

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2019 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-19)

Report of Reference Committee on Amendments to Constitution and Bylaws

William C. Reha, MD, MBA, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2 **RECOMMENDED FOR ADOPTION**

3

4

5 1. Board of Trustees Report 2 – New Specialty Organizations Representation in the

6 House of Delegates

7 2. Board of Trustees Report 33 – Specialty Society Representation in the House of

8 Delegates - Five-Year Review

9 3. Council on Ethical and Judicial Affairs Report 1 – Competence, Self-Assessment

10 and Self-Awareness

11 4. Council on Ethical and Judicial Affairs Report 2 – Physician Assisted Suicide

12 5. Council on Ethical and Judicial Affairs Report 3 – CEJA's Sunset Review of 2009

13 House Policies

14 6. Resolution 003 – Conforming Sex and Gender Designation in Government IDs

15 and Other Documents

16 7. Resolution 006 – Use of Person-Centered Language

17 8. Resolution 009 – References to Terms and Language in Policies Adopted to

18 Protect Populations from Discrimination and Harassment

19 9. Resolution 014 – Disclosure of Funding Sources and Industry Ties of

20 Professional Medical Associations and Patient Advocacy Organizations

21 10. Resolution 018 – Support for Requiring Investigations into Deaths of Children in

22 Foster Care

23 11. Resolution 021 – Health, In All Its Dimensions, Is A Basic Human Right

24 12. Resolution 023 – Distribution and Display of Human Trafficking Aid Information in

25 Public Places

26 13. Resolution 024 – Eliminating Use of the Term “Mental Retardation” by Physicians

27 in Clinical Settings

28 14. Resolution 025 – Gender Equity in Hospital Medical Staff Bylaws

29 15. Resolution 026 – Restrictive Covenants of Large Health Care Systems

30 16. Resolution 027 – Model Legislation for “Mature Minor” Consent to Vaccinations

31 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

32

33

34 17. Resolution 004 – Reimbursement for Care of Practice Partner Relatives

35 18. Resolution 005 – Right for Gamete Preservation Therapies

36 19. Resolution 007 – Delegation of Informed Consent

- 1 20. Resolution 008 – Preventing Anti-Transgender Violence
- 2 21. Resolution 011 – Mature Minor Consent to Vaccinations
- 3 22. Resolution 012 – Improving Body Donation Regulation
- 4 23. Resolution 013 – Opposing Office of Refugee Resettlement's Use of Medical and
- 5 Psychiatric Records for Evidence in Immigration Court
- 6 24. Resolution 015 – Opposing Mandated Reporting of People Who Question Their
- 7 Gender Identity
- 8 25. Resolution 016 – Sexual and Gender Minority Populations in Medical Research
- 9

10 **RECOMMENDED FOR REFERRAL**

- 11 26. Board of Trustees Report 26 – Research Handling of De-Identified Patient
- 12 Information
- 13 27. Council on Constitution & Bylaws Report 1 – Clarification to the Bylaws: Delegate
- 14 Representation, Registration and Credentialing
- 15 28. Resolution 001 – Opposing Attorney Presence at and/or Recording of
- 16 Independent Medical Examinations
- 17 29. Resolution 010 – Covenants not to Compete
- 18 30. Resolution 017 – National Guidelines for Guardianship
- 19 31. Resolution 019 – Opposition to Requirements for Gender-Based Medical
- 20 Treatments for Athletes
- 21 32. Resolution 022 – Opposition to Involuntary Civil Commitment for Substance Use
- 22 Disorder
- 23

24 **RECOMMENDED FOR NOT ADOPTION**

- 25 33. Resolution 002 – Addressing Existential Suffering in End-of-Life Care
- 26
- 27 34. Resolution 020 – CEJA Opinion E-5.7
- 28

1 (1) BOARD OF TRUSTEES REPORT 2 – NEW SPECIALTY
2 ORGANIZATIONS REPRESENTATION IN THE HOUSE
3 OF DELEGATES

4
5 RECOMMENDATION:

6
7 Madam Speaker, your Reference Committee recommends
8 that the recommendations in Board of Trustees Report 2 be
9 adopted and the remainder of the report be filed.

