS OF RESIDENCY INTERVIEWS

MSS ACTION: RECOMMENDATIONS OF GOVERNING COUNCIL REPORT A ADOPTED.

Your MSS Governing Council recommends:

1. That the AMA consider the following strategies to address the high cost of interviewing for residency:

    a) Establish a method of collecting data on interviewing costs for medical students of all specialties (e.g., NRMP survey collaboration) for further study.
    b) Support further study of residency interview strategies aimed at mitigating costs associated with residency interviews.

2. That the AMA MSS consider the following strategies to address the high cost of interviewing for residency:

    a) Consider producing and providing a toolkit of recommended resources for 4th year medical students who are interviewing on the AMA-MSS webpage.
    b) Create and/or promote specific websites related to med student travel (e.g., http://www.smartmedtravel.com/).
    c) Provide or recommend an online forum (e.g., http://rotatingroom.com/about.php) where students can accommodate other medical students who are interviewing in their area.

GOVERNING COUNCIL REPORT B – SATELLITE CAMPUS REPRESENTATION IN THE MSS ASSEMBLY

MSS ACTION: RECOMMENDATION OF GOVERNING COUNCIL REPORT B ADOPTED.

Governing Council Report B provides the results of a study into the current system of satellite campus allocation in the MSS.

GOVERNING COUNCIL REPORT C – OUTCOMES TRANSPARENCY TO FACILITATE QUALITY IMPROVEMENT AND PATIENT SAFETY

MSS ACTION: RECOMMENDATION OF GOVERNING COUNCIL REPORT C ADOPTED.

Governing Council Report C provides the results of an analysis of the AMA's policy regarding data transparency and quality reporting.

GOVERNING COUNCIL REPORT D – STUDY OF THE STRUCTURE OF THE ANNUAL AND INTERIM MEETINGS

MSS ACTION: GOVERNING COUNCIL REPORT D FILED.

Governing Council Report D provides the analysis and results of the advocacy-only resolution policy recommendation for the AMA-MSS Annual Meeting.

GOVERNING COUNCIL REPORT E – TRANSFORMING FOR TOMORROW

MSS ACTION: RECOMMENDATIONS OF GOVERNING COUNCIL REPORT E ADOPTED.

1. That our AMA-MSS Governing Council (GC) study the current framework by which the MSS participates in advocacy, the potential for revising that framework including leadership positions, and the MSS' advocacy goals with report back to the AMA-MSS Assembly at I-14.

2. That our GC study the current framework by which the MSS participates in social media and marketing, the potential for revising that framework including leadership positions, the MSS' social media and marketing goals, and the roles of the newly created Communication and Engagement Committee and the Membership and Recruitment Committee with report back to the AMA-MSS Assembly at A-15.

3. That our GC, in collaboration with AMA-MSS regional leadership, work to optimize our AMA-MSS regional structure from the perspective of leadership and districting with report back to the AMA-MSS Assembly at I-15.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2014 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 001 – OPT-OUT ORGAN DONATION

HOD ACTION: AMA RESOLUTION 001 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

ORGAN DONATION

RESOLVED, That our American Medical Association study potential models for increasing the United States organ donor pool.

AMA RESOLUTION 002 – MODERNIZATION OF HIV SPECIFIC CRIMINAL LAWS

HOD ACTION: SUBSTITUTE AMA RESOLUTION 002 ADOPTED.

RESOLVED, That AMA Policy H-20.914 be amended by insertion and deletion as follows:

H-20.914 Discrimination <u>and Criminalization</u> Based on HIV Seropositivity
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; ~~and~~ (4) Encourages medical staff to work closely with hospital administration and governing bodies to establish appropriate policies regarding HIV-positive patients<u>; (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</u>.

AMA RESOLUTION 101 – PROVIDING COMPLETE MATERNITY CARE UNDER THE AFFORDABLE CARE ACT

HOD ACTION: AMA RESOLUTION 101 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association advocate for expanding coverage of maternity care to dependent women under the age of 26 on their parents' large group plans; and be it further;

RESOLVED, That our American Medical Association advocate that individual, small and large group health plans provide 60 days of newborn coverage for all newborns born to participants in the plan.

AMA RESOLUTION 202 – BANNING SMOKING WHILE DRIVING IN VEHICLES WHERE MINORS ARE PRESENT

HOD ACTION: AMA RESOLUTION 202 ADOPTED.

RESOLVED, That our American Medical Association support legislation that prohibits smoking while operating or riding in a vehicle that contains children.

AMA RESOLUTION 301 – SHARED DECISION-MAKING IN MEDICAL EDUCATION

HOD ACTION: AMA RESOLUTION 301 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association amend policy D.373.999 by insertion as follows:

> **D-373.999 Informed Patient Choice and Shared Decision Making**
> Our AMA will work with state and specialty societies, medical schools, and others as appropriate to educate and communicate to medical students and to physicians about the importance of shared decision-making guidance through publications and other educational methods and assist the medical community in moving towards patient-centered care; and be it further

RESOLVED, That our AMA collaborate with the appropriate medical education organizations to identify resources for undergraduate and graduate medical education programs to help ensure proficiency among medical students and resident/fellow physicians in shared decision-making and effective use of shared decision-making tools, such as patient decision aids.

AMA RESOLUTION 403 – SUNSCREEN AND SUN PROTECTION COUNSELING BY PHYSICIANS

HOD ACTION: AMA RESOLUTION 403 ADOPTED.

RESOLVED, That our American Medical Association encourage physicians to counsel their patients on sun-protective behavior.

AMA RESOLUTION 404 – PREVENTION OF MOSQUITO TRANSMITTED DISEASES

HOD ACTION: AMA POLICY H-135.938 REAFFIRMED IN LIEU OF AMA RESOLUTION 404.

RESOLVED, That our AMA encourage physicians to discuss and promote protective practices specific for mosquitos, such as those developed by the Centers for Disease Control, with patients when clinically appropriate.

AMA RESOLUTION 422 – SUPPORT FOR NUTRITION LABEL REVISION AND FDA REVIEW OF ADDED SUGARS

HOD ACTION: AMA RESOLUTION 422 ADOPTED.

RESOLVED, That our AMA issue a statement of support for the newly proposed nutrition labeling by the FDA during the public comment period; and be it further

RESOLVED, That our AMA recommend that the FDA further establish a recommended daily value (%DV) for the new added sugars listing on the revised nutrition labels based on previous recommendations from the WHO and AHA; and be it further

RESOLVED, That our AMA encourage further research into studies of sugars as addictive through epidemiological, observational, and clinical studies in humans.

AMA RESOLUTION 501 – DEVELOPMENT OF A STANDARDIZED POST-CONDUCTED ELECTRICAL EXPOSURE MEDICAL PROTOCOL

HOD ACTION: AMENDED AMA POLICY H-145.977 ADOPTED IN LIEU OF AMA RESOLUTION 501.

H-145.977 Use of ~~Tasers~~ Conducted Electrical Devices by Law Enforcement Agencies
Our AMA: (1) recommends that law enforcement departments and agencies should have in place specific guidelines, rigorous training, and an accountability system for the use of conducted electrical devices (CEDs) that is modeled after available national guidelines; (2) encourages additional independent research involving actual field deployment of CEDs to better understand the risks and benefits under conditions of actual use. Federal, state, and local agencies should accurately report and analyze the parameters of CED use in field applications; and (3) policy is that law enforcement departments and agencies have a standardized ~~approach to~~ protocol developed with the input of the medical community for the ~~medical~~ evaluation, management and post-exposure monitoring of subjects exposed to CEDs.

AMA RESOLUTION 703 – IMPROVING HOME HEALTH CARE

HOD ACTION: AMA RESOLUTION 703 REFERRED.

RESOLVED, That our AMA support the establishment of state-based certification for home health care workers and regulatory oversight over home health agencies.

AMA RESOLUTION 704 – STUDYING HOSPITAL-ENFORCED ADMISSIONS, TESTING AND PROCEDURE QUOTAS

HOD ACTION: AMA RESOLUTION 704 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

STUDYING HOSPITAL INCENTIVES FOR ADMISSION, TESTING, AND PROCEDURES

RESOLVED, That our American Medical Association study the extent to which U.S. hospitals interfere in physicians' independent exercise of medical judgment, including but not limited to the use of incentives for admissions, testing, and procedures.

AMA RESOLUTION 705 – PREVENTIVE SCREENING AND TREATMENT OF MALNUTRITION IN HOSPITAL PATIENTS

HOD ACTION: SUBSTITUTE AMA RESOLUTION 705 ADOPTED.

PAYMENT FOR NUTRITION SUPPORT SERVICES

RESOLVED, That our American Medical Association recognizes the value of nutrition support teams services and their role in positive patient outcomes and supports payment for the provision of their services.

AMA RESOLUTION 706 – HIGH RATES OF CESAREAN DELIVERIES

HOD ACTION: AMA RESOLUTION 706 NOT ADOPTED.

RESOLVED, That the AMA support the American Congress of Obstetricians and Gynecologists' 2013 opinion that recommended vaginal delivery instead of cesarean section in the absence of maternal or fetal indications; and be it further

RESOLVED, That the AMA encourage appropriate agencies and organizations to study the indications for cesarean section in order to achieve a greater degree of standardization in their use.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2014 INTERIM MEETING
DALLAS, TEXAS

MSS RESOLUTION 1 – AMA STUDY ON RISK-BASED INTEREST RATES FOR FEDERAL STUDENT LOANS

MSS ACTION: AMA POLICY D-305.984 REAFFIRMED IN LIEU OF MSS RESOLUTION 1.

RESOLVED, That the AMA study the interest rates set for federal student loans regarding but not limited to a) the associated risk based on the type of degree pursued, b) the metrics by which federal student loan rates are set, and c) the profit the federal government makes off medical student loans in addition to student loans given to other student populations; and be it further

RESOLVED, That the AMA advocate that federal student loan interest rates be modified to a risk-adjusted distribution based on the associated risk of the population receiving the loan.

MSS RESOLUTION 2 – EDUCATING AMERICA ON GRADUATE MEDICAL EDUCATION

MSS ACTION: AMA POLICY D-305.967 REAFFIRMED IN LIEU OF MSS RESOLUTION 2.

RESOLVED, That our AMA, in congruence with the current “SaveGME” campaign, develop a national campaign to education the public on the definition and importance of Graduate Medical Education, student debt, and the state of the medical profession today and in the future; and be it further

RESOLVED, That this resolution be forwarded to our AMA HOD at I-14.

MSS RESOLUTION 3 – ADDRESSING THE INCREASING NUMBER OF UNMATCHED MEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That the AMA study, in collaboration with the Association of American Medical Colleges (AAMC) and the American Osteopathic Association (AOA), the common reasons for failures to match; and be it further

RESOLVED, That the AMA study potential pathways for reengagement in the medical field for applicants to the National Resident Matching Program (NRMP) who fail to match.

MSS RESOLUTION 4 – EXPANDING SUPPORTIVE EFFORTS IN PRE K-12 EDUCATION FOR MINORITIES

MSS ACTION: AMA POLICIES H-350.979 AND H-170.985 AND AMA-MSS POLICY 350.001MSS BE REAFFIRMED IN LIEU OF MSS RESOLUTION 4.

RESOLVED, That our AMA-MSS support supplementary programs in STEM education and mentorship opportunities in medicine for URM students in pre K-12 education; and be it further

RESOLVED, That our AMA-MSS coordinate their supportive efforts with state educational societies to support the viability of supportive STEM education and mentorship opportunities in pre K-12 education; and be it further

RESOLVED, That our AMA-MSS extend support for mentorship opportunities, especially for URMs, in order to encourage their recruitment in medical careers.

MSS RESOLUTION 5 – INCREASING GRADUATE MEDICAL EDUCATION FUNDING THROUGH RESIDENT PROVIDED SERVICES

MSS ACTION: MSS RESOLUTION 5 NOT ADOPTED.

RESOLVED, That our AMA calls for unsupervised resident services that have been approved by their attending physician to be billed to patients' payers, serving as a subsidy to direct graduate medical education funding.

MSS RESOLUTION 6 – PROMOTING PHYSICIANS IN PRIMARY CARE AND UNDERSERVED REGIONS

MSS ACTION: MSS RESOLUTION 6 NOT ADOPTED.

RESOLVED, That our AMA study the factors that may discourage a student from choosing primary care specialties as a career path other than debt burden by surveying 4th year undergraduate medical students on their perceptions of primary care and reasons for avoiding or for entering primary care and present their findings at the I-15 meeting; and be it further

RESOLVED, That our AMA use the findings of this study to direct its future efforts to increase the number of primary care physicians, especially to increase the number of primary care physicians in underserved regions.

MSS RESOLUTION 7 – TURNING AWAY UNVACCINATED CHILDREN IN PEDIATRIC AND PRIMARY CARE PRACTICES

MSS ACTION: MSS RESOLUTION 7 NOT ADOPTED.

RESOLVED, That our AMA survey the pediatrician and family practice physician members to better ascertain the number of pediatric and primary care practices refusing to see unvaccinated children as well as their reasons for refusing to see these children; and be it further

RESOLVED, That our AMA conduct a literature review on the potential life-long impacts of children being refused entry to clinical practices based on their vaccination history; and be it further

RESOLVED, That our AMA amend policy H-440.970 to encourage pediatricians and family practice physicians to preserve the physician-family relationship with guardians and families who choose not to vaccinate their children.

MSS RESOLUTION 8 – RESPONDING TO THE GLOBAL DRUG-RESISTANT TUBERCULOSIS PANDEMIC

MSS ACTION: AMA POLICY H-440.874 REAFFIRMED IN LIEU OF MSS RESOLUTION 8.

RESOLVED, That our American Medical Association (AMA) will advocate for increased federal funding for evidence-based international programs to combat the global drug-resistant tuberculosis pandemic; and be it further

RESOLVED, That our AMA will support legislation to increase resources available for research and development of new innovations in the prevention and control of drug-resistant tuberculosis, and of the implementation of these methods.

MSS RESOLUTION 9 – MEDICAL STUDENT INVOLVEMENT IN HANDOFFS

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS recognize the importance of medical student involvement in patient handoffs as integral to both comprehensive medical education and quality patient care; and be it further

RESOLVED, That our AMA-MSS encourage supervised medical student involvement in patient handoffs.

MSS RESOLUTION 10 – BEST PRACTICES FOR MOBILE MEDICAL APPLICATIONS

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED.

RESOLVED, That our AMA develop and publically disseminate a list of best practices guiding the development of mobile medical applications.

MSS RESOLUTION 11 – CREATION OF "MEDICAL STUDENT" CATEGORY IN FEDERAL DIRECT STUDENT LOAN PROGRAM

MSS ACTION: AMA POLICY D-305.984 REAFFIRMED IN LIEU OF MSS RESOLUTION 11.

RESOLVED, That our AMA advocate for the creation of a separate “Medical Student” category in the Federal Direct Student Loan Program, such that interest rates on loans to medical students can be properly risk-adjusted and reduced.

MSS RESOLUTION 12 – INCREASING THE CONSUMPTION OF HEALTHY FRESH FOODS IN FOOD DESERT COMMUNITIES USING MOBILE PRODUCE FOOD VENDOR PROGRAMS

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA support expanding the use of current state and federal food assistance programs (e.g. Supplemental Nutrition Assistance Program; Special Supplemental Nutrition Program for Women, Infants, and Children Fruit and Vegetable Cash Value Voucher; and the US Farm Bill) to include purchasing fruits and vegetables from licensed and/or certified healthy mobile produce vendors.

MSS RESOLUTION 13 – MSS SUPPORT FOR STATE-BY-STATE SINGLE-PAYER HEALTH INSURANCE

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

MSS SUPPORT FOR STATE-BY-STATE UNIVERSAL HEALTH CARE

RESOLVED, That our AMA-MSS supports state-level legislation to implement innovative programs to achieve universal health care, including but not limited to single-payer health insurance.

MSS RESOLUTION 14 – PATIENT CONFIDENTIALITY IN NATIONAL SECURITY INVESTIGATIONS

MSS ACTION: MSS RESOLUTION 14 NOT ADOPTED.

RESOLVED, That our AMA will study the impact and scope of the USA PATRIOT Act, especially Section 215, on patient confidentiality in light of recent court decisions and public disclosures that demonstrate changes in the limits of federal surveillance since this issue was last studied; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at I-14.

MSS RESOLUTION 15 – REMOVING BARRIERS TO CROSS-STATE TELEMEDICINE

MSS ACTION: SUBSTITUTE MSS RESOLUTION 15 ADOPTED WITH CHANGE IN TITLE.

SUPPORT OF INTERSTATE MEDICAL LICENSURE COMPACTS

RESOLVED, That the AMA-MSS support the development and adoption by states of interstate medical licensure compacts or uniform acts to enhance medical license portability.

MSS RESOLUTION 16 – TOWARDS A UNIFIED LICENSURE SYSTEM

MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.

RESOLVED, That our AMA-MSS support efforts to remove all barriers to the appropriate practice of medicine by licensed physicians anywhere within the country through methods potentially including but not limited to:

a) The development of interstate medical licensure compacts or uniform acts,
b) Federal legislation mandating the adoption of harmonized medical licensure procedures,
c) Federal legislation preempting state medical practice acts to allow for the provision of telemedicine services across state lines for fully or partially federally funded insurance programs such as Medicare, Medicaid, Tricare, and VA Health Benefits Program,
d) The development of a federal medical licensure system modeled partially after the aviation pilot licensure system.

MSS RESOLUTION 17 – LABELING AND RECOMMENDED PROTECTION FOR SUNGLASSES

MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA recognizes based on current evidence that sunglasses that protect against 100% of both UVA and UVB radiation are currently the safest choice for consumers; and be it further

RESOLVED, That our AMA recommends that manufacturers clearly label all sunglasses with the percentage of UVA and UVB radiation reflected so that consumers know the extent to which the glasses protect against both types of UV radiation.

MSS RESOLUTION 18 – POLICY AND ADVOCACY OPPORTUNITIES FOR MEDICAL STUDENTS

MSS ACTION: MSS RESOLUTION 18 ADOPTED AS AMENDED.

RESOLVED, That our AMA establish medical student health policy and advocacy elective rotations for medical students based in Washington, DC.; and be it further

RESOLVED, That our AMA support and encourage internal, state, and specialty organizations to offer health policy and advocacy opportunities for medical students.

MSS RESOLUTION 19 – ADVOCATING FOR THE FURTHER RESEARCH AND CLINICAL IMPLEMENTATION OF THE STATES OF CHANGE MODEL IN LIFESTYLE COUNSELING TO FIGHT OBESITY

MSS ACTION: AMA POLICY H-425.972 REAFFIRMED IN LIEU OF MSS RESOLUTION 19.

RESOLVED, That our AMA advocates for further research directed at the development and implementation of an effective stage of change approach in lifestyle counseling at the clinical setting, tailoring counseling measures for each patient based on his/her stage of readiness for lifestyle change, in order to fight the obesity epidemic in the United States.

MSS RESOLUTION 20 – SCREENING AND SURVEILLANCE FOR HEPATOCELLULAR CARCINOMA

MSS ACTION: MSS RESOLUTION 20 NOT ADOPTED.

RESOLVED, That our AMA collaborate with the U.S. Preventive Services Task Force to support appropriate screening and surveillance for hepatocellular carcinoma among male patients with nonalcoholic fatty liver disease, especially those of older age and/or with hepatitis C virus; and be it further

RESOLVED, That our AMA collaborate with the National Cancer Institute and American Cancer Society to promote patient awareness of hepatocellular carcinoma and its many risk factors such as chronic nonalcoholic fatty liver disease, obesity, and diabetes.

MSS RESOLUTION 21 – PROMOTING FOOD RECOVERY EFFORTS IN HOSPITALS

MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.

RESOLVED, That our AMA support sustainability, better nutrition and improved community health outcomes through hospital food recovery programs by encouraging state medical societies and physicians to collaborate with local hospitals and food recovery programs present in the community.

MSS RESOLUTION 22 – ADDRESSING DRUG OVERDOSE AND PATIENT COMPLIANCE WITH TARGETED PHARMACEUTICAL PACKAGING EFFORTS

MSS ACTION: MSS RESOLUTION 22 ADOPTED AS AMENDED.

RESOLVED, That the AMA support research into novel and affordable pharmaceutical packaging in attempts to increase ease of use, improve patient compliance, and decrease abuse potential.

MSS RESOLUTION 23 – PREVENTION OF NOSOCOMIAL DISEASE BY PROMOTING SAFE INJECTION PRACTICES

> **MSS ACTION: AMA POLICIES D-480.998 AND H-95.999 REAFFIRMED IN LIEU OF MSS RESOLUTION 23.**

RESOLVED, That our AMA encourage all health care workers to follow the safe injection practices as recommended by the CDC; and be it further

RESOLVED, That our AMA support campaigns and coalitions pertaining to safe injection practices in their efforts to educate health workers and patients to prevent the spread of disease; and be it further

RESOLVED, That our AMA encourage the implementation of devices engineered for safe injections that are shown to prevent the spread of disease.

MSS RESOLUTION 24 – ENHANCING COMMUNICATION OF RESOLVABLE CLINICAL ISSUES TO RESEARCHERS

> **MSS ACTION: MSS RESOLUTION 24 NOT ADOPTED.**

RESOLVED, That our AMA support the use of and extend the modality of the AMA Wire online platform to accommodate the posting of AMA physician-posed clinical questions, which could expose uninvestigated gaps in the currently-accepted medical knowledge, with the following underlying purposes:

> 1. To stimulate innovative research, by available AMA-affiliated investigators, brought into question by the day-to-day practice of physicians, who may otherwise be removed from the research community or unable to engage in research themselves;
> 2. To report current and rising trends in the gaps of scientific knowledge regarding community health; and
> 3. To foster communication of new ideas from the physician to healthcare-related researchers nationwide.

MSS RESOLUTION 25 – EMPOWERING MEDICAL STUDENTS TO LEARN ABOUT THE HEALTHCARE SYSTEMS OF OTHER NATIONS

> **MSS ACTION: MSS RESOLUTION 25 NOT ADOPTED.**

RESOLVED, That our AMA amend Policy H-295.924 to include a fourth clause that reads: “The AMA:…(4) will work with the AAMC to support medical schools in efforts that enable students to learn about the healthcare systems of other nations. This may take whatever form each medical school feels is most appropriate to its circumstances, but as an example, may include the provision of educational materials, the offering of elective courses, and/or the holding of workshops related to the healthcare systems of other nations. The purpose of this support should be to enable interested students to productively engage with this topic and to provide other students who are unfamiliar with this topic the opportunity to familiarize themselves with it should they wish.”

MSS RESOLUTION 26 – ADVOCATING FOR INCREASED RESEARCH FOR ACCURATE AND COST-EFFECTIVE COMMUNITY-BASED SCREENING OF GLAUCOMA IN THE AT-RISK POPULATION, AS WELL AS HEIGHTENED PHYSICIAN AND PATIENT AWARENESS OF GLAUCOMA AS A PUBLIC HEALTH CONCERN CONTRIBUTING TO MOTOR VEHICLE ACCIDENTS AND POOR HEALTH OUTCOMES PARTICULARLY IN THE ELDERLY

MSS ACTION: MSS RESOLUTION 26 NOT ADOPTED.

RESOLVED, That our AMA advocates for the increased physician awareness of glaucoma and other causes of subclinical visual field deficits as a public health concern contributing to morbidity and mortality through motor vehicle accidents, as well as poor socioeconomic, physical, and psychological health outcomes particularly in the growing elderly population at risk; and be it further

RESOLVED, That our AMA advocates for further research on new methods and/or technologies that can be accurately and cost-effectively implemented for use in community based screening for asymptomatic patients at increased risk for glaucoma as well as symptomatic patients suspected for glaucoma, in order to optimize detection of the condition at an early stage by timely referral to an ophthalmologist or optometrist; and be it further

RESOLVED, That our AMA, along with appropriate third parties such as the Center for Disease Control and World Health Organization, advocates for generalized patient education on glaucoma and other ocular conditions causing vision loss, based on individual patient risk factors, through the use of various methods such as brochures, counseling, and public promotion.

MSS RESOLUTION 27 – ENCOURAGING DISADVANTAGED STUDENTS IN MEDICINE

MSS ACTION: AMA POLICY H-350.979 REAFFIRMED IN LIEU OF MSS RESOLUTION 27.

RESOLVED, That our AMA study what economic and non-economic factors discourage the entry of graduates from underrepresented and socioeconomically disadvantaged groups into medicine; and be it further

RESOLVED, That our AMA make its findings available for medical schools and encourage them to refine their efforts in recruiting students from socioeconomically disadvantaged backgrounds in addition to our AMA using its findings to refine its own efforts to do the same.

MSS RESOLUTION 28 – MEASURING THE EFFECT OF PAID SICK LEAVE (PSL) ON HEALTH-CARE OUTCOMES

MSS ACTION: MSS RESOLUTION 28 ADOPTED AS AMENDED.

RESOLVED, That our AMA recognize the positive impact of paid sick leave on health and support legislation that offers paid sick leave; and be it further

RESOLVED, Thar our AMA work with appropriate entities to build on the current body of evidence by studying the health and economic impacts of newly enacted legislation.

MSS RESOLUTION 29 – INCREASING BUPRENORPHINE PRESCRIBING POWER FOR PRIMARY CARE PHYSICIANS

MSS ACTION: MSS RESOLUTION 29 NOT ADOPTED.

RESOLVED, That our AMA encourage all licensed primary care physicians to complete the training on management and treatment of patients with opioid abuse disorders that is required to prescribe buprenorphine; and be it further

RESOLVED, That our AMA support an increase in the number of patients that a physician can treat with buprenorphine at any one time; and be it further

RESOLVED, That our AMA support increased physician compensation by private and public insurance companies for the treatment of patients with opioid abuse disorders.

MSS RESOLUTION 30 – PREVENTING FIRE-ARM RELATED INJURY AND MOBIDITY IN YOUTH

MSS ACTION: MSS RESOLUTION 30 ADOPTED AS AMENDED.

RESOLVED, That our AMA collaborates with firearms owners and training organizations to develop and distribute firearm safety materials that are appropriate for the clinical setting.

MSS RESOLUTION 31 – SUPPORT FOR CROSS-STATE GUN VIOLENCE RESEARCH

MSS ACTION: MSS RESOLUTION 31 NOT ADOPTED.

RESOLVED, That our AMA calls for increased state-by-state gun violence research in order to gather sufficient data surrounding the effects of various gun control policies on firearm assault injury rates; and be it further

RESOLVED, That our AMA advocates for increased gun violence research focused on cross-state gun policy comparisons, and the implications that such policies have on firearm assault rates.

MSS RESOLUTION 32 – NIH INITIATIVES FOR YOUNG RESEARCHERS

MSS ACTION: AMA POLICIES H-460.926 AND H-460.971 REAFFIRMED IN LIEU OF MSS RESOLUTION 32.

RESOLVED, That the AMA support programs that improve new researchers' success in obtaining NIH grants and renewal funding; and be it further

RESOLVED, That the AMA support research to study ways for our country to establish the next generation of research; and be it further

RESOLVED, That the AMA-MSS study ways for our country to establish the next generation of research and increase the success of young researchers in obtaining NIH funding.

MSS RESOLUTION 33 – ACTIVE INCORPORATION OF TIME-MANAGEMENT SKILLS TO HELP ATTENUATE THE OBESITY EPIDEMIC

MSS ACTION: MSS RESOLUTION 33 NOT ADOPTED.

RESOLVED, That the AMA encourage public schools to institute courses that actively incorporate time management and healthy life choices into elementary curriculums; and be it further

RESOLVED, That the AMA support formations of obesity relapse prevention groups with emphasis on enhancing time management. Our AMA should encourage physicians to provide support groups for patient populations undergoing weight loss treatment; either medical therapy or surgery. Prevention training should include but not be limited to teaching identification of high-risk situations and planned patient doctor interactions to increase patient compliance.

MSS LATE RESOLUTION 1 – ADVOCATING FOR AWARENESS AND IMPLEMENTATION REGARDING THE GENERALIZED USE OF MINDFULNESS-BASED STRESS REDUCTION (MBSR) AND MINDFULNESS-BASED COGNITIVE THERAPY (MBCT) IN PATIENTS SUFFERING FROM DEPRESSIVE DISORDERS AND IMPLEMENTATION AND RESEARCH OF MINDFULNESS PRACTICES IN MEDICAL SCHOOL CURRICULUM

MSS ACTION: AMA POLICIES H-295.872 AND D-310.968 REAFFIRMED IN LIEU OF MSS LATE RESOLUTION 1.

RESOLVED, That our AMA advocates for promoting the awareness and implementation of Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) by mental health practitioners as adjunctive therapies to address the problems of stress, depression, and anxiety in patients suffering from these symptoms; and be it further

RESOLVED, That our AMA advocates for the incorporation of mindfulness-based practices into medical school curriculum, to provide students and physicians with the means to handle stress, avoid burn-out, and prevent mental illness; and be it further

RESOLVED, That our AMA advocates for further research into the best means with which to incorporate mindfulness-based practices into graduate and undergraduate medical education, with the purpose of utilizing these practices in the clinical setting.

MSS LATE RESOLUTION 2 – NOVEL APPROACHES TO DECREASING STUDENT DEBT THROUGH STUDENT HEALTH INSURANCE REFORMS

MSS ACTION: MSS LATE RESOLUTION 2 NOT ADOPTED.

RESOLVED, That our AMA work with the AAMC and other stakeholder groups to make low-income medical students eligible to receive government subsidies on marketplace purchased insurance by way of waiving the minimum income requirement to be eligible for the subsidies (premium tax credit) from the Health Insurance Marketplace; and be it further

RESOLVED, That our AMA conduct a study on the feasibility of decreasing health insurance costs for medical students; and be it further

RESOLVED, That our AMA amend H-295.942 to read as follows:
(3) medical schools and residency training programs to pay for or offer comprehensive and affordable health insurance coverage, including but not limited to medical, dental, and vision care, to medical students and residents <u>at a cost comparable to similar plans on the federal government's Health Insurance Marketplace</u> which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance<u>; alternatively, students who choose to enroll for Medicaid should be allowed to do so to fulfill the health insurance requirement</u>.

MSS LATE RESOLUTION 3 – ELIMINATION OF LEGAL CANNABIS USE AS AN EXCLUSION CRITERION FOR THE SELECTION OF POTENTIAL ORGAN TRANSPLANT RECIPIENTS

MSS ACTION: MSS LATE RESOLUTION 3 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

REMOVAL OF CANNABIS USE AS A RELATIVE CONTRADINDICATION FOR POTENTIAL ORGAN TRANSPLANT

RESOLVED, That our AMA-MSS oppose utilization of 1) reported marijuana use; and 2) positive cannabis toxicology tests as a relative contraindication for potential organ transplant recipients.

MSS LATE RESOLUTION 4 – EVALUATION OF DACA-ELIGIBLE MEDICAL STUDENTS, RESIDENTS, AND PHYSICIANS IN ADDRESSING PHYSICIAN SHORTAGES

MSS ACTION: MSS LATE RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That our AMA study the issue of Deferred Action for Childhood Arrivals (DACA)-eligible medical students, residents, and physicians and consider the opportunities for their participation in the physician profession and report its findings to the House of Delegates.

MSS LATE RESOLUTION 5 – THE PROTECTION OF HEALTH CARE WORKERS GIVING AID TO FOREIGN REGIONS

MSS ACTION: MSS LATE RESOLUTION 5 NOT ADOPTED.

RESOLVED, That our American Medical Association study the ethics and other issues surrounding the health and medical evacuation of physicians and other healthcare workers in underserved areas during epidemics; and be it further

RESOLVED, That our American Medical Association adopt policy that supports the creation of national standards and protocols for medical evacuations of qualified healthcare workers providing medical care abroad.

MSS LATE RESOLUTION 6 – RECOGNITION OF THE TRUE HEALTH STATUS AND RISKS FOR REFUGEES FROM CENTRAL AMERICA

MSS ACTION: MSS LATE RESOLUTION 6 NOT CONSIDERED.

RESOLVED, That our AMA take immediate action by releasing an official statement that acknowledges that the health of unaccompanied children from Central America is an urgent humanitarian issue; and be it further

RESOLVED, That our AMA urges for special consideration of their physical, mental, and psychological health in determination of their legal status; and be it further

RESOLVED, That our AMA acknowledges that return to their country of origin poses potential risks to their health; and be it further

RESOLVED, That our AMA immediately meet and work with the American Academy of Pediatrics to identify the main obstacles to the physical health, mental health, and psychological well-being of these unaccompanied children; and be it further

RESOLVED, That our AMA work to identify appropriate medical experts to assemble a task force to address the unmet medical needs of unaccompanied minor children from Central and South America in the United States without proper documentation status, with issues to be discussed to include the identification of:

A. The health needs of this unique population, including standard pediatric care as well as mental health needs,
B. Health care professionals to address these needs, to potentially include but not be limited to NGOs, federal, state, and local governments, the US Military and National Guard, and local and community health professionals,
C. The resources required to address these needs, including but not limited to monetary resources, medical care facilities and equipment, and pharmaceuticals,
D. Avenues for continuity of care for these children during the potentially extended multi-year legal process to determine their final disposition.

MSS LATE RESOLUTION 7 – THE MISMATCH – EDUCATING INCOMING MEDICAL SCHOOL STUDENTS ABOUT GME FUNDING SHORTFALLS RELEVANT TO THEIR RESIDENCY MATCH PROSPECTS

MSS ACTION: MSS LATE RESOLUTION 7 NOT ADOPTED.

RESOLVED, That our AMA encourage medical schools to notify incoming medical students via mail upon acceptance of the current year's MATCH statistics, prospective statistics based on new enrollment and a brief background about the Medicare Sustainable Growth Rate (SGR) and the Balanced Budget Act of 1997.

MSS LATE RESOLUTION 8 – ADVOCATING FOR OPTIMAL SCREENING AND MANAGEMENT OF HUMAN TRAFFICKING VICTIMS BY FORMAL EDUCATION OF HEALTHCARE PROFESSIONALS ON THIS ISSUE THROUGH INTEGRATION OF THIS TOPIC INTO CONTINUING MEDICAL EDUCATION REQUIREMENTS AND UNGERGRADUATE MEDICAL CURRICULUM THROUGHOUT THE USA

MSS ACTION: MSS RESOLUTION 8 NOT CONSIDERED.

RESOLVED, That our AMA advocates for the formal education of medical professionals on identifying and managing victims of human rights violations as they enter the healthcare system through integration of this topic in the medical school curriculum and continuing medical education requirements that will cover the role of the medical professional in: i) the social impact of human trafficking, ii) screening and identifying victims, iii) first response to identified victims, iv) communication and trust building skills with victims, v) understanding the effects of trauma on the brain including PTSD and trauma bonding, vi) current state and federal laws in place for victims, vii) visa status for victims, and viii) community and national resources to help victims receive proper care during the process of reintegration into society.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2014 INTERIM MEETING
DALLAS, TEXAS

GOVERNING COUNCIL REPORT A – POLICY SUNSET REPORT FOR 2009 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATION OF GOVERNING COUNCIL REPORT A ADOPTED.

That the policies specified for retention in the Appendix of this report be retained as official, active policies of the AMA-MSS.

GOVERNING COUNCIL REPORT B – AUDIT OF THE EFFICACY OF THE 2009 COLRP REPORT A: REVISION OF THE MSS ELECTION CAMPAIGN RULES

MSS ACTION: RECOMMENDATIONS OF GOVERNING COUNCIL REPORT B ADOPTED.

1. That the AMA-MSS amend Section V. D. of the MSS Internal Operating Procedures by insertion and deletion as follows:

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

    2. Campaign Period.

        a. Campaigns shall be run only for positions that are electable at the present meeting.

        b. Between meetings, campaigns shall be run only for positions that are electable at the upcoming meeting.

        c. All activities related to announcement of candidacy, endorsement, or campaigning, including but not limited to distribution of materials, communications, and speaking opportunities, shall be limited to the campaign period defined above.

    ~~2~~ 3. Candidate Disclosure Form.

        a. The day before the election is scheduled to occur, all candidates nominated, either in advance of the meeting or from the floor at the meeting, shall submit a completed Candidate Disclosure Form to the Speaker, the Vice Speaker, or a member of the Rules

Committee no later than the time of day designated by the Speaker. No candidate shall be elected if he or she has not completed and submitted a Candidate Disclosure Form.

b. The Candidate Disclosure Form shall be prepared by the Speaker and Vice Speaker and shall consist of ~~two~~ three parts:

i. A portion, completed by the candidate, for disclosure of campaign leadership and campaign finances.

ii. A portion, completed by the candidate, affirming that the candidate has read the IOP sections relevant to campaigning and the Speaker's Rulings for that election cycle and agrees to abide by the rules and recommendations contained within those documents.

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

~~3~~ 4. Candidates may distribute only the following campaign materials:

a. Buttons, stickers, and pins less than 2.5 inches in greatest dimension.

b. Standard-size business cards.

c. Curricula vitae and personal statements.

i. Curricula vitae and personal statements of candidates nominated, pursuant to the rules of the MSS, in advance of the national meeting at which the election will be held shall be included in the online version of the MSS Meeting Handbook.

ii. At the Assembly Meeting, distribution of curricula vitae and personal statements shall be limited to the area and medium/media designated by the Speaker and announced at least 30 days prior to the meeting at which the election will be held.

iii. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).

d. No trinkets, candy, pens, or other items may be displayed or distributed.

~~4~~ 5. The total expenditure per candidate per campaign shall not exceed $1,500, including all monetary donations and in-kind donations of goods, but not including the candidate's travel to and lodging at the meeting at which the election is held.

~~5~~ 6. Campaign Communications.

a. Advance mailings by candidates~~, state associations, component societies,~~ or ~~other~~ organizations on behalf of a candidate are not permissible.

b. Candidates should be prudent and courteous regarding the number and content of electronic messages, including, but not limited to email, social media profiles, group chats, etc., sent prior to the election. ~~No MSS listserv, message board, or Web log, or any other mode of MSS- or AMA-sponsored communication, shall be used for announcements of candidacy or endorsement.~~

c. Candidates should use discretion in the number and length of phone calls and text messages made prior to the election.

d. No mode of MSS- or AMA-sponsored communication, including but not limited to listservs, phone or email lists, shall be used for announcements of candidacy, endorsement, or campaigning.

e. Candidates using campaign specific social media accounts can only invite MSS member to follow said accounts.

~~6~~ 7. Campaigning at MSS Chapter, Region, or State meetings other than at a candidate's own MSS Chapter, Region, or State meetings, including attendant social events, is prohibited. Campaigning includes, but is not limited to, discussing candidacy or displaying or distributing campaign paraphernalia.

~~7~~ 8. Campaign Involvement.

a. Only MSS members may be involved in a candidate's campaign. MSS members should not share their opinion in favor of or against any candidate while acting under any official leadership role within or outside of the organization. ~~members of the MSS may be publicly involved with any candidate's campaign or may campaign on their behalf in any capacity, but a candidate may privately seek advice from any individual he or she so chooses, including Student Trustee and the Government Relations Advocacy Fellow, but excepting all other employed staff of the AMA.~~

~~b. Members of the MSS Governing Council, members of the MSS Rules Committee, and MSS members compensated by the AMA (apart from travel reimbursement), such as the AMA Government Relations Advocacy Fellow, may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. These individuals may, however, mentor potential candidates for elected offices and provide advice to any candidate who seeks it; equal time should be made available to advising all candidates who seek advice.~~

~~c.~~b The campaign involvement of AMA staff members, members of the MSS Governing Council, and members of the MSS Rules Committee shall be limited to ~~may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. AMA staff members may, however, answer~~ candidate inquiries ~~about~~ regarding election-related matters and ~~may provide~~ AMA-related information ~~to candidates~~ so long as that information is made available to all MSS members who request it.

~~d~~ c. No person communicating by any medium ~~(including in person)~~ in his or her official role as a national or regional-level leader of the MSS ~~(including but not limited to MSS Governing Council member, MSS Committee member, AMA Council member, MSS Representative or Liaison to any AMA group or outside organization, AMPAC Student Advisory Board member, AMA Government Relations Advocacy Fellow, member of any Region Governing Council, etc.)~~ may discuss or promote ~~his, or her or another's~~ any candidacy during that communication.

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

d. The following public endorsements are permitted:

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

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

2. During a national meeting, these letters may only be publicly disseminated via the Elections

Manual and may only be publicly displayed at the candidate forum.

ii. One (1) optional letter of endorsement by each MSS Region is permitted by vote.

1. The endorsing Region must:

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

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

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

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

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

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

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

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

c. Regions may not vote to oppose any candidate.

~~8~~ 9. Candidates must fully participate in candidate interviews and question and answer sessions during the Assembly Meeting.

~~9~~ 10. At the national meeting at which the election is taking place, ~~A~~ a group that invites any candidate for a particular office to speak must invite and make a reasonable effort to accommodate all candidates for that office. Candidates may choose at their discretion to attend or not or may send a representative to speak for them, but any candidate's availability or lack thereof shall not impose a restriction on the attendance of other candidates.

~~10~~ 11. Receptions and/or hospitality shall not be used for promotion of candidates.

~~11~~ 12. Enforcement.

a. Alleged infractions, including but not necessarily limited to violations of the Campaign Rules, should be reported in writing to the MSS Speaker or Vice Speaker, or to any member of the MSS Rules Committee.

b. The Speaker and Vice Speaker, in conjunction with the Rules Committee, shall be responsible for investigating alleged infractions. No person who is a candidate in the same election as the candidate being investigated for alleged infractions may participate in any part of the investigation of those alleged infractions.

c. Following their investigation, the MSS Speaker or Vice Speaker shall inform the alleged violator of the infraction in writing, including the results of the investigation of the alleged infraction. The alleged violator shall be offered an opportunity to rebut the alleged infraction. Following rebuttal, the MSS Speaker or Vice Speaker shall determine whether the alleged infraction is substantiated and shall be report his or her finding in writing to the alleged violator.

d. Following their investigation and the alleged violator's opportunity to rebut the alleged infraction and prior to balloting, the MSS Speaker or Vice Speaker shall report substantiated infractions to the Assembly but shall not make any recommendation to the Assembly. No person who is a candidate in the same election as the candidate whose infractions have been substantiated may participate in any part of the reporting of those infractions to the Assembly. In the event that both the Speaker and Vice Speaker are candidates in elections in which campaign rule violations have

been alleged, a member of the Rules Committee shall report substantiated infractions in that election to the Assembly but shall not make any recommendation to the Assembly.

e. Enforcement of a campaign infraction shall follow a systematic approach. Each candidate, upon each substantiated infraction of the Campaign Rules, shall be given an official warning letter from the Speaker. A limit of 3 substantiated infractions during a Candidate's campaign period is allowed. Exceeding 3 substantiated infractions during a campaign shall render a Candidate ineligible during the campaign period.

2. That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the IOP amendments recommended by this report.

3. That our AMA MSS reevaluate the efficacy of the Campaign Rules and report back at A-19.

GOVERNING COUNCIL REPORT C – TRANSFORMING FOR TOMORROW: ADVOCACY FRAMEWORK

MSS ACTION: RECOMMENDATIONS OF GOVERNING COUNCIL REPORT C ADOPTED.

1. That the AMA-MSS work to establish an additional legislative internship or clerkship opportunity for a medical student in the AMA's Washington, D.C. Office; and

2. That the AMA-MSS continue to explore potential partnerships with other branches of the AMA to enrich our student advocacy opportunities.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2014 INTERIM MEETING
DALLAS, TEXAS

AMA RESOLUTION 001 – ADVANCE DIRECTIVES DURING PREGNANCY

HOD ACTION: AMA RESOLUTION 001 REFERRED.

RESOLVED, That our American Medical Association support that pregnant women with decision-making capacity have the same right to refusal of treatment through advanced directives as nonpregnant women; and be it further

RESOLVED, That our AMA further study the legality and ethics related to the circumstances under which restrictions and/or exclusions are applied to pregnant women's advance directives.

AMA RESOLUTION 002 – PROTECTING MEDICAL STUDENTS RIGHTS AS PATIENTS

HOD ACTION: AMA RESOLUTION 002 ADOPTED.

RESOLVED, That our AMA amend policy H-315.983 by insertion and deletion to read as follows:

H-315.983 Patient Privacy and Confidentiality
(1) Our AMA affirms the following key principles that should be consistently implemented to evaluate any proposal regarding patient privacy and the confidentiality of medical information: (a) That there exists a basic right of patients to privacy of their medical information and records, and that this right should be explicitly acknowledged; (b) That patients' privacy should be honored unless waived by the patient in a meaningful way or in rare instances when strong countervailing interests in public health or safety justify invasions of patient privacy or breaches of confidentiality, and then only when such invasions or breaches are subject to stringent safeguards enforced by appropriate standards of accountability; (c) That patients' privacy should be honored in the context of gathering and disclosing information for clinical research and quality improvement activities, and that any necessary departures from the preferred practices of obtaining patients' informed consent and of de-identifying all data be strictly controlled; and (d) That any information disclosed should be limited to that information, portion of the medical record, or abstract necessary to fulfill the immediate and specific purpose of disclosure. (2) Our AMA affirms: (a) that physicians and medical students who are patients are entitled to the same right to privacy and confidentiality of personal medical information and medical records as other patients, (b) that when patients exercise their right to keep their personal medical histories confidential, such action should not be regarded as fraudulent or inappropriate concealment,

and (c) that physicians and medical students should not be required to report any aspects of their patients' medical history to governmental agencies or other entities, beyond that which would be required by law. (3) Employers and insurers should be barred from unconsented access to identifiable medical information lest knowledge of sensitive facts form the basis of adverse decisions against individuals. (a) Release forms that authorize access should be explicit about to whom access is being granted and for what purpose, and should be as narrowly tailored as possible. (b) Patients and physicians, and medical students should be educated about the consequences of signing overly-broad consent forms. (c) Employers and insurers should adopt explicit and public policies to assure the security and confidentiality of patients' medical information. (d) A patient's ability to join or a physician's participation in an insurance plan should not be contingent on signing a broad and indefinite consent for release and disclosure. (4) Whenever possible, medical records should be de-identified for purposes of use in connection with utilization review, panel credentialing, quality assurance, and peer review. (5) The fundamental values and duties that guide the safekeeping of medical information should remain constant in this era of computerization. Whether they are in computerized or paper form, it is critical that medical information be accurate, secure, and free from unauthorized access and improper use. (6) Our AMA recommends that the confidentiality of data collected by race and ethnicity as part of the medical record, be maintained. (7) Genetic information should be kept confidential and should not be disclosed to third parties without the explicit informed consent of the tested individual. (8) When breaches of confidentiality are compelled by concerns for public health and safety, those breaches must be as narrow in scope and content as possible, must contain the least identifiable and sensitive information possible, and must be disclosed to the fewest possible to achieve the necessary end. (9) Law enforcement agencies requesting private medical information should be given access to such information only through a court order. This court order for disclosure should be granted only if the law enforcement entity has shown, by clear and convincing evidence, that the information sought is necessary to a legitimate law enforcement inquiry; that the needs of the law enforcement authority cannot be satisfied by non-identifiable health information or by any other information; and that the law enforcement need for the information outweighs the privacy interest of the individual to whom the information pertains. These records should be subject to stringent security measures. (10) Our AMA must guard against the imposition of unduly restrictive barriers to patient records that would impede or prevent access to data needed for medical or public health research or quality improvement and accreditation activities. Whenever possible, de-identified data should be used for these purposes. In those contexts where personal identification is essential for the collation of data, review of identifiable data should not take place without an institutional review board (IRB) approved justification for the retention of identifiers and the consent of the patient. In those cases where obtaining patient consent for disclosure is impracticable, our AMA endorses the oversight and accountability provided by an IRB. (11) Marketing and commercial uses of identifiable patients' medical information may violate principles of informed consent and patient confidentiality. Patients divulge information to their physicians only for purposes of diagnosis and treatment. If other uses are to be made of the information, patients must first give their uncoerced permission after being fully informed about the purpose of such disclosures (12) Our AMA, in collaboration

with other professional organizations, patient advocacy groups and the public health community, should continue its advocacy for privacy and confidentiality regulations, including: (a) The establishment of rules allocating liability for disclosure of identifiable patient medical information between physicians and the health plans of which they are a part, and securing appropriate physicians' control over the disposition of information from their patients' medical records. (b) The establishment of rules to prevent disclosure of identifiable patient medical information for commercial and marketing purposes; and (c) The establishment of penalties for negligent or deliberate breach of confidentiality or violation of patient privacy rights. (13) Our AMA will pursue an aggressive agenda to educate patients, the public, physicians and policymakers at all levels of government about concerns and complexities of patient privacy and confidentiality in the variety of contexts mentioned. (14) Disclosure of personally identifiable patient information to public health physicians and departments is appropriate for the purpose of addressing public health emergencies or to comply with laws regarding public health reporting for the purpose of disease surveillance. (15) In the event of the sale or discontinuation of a medical practice, patients should be notified whenever possible and asked for authorization to transfer the medical record to a new physician or care provider. Only de-identified and/or aggregate data should be used for "business decisions," including sales, mergers, and similar business transactions when ownership or control of medical records changes hands. (16) The most appropriate jurisdiction for considering physician breaches of patient confidentiality is the relevant state medical practice act. Knowing and intentional breaches of patient confidentiality, particularly under false pretenses, for malicious harm, or for monetary gain, represents a violation of the professional practice of medicine. (17) Our AMA Board of Trustees will actively monitor and support legislation at the federal level that will afford patients protection against discrimination on the basis of genetic testing. (18) Our AMA supports privacy standards that would require pharmacies to obtain a prior written and signed consent from patients to use their personal data for marketing purposes. (19) Our AMA supports privacy standards that require pharmacies and drug store chains to disclose the source of financial support for drug mailings or phone calls. (20) Our AMA supports privacy standards that would prohibit pharmacies from using prescription refill reminders or disease management programs as an opportunity for marketing purposes.

AMA RESOLUTION 003 – SOLITARY CONFINEMENT

HOD ACTION: AMA RESOLUTION 003 ADOPTED AS AMENDED WITH A CHANGE IN TITLE.

SOLITARY CONFINEMENT OF JUVENILES IN LEGAL CUSTODY

RESOLVED, That our American Medical Association oppose the use of solitary confinement in juvenile correction facilities except for extraordinary circumstances such as the protection of the juvenile, staff, or other detainees; and be it further

RESOLVED, That our AMA oppose the use of solitary confinement of juveniles for disciplinary purposes in correctional facilities; and be it further

RESOLVED, That our AMA support that isolation of juveniles for clinical or therapeutic purposes must be conducted under the supervision of a physician.

AMA RESOLUTION 004 – LEGAL PROTECTION AND SOCIAL SERVICES FOR COMMERCIALLY SEXUALLY EXPLOITED YOUTH

HOD ACTION: AMA RESOLUTION 004 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association work with state medical societies and specialty societies to 1) where appropriate, advocate for legal protection and alternatives to incarceration for commercially sexually exploited youth as an alternative to prosecution for crimes related to their sexual or criminal exploitation, and 2) encourage the development of appropriate and comprehensive services as an alternative to criminal detention in order to overcome barriers to necessary services and care for commercially sexually exploited youth.

AMA RESOLUTION 202 – SOBRIETY CHECKPOINTS

HOD ACTION: AMA RESOLUTION 202 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support the use of legal and constitutional sobriety checkpoints to deter driving following alcohol consumption; and be it further

RESOLVED, That our AMA work with interested state medical societies to pursue legislation to overturn bans on the use of sobriety checkpoints.

AMA RESOLUTION 203 – INCLUSIVE OF PREVENTIVE MEDICINE PHYSICIANS IN THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

HOD ACTION: HOD POLICIES D-305.974, D-305.975, D-200.978, AND D-305.982 REAFFIRMED IN LIEU OF AMA RESOLUTION 203.

RESOLVED, That our AMA advocate for the inclusion of physicians trained in Preventive Medicine among those who qualify for participation in the National Health Service Corps Loan Repayment Program.

AMA RESOLUTION 802 – ADVOCATING FOR RESEARCH ON PHYSICIAN-INITIATED CONVERSATIONS ABOUT TREATMENT COST

HOD ACTION: HOD POLICIES H-373.998, H-450.938, AND H-373.997 REAFFIRMED IN LIEU OF AMA RESOLUTION 802.

RESOLVED, That our American Medical Association support the conduction of controlled studies to determine if conversations about cost with patients have any meaningful change on various measures of health outcomes, including but not limited to quality of treatment decisions, liability, and patient satisfaction; and be it further

RESOLVED, That our AMA support studies to determine if physicians or health professionals are the appropriate party to initiate such conversations.

AMA RESOLUTION 803 – EMERGENCY DEPARTMENT INSURANCE LINKING

HOD ACTION: AMA RESOLUTION 803 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support the establishment of insurance-linking programs in the emergency department in a manner that does not interfere with providing timely emergency medical services.

AMA RESOLUTION 805 – INCORPORATING COMMUNITY HEALTH WORKERS INTO THE U.S. HEALTH CARE SYSTEM

HOD ACTION: AMA RESOLUTION 805 REFERRED.

RESOLVED, That our American Medical Association encourage the incorporation of community health workers into the US health care system and support legislation that integrates community health workers into care delivery models especially in communities of economically disadvantaged, rural, and minority populations; and be it further

RESOLVED, That our AMA support appropriate stakeholders to define community health workers in order to define their required level of training and scope of practice and to legitimize their role as health care providers.

AMA RESOLUTION 901 – ADDRESSING EMERGING TRENDS IN RECREATIONAL DRUG ABUSE

HOD ACTION: SUBSTITUTE AMA RESOLUTION 901 ADOPTED.

ADDRESSING EMERGING TRENDS IN ILLICIT DRUG USE

RESOLVED, That our American Medical Association (AMA) support ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, and poison control centers to assess and monitor emerging trends in illicit drug use, and to develop and disseminate fact sheets and other educational materials; and be it further

RESOLVED, That our AMA encourage the development of continuing medical education on emerging trends in illicit drug use; and be it further

RESOLVED, That our AMA support efforts by the federal government to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner.

AMA RESOLUTION 903 – COMBATING SEX-LINKED DISCRIMINATION OF DENYING SPECIAL REQUEST FOR LACTATION DURING MEDICAL BOARD EXAMINATION

HOD ACTION: SUBSTITUTE AMA RESOLUTION 903 ADOPTED.

ACCOMODATING LACTATING MOTHERS TAKING MEDICAL EXAMINATIONS

RESOLVED, That our American Medical Association urge all medical licensing, certification and board examination agencies, and all board proctoring centers, to grant special requests to give lactating mothers additional break time and a suitable environment during examinations to express milk.

AMA RESOLUTION 904 – EQUAL PATERNAL AND MATERNAL LEAVE FOR MEDICAL RESIDENTS

HOD ACTION: HOD POLICY H-405.960 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTION 904.

H-405.960 Policies for Parental ~~Maternity, Paternity,~~ Family and Medical Necessity Leave
AMA adopts as policy the following guidelines for, and encourage the implementation of, Parental ~~Maternity~~, Family and Medical Necessity Leave for Medical Students and Physicians: (1) Our AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of leave policies, including parental, family, and medical leave policies, as part of the physician's standard benefit agreement; (2) Recommended components of parental ~~maternity~~ leave policies for medical students and physicians include: (a) duration of leave allowed before and after delivery; (b) category of leave credited; (c) whether leave is paid or unpaid; (d) whether provision is made for continuation of insurance benefits during leave, and who pays the

premium; (e) whether sick leave and vacation time may be accrued from year to year or used in advance; (f) how much time must be made up in order to be considered board eligible; (g) whether make-up time will be paid; (h) whether schedule accommodations are allowed; and (i) leave policy for adoption~~; and (j) leave policy for paternity~~. (3) AMA policy is expanded to include physicians in practice, reading as follows: (a) residency program directors and group practice administrators should review federal law concerning maternity leave for guidance in developing policies to assure that pregnant physicians are allowed the same sick leave or disability benefits as those physicians who are ill or disabled; (b) staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' workloads, particularly in residency programs; and (c) physicians should be able to return to their practices or training programs after taking parental ~~maternity~~ leave without the loss of status. (4) Our AMA encourages residency programs, specialty boards, and medical group practices to incorporate into their parental ~~maternity~~ leave policies a six-week minimum leave allowance, with the understanding that no parent ~~woman~~ should be required to take a minimum leave; (5) Residency program directors should review federal and state law for guidance in developing policies for parental, family, and medical leave; (6) Medical students and physicians who are unable to work because of pregnancy, childbirth, and other related medical conditions should be entitled to such leave and other benefits on the same basis as other physicians who are temporarily unable to work for other medical reasons; (7) Residency programs should develop written policies on parental leave, family leave, and medical leave for physicians. Such written policies should include the following elements: (a) leave policy for birth or adoption; (b) duration of leave allowed before and after delivery; (c) category of leave credited (e.g., sick, vacation, parental, unpaid leave, short term disability); (d) whether leave is paid or unpaid; (e) whether provision is made for continuation of insurance benefits during leave and who pays for premiums; (f) whether sick leave and vacation time may be accrued from year to year or used in advance; (g) extended leave for resident physicians with extraordinary and long-term personal or family medical tragedies for periods of up to one year, without loss of previously accepted residency positions, for devastating conditions such as terminal illness, permanent disability, or complications of pregnancy that threaten maternal or fetal life; (h) how time can be made up in order for a resident physician to be considered board eligible; (i) what period of leave would result in a resident physician being required to complete an extra or delayed year of training; (j) whether time spent in making up a leave will be paid; and (k) whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules, and permanent part-time scheduling; (8) Our AMA endorses the concept of equal parental ~~paternity~~ leave for birth and adoption as a benefit for resident physicians, medical students, and physicians in practice regardless of gender or gender identity; (9) Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs; (10) Physicians should be able to return to their practices or training programs after taking parental leave, family leave, or medical leave without the loss of status; (11) Residency program directors must assist residents in

identifying their specific requirements (for example, the number of months to be made up); because of leave for eligibility for board certification and must notify residents on leave if they are in danger of falling below minimal requirements for board eligibility. Program directors must give these residents a complete list of requirements to be completed in order to retain board eligibility; (12) Our AMA encourages flexibility in residency training programs, incorporating parental ~~maternity~~ leave and alternative schedules for pregnant house staff; and (13) In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year. (14) These policies as above should be freely available online and in writing to all applicants to medical school, residency or fellowship.

AMA RESOLUTION 905 – INCREASING HEALTHY FOOD CHOICES AMONG FAMILIES SUPPORTED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

HOD ACTION: HOD POLICY H-150.937 REAFFIRMED IN LIEU OF AMA RESOLUTION 905.

RESOLVED, That our American Medical Association advocate for positive financial incentives to encourage healthier food purchases for Supplemental Nutrition Assistance Program participants.

AMA RESOLUTION 906 – PERSONALIZED MEDICATION CARDS

HOD ACTION: AMA RESOLUTION 906 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

MEDICATION ADHERENCE IN PATIENTS WITH LOW HEALTH LITERACY

RESOLVED, That our American Medical Association support third parties in researching the effectiveness of personalized medication cards and other tools intended to promote safe medication use, written in a variety of languages for low literacy target audiences, to achieve increased medication adherence and improved health outcomes.

AMA RESOLUTION 907 – PROMOTING EDUCATION OF ELECTRONIC HEALTH RECORDS IN UNDERGRADUATE MEDICAL EDUCATION

HOD ACTION: AMA RESOLUTION 907 REFERRED.

RESOLVED, That our American Medical Association support efforts to incorporate electronic health records training into undergraduate medical education.

AMA RESOLUTION 908 – PROVIDING GREATER EMPHASIS ON THE SOCIAL DETERMINANTS OF HEALTH IN MEDICAL SCHOOL CURRICULUM

> **HOD ACTION: HOD POLICIES H-350.974, H-295.874, AND H-295.878 REAFFIRMED IN LIEU OF AMA RESOLUTION 908.**

RESOLVED, That our American Medical Association support meaningful integration of issues pertaining to the social determinants of health and health disparities in medical school curricula that emphasize strategies for recognizing and addressing the needs of patients from marginalized populations.

AMA RESOLUTION 911- USMLE STEP 1 TIMING

> **HOD ACTION: AMA RESOLUTION 911 ADOPTED AS AMENDED.**

RESOLVED, That our American Medical Association ask the appropriate stakeholders to track United States Medical Licensing Examination (USMLE) Step 1 Exam timing and subsequently publish aggregate data to determine the significance of advanced clinical experience on Step 1 Exam performance.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2015 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 1 – STANDARDIZING THE RESIDENCY MATCH SYSTEM AND TIMELINE

MSS ACTION: SUBSTITUTE MSS RESOLUTION 1 ADOPTED.

RESOLVED, That our AMA-MSS study the reasons for ophthalmology and urology residencies using the non-NRMP match systems including reasons for non-participation in NRMP match system, and that our MSS report its findings by Interim 2015.

MSS RESOLUTION 2 – FDA REGULATION OF OTC MEDICATION ADVERTISING

MSS ACTION: SUBSTITUTE MSS RESOLUTION 2 ADOPTED.

RESOLVED, That our AMA-MSS support increased oversight of over-the-counter medication advertising, applying similar standards that are applied to prescription medication advertising.

MSS RESOLUTION 3 – SUPPORT FOR THE USE OF PAIN CONTRACTS

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support a physician's discretionary utilization of pain contracts/agreements while prescribing opioids.

MSS RESOLUTION 4 – A COMPREHENSIVE EDUCATION STRATEGY TO IMPROVE VACCINATION RATES

MSS ACTION: MSS RESOLUTION 4 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support national, evidence-based education of parents by clinicians and reputable public health organizations about the risks and benefits of immunization to both children and the community at large to combat the public health threat that underimmunization poses; and be it further

RESOLVED, That our AMA-MSS support the development of resources for physicians aimed at improving patient education regarding the safety of vaccines, their effectiveness at preventing communicable diseases, and the importance of maintaining herd immunity; and be it further

RESOLVED, That our AMA partner with appropriate stakeholders to sponsor a national, evidence-based public service announcement campaign aimed at increasing the vaccination

rate.

MSS RESOLUTION 5 – IMPROVING THE INTERSECTION BETWEEN LAW ENFORCEMENT AND THE MENTALLY ILL

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS recognize Crisis Intervention Team (CIT) training as an effective tool for 1) educating law enforcement officers about the mentally ill, 2) diverting mentally ill offenders from jails and prisons to medical treatment centers, and 3) developing a more judicious use-of-force by law enforcement in encounters with patients in mental health crises; and be it further

RESOLVED, That our AMA-MSS support the National Mental Health Alliance and other national and local mental health organizations to advocate for the development and nationwide implementation of training programs, such as CIT, that are designed to improve law enforcement's responses to the mentally ill.

MSS RESOLUTION 6 – NOVEL MECHANISM TO REDUCE MEDICAL STUDENT DEBT

MSS ACTION: MSS RESOLUTION 6 ADOPTED.

RESOLVED, That our AMA will study the feasibility and effectiveness/utility of loan forgiveness programs for the private sector including but not limited to the offering of tax credits and/or benefits to employers who pay the remaining balance of medical school loans when hiring physicians following completion of residency.

MSS RESOLUTION 7 – ACHIEVING TRANSPARENCY THROUGH GRADUATE MEDICAL EDUCATION FUNDING REFORM

MSS ACTION: MSS RESOLUTION 7 ADOPTED AS AMENDED.

RESOLVED, That our AMA reaffirm D-305.967 and continue to advocate for the preservation, stability and expansion of full funding for the direct and indirect costs of graduate medical education (GME) positions; and be it further

RESOLVED, That our AMA support combining Indirect Graduate Medical Education into the Direct Graduate Medical Education payments into a single, transparent funding stream; and be it further

RESOLVED, That our AMA support that Medicare's Graduate Medical Education funding be a per-resident federal allocation that is adjusted according to solely geographic measures, such as cost-of-living; and be it further

RESOLVED, That our AMA support that the payment of Graduate Medical Education funding being directed to the designated residency GME Office, in lieu of the hospital system, to be allocated across the department(s), sites and other specialties to provide comprehensive training; and be it further

RESOLVED, That our AMA-MSS support the immediate forwarding of this resolution to the AMA House of Delegates for consideration at the June 2015 meeting.

MSS RESOLUTION 8 – OPTIMIZING HEALTH CARE COST REDUCTION THROUGH SUSTAINABILITY EDUCATION AND IMPLEMENTATION

> **MSS ACTION: AMA POLICY H-135.939 REAFFIRMED IN LIEU OF MSS RESOLUTION 8.**

RESOLVED, That our AMA supports further research done by appropriate third parties, such as the University of Washington Integrated Design Lab, or the National Renewable Energy Laboratory, on integrating green technologies into the aging hospital infrastructures for achieving a balanced goal of reducing emissions and cost; so that as the cost of installing and maintaining said technologies continues to fall and new technologies are developed, they may be quickly and more seamlessly integrated into existing operating systems and infrastructure; and be it further

RESOLVED, That our AMA supports research on behalf of private and academic institutions that incorporate sustainable and renewable practices in medical and employee education, so as to understand the effect of green practice education on patient outcomes and quality of care.

MSS RESOLUTION 9 – PROACTIVE RESPONSE TO KING V. BURWELL

> **MSS ACTION: MSS RESOLUTION 9 REFERRED FOR STUDY.**

RESOLVED, That our AMA will support the availability of tax credits to people purchasing health insurance on Exchanges pursuant to the ACA, regardless of which state they live in by:

(a) asking Congress to amend the Affordable Care Act, without condition, by amending 26 U.S.C. § 36B(c)(2)(A)(i) to remove the language “created by the State,” so it would now read: “(i) as of the first day of such month the taxpayer, the taxpayer's spouse, or any dependent of the taxpayer is covered by a qualified health plan described in subsection (b)(2)(A) that was enrolled in through an Exchange.”;
(b) supporting administrative action by the Executive Branch that would extend tax credits to all persons earning between 100-400% of the Federal Poverty Level in the 34 states that failed to establish an Exchange;
(c) recommending that States establish their own Exchange in compliance with the Affordable Care Act, including, but not limited to, 42 U.S.C. § 1803(b)(1); and
(d) advocating for any other government action that would make tax credits available to all persons in the U.S. earning between 100-400% of the Federal Poverty Level.

MSS RESOLUTION 10 – FDA CLINICAL TRIAL MISCONDUCT REPORTING AND TRANSPARENCY

> **MSS ACTION: AMA POLICIES H-460.972, H-460.914, AND D-460.970 REAFFIRMED IN LIEU OF MSS RESOLUTION 10.**

RESOLVED, That our AMA support FDA transparency in publicly reporting misconduct and fraud found in clinical and biomedical research; and be it further

RESOLVED, That our AMA support publicly linking FDA compliance and enforcement data and documents to their corresponding clinical trials and publications; and be it further

RESOLVED, That our AMA support FDA reporting of research misconduct to medical journal editors.

MSS RESOLUTION 11 – ESTABLISHING A CENTRAL REPOSITORY FOR ERROR-PRONE SOFTWARE

MSS ACTION: MSS RESOLUTION 11 NOT ADOPTED.

RESOLVED, That our AMA advocate for the enactment of a national repository by the ONC for user reported adverse outcomes related to error-prone software to improve patient safety and incentivize current EMR vendors to create more reliable and intuitive products; and be it further

RESOLVED, That our AMA support the use of existing quality reporting processes for such an error repository, such as Meaningful Use attestation programs, on a voluntary basis to reduce the reporting burden on providers; and be it further

RESOLVED, That our AMA advocate for complete transparency in regards to patient safety breaches due to error-prone software leading to adverse patient outcomes within contracts signed between EMR vendors and hospital/physician practices.

MSS RESOLUTION 12 – IMPLEMENTING MEDICATION REMINDER SYSTEMS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 12 ADOPTED.

RESOLVED, That our AMA support research into the efficacy of electronic reminder systems.

MSS RESOLUTION 13 – ETHICAL PARAMETERS FOR RECOMMENDING MOBILE MEDICAL APPLICATIONS

MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED.

RESOLVED, That our AMA examine the issues related to physicians recommending medical software and apps to patients, especially those in which the physician has a vested interest, and to make recommendations as to how to conduct these interactions ethically.

MSS RESOLUTION 14 – PROMOTING OPERATING ROOM SAFETY THROUGH EFFECTIVE EVACUATION OF SURGICAL SMOKE

MSS ACTION: MSS RESOLUTION 14 NOT ADOPTED.

RESOLVED, That our AMA encourage the relevant regulatory agencies such as the Joint Commission on Accreditation of Healthcare Organizations, the ECRI Institute, the Agency for Healthcare Research & Quality, the Institute for Healthcare Improvement, and the Occupational Safety and Health Administration, to better characterize the clinical effects of surgical smoke on patients and healthcare professionals; and be it further

RESOLVED, That our AMA support the relevant regulatory agencies in creating evidence-based guidelines for the effective evacuation of, and/or protection from, electrocautery smoke in operating rooms; and be it further

RESOLVED, That our AMA promote policies that endorse use of effective surgical smoke evacuation devices in operating rooms as a precautionary measure while a scientific consensus on the clinical dangers of surgical smoke is reached.

MSS RESOLUTION 15 – ADDRESSING SEXUAL VIOLENCE AND IMPROVING AMERICAN INDIAN AND ALASKA NATIVE WOMEN'S HEALTH OUTCOMES

MSS ACTION: AMA POLICIES H-350.976, H-350.977, AND H-350.981 REAFFIRMED IN LIEU OF MSS RESOLUTION 15.

RESOLVED, That our AMA reaffirm current policies H-350.976, H-350.977, and H-350.981; and be it further

RESOLVED, That our AMA will advocate for the critical issues of American Indian/Alaska Native women's health by: (1) strongly encouraging the Senate Committee on Indian Affairs and appropriate authorities to resolve the logistical and jurisdictional issues that place Native women at increased risk for sexual violence; (2) encouraging allocation of significant resources to the clinics serving this population to facilitate health care delivery commensurate with the current epidemic of violence against Native women; and (3) supporting the inclusion of American Indian and Alaska Native cultural competency training in medical school curricula and residency and physician training on women's health; and be it further

RESOLVED, That our AMA will collaborate with the Indian Health Service, Centers for Disease Control, Tribal authorities, and community organizations to develop resources to educate physicians about the legal and cultural contexts of their American Indian and Alaska Native female patients as well as the current epidemic of violence against Native women and the pursuant medical needs of this population; and be it further

RESOLVED, That our AMA shall collaborate with the Indian Health Service, Centers for Disease Control, Tribal authorities, and community organizations to obtain or develop appropriate American Indian and Alaska Native women's health materials for distribution to patients in the spirit of self-determination to improve responses to sexual violence and overall health outcomes.

MSS RESOLUTION 16 – DETERMINING THE MOST EFFECTIVE METHOD TO ADDRESS IMPROPER DISPOSAL OF PHARMACEUTICALS

MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.

RESOLVED, That our AMA will study the effectiveness and utility of methods that address the serious issue of improper disposal of pharmaceuticals including but not limited to increasing public education on drug disposal and increasing access to drug disposal programs.

MSS RESOLUTION 17 – CONCURRENT HOSPICE AND LIFE-PROLONGING CARE

MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED WITH A CHANGE IN TITLE TO "CONCURRENT HOSPICE AND CURATIVE CARE"

RESOLVED, That our AMA amend policy H-85.955 by insertion and deletion as follows:

> H-85.955 Hospice Care
> Our AMA: (1) approves of the physician-directed hospice concept to enable the terminally ill to die in a more homelike environment than the usual hospital; and urges that this position be widely publicized in order to encourage extension and third party coverage of this provision for terminal care; (2) encourages physicians to be knowledgeable of patient eligibility criteria for hospice benefits and, realizing that prognostication is inexact, to make referrals based on their best clinical judgment; (3) supports modification of hospice regulations so that it will be reasonable for organizations to qualify as hospice programs under Medicare; (4) believes that each patient admitted to a hospice program should have his or her designated attending physician who, in order to provide continuity and quality patient care, is allowed and encouraged to continue to guide the care of the patient in the hospice program; (5) supports changes in Medicaid regulation and reimbursement of palliative care and hospice services to broaden eligibility criteria concerning the length of expected survival for pediatric patients and others, to allow provision of concurrent life-prolonging and palliative care, and to provide respite care for family care givers; ~~and~~ (6) seeks amendment of the Medicare law to eliminate the six-month prognosis under the Medicare Hospice benefit and support identification of alternative criteria, meanwhile supporting extension of the prognosis requirement from 6 to 12 months as an interim measure; and (7) ~~seek amendment of~~ supports changes in ~~the~~ Medicare regulation ~~law~~ to ~~eliminate the requirement that life-prolonging care be terminated before hospice will be reimbursed~~ allow provision of concurrent curative and hospice care.

MSS RESOLUTION 18 – ENSURING EQUALITY IN LOAN REPAYMENT PROGRAMS FOR MARRIED COUPLES

MSS ACTION: MSS RESOLUTION 18 REFERRED FOR DECISION.

RESOLVED, That our AMA-MSS oppose any stipulations in loan repayment programs that place greater burdens upon married couples than for similarly-situated couples who are cohabitating.

MSS RESOLUTION 19 – BUSINESS OF MEDICINE AS A CORE COMPONENT OF MEDICAL EDUCATION

MSS ACTION: AMA POLICY D-295.958 REAFFIRMED IN LIEU OF MSS RESOLUTION 19.

RESOLVED, That our AMA-MSS research the number of medical schools and residency programs that currently conduct Business & Economics educational training as a part of their core curriculum, student satisfaction with current training and perceived importance of Business and Economics training to their ability to successfully practice medicine; and be it further

RESOLVED, That our AMA-MSS identify and work with other entities both within and outside of the AMA, including the "Accelerating Change in Medical Education" initiative and the AMA Resident and Fellow Section, to facilitate the development of a model curriculum on business and economics education for both medical school and residency levels; and be it further

RESOLVED, That our AMA encourage medical schools and residency programs to make educational resources on personal finance and healthcare economics available to all medical trainees; and be it further

RESOLVED, That our AMA encourage the ACGME to adopt an additional Core Competency as follows, "Demonstrate a general knowledge of business and economics principles as they relate to both personal finances and healthcare service delivery within the context of the current healthcare environment."

MSS RESOLUTION 20 – SUPPORT OF MUNICIPAL ORDINANCES THAT PROMOTE GREEN SPACE IN RESIDENTIAL ZONING DISTRICTS

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA support appropriate stakeholders in conducting studies to evaluate different green space initiatives that could be implemented in communities to improve patients' health and eliminate health disparities.

MSS RESOLUTION 21 – SUPPORT FOR MANDATORY VACCINATION

MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS reaffirm policy H-440.970; and be it further

RESOLVED, That our AMA-MSS encourage schools to report student vaccination rates and exemption rates to parents and guardians prior to annual student enrollment; and be it further

RESOLVED, That our AMA-MSS support the establishment of national vaccine requirements for minors.

MSS RESOLUTION 22 – ENCOURAGING HEIGHTENED AWARENESS OF GLAUCOMA AS A PUBLIC HEALTH CONCERN

MSS ACTION: MSS RESOLUTION 22 NOT ADOPTED.

RESOLVED, That our AMA, in alignment with other large organizations including the CDC, WHO, and USPSTF, encourages awareness of glaucoma and other causes of subclinical visual field deficits as an entity meriting public health concern as a result of its contribution to morbidity and mortality in the elderly population at risk, through poor socioeconomic, physical, and psychological health outcomes, as well as motor vehicle accidents.

MSS RESOLUTION 23 – MAXIMIZING PATIENT OUTCOMES THROUGH PUBLIC ACCESS TO ALL PAST, PRESENT AND FUTURE CLINICAL TRIALS

MSS ACTION: MSS RESOLUTION 23 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the timely dissemination of clinical trial data for public accessibility; and be it further

RESOLVED, That our AMA sign the petition titled “All Trials Registered; All Results Reported” at Alltrials.net that supports the registration of all past, present and future clinical trials and the release of their summary reports; and be it further

RESOLVED, That our AMA supports the promotion of improved data sharing, the reaffirmation and enforcement of deadlines for submitting results from clinical research studies, and the creation of a global organization to oversee policies regarding the timely sharing of clinical trial data; and be it further

RESOLVED, That our AMA encourage the expansion of clinical trial registrants to clinicaltrials.gov.

MSS RESOLUTION 24 – WHISTLEBLOWER PROTECTIONS FOR MEDICAL STUDENTS AND RESIDENTS

MSS ACTION: MSS RESOLUTION 24 REFERRED FOR STUDY.

RESOLVED, That the AMA advocate for the ACGME or the appropriate federal and state bodies to grant medical students and residents whistleblower protections; and further be it

RESOLVED, That the AMA advocate for medical schools to provide students with information and advice on whistleblowing procedures.

MSS RESOLUTION 25 – ETHICAL PHYSICIAN CONDUCT IN THE MEDIA

MSS ACTION: MSS RESOLUTION 25 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support a report on the professional and ethical obligations for physicians in the media, including guidelines for the endorsement and dissemination of general medical information and advice via television, radio, internet, print media, or other forms of mass audio or video communication; and be it further

RESOLVED, That our AMA-MSS urge the AMA release a statement affirming the professional and ethical obligation of physicians in the media to provide quality medical advice transparent to supporting evidence and conflicts of interest, while denouncing the dissemination of dubious or inappropriate medical information through the public media including television, radio, internet, and print media; and be it further

RESOLVED, That our AMA-MSS support a study existing and potential disciplinary pathways for physicians who violate ethical responsibilities through their communication on a media platform.

MSS RESOLUTION 26 – EXPANSION OF MEDICAID

> **MSS ACTION: AMA POLICY H-290.966 REAFFIRMED IN LIEU OF MSS RESOLUTION 26.**

RESOLVED, That our AMA-MSS supports AMA policy H-290.966, Medicaid expansion options and alternatives: that our Our AMA encourages policymakers at all levels to work together to identify coverage options for adults currently in the coverage gap; and be it further

RESOLVED, That our AMA in conjunction with state governments will monitor the impact of reduced DSH payments to safety-net hospitals in order to prevent the closure of them due to financial reasons, which would further limit access to health care for vulnerable populations; and be it further

RESOLVED, That our AMA advocates to states that have not expanded their Medicaid program, to do so in order to address health care access disparities.

MSS RESOLUTION 27 – ADVOCATING FOR RESEARCH TO IMPROVE THE EFFECTIVENESS OF NUTRITION LABELING AT RESTAURANT CHAINS

> **MSS ACTION: AMA POLICY H-150.936 REAFFIRMED IN LIEU OF MSS RESOLUTION 27.**

RESOLVED, That our AMA advocate for research on effective methods of nutritional labeling for food choices at fast food and other chain restaurants, in particular, investigating the needs for contextual or interpretive labels and the labeling of specific nutrients and portion sizes based on the hazard profile and prevalence within the food industry.

MSS RESOLUTION 28 – PROPOSING AMENDMENTS TO PUBLIC SERVICE LOAN FORGIVENESS

MSS ACTION: MSS RESOLUTION 28 NOT ADOPTED.

RESOLVED, That our AMA advocate for maintaining a variety of repayment options to fit the diverse needs of graduates; and be it further

RESOLVED, That our AMA work with the Department of Education to ensure that any cap on loan forgiveness under the Public Service Loan Forgiveness (PSLF) program be equal to the principal amount borrowed, leaving any accrued interest the responsibility of the borrower; and be it further

RESOLVED, That our AMA ask the Department of Education to include all terms of Public Service Loan Forgiveness (PSLF) in the contractual obligations of the Master Promissory Note.

MSS RESOLUTION 29 – MEDICAL STUDENT DOCUMENTATION IN ELECTRONIC HEALTH RECORDS

MSS ACTION: MSS RESOLUTION 29 NOT ADOPTED.

RESOLVED, That our AMA encourages the Liaison Committee on Medical Education (LCME) to include Electronic Health Record training within the core competencies of undergraduate medical education; and be it further

RESOLVED, That our AMA shall study the ability of interns to efficiently use EHRs and any correlation between EHR training in medical school and resident performance; and be it further

RESOLVED, That our AMA encourages teaching physicians and residents to require medical students to use the EHR in patient care, including documentation, under their guidance and support.

MSS RESOLUTION 30 – ESTABLISHING PROTOCOLS FOR SECURITY BREACHES IN HEALTH INFORMATION EXCHANGE PROGRAMS

MSS ACTION: MSS RESOLUTION 30 NOT ADOPTED.

RESOLVED, That our AMA develop a set of guidelines for physicians participating in HIEs that provides:

a) Best practices to avoid data breaches, conduct information security audits, and mitigate risks,
b) Educational materials to inform both providers and patients about the disclosure risks inherent in maintaining electronic data, especially when a provider is participating in an HIE or other interoperable data sharing environment,
c) Procedures and resources for physicians who experience a data breach to properly respond and mitigate damage; and be it further

RESOLVED, That our AMA support efforts by entities covered by HIPAA to instate incidence response plans (IRP) to prepare for inevitable security breaches of EHR systems and HIEs, with

an emphasis on coordinated efforts to protect and educate patients, properly report security breaches, and identify measures to prevent future breaches of a similar nature.

MSS RESOLUTION 31 – IMPROVING MUSCULOSKELETAL EDUCATION IN MEDICAL SCHOOL

MSS ACTION: MSS RESOLUTION 31 NOT ADOPTED.

RESOLVED, That our AMA acknowledge both the current shortcomings in medical school curriculum in preparing students for the musculoskeletal patient exam and the need for better musculoskeletal skills training in both preclinical and clinical education; and be it further

RESOLVED, That our AMA work with the American Association of Medical Colleges (AAMC), the Liaison Committee on Medical Education (LCME), and other appropriate organizations to study inadequacies in current medical school musculoskeletal curricula and the potential costs and benefits of (1) musculoskeletal preclinical requirements and (2) teaching of the musculoskeletal exam within the core clinical curriculum.

MSS RESOLUTION 32 – INCREASE ADVOCACY AND RESEARCH INTO THE EFFECTS OF POLICE BRUTALITY ON PUBLIC HEALTH OUTCOMES

MSS ACTION: MSS RESOLUTION 32 ADOPTED AS AMENDED.

RESOLVED, That our AMA study the public health effects of physical or verbal violence between law enforcement officers and public citizens, particularly members of ethnic and racial minority communities.

MSS RESOLUTION 33 – OTC AVAILABILITY OF NALOXONE

MSS ACTION: MSS RESOLUTION 33 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the study of over the counter availability of naloxone.

MSS RESOLUTION 34 – INCREASING ACCESS TO CARE FOR PATIENTS WITH OPIOID USE DISORDERS

MSS ACTION: MSS RESOLUTION 34 NOT ADOPTED.

RESOLVED, That our AMA encourage primary care physicians and psychiatrists to complete appropriate training, based on the needs of their patients and practices, in order to best increase access to care for patients with opioid use disorders, and which would include, but not be limited to:

a) CME courses on screening, brief intervention, prescribing of medications for substance use disorders and referral for specialized care,

b) CME courses on opioid use disorders and
c) A CME course which meets the requirements for certification to become licensed to prescribe buprenorphine; and be it further

RESOLVED, That our AMA reaffirm current policies D-120.953 and D-330.942.

MSS RESOLUTION 35 – IMPLEMENTING THE USE OF EHR IN JAIL HEALTH SERVICES

MSS ACTION: MSS RESOLUTION 35 ADOPTED AS AMENDED.

RESOLVED, That our AMA should study the prevalence of and barriers to electronic health record utilization within corrections facilities.

MSS RESOLUTION 36 – SUPPORTING THE INVESTIGATION OF THE RELATIONSHIP BETWEEN CONCUSSION EDUCATION FOR HEALTH CARE PROVIDERS AND PATIENT OUTCOMES

MSS ACTION: MSS RESOLUTION 36 NOT ADOPTED.

RESOLVED, That our AMA encourage and support the relevant stakeholders including, but limited to AAMC, ACGME, and specialty society organizations to 1) improve concussion education and educational opportunities for health care providers at all levels of training and 2) to evaluate the relationship between these educational opportunities and concussion-patient outcomes.

MSS RESOLUTION 37 – ENDORSEMENT OF QUALITY PALLIATIVE CARE PRACTICES

MSS ACTION: WITHDRAWN.

MSS RESOLUTION 38 – SUPPORTING INCREASED FUNDING FOR FEDERAL HOUSING ASSISTANCE PROGRAMS

MSS ACTION: WITHDRAWN.

MSS RESOLUTION 39 – MEDICAL SCHOOL ADMISSIONS DEFERRAL AND STUDENT MENTAL HEALTH

MSS ACTION: MSS RESOLUTION 39 NOT ADOPTED.

RESOLVED, That our AMA support transparency in medical schools' deferral policies, and urge for leniency in reviewing deferral requests, such that all students are supported to engage in life-enhancing activities; and be it further

RESOLVED, That our AMA advocate for medical schools to facilitate gap year programs for students, offering partnerships with global health programs, service organizations, research opportunities, and other community outreach groups, ensuring accessible options for students regardless of their financial circumstances; and be it further

RESOLVED, That our AMA reaffirm the importance of continued research and dialogue on depression and burnout among medical trainees at every level, encouraging medical schools' and hospitals' efforts to support mental well-being among students and employees and ease the burden for those at risk (D-310.968 Physician and Medical Student Burnout).

MSS RESOLUTION 40 – SUPPORTING THE STANDARDIZATION OF NATIONAL AIRCRAFT SANITIZATION AND HYGIENE REGULATIONS FOR COMMERCIAL AIRCRAFT FLIGHTS

MSS ACTION: MSS RESOLUTION 40 NOT ADOPTED.

RESOLVED, That our AMA supports standardization of airplane sanitization and hygienic procedures in order to reduce transmission rates of non-airborne communicable illnesses amongst passengers traveling on commercial aircrafts.

MSS RESOLUTION 41 – IMPLICIT BIAS IN MEDICINE

MSS ACTION: MSS RESOLUTION 41 NOT ADOPTED.

RESOLVED, That our AMA recognize that racial implicit racial biases may exist among our nation's physicians, residents and medical students, and that these biases may negatively impact medical training and represent a potential barrier to patients receiving quality health care; and be it further

RESOLVED, That our AMA reaffirm current policy H-350.974; and be it further

RESOLVED, That our AMA encourage further study into the negative health outcomes that may be caused by implicit biases, the ways in which implicit biases can be addressed to ameliorate these outcomes, particularly through the education and training of physicians, residents and medical students, and the effects of less-studied potential implicit biases regarding religion, gender identity and sexual orientation.

MSS RESOLUTION 42 – EXPOSING RESOLVABLE CLINICAL ISSUES TO RESEARCHERS

MSS ACTION: MSS RESOLUTION 42 NOT ADOPTED.

RESOLVED, That our AMA support the use of the *Journal of the American Medical Association (JAMA)* to publish a bi-monthly article series entitled, "Clinical Challenges Today", charged with

the purpose of exposing uninvestigated gaps in the currently-accepted medical knowledge; and be it further

RESOLVED, That our AMA recommend that any practicing American physician be able to submit for publication essential research questions related to clinical medicine and public health, for timely access by the research community, via review articles, case reports, and editorials; and be it further

RESOLVED, That our AMA encourage the article series editorial staff to incorporate such publications that have the potential to make the research community aware of the real-time gaps in medical knowledge faced in the clinical setting; and be it further

RESOLVED, That our AMA support the adaptation of its existing online platforms to accommodate direct input from physicians for enriching the content of this article series.

MSS RESOLUTION 43 – SUPPORT FOR OPIOID RETURN PROGRAMS

MSS ACTION: MSS RESOLUTION 43 NOT ADOPTED.

RESOLVED, That our AMA study the effectiveness and penetrance of opioid return programs as a result of the Secure and Responsible Drug Disposal Act of 2010 and release recommendations on how implementation may be improved.

MSS RESOLUTION 44 – STUDYING BEST PRACTICES TO PROMOTE TOBACCO CESSATION FOR PATIENTS OF STATE ALCOHOL AND DRUG ABUSE TREATMENT FACILITIES

MSS ACTION: AMA POLICY H-490.917 REAFFIRMED IN LIEU OF MSS RESOLUTION 44.

RESOLVED, That our AMA study the most effective ways to implement and promote smoking cessation programs in alcohol and drug abuse treatment facilities including but not limited to motivational interviewing and pharmacological intervention.

MSS RESOLUTION 45 – PHYSICIANS RESEARCHING PATIENTS ONLINE: UPDATING THE CODE OF MEDICAL ETHICS

MSS ACTION: MSS RESOLUTION 45 NOT ADOPTED.

RESOLVED, That our AMA study the ethical implications of online research (i.e. Google-ing, use of social media, etc.) of patients and their relevant contacts (e.g. associates, friends, family members) and delineate guidelines—by updating the Code of Medical Ethics—for when this practice may be appropriate for the care and follow-up of the patient, as well as when this research may be inappropriate in the context of the physician-patient relationship.

MSS RESOLUTION 46 – ENCOURAGING THE RESEARCH AND DEVELOPMENT OF CONCUSSION TRACKING TECHNOLOGY IN THE SPORT OF FOOTBALL

MSS ACTION: MSS RESOLUTION 46 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the research and development of helmet and/or concussion tracking technology in order to develop safer concussion management protocols to protect players from long-term consequences of traumatic brain injuries and concussions in the sport of football at all levels.

MSS RESOLUTION 47 – SUPPORT FOR DACA

MSS ACTION: MSS RESOLUTION 47 NOT ADOPTED.

RESOLVED, That our AMA support regulatory relief and expansion of DACA eligibility in the absence of comprehensive immigration reform, and be it further

RESOLVED, That our AMA issue a formal statement of support for the expansion of DACA provisions, stressing its long-term effect in defeating health disparities within an increasingly diverse U.S. patient population.

MSS RESOLUTION 48 – OIL AND GAS WELL-STIMULATION DISCLOSURE AND MORATORIUM

MSS ACTION: MSS RESOLUTION 48 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support legislation and regulations that require the full disclosure of chemicals placed into the natural environment for petroleum, oil, and gas exploration and extraction.

MSS RESOLUTION 49 – SUPPORTING THE INCORPORATION OF COMMUNITY-BASED EARLY DETECTION, TREATMENT, AND PREVENTION OF PSYCHOSIS INTO MENTAL HEALTH SYSTEMS

MSS ACTION: AMA POLICY D-345.994 REAFFIRMED IN LIEU OF MSS RESOLUTION 49.

RESOLVED, That our AMA work with all appropriate state and specialty societies to support enhanced access to and expanded funding for community-based programs aimed at the early detection, treatment, and prevention of psychosis.

MSS RESOLUTION 50 – SENIOR SEXUAL ACTIVITY AND STI PREVENTION

MSS ACTION: MSS RESOLUTION 50 NOT CONSIDERED.

RESOLVED, That our AMA acknowledges that sexual activity in the elderly can promote good

health and is common; and be it further

RESOLVED, That our AMA encourage physicians to proactively offer sexual health screenings and counseling to elderly patients; and be it further

RESOLVED, That our AMA reaffirm condom use to prevent sexually transmitted diseases and endorses its use by sexually active seniors; and be it further

RESOLVED, That our AMA supports research, creation, and promotion of senior-relevant sexual health education materials and programs.

MSS RESOLUTION 51 – SUPPORTING AUTONOMY FOR PATIENTS WITH DISORDERS OF SEX DEVELOPMENT

MSS ACTION: MSS RESOLUTION 51 NOT CONSIDERED.

RESOLVED, That our AMA believes that cosmetic and medically unnecessary sex assignment surgery in infants is an excessively invasive procedure that should not be performed until the child can actively participate in decision-making; and be it further

RESOLVED, That our AMA advocate for the addition of a patient-driven input option to the "male" and "female" options in sex and gender fields on all patient information forms and electronic health records in order to allow for the recognition of the full spectrum of biological sex and gender identity, as well as the ability to indicate each patient's preferred gender pronoun.

MSS RESOLUTION 52 – DEFINITION OF FAST FOOD RESTAURANTS AND STUDY OF THEIR PREVALENCE AND LIMITING THEIR PRESENCE ON HEALTHCARE CAMPUSES

MSS ACTION: MSS RESOLUTION 52 NOT CONSIDERED.

RESOLVED, That Our AMA adopt a definition of “fast food restaurant” as follows: any franchised or franchisable food-serving establishment that serves, as greater than 50% of its menu, prepared food items that using USDA and HHS guidelines, are rich in fats, simple carbohydrates, cholesterol, and sodium, and/or are nutritionally deficient and low in fiber. Such establishments serve calorically rich food and often also provide incentives to drastically increase portion size for little additional cost, while further increasing caloric content with little additional nutritional value; and be it further

RESOLVED, That Our AMA study the prevalence of establishments that meet the above definition of “fast food restaurant” on healthcare campuses – which include hospitals, ambulatory care centers, and medical schools – as well as a comparison of the perception of the healthiness of such establishments held by visitors, employees, students, and physicians of campuses with and without on-site fast food restaurants; and be it further

RESOLVED, That Our AMA oppose the establishment of new fast food restaurants on

healthcare campuses and collaborate with partner organizations and interested stakeholders to discourage the extension of leases held by existing fast food restaurants on healthcare campuses.

MSS RESOLUTION 53 – VISION SCREENING BEFORE ENTERING SCHOOL

MSS ACTION: AMA POLICY H-425.977 AND MSS POLICY 60.010MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 53.

RESOLVED, That the AMA support legislation that requires all states to develop guidelines regarding vision screening for children prior to them entering kindergarten; and be it further

RESOLVED, That the AMA encourage the development of initiatives to effectively inform parents on the importance of screening, early intervention, and follow-up care for childhood visual abnormalities by the appropriate stakeholders.

MSS LATE RESOLUTION 1 – ACCOMMODATIONS FOR TREATMENT OF MEDICAL STUDENTS AND RESIDENTS

MSS ACTION: MSS LATE RESOLUTION 1 ADOPTED AS AMENDED.

RESOLVED, That our AMA study the power-dichotomy between physician and trainee in their position on peers as patients.

MSS LATE RESOLUTION 2 – REMOVING DISINCENTIVES AND STUDYING THE USE OF INCENTIVES TO INCREASE THE NATIONAL ORGAN DONOR POOL

MSS ACTION: MSS LATE RESOLUTION 2 NOT CONSIDERED.

RESOLVED, That our AMA immediately support the efforts of the National Living Donor Assistance Center (NLDAC), Health Resources Services Administration (HRSA), AST, ASTS, and other relevant organizations in their efforts to eliminate disincentives serving as barriers to living and deceased organ donation; and be it further

RESOLVED, That our AMA supports well-design clinical studies investigating the use of incentives, including the use of valuable considerations, to increase the national living and deceased organ donor pool; and be it further

RESOLVED, That our AMA support legislation, including modifications to the National Organ Transplant Act (NOTA), necessary to remove legal barriers to well-designed clinical studies investigating the use of incentives, including the use of valuable considerations, to increase the national living and deceased organ donor pool; and be it further

RESOLVED, That this resolution be immediately forwarded to the House Of Delegates for consideration at the A-15 meeting.

MSS LATE RESOLUTION 3 – CONSENT-BASED EDUCATION IN HIGH SCHOOLS WITH SEXUAL HEALTH CURRICULA

MSS ACTION: MSS LATE RESOLUTION 3 NOT CONSIDERED.

RESOLVED, That our AMA recommends that consent-based education and sexual violence prevention be included within curricula of high school districts required to provide sexual health education; and be it further

RESOLVED, To amend 170.010MSS to include the consent-based education in existing high school sexual education programs.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2015 ANNUAL MEETING
CHICAGO, ILLINOIS

GOVERNING COUNCIL REPORT A – INVESTING IN AMERICA'S FUTURE PHYSICIANS

MSS ACTION: REPORT FILED.

GOVERNING COUNCIL REPORT B – BIENNIAL REVIEW OF THE ORGANIZATIONS SEATED IN THE AMA-MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED:

1) That the AMA-MSS retain the following NMSOs, NMSSs, and PIMAs as eligible for AMA-MSS Assembly representation: American Academy of Family Physicians, American Association of Physicians of Indian Origin, American College of Emergency Physicians, American College of Medical Quality, American College of Physicians, American Society of Addiction Medicine, American Society of Anesthesiologists, Student National Medical Association, American Physician Scientists Association, Asian Pacific American Medical Student Association, and Latino Medical Student Association.

2) That the AMA-MSS terminate the representation in the MSS Assembly of the student component of the Aerospace Medical Association until such time as this organization reestablishes its eligibility and reapplies for representation.

GOVERNING COUNCIL REPORT C – TRANSFORMING FOR TOMORROW: SOCIAL MEDIA

MSS ACTION: REPORT FILED.

GOVERNING COUNCIL REPORT D – EVALUATION OF AMA-MSS REGION BYLAWS

MSS ACTION: RECOMMENDATIONS ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED:

1) That all Medical Student Region Bylaws include, at minimum, abbreviated versions of:

    a. The purpose of the Medical Student Region to elect Regional Delegates to the AMA House of Delegates per MSS IOP VIII. A;
    b. The responsibilities of the Region Chair per MSS IOP VIII. A. 3;
    c. An outline of the requirements for Regional Delegate Elections per MSS IOP VIII. B.2;

d. Descriptions of their Regional Governing Council per MSS IOP VIII. A.4; and
e. Determination and Responsibilities of the Regional Delegate Chair per MSS IOP VIII. C.

2) That all Medical Student Region Bylaws are in accordance with the prevailing parliamentary code of our AMA per MSS IOP XII.A.

3) That the Speaker or Vice Speaker or his or her designee be authorized to correct article and section designations, punctuation and cross-references, and to make such other technical and conforming changes as may be necessary to reflect the intent of the MSS with respect to the Medical Student Region bylaws requirements as recommended by this report.

4) That our AMA-MSS reevaluate the content of each Medical Student Region's bylaws and report back by A-17.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2015 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 201 – BEST PRACTICES FOR MOBILE MEDICAL APPLICATIONS

HOD ACTION: AMA RESOLUTION 201 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association develop and publically disseminate a list of best practices guiding the development and use of mobile medical applications.

AMA RESOLUTION 202 – MEASURING THE EFFECT OF PAID SICK LEAVE (PSL) ON HEALTH-CARE OUTCOMES

HOD ACTION: AMA RESOLUTION 202 REFERRED.

RESOLVED, That our AMA recognize the positive impact of paid sick leave on health and support legislation that offers paid sick leave; and be it further

RESOLVED, That our AMA work with appropriate entities to build on the current body of evidence by studying the health and economic impacts of newly enacted paid sick leave legislation.

AMA RESOLUTION 216 – PREVENTING FIRM-ARM RELATED INJURY AND MORBIDITY IN YOUTH

HOD ACTION: AMA RESOLUTION 216 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association identify and support the distribution of firearm safety materials that are appropriate for the clinical setting.

AMA RESOLUTION 304 – ADDRESSING THE INCREASING NUMBER OF UNMATCHED MEDICAL STUDENTS

HOD ACTION: AMA RESOLUTION 304 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association study, in collaboration with the Association of American Medical Colleges, the National Resident Matching Program, and the American Osteopathic Association, the common reasons for failures to match; and be it further

RESOLVED, That our AMA discuss with the National Resident Matching Program, Association of American Medical Colleges, American Osteopathic Association, Liaison Committee on Medical Education, Accreditation Council for Graduate Medical Education, and other interested bodies potential pathways for reengagement in medicine following an unsuccessful matching and report back on the results of those discussions.

AMA RESOLUTION 305 – EVALUATION OF DACA-ELIGIBLE MEDICAL STUDENTS, RESIDENTS, AND PHYSICIANS IN ADDRESSING PHYSICIAN SHORTAGES

> **HOD ACTION: AMA RESOLUTION 305 ADOPTED.**

RESOLVED, That our AMA study the issue of Deferred Action for Childhood Arrivals (DACA) – eligible medical students, residents, and physicians and consider the opportunities for their participation in the physician profession and report its findings to the House of Delegates

AMA RESOLUTION 306 – INCLUDING MILITARY HISTORY AS PART OF STANDARD HISTORY TAKING

> **HOD ACTION: AMA POLICY H-295.874 REAFFIRMED IN LIEU OF AMA RESOLUTION 306.**

RESOLVED, That our American Medical Association encourage the universal inclusion of military history in the standard history taking of all adults in civilian healthcare settings; and be it further

RESOLVED, That our AMA support the addition of military history training to undergraduate, graduate, and continuing medical education and the continued refinement of existing screening resources.

AMA RESOLUTION 307 – POLICY AND ADVOCACY OPPORTUNITIES FOR MEDICAL STUDENTS

> **HOD ACTION: AMA RESOLUTION 307 ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "POLICY AND ADVOCACY OPPORTUNITIES FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS."**

RESOLVED, That our AMA establish health policy and advocacy elective rotations based in Washington, D.C. for medical students, residents, and fellows; and be it further

RESOLVED, That our AMA support and encourage institutional, state, and specialty organizations to offer health policy and advocacy opportunities for medical students, residents, and fellows.

AMA RESOLUTION 308 – REDUCING THE FINANCIAL AND EDUCATIONAL COSTS OF RESIDENCY INTERVIEWS

> **HOD ACTION: AMA RESOLUTION 308 ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "REDUCING THE FINANCIAL AND EDUCATIONAL COSTS OF RESIDENCY/FELLOWSHIP INTERVIEWS."**

RESOLVED, That our American Medical Association work with appropriate stakeholders, such as the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education, in consideration of the following strategies to address the high cost of interviewing for residency/fellowship: a) establish a method of collecting data on interviewing costs for medical students and resident physicians of all specialties for study, and b) support further study of residency/fellowship interview strategies aimed at mitigating costs associated with such interviews.

AMA RESOLUTION 327 – ACHIEVING TRANSPARENCY THROUGH GRADUATE MEDICAL EDUCATION FUNDING

> **HOD ACTION: REFERRED.**

RESOLVED, That our AMA reaffirm D-305.967 and continue to advocate for the preservation, stability and expansion of full funding for the direct and indirect costs of graduate medical education (GME) positions; and be it further

RESOLVED, That our AMA support combining Indirect Graduate Medical Education into the Direct Graduate Medical Education payments into a single, transparent funding stream; and be it further

RESOLVED, That our AMA support that Medicare's Graduate Medical Education funding be a per-resident federal allocation that is adjusted according to solely geographic measures, such as cost-of-living; and be it further

RESOLVED, That our AMA support that the payment of Graduate Medical Education funding being directed to the designated residency GME Office, in lieu of the hospital system, to be allocated across the department(s), sites and other specialties to provide comprehensive training.

AMA RESOLUTION 401 – ERADICATING HOMELESSNESS

HOD ACTION: AMA RESOLUTION 401 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stabe and affordable housing coupled with social services.

AMA RESOLUTION 402 – LABELING AND RECOMMENDED PROTECTION FOR SUNGLASSES

HOD ACTION: AMA RESOLUTION 402 ADOPTED AS AMENDED.

RESOLVED, That our AMA recommend that manufacturers clearly label all sunglasses with the percentage of UVA and UVB radiation blocked so that consumers know the extent to which the glasses protect against both types of UV radiation.

AMA RESOLUTION 403 – PROMOTING FOOD RECOVERY EFFORTS IN HOSPITALS

HOD ACTION: AMA POLICY D-150.978 REAFFIRMED IN LIEU OF AMA RESOLUTION 403.

RESOLVED, That our AMA support sustainability, better nutrition, and improved community health outcomes through hospital food recovery programs by encouraging state medical societies and physicians to collaborate with local hospitals and food recovery programs present in the community.

AMA RESOLUTION 404 – ALTERING SCHOOL DAYS TO ALLEVIATE ADOLESCENT SLEEP DEPRIVATION

HOD ACTION: AMA RESOLUTION 404 REFERRED.

RESOLVED, That our American Medical Association support appropriate entities in establishing clear evidence-based recommendations from existing research on adolescent sleep needs and school start times and that our AMA support legislation congruent with those guidelines.

AMA RESOLUTION 405 – INCREASING THE CONSUMPTION OF HEALTH FRESH FOODS IN FOOD DESERT COMMUNITIES USING MOBILE PRODUCE FOOD VENDOR PROGRAMS

HOD ACTION: AMA POLICY H-150.937 REAFFIRMED IN LIEU OF AMA RESOLUTION 405.

RESOLVED, That our AMA support expanding the use of current state and federal food assistance programs (e.g. Supplemental Nutrition Assistance Program; Special Supplemental Nutrition Program for Women, Infants, and Children Fruit and Vegetable Cash Value Voucher; and the US Farm Bill) to include purchasing fruits and vegetables from licensed and/or certified healthy mobile produce vendors.

AMA RESOLUTION 501 – ADDRESSING DRUG OVERDOSE AND PATIENT COMPLIANCE WITH TARGETED PHARMACEUTICAL PACKAGING EFFORTS

HOD ACTION: AMA RESOLUTION 501 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support research into, and development of, novel and affordable pharmaceutical packaging for dispensed medications, as well as abuse deterrent formulations in attempts to increase ease of use, improve patient adherence, and decrease the potential for misuse and abuse of controlled substances.

AMA RESOLUTION 502– RECOGNIZING LONG-ACTING REVERSIBLE CONTRACEPTIVES AS EFFICACIOUS AND ECONOMICAL FORMS OF CONTRACEPTION

HOD ACTION: AMA RESOLUTION 502 ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "TRAINING IN PRECONCEPTION COUNSELING AND LONG-ACTING REVERSIBLE CONTRACEPTIVE METHODS."

RESOLVED, That our AMA support the training of all primary care physicians and relevant allied health professionals in the area of preconception counseling, including the recognition of long-acting reversible contraceptives as efficacious and economical forms of contraception.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2015 INTERIM MEETING
ATLANTA, GEORGIA

MSS RESOLUTION 1 – ADDRESSING THE U.S. DRUG SHORTAGE CRISIS

MSS ACTION: MSS RESOLUTION 1 ADOPTED.

RESOLVED, That our AMA support the repeal of the "Anti-Kickback Safe Harbor" for Group Purchasing Organizations.

MSS RESOLUTION 2 – ADDRESSING COMMUNICATION DEFICITS IN MEDICAL SCHOOL CURRICULA

MSS ACTION: MSS RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the development and implementation of innovative, integrated, technologically current, and evidence-based methods to teach and evaluate patient-centered communication.

MSS RESOLUTION 3 – OPPOSITION TO DISCLOSURE OF DRUG USE AND ADDICTION TREATMENT HISTORY IN PUBLIC ASSISTANCE PROGRAMS

MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.

RESOLVED, That our AMA amend policy H-270.966 by insertion and deletion as follows:

> H-270.966 Disclosure of Drug Use and Addiction Treatment History in Public ~~Housing Applications~~ Assistance Programs
>
> The AMA opposes: ~~Section 301 d (the Grams Amendment of the Public Housing Reform and Responsibility Act of 1997), which authorizes public housing agencies that require~~ a) requiring that housing applicants consent to the disclosure of medical information about alcohol and other drug abuse treatment as a condition of renting or receiving Section 8 assistance, ~~and seeks its removal~~ and b) requiring applicants and/or beneficiaries of Temporary Assistance for Needy Families (TANF, "welfare") and/or the Supplemental Nutrition Assistance Program (SNAP, "food stamps") to disclose medical information, including alcohol and other drug use or treatment for addiction, or to deny assistance from these programs based on substance use status.

MSS RESOLUTION 4 – COMPREHENSIVE INTEGRATIVE MEDICINE SERVICES

MSS ACTION: AMA POLICIES H-185.964, H-165.856, H-480.973, AND H-480.964 REAFFIRMED IN LIEU OF MSS RESOLUTION 4.

RESOLVED, That our AMA recognize the value of integrative medicine for its holistic, multidisciplinary, and cost-effective approach to addressing illness and disease; and be it further

RESOLVED, That our AMA support health insurance coverage and reimbursement for the provision of comprehensive integrative medicine services in order to give patients access to the full range of evidence based complementary modalities to the same extent as conventional medical and surgical therapies.

MSS RESOLUTION 5 – HOSPITAL ADOPTION OF DAILY SAFETY CHECK-IN PROTOCOL

MSS ACTION: MSS RESOLUTION 5 NOT ADOPTED.

RESOLVED, That our AMA encourage the study of the efficacy of a Daily Safety Check-In protocol in the hospital setting and support hospital adoption of such protocols where appropriate and when they further promote a culture of safety, improve patient health outcomes, lower healthcare costs, and improve physician professional satisfaction.

MSS RESOLUTION 6 – TRANSITIONAL SUPPORT FOR INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS INTO ADULTHOOD

MSS ACTION: MSS RESOLUTION 6 ADOPTED AS AMENDED.

RESOLVED, That our AMA encourage appropriate government agencies, non-profit organizations, and specialty societies to develop and implement policy guidelines to provide adequate psychosocial resources for adults with developmental delays, with the goal of independent function when possible.

MSS RESOLUTION 7 – ADDRESSING SEXUAL ASSAULT ON COLLEGE CAMPUSES

MSS ACTION: MSS RESOLUTION 7 ADOPTED AS AMENDED.

RESOLVED, That our AMA support universities' implementation of evidence-driven sexual assault prevention programs that specifically address the needs of college students and the unique challenges of the collegiate setting.

MSS RESOLUTION 8 – REMOVING DISINCENTIVES AND STUDYING THE USE OF INCENTIVES TO INCREASE THE NATIONAL ORGAN DONOR POOL

MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED FOR IMMEDIATE

TRANSMITTAL TO THE AMA-HOD AT THE 2015 INTERIM MEETING.

HOD ACTION: AMA RESOLUTION 007 ADOPTED.

RESOLVED, That our AMA support the efforts of the National Living Donor Assistance Center, Health Resources Services Administration, American Society of Transplantation, American Society of Transplant Surgeons, and other relevant organizations in their efforts to eliminate disincentives serving as barriers to living and deceased organ donation; and be it further

RESOLVED, That our AMA seek well-designed studies investigating the use of disincentives, including valuable considerations, to increase living and deceased organ donation rates; and be it further

RESOLVED, That our AMA support legislation necessary to remove legal barriers to research investigating the use of incentives, including valuable considerations, to increase rates of living and deceased organ donation; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates for consideration at this I-15 Meeting.

MSS RESOLUTION 9 – BANNING THE SALE OF SUGAR-SWEETENED BEVERAGES IN HOSPITALS

MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support measures that restrict retail or vending machine sales of sugar-sweetened beverages in hospitals, clinics, or food service outlets that operate in space owned by licensed health care facilities.

MSS RESOLUTION 10 – INCREASING AVAILABILITY AND COVERAGE FOR IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION PLACEMENT

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED.

RESOLVED, That our AMA recognize the practice of immediate postpartum and post-abortive long-acting reversible contraception placement to be a safe and cost effective way of reducing future unintended pregnancies; and be it further

RESOLVED, That our AMA support the coverage of immediate postpartum long-acting reversible contraception device and placement by Medicaid, Medicare, and private insurers, and that this service be billed separately from the obstetrical global fee; and be it further

RESOLVED, That our AMA encourage relevant specialty organizations to provide training for physicians regarding (1) patients who are eligible for immediate postpartum long-acting

reversible contraception, and (2) immediate postpartum long-active reversible contraception placement protocols and procedures.

MSS RESOLUTION 11 – BROADENING ACCESS TO PAID FAMILY LEAVE TO IMPROVE HEALTH OUTCOMES AND HEALTH DISPARITIES

MSS ACTION: MSS RESOLUTION 11 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS amend policy 270.003MSS by insertion and deletion as follows:

> 270.003MSS Family and Medical Leave
> AMA-MSS supports the preference of paid ~~parental~~ leave and job security, over unpaid, for persons who must forsake work responsibilities for family or medical reasons.

MSS RESOLUTION 12 – STUDY OF CURRENT TRENDS IN CLINICAL DOCUMENTATION

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA study how modern clinical documentation requirements, methodologies, systems, and standards have affected the quality and content of clinical documentation; and be it further

RESOLVED, That our AMA study current practices for clinical documentation training for physicians as well as in graduate and undergraduate medical education.

MSS RESOLUTION 13 – PRIOR AUTHORIZATION REFORM

MSS ACTION: MSS RESOLUTION 13 ADOPTED.

RESOLVED, That our AMA-MSS support prescription prior authorization reform that prioritizes timely response guidelines, disclosure of medications requiring prior authorization to physicians, transparency in denial of prior authorization requests or rescission of authorization, portability of prior authorization, and exceptions for urgent care access.

MSS RESOLUTION 14 – POLICIES ON INTIMACY AND SEXUAL BEHAVIOR IN RESIDENTIAL AGED CARE FACILITIES

MSS ACTION: MSS RESOLUTION 14 ADOPTED AS AMENDED.

RESOLVED, That our AMA urge long-term care facilities and other appropriate organizations to adopt policies and procedures on intimacy and sexual behavior that preserve residents' rights to pursue sexual relationships, while protecting them from unsafe, unwanted, or abusive situations; and be it further

RESOLVED, That our AMA urge long-term care facilities and other appropriate organizations to provide staff with in-service training to develop a framework to address intimacy in their patient population.

MSS RESOLUTION 15 – IMPLEMENTATION OF AN ANNUAL MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION PROGRAM AT MEDICAL SCHOOLS

MSS ACTION: MSS RESOLUTION 15 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support medical schools to create a mental health awareness and suicide prevention screening program that would: 1) be available to all medical students on an opt-out basis, 2) ensure anonymity, confidentiality, and protection from administration, 3) provide proactive intervention for identified at-risk students by mental health professionals, and 4) educate students and faculty about personal mental health and factors that may contribute to suicidal ideation.

MSS RESOLUTION 16 – IMPLEMENTATION OF COST EFFECTIVE TECHNOLOGIES AS A SOLUTION TO WANDERING PATIENTS WITH ALZHEIMER'S DISEASE AND OTHER RELATED DISORDERS

MSS ACTION: MSS RESOLUTION 16 ADOPTED AS AMENDED.

RESOLVED, That our AMA support the use of evidence-based cost-effective technologies with prior consent of patients or designated healthcare power of attorney, as a solution to prevent, identify, and rescue missing patients with Alzheimer's disease and other related dementias with the help of appropriate allied specialty organizations.

MSS RESOLUTION 17 – SUPPORTING AUTONOMY FOR PATIENTS WITH DIFFERENCES OF SEX DEVELOPMENT

MSS ACTION: MSS RESOLUTION 17 ADOPTED AS AMENDED.

RESOLVED, That our AMA affirm that medically unnecessary surgeries in individuals born with differences of sex development are unethical and should be avoided until the patient can actively participate in decision-making.

MSS RESOLUTION 18 – TARGETED EDUCATION TO INCREASE ORGAN DONATION

MSS ACTION: MSS RESOLUTION 18 ADOPTED.

RESOLVED, That our AMA study potential educational efforts on the issue of organ donation tailored to demographic groups with low organ donation rates.

MSS RESOLUTION 19 – ENSURING HIGH QUALITY CARE FOR ALL VETERANS AND THEIR FAMILIES

MSS ACTION: MSS RESOLUTION 19 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support all avenues available to guarantee access to high quality health care for all eligible veterans and their families; and be it further

RESOLVED, That our AMA-MSS formally support AMA policies H-510.985, H-510.991, H-510.995, D-510.999, and D-510.994.

MSS RESOLUTION 20 – VOLUNTARY REPORTING OF COMPLICATIONS FROM MEDICAL TOURISM

MSS ACTION: MSS RESOLUTION 20 ADOPTED AS AMENDED.

RESOLVED, That our AMA ask the appropriate organizations to maintain a de-identified database for the voluntary reporting of outcomes resulting from medical procedures performed abroad.

MSS RESOLUTION 21 – DRUG PRICING REFORM

MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS formally support H-110.988, H-110.989, and D-330.954; and be it further

RESOLVED, That our AMA-MSS support enabling Medicare and other federal health systems to negotiate drug prices with pharmaceutical companies, and support states who wish to negotiate with pharmaceutical companies for their state-run health programs; and be it further

RESOLVED, That our AMA-MSS support legislation that requires increased transparency and public accessibility to drug manufacturing costs from all players in the drug supply production chain, including but not limited to: drug manufacturers, pharmaceutical company marketing information, pharmaceutical research and development costs and distribution companies.

MSS RESOLUTION 22 – CREATION OF A FELLOWSHIP DISTINCTION WITHIN OUR AMERICAN MEDICAL ASSOCIATION

MSS ACTION: MSS RESOLUTION 22 NOT ADOPTED.

RESOLVED, That our AMA add a “Fellow of the American Medical Association” honor to its AMA Awards, to recognize a cohort of AMA members annually “for significant service to the AMA and/or advancement of the medical profession through health policy”; and be it further

RESOLVED, That the AMA Board of Trustees annually solicit AMA Fellow nominations on behalf of our AMA Sections, State Medical Societies, AMA Councils, AMPAC, and other organizations represented by voting members of our AMA House of Delegates; and be it further

RESOLVED, That the AMA Board of Trustees determine appropriate eligibility criteria for nominees as well as how many total Fellowships it will award each year (e.g., 100-200 per year), and based on these metrics, how many nominations may be submitted from each organization annually; and be it further

RESOLVED, That our AMA encourage each recipient of its Fellowship distinction to use the title "FAMA" or "F.A.M.A." after their surname and medical degree, as long as the recipient remains an AMA member in good standing; and be it further

RESOLVED, That our AMA recognize its inaugural class of AMA Fellows at A-17.

MSS RESOLUTION 23 – AMA SUPPORT FOR JUSTICE REINVESTMENT INITIATIVES

MSS ACTION: MSS RESOLUTION 23 ADOPTED AS AMENDED.

RESOLVED, That our AMA support legislation aimed at improving risk assessment tools, expanding jail diversion and jail alternative programs, streamlining case processing, and increasing access to reentry and treatment programs.

MSS RESOLUTION 24 – SEXUAL VIOLENCE EDUCATION AND PREVENTION IN HIGH SCHOOLS WITH SEXUAL HEALTH CURRICULA

MSS ACTION: MSS RESOLUTION 24 ADOPTED AS AMENDED.

RESOLVED, That our AMA amend policy H-170.968 by insertion and deletion as follows:

> H-170.968 Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools
>
> Our AMA:(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction; (2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; ~~(b)~~(c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; ~~(c)~~ (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-

building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; ~~(d)~~ (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth;~~(e)~~ (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and ~~(f)~~ (g) are part of an overall health education program; (3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, consent communication to prevent dating violence and reduce substance use while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people, and report back to the House of Delegates as appropriate;(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program; (5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems; (6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes; (7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; ~~and~~ (8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy; and (9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, conversations about consent and substance abuse. (CSA Rep. 7 and Reaffirmation I-99; Reaffirmed: Res. 403, A-01; Modified Res. 441, A-03; Appended: Res. 834, I-04; Reaffirmed: CSAPH Rep. 7, A-09)

MSS RESOLUTION 25 – RADON TESTING IN RENTALS

MSS ACTION: MSS RESOLUTION 25 ADOPTED AS AMENDED.

RESOLVED, That our AMA support transparency and disclosure in prior radon testing, the most recent results of such testing, prior mitigation or remediation efforts, and other relevant information to protect renters and tenants when entering into a lease.

MSS RESOLUTION 26 – RESEARCH AND MONITORING TO ENSURE ETHICS OF GLOBAL HEALTH PROGRAMS

MSS ACTION: SUBSTITUTE MSS RESOLUTION 26 ADOPTED WITH CHANGE IN TITLE.

RESOLVED, That our AMA amend Policy H-250.993 by insertion and deletion 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 measureable 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. (CME Rep. 6, I-93; Reaffirmed: CME Rep. 2, A-05; Appended: CME Rep. 9, A-12)

MSS RESOLUTION 27 – YOUTH HEALTH PIPELINE PROGRAMS INITIATIVE

MSS ACTION: MSS RESOLUTION 27 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS support the establishment of a Medical Education Outreach Subcommittee for Disadvantaged Students, i.e., defined socially, economically, and/or educationally, under the umbrella of the Minority Issues Committee and under mentorship of the Minority Affairs Section, with the mission of forming long-term partnerships with local medical societies to develop pipeline programs that increase underrepresented in medicine (UIM) medical student enrollment, as defined by the AAMC; and be it further

RESOLVED, That our AMA-MSS collaborate with medical school AMA Sections to partner with, but not limited to, the Student National Medical Association, the Latino Medical Student Association, the Asian Pacific American Medical Student Association, and other concerned organizations to support the development of medical career exposure and hands-on educational

internship programs for underrepresented in medicine (UIM) and disadvantaged students; and be it further

RESOLVED, That our AMA-MSS formally support AMA policies D-200.982, D-200.985, D-350.995, H-200.951, H-350.960, H-350.968, H-350.970, and H-350.978, and reaffirm AMA-MSS policies 350.001MSS, 350.005MSS, and 350.011MSS.

MSS RESOLUTION 28 – STEM CELL TOURISM

MSS ACTION: MSS RESOLUTION 28 ADOPTED AS AMENDED.

RESOLVED, That our AMA (1) study best practices for physicians to advise patients seeking to engage in stem cell tourism and how to guide them in risk assessment; and (2) encourage further research on stem cell tourism, and urge physicians to educate themselves on these issues.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2015 INTERIM MEETING
ATLANTA, GEORGIA

GOVERNING COUNCIL REPORT A – PROACTIVE RESPONSE TO *KING V. BURWELL*

MSS ACTION: RECOMMENDATION OF GOVERNING COUNCIL REPORT A ADOPTED AND THE REMAINDER OF THE REPORT FILED.

(1) That Resolution 9-A-15 not be adopted.

GOVERNING COUNCIL REPORT B – WHISTLEBLOWER PROTECTIONS FOR MEDICAL STUDENTS AS RESIDENTS

MSS ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED.

(1) That GC Report B-I-15 be adopted in lieu of MSS Resolution 24-A-15.

GOVERNING COUNCIL REPORT C – STANDARDIZING THE RESIDENCY MATCH SYSTEM AND TIMELINE

MSS ACTION: REPORT FILED.

GOVERNING COUNCIL REPORT D – POLICY SUNSET REPORT FOR 2010 AMA-MSS POLICIES

MSS ACTION: RECOMMENDATIONS OF GOVERNING COUNCIL REPORT D ADOPTED AS AMENDED AND THE REMAINDER OF THE REPORT FILED.

(1) That the policies specified for retention in the Appendix of this report be retained as official, active policies of the AMA-MSS.
(2) That our AMA-MSS retain Policy 165.012MSS.
(3) That our AMA-MSS rescind Policy 140.001MSS.
(4) That our AMA-MSS rescind Policy 295.062MSS.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2015 INTERIM MEETING
ATLANTA, GEORGIA

AMA RESOLUTION 002 – ETHICAL PARAMETERS FOR RECOMMENDING MOBILE MEDICAL APPLICATIONS

HOD ACTION: HOD POLICY E-8.063 REAFFIRMED IN LIEU OF AMA RESOLUTION 002.

AMA RESOLUTION 003 – MEDICAL STUDENTS AND RESIDENTS AS PATIENTS

HOD ACTION: AMA RESOLUTION 003 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association study ways to address the power-dichotomy between physicians and medical students, residents and fellows as it relates to these trainees' care as patients.

AMA RESOLUTION 007 – REMOVING DISINCENTIVES AND STUDYING THE USE OF INCENTIVES TO INCREASE THE NATIONAL ORGAN DONOR POOL

HOD ACTION: AMA RESOLUTION 007 ADOPTED.

RESOLVED, That our AMA support the efforts of the National Living Donor Assistance Center, Health Resources Services Administration, American Society of Transplantation, American Society of Transplant Surgeons, and other relevant organizations in their efforts to eliminate disincentives serving as barriers to living and deceased organ donation; and be it further

RESOLVED, That our AMA seek well-designed studies investigating the use of disincentives, including valuable considerations, to increase living and deceased organ donation rates; and be it further

RESOLVED, That our AMA support legislation necessary to remove legal barriers to research investigating the use of incentives, including valuable considerations, to increase rates of living and deceased organ donation.

AMA RESOLUTION 804 – CONCURRENT HOSPICE AND CURATIVE CARE

HOD ACTION: AMA RESOLUTION 804 REFERRED.

RESOLVED, That our AMA amend policy H-85.955 by insertion and deletion as follows:

H-85.955 Hospice Care
Our AMA: (1) approves of the physician-directed hospice concept to enable the terminally ill to die in a more homelike environment than the usual hospital; and urges that this position be widely publicized in order to encourage extension and third party coverage of this provision for terminal care; (2) encourages physicians to be knowledgeable of patient eligibility criteria for hospice benefits and, realizing that prognostication is inexact, to make referrals based on their best clinical judgment; (3) supports modification of hospice regulations so that it will be reasonable for organizations to qualify as hospice programs under Medicare; (4) believes that each patient admitted to a hospice program should have his or her designated attending physician who, in order to provide continuity and quality patient care, is allowed and encouraged to continue to guide the care of the patient in the hospice program; (5) supports changes in Medicaid regulation and reimbursement of palliative care and hospice services to broaden eligibility criteria concerning the length of expected survival for pediatric patients and others, to allow provision of concurrent life-prolonging and palliative care, and to provide respite care for family care givers; ~~and~~ (6) seeks amendment of the Medicare law to eliminate the six-month prognosis under the Medicare Hospice benefit and support identification of alternative criteria, meanwhile supporting extension of the prognosis requirement from 6 to 12 months as an interim measure; <u>and (7) supports changes in Medicare regulation to allow provision of concurrent curative and hospice care.</u>

AMA RESOLUTION 805 – IMPLEMENTING THE USE OF EHR IN CORRECTIONAL SYSTEM HEALTH SERVICES

> **HOD ACTION: HOD POLICIES H-480.953 AND D-478.995 REAFFIRMED IN LIEU OF AMA RESOLUTION 805.**

AMA RESOLUTION 904 – A NATIONAL CAMPAIGN TO IMPROVE VACCINATION RATES

> **HOD ACTION: RESOLUTION 904 WAS CONSIDERED WITH CSAPH REPORT 1. RECOMMENDATIONS OF CSAPH REPORT 1 ADOPTED IN LIEU OF AMA RESOLUTION 904 AND REMAINDER OF REPORT FILED.**

RESOLVED, That our American Medical Association partner with appropriate stakeholders to sponsor a national, evidence-based public service announcement campaign aimed at increasing vaccination rates.

AMA RESOLUTION 905 – EVALUATING GREEN SPACE INITIATIVES

> **HOD ACTION: AMA RESOLUTION 905 ADOPTED.**

RESOLVED, That our American Medical Association support appropriate stakeholders in conducting studies to evaluate different green space initiatives that could be implemented in communities to improve patients' health and eliminate health disparities.

AMA RESOLUTION 906 – IMPLEMENTING MEDICATION REMINDER SYSTEMS

> **HOD ACTION: HOD POLICY H-373.933 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTION 906.**

H-373.993 Medication Adherence ~~in Patients with Low Health Literacy~~
Our AMA supports third parties in researching the effectiveness of personalized medication cards and other tools, including electronic reminders, intended to promote safe medication use, ~~written in a variety of languages for low literacy target audiences, to achieve increased~~ improve medication adherence, and improve~~d~~ health outcomes. Reminders should also be available in a variety of languages. Special attention should be devoted to reaching low literacy target audiences.

AMA RESOLUTION 907 – MAXIMIZING PATIENT OUTCOMES THROUGH PUBLIC ACCESS TO ALL PAST, PRESENT, AND FUTURE CLINICAL TRIALS

> **HOD ACTION: ADOPTED AS FOLLOWS. ONE RESOLVE REFERRED FOR DECISION.**

RESOLVED, That our American Medical Association support the timely dissemination of clinical trial data for public accessibility as permitted by research design and/or regulatory protocol; and be it further

RESOLVED, That our AMA support the promotion of improved data sharing and the reaffirmation and enforcement of deadlines for submitting results from clinical research studies; and be it further

RESOLVED, That our AMA encourage the expansion of clinical trial registrants to ClinicalTrials.gov; and be it further

RESOLVED, That Policies H-460.912 and D-460.970 be reaffirmed.

[Following resolve referred for decision]

RESOLVED, That our AMA sign the petition titled “All Trials Registered; All Results Reported” at Alltrials.net that supports the registration of all past, present and future clinical trials and the release of their summary reports.

AMA RESOLUTION 908 – NOVEL MECHANISM TO REDUCE MEDICAL STUDENT DEBT

> **HOD ACTION: HOD POLICY H-305.928 REAFFIRMED IN LIEU OF AMA RESOLUTION 908.**

AMA RESOLUTION 909 – STUDY OTC AVAILABILITY OF NALOXONE

HOD ACTION: AMA RESOLUTION 909 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association encourage manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration.

RESOLVED, That our American Medical Association study and report back at A-16 on ways to expand the access and use of naloxone to prevent opioid-related overdose deaths.

AMA RESOLUTION 910 – RESEARCH THE EFFECTS OF PHYSICAL OR VERBAL VIOLENCE BETWEEN LAW ENFORCEMENT OFFICERS AND PUPBLIC CITIZENS ON PUBLIC HEALTH OUTCOMES

HOD ACTION: AMA RESOLUTION 910 NOT CONSIDERED.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2016 ANNUAL MEETING
CHICAGO, ILLINOIS

MSS RESOLUTION 01 – TRANSFER OF JURISDICTION OVER REQUIRED CLINICAL SKILLS EXAMINATION TO LCME-ACCREDITED AND COCA-ACCREDITED MEDICAL SCHOOLS

MSS ACTION: ADOPTED AS AMENDED FOR IMMEDIATE TRANSMITTAL TO THE AMA-HOD AT THE 2016 ANNUAL MEETING.
See Policy 275.011MSS

RESOLVED, That our AMA, working with the state medical societies, advocate for the Federation of State Medical Boards (FSMB) and state medical boards to eliminate the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) and the Comprehensive Osteopathic Licensing Examination (COMLEX) Level 2-Performance Examination (PE) as a requirement for Liaison Committee on Medical Education (LCME)-accredited and Committee on Osteopathic College Accreditation (COCA)-accredited medical school graduates who have passed a school administered, clinical skills examination; and be it further

RESOLVED, That our MSS ask the AMA to amend D-295.998 by insertion and deletion as follows:

> Required Clinical Skills Assessment During Medical School D-295.998
>
> Our AMA will encourage its representatives to the Liaison Committee on Medical Education (LCME) to ask the LCME to 1) determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills, and 2) require that medical students attending LCME-accredited institutions pass a school-administered clinical skills examination to graduate from medical school.

RESOLVED, That our AMA advocate for medical schools and medical licensure stakeholders to create guidelines standardizing the clinical skills examination that would be administered at each LCME-accredited and COCA-accredited medical school in lieu of USMLE Step 2 CS and COMLEX Level 2-PE and would be a substitute prerequisite for future licensure exams; and be it further

RESOLVED, That MSS Resolution 01 be transmitted for immediate consideration by the AMA HOD at A-16.

MSS RESOLUTION 02 – IMPROVING HEALTHCARE OUTCOMES BY PROVIDING TARGETED SERVICES TO HIGH UTILIZER PATIENTS

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA-MSS support further research into understanding the effect of ACA on high-utilizer population; and be it further

RESOLVED, That our AMA-MSS support further research into predicting site-specific high-utilizers; and be it further

RESOLVED, That our AMA-MSS endorse the establishment and delivery of healthcare, tailored to the specific needs and health concerns for site-specific high-utilizer patient populations.

MSS RESOLUTION 03 – CULTURAL COMPETENCY TRAINING FOR MEDICAL SCHOOL FACULTY, STAFF, AND STUDENTS CONCERNING INDIVIDUALS WHO ARE LESBIAN, GAY, BISEXUAL, TRANSGENDER, GENDER NONCONFORMING, AND/OR BORN WITH DIFFERENCES OF SEXUAL DEVELOPMENT

MSS ACTION: ADOPTED AS SUBSTITUTED.
See Policy 295.190MSS

RESOLVED, That our AMA-MSS support the development and implementation of cultural competency programs by medical schools that train and guide medical school faculty, staff, and students in effective and compassionate communication with individuals of different backgrounds, including but not limited to gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin, or age; and be it further

RESOLVED, That our AMA-MSS support the development and implementation of supportive programs and confidential counseling services by medical schools to individuals within their institutions who have faced challenges due to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin, or age.

MSS RESOLUTION 04 – INCREASING ACCESS TO MEDICAL DEVICES FOR INSULIN-DEPENDENT DIABETICS

MSS ACTION: ADOPTED AS SUBSTITUTED.
See Policy 180.017MSS

RESOLVED, That our AMA-MSS formally support AMA policy H-330.885; and be it further

RESOLVED, That our AMA work with relevant stakeholders to encourage the development of plans for inclusion in the Medicare Advantage Value Based Insurance Design Model that reduce copayments/coinsurance for diabetes prevention, medication, supplies, and equipment including pumps and continuous glucose monitors, while adhering to the principles established in H-185.939.

MSS RESOLUTION 05 – OPPOSING TAX DEDUCTIONS FOR DIRECT TO CONSUMER ADVERTISING

MSS ACTION: ADOPTED.
See Policy 105.003MSS

RESOLVED, That our AMA-MSS oppose allowing costs for direct-to-consumer advertising of prescription medications, medical devices, and controlled drugs to be considered deductible business expenses for tax purposes.

MSS RESOLUTION 06 – SEXUAL ORIENTATION AND GENDER IDENTITY DEMOGRAPHIC COLLECTION BY THE AMA AND OTHER MEDICAL ORGANIZATIONS

MSS ACTION: ADOPTED AS AMENDED.
See Policy 530.025MSS

RESOLVED, That our AMA develop a plan with input from the LGBT advisory committee to expand the demographics we collect about our members to include both sexual orientation and gender identity information, which will be given voluntarily by members and handled in a confidential manner.

MSS RESOLUTION 07 – ADVOCACY AND STUDIES ON ACA SECTION 1332 (STATE INNOVATION WAIVERS) TO IMPROVE STATES' ABILITIES TO INNOVATE AND IMPROVE HEALTHCARE BENEFITS, ACCESS AND AFFORDABILITY

MSS ACTION: ADOPTED AS AMENDED.
See Policy 270.030MSS

RESOLVED, That our AMA advocate that the "deficit-neutrality" component of the current HHS rule for Section 1332 waiver qualification be considered only on long-term, aggregate cost savings of states' innovations as opposed to having costs during any particular year, including in initial "investment" years of a program, reduce the ultimate likelihood of waiver approval; and be it further

RESOLVED, That our AMA study reforms that can be introduced under Section 1332 of the ACA in isolation and/or in combination with other federal waivers to improve healthcare benefits, access and affordability for the benefit of patients, healthcare providers and states, and encourages state societies to do the same.

MSS RESOLUTION 08 – STUDY OF FDA EXPANDED ACCESS AND RIGHT-TO-TRY LAWS

MSS ACTION: ADOPTED AS SUBSTITUTED WITH CHANGE IN TITLE TO "STUDY OF THE CURRENT USES AND ETHICAL IMPLICATIONS OF EXPANDED ACCESS PROGRAMS."
See Policy 140.032MSS

RESOLVED, That our AMA study the implementation of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access of experimental therapies; and be it further

RESOLVED, That our AMA study the ethics of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access of experimental therapies.

MSS RESOLUTION 09 – PROMOTING INCLUSIVE GENDER, SEX, AND SEXUAL ORIENTATION OPTIONS ON MEDICAL DOCUMENTATION

MSS ACTION: ADOPTED AS AMENDED.
See Policy 315.005MSS

RESOLVED, That our AMA support the inclusion of a patient's biological sex, gender identity, sexual orientation, preferred gender pronoun(s), and (if applicable) surrogate identifications in medical documentation and related forms in a culturally-sensitive manner; and be it further

RESOLVED**,** That our AMA advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health.

MSS RESOLUTION 10 – OPPOSING MEDICARE REIMBURSEMENT BASED OFF OF PATIENT SATISFACTION SCORE

MSS ACTION: ADOPTED AS AMENDED.
See Policy 390.005MSS

RESOLVED, That our AMA study the potential healthcare disparities caused by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) in Medicare reimbursement.

MSS RESOLUTION 11 – IMPROVING GENETIC TESTING AND COUNSELING SERVICES IN HOSPITALS AND HEALTHCARE SYSTEMS

MSS ACTION: ADOPTED AS AMENDED.
See Policy 200.019MSS

RESOLVED, That our AMA support efforts to assess the usage of genetic testing and need for counseling services, physician preparedness in counseling patients or referring them to qualified genetics specialists; and be it further

RESOLVED, That our AMA encourage efforts to create and disseminate guidelines for best practice standards concerning counseling for genetic test results; and be it further

RESOLVED, That our AMA support further research into and open discourse concerning issues in medical genetics, including the genetic specialist workforce shortage, physician preparedness in the provision of genetic testing and counseling services, and impact of genetic test results and counseling on patient satisfaction.

MSS RESOLUTION 12 – ADDRESSING MENTAL ILLNESS AMONGST CHILDREN AND ADOLESCENTS THROUGH TELEMEDICINE

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA support the deployment of telemedicine programs in public schools for the purpose of delivering adequate mental health care to children and adolescents.

MSS RESOLUTION 13 – A CLEARLY ARTICULATED PROTOCOL FOR SLEEP FACILITIES AND SAFE TRANSPORTATION IN ALL PHYSICIAN RESIDENCIES

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA advocate for all physician residency programs offer the option of safe transportation home, as well as sleep facilities in their institution, for residents who may be too fatigued to safely return home after an overnight shift; and be it further

RESOLVED, That our AMA ask all physician residency programs to create and make publicly available via the internet and in internal literature, such as resident physician program handbooks, a clearly articulated protocol for the use of their sleep facilities and transportation services for residents who have overnight shifts.

MSS RESOLUTION 14 – ADDRESSING PATIENT SPIRITUALITY IN MEDICINE

MSS ACTION: ADOPTED AS AMENDED.
See Policy 65.021MSS

RESOLVED, That our AMA support inquiry into, as well as discussion and consideration of, individual patient spirituality as an important component of health; and be it further

RESOLVED, That our AMA encourage expanded patient access to spiritual care services and resources beyond trained healthcare professionals.

MSS RESOLUTION 15 – REMOVING RESTRICTIONS ON FEDERAL PUBLIC HEALTH CRISIS RESEARCH

MSS ACTION: ADOPTED AS AMENDED.
See Policy 460.018MSS

RESOLVED, That our AMA recognize the importance of timely research and open discourse in combatting public health crises; and be it further

RESOLVED, That our AMA oppose efforts to restrict funding or suppress the findings of biomedical and public health research for the purpose of influencing political discourse.

MSS RESOLUTION 16 – REMOVING RESTRICTIONS ON FEDERAL FUNDING FOR FIREARM VIOLENCE RESEARCH

MSS ACTION: ADOPTED AS AMENDED.
See Policy 460.019MSS

RESOLVED, That our AMA provide an informational report on recent and current organizational actions taken on our existing AMA policies (e.g. H-145.997) regarding removing the restrictions on federal funding for firearms violence research, with additional recommendations on any ongoing or proposed upcoming actions; and be it further

RESOLVED, That our AMA-MSS formally support AMA policy H-145.997, H-145.984, and D-145.999.

MSS RESOLUTION 17 – STANDARDIZING THE USE OF EXPIRATION DATES ON FOOD

MSS ACTION: ADOPTED AS AMENDED.
See Policy 150.031MSS

RESOLVED, That our AMA-MSS support the principle that food dating labels be directed towards consumers in addition to retailers.

MSS RESOLUTION 18 – PROMOTING AND REAFFIRMING DOMESTIC MEDICAL SCHOOL CLERKSHIP EDUCATION

MSS ACTION: ADOPTED AS AMENDED.
See Policy 295.187MSS

RESOLVED, That our AMA pursue avenues that promote the regulation of the financial compensation which medical schools can provide for clerkship positions in order to facilitate fair competition amongst medical schools and prevent unnecessary increases in domestically-trained medical student debt; and be it further

RESOLVED, That our AMA support the expansion of partnerships of foreign medical schools with hospitals in regions which lack local medical schools in order to maximize the cumulative clerkship experience for all students; and be it further

RESOLVED, That our AMA reaffirm policies D-295.320, D-295.931, and D-295.937.

MSS RESOLUTION 19 – ELIMINATING "FAIL FIRST" POLICY IN ADDICTION TREATMENT

MSS ACTION: ADOPTED AS AMENDED.
See Policy 95.010MSS

RESOLVED, That our AMA advocate for the elimination of the "fail first" policy implemented by insurance companies for addiction treatment.

MSS RESOLUTION 20 – SUPPORT FOR EQUAL HEALTHCARE ACCESS FOR EATING DISORDERS

MSS ACTION: ADOPTED AS AMENDED.
See Policy 180.018MSS

RESOLVED, That our AMA-MSS formally support AMA policy H-150.965; and be it further

RESOLVED, That our AMA-MSS will support parity of coverage for all psychiatric disorders.

MSS RESOLUTION 21 – REDEFINING POLICY FOR RESIDENT DUTY-HOURS BASED ON NEW EVIDENCE, WITH A FOCUS ON ADDRESSING RESIDENT WELLNESS

MSS ACTION: REFERRED.

RESOLVED, That our AMA-MSS revise existing policy 310.030MSS by insertion and deletion as follows:

310.030MSS Resident/Fellow Work and Learning Environment

AMA-MSS will ask the AMA to: (1) define resident duty hours as those scheduled hours associated with primary resident or fellowship responsibilities; (2) support a limit on resident duty hours of 84 hours per week averaged over a two-week period; (3) support ~~on-call activities no more frequent than every third night and there be~~ at least one consecutive 24 hour duty-free period day every seven days, both averaged over a two-week period; ~~(4) support a standard workday limit for resident physicians of 12 hours,~~

~~with patient care assignments exceeding 14 hours considered on-call activities; (5) support a limit on scheduled on-call assignments of 24 consecutive hours, with on-call assignments exceeding 24 consecutive hours ending before 30 hours, and the final 6 hours of this shift are for education, patient follow-up, and transfer of care, and new patients and/or continuity clinics must not be assigned to the resident during this 6-hour period; (6) support the inclusion of home call hours in the total number of weekly scheduled duty hours if the resident on call can routinely expect to get a less than 5 consecutive hours of sleep; (7) support a limit on assignments in high intensity settings of 12 scheduled hours with flexibility for sign off activities; (8)~~ (4) support that limits on duty hours must not adversely impact the organized educational activities of the residency program; ~~(9) ask the Accreditation Council for Graduate Medical Education to establish new requirements for mandatory and protected education time in residency programs that constitutes no less than 10% of scheduled duty hours; (10)~~ (5) support that scheduled time providing patient care services of limited or no educational value be minimized; ~~(11)~~ (6) ask the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; ~~(12)~~ (7) ask JCAHO to establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and ~~(13)~~ (8) support the AMA Council on Legislation as the coordinating body in the creation of legislative and regulatory options; and be it further

RESOLVED, That our AMA-MSS support the Accreditation Council on Graduate Medical Education (ACGME) and professional societies to conduct research to form the best duty hour policy for the residents in their respective specialties and support research to develop specialty-specific mechanisms in residency programs that (a) preserve educational quality, (b) prevent physician burnout, and (c) promote physician wellness.

MSS RESOLUTION 22 – ADDRESSING THE EXPLOITATION OF RESTRICTED DISTRIBUTION SYSTEMS BY PHARMACEUTICAL MANUFACTURERS

MSS ACTION: ADOPTED.
See Policy 270.031MSS

RESOLVED, That our AMA advocate with interested parties for legislative or regulatory measures that require prescription drug manufacturers to seek Federal Drug Administration and Federal Trade Commission approval before establishing a restricted distribution system; and be it further

RESOLVED, That our AMA support the mandatory provision of samples of approved out-of-patent drugs upon request to generic manufacturers seeking to perform bioequivalence assays; and be it further

RESOLVED, That our AMA advocate with interested parties for legislative or regulatory measures that expedite the FDA approval process for generic drugs, including but not limited to application review deadlines and generic priority review voucher programs.

MSS RESOLUTION 23 – IMPROVING DETECTION, AWARENESS, AND PREVENTION OF LEAD CONTAMINATION IN WATER

MSS ACTION: ADOPTED AS AMENDED.
See Policy 440.057

RESOLVED, That our AMA-MSS support future research to improve water sampling techniques and protocols to better detect human exposure to lead at the point of consumption; and be it further

RESOLVED, That our AMA-MSS support improved open public access to testing data on health hazardous substance levels in public commodities, such as water; and be it further

RESOLVED, That our AMA-MSS support legislation and efforts to reduce or eliminate lead from public and private water infrastructure.

MSS RESOLUTION 24 – LIVING ORGAN DONATION AT THE TIME OF IMMINENT DEATH

MSS ACTION: ADOPTED AS AMENDED.
See Policy 370.017MSS

RESOLVED, That our AMA study the implications of the removal of barriers to living organ donation at the time of imminent death.

MSS RESOLUTION 25 – PREVENTION OF NEWBORN FALLS IN HOSPITALS

MSS ACTION: ADOPTED.
See Policy 215.005MSS

RESOLVED, That our AMA support implementation of newborn fall prevention plans and post-fall procedures through clinically proven, high-quality, and cost-effective approaches.

MSS RESOLUTION 26 – RECOMMENDATION TO REMOVE SUICIDE ATTEMPT AS A CRIME FROM THE UNIFORM CODE OF MILITARY JUSTICE

MSS ACTION: ADOPTED WITH CHANGE IN TITLE TO "SUPPORT FOR THE DECRIMINALIZATION AND TREATMENT OF SUICIDE ATTEMPTS AMONGST MILITARY PERSONNEL."
See Policy 345.010MSS

RESOLVED, That our AMA support efforts to decriminalize suicide attempts in the military; and be it further

RESOLVED, That our AMA support efforts to provide treatment for survivors of suicide attempt in lieu of punishment in the military.

MSS RESOLUTION 27 – PHYSICIAN DIRECTED COUNSEL FOR MEDICAL TERMINATION OF PREGNANCY

MSS ACTION: AMA POLICY E-10.015, H-5.989, AND AMA-MSS POLICY 5.001MSS AND 5.005MSS REAFFIRMED IN LIEU OF MSS RESOLUTION 27.

The Patient-Physician Relationship E-10.015

The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering. A patient-physician relationship exists when a physician serves a patient's medical needs, generally by mutual consent between physician and patient (or surrogate). In some instances the agreement is implied, such as in emergency care or when physicians provide services at the request of the treating physician. In rare instances, treatment without consent may be provided under court order (see Opinion 2.065, "Court-Initiated Medical Treatments in Criminal Cases"). Nevertheless, the physician's obligations to the patient remain intact. The relationship between patient and physician is based on trust and gives rise to physicians' ethical obligations to place patients' welfare above their own self-interest and above obligations to other groups, and to advocate for their patients' welfare. Within the patient-physician relationship, a physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount. (I, II, VI, VIII)

Freedom of Communication Between Physicians and Patients H-5.989
It is the policy of the AMA: (1) to strongly condemn any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient; (2) working with other organizations as appropriate, to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or which interfere with the physician-patient relationship; (3) to communicate to HHS its continued opposition to any regulation that proposes restrictions on physician-patient communications; and (4) to inform the American public as to the dangers inherent in regulations or statutes restricting communication between physicians and their patients.

5.001MSS Public Funding of Abortion Services
AMA-MSS will ask the AMA to: (1) continue its support of education and choice with respect to reproductive rights; (2) continue to actively support legislation recognizing abortion as a compensable service; and (3) continue opposition to legislative measures which interfere with medical decision making or deny full reproductive choice, including abortion, based on a patient's dependence on government funding.

5.005MSS MSS Stance on Challenges to Women’s Right to Reproductive Health Care Access
AMA-MSS opposes legislation that would restrict a woman’s right to obtain medical services associated with her reproductive health, as defined in policy 5.001 MSS, on the grounds that they interfere with a physician’s ability to provide medical care.

MSS RESOLUTION 28 – SUPPORT A STUDY ON THE MINIMUM COMPETENCIES AND SCOPE OF MEDICAL SCRIBE UTILIZATION

MSS ACTION: ADOPTED AS AMENDED.
See Policy 275.012MSS

RESOLVED, That our AMA partner with The Joint Commission and other stakeholders to study the minimum skills and competencies required of a medical scribe regarding documentation performance and clinical boundaries of medical scribe utilization.

MSS RESOLUTION 29 – MEDICAL EDUCATION WITHOUT GRADUATE DEBT: MEDICAL EDUCATION IN THE HEALTH CARE DELIVERY SYSTEM OF TOMORROW

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA-MSS reaffirm 165.002MSS, 200.002MSS, 310.038MSS, 310.047MSS; and be it further

RESOLVED, That our AMA-MSS supports the development of a comprehensive framework for a sustainable medical education financing system that funds both graduate medical education and undergraduate medical education, by means including but not limited to expansion of voluntary service-payback programs, through equitably distributing education and training costs among all-payers in the healthcare system, including but not limited to, Medicaid, Medicare, the Department of Veteran Affairs, private insurers, and self-pay individuals; and be it further

RESOLVED, That our AMA-MSS supports the concept that the funds collected within an all-payer medical education finance system should be managed and distributed by a singular centralized management body composed of all stakeholders, in which no less than a majority of the body be represented by physicians with expertise in healthcare delivery and medical education; and be it further

RESOLVED, That our AMA-MSS supports the concept that centrally distributed funds within an all-payer medical education finance system provide for incremental educational incentives for facilities and individual physicians who are actively involved in education, and that such incentives be linked to the ability to meet predetermined educational benchmarks for undergraduate and graduate medical education.

MSS RESOLUTION 30 – IMPROVING MENTAL HEALTH AT COLLEGES AND UNIVERSITIES FOR UNDERGRADUATES

MSS ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA support accessibility and de-stigmatization as strategies in mental health measures implemented by colleges and universities, in order to improve the provision of care and increase its use by those in need; and be it further

RESOLVED, That our AMA support colleges and universities in publicizing the importance of mental health resources, with an emphasis on the availability and efficacy of such resources; and be it further

RESOLVED, That our AMA support collaborations of university mental health specialists and local health centers in order to provide a larger pool of resources, such that any student be able to access care in a timely and affordable manner.

MSS LATE RESOLUTION 01 – HOSPITAL WORKPLACE AND PATIENT SAFETY AND WEAPONS. DO NO HARM – MEDICINE, NOT BULLETS

MSS ACTION: ADOPTED AS SUBSTITUTED WITH CHANGE IN TITLE TO "HOSPITAL WORKPLACE AND PATIENT SAFETY AND WEAPONS."
See Policy 465.004MSS

RESOLVED, That our AMA-MSS support policies which restrict guns and Tasers in civilian healthcare delivery settings; and be it further

RESOLVED, That our AMA-MSS support comprehensive training of security personnel that focus on patient safety and empathy.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

2016 ANNUAL MEETING
CHICAGO, ILLINOIS

GOVERNING COUNCIL REPORT A – LOAN REPAYMENT EQUALITY FOR MARRIED COUPLES

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED.

(1) That MSS Resolution 18, A-15 not be adopted.

GOVERNING COUNCIL REPORT B – EVALUATING THE VALUE OF REGION RESTRUCTURING IN 2016-2017

MSS ACTION: RECOMMENDATIONS ADOPTED AND THE REMAINDER OF THE REPORT FILED.

(1) The Committee on Long Range Planning (COLRP) examine year-end membership data in conjunction with the distribution of medical schools across the AMA-MSS regions, as shown in GC Report B, A-16 Appendix 1.

(2) COLRP determine, in light of results found in Recommendation 1, if the existing region structure, as it relates to Regional Delegate allocation and MSS leadership roles and other opportunities that affect membership engagement, can be improved and report back to the AMA-MSS Assembly at Interim 2016.

(3) COLRP continue to explore development opportunities within the AMA-MSS to motivate participation and engagement of AMA-MSS members.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2016 ANNUAL MEETING
CHICAGO, ILLINOIS

AMA RESOLUTION 001 – SUPPORT FOR PERSONS WITH INTELLECTUAL DISABILITIES TRANSITIONING TO ADULTHOOD

HOD ACTION: ADOPTED WITH CHANGE IN TITLE TO "SUPPORT FOR PERSONS WITH INTELLECTUAL DISABILITIES."

RESOLVED, That our American Medical Association encourage appropriate government agencies, non-profit organizations, and specialty societies to develop and implement policy guidelines to provide adequate psychosocial resources for persons with intellectual disabilities, with the goal of independent function when possible.

AMA RESOLUTION 003 – SUPPORTING AUTONOMY FOR PATIENTS WITH DIFFERENCES OF SEX DEVELOPMENT

HOD ACTION: REFERRED.

RESOLVED, That our American Medical Association affirm that medically unnecessary surgeries in individuals born with differences of sex development are unethical and should be avoided until the patient can actively participate in decision-making.

AMA RESOLUTION 004 – TARGETED EDUCATION TO INCREASE ORGAN DONATION

HOD ACTION: ADOPTED.

RESOLVED, That our American Medical Association study potential educational efforts on the issue of organ donation tailored to demographic groups with low organ donation rates.

AMA RESOLUTION 101 – INCREASING AVAILABILITY AND COVERAGE FOR IMMEDIATE POSTPARTUM LONGACTING REVERSIBLE CONTRACEPTIVE PLACEMENT

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association recognize the practice of immediate postpartum and post pregnancy long-acting reversible contraception placement to be a safe and cost effective way of reducing future unintended pregnancies; and be it further

RESOLVED, That our American Medical Association support the coverage by Medicaid, Medicare, and private insurers for immediate postpartum long-acting reversible contraception devices and placement, and that these be billed separately from the obstetrical global fee; and be it further

RESOLVED, That our American Medical Association encourage relevant specialty organizations to provide training for physicians regarding (1) patients who are eligible for

immediate postpartum long-acting reversible contraception, and (2) immediate postpartum long-acting reversible contraception placement protocols and procedures.

AMA RESOLUTION 201 – REPEAL OF ANTI-KICKBACK SAFE HARBOR FOR GROUP PURCHASING ORGANIZATIONS

HOD ACTION: REFERRED FOR DECISION.

RESOLVED, That our American Medical Association support the repeal of the "Anti-Kickback Safe Harbor" for Group Purchasing Organizations.

AMA RESOLUTION 203 – OPPOSITION TO DISCLOSURE OF DRUG USE AND ADDICTION TREATMENT HISTORY IN PUBLIC ASSISTANCE PROGRAMS

HOD ACTION: ADOPTED.

RESOLVED, That our American Medical Association amend Policy H-270.966 by addition and deletion as follows:

H-270.966 Disclosure of Drug Use and Addiction Treatment History in Public ~~Housing Applications~~ Assistance Programs

The AMA opposes ~~Section 301-d (the Grams Amendment of the Public Housing Reform and Responsibility Act of 1997), which authorizes public housing agencies to require~~ a) requiring that housing applicants consent to the disclosure of medical information about alcohol and other drug abuse treatment as a condition of renting or receiving Section 8 assistance~~, and seeks its removal~~ and b) requiring applicants and/or beneficiaries of Temporary Assistance for Needy Families (TANF, "welfare") and/or the Supplemental Nutrition Assistance Program (SNAP, "food stamps") to disclose medical information, including alcohol and other drug use or treatment for addiction, or to deny assistance from these programs based on substance use status.

AMA RESOLUTION 205 – AMA SUPPORT FOR JUSTICE REINVESTMENT INITIATIVES

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support justice reinvestment initiatives aimed at improving risk assessment tools for screening and assessing individuals for substance use disorders and mental health issues, expanding jail diversion and jail alternative programs, and increasing access to reentry and treatment programs.

AMA RESOLUTION 303 – RESEARCH AND MONITORING TO ENSURE ETHICS OF GLOBAL HEALTH PROGRAMS

HOD ACTION: ADOPTED.

RESOLVED, That our American Medical Association amend Policy H-250.993 by addition to read 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 measureable 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.

AMA RESOLUTION 321 – TRANSFER OF JURISDICTION OVER REQUIRED CLINICAL SKILLS EXAMINATIONS TO LCME-ACCREDITED AND COCA-ACCREDITED MEDICAL SCHOOLS

HOD ACTION: ALTERNATE RESOLUTION 311 ADOPTED AS AMENDED IN LIEU OF RESOLUTION 311, 316, 317, AND 321.

RESOLVED, That our American Medical Association work with the Federation of State Medical Boards, National Board of Medical Examiners, state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) examination and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a Liaison Committee on Medical Education-accredited or Commission on Osteopathic College Accreditation-accredited medical school-administered clinical skills examination; and be it further

RESOLVED, That our American Medical Association work to: 1) ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards and National Board of Medical Examiners; 2) encourage a significant and expeditious increase in the number of available testing sites; 3) allow international students and graduates to take the same examination at any available testing site; 4) engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization; and, 5) include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency.

AMA RESOLUTION 402 – ADDRESSING SEXUAL ASSAULT ON COLLEGE CAMPUSES

HOD ACTION: ADOPTED.

RESOLVED, That our American Medical Association support universities' implementation of evidence-driven sexual assault prevention programs that specifically address the needs of college students and the unique challenges of the collegiate setting.

AMA RESOLUTION 403 – POLICIES ON INTIMACY AND SEXUAL BEHAVIOR IN RESIDENTIAL AGED-CARE FACILITIES

HOD ACTION: ADOPTED.

RESOLVED, That our American Medical Association urge long-term care facilities and other appropriate organizations to adopt policies and procedures on intimacy and sexual behavior that preserve residents' rights to pursue sexual relationships, while protecting them from unsafe, unwanted, or abusive situations; and be it further

RESOLVED, That our American Medical Association urge long-term care facilities and other appropriate organizations to provide staff with in-service training to develop a framework to address intimacy in their patient population.

AMA RESOLUTION 405 – SEXUAL VIOLENCE EDUCATION AND PREVENTION IN HIGH SCHOOLS WITH SEXUAL HEALTH CURRICULA

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "SEXUAL VIOLENCE EDUCATION AND PREVENTION IN SCHOOLS."

RESOLVED, That our American Medical Association amend Policy H-170.968 by addition and deletion to read as follows:

> H-170.968 Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools
>
> Our AMA: (1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and discretion; (2) Urges schools at all education levels to implement comprehensive developmentally appropriate sexuality education programs that (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; ~~(b)~~(c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; ~~(c)~~ (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of disease; ~~(d)~~ (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; ~~(e)~~ (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and ~~(f)~~ (g) are part of an overall health education program; (3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability

programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate; (4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program; (5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems; (6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes; (7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and (8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy; and (9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on health relationships, sexual health, and conversations about consent.

AMA RESOLUTION 406 – RESEARCH THE EFFECTS OF PHYSICAL OR VERBAL VIOLENCE BETWEEN LAW ENFORCEMENT OFFICERS AND PUBLIC CITIZENS ON PUBLIC HEALTH OUTCOMES

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association encourage the National Academies of Sciences, Engineering, and Medicine and other interested parties to study the public health effects of physical or verbal violence between law enforcement officers and public citizens, particularly within ethnic and racial minority communities; and be it further

RESOLVED, That our American Medical Association affirm that physical and verbal violence between law enforcement officers and public citizens, particularly within racial and ethnic minority populations, is a social determinant of health; and be it further

RESOLVED, That our American Medical Association encourage the Centers for Disease Control and Prevention as well as state and local health departments and agencies to research the nature and public health implications of violence involving law enforcement.

AMA RESOLUTION 503 – COST-EFFECTIVE TECHNOLOGIES AS A SOLUTION TO WANDERING PATIENTS WITH ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIAS

HOD ACTION: ADOPTED.

RESOLVED, That our American Medical Association support the use of evidence-based cost-effective technologies with prior consent of patients or designated healthcare power of attorney, as a solution to prevent, identify, and rescue missing patients with Alzheimer's disease and other related dementias with the help of appropriate allied specialty organizations.

AMA RESOLUTION 505 – RADON TESTING IN RENTALS

HOD ACTION: AMENDED POLICY H-455.986 ADOPTED IN LIEU OF RESOLUTION 505.

RESOLVED, That Policy H-455.986 be amended by addition and deletion to read as follows:

Radon in ~~Homes~~ Residential Dwellings and other Buildings H-455.986

The AMA supports (1) assuming a leadership role in educating physicians, others of the health care community, and the public concerning the significance of radon levels in ~~homes~~ residential dwellings and other buildings and the possible health effects of those levels; and (2) encouraging the real estate community to increase transparency and disclosure of prior radon testing, and the most recent results of such testing.

AMA RESOLUTION 702 – STUDY OF CURRENT TRENDS IN CLINICAL DOCUMENTATION

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association study the effectiveness of current graduate and undergraduate education training processes on clinical documentation.

AMA RESOLUTION 703 – VOLUNTARY REPORTING OF COMPLICATIONS FROM MEDICAL TOURISM

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support efforts that allow for the reporting and tracking of quality and safety issues associated with medical procedures performed abroad; and be it further

RESOLVED, That our American Medical Association reaffirm Policy H-450.937, which states that patients should only be referred for medical care outside the United States to institutions that have been accredited by recognized international accrediting bodies.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS

2016 INTERIM MEETING
ORLANDO, FLORIDA

MSS RESOLUTION 01 – INTEGRATION OF DRUG PRICE INFORMATION INTO ELECTRONIC MEDICAL RECORDS

MSS ACTION: ADOPTED AS AMENDED.
See 315.007MSS

RESOLVED, That our AMA support the incorporation of estimated patient out of pocket drug costs into electronic medical records in order to help reduce patient cost burden; and be it further

RESOLVED, That our AMA collaborate with invested stakeholders, such as physician groups, Electronic Medical Records (EMR) vendors, hospitals, insurers, and governing bodies to integrate estimated out of pocket drug costs into electronic medical records in order to help reduce patient cost burden.

MSS RESOLUTION 02 – EXPANDING ACCESS TO BUPRENORPHINE FOR THE TREATMENT OF OPIOID USE DISORDER

MSS ACTION: ADOPTED AS AMENDED.
See 120.013MSS

RESOLVED, That our AMA study solutions to overcome the barriers preventing appropriately trained physicians from prescribing buprenorphine for treatment of Opioid Use Disorder.

MSS RESOLUTION 03 – EXPANDING USE OF SCREENING TOOLS FOR SOCIAL DETERMINANTS OF HEALTH

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "EXPANDING ACCESS TO SCREENING TOOLS FOR SOCIAL DETERMINANTS OF HEALTH."
See 160.033MSS

RESOLVED, That our AMA provide access to evidence-based screening tools for evaluating and addressing social determinants of health in their physician resources; and be it further

RESOLVED, That our AMA support the continued integration of evidence-based screening tools evaluating social determinants of health into the electronic medical record and electronic health record; and be it further

RESOLVED, That our AMA support fair compensation for the use of evidence-based social determinants of health screening tools and interventions in clinical settings.

MSS RESOLUTION 04 – ADDRESSING THE IMPORTANCE OF ADVANCE DIRECTIVE PLANNING AND EDUCATION FOR MEDICAL STUDENTS

MSS ACTION: ADOPTED AS AMENDED.

See 140.033MSS

RESOLVED, That our AMA-MSS support undergraduate medical education on end-of-life care, including teaching advance directive planning as a clinical skill through simulation and skills practice, in addition to established didactic modalities; and be it further

RESOLVED, That in order to address AMA policy H-85.956 at the level of MSS policy, our AMA-MSS amends existing policy 140.007MSS by addition as follows:

140.007MSS AMA-MSS Support of Advance Directives

AMA-MSS Support of Advance Directives: (1) AMA-MSS affirms the need for advance directives for all patients, including young adults, and will provide its members with information about advance directives, and recommends medical students complete their own; (2) AMA-MSS will ask the AMA to encourage physicians to discuss advance directives and organ donation with all patients, including young adults, as a part of the ongoing doctor-patient relationship; (3) AMA-MSS will ask the AMA to (a) recommend that advance directives completed by a patient be placed in a prominent area of the patient's medical record; and (b) recommend the inclusion of information on and eligibility requirements pertaining to organ and tissue donation in any advanced directive; (4) AMA-MSS will ask the AMA to support policies and legislation mandating physician reimbursement for time spent discussing advance directives with patients. (MSS Res 27, I-90, MSS Sub Res 59, I-98, MSS Res 20, I-09, MSS GC Rep A, I-06, MSS GC Rep I, I-84, Consolidated: MSS GC Rep F, I-10) (Reaffirmed: MSS GC Rep A, I-14)

MSS RESOLUTION 05 – INCREASING ACCESS TO HEALTHCARE INSURANCE FOR REFUGEES

MSS ACTION: THE FIRST RESOLVE ADOPTED AS AMENDED; THE SECOND RESOLVE REFERRED FOR STUDY.
See 250.028MSS

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

RESOLVED, That our AMA support federal and state government agencies to facilitate enrollment or reenrollment of refugees into Medicaid healthcare insurance plans following the end of their Refugee Medical Assistance coverage or initial Medicaid coverage.

MSS RESOLUTION 06 – PHYSICIAN AID-IN-DYING

MSS ACTION: ADOPTED AS AMENDED.
See 140.034MSS

RESOLVED, That our AMA-MSS support protections for physicians who participate in physician aid-in-dying in states where physician aid-in-dying is legal; and be it further

RESOLVED, That our AMA-MSS encourages use of the term "physician aid-in-dying" instead of "physician physician-assisted suicide."

MSS RESOLUTION 07 – IMPROVING CYBERSECURITY IN HEALTHCARE FACILITIES

MSS ACTION: ADOPTED AS AMENDED.
See 315.006MSS

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

MSS RESOLUTION 08 – EMPHASIZING TRAINING IN THE TREATMENT OF REFUGEES

MSS ACTION: ADOPTED AS AMENDED.
See 250.027MSS

RESOLVED, That our AMA-MSS support medical student collaboration with appropriate entities for training in the provision of refugee medical care.

MSS RESOLUTION 09 – EDUCATING PHYSICIANS AND YOUNG ADULTS ON SYNTHETIC DRUGS

MSS ACTION: ADOPTED AS AMENDED.
See 100.016MSS

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

> Our AMA: (1) supports ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, and poison control centers to assess and monitor energy trends in illicit <u>and legal synthetic</u> drug use, and to develop and disseminate fact sheets and other educational materials; (2) encourages the development of continuing medical education on emerging trends in illicit <u>and legal synthetic</u> drug use; and (3) supports efforts by the federal government to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner.

MSS RESOLUTION 10 – PAID PARENTAL LEAVE

MSS ACTION: ADOPTED AS AMENDED.
See 270.032MSS

RESOLVED, That our AMA-MSS support policy that extends the length of universal paid parental leave, recommending especially a period of 14 weeks or longer; and be it further

RESOLVED, That our AMA-MSS support policies that equally encourage parents of all genders to take parental leave; and be it further

RESOLVED, That our AMA-MSS amend AMA-MSS policy 270.003MSS by insertion as follows:

> 270.003MSS Broadening Access to Paid Family Leave to Improve Health Outcomes and Health Disparities

AMA-MSS supports the preference of paid leave and job security, over unpaid, for persons who must forsake work responsibilities for family or medical reasons, including parental leave.

MSS RESOLUTION 11 – GENDER AND RACE DISPARITIES IN PAY AND COMPENSATION

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA reaffirm resolution D-200.981 and H-65.968; and be it further

RESOLVED, That our AMA actively advocate against the gender gap identified in reimbursement practices by Medicare; and be it further

RESOLVED, That our AMA advocate for a Medicare audit to analyze and develop recommendations to address the gender gap in reimbursements; and be it further

RESOLVED, That our AMA research racial discrimination in physician pay.

MSS RESOLUTION 12 – SUPPORT FOR SERVICE ANIMALS, EMOTIONAL SUPPORT ANIMALS, ANIMALS IN HEALTHCARE, AND MEDICAL BENEFITS OF PET OWNERSHIP

MSS ACTION: ADOPTED AS AMENDED.
See 440.039MSS

RESOLVED, That our AMA-MSS amend policy 440.039MSS by deletion and addition as follows:

440.039MSS Support for Service Animals, Animals in Healthcare, and Medical Benefits of Pet Ownership

AMA-MSS will ask the AMA to (1) recognize~~s~~ the potential medical benefits of ~~dogs as animal-companions~~ animal-assisted therapy and animals as companions; and (2) encourage~~s~~ research into the use and implementation of service animals, emotional support animals and animal-assisted therapy as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit.

MSS RESOLUTION 13 – INCREASING THE PUBLICATION OF NEGATIVE, NULL AND CONTRADICTORY CLINICAL TRIAL RESULTS

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA amend existing policy H-460.912 by addition and deletion to read as follows:

Principles for Conduct and Reporting of Clinical Trials H-460.912

Our AMA: (1) endorses the Association of American Medical Colleges' "Principles for Protecting Integrity in the Conduct and Reporting of Clinical Trials"; (2) commends the AAMC, the Centers for Education and Research in Therapeutics and the BlueCross

BlueShield Association for the development and dissemination of these principles; (3) supports the timely dissemination of clinical trial data for public accessibility as permitted by research design and/or regulatory protocol; (4) urges scientific journals to increase publication rates of negative, null, and contradictory clinical trial results and supports increased submission of this data for publication by researchers; ~~(4)~~ (5) supports the promotion of improved data sharing and the reaffirmation and enforcement of deadlines for submitting results from clinical research studies; ~~(5)~~ (6) encourages the expansion of clinical trial registrants to ClinicalTrials.gov; and ~~(6)~~ (7) will sign the petition titled "All Trials Registered; All Results Reported" at Alltrials.net that supports the registration of all past, present and future clinical trials and the release of their summary reports.

MSS RESOLUTION 14 – ADDRESSING MEDICAL STUDENT MENTAL HEALTH THROUGH DATA COLLECTION AND SCREENING

MSS ACTION: ADOPTED AS AMENDED.
See 345.012MSS

RESOLVED, That our AMA encourage study of medical student mental health, including but not limited to rates and risk factors of depression and suicide; and be it further

RESOLVED, That our AMA encourage medical schools to confidentially gather and release information regarding reporting rates of depression/suicide on an opt-out basis from its students.

MSS RESOLUTION 15 – EXPLORING APPLICATIONS OF WEARABLE TECHNOLOGY IN CLINICAL MEDICINE AND MEDICAL RESEARCH

MSS ACTION: ADOPTED AS AMENDED.
See 480.018MSS

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

MSS RESOLUTION 16 – INCREASED OVERSIGHT OF SUICIDE PREVENTION TRAINING FOR CORRECTIONAL FACILITY STAFF

MSS ACTION: ADOPTED AS AMENDED.
See 270.033MSS

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

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

MSS RESOLUTION 17 – FEMININE HYGIENE PRODUCTS

MSS ACTION: ADOPTED AS AMENDED.
See 160.032MSS

RESOLVED, That our AMA-MSS support the distribution of readily available feminine hygiene products in publicly funded institutions, including but not limited to schools, correctional facilities and shelter.

MSS RESOLUTION 18 – SECURE TEXT MESSAGING BETWEEN HEALTHCARE PROVIDERS

MSS ACTION: ADOPTED AS AMENDED.
See 480.017MSS

RESOLVED, That our AMA-MSS support usage of mobile devices messaging within clinical settings that is in compliance with the HIPAA Security Rule and minimally burdensome to healthcare providers.

MSS RESOLUTION 19 – DELIRIUM PREVENTION IN HOSPITALS AND SKILLED NURSING CARE SETTINGS

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA amend policy H-345.979 by addition and deletion to read as follows:

Evaluation and Prevention of Delirium H-345.979

Our AMA 1) supports efforts to educate physicians regarding the importance of evaluation and prevention of delirium for geriatric and other high risk patients ~~and patients who are symptomatic~~; 2) supports the implementation of multicomponent non-pharmacologic delirium prevention programs for geriatric and other high risk hospital inpatients; and 3) supports further research on delirium prevention in skilled nursing facilities.

MSS RESOLUTION 20 – STUDYING THE EFFECTIVENESS OF TELEMENTAL HEALTH IN SCHOOLS

MSS ACTION: ADOPTED AS AMENDED.
See 345.013MSS

RESOLVED, That our AMA-MSS support research by appropriate stakeholders assessing the effectiveness of telemental health programs in comparison to standard mental health services offered by elementary, middle, and secondary educational institutions.

MSS RESOLUTION 21 – FUTURE OF THE USMLE: EXAMINING MULTI-STEP STRUCTURE AND SCORE USAGE

MSS ACTION: ADOPTED AS AMENDED.
See 295.188MSS

RESOLVED, That our AMA work with the appropriate stakeholders to investigate the advantages, disadvantages, and practicality of combining the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 Clinical Knowledge (CK) exams into a single licensure exam measuring both foundational science and clinical knowledge competencies, and be it further

RESOLVED, That our AMA work with the appropriate stakeholders to study alternate means of scoring United States Medical Licensing Examination (USMLE) exams.

MSS RESOLUTION 22 – IMPORTANCE OF ORAL HEALTH IN MEDICAL PRACTICE

MSS ACTION: ADOPTED AS AMENDED.
See 440.058MSS

RESOLVED, That our AMA-MSS recognize the importance of managing oral health as a part of overall patient care; and be it further

RESOLVED, That our AMA-MSS support efforts to educate physicians on oral condition screening and management, as well as the consequences of poor oral hygiene on mental and physical health; and be it further

RESOLVED, That our AMA-MSS support closer collaboration of physicians with dental providers to provide comprehensive medical care; and be it further

RESOLVED, That our AMA-MSS support efforts to increase access to oral health services.

MSS RESOLUTION 23 – DECREASING POLYPHARMACY AMONG ELDERLY PATIENTS

MSS ACTION: AMA POLICY H-100.968 REAFFIRMED IN LIEU OF MSS RESOLUTION 23.

RESOLVED, That our AMA recognize the increased risk of adverse drug events in the elderly due to polypharmacy; and be it further

RESOLVED, That our AMA support evidence-based guidelines regarding medications that are deemed inappropriate in the elderly.

MSS RESOLUTION 24 – ADDRESSING PHYSICIAN AND PATIENT GAPS IN OPIOID EDUCATION

MSS ACTION: AMA POLICY H-120.960, D-120.985, AND H-95.990 REAFFIRMED IN LIEU OF MSS RESOLUTION 24.

RESOLVED, That our AMA support the education of medical students, physicians, and other healthcare providers on best practices regarding opioid discontinuation; and be it further

RESOLVED, That our AMA encourage physicians to facilitate discussion with patients and caregivers concerning best practices for methods of discontinuing opioid therapy, in addition to safe storage and disposal of opioids, with particular attention to adolescents.

MSS RESOLUTION 25 – BLOOD DONOR DEFERRAL CRITERIA REVISIONS

MSS ACTION: ADOPTED AS AMENDED.
See 50.004MSS

RESOLVED, That our AMA amend AMA policy H-50.973 by addition and deletion to read as follows:

> **Blood Donor Deferral Criteria H-50.973**
>
> AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their ~~level of~~ individual risk; ~~and~~ (2) opposes ~~the current lifetime~~ a deferral on blood and tissue donations from men who have sex with men not based in science~~.~~; and (3) supports research into Individual Risk Assessment criteria for blood donation.

RESOLVED, That our AMA advocate for the elimination of current deferral policy and ask the Food and Drug Administration to develop recommendations for Individual Risk Assessment during the public commentary period; and be it further

RESOLVED, That this resolution be immediately transmitted to the AMA House of Delegates.

MSS RESOLUTION 26 – INFORMED CONSENT FOR MEDICAL SCHOOL APPLICANTS: ADDRESSING MEDICAL STUDENT APPLICANTS' UNDERSTANDING OF BURNOUT

> **MSS ACTION: AMA POLICY D-310.968 REAFFIRMED IN LIEU OF MSS RESOLUTION 26.**

RESOLVED, That our AMA study medical students' understanding of the factors contributing to burnout, prevalence of burnout, and effects of burnout in a completely anonymous manner; and be it further

RESOLVED, That our AMA study medical school applicants' understanding of the factors contributing to burnout, prevalence of burnout, and effects of burnout in a completely anonymous manner; and be it further

RESOVLED, That our AMA support transparency in the medical school application process by encouraging institutions to publish program-specific data known to be associated with burnout including utilization of depression screenings, rate of depression and anxiety, number of student suicides, the availability of counseling services, and other relevant wellness criteria associated with burnout.

MSS RESOLUTION 27 – AMA-MSS SUPPORT OF THE MOVEMENT FOR BLACK LIVES

> **MSS ACTION: AMA POLICY H-350.974 REAFFIRMED IN LIEU OF MSS RESOLUTION 27.**

RESOLVED, That our AMA-MSS names racism as a public health issue that has led to the loss of and damage to Black lives, and which must be addressed in our own professional practices and institutions, and at the level of the individual patient and community health; and be it further

RESOLVED, That our AMA-MSS explicitly and openly supports the fundamental mission of the Movement for Black Lives, which is "ending all forms of state violence against Black people"; and be it further

RESOLVED, That our AMA-MSS specifically identify means to support members of the Movement for Black Lives and affiliated organizations who are engaged in developing and implementing its health platform.

MSS RESOLUTION 28 – IMPROVING ACCESS TO DIRECT ACTING ANTIVIRALS FOR HEPATITIS C INFECTED INDIVIDUALS

MSS ACTION: ADOPTED AS AMENDED.
See 440.059MSS

RESOLVED, That our AMA-MSS supports hepatitis C virus (HCV) treatment programs aimed at reducing the public health burden of the HCV epidemic; and be it further

RESOLVED, That our AMA support educational programs aimed at training primary care providers in the treatment and management of patients infected with HCV, particularly those providers serving rural or otherwise underserved populations; and be it further

RESOLVED, That our AMA amend current policy H-440.845 by addition to read as follows:

> Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment H-440.845
>
> Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with Centers for Disease Control and Prevention (CDC) recommendations; (2) encourage the CDC and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts; (3) support hepatitis C virus (HCV) prevention, screening, and treatment programs that are targeted toward maximum public health benefit; (4) support educational programs aimed at training primary care providers in the treatment and management of patients infected with HCV ~~(4)~~ (5) support adequate funding by, and negotiation for affordable pricing for HCV antiviral treatments between, the government, insurance companies and other third party payers, so that all Americans for whom HCV treatment would have a substantial proven benefit will be able to receive this treatment; and ~~(5)~~ (6) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines.

MSS RESOLUTION 29 – ULTRASOUND EDUCATION IN PRECLINICAL CURRICULA

MSS ACTION: EXISTING AMA POLICY H-480.950 REAFFIRMED IN LIEU OF MSS RESOLUTION 29.

RESOLVED, That our AMA-MSS support the integration of hands-on ultrasound labs into preclinical undergraduate medical education; and be it further

RESOLVED, That our AMA-MSS study the prevalence and current practices of integrating ultrasound into undergraduate medical education.

MSS RESOLUTION 30 – SUPPORT EQUAL STANDARDS FOR FOREIGN MEDICAL SCHOOLS SEEKING TITLE IV FUNDING

MSS ACTION: ADOPTED AS AMENDED.
See 255.006MSS

RESOLVED, That our AMA support the application of the existing requirements for foreign medical schools seeking Title IV Funding to those schools which are currently exempt from these requirements, thus creating equal standards for all foreign medical schools seeking Title IV Funding.

MSS RESOLUTION 31 – PROMOTING RETROSPECTIVE AND COHORT STUDIES ON PREGNANT WOMEN AND THEIR CHILDREN

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "SUPPORTING THE INCLUSION OF PREGNANT WOMEN IN RESEARCH."
See 525.006MSS

RESOLVED, That our AMA-MSS amend policy 525.001MSS by addition and deletion to read as follows:

Inclusion of Women in Clinical Trials 525.001MSS

AMA-MSS ~~will ask the AMA to encourage~~ encourages the inclusion of women, including pregnant women, in all research on human subjects, except in those cases for which it would be scientifically irrational, in numbers sufficient to ensure that results of such research will benefit both men and women.; and be it further

RESOLVED, That our AMA-MSS supports the update of federal regulations on human subject research with a proactive and inclusive approach to pregnant women in clinical research; and be it further

RESOLVED, That our AMA-MSS supports the prioritization and advancement of research on medications' effect on pregnancy and breastfeeding.

MSS RESOLUTION 32 – IMPROVING LANGUAGE ACCESS FOR LIMITED ENGLISH PROFICIENCY PATIENTS

MSS ACTION: ADOPTED AS AMENDED.
See 160.034MSS

RESOLVED, That the AMA-MSS support initiatives to educate physicians and medical students on the appropriate use of medical interpreters.

MSS RESOLUTION 33 – NON-BEHAVIORAL METHODS OF DIABETES PREVENTION IN AT-RISK POPULATIONS

MSS ACTION: EXISTING AMA POLICY H-440.844 AND D-440.935 REAFFIRMED IN LIEU OF MSS RESOLUTION 33.

RESOLVED, That our AMA-MSS formally support AMA policy H-440.844 and D-440.935; and be it further

RESOLVED, That our AMA-MSS support further research into pharmacologic prophylaxis for pre-diabetic patients in order to prevent or delay the onset of diabetes.

MSS RESOLUTION 34 – ADVOCATE FOR LEGISLATION TO REQUIRE PHARMACEUTICAL COMPANIES TO JUSTIFY DRUG PRICES

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA advocate for legislation to require explanation and documentation of all factors involved in determining prescription drug prices by pharmaceutical companies.

MSS RESOLUTION 35 – SUPPORT FOR RESEARCHING NON-JUDICIAL ENFORCEMENT OF MEDICAID RATE CHALLENGES UNDER 42 U.S.C. SECTION 1396A(A)(30)(a) IN WAKE OF *ARMSTRONG V. EXCEPTIONAL CHILD CENTER, INC.*

MSS ACTION: REFERRED FOR STUDY.

RESOLVED, That our AMA-MSS raise awareness about the rulemaking process of the Administrative Procedure Act (APA) to encourage health care provider participation in the notice and comment period for regulations proposed by federal agencies that concern Medicaid rate setting; and that our AMA; and be it further

RESOLVED, That our AMA-MSS support a study that reviews the effect of changes to Medicaid payment methodologies on beneficiary access in light of providers and beneficiaries no longer having an implied right of action under the Supremacy Clause to enforce the Equal Access Provision [Section 30(A)] of the Medicaid Act; and be it further

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

RESOLVED, That our AMA-MSS support a study that reviews whether a more dominant non-judicial process for the enforcement of the Equal Access Provision [Section 30(A)] of the Medicaid Act minimizes the need for providers and beneficiaries to seek judicial enforcement of the Equal Access Provision.

MSS RESOLUTION 36 – OPPOSITION TO CAPITAL PUNISHMENT

MSS ACTION: NOT ADOPTED.

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

MSS RESOLUTION 37 – STUDYING THE IMPACT OF PATIENT FEEDBACK ON PHYSICIAN REVIEW WEBSITES ON CHOOSING PROVIDERS

MSS ACTION: NOT CONSIDERED.

RESOLVED, That our AMA study the factors that determine the impact of the different media formats (such as physician review websites) that patient feedback can take on the patient-physician relationship, such as but not limited to, choosing providers; and be it further

RESOLVED, That our AMA work with relevant stakeholders to revise quality feedback forms on physician review websites which accurately guide patients in evaluating physician performance, excluding factors outside a physician's influence.

MSS RESOLUTION 38 – HOUSING PROVISION AND SOCIAL SUPPORT TO IMMEDIATELY ALLEVIATE CHRONIC HOMELESSNESS IN THE UNITED STATES

MSS ACTION: ADOPTED AS AMENDED.
See 440.060MSS

RESOLVED, That our AMA amend existing AMA policy H-160.903 by addition and deletion to read as follows:

Eradicating Homelessness H-160.903

Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) will work with state medical societies to advocate for legislation implementing stable, affordable housing and appropriate voluntary social services as a first priority in the treatment of chronically-homeless individuals, without mandated therapy or services compliance and (3) supports the appropriate organizations in developing an effective national plan to eradicate homelessness.

MSS RESOLUTION 39 – INTEGRATION OF TELEMEDICINE INTO MEDICAL EDUCATION

MSS ACTION: AMA POLICY D-295.313 REAFFIRMED IN LIEU OF MSS RESOLUTION 39.

RESOLVED, That our AMA-MSS support the creation of fellowship programs in Telemedicine and Digital Health and the integration of telemedicine into existing residency programs; and be it further

RESOLVED, That our AMA-MSS encourage the integration of medical education institutions into inter-hospital telemedicine networks; and be it further

RESOLVED, That our AMA-MSS support the integration of telemedicine, including its legal, technological, and logistical components, into medical education and the creation and integration of telemedicine competencies within medical specialty training.

MSS RESOLUTION 40 – ACCOUNTABILITY OF 911 EMERGENCY SERVICES FUNDING

MSS ACTION: ADOPTED AS AMENDED.
See 270.034MSS

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

MSS RESOLUTION 41 – ENCOURAGING LIFESTYLE MEDICINE IN UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: ADOPTED AS AMENDED.
See 295.189MSS

RESOLVED, That our AMA-MSS support the teaching of Lifestyle Medicine in undergraduate medical education; and be it further

RESOLVED, That our AMA-MSS reaffirm existing AMA Policy H-170.986 and existing AMA-MSS policy 440.021MSS.

MSS RESOLUTION 42 – OPPOSITION TO GOVERNMENT FUNDING OF CRISIS PREGNANCY CENTERS

MSS ACTION: ADOPTED AS AMENDED.
See 420.009MSS

RESOLVED, That our AMA-MSS oppose federal, state, and local funding for crisis pregnancy centers that distribute information that is contradictory to current published medical information.

MSS RESOLUTION 43 – EXPLORING CREATIVE PSYCHOLOGICAL INTERVENTIONS IN MEDICAL PRACTICE

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA study the use of creative psychological interventions, such as art, music, and dance therapy, in medical practice.

MSS RESOLUTION 44 – PROMOTING AWARENESS AND EDUCATION ON STRUCTURAL VIOLENCE WITHIN MEDICAL SCHOOL AND RESIDENCY TRAINING

MSS ACTION: NOT ADOPTED.

RESOLVED, That our AMA support the suggestion that medical schools increase and incorporate education on medical economics for the reason to better prepare future physicians to best treat their patients and reduce their structural violence burden; and be it further

RESOLVED, That our AMA encourage the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include Structural Violence Theory in the cultural competency curriculum for bother undergraduate and graduate medical education and be it further

RESOLVED, That our AMA encourage the LCME, AOA, and ACGME to assess the current status of curricula for medical student and residency education addressing the needs of patients affected by structural violence.

MSS RESOLUTION 45 – IMPLEMENTATION OF STANDARDIZED HIPAA TRAINING

MSS ACTION: ADOPTED AS AMENDED.
See 160.035MSS

RESOLVED, That our AMA-MSS support a standardized HIPAA training curriculum for medical professionals that is transferable between healthcare entities and defines an appropriate time interval for recertification.

MSS LATE RESOLUTION 01 – EMERGENCY POST-ELECTION SUPPORT FOR PRINCIPLES OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "PROTECTING PATIENT ACCESS TO HEALTH INSURANCE AND AFFORDABLE CARE."
See 165.019MSS

RESOLVED, That our AMA advocate that any health care reform legislation considered by Congress ensures continued improvement in patient access to care and patient health insurance coverage by maintaining: (a) Guaranteed insurability, including those with pre-existing conditions, without medical underwriting, (b) Income-dependent tax credits to subsidize private health insurance for eligible patients, (c) Federal funding for the expansion of Medicaid to 138% of the federal poverty level in states willing to accept expansion, as per current AMA policy (D-290.979), (d) Maintaining dependents on family insurance plans until the age of 26, (e) Coverage for preventive health services, (f) Medical loss ratios set at no less than 85% to protect patients from excessive insurance costs; and (g) Coverage for mental health and substance use disorder services at parity with medical and surgical benefits; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates.

MSS GC RESOLUTION 01 – VOTING RIGHTS OF MSS SPEAKER AND VICE SPEAKER

MSS ACTION: ADOPTED.
See 630.073MSS

RESOLVED, That our AMA-MSS amend its Internal Operating Procedures IV.A by deletion as follows:

> A. Designations. The officers of the MSS shall be the eight Governing Council members: Chair, Vice Chair, AMA Delegate, Alternate AMA Delegate, At-Large Officer, Chair-elect/Immediate Past Chair, Speaker, and Vice Speaker. The Chair-elect/Immediate Past Chair shall be a non-voting member of the Governing Council. The officers of the Assembly for the purpose of business meetings will be the Speaker and Vice Speaker. ~~The Speaker and Vice Speaker shall be non-voting members of the Governing Council.~~ ; and be it further

RESOLVED, That our AMA-MSS amend its Internal Operating Procedures IV.E by addition and deletion as follows:

> 1. The Chair-elect/Chair/Immediate Past Chair of the Governing Council shall serve a two-year term. His or her term as Chair-elect will begin at the conclusion of the Interim

Meeting at which he or she is elected. He or she will take office as Chair at the conclusion of the following Annual Meeting, and one year later will become Immediate Past Chair. He or she will serve as Immediate Past Chair until the conclusion of the following Interim Meeting.

2. The other Governing Council members shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA House of Delegates.

3. Maximum tenure for members of the MSS Governing Council will be two years in any combination of voting ~~or non-voting~~ positions. ~~The periods of service as Chair-elect and Immediate Past Chair shall not count toward the maximum tenure of two years in any combination of voting or non-voting positions.~~

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION GOVERNING COUNCIL REPORTS

2016 INTERIM MEETING
ORLANDO, FLORIDA

MSS GC REPORT A – POLICY SUNSET REPORT FOR 2011 AMA-MSS POLICIES

MSS ACTION: ADOPTED.

RESOLVED, That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS; and be it further

RESOLVED, That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

MSS GC REPORT B – EVALUATING THE VALUE OF REGION RESTRUCTURING (FOLLOW UP)

MSS ACTION: ADOPTED.
See 665.014MSS

RESOLVED, That the existing AMA-MSS region structure remain unchanged; and be it further

RESOLVED, That the AMA-MSS assess each region's membership numbers and degree of engagement with the AMA-MSS at least every 5 years.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES

2016 INTERIM MEETING
ORLANDO, FLORIDA

AMA RESOLUTION 001 – SUPPORT FOR THE DECRIMINALIZATION AND TREATMENT OF SUICIDE ATTEMPTS AMONGST MILITARY PERSONNEL

> **HOD ACTION: POLICY D-345.994, POLICY H-60.937, POLICY D-510.996, POLICY H-65.965, AND POLICY H-510.988 BE REAFFIRMED IN LIEU OF RESOLUTION 001.**

RESOLVED, That our AMA support efforts to decriminalize suicide attempts in the military; and be it further

RESOLVED, That our AMA support efforts to provide treatment for survivors of suicide attempt in lieu of punishment in the military.

AMA RESOLUTION 002 – LIVING ORGAN DONATION AT THE TIME OF IMMINENT DEATH

> **HOD ACTION: POLICY H-370.959, POLICY D-370.985, POLICY H-370.964, AND POLICY H-370.961 REAFFIRMED IN LIEU OF RESOLUTION 002.**

RESOLVED, That our AMA study the implications of the removal of barriers to living organ donation at the time of imminent death.

AMA RESOLUTION 003 – STUDY OF THE CURRENT USES AND ETHICAL IMPLICATIONS OF EXPANDED ACCESS PROGRAMS

> **HOD ACTION: ADOPTED AS AMENDED.**

RESOLVED, That our AMA study the implementation of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access to investigational therapies, including programs for infants and children; and be it further

RESOLVED, That our AMA study the ethics of expanded access programs, accelerated approval mechanisms, and payment reform models meant to increase access to investigational therapies, including access for infants and children.

AMA RESOLUTION 004 – ADDRESSING PATIENT SPIRITUALITY IN MEDICINE

> **HOD ACTION: ADOPTED AS AMENDED.**

RESOLVED, That our AMA recognize the importance of individual patient spirituality and its impact on health; and be it further

RESOLVED, That our AMA encourage patient access to spiritual care services.

AMA RESOLUTION 008 – BLOOD DONOR DEFERRAL CRITERIA

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA amend AMA policy H-50.973 by addition and deletion to read as follows:

Blood Donor Deferral Criteria H-50.973

AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their ~~level of~~ individual risk; ~~and~~ (2) opposes all policies ~~the current lifetime~~ on deferral ~~on~~ of blood and tissue donations ~~from men who have sex with men~~ that are not based on the scientific literature; and (3) supports research into Individual Risk Assessment criteria for blood donation. ; and be it further

RESOLVED, That our AMA advocate for the elimination of current deferral policy and ask the Food and Drug Administration to develop recommendations for Individual Risk Assessment during the public commentary period.

AMA RESOLUTION 201 – REMOVING RESTRICTIONS ON FEDERAL FUNDING OF FIREARM VIOLENCE RESEARCH

HOD ACTION: ADOPTED.

RESOLVED, That our AMA provide an informational report on recent and current organizational actions taken on our existing AMA policies (e.g. H-145.997) regarding removing the restrictions on federal funding for firearms violence research, with additional recommendations on any ongoing or proposed upcoming actions.

AMA RESOLUTION 206 – ADVOCACY AND STUDIES ON AFFORDABLE CARE ACT SECTION 1332 (STATE INNOVATION WAIVERS)

HOD ACTION: REFERRED

RESOLVED, That our AMA advocate that the “deficit-neutrality” component of the current HHS rule for Section 1332 waiver qualification be considered only on long-term, aggregate cost savings of states’ innovations as opposed to having costs during any particular year, including in initial “investment” years of a program, reduce the ultimate likelihood of waiver approval; and be it further

RESOLVED, That our AMA study reforms that can be introduced under Section 1332 of the Affordable Care Act in isolation and/or in combination with other federal waivers to improve healthcare benefits, access and affordability for the benefit of patients, healthcare providers and states, and encourages state societies to do the same.

AMA RESOLUTION 212 – PROMOTING INCLUSIVE GENDER, SEX, AND SEXUAL ORIENTATION OPTIONS ON MEDICAL DOCUMENTATION

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA support 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 be it further

RESOLVED**,** That our AMA advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient health.

AMA RESOLUTION 224 – PROTECTING PATIENT ACCESS TO HEALTH INSURANCE AND AFFORDABLE CARE

> **HOD ACTION: ALTERNATE RESOLUTION ADOPTED IN LIEU OF RESOLUTIONS 205, 209, 224, AND 226.**

PROTECTING PATIENT ACCESS TO HEALTH INSURANCE COVERAGE, PHYSICIANS, AND QUALITY HEALTH CARE

RESOLVED, That our American Medical Association actively engage the new Administration and Congress in discussions about the future of health care reform, in collaboration with state and specialty medical societies, emphasizing our AMA's extensive body of policy on health system reform; and be it further

RESOLVED, RESOLVED, That our AMA craft a strong public statement for immediate and broad release, articulating the priorities and firm commitment to our current AMA policies and our dedication in the development of comprehensive health care reform that continues and improves access to care for all patients; and be it further

RESOLVED, That our AMA Board of Trustees report back to our AMA House of Delegates at the Annual 2017 Meeting (A-17).

AMA RESOLUTION 308 – PROMOTING AND REAFFIRMING DOMESTIC MEDICAL SCHOOL CLERKSHIP EDUCATION

> **HOD ACTION: REFERRED.**

RESOLVED, That our AMA pursue legislative and/or regulatory avenues that promote the regulation of the financial compensation which medical schools can provide for clerkship positions in order to facilitate fair competition amongst medical schools and prevent unnecessary increases in domestically-trained medical student debt; and be it further

RESOLVED, That our AMA support the expansion of partnerships of foreign medical schools with hospitals in regions which lack local medical schools in order to maximize the cumulative clerkship experience for all students; and be it further

RESOLVED, That our AMA reaffirm policies D-295.320, D-295.931, and D-295.937.

AMA RESOLUTION 601 – SEXUAL ORIENTATION AND GENDER IDENTITY DEMOGRAPHIC COLLECTION BY THE AMA AND OTHER MEDICAL ORGANIZATIONS

> **HOD ACTION: NOT CONSIDERED.**

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

AMA RESOLUTION 603 – SUPPORT A STUDY ON THE MINIMUM COMPETENCIES AND SCOPE OF MEDICAL SCRIBE UTILIZATION

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA study medical scribe utilization in various health care settings.

AMA RESOLUTION 801 – INCREASING ACCESS TO MEDICAL DEVICES FOR INSULIN-DEPEMDENT DIABETICS

HOD ACTION: POLICY H-185.939, H-155.960, AND D-330.928 REAFFIRMED IN LIEU OF RESOLUTION 801.

RESOLVED, That our AMA work with relevant stakeholders to encourage the development of plans for inclusion in the Medicare Advantage Value Based Insurance Design Model that reduce copayments/coinsurance for diabetes prevention, medication, supplies, and equipment including pumps and continuous glucose monitors, while adhering to the principles established in AMA policy Value-Based Insurance Design H-185.939.

AMA RESOLUTION 802 – ELIMINATING "FAIL FIRST" POLICY IN ADDICTION TREATMENT

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate for the elimination of the "fail first" policy implemented at times by some insurance companies and managed care organizations for addiction treatment.

AMA RESOLUTION 808 – A STUDY ON THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SURVEY AND HEALTHCARE DISPARITIES

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA study the impact of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) on Medicare payments to hospitals serving vulnerable populations and on potential health care disparities.

AMA RESOLUTION 809 – ADDRESSING THE EXPLOITATION OF RESTRICTED DISTRIBUTION SYSTEMS BY PHARMACEUTICAL MANUFACTURERS

HOD ACTION: ADOPTED AS AMENDED.

RESOLVED, That our AMA advocate with interested parties for legislative or regulatory measures that require prescription drug manufacturers to seek Food and Drug Administration and Federal Trade Commission approval before establishing a restricted distribution system; and be it further

RESOLVED, That our AMA support requiring pharmaceutical companies to allow for reasonable access to and purchase of appropriate quantities of approved out-of-patent drugs upon request to generic manufacturers seeking to perform bioequivalence assays; and be it further

RESOLVED, That our AMA advocate with interested parties for legislative or regulatory measures that expedite the FDA approval process for generic drugs, including but not limited to application review deadlines and generic priority review voucher programs.

AMA RESOLUTION 902 – REMOVING RESTRICTIONS ON FEDERAL PUBLIC HEALTH CRISIS RESEARCH

> **HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "OPPOSE RESTRICTIONS ON PUBLIC HEALTH RESEARCH."**

RESOLVED, That our AMA recognize the importance of timely research and open discourse in combatting public health crises; and be it further

RESOLVED, That our AMA oppose efforts to restrict funding or suppress the findings of biomedical and public health research for political purposes.

AMA RESOLUTION 903 – PREVENTION OF NEWBORN FALLS IN HOSPITALS

> **HOD ACTION: ADOPTED.**

RESOLVED, That our AMA support implementation of newborn fall prevention plans and post-fall procedures through clinically proven, high-quality, and cost-effective approaches.

AMA RESOLUTION 904 – IMPROVING MENTAL HEALTH AT COLLEGES AND UNIVERSITIES FOR UNDERGRADUATES

> **HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE TO "IMPROVING MENTAL HEALTH SERVICES FOR UNDERGRADUATE AND GRADUATE STUDENTS."**

RESOLVED, That our AMA support strategies that emphasize de-stigmatization and enable timely and affordable access to mental health services for undergraduate and graduate students, in order to improve the provision of care and increase its use by those in need; and be it further

RESOLVED, That our AMA support colleges and universities in emphasizing to undergraduate and graduate students and parents the importance, availability, and efficacy of mental health resources; and be it further

RESOLVED, That our AMA support collaborations of university mental health specialists and local public or private practices and/or health centers in order to provide a larger pool of resources, such that any student is able to access care in a timely and affordable manner.

AMA RESOLUTION 913 – IMPROVING GENETIC TESTING AND COUNSELING SERVICES IN HOSPITALS AND HEALTHCARE SYSTEMS

HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE TO "IMPROVING GENETIC TESTING AND COUNSELING SERVICES" AND POLICY H-460.902 REAFFIRMED.

RESOLVED, That our AMA support appropriate utilization of genetic testing, pre- and post-test counseling for patients undergoing genetic testing, and physician preparedness in counseling patients or referring them to qualified genetics specialists; and be it further

RESOLVED, That our AMA support the development and dissemination of guidelines for best practice standards concerning pre- and post-test genetic counseling; and be it further

RESOLVED, That our AMA support research and open discourse concerning issues in medical genetics, including genetic specialist workforce levels, physician preparedness in the provision of genetic testing and counseling services, and impact of genetic testing and counseling on patient care and outcomes.

SUMMARY OF ACTIONS

2017 MEDICAL STUDENT SECTION ANNUAL MEETING
CHICAGO, ILLINOIS

RESOLUTIONS

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 02 – *WITHDRAWN BY THE AUTHOR*

RESOLUTION 03 – EXPANDING EXPEDITED PARTNER THERAPY TO TREAT TRICHOMONIASIS

MSS ACTION: ADOPTED

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

H-440.868 Expedited Partner Therapy

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

RESOLUTION 04 – PUBLIC ACCESS TO CHARGEMASTERS

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 05 – THE DIAPER GAP

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 07 – OPIOID ABUSE IN BREASTFEEDING MOTHERS

MSS ACTION: ADOPTED AS AMENDED

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

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

Perinatal Addiction - Issues in Care and Prevention H-420.962

Our AMA:

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

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

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

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 09 – DEFENDING FEDERAL CHILD NUTRITION PROGRAMS

MSS ACTION: ADOPTED AS AMENDED

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

> **Nondiscriminatory Policy for the Health Care Needs of LGBTQ+ Populations H- 65.976**
>
> Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, healthcare workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement.; and be it further

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

> **Health Care Needs of Lesbian Gay Bisexual and Transgender Populations H-160.991**
>
> 1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian gay bisexual, ~~and~~ transgender, queer/questioning, and other

(LGBTQ+) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ+; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ+ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ+ patients; (iii) encouraging the development of educational programs in LGBTQ+ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBT people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ+ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ+ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

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

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 12 – NATIONAL HEALTHCARE FINANCE REFORM: SINGLE PAYER SOLUTION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the implementation of a national single payer system; and be it further

RESOLVED, That our AMA-MSS rescind policy 165.005MSS and formal support of HOD policy H-165.920; and be it further

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

> 165.007MSS Steps in Advancing towards Affordable Universal Access to Health Insurance
>
> (1) AMA-MSS recognizes the efforts of the American Medical Association (AMA) in assembling proposals for the advancement toward affordable universal access to health insurance and supports Expanding Health Insurance: The AMA Proposal for Reform; (2) AMA-MSS recognizes the efforts of the American Academy of Family Physicians (AAFP) and the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) in assembling proposals for advancing towards affordable universal access to health insurance and supports engaging in discussions with appropriate members to continue to refine existing policies; ~~(3) AMA-MSS supports AMA policy D-165.974, Achieving Health Care Coverage for All: That our American Medical Association join with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States on or before January 1, 2009 that is consistent with relevant AMA policy.~~ (3) AMA-MSS support AMA policy D-165.974, Achieving Health Care Coverage for All: Our American Medical Association joins with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States consistent with relevant AMA policy; (MSS Rep A, A-03) (Reaffirmed: MSS Rep E, I-08) (Modified: GC Rep B, I-13); and be it further

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

RESOLUTION 13 – REPRODUCTIVE HEALTH CARE IN RELIGIOUSLY-AFFILIATED HOSPITALS

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA-MSS endorse the timely referral of patients seeking reproductive services from healthcare providers with religious commitments to accessible health care systems offering the aforementioned services, all the while avoiding any undue burden to the patient.

RESOLUTION 14 – EDUCATING PHYSICIANS ABOUT THE IMPORTANCE OF CERVICAL CANCER SCREENING FOR FEMALE-TO-MALE TRANSGENDER PATIENTS

MSS ACTION: ADOPTED AS AMENDED

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

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

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

RESOLUTION 15 – PATIENT AND PHYSICIAN RIGHTS REGARDING IMMIGRATION STATUS

MSS ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 16 – AIR AMBULANCE REGULATIONS AND REIMBURSEMENTS

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 17 – ADDRESSING FOSTER CARE HEALTHCARE NEEDS

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 18 – AMENDMENT OF AMA-MSS CANNABIS POLICY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS amend policy 95.008MSS by addition and deletion to read as follows:

> **95.008MSS Cannabis and the Regulatory Void**
>
> AMA-MSS believes that although cannabis is a mind-altering drug whose use may have unforeseen consequences; (1) federal and state governments should abolish all criminal penalties relating to consumption or possession of cannabis; (2) the sale of cannabis for medicinal use should be regulated according to evidence-based research; and (3) additional research should be encouraged.

RESOLUTION 19 – HUMAN RIGHTS AS THE FOUNDATION OF PUBLIC HEALTH

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: NOT ADOPTED

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

RESOLUTION 21 – SEXUAL ASSAULT SURVIVORS' RIGHTS

MSS ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 22 – IMPROVING MEDICAL CARE IN IMMIGRANT DETENTION CENTERS

MSS ACTION: ADOPTED AS AMENDED

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

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

> **Support of Clean Air and Reduction in Power Plant Emissions H-135.949**
>
> Our AMA supports (1) federal legislation and regulations that meaningfully reduce the following four major power plant emissions: mercury, carbon dioxide, sulfur dioxide and nitrogen oxide; and (2) efforts to limit carbon dioxide emissions through the reduction of the burning of coal in the nation's power generating plants, efforts to improve the efficiency of power plants~~, substitution of natural gas in lieu of other carbon-based fossil fuels,~~ and continued development, promotion, and widespread implementation of alternative renewable energy sources in lieu of carbon-based fossil fuels.

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

RESOLUTION 24 – OPPOSING PHYSICIAN PARTICIPATION IN COURT-INITIATED CASTRATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA oppose physician participation in court-initiated castration treatments; and be it further

RESOLVED, That our AMA support the repeal of state laws allowing for persons convicted of a crime to be required – as a condition of parole or probation – forcible chemical castration, or to be sentenced to forcible chemical castration.

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

MSS ACTION: AMA POLICY D-478.981, D-478.995, H-478.994, AND D-478.996 REAFFIRMED IN LIEU OF

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 28 – REDUCING NICOTINE CONTENT IN CIGARETTES

MSS ACTION: NOT ADOPTED

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

RESOLUTION 29 – OPPOSITION TO MEDICAID WORK REQUIREMENTS

MSS ACTION: ADOPTED

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

RESOLUTION 30 – FEDERAL AGRICULTURAL SUBSIDY REFORM

MSS ACTION: ADOPTED AS AMENDED

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

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

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

MSS ACTION: NOT ADOPTED

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

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

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

RESOLUTION 32 – PROTECTING THE INTEGRITY OF PHASE III CLINICAL TRIALS

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA-MSS support the AMA, when fiscally responsible, to choose for its commercial relationships vendors, suppliers, and corporations that have demonstrated

environmental sustainability practices that seek to minimize their fossil fuels consumption; and be it further

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

RESOLUTION 34 – OPPOSITION TO CAPITAL PUNISHMENT

MSS ACTION: ADOPTED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: NOT ADOPTED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 38 – PREVENTING RESIDENT PHYSICIAN SUICIDE

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA-MSS encourage residency programs to create mental health resources available for all physicians in order to create an supportive environment aimed at reducing burnout; and be it further

RESOLVED, That our AMA-MSS encourage residency programs to identify factors in their own programs that might negatively impact resident mental health and to address those identified factors to the best of their abilities.

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

MSS ACTION: NOT ADOPTED

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

RESOLUTION 40 – ADDRESSING BURNOUT IN MEDICAL EDUCATION FACULTY

MSS ACTION: NOT ADOPTED

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

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

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

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

MSS ACTION: ADOPTED

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED

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

RESOLUTION 44 – PATIENT SAFETY DURING HANDOFFS AND TRANSFERS OF CARE

MSS ACTION: NOT ADOPTED

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

Recognizing Transitions of Care for Performance Improvement D-160.944

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 46 – IDENTIFYING AND ADDRESSING FOOD INSECURITY AND FOOD DESERTS NATIONWIDE

MSS ACTION: ADOPTED AS AMENDED

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

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

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

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

MSS ACTION: NOT ADOPTED

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

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

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

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

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

RESOLVED, That our AMA encourage continued FMR1 newborn screening (NBS) pilot research to further determine the risks and benefits of such screening, advocate for development and dissemination of best practice guidelines for offering voluntary

preconception/carrier and prenatal FMR1 screening and urge development of early intervention, genetic counseling and educational infrastructure to support the expansion of screening.

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

MSS ACTION: AMA POLICY H-65.965, H-65.997, AND H-65.981 REAFFIRMED IN LIEU OF

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

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

RESOLUTION 49 – CULTURALLY-COMPETENT PREVENTATIVE CARE FOR IMMIGRANT POPULATIONS

MSS ACTION: NOT ADOPTED

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

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

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

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

RESOLUTION 50 – OPPOSITION TO ABUSES OF THE ORPHAN DRUG ACT

MSS ACTION: NOT ADOPTED

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

100.002MSS Opposition to Abuses of the Orphan Drug Act:

Our AMA-MSS ~~will ask the AMA to~~ opposes abuses of ~~the intent of~~ the Orphan Drug Act by (1) urging lawmakers to require that pharmaceutical companies demonstrate significant efforts to research and develop novel drugs for rare diseases so as to effectively advance therapeutics and provide the best quality treatment options for patients with rare diseases, and (2) supporting the requirement that companies receiving

federal incentives or benefits under the Orphan Drug Act show evidence of participation in active and substantial research and development so as to reward those companies that aim to develop novel drugs rather than those seeking maximal profits at the expense of patient's financial resources, and (3) supporting legislation to discourage pharmaceutical companies from repurposing existing drugs, but rather supports legislation that encourages companies to make substantial efforts to develop novel drugs.

RESOLUTION 51 – EXPANDING GME FUNDING SOURCES

MSS ACTION: NOT ADOPTED

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

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

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

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

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

2017 MSS ANNUAL MEETING
CHICAGO, ILLINOIS

REPORTS

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

MSS ACTION: ADOPTED

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

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

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

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

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

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

MSS ACTION: ADOPTED

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

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

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

GC REPORT C UPDATES TO THE MSS INTERNAL OPERATING PROCEDURES

MSS ACTION: ADOPTED

MSS GC Report C asks that our AMA-MSS

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

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

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

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

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

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

1. Chair. The Chair shall:
   a. Preside at all meetings of the Governing Council, and otherwise represent the MSS when appropriate.
   b. Preside at Assembly meetings if both the Speaker and Vice Speaker positions are vacant, until such time that successors to the Speaker or Vice Speaker may be elected.
   c. Be the primary spokesperson for the MSS both inside the AMA and to outside organizations.
2. Vice Chair. The Vice Chair shall:
   a. Preside at meetings of the Governing Council in the absence of the Chair or at the request of the Chair.
   b. Assist the Chair in the performance of his or her duties.
   c. Have the primary responsibility of coordinating the internal operations of the MSS including but not limited to the MSS standing and ad-hoc committees.
3. AMA Delegate and Alternate AMA Delegate. The AMA Delegate and Alternate AMA Delegate shall:
   a. R~~r~~epresent the MSS in the AMA House of Delegates including credentialing of Region Delegates and Alternate Regional Delegates.
   b. Serve as Chair and Vice Chair, respectively, of the MSS Caucus
   c. Be responsible for forwarding resolutions from the MSS in the HOD and providing a summary of pertinent actions for the MSS on resolutions sent to the HOD.
   d. Administer the MSS resolution review process.
4. At-Large Officer. The At-Large Officer shall:
   a. P~~p~~erform such functions as determined by the Governing Council, and assist the other officers in the performance of their duties.
   b. Coordinate the activities of the MSS Regions

~~5. Chair-elect. The Chair-elect shall be a non-voting member of the Governing Council. The Chair-elect shall assist the other officers in the discharge of their duties.~~

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

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

"D. **Governing Council Terms.**

1. The Chair-elect/Chair/Immediate Past Chair of the Governing Council shall serve a two-year term. His or her term as Chair-elect will begin at the conclusion of the Interim Meeting at which he or she is elected. He or she will take office as Chair at the conclusion of the following Annual Meeting, and one year later will become Immediate Past Chair. He or she will serve as Immediate Past Chair until the conclusion of the following Interim Meeting.
2. The other Governing Council members shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA House of Delegates.
3. Maximum tenure for members of the MSS Governing Council will be two years in any combination of voting positions. "

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

"…Students deemed qualified by the other provisions of the AMA Bylaws and these Internal Operating Procedures for election to the positions of:

- MSS Governing Council, or
- Tthe AMA Board of Trustees, or
- Aappointment through the MSS to a position on an AMA Council, or

- A~~a~~ committee outside of the AMA that is national in scope and appointed by the Governing Council, the AMA President, the AMA President-elect or the AMA Board of Trustees (such as National Board of Medical Examiners, National Resident Matching Program, American Medical Association Political Action Committee, Liaison Committee on Medical Education, etc.)

shall be only so deemed if they have served three or fewer years in one or a combination of any of the aforementioned positions…";

(6) amend IOP VII by insertion and deletion as follows:

"**V~~II~~. Medical Student Trustee**

A. Duties and Privileges. A medical student member of AMA shall be elected annually by the MSS Assembly to serve as a member of the AMA Board of Trustees. The student member of the Board of Trustees shall ~~submit a written~~ report ~~of~~ on the Board's activities to the Assembly before the Annual Meeting. This report will communicate Board Actions related to the concerns of the MSS and will provide the MSS with directives on behalf of the Board.

B. Term. The MSS Assembly shall elect the Medical Student Trustee at the Interim Meeting for a one-year term beginning at the close of the next AMA House of Delegates Annual Meeting and concluding at the close of the second AMA House of Delegates Annual Meeting following the meeting at which the member was elected.

~~**C. Limitation on Total Years of Service.** See MSS Internal Operating Procedure IV.G.~~

~~**D. Elections.**~~

1. ~~Candidates. Medical students seeking the student position on the AMA Board of Trustees must submit an application, curriculum vitae, and statement of interest by the deadline determined by the Governing Council. Students who have submitted applications after the deadline may be nominated from the floor of the Assembly Meeting at a time determined by the Governing Council. Incumbent students seeking reelection must enter the election process.~~
2. ~~Eligibility. MSS members who hold a position as a member of an AMA Council or as an AMA Liaison to a committee outside of the AMA that is national in scope are eligible to be candidates for the position of Medical Student Trustee at the Interim Meeting if their current AMA Council or AMA Liaison position will not continue past the Annual Meeting.~~
3. ~~Nominations. Nominations for the Medical Student Trustee shall be received in advance of the Interim Meeting pursuant to the rules of the MSS. Further nominations may be made from the floor of the Assembly Meeting at a time determined by the Governing Council if the student has submitted a completed application.~~
4. ~~Speeches. Candidates are allowed to address the Assembly for up to three minutes during a general Assembly session, as scheduled by the Governing Council. In addition, the Chair of the Governing Council, or his or her designee, shall ask each candidate a number of questions on issues of relevance during a general Assembly session, as scheduled by the Governing Council.~~
5. ~~Campaign. Refer to MSS Internal Operating Procedures V.D. for the Code for Campaigning applicable to the Medical Student Trustee election.~~
6. ~~Election Process.~~
   a. ~~Time. The election of the Medical Student Trustee shall occur during the voting period at the Interim Assembly Meeting of the MSS. The Governing Council shall set the day and time.~~

~~b. Method of Election. When there is only one candidate, election shall be by affirmation. All other elections shall be by ballot. The method of election shall be majority vote, that is, the candidate who has received the largest number of votes shall be elected if that nominee has received a majority of the legal votes cast. If no candidate receives a majority of the legal votes cast or there is a tie, a runoff election will be held between the two (or more if necessary because of a tie) candidates receiving the highest number of legal votes cast.~~

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

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

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

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

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

"**V~~I~~. Elections**

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

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

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

~~2.~~ 1. MSS members who serve or will serve in an ~~shall not hold an~~ AMA Council or AMA Liaison position may not also serve or run to serve in ~~as well as~~ a Governing Council position or the Medical Student Trustee at the same time for

more than two months~~, unless their Governing Council position will conclude before their term as a member of an AMA Council or AMA Liaison begins~~. The only exception shall be that a MSS member may hold an AMA Council or AMA Liaison position and the position of Chair-elect or Immediate Past Chair simultaneously.

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

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

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

E~~D~~. Campaign Rules.

1. Candidacy. All MSS members shall be considered potential candidates for all elected offices and shall be bound by all Campaign Rules during the election cycle for each office, where the election cycle for an office is defined as the time between elections for that office.
2. Campaign Period.
    a. Campaigns shall be run only for positions that are electable at the present meeting.
    b. Between meetings, campaigns shall be run only for positions that are electable at the upcoming meeting.

c. The official campaign period shall be defined as starting the first day applications are made available for MSS members to submit their candidacy

~~c.~~d. All activities related to announcement of candidacy, endorsement, or campaigning, including but not limited to distribution of materials, communications, and speaking opportunities shall be limited to the campaign period defined above.

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

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

Rulings for that election cycle and agrees to abide by the rules and recommendations contained within those documents.

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

~~4.~~ 5. Candidates may distribute only the following campaign materials:

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

~~5.~~ 6. The total expenditure per candidate per campaign shall not exceed ~~$1,500~~ $1000, including all monetary donations and in-kind donations of goods, but not including the candidate's travel to and lodging at the meeting at which the election is held.

~~6.~~ 7. Campaign Communications.

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

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

~~7.~~ 9. Campaign Involvement.

a. Only MSS members may be involved in a candidate's campaign. MSS members should not share their opinion in favor of or in opposition to any candidate while acting under any official leadership role within or outside of the organization.
   i. Exception: Candidates may wear their own campaign paraphernalia at all times during the Assembly Meeting at which their election is held
b. The campaign involvement of AMA staff members, members of the MSS

Governing Council, and members of the MSS Rules Committee shall be limited to candidate inquiries regarding election-related matters and AMA-related information so long as that information is made available to all MSS members who request it.

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

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

~~d.~~c. The following public endorsements are permitted:

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

1. These optional letters of endorsement may be included in the Election Manual and may be displayed on social media.
2. During a national meeting, these letters may only be publicly disseminated via the Election Manual and may only be publicly displayed at the candidate forum.

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

1. The endorsing Region must:
   a. Follow the Region's bylaws regarding issuance of public endorsement;
      i. If a Region does not have bylaws specifying quorum or rules dictating official support, the Region must contact the Speakers for guidance.
   b. Document that quorum was met when the voting occurred; and
   c. Document the results of the vote pursuant to Region bylaws.
2. The optional letter of endorsement will not be included in the Election Manual but may be displayed on social media.
3. During a national meeting, such endorsement may not be publicly disseminated nor displayed except as on social media.
4. ~~When speaking in official support of a candidate on behalf of an MSS Region, MSS Region Chairs must be sure that an official vote by the Region took place in accordance with the Region's bylaws for quorum and rules dictating official support and document that vote.~~
   ~~d. If a Region does not have bylaws specifying quorum or rules dictating official support, the Region must contact the Speakers for guidance.~~
   ~~e. Regions may not vote to take an official stance prior to the meeting at which elections will occur, with the exception being Regions where candidates attend medical school.~~
   f. ~~Regions may not vote to oppose any candidate.~~

iii. A verbal endorsement of a candidate whose medical school is outside the endorsing region is permissible only at the meeting at which an election is taking place.

1. The endorsing Region must:
    a. Follow the Region's bylaws regarding issuance of public endorsement;
        i. If a Region does not have bylaws specifying quorum or rules dictating official support, the Region must contact the Speakers for guidance.
    b. Document that quorum was met when the voting occurred; and
    c. Document the results of the vote pursuant to Region bylaws.
2. When speaking in official support of a candidate on behalf of an MSS Region, MSS Region Chairs must be sure that an official vote by the Region took place in accordance with the Region's bylaws for quorum and rules dictating official support and document that vote.
3. Regions may not vote to oppose any candidate.

~~9.~~ 10. Candidates must be allowed to fully participate in candidate interviews and question and answer sessions during the Assembly Meeting.

~~10.~~ 11. At the national meeting at which the election is taking place, a group that invites any candidate for a particular office to speak must invite and make a reasonable effort to accommodate all candidates for that office. Candidates may choose at their discretion to attend or not or may send a representative to speak for them, but any candidate's availability or lack thereof shall not impose a restriction on the attendance of other candidates.

~~11.~~ 12. Receptions and/or hospitality shall not be used for promotion of candidates.

~~12.~~ 13. Enforcement.

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

~~d.~~ Following the~~ir~~ investigation and the alleged violator's opportunity to rebut the alleged infraction and prior to balloting, the ~~MSS Speaker or Vice Speaker~~

investigator shall report substantiated infractions to the Assembly but shall not make any recommendation to the Assembly. ~~No person who is a candidate in the same election as the candidate whose infractions have been substantiated may participate in any part of the reporting of those infractions to the Assembly. In the event that both the Speaker and Vice Speaker are candidates in elections in which campaign rule violations have been alleged, a member of the Rules Committee shall report substantiated infractions in that election to the Assembly but shall not make any recommendation to the Assembly.~~

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

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

G.~~F.~~ Method of Election.

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

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

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

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

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

among those so nominated. Election to the office of Vice Speaker requires a majority of the legal votes cast.

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

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

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

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

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

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

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

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

d. The Assembly's Presiding Officer and the ~~preceding~~ Governing Council ~~at the Annual Meeting or the present Governing Council at the Interim Meeting~~ will consider the appeals report(s)

from the Committee(s) dealing with the matter. Final decision on the election results will be the jurisdiction of the Governing Council ~~as described above~~. "

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

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

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

"**VIII. Regions**

A. Structure and Purpose of the MSS Regions.

1. There are seven Medical Student Regions defined for the purposes of electing Regional Delegates to the AMA House of Delegates from Medical Student Regions. The regions are:
   Region 1: Washington, Oregon, California, Nevada, Utah, Colorado, Arizona, New Mexico, Montana, North Dakota, South Dakota, Idaho, Wyoming, Alaska, Hawaii.
   Region 2: Minnesota, Wisconsin, Nebraska, Iowa, Missouri, Illinois.
   Region 3: Kansas, Texas, Oklahoma, Arkansas, Louisiana, Mississippi.
   Region 4: Florida, Georgia, Alabama, South Carolina, North Carolina, Tennessee, Puerto Rico.
   Region 5: Michigan, Indiana, Ohio, Kentucky, West Virginia.
   Region 6: Virginia, Maryland, District of Columbia, Delaware, New Jersey, Pennsylvania.
   Region 7: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New York
2. In addition to providing a structure for election of Regional Delegates, the MSS defines the roles of the regions as follows: to provide a home within the MSS, to serve as a communication unit for the MSS, to provide a means to foster collaboration between the sections and states, and to facilitate interaction and integration of newly developing sections with well-established sections.
3. Each region shall be governed by a Region~~al~~ Chair to be elected in accordance with the region's bylaws. The Region~~al~~ Chair will serve as the liaison for their respective region to the Governing Council. Other regional officer positions may be elected in accordance with the region's bylaws. The role of the Region~~al~~ Chair is as follows:

   a. Encourage the organization of regional conferences as effective mechanisms of increasing communication among its members.

   b. Encourage the development of local MSS sections in educational programs accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) where local sections do not exist and the development of state MSS sections in states where they do not exist.

   c. Involve highly organized MSS sections and state sections in providing organizational information and assistance to developing sections.

d. Encourage MSS sections to maintain communication and interaction between medical student members and physician members of state associations and component societies.

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

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

B. Regional Delegates to the AMA House of Delegates.

1. Regional Delegates and Alternate Regional Delegates are part of the MSS Caucus led by the AMA Delegate and Alternate AMA Delegate. Credentialing of Regional Delegates and Regional Alternate Delegates is under the purview of the AMA Delegate and AMA Alternate Delegate.
2. MSS Responsibilities: The Regional Delegates and Alternate Regional Delegates will serve as mentors in the MSS and assist the AMA Delegate and Alternate AMA Delegate in reviewing MSS resolutions.

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

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

4. Qualifications. Each candidate for Regional Delegate or Alternate Regional Delegate must meet the following minimum qualifications:
   a. Any medical student member of the AMA is eligible for a Regional Delegate or Alternate Regional Delegate position, except as prohibited by AMA Bylaws, MSS IOPs, or Region bylaws.
   b. All elected Regional Delegates and Alternate Regional Delegates must attend a medical school in the region in the region they are elected to represent.

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

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

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

Council before the close of the Interim Meeting.

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

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

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

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

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

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

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

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

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

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

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

C. Replacing Regional Delegates and Alternate Regional Delegates

1. Vacancies

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

b. If vacancy in an Alternate Regional Delegate position is known, the Region Delegation Chair shall be responsible for nominating a replacement Alternate Regional Delegate from the same region as the Alternate Regional Delegate that they are replacing in accordance with the region's bylaws at

least 30 days prior to the meeting. All Alternate Regional Delegate vacancies shall be approved at the discretion of the AMA Delegate and Alternate AMA Delegate. The replacement will serve the remainder of the Alternate Regional Delegate's Term per AMA Bylaw B-2.3.6.

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

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

~~1. Assign Regional Delegates to different Reference Committees.~~

~~2.~~ 1. Identify Regional Delegates and Alternate Regional Delegates who may be absent and suggest replacements in accordance with the MSS IOPs and the Region Bylaws. ~~Coordinate the replacement of absent Regional Delegates with present Alternate Regional Delegates.~~

~~3.~~ 2. Take attendance of the Regional Delegates and Alternate Regional Delegates from their region at House of Delegates meetings.

~~4. Execute the region's plan to select a replacement Regional Delegate.~~

~~5.~~ 3. Mentor and orient inexperienced Regional Delegates.

~~6.~~ 4. Fulfill any other responsibilities assigned by the region.

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

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

"**IX. MSS Caucus to the HOD**

A. MSS Caucus Structure

~~1. The regional delegates and alternate regional delegates, together with the MSS Delegate and Alternate, form the MSS Caucus.~~ The MSS Caucus is comprised of the following members: The AMA Delegate and Alternate AMA Delegate; the Regional Delegates and Alternate Regional Delegates; any MSS member serving

as a Delegate or Alternate Delegate on a state delegation; and any MSS member serving as a Delegate or Alternate Delegate on a specialty society delegation.

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

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

B. Determining MSS Caucus Positions on AMA HOD Resolutions

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

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

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

"**X. MSS Assembly Meeting**

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

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

C. Representatives to the Assembly Meeting.

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

2. National Medical Specialty Societies, Federal Services, and Professional Interest Medical Associations.
    a. Eligibility. The following criteria have been developed for national medical specialty societies, federal services, and professional interest medical associations to qualify for representation in the MSS Assembly. Pursuant to AMA Bylaw 7.3.3.3, a national medical specialty society, federal service, or professional interest medical association must:

i. Have voting representation in the AMA House of Delegates.

ii. Allow for medical student membership.

iii. Have established a mechanism that allows for the regular input of medical student views into the issues before the organization.

b. A national medical specialty society, federal service, or professional interest medical association that satisfies these criteria may select one MSS Delegate and one Alternate MSS Delegate. MSS Delegates and Alternate MSS Delegates selected from national medical specialty societies, federal services, or professional interest medical associations must meet the following requirements:

i. Must be medical student members of the AMA in good standing.

ii. Should be chosen in a fair and equitable manner allowing open representation and medical student input.

iii. Must be certified in writing by the president, or appropriate staff person, of the organization they will be representing.

iv. Must represent the interests of their organization's medical student constituency.

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

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

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

3. National Medical Student Organizations.

a. The following criteria have been developed for national medical student

organizations to qualify for representation in the MSS Assembly, pursuant to AMA Bylaw 7.3.3.4.1:

i. The organization must be national in scope.
ii. A majority of the voting members of the organization must be medical students enrolled in educational programs as defined in AMA Bylaw 1.1.1.
iii. Membership in the organization must be available to all medical students, without discrimination.
iv. The purposes and objectives of the organization must be consistent with the AMA's purposes and objectives.
v. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

b. Application process. Interested national medical student organizations should submit to MSS staff a written application containing sufficient information to establish that the organization meets the above criteria. The application must also include the following:
   i. The organization's charter, constitution, bylaws, and code of medical ethics.
   ii. A list of the sources of the organization's financial support, other than the dues of its medical student members.
   iii. A list or description of all of the organization's affiliations.
   iv. Such additional information as may be requested.

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

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

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

e. The MSS Delegate and Alternate MSS Delegate selected by each national medical student organization granted representation at the Assembly Meeting shall:
   i. Have full voting rights including the right to vote in any elections at the conclusion of a two-year probationary period with regular attendance.
   ii. Not be eligible for election to any office in the MSS.

iii. Be able to present his or her organization's policies and opinions in the Assembly Meeting.
iv. Report on the actions of the MSS to the national medical student organization.
v. Cooperate in enhancing the MSS membership.

f. MSS Delegates and Alternate MSS Delegates selected by national medical student organizations must meet the following criteria:
i. Must be medical student members of the AMA in good standing.
ii. Should be chosen in a fair and equitable manner allowing open representation and medical student input.
iii. Must be certified in writing by the president, or appropriate staff person, of the organization they will be representing.
iv. Must represent the interests of their organization's medical student constituency.

4. Other Groups.
   a. The Association of American Medical Colleges – Organization of Student Representatives and the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents are each entitled to one MSS Delegate and one Alternate MSS Delegate selected by the medical student members of the organization.
   b. MSS Delegates and Alternate MSS Delegates selected from these organizations must meet the following criteria:
      i. Must be medical student members of the AMA in good standing.
      ii. Should be chosen in a fair and equitable manner allowing open representation and medical student input.
      iii. Must be certified in writing by the president, or appropriate staff person, of the organization they will be representing.
      iv. Must represent the interests of their organization's medical student constituency.
5. Official Observers.
   a. National student organizations may apply to the MSS Governing Council for official observer status in the MSS Assembly. Applicants and official observers must demonstrate compliance with guidelines for official observers adopted by the MSS Assembly, and the Governing Council shall make a recommendation to the MSS Assembly concerning the application. The MSS Assembly will make the final determination on the conferring or continuation of official observer status.
   b. Organizations with official observer status are invited to send one representative to observe the actions of the Assembly at all meetings of the MSS Assembly. Official observers have the right to speak and debate on the floor of the Assembly upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

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

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

To elect at the Assembly meeting prior to the Annual Meeting of the AMA, the remaining members of the Governing Council, with the exception of the Immediate Past Chair.

3. To adopt procedures for election of Medical Student Regional Delegates and Alternate Regional Delegates, consistent with AMA Bylaw 2.1.3.
4. To elect Medical Student Regional Delegates and Alternate Regional Delegates at the Assembly meeting prior to the Interim Meeting of the AMA.
5. To adopt resolutions for MSS policy and for submission to the House of Delegates of the AMA.
6. To conduct such other business as may properly come before the meeting.

E. Credentialing. The name of the duly selected MSS Delegate and Alternate MSS Delegate from each educational program, national medical specialty society, federal service, professional interest medical association, national medical student organization, and other group, and the representative from each official observer organization, should be received by the ~~Director of Medical Student Services~~ Medical Student Section staff of the AMA no later than 3~~5~~0 days~~ (five weeks)~~ prior to the Assembly Meeting in writing, as outlined in these Internal Operating Procedures. On the day of the opening of the Assembly Meeting, credentialing will take place, where voting members must officially identify themselves to the Credentials Committee as having been duly selected by the AMA medical student members of their respective organizations. Identification will be required to receive a voting badge. Graduating or recently graduated senior medical students who have been credentialed as RFS Delegates or Alternate RFS Delegates in the representative assembly of the AMA Resident and Fellow Section shall not be allowed to serve as MSS Delegates or Alternate MSS Delegates in the MSS Assembly.

F. Participation.

1. Only duly selected MSS Delegates to the Assembly Meeting shall have the right to vote, but the meeting floor shall be open to all medical student~~s and~~ AMA members.
2. The Immediate Past Chair of the MSS Governing Council shall have the same speaking privileges, excluding the privilege to make a motion, in the MSS Assembly as any other member of the Governing Council if he or she is no longer a medical student.
3. ~~If the Presiding Officer is a representative to the MSS Assembly meeting, he or she shall be entitled to vote only when the vote is by ballot or to break a tie. If the Presiding Officer is not a representative to the MSS Assembly Meeting, he or she shall be entitled to vote only to break a tie~~. The Presiding Officer shall be entitled to vote only to break a tie.

G. Procedure.

1. Agenda. At least ~~21~~30 days prior to the Assembly Meetings, the agenda shall be sent to MSS Delegates and Alternate MSS Delegates. The order of business will be set by the Speakers prior to the meeting. The Assembly a~~t any time may change the order of business by a majority vote.~~ may only change the order of business in accordance with the procedures set in the AMA Bylaws, MSS IOPs, and the parliamentary authority of the AMA outlined in B-11.1.
2. Rules of Order. The Assembly meeting shall be conducted pursuant to the established rules of procedure submitted by the Speakers and adopted by the Assembly. The parliamentary authority used by the AMA House of Delegates shall

govern the Assembly Meeting of the MSS in all matters not outlined in the adopted rules of procedure mentioned above.

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

H. Resolutions.

1. Any medical school section, MSS region, state student section, or individual medical student member may submit resolutions.
2. All resolutions submitted by medical students must be submitted electronically to the AMA Department of Medical Student Services 50 days prior to the start of each Annual and Interim Meeting to be included in the MSS agenda. ~~They will be sent to all duly selected and certified MSS Delegates and Alternate MSS Delegates prior to the Assembly Meeting and are debatable on the floor of the MSS Assembly.~~
    a. Virtual Reference Committee. All reports and resolutions that meet submission criteria will be made available on the Virtual Reference Committee. Any AMA MSS member can comment on MSS business. Comments can be made on behalf of an individual, a medical student section at a medical school, a state medical student section, an organization represented in the Assembly, and/or an AMA MSS Region, provided sufficient authority exists for such commentary. All comments will be made available to the Reference Committee(s). The resolutions will be sent to all duly selected and certified MSS Delegates and Alternate MSS Delegates prior to the Assembly Meeting via the meeting Agenda and are debatable on the floor of the MSS Assembly.
3. Late Resolutions. Resolutions that are submitted after the deadline but before the beginning of the meeting shall require a two-thirds vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether they should be considered as business based on timeliness of the issue and temporality relative to the resolution submission deadline. Late resolutions approved for consideration shall be referred to the Reference Committee, and handled in the same manner as those resolutions introduced before the deadline.
    a. Late Resolutions amending the MSS Internal Operating Procedures or proposing to amend AMA Bylaws ~~submitted less than 40 days prior to the start of each Annual and Interim meeting~~ shall not be considered.

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

vote of the Assembly for adoption, except those amending the MSS Internal Operating Procedures or proposing to amend the AMA Bylaws, which, ~~pursuant to MSS Internal Operating Procedure XII,~~ require approval by two-thirds of the members of the MSS Assembly present and voting.

6. Extraction of a resolution recommended for reaffirmation by the Reference Committee shall require a one-third vote of delegates present and voting.
7. Resolutions introduced by the Governing Council into the AMA-MSS Handbook shall be in the name of the AMA Delegate. Such resolutions may only be submitted when there is unanimous approval by all five voting members of the Governing Council. They shall be considered by the MSS Assembly as a first priority of business, ~~and if not adopted or amended, shall be withdrawn from the AMA House of Delegates~~.
8. Resolutions shall be submitted to the AMA House of Delegates in the name of the MSS when they have received the prior approval of the MSS Assembly.

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

1. Credentials Committee. An eight member Credentials Committee, composed of one member per region ~~as defined in MSS Internal Operating Procedures VII.A.1.~~, unless there are no candidates from a region, and one Chair, shall be appointed by the Governing Council. The Committee shall be responsible for consideration of all matters relating to the registration and certification of MSS Delegates including credentialing MSS Delegates for Assembly Meetings, verifying a quorum is present, and distributing ballots for elections. Disputes involving the credentialing of voting delegates will be investigated by the Credential Committee.
2. Rules Committee. A Rules Committee shall be composed of four At-Large Members. The Rules Committee shall review late ~~and emergency~~ resolutions and make recommendations to the MSS Assembly on whether to consider them as business of the Assembly. The Rules Committee shall also collect and tabulate ballots for MSS elections, and count hand votes during the Assembly Meeting as requested by the Speakers. The Rules committee is also responsible for ensuring election rules are followed in coordination with the MSS Speaker and Vice-Speaker.
3. Reference Committee. ~~The~~ Each Reference Committee shall be composed of five voting members ~~and one alternate member~~ unless, in the judgment of the Governing Council, circumstances warrant an adjustment in the number of members on the Reference Committee. The committee shall conduct an open hearing on items of business referred to it (resolutions and reports) via the MSS Virtual Reference Committee, and make recommendations to the Assembly for disposition of its items of business through the preparation of Reference Committee report for consideration by the MSS Assembly.
4. Parliamentary Procedures Committee. The Parliamentary Procedures Committee members shall demonstrate a thorough understanding of ~~The Standard Code of Parliamentary Procedure~~ the parliamentary authority set forth by these Internal Operating Procedures in order to assist students with parliamentary procedures throughout the Assembly meeting.
5. AMA House of Delegates Coordinating Committee. House Coordinating Committee members shall be appointed to coordinate student testimony that will be presented

at the AMA House of Delegates Reference Committee hearings. The Coordinators shall work with the AMA Delegate and Alternate AMA Delegate in the preparation and presentation of testimony for resolutions being transmitted by the MSS and additional items of relevance to the MSS. "; and

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

"**XI. Appointments**

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

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

C. Medical Student Representation on AMA Councils.

1. A medical student member of the AMA appointed by the MSS Governing Council with the concurrence of the Board of Trustees shall serve on each of the following AMA Councils:
    a. Council on Constitution and Bylaws.
    b. Council on Medical Education.
    c. Council on Medical Service.
    d. Council on Long Range Planning and Development.
    e. Council on Scientific Affairs and Public Health.
2. A student is recommended by the MSS Governing Council to the AMA President-elect for consideration for appointment to the student seat on the Council on Ethical and Judicial Affairs.
3. A student is recommended by the MSS Governing Council to the AMA Board of Trustees for consideration for appointment to the student seat on the Council on Legislation.
4. A student is recommended by the MSS Governing Council to the AMA Board of Trustees for consideration for appointment to the student seat on the Liaison Committee on Medical Education (an AMA/Association of American Medical Colleges joint committee).
5. In any discussion or selection of candidates for appointment to Council or Liaison positions, all Governing Council members who are candidates for the position under discussion or have significant conflicts of interest shall recuse themselves and be absent from this discussion.
    a. The MSS Chair, or their designee, shall be responsible for ensuring a fair and thorough evaluation process by the Governing Council.
6. All applicants for Council and Liaison positions shall be informed of the Governing Council's decision to appoint or not appoint them ~~at least three months prior to the Annual Meeting.~~ as soon as the appointments are confirmed by the AMA Board of Trustees, President, or President Elect.
7. Terms. Students appointed to Councils shall serve for a one-year term with the

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

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

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

"**XII. Miscellaneous**

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

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

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

"**XIII. Dispute Resolution.**

A. All disputes of these Internal Operating Procedures shall be resolved by the AMA Board of Trustees (BOT) with provision for input from other parties as deemed necessary by the BOT, except in the following instances as defined elsewhere in these Internal Operating Procedures:

~~**A.**~~ **1.** All disputes involving Regional Delegate or Alternate Delegate elections shall be resolved by the MSS Governing Council.

~~**B.**~~ 2. All disputes involving Campaign Rules ~~(MSS IOPs V.D.)~~ as related to the MSS shall be resolved by the MSS Speaker and Vice Speaker. "; and

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

"**XIV. Amendments to the Internal Operating Procedures**

~~**A. MSS Requirements.** These Internal Operating Procedures may be amended by the approval of two-thirds of the members of the MSS Assembly present and voting. Amendments to these Internal Operating Procedures must be submitted50 days in advance of the Assembly so that the Governing Council and MSS Delegates can study the implications of the proposed changes.~~

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

COLRP REPORT A REEVALUATION OF AMA-MSS REGION BYLAWS

MSS ACTION: ADOPTED

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

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

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

310.030MSS Resident/Fellow Work and Learning Environment

The AMA-MSS ~~will ask the AMA to~~ supports the following general principles regarding resident/fellow duty hours to promote physician wellness: (1) Duty hours shall be defined as clinical and educational activities, clinical work done from home, and all moonlighting; ~~define resident duty hours as those scheduled hours associated with primary resident or fellowship responsibilities;~~ (2) The total number of duty hours should not exceed 80 hours when averaged over a four-week period; ~~support a limit on resident duty hours of 84 hours per week averaged over a two-week period;~~ (3) Trainees must be scheduled for in-house call no more frequently than every-third-night, averaged over a four-week period; ~~support on-call activities no more frequent than every third night and there be at least one consecutive 24 hour duty-free period day every seven days, both averaged over a two week period;~~ (4) Scheduled on-call assignments should not exceed 28 hours, with the last 4 hours being reserved for education, patient follow-up, and transfer of care; ~~support a standard workday limit for resident physicians of 12 hours, with patient care assignments exceeding 14 hours considered on-call activities;~~ (5) Limits on duty hours must not adversely impact the organized educational activities of the residency program; ~~support a limit on scheduled on-call assignments of 24 consecutive hours, with on-call assignments exceeding 24 consecutive hours ending before 30 hours, and the final 6 hours of this shift are for~~

~~education, patient follow-up, and transfer of care, and new patients and/or continuity clinics must not be assigned to the resident during this 6-hour period;~~ (6) Scheduled time providing patient care services of limited or no educational value should be minimized; ~~support the inclusion of home call hours in the total number of weekly scheduled duty hours if the resident on call can routinely expect to get a less than 5 consecutive hours of sleep;~~ (7) Trainees must have at least one consecutive 24 hour duty-free period day every seven days, averaged over a four-week period; ~~support a limit on assignments in high intensity settings of 12 scheduled hours with flexibility for sign off activities;~~ (8) Flexibility for residents to stay beyond their scheduled 28 hour limit to provide care for a single patient when important for patient care, educational, or humanistic needs, and that these hours count towards the weekly 80 hour limitation; ~~support that limits on duty hours must not adversely impact the organized educational activities of the residency program;~~ (9) ~~ask t~~The Joint Commission should ~~to~~ create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; ~~ask the Accreditation Council for Graduate Medical Education to establish new requirements for mandatory and protected education time in residency programs that constitutes no less than 10% of scheduled duty hours;~~ (10) ~~ask t~~The Joint Commission ~~to~~ should establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and ~~support that scheduled time providing patient care services of limited or no educational value be minimized;~~ (11) ~~Support t~~The AMA Council on Legislation should serve as the coordinating body in the creation of legislative and regulatory options. ~~ask the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; (12) (7) ask JCAHO to establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and (13) (8) support the AMA Council on Legislation as the coordinating body in the creation of legislative and regulatory options.;~~ and be it further

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

2017 HOUSE OF DELEGATES ANNUAL MEETING
CHICAGO, ILLINOIS

MSS-AUTHORED RESOLUTIONS

RESOLUTION 006 – INCREASING ACCESS TO HEALTHCARE INSURANCE FOR REFUGEE POPULATIONS

HOD ACTION: ADOPTED

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

RESOLUTION 017 – IMPROVING MEDICAL CARE IN IMMIGRANT DETENTION CENTERS

HOD ACTION: ADOPTED AS AMENDED

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

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

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

RESOLUTION 018 – PATIENT AND PHYSICIAN RIGHTS REGARDING IMMIGRATION STATUS

HOD ACTION: ADOPTED

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

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

HOD ACTION: REFERRED

RESOLVED, That our AMA amend H-160.903 by addition and deletion to read as follows:

> Eradicating Homelessness H-160.903
>
> Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) will work with state medical societies to advocate for legislation implementing stable, affordable housing and appropriate voluntary social services as a first priority in the treatment of chronically-homeless individuals, without mandated therapy or services compliance and (3) supports the appropriate organizations in developing an effective national plan to eradicate homelessness.

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

HOD ACTION: REFERRED

RESOLVED, That our AMA support the incorporation of estimated patient out of pocket drug costs into electronic medical records in order to help reduce patient cost burden; and be it further

RESOLVED, That our AMA collaborate with invested stakeholders, such as physician groups, Electronic Medical Records (EMR) vendors, hospitals, insurers, and governing bodies to integrate estimated out of pocket drug costs into electronic medical records in order to help reduce patient cost burden.

RESOLUTION 220 – ACCOUNTABILITY OF 911 EMERGENCY SERVICES FUNDING

HOD ACTION: ADOPTED

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

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

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA encourage study of medical student mental health, including but not limited to rates and risk factors of depression and suicide; and be it further

RESOLVED, That our AMA encourage medical schools to confidentially gather and release information regarding reporting rates of depression/suicide on an opt-out basis from its students; and be it further

RESOLVED, That our AMA work with other interested parties to encourage research into identifying and addressing modifiable risk factors for burnout, depression and suicide across the continuum of medical education.

RESOLUTION 304 – SUPPORT OF EQUAL STANDARDS FOR FOREIGN MEDICAL SCHOOLS SEEKING TITLE IV FUNDING

HOD ACTION: ADOPTED

RESOLVED, That our AMA support the application of the existing requirements for foreign medical schools seeking Title IV Funding to those schools which are currently exempt from these requirements, thus creating equal standards for all foreign medical schools seeking Title IV Funding.

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

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association work with the appropriate stakeholders to study the advantages, disadvantages, and practicality of combining the USMLE Step 1 and Step 2 CK exams into a single licensure exam measuring both foundational science and clinical knowledge competencies; and be it further

RESOLVED, That our AMA work with the appropriate stakeholders to study alternate means of scoring USMLE exams in order to avoid the inappropriate use of USMLE scores for screening residency applicants.

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

HOD ACTION: ADOPTED AS AMENDED

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

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

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

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA amend current policy H-440.845 by addition to read as follows:

> Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment H-440.845
>
> Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with Centers for Disease Control and Prevention (CDC) recommendations; (2) encourage the CDC and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts; (3)

support hepatitis C virus (HCV) prevention, screening, and treatment programs that are targeted toward maximum public health benefit; (4) support programs aimed at training providers in the treatment and management of patients infected with HCV; ~~(4)~~ (5) support adequate funding by, and negotiation for affordable pricing for HCV antiviral treatments between, the government, insurance companies and other third party payers, so that all Americans for whom HCV treatment would have a substantial proven benefit will be able to receive this treatment; ~~and (5)~~ (6) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines; and (7) encourage equitable reimbursement for those providing treatment.

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

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

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

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

RESOLUTION 507 – EDUCATING PHYSICIANS AND YOUNG ADULTS ON SYNTHETIC DRUGS

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

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

Addressing Emerging Trends in Illicit Drug Use H-95.940

Our AMA: (1) supports ongoing efforts of the National Institute on Drug Abuse, the Drug Enforcement Administration, and poison control centers to assess and monitor energy trends in illicit and legal synthetic drug use, and to develop and disseminate fact sheets and other educational materials; (2) encourages the development of continuing medical education on emerging trends in illicit and legal synthetic drug use; and (3) supports efforts by the federal government to identify new drugs of abuse and to institute the necessary administrative or legislative actions to deem such drugs illegal in an expedited manner.

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

HOD ACTION: REFERRED

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

implementation of service animals, emotional support animals and animal-assisted therapy as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit.

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

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

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

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

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

PILOT IMPLEMENTATION OF SUPERVISED INJECTION FACILITIES

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

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

HOD ACTION: ADOPTED AS AMENDED

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

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

HOD ACTION: REFERRED

RESOLVED, That our AMA provide access to evidence-based screening tools for evaluating and addressing social determinants of health in their physician resources; and be it further

RESOLVED, That our AMA support the continued integration of evidence-based screening tools evaluating social determinants of health into the electronic medical record and electronic health record; and be it further

RESOLVED, That our AMA support fair compensation for the use of evidence-based social determinants of health screening tools and interventions in clinical settings.

2017 HOUSE OF DELEGATES ANNUAL MEETING
CHICAGO, ILLINOIS

MSS CO-SPONSORED RESOLUTIONS

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

HOD ACTION: ADOPTED AS AMENDED WITH A CHANGE IN TITLE

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

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

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

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

SUMMARY OF ACTIONS

2017 MEDICAL STUDENT SECTION INTERIM MEETING
HONOLULU, HAWAI'I

RESOLUTIONS

RESOLUTION 01 – PROPOSING CONSENT FOR DE-IDENTIFIED PATIENT INFORMATION

MSS ACTION: ADOPTED AS AMENDED
140.035MSS

RESOLVED, That our AMA study the handling of de-identified patient information by covered entities for third part commercial use and report findings and recommendations back to the AMA House of Delegates

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

MSS ACTION: ADOPTED AS AMENDED
645.034MSS

RESOLVED, That our AMA-MSS study the outcomes of MSS resolutions in the AMA House of Delegates including both objective measures of resolution adoption rates as well as subjective measures of the degree to which MSS goals were met regardless of outcome; and be it further

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

RESOLUTION 03 – FMLA-EQUIVALENT FOR LGBT WORKERS

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED
354.016MSS

RESOLVED, That our AMA oppose restrictive housing for incarcerated persons with mental illness

RESOLVED, That our AMA encourages appropriate stakeholders to continue to develop, and implement alternatives to restrictive housing for incarcerated persons with mental illness in all correctional facilities.

RESOLUTION 05 – USE OF PERSON-CENTERED LANGUAGE

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourages the use of person-centered language in future discussions, resolutions, and reports when appropriate; and be it further

RESOLVED, That our AMA supports the use of person-first language when a patient-centered conversation has not occurred, is not feasible, or when there is no official position on wording preference for a particular health condition.

RESOLUTION 06 – PROTECTING EQUITY IN ACCESS TO KIDNEY DIALYSIS AND TRANSPLANT
RESOLUTION 66 - ADVOCATING FOR PATIENTS' BEST INTEREST IN END STAGE RENAL DISEASE

MSS ACTION: SUBSTITUTE RESOLUTION WAS ADOPTED IN LIEU OF RESOLUTION 06 AND RESOLUTION 66
370.018MSS

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

RESOLUTION 07 – IMPLICIT BIAS: ITS EFFECTS ON HEALTH CARE AND ITS INCORPORATION INTO UNDERGRADUATE MEDICAL EDUCATION

MSS ACTION: ADOPTED

RESOLVED, That our AMA-MSS recognizes the existence of implicit bias among health care clinicians; and be it further

RESOLVED, That our AMA-MSS recognizes implicit bias affects treatment and clinical outcomes of patients based on their social identities; and be it further

RESOLVED, That our AMA-MSS support medical schools in their effort to include implicit bias training into undergraduate medical education to ensure graduating medical students are better prepared to deal with implicit bias in the treatment of patients.

RESOLUTION 08- MITIGATING FOOD WASTE THROUGH FOOD RECOVERY

MSS ACTION: ADOPTED AS AMENDED
135.016MSS

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

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

RESOLUTION 09 – IMPROVING SAFETY AND HEALTH CODE COMPLIANCE IN SCHOOL FACILITIES

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA support policies aiding schools in meeting said guidelines, including support for financial and personnel-based aid for schools based in vulnerable neighborhoods; and be it further

RESOLVED, That our AMA support creation of a streamlined reporting system for school facility health data potentially through application of current health infrastructure

RESOLUTION 10 –ADVOCATING FOR ANONYMOUS REPORTING OF OVERDOSES BY FIRST RESPONDERS AND EMERGENCY PHYSICIANS

MSS ACTION: ADOPTED AS AMENDED
100.019MSS

RESOLVED, That our AMA support non-fatal and fatal opioid overdose reporting to the appropriate agencies.

RESOLUTION 11 – ORGAN TRANSPLANT DISCRIMINATION

MSS ACTION: NOT ADOPTED

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

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

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

MSS ACTION: ADOPTED AS AMENDED
440.064MSS

RESOLVED, That our AMA oppose policies that enable racial housing segregation; and be it further

RESOLVED, That our AMA advocate for continued federal funding of publicly-accessible geospatial data on community racial and economic disparities and disparities in access to affordable housing, employment, education, and healthcare, including but not limited to the Department of Housing and Urban Development (HUD) Affirmatively Furthering Fair Housing (AFFH) tool

RESOLUTION 13 – SUPPORT FOR THE RESEARCH OF BABY BOXES

MSS ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE
440.064MSS

SUPPORT FOR RESEARCH OF BOXES FOR BABIES' SLEEPING ENVIRONMENT

RESOLVED, That our AMA support the research of safe sleeping environment programs, which could include the study of the safety and efficacy of boxes for babies to sleep in as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States.

RESOLUTION 14 – ENDING THE RISK EVALUATION AND MITIGATION STRATEGY (REMS) POLICY ON MIFEPRISTONE (MIFEPREX)

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA support efforts urging the Food and Drug Administration (FDA) to lift the Risk Evaluation and Mitigation Strategy (REMS) on mifepristone.

RESOLUTION 15 – EMPHASIZING THE HUMAN PAPILLOMAVIRUS VACCINES AS ANTI-CANCER PROPHYLAXIS FOR A GENDER-NEUTRAL DEMOGRAPHIC

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED**,** That our AMA support appropriate stakeholders to increase public awareness of HPV vaccines effectiveness against both HPV-related cancers and STIs

RESOLUTION 16 – MEDICAL STUDENT INVOLVEMENT AND VALIDATION OF THE STANDARDIZED VIDEO INTERVIEW IMPLEMENTATION

MSS ACTION: ADOPTED AS AMENDED
295.192MSS

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

RESOLVED, That the AMA advocate for delaying expansion of the Standardized Video Interview until published data demonstrates the efficacy and utility of the Standardized Video Interview as a mandatory residency application requirement; and be it further

RESOLVED, That, given the imminent expansion of the Standardized Video Interview program this resolution be immediately forwarded to the AMA House of Delegates for the AMA Interim 2017 Meeting.

RESOLUTION 17 – EDUCATION AND REGULATION OF PESTICIDE APPLICATIONS AS A PUBLIC HEALTH PRIORITY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA work with the appropriate stakeholders to educate the public on potential adverse health effects of pesticide exposure, especially for pregnant women, infants, and children; and be it further

RESOLVED, That our AMA support evidence-based measures to revoke tolerances of chlorpyrifos in the United States; and be it further

RESOLVED, That our AMA support implementation and ongoing management of robust pesticide application regulations.

RESOLUTION 18 – FOOD AND DRUG ADMINISTRATION CONFLICT OF INTEREST

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA advocate the Food and Drug Administration place a greater emphasis on a candidates conflict of interest when selecting members for advisory committees; and be it further

RESOLVED, That our AMA advocate for a reduction in conflict of interest waivers granted to Advisory Committee candidates.

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 20 – OPPOSITION TO MEASURES THAT CRIMINALIZE HOMELESSNESS

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA advocate for legislation that requires non-discrimination against homeless persons, such as homeless bills of rights.

RESOLUTION 21 – ADVERSE IMPACT OF DELAYING THE IMPLEMENTATION OF PUBLIC HEALTH REGULATIONS

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA collaborate with patient advocacy groups and other organizations within the scope of the AMA that are helping to mitigate harm caused by the delay in

implementation of public health regulations; and be it further

RESOLVED, That our AMA craft a strong public statement for immediate and broad release, articulating that delaying the implementation of public health regulations can have a significant impact on human health and well-being, and that such delays, when necessary, should be implemented prudently with justifiable, transparent reasoning; and be it further

RESOLVED, That our AMA support future studies that explore the medical consequences of delaying implementation of various public health regulations; and be it further

RESOLVED, That our AMA support the timely implementation of public health policy when feasible and when compelling evidence supporting its implementation to improve public safety is available.

RESOLUTION 22 – REPORTING CHILD ABUSE IN MILITARY FAMILIES

MSS ACTION: ADOPTED AS AMENDED
60.024MSS

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

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

MSS ACTION: ADOPTED

That our AMA will amend policy H-170.968 by insertion as follows:

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968
(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction;
(2) Urges schools at all education levels to implement comprehensive, developmentally
appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) include ample involvement of parents, health professionals,

and other concerned members of the community in the development of the program; and (g) are part of an overall health education program; (h) include culturally competent materials that are language concordant for Limited English Proficiency (LEP) pupils;
(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;
(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;
(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;
(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;
(7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and
(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;
(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and
(10) Encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.

RESOLUTION 24 – INFERTILITY AND INFERTILITY INSURANCE COVERAGE

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That Our AMA-MSS support research into the underlying cause of rising sub- and infertility trends; and be it further

RESOLVED, That Our AMA-MSS supports efforts to improve access and insurance coverage for fertility service among racial minorities and LGBTQ persons.

RESOLUTION 25 – HEALTHCARE APPLICATIONS FOR BLOCKCHAIN TECHNOLOGY

MSS ACTION: ADOPTED AS AMENDED
480.020MSS

RESOLVED, That our AMA-MSS study potential risks and benefits that blockchain technology may have on the healthcare industry, including but not limited to health care costs, security, interoperability, and claims adjudication.

RESOLUTION 26 – PATIENT-REPORTED OUTCOMES IN GENDER CONFIRMATION SURGERY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA supports initiatives and research to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and be it further

RESOLVED, That our AMA support development and implementation of standardized tools, such as questionnaires to evaluate outcomes of gender confirmation surgeries.

RESOLUTION 27 – IMPROVING TRANSPARENCY IN INGREDIENT LISTS FOR COSMETIC AND FEMININE HYGIENE PRODUCTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support improved consumer reporting of ingredients that may be harmful in cosmetic and feminine hygiene products; and be it further

RESOLVED, That our AMA-MSS support health professionals in counseling patients about the known risks of toxic ingredients in beauty and personal care products, including feminine hygiene products.

RESOLUTION 28 – STI SCREENINGS IN PREGNANT WOMEN

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA advocate for universal syphilis screening for all pregnant women; and be it further

RESOLVED, That our AMA support the most up to date and research-based United States Preventative Services Task Force and Center for Disease Control's recommendations on gonorrhea and chlamydia screening for pregnant women.

RESOLUTION 29 – INCREASED AFFORDABILITY AND ACCESS TO HEARING AIDS AND RELATED CARE FOR THE ELDERLY

MSS ACTION: REFERRED FOR STUDY

RESOLVED, 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; and be it further

RESOLVED, That our AMA support Medicare coverage of hearing aids and associated services for at least adults with moderate hearing loss (i.e., 40 - 70 dB) before which cochlear implants are indicated (i.e.70 dB); and be it further

RESOLVED, That our AMA advocate to state medical societies and professional societies to support policy for increased coverage of hearing aids and associated services for Medicaid beneficiaries; and be it further

RESOLVED, That our AMA encourage Centers for Medicare and Medicaid Services to "unbundle" audiologic services with costs for hearing aids to improve access to treatment and increasing transparency for hearing aid technologies.

RESOLUTION 30 – RECOGNIZING LGBT INDIVIDUALS AS UNDERREPRESENTED IN MEDICINE

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident, and provider diversity; and be it further

RESOLVED, That our AMA issue a statement of support to expand the definition of "underrepresented in medicine" to include LGBT individuals.

RESOLUTION 31: QUALITY ASSESSMENT OF PUBLIC REPORTING FOR HEALTH CARE-RELATED INFECTIONS (HAIs)

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS supports the disclosure of health care-associated infection (HAI) measures that increase the quality and usability of public HAI reporting; and be it further

RESOLVED, That our AMA-MSS supports a standardized manner for the quality assessment of public reporting for health care-associated infections (HAIs).

RESOLUTION 32: INCORPORATING RESILIENCE TRAINING INTO MEDICAL SCHOOL CURRICULA

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourages medical schools to incorporate resilience skills training into medical school curricula.

RESOLUTION 33: MENTAL HEALTH SUPPORT FOR DISPLACED PERSONS AND RELIEF WORKERS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage aid organizations to rigorously assess the effectiveness of their mental health systems already in place; and be it further

RESOLVED, That our AMA work with aid organizations, including the United States federal government, to support the universal adoption of basic standards for mental health support of displaced persons and humanitarian aid workers.

RESOLUTION 34: REFORMING THE ORPHAN DRUG ACT

MSS ACTION: ADOPTED AS AMENDED

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

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

RESOLVED, That our AMA support efforts to modify the exclusivity period of "Orphan Drugs" in order to increase access to these pharmaceutical drugs.

RESOLUTION 35: SUPPORT FOR VA HEALTH SERVICES FOR WOMEN VETERANS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, that our AMA-MSS recognize the specific healthcare needs of the growing population of women veterans

RESOLUTION 36: GESTATIONAL WEIGHT GAIN AND CHILDHOOD OBESITY

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage stakeholders to develop interventions to facilitate widespread implementation of and adherence to published guidelines for appropriate weight gain during pregnancy; and be it further

RESOLVED, That our AMA encourage the study of effective and affordable interventions to assist providers and women in managing weight gain during pregnancy, as well as research to evaluate the efficacy of those interventions amongst high risk populations, including low-income and minority populations.

RESOLUTION 37 – MACHINE INTELLIGENCE IN HEALTHCARE

MSS ACTION: ADOPTED

RESOLVED**,** That our AMA-MSS supports the use of machine intelligence as a complementary tool in making clinical decisions; and be it further

RESOLVED, That our AMA-MSS supports ethical, rapid development and deployment of machine intelligence research and machine learning techniques to improve clinical decision-making, including diagnosis, patient care, and health systems management; and be it further

RESOLVED**,** That our AMA-MSS supports partnerships with organizations actively developing machine intelligence and other appropriate groups to evaluate clinical outcomes, develop regulatory guidelines for the use of machine intelligence in healthcare, and ensure further developments will be beneficial to patients, physicians, and society; and be it further

RESOLVED, That our AMA-MSS encourages the education of medical students and physicians on the use of machine intelligence in healthcare; and be it further

RESOLVED, That our AMA-MSS supports increased utilization of the term "machine intelligence" rather than the term “artificial intelligence” when considering the use of computers to parse data, learn from it, and develop clinical guidelines or facilitate clinical decision-making.

RESOLUTION 38 – DEFENSE OF AFFIRMATIVE ACTION

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 39 – ESTABLISHING TAX BENEFITS FOR LIVING ORGAN DONORS

MSS ACTION: REAFFIMRED H-370.959 BE IN LIEU OF RESOLUTION 39

RESOLVED, That our AMA support legislation expanding state and federal tax incentives for living organ donors to cover expenses incurred pursuant to donation.

RESOLUTION 40: NORMALIZING THE AMA POSITION ON SINGLE-PAYER HEALTH CARE REFORM

MSS ACTION: ADOPTED WITH CHANGE IN TITLE

EXPANDING AMA'S POSITION ON HEALTHCARE REFORM OPTIONS

RESOLVED, That our AMA rescind HOD policy H-165.844; and be it further

RESOLVED, That our AMA rescind HOD policy H-165.985; and be it further

RESOLVED, That our AMA amend by deletion HOD policy H-165.888 as follows:

1. Our AMA will continue its efforts to ensure that health system reform proposals adhere to the following principles:

A. Physician's maintain primary ethical responsibility to advocate for their patients' interests and needs.

~~B. Unfair concentration of market power of payers is detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payer systems clearly fall within such a definition and, consequently, should continue to be opposed by the AMA. Reform proposals should balance fairly the market power between payers and physicians or be opposed.~~

C. All health system reform proposals should include a valid estimate of implementation cost, based on all health care expenditures to be included in the reform; and supports the concept that all health system reform proposals should identify specifically what means of funding (including employer-mandated funding,

general taxation, payroll or value-added taxation) will be used to pay for the reform proposal and what the impact will be.

D. All physicians participating in managed care plans and medical delivery systems must be able without threat of punitive action to comment on and present their positions on the plan's policies and procedures for medical review, quality assurance, grievance procedures, credentialing criteria, and other financial and administrative matters, including physician representation on the governing board and key committees of the plan.

E. Any national legislation for health system reform should include sufficient and continuing financial support for inner-city and rural hospitals, community health centers, clinics, special programs for special populations and other essential public health facilities that serve underserved populations that otherwise lack the financial means to pay for their health care.

F. Health system reform proposals and ultimate legislation should result in adequate resources to enable medical schools and residency programs to produce an adequate supply and appropriate generalist/specialist mix of physicians to deliver patient care in a reformed health care system.

G. All civilian federal government employees, including Congress and the Administration, should be covered by any health care delivery system passed by Congress and signed by the President.

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

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

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

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

RESOLVED, That our AMA amend by deletion HOD policy H-165.838 as follows:

1. Our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy:
a. Health insurance coverage for all Americans
b. Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions or due to arbitrary caps
c. Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials

d. Investments and incentives for quality improvement and prevention and wellness initiatives
e. Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors' access to care
f. Implementation of medical liability reforms to reduce the cost of defensive medicine
g. Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens

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

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

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

5. AMA policy is that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider participation; and not restrict enrollees' access to out-of-network physicians.

6. Our AMA will actively and publicly support the inclusion in health system reform legislation the right of patients and physicians to privately contract, without penalty to patient or physician.

7. Our AMA will actively and publicly oppose the Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a group of unelected individuals.

8. Our AMA will actively and publicly oppose, in accordance with AMA policy, inclusion of the following provisions in health system reform legislation:
a. Reduced payments to physicians for failing to report quality data when there is evidence that widespread operational problems still have not been corrected by the Centers for Medicare and Medicaid Services
b. Medicare payment rate cuts mandated by a commission that would create a double-jeopardy situation for physicians who are already subject to an expenditure target and potential payment reductions under the Medicare physician payment system
c. Medicare payments cuts for higher utilization with no operational mechanism to assure that the Centers for Medicare and Medicaid Services can report accurate information that is properly attributed and risk-adjusted
d. Redistributed Medicare payments among providers based on outcomes, quality, and risk-adjustment measurements that are not scientifically valid, verifiable and accurate
e. Medicare payment cuts for all physician services to partially offset bonuses from one specialty to another

f. Arbitrary restrictions on physicians who refer Medicare patients to high quality facilities in which they have an ownership interest

9. Our AMA will continue to actively engage grassroots physicians and physicians in training in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message communicate our AMA's position based on AMA policy.

10. Our AMA will use the most effective media event or campaign to outline what physicians and patients need from health system reform.

11. AMA policy is that national health system reform must include replacing the sustainable growth rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice and is backed by a fair, stable funding formula, and that the AMA initiate a "call to action" with the Federation to advance this goal.

~~12. AMA policy is that creation of a new single-payer, government-run health care system is not in the best interest of the country and must not be part of national health system reform.~~

13. AMA policy is that effective medical liability reform that will significantly lower health care costs by reducing defensive medicine and eliminating unnecessary litigation from the system should be part of any national health system reform.

RESOLUTION 41 – ADVANCING TELEHEALTH/TELEMEDICINE AND INTERSTATE PRACTICE

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS rescind policy 480.010MSS (Web-Based Tele-Health Initiatives and Possible Interference with the Traditional Physician Patient Relationship); and be it further

RESOLVED, That our AMA-MSS formally support AMA policy D-295.313 (Telemedicine in Medical Education) and AMA policy H-480.974 (Evolving Impact of Telemedicine); and be it further

RESOLVED, That our AMA-MSS support the use of telehealth/telemedicine in accordance with the AMA Code of Ethics; and be it further

RESOLVED, That our AMA-MSS support reimbursement for telehealth/telemedicine to compensate for training, time, skills, and required resources; and be it further

RESOLVED, That our AMA-MSS supports continued efforts for establishing best practice to enable the interstate practice of medicine.

RESOLUTION 42 – MEDICAL RESPITE CARE FOR HOMELESS ADULTS

MSS ACTION: ADOPTED AS AMENDED.

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

RESOLUTION 43 – PRESENCE AND ENFORCEMENT ACTIONS OF U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) AT HEALTHCARE FACILITIES

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA work with appropriate stakeholders to educate medical providers on the rights of undocumented patients while receiving medical care and the designation of healthcare facilities as sensitive locations where U.S. Immigration and Customs Enforcement (ICE) enforcement actions should not occur

RESOLVED, That our AMA encourage healthcare facilities to clearly demonstrate and promote their status as sensitive locations

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

RESOLVED, That this resolution be forwarded immediately to the House of Delegates at I-17

RESOLUTION 44 – REALLOCATION OF TITLE V ABSTINENCE EDUCATION PROGRAM FUNDING TO TITLE X FAMILY PLANNING PROGRAM

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA work with individual state medical societies to advocate state-by-state rejection of Title V Abstinence Education Funding; and be it further

RESOLVED, That our AMA advocate for the reallocation of Title V Abstinence Education Program Funding or any other Abstinence Only Until Marriage Funding program funding to Title X Family Planning Program Funding.

Resolution 45: SUPPORT FOR DECREASING THE GAP BETWEEN THE NUMBER OF MEDICAL SCHOOL MATRICULANTS AND THE NUMBER OF GRADUATE MEDICAL EDUCATION SPOTS

MSS ACTION: NOT ADOPTED

RESOLVED, That Our AMA-MSS support policies which aim to stabilize and/or reduce the gap created by increasing medical school matriculation at higher rates than graduate medical education.

Resolution 46: EXPANSION OF OFFICE-BASED OPIOID TREATMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amend policy H-95.957 by addition and deletion to read as follows:

Methadone Maintenance in Private Practice H-95.957

Our AMA: (1) reaffirms its position that, "the use of properly trained practicing physicians as an extension of organized methadone maintenance programs in the management of those patients whose needs for allied services are minimal" (called "medical" maintenance) should be evaluated further;

(2) supports the position that "medical" methadone maintenance may be an effective treatment for the subset of opioid dependent patients who have attained a degree of behavioral and social stability under standard treatment and thereby an effective measure in controlling the spread of infection with HIV and other blood-borne pathogens but further research is needed;

(3) encourages additional research that includes consideration of the cost of "medical" methadone maintenance relative to the standard maintenance program (for example, the cost of additional office security and other requirements for the private office-based management of methadone patients) and relative to other methods to prevent the spread of blood-borne pathogens among intravenous drug users;

(4) supports modification of federal and state laws and regulations to make newly approved anti-addiction medications <u>including methadone</u> available to those office-based physicians who are appropriately trained and qualified to treat opiate withdrawal and opiate dependence in accordance with documented clinical indications and consistent with sound medical practice guidelines and protocols; and

(5) urges that guidelines and protocols for the use of newly approved anti-addiction medications be developed jointly by appropriate national medical specialty societies in association with relevant federal agencies and that continuing medical education courses on opiate addiction treatment be developed by these specialty societies to help designate those physicians who have the requisite training and qualifications to provide therapy within the broad context of comprehensive addiction treatment and management.

Resolution 47: THE NEED TO UPDATE THE OFFICE OF REFUGEE RESETTLEMENT DOMESTIC MEDICAL SCREENING GUIDELINES TO IMPROVE THE DETECTION OF CHRONIC MENTAL HEALTH CONDITIONS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA advocate for the updating of the Office of Refugee Resettlement's "Revised Medical Screening Guidelines for Newly Arriving Refugees" state letter to emphasize the importance of chronic mental health disorders, such as Post Traumatic Stress Disorder, depression, and anxiety, and be it further

RESOLVED, That our AMA advocate for the updating of the Office of Refugee Resettlement's "Domestic Medical Screening Guidelines" checklist to create a separate section for mental health screening that includes distinct screening for chronic mental health disorders including

but not limited to Post Traumatic Stress Disorder, depression, and anxiety.

RESOLUTION 48: STANDARDIZATION OF MEDICAL LICENSING TIME LIMITS ACROSS STATES

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 49: PROMOTION OF MEDICAL STUDENT MENTAL HEALTH THROUGH PEER INVOLVEMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS encourage medical schools to implement suicide prevention training programs so that medical students can take an active role in promoting medical student mental health and suicide prevention.

RESOLUTION 50: IMPROVED ACCESSIBILITY OF FEMININE HYGIENE PRODUCTS FOR INCARCERATED AND SOCIOECONOMICALLY DISADVANTAGED WOMEN

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA supports Flexible Spending Account, Health Savings Account, and Health Reimbursement Arrangement reimbursement of feminine hygiene products; and be it further

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

RESOLUTION 51 – APPROPRIATE USE OF CLINICAL DECISION SUPPORT ALERTS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage the evidence-based design and use of clinical decision support (CDS) alerts; and be it further

RESOLVED, That our AMA encourage that clinical decision support (CDS) alerts be designed to minimize negative impact on clinician workflow, to facilitate user-friendly interactions, and to avoid redundant notifications for a given patient.

RESOLUTION 52 – ALL TO STUDY ON THE REDUCTION OR ELIMINATION OF MEDICAL STUDENT MEMBERSHIP DUES

MSS ACTION: NOT ADOPTED

RESOLVED, that the AMA-MSS amend MSS Policy 655.002 by deletion as follows:

> **655.002 MSS Membership Recruitment** Methods: AMA-MSS: (1) endorses the concept that mechanisms of offering medical students free membership in the AMA and/or constituent societies should require direct action by medical students to accept the offer; ~~(2) opposes full subsidization of AMA student dues by constituent societies for more than an initial one-year introductory period for new members;~~ (3) (2) does not oppose partial or full subsidization of AMA student dues by constituent societies as a positive incentive for medical students to join the AMA; and (4) (3) supports medical student representation in state delegations to the AMA AMA-MSS Digest of Policy Actions/ 131 House of Delegates, with the goal of having a proportional number of delegate seats based on student membership.

RESOLVED, That our AMA study alternative dues models for student membership in order to reduce or eliminate membership dues for medical students.

RESOLUTION 53: UNMET EYE CARE NEEDS IN RURAL POPULATIONS

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA support legislation at the national level to advocate for comprehensive vision care in community health centers; and be it further

RESOLVED, That our AMA support the development of financial incentives for placement of eye care professionals in underserved communities; and be it further

RESOLVED, That our AMA support educational programs focusing on the importance of routine eye care exams.

RESOLUTION 54: NON-THERAPEUTIC GENE THERAPIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, that our AMA partners with relevant institutions to encourage the development of safety guidelines, regulations, and permissible uses of performance enhancing, non-therapeutic gene therapies

RESOLUTION 55: ENDING MONEY BAIL TO DECREASE BURDEN ON LOWER INCOME COMMUNITIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That the AMA support legislation that ends pretrial financial release options for individuals charged with nonviolent crimes.

RESOLUTION 56 – NON-COMPETE CLAUSES IN PHYSICIAN CONTRACTS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS opposes the use of restrictive covenants in physician contracts and supports the passage of laws that prohibit their use.

RESOLUTION 57: EVALUATING LEGISLATION ON SUBSTANCE USE DISORDER TREATMENT PRIVACY AND CONFIDENTIALITY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support the study of the implications of 42 CFR Part 2 under current law, as well as the proposed alignment of substance use disorder confidentiality requirements with HIPAA, with respect to:

1) Harm due to unwanted disclosure of Substance Use Disorder (SUD) diagnosis and treatment information, including legal, social, emotional, and psychological outcomes;
2) Harm due to non-disclosure of Substance Use Disorder (SUD) diagnosis and treatment information to other health care providers; and
3) Deterrence of patients from seeking treatment for SUDs.

RESOLUTION 58: PROCEDURAL OUTCOME TRANSPARENCY AND REPORTING STANDARDIZATION ACROSS HEALTHCARE PROVIDERS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support validating the reported measures being acted upon by health care organizations and providers by reaffirming existing policy H-450.966; and be it further

RESOLVED, That our AMA support building the science of performance measures through encouraging the multiple federal agencies involved in performance measures to collaborate and consolidate their reporting standards; and be it further

RESOLVED, That our AMA support the accreditation of a standardized reporting service (reporting body) or reporting rubric (guideline) to measure hospitals' performance; and be it further

RESOLVED, That our AMA collaborate with health care institutions to make available to the public the outcomes data collected as a part of the rigorous research processes previously supported in AMA policy and advocated for in this resolution.

RESOLUTION 59: MEDICAID COVERAGE OF FITNESS FACILITY MEMBERSHIPS

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 60: ADDRESSING THE RISE OF MEDICAL SCHOOL TUITION

MSS ACTION: REAFFIRM AMA POLICY H-305.928 IN LIEU OF RESOLUTION 60

RESOLVED, That our AMA study potential solutions to limit the drastic rise in medical school tuition.

RESOLUTION 61: ESTABLISHING CYBERSECURITY STANDARDS FOR ELECTRONIC MEDICAL RECORDS

MSS ACTION: NOT CONSIDERED

RESOLVED, that our AMA-MSS support EMR cybersecurity training for all healthcare employees during EMR-onboarding to prevent breach of health and financial records; and be it further

RESOLVED, that our AMA-MSS support the universal use of anti-virus, anti-malware, firewall protection, encryption of data at rest and in transit, and accountability through audit logs of all patient health information and financial records.

RESOLUTION 62: DECREASING SEX AND GENDER DISPARITIES IN HEALTH OUTCOMES

MSS ACTION: ADOPTED AS AMENDED

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

RESOLVED, That our AMA encourages the use of guidelines, and treatment protocols, and decision support tools specific to biological sex for conditions in which physiologic and pathophysiologic differences exist between sexes

RESOLUTION 63: IMPROVING INTEGRATION OF GENDER IDENTITY IN THE MEDICAL RECORD

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amend policy H-315.967 by addition:

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

RESOLUTION 64: OPPOSING THE CLASSIFICATION OF CANNABIDIOL AS A SCHEDULE 1 DRUG

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support the reclassification of Cannabidiol (CBD) as a non-scheduled drug.

RESOLUTION 65: MANDATORY PRE-PARTICIPATION CONCUSSION EDUCATION FOR HIGH SCHOOL ATHLETES

MSS ACTION: NOT ADOPTED

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

RESOLUTION 67: FOOD ADVERTISING TARGETED TO BLACK AND LATINO YOUTH CONTRIBUTES TO HEALTH DISPARITIES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association establish a formal position advocating against the use of targeted marketing of nutrient-poor food toward youth from vulnerable populations, including minority and low-income populations; and be it further

RESOLVED, That our American Medical Association amend H-60.972 by addition and deletion to read as follows:

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

RESOLVED, That our AMA will work with the appropriate stakeholders to heighten awareness and regulation of targeted marketing of nutrient-poor food toward youth from vulnerable populations.

RESOLITION 68: ADVOCATING FOR THE MAINTENANCE OF PEPFAR FUNDING

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA advocate for the maintenance of President's Emergency Plan For Aids Relief funding for the future.

RESOLUTION 69: RESEARCHING DRUG FACILITATED SEXUAL ASSAULT TESTING

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 70: REINTRODUCTION OF MITOCHONDRIAL DONATION IN THE UNITED STATES

MSS ACTION: ADOPTED AS AMENDED

RESOLVED: That our AMA support regulated research to determine the efficacy and safety of mitochondrial donation as a means of preventing the transmission of mitochondrial diseases to at-risk males.

RESOLUTION 71: EXPAND AMA ELECTRONIC HEALTH RECORDS (EHRS) FOCUS TOWARDS EHR OPEN APPLICATION MARKETPLACES, STANDARD APPLICATION PROGRAMMING INTERFACES (APIS), AND EMERGENT EHR TECHNOLOGY COMMUNICATION

MSS ACTION: REFFERRED FOR STUDY

RESOLVED, that our AMA research and form recommendations on supporting the adoption of open application markets within EHRs and standard Application Programming Interfaces (APIs); and be it further

RESOLVED, that our AMA research best practices for providers regarding these emergent Electronic Health Records technologies to be dissemination to health professions to inform, moderate disruption, improve EHR satisfaction, and improve care.

RESOLUTION 72: EQUITABLE ALLOCATION OF TOBACCO EXCISE TAXES TOWARD TOBACCO CESSATION PROGRAMS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA work with appropriate stakeholders to develop model state and federal legislation mandating that a greater portion of state and federal tobacco excise tax revenue be used to fund tobacco cessation programs and smoking-related research in order to meet state-specific recommendations put forth by the Centers for Disease Control, and be it further

RESOLVED, That our AMA will work in concert with state medical societies and other allied groups to support the passage of the aforementioned legislation in all states, and be it further

RESOLVED, That our AMA will work in concert with state medical societies and other allied groups to protect CDC-recommended levels of cessation program funding generated through this legislation for appropriate use and issue statements condemning the use of tobacco excise revenue as a way to remedy state budget crises.

RESOLUTION 73: CREATING MODEL LEGISLATION FOR PRIMARY SEAT BELT LAWS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support the implementation of primary seat belt legislation in all states; and be it further

RESOLVED, That our AMA work to draft and advocate for model primary seat belt legislation in states without primary seat belt laws.

RESOLUTION 74: ANTI-RACISM COMPETENCIES IN UNDERGRADUATE MEDICAL PRE-CLINICAL CURRICULUM

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS recognize that structural racism, systemic discrimination, and the historical and current discriminatory legislative policies in the US impact health, access to care, and health care delivery, in manners that are distinct from individual and interpersonal discrimination and implicit bias; and be it further

RESOLVED, That our AMA-MSS supports undergraduate medical education that includes historical practices within the medical field that have affected communities of color in the US and their relationships with the medical community, including but not limited to medical experimentation

RESOLUTION 75 – LOWERING MENTAL HEALTH STIGMA BY IMPLEMENTING MENTAL HEALTH EDUCATIONAL TRAINING EARLY IN MEDICAL SCHOOL FOR PEERS AND COLLEAGUES

MSS ACTION: NOT ADOPTED

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

RESOLUTION 76 – OPIOID TREATMENT PROGRAMS REPORTING TO PRESCRIPTION MONITORING PROGRAMS

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA amend the policy Opioid Treatment and Prescription Drug Monitoring Programs D-95.980 by deletion:
That our AMA will seek changes to allow states the flexibility to require opioid treatment programs to report to prescription monitoring programs.

RESOLUTION 77: INCORPORATION OF SUN PROTECTION EDUCATIONAL PROGRAM INTO ELEMENTARY SCHOOL HEALTH CURRICULA

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS amend policy 60.011MSS by addition as follows:

> AMA-MSS will ask the AMA to work with the National Association of State Boards of Education, the Centers for Disease Control and Prevention, and other appropriate entities to encourage elementary schools to develop evidence-based sun protection policies <u>and use these policies to design a sun protection</u>

educational program, and integrate this program into previously existing health curricula.

RESOLUTION 78 – SUPPORT FOR PUBLIC HEALTH VIOLENCE PREVENTION PROGRAMS

MSS ACTION: ADOPTED

RESOLVED, That our AMA supports legislation in addition to other mechanisms that encourage the development and use of evidence-based public health models that prevent violence.

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

MSS ACTION: NOT ADOPTED

RESOLVED, That AMA support the revision of medical licensure questions, concerning mental health, so that they better encourage and reward the seeking of treatment among physicians with past or current mental health events.; and be it further

RESOLVED, That AMA support state medical board communications to physicians that seeking treatment has less severe consequences than not seeking treatment for an illness; and be it further

RESOLVED, That AMA encourage state licensing agencies to treat a physician diagnosed with depression only as a separate group in the application due to the nature of the illness, rare occurrence of impairment, and need to take a step forward in de-stigmatizing depression via state licensing boards

RESOLUTION 80 – EQUALIZING REIMBURSEMENT FOR PSYCHOTHERAPY AND DRUG-THERAPY

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA-MSS support comparable reimbursement rates per unit of time spent with patients for physician provided psychotherapy and pharmacotherapy where comparable efficacy has been demonstrated.

RESOLUTION 81 – PROTECTING GENETIC HEALTH INFORMATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS (1) strongly opposes any discrimination based on genetic information; (2) support robust and comprehensive protections against genetic discrimination and misuse of genetic information; and (3) supports education for health care providers and patients on the protections and limitations against genetic discrimination currently afforded by federal and state law; and be it further

RESOLVED, That our AMA-MSS formally establish support for 4.1.3 Third-Party Access to Genetic Information and 7.3.7 Safeguards in the Use of DNA Databanks in the AMA Code of Ethics.

RESOLUTION 82 – DIGITAL TRANSPORTATION NETWORK COMPANIES AS A FORM OF NON-EMERGENCY MEDICAL TRANSPORT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA encourage collaboration between industry leaders, insurance companies, and healthcare institutions to evaluate the safety and cost efficacy of increased use of digital transportation networks for non-emergency medical transport; and be it further

RESOLVED, That our AMA support the maintenance of patient safety as the paramount guiding feature of all non-emergent digital transportation network endeavors.

RESOLUTION 83: EXPANSION OF QUALIFYING CRITERIA FOR MEDICAL NUTRITION THERAPY UNDER MEDICARE PART B

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support expansion of Medicare Part B criteria for Medical Nutrition Therapy to include early-onset chronic disease.

RESOLUTION 84 – PROPOSING CONSENT FOR DE-IDENTIFIED PATIENT INFORMATION

MSS ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support diamorphine prescription programs for heroin-dependent patients as an alternative therapy for patients refractory to current medication assisted therapy modalities.

RESOLUTION 85 – PROMOTING MEDICAL EDUCATION ON ACUTE VERSUS CHRONIC PAIN MANAGEMENT

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA recognize acute and chronic pain are discrete pathophysiological conditions that require specific and different forms of treatment; and be it further

RESOLVED, That our AMA support medical education as it relates to teaching and distinguishing acute versus chronic pain management; and be it further

RESOLVED, That our AMA use its Opioid Task Force to help raise public awareness of chronic pain as a major public health issue with focus on both the societal impact and personal suffering aspects of the disease.

RESOLUTION 86: EXPLICITLY RECOMMENDING EDUCATION IN EMERGING ADVANCED TECHNOLOGIES FOR MEDICAL STUDENTS

MSS ACTION: NOT ADOPTED

RESOLVED, That the AMA-MSS encourage partnerships in medical education between students with stakeholders of emerging advanced technologies to promote awareness in “future

technologies" to provide a basic grounding in developing impactful technologies as part of their training, and be it further

RESOLVED, That our MSS formally establish support for HOD policy H-295.995, Recommendations for Future Directions for Medical Education.

RESOLUTION 87 – REDUCING EXEMPTIONS AND INCREASING VACCINATIONS THROUGH EXCELLENT COMMUNICATION

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS formally establish support for HOD policy H-440.830: Education and Public Awareness on Vaccine Safety and Efficacy; and be it further

RESOLVED, That the AMA and stakeholders encourage the consideration of state-specific legal exemptions from immunization requirements

RESOLUTION 88 –GENDER AND LGBTQ+ DISCRIMINATION IN INCOME

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA amend D-200.981 by addition as follows:

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

RESOLUTION 89 – PROPOSING CONSENT FOR DE-IDENTIFIED PATIENT INFORMATION

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 90 – IMPLEMENTING PROTABLE BREASTFEEDING FACILITIES IN PUBLIC PREMISES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA promote the implementation of portable breastfeeding facilities in relevant public premises and at relevant public events; and be it further

RESOLVED, That our AMA will work with appropriate stakeholders such as Office of Women's Health at the Department of Health and Human Services and Mamava to implement portable breastfeeding facilities; and be it further

RESOLVED, That our AMA will work with the aforementioned organizations in developing portable breastfeeding stations that are adequately equipped with the necessary instruments, space, and privacy.

RESOLUTION 91: INCREASED COLLABORATION BETWEEN U.S FISHERIES AND PUBLIC HEALTH AGENCIES

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA support state and federal policies that better integrate the National Marine Fisheries Service and the United States Department of Agriculture with U.S. public health agencies through means including but not limited to appointing public health representatives on these regulatory bodies; and be it further

RESOLVED, That our AMA support state and federal policies that increase the U.S. fish supply to meet current and foreseeable U.S. nutritional requirements through means including but not limited to increasing the number of U.S. fisheries and increasing the efficiency and sustainability of existing U.S. fisheries to optimize long-term yield; and be it further

RESOLVED, That our AMA reaffirm AMA policy H-150.932: Reform the US Farm Bill to Improve US Public Health and Food Sustainability.

RESOLUTION 92: UPDATING POLICY ON PHYSICIAN HEALTH PROGRAMS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA amend policy H-405.961 by insertion as follows:

> H-405.961 Physician Health Programs
> Our AMA affirms the importance of <u>medical student</u>, resident, fellow, and physician health and the need for ongoing education of all physicians <u>and medical students</u> regarding <u>medical student,</u> resident, fellow, and physician health and wellness.

RESOLUTION 93 – REQUIRING BLINDED REVIEW OF MEDICAL STUDENT PERFORMANCE

MSS ACTION: REFERRED FOR STUDY

RESOLVED, That our AMA advocate that all reviews of medical student professionalism and academic performance be conducted in a blinded manner; and be it further

RESOLVED, That our AMA send a letter to the Liaison Committee on Medical Education (LCME) advocating that blinded review of medical students be required of all LCME-accredited medical schools.

RESOLUTION 94 – DEFINITION OF PHYSICIAN AND PHYSICIAN AS A PROTECTED TERM

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS affirm the designation of physician only to those who have completed a “Doctor of Medicine” or a “Doctor of Osteopathic Medicine” or equivalent degree in the study of evidence based medicine following completion of the course of study from an accredited school of medicine or osteopathic medicine; and further be it

RESOLVED, That our AMA-MSS treat “physician” as a protected term.

RESOLUTION 95: HOSPITAL REPORTING OF A PHYSICIAN SATISFACTION AS A METRIC OF WELLNESS

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA-MSS encourage policy change that requires the addition of physician-reported professional satisfaction metrics to surveys administered to hospitals by independent organizations; and be it further

RESOLVED, That our AMA-MSS support the establishment of an independent database specific for physician, resident, and medical student satisfaction that is accessible to healthcare professionals and students to determine working environments in which they would be most successful, and that is easy to use by patients to determine where to procure care; and be it further

RESOLVED, That our AMA-MSS support publishing independently-acquired physician satisfaction data on a national, open-access, independently-maintained, internet-based platform; and be it further

RESOLVED, That our AMA-MSS reaffirm that previous policies that asks for the implementation of physician, resident, and medical student wellness programs, specifically policies D310.968, H405.957, and D405.990, that ultimately improve professional satisfaction at all levels.

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS

MSS GC REPORT A – POLICY SUNSET REPORT FOR 2011 AMA-MSS POLICIES

MSS ACTION: ADOPTED AND FILED

RESOLVED, That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS; and be it further

RESOLVED, That the policy consolidation actions specified in Appendix 2 of this report be retained as official, active policies of the AMA-MSS.

MSS GC REPORT B – UPDATE TO IOPS

MSS ACTION: ADOPTED AND FILED

RESOLVED, That our AMA-MSS amend its Internal Operating Procedures IV.A by deletion as follows:

> A. Designations. The officers of the MSS shall be the eight Governing Council members: Chair, Vice Chair, AMA Delegate, Alternate AMA Delegate, At-Large Officer, Chair-elect/Immediate Past Chair, Speaker, and Vice Speaker. The Chair-elect/Immediate Past Chair shall be a non-voting member of the Governing Council. The officers of the Assembly for the purpose of business meetings will be the Speaker and Vice Speaker. ~~The Speaker and Vice Speaker shall be non-voting members of the Governing Council.~~ ; and be it further

RESOLVED, That our AMA-MSS amend its Internal Operating Procedures IV.E by addition and deletion as follows:

> 1. The Chair-elect/Chair/Immediate Past Chair of the Governing Council shall serve a two-year term. His or her term as Chair-elect will begin at the conclusion of the Interim Meeting at which he or she is elected. He or she will take office as Chair at the conclusion of the following Annual Meeting, and one year later will become Immediate Past Chair. He or she will serve as Immediate Past Chair until the conclusion of the following Interim Meeting.
> 2. The other Governing Council members shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA House of Delegates.

3. Maximum tenure for members of the MSS Governing Council will be two years in any combination of voting ~~or non-voting~~ positions. ~~The periods of service as Chair-elect and Immediate Past Chair shall not count toward the maximum tenure of two years in any combination of voting or non-voting positions.~~

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

MSS ACTION: ADOPTED AND FILED

RECOMMENDATIONS:

That the AMA-MSS amend IOP VI.B.1 by deletion as follows:

1. MSS members shall not hold an AMA Council or AMA Liaison position as well as a Governing Council position or the MSS Student Trustee position at the same time for more than two months, unless their Governing Council position or MSS Student Trustee position will conclude within 2 months of when their term as a member of an AMA Council or AMA Liaison begins. The only exception shall be that a MSS member may hold an AMA Council or AMA Liaison position and the position of ~~Chair-elect or~~ Immediate Past Chair simultaneously.

That the AMA-MSS amend IOP XI.C.5 by addition as follows:

1. In any discussion or selection of candidates for appointment to Council or Liaison positions, all Governing Council members who are candidates for the position under discussion or have significant conflicts of interest shall recuse themselves and be absent from this discussion.

    a. The MSS Chair, or ~~their~~ the Chair's designee, shall be responsible for ensuring a fair and thorough evaluation process by the Governing Council.

    b. To ensure that appointments are free from conflicts of interest, the Medical Student Trustee will be present for all discussions of candidates as an ex officio member. The Medical Student Trustee will not possess a vote in the Governing Council's recommendation process.

MSS COMMITTEE ON GLOBAL AND PUBLIC HEALTH REPORT A

MSS ACTION: ADOPTED AND FILED

RECOMMENATIONS:

RESOLVED, That our ~~AMA~~ AMA-MSS support the efforts of federal and 23 state government agencies to facilitate enrollment or reenrollment of eligible 24 refugees into Medicaid, CHIP healthcare or Refugee Assistance insurance 25 plans. ~~and to facilitate re-enrollment in~~

~~appropriate plans for refugees for 26 whom Medicaid or RMA coverage has lapsed following the end of their 27 Refugee Medical Assistance coverage or initial Medicaid coverage. 28~~

RESOLVED, AMA Policy H-350.956, Increasing Access to 36 Healthcare Insurance for Refugee Populations be reaffirmed

SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION AUTHORED RESOLUTIONS
IN THE HOUSE OF DELEGATES

RESOLUTION 001- DISAGGREGATION OF DATA CONCERNING THE STATUS OF ASIAN-AMERICANS

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

RESOLVED, That our American Medical Association support the disaggregation of demographic data regarding Asian-Americans and Pacific Islanders in order to reveal the within-group disparities that exist in health outcomes and representation in medicine. (New HOD Policy)

RESOLVED, That our American Medical Association support the disaggregation of demographic data regarding ethnic groups in order to reveal the within-group disparities that exist in health outcomes and representation in medicine. (New HOD Policy)

RESOLUTION 202- SEXUAL ASSAULT SURVIVORS' RIGHTS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association advocate for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (1) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (2) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (3) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (4) be informed of these rights and the policies governing the sexual assault evidence kit; and (5) access to emergency contraception information and treatment for pregnancy prevention. (New HOD Policy);

RESOLVED, That our AMA amend AMA policy H-80.998 by addition and deletion to read as follows:

H-80.998 Sexual Assault Survivor Services

The AMA supports the function and efficacy of sexual assault survivor services, supports state adoption of the sexual assault survivor rights established in the Survivors' Bill of

Rights Act of 2016, encourages sexual assault crisis centers to continue working with local police to help sexual assault survivors, and encourages physicians to support the option of having a counselor present while the sexual assault survivor is receiving medical care.

RESOLUTION 206- DEFENDING FEDERAL CHILDREN NUTRITION SERVICES

HOD ACTION ADOPTED AS AMENDED

RESOLVED, That our American Medical Association oppose legislation and regulatory initiatives that reduces or eliminates access to federal child nutrition programs; and be it further

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

Quality of School Lunch Program H-150.962

The AMA recommends to the National School Lunch Program that school meals be congruent with current U.S. Department of Agriculture/Department of HHS Dietary Guidelines.

RESOLUTION 207- REDISTRIBUTION OF UNUSED PRESCRIPTION DRUGS TO PHARMACEUTICAL DONATION AND REUSE PROGRAMS

HOD ACTION: REFERRED WITH A REPORT BACK AT 2018 ANNUAL MEETING

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

RESOLUTION 208- INCREASES USE OF BODY-WORN CAMERAS BY LAW ENFORCEMENT OFFICERS

HOD ACTION: REFERRED

RESOLVED, that our AMA advocate for legislative, administrative, or regulatory measures to expand funding for (1) the purchase of body-worn cameras and (2) training and technical assistance required to implement body-worn camera programs.

RESOLUTION 232- PRESENCE AND ENFORCEMENT ACTIONS ON IMMIGRATION AND CUSTOMS ENFORCEMENT IN HEALTHCARE FACILITIES

HOD ACTION: ADOPTED

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

RESOLVED, That our AMA work with appropriate stakeholders to educate medical providers on the rights of undocumented patients while receiving medical care, regarding protection from immigration enforcement action and the negative health implications that this social determinant can have on undocumented patients, in order to properly provide care to this population. and

the designation of healthcare facilities as sensitive locations where U.S. Immigration and Customs Enforcement (ICE) enforcement actions should not occur.

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

RESOLUTION 802- OPPOSITION TO MEDICAID WORK REQUIREMENTS

HOD ACTION: ADOPTED

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

RESOLUTION 803- AIR AMBULANCES REGULATIONS AND REIMBURSEMENTS

HOD ACTION: ADOPTED

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

RESOLUTION 902- EXPANDING EXPEDITED PARTNER THERAPY TO TREAT TRICHOMONIASIS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA amend AMA policy H-80.998 by addition and deletion to read as follows:

H-440.868 Expedited Partner Therapy

Our AMA supports state legislation that permits physicians to provide expedited partner therapy to patients diagnosed 13 with gonorrhea, chlamydia, infection, and other sexually transmitted infections, as 15 supported by scientific evidence and identified by the CDC. (Modify Current HOD Policy)

RESOLUTION 903- IMPROVING SCREENING AND TREATMENT GUIDELINES FOR DOMESTIC VIOLENCE AGAINST LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING, AND OTHER INDIVIDUALS

HOD ACTION: ADOPTED AS AMENDED

RESOLVED, That our American Medical Association study recent domestic violence data and the unique issues faced by the LGBTQ+ population (Directive to Take Action); and be it further

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

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

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

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

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

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

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

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

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

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

RESOLUTION 904- EDUCATING PHYSICIANS ABOUT THE IMPORTANCE OF CERVICAL CANCER SCREENING FOR FEMALE-TO-MALE TRANSGENDER PATIENTS

HOD ACTION: ADOPTED AS AMENDED

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

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

Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; and (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases. (Modify Current HOD 4 Policy)

RESOLUTION 905- ADDRESSING SOCIAL MEDIA USAGE AND ITS NEGATIVE IMPACTS ON MENTAL HEALTH

HOD ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 906- OPIOD ABUSE IN BREASTFEEDING MOTHERS

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

BREASTFEEDING IN MOTHERS WHO USE OPIOIDS

RESOLVED, That our American Medical Association's Opioid Task Force promote educational resources for mothers who are breastfeeding on the benefits and risks of using prescription opioids or medication-assisted therapy for opioid use disorder, based on the most recent guidelines

RESOLUTION 907- – ADDRESSING HEALTHCARE 2 NEEDS OF FOSTER CHILDREN

HOD ACTION: ADOPTED AS AMENDED WITH CHANGE IN TITLE

ADDRESSING HEALTHCARE NEEDS OF CHILDREN IN FOSTER CARE

RESOLVED, That our American Medical Association 11 advocate for comprehensive and evidence-based care that 12 addresses the specific health care needs of children in foster care. (New HOD Policy)

RESOLUTION 908- UPDATING ENERGY POLICY AND EXTRACTION REGULATIONS TO PROMOTE PUBLIC HEALTH AND SUSTAINABILITY

HOD ACTION: ADOPTED AS AMENDED

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

> **Support of Clean Air and Reduction in Power Plant Emissions H-135.949**
> Our AMA supports (1) federal legislation and regulations that meaningfully reduce the following four major power plant emissions: mercury, carbon dioxide, sulfur dioxide and nitrogen oxide; and (2) efforts to limit carbon dioxide emissions through the reduction of the burning of coal in the nation's power generating plants, efforts to improve the efficiency of power plants~~, substitution of natural gas in lieu of other carbon-based fossil fuels,~~ and continued development, promotion, and widespread implementation of alternative renewable energy sources in lieu of carbon-based fossil fuels.; and be it further

RESOLVED, That our AMA support research on the implementation of buffer zones or well set-backs between oil and gas development sites and residences, schools, hospitals, and religious institutions, to determine the distance necessary to ensure public health and safety. (New HOD Policy)

RESOLUTION 960- MEDICAL STUDENT INVOLVEMENT AND VALIDATION OF THE STANDARDIZED VIDEO INTERVIEW IMPLEMENTATION

HOD ACTION: ADOPTED AS AMENDED

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

RESOLVED, That the AMA advocate for delaying expansion of the Standardized Video Interview until published data demonstrates the efficacy and utility of the Standardized Video Interview as a mandatory residency application requirement; and be it further

RESOLVED, That the AMA, in collaboration with the Association of American medical Colleges, study the potential implications and repercussions of expanding the Standardized Video Interview to all residency applicants

SUMMARY OF ACTIONS

2018 MEDICAL STUDENT SECTION ANNUAL MEETING
CHICAGO, ILLINOIS

RESOLUTIONS

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

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

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

MSS ACTION: NOT ADOPTED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 05 – FEDERAL LEGALIZATION OF SYRINGE EXCHANGE PROGRAMS

MSS ACTION: NOT ADOPTED

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

> Syringe and Needle Exchange Programs H-95.958
>
> Our AMA: (1) encourages all communities to establish needle exchange programs and physicians to refer their patients to such programs; (2) will initiate and support legislation providing funding for needle exchange programs for injecting drug users; (3) strongly encourages state medical associations to initiate state legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription and needle exchange program employees are protected from prosecution for disseminating syringes; and <u>(4) will support federal legislation for the national legalization of syringe exchanges.</u>

RESOLUTION 06 – PHARMACEUTICAL ADVERTISING IN ELECTRONIC HEALTH RECORD SYSTEMS

MSS ACTION: REFFERED FOR STUDY

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

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

RESOLUTION 07 – SUPPORT FOR PREREGISTRATION IN BIOMEDICAL RESEARCH

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 09 – EXPANSION OF AMA SUPPORT OF TRAFFICKING VICTIMS

MSS ACTION: NOT ADOPTED

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

> Commercial Exploitation and Human Trafficking ~~of Minors,~~ H-60.912
>
> Our AMA supports the development of laws and policies that utilize a public health framework to address the commercial ~~sexual~~ exploitation ~~and sex trafficking~~ of ~~minors~~ sex and labor trafficking victims by promoting care and services for victims instead of arrest and prosecution.

RESOLUTION 10 – INCREASING ACCESS TO HEARING AIDS

MSS ACTION: REFFERED FOR STUDY

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

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

MSS ACTION: NOT ADOPTED

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

RESOLUTION 12 – INCREASING PATIENT ACCESS TO SEXUAL ASSAULT NURSE EXAMINERS

MSS ACTION: ADOPTED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 16 – OPPOSITION TO ARMED CAMPUSES

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

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

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

MSS ACTION: ADOPTED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

MSS ACTION: NOT ADOPTED

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

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

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

MSS ACTION: NOT ADOPTED

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

Light and Low-Tar Cigarettes H-495.981

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

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

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

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

RESOLUTION 24 – INCREASING ACCESSIBILITY TO ADULT INCONTINENCE PRODUCTS

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

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

MSS ACTION: ADOPTED

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

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

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

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

MSS ACTION: REFERRED FOR STUDY

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

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

MSS ACTION: 250.020MSS REAFFIRMED IN LIEU OF RESOLUTION 30

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

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

MSS ACTION: NOT ADOPTED

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: REFERRED FOR STUDY

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

MSS ACTION: REFERRED FOR STUDY

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

MSS ACTION: ADOPTED AS AMENDED

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: REFERED FOR STUDY

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

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

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

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

> Proposed Revisions to AMA Policy on Medical Student Debt, D-305.970
>
> 1. Collaborate, based on AMA policy, with members of the Federation and the medical education community, and with other interested organizations, to achieve the following immediate public- and private-sector advocacy goals:
> (a) Support expansion of and adequate funding for federal scholarship and loan repayment programs, such as those from the National Health Service Corps, the Indian Health Service, the Armed Forces, and the Department of Veterans Affairs, and for comparable programs at the state level.
> (b) Encourage the expansion of National Institutes of Health programs that provide loan repayment in exchange for a commitment to conduct targeted research.
> (c) With each reauthorization of the Higher Education Act and at every other legislative opportunity, proactively pursue loan consolidation terms that favor students and ensure that loan deferment is available for the entire duration of residency and fellowship training.
> (d) Ensure that the Higher Education Act and other legislation allow interest from medical student loans to be fully tax deductible.
> (e) Encourage medical schools, with the support of the Federation, to engage in fundraising activities devoted to increasing the availability of scholarship support.
> (f) Encourage the creation of private-sector financial aid programs with favorable interest rates or service obligations (such as community- or institution-based loan repayment programs or state medical society loan programs).
> (g) Support stable funding for medical education programs to limit excessive tuition increases.
> <u>(h) Advocate for medical students to receive tuition reimbursement for performing electronic health record Documentation as a part of Evaluation and Management</u>
> 2. Encourage medical schools to study the costs and benefits associated with non-traditional instructional formats (such as online and distance learning, combined baccalaureate/MD programs) to determine if cost savings to medical schools and to medical students could be realized without jeopardizing the quality of medical education.

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

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

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

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

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

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

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

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

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

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

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

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

Medical Student Access to Electronic Health Records, H-315.969

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

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

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

Medical Student Clinical Training and Education Conditions, 295.126MSS

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

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

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

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

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

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

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

> Transparency in Medical Student Financial Aid Reporting, 305.073MSS

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 36: MACHINE INTELLIGENCE AND DATA SCIENCE LITERACY

MSS ACTION: ADOPTED AS AMENDED

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

RESOLUTION 38 – EQUALITY FOR COMLEX AND USMLE

MSS ACTION: ADOPTED AS AMENDED

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

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

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

RESOLUTION 39 – SUPPORT MENTAL HEALTH SCREENINGS FOR DETAINED MINORITY YOUTH

MSS ACTION: ADOPTED AS AMENDED

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

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

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: NOT ADOPTED

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

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

RESOLUTION 42 – INCREASING FIREARM SAFETY TO PREVENT ACCIDENTAL CHILD DEATHS

MSS ACTION: ADOPTED AS AMENDED.

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

RESOLUTION 43 – HEALTHCARE FINACE IN MEDICAL SCHOOL CURRICULUM

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

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

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

RESOLUTION 44 – PROMOTING AWARENESS REGARDING TELEDERMATOLOGY SERVICES FOR RURAL POPULATIONS

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

440.012MSS Public Education Announcements for Detection of Skin Cancer:

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

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

MSS ACTION: ADOPTED AS AMENDED

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

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

MSS ACTION: ADOPTED

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

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

MSS ACTION: ADOPTED AS AMENDED

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

RESOLUTION 48: HEALTH SERCIVED TO CHILDREN OF INCARCERATED PARENTS

MSS ACTION: NOT ADOPTED

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

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

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

MSS ACTION: NOT ADOPTED

RESOLVED, That our AMA

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

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

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

160.001MSS Support of Community Health Clinics with Student Involvement:

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

160.004MSS Support for Free Clinics:

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

RESOLUTION 51 – MANDATED CHOICE ORGAN DONATION

MSS ACTION: NOT ADOPTED

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

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

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

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

MSS ACTION: NOT ADOPTED

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

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

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

MSS ACTION: NOT ADOPTED

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

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

MSS ACTION: NOT ADOPTED

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

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

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

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

MSS ACTION: NOT ADOPTED

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

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

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

MSS ACTION: NOT ADOPTED

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

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

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

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

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

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

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

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

MSS ACTION: NOT ADOPTED

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

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

RESOLUTION 58: EQUAL PARENTAL LEAVE FOR MEDICAL STUDENTS

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

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

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

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

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

RESOLUTION 59: CAPPING SPERM DONATION

MSS ACTION: NOT ADOPTED

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

RESOLUTION 60: VIRTUAL AND AUGMENTED REALITY IN MEDICAL SCHOOL EDUCATION

MSS ACTION: NOT ADOPTED

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

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

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

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

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

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 <u>and pregnant women.</u>

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 <u>in medical documentation and in medical research studies, according to current best practices,</u> 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) 18 develop front-of-package warning labels for foods that are 19 high in added sugars based on the established 20 recommended daily value and (2) limit the amount of added 21 sugars permitted in a food product containing front-of22 package health or nutrient content claims. (New HOD 23 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 <u>and Post-Exposure Prophylaxis (PEP)</u> should be offered to all <u>survivors of sexual assault, who present within 72 hours of a substantial exposure risk,</u> 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.