10
11 **HOD ACTION: The recommendations in Board of Trustees**
12 **Report 2 adopted and the remainder of the report filed.**

13
14
15 Board of Trustees Report 2 recommends that our AMA grant representation in the House
16 of Delegates to the American Academy of Sleep Medicine and the American Society of
17 Cytopathology. The report outlines the criteria National Medical Specialty Societies must
18 meet to be granted representation to the House, and confirms that these societies have
19 met these criteria.

20
21 The only testimony heard on Board of Trustees Report 02 was given by the authors. Your
22 Reference Committee recommends that Board of Trustees Report 2 be adopted.

23
24 (2) BOARD OF TRUSTEES REPORT 33 – SPECIALTY
25 SOCIETY REPRESENTATION IN THE HOUSE OF
26 DELEGATES - FIVE-YEAR REVIEW

27
28 RECOMMENDATION:

29
30 Madam Speaker, your Reference Committee recommends
31 that the recommendations in Board of Trustees Report 33
32 be adopted and the remainder of the report be filed.

33
34 **HOD ACTION: The recommendations in Board of Trustees**
35 **Report 33 adopted and the remainder of the report filed.**

36
37 Board of Trustees Report 33 recommends that the American Association of Gynecologic
38 Laparoscopists, American Academy of Cosmetic Surgery, American Association for
39 Thoracic Surgery, American Association of Plastic Surgeons, American Association of
40 Public Health Physicians, American College of Allergy, Asthma and Immunology,
41 American Society for Metabolic and Bariatric Surgery, and the Society of
42 Laparoendoscopic Surgeons retain representation in the American Medical Association
43 House of Delegates. The report also recommends that, having failed to meet the
44 requirements for continued representation in the AMA House of Delegates as set forth in
45 AMA Bylaw B-8.50, the American Society for Aesthetic Plastic Surgery, American Society
46 of Interventional Pain Physicians, Association of University Radiologists, Infectious
47 Diseases Society of America and the International Society for the Advancement of Spine
48 Surgery be placed on probation and be given one year to work with AMA membership
49 staff to increase their AMA membership.

1 The only testimony heard on Board of Trustees Report 33 was given by the authors. Your
2 Reference Committee recommends that Board of Trustees Report 2 be adopted.
3

4 (3) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
5 REPORT 1 – COMPETENCE, SELF-ASSESSMENT AND
6 SELF-AWARENESS

7 RECOMMENDATION:

8 Madam Speaker, your Reference Committee recommends
9 that the recommendations in Council on Ethical and Judicial
10 Affairs Report 1 be adopted and the remainder of the report
11 be filed.
12

13 **HOD ACTION: The recommendations in Council on Ethical
14 and Judicial Affairs Report 1 referred.**

15 Council on Ethical and Judicial Affairs Report 1 examines physicians' ethical responsibility
16 of commitment to competence as one that encompasses more than knowledge and skill.
17 This responsibility requires that physicians understand that as a practical matter in the
18 care of actual patients, competence is fluid and dependent on context, and that they need
19 to recognize when they are and when they are not able to provide appropriate care for the
20 patient in front of them. Hence, it is important for physicians to practice informed self-
21 assessment that leads to self-awareness of their own ability to practice safely "in the
22 moment." The report proposes guidance to this end.
23

24 Your Reference Committee heard concerns regarding circumstances in which physicians
25 no longer possess the self-awareness to accurately assess their own competence, such
26 as in the case of impairment (e.g. in the case of dementia). Testimony argued that
27 impaired physicians should not be considered to be acting unethically. Other testimony
28 suggested that the recommendations as written in the current version of this report
29 successfully address that concern. While your Reference Committee is sensitive to these
30 concerns, its judgment is that these issues are duly addressed both by section (f) in the
31 recommendations of this report and Opinion E-9.3.2 "Physician Responsibilities to
32 Impaired Colleagues". Therefore, your Reference Committee recommends that Council
33 on Ethical and Judicial Affairs Report 01 be adopted as written.
34

35 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
36 REPORT 2 – PHYSICIAN ASSISTED SUICIDE

37 RECOMMENDATION:

38 Madam Speaker, your Reference Committee recommends
39 that the recommendations in Council on Ethical and Judicial
40 Affairs Report 2 be adopted and the remainder of the report
41 be filed.
42

1 **HOD ACTION: The recommendations in Council on Ethical
2 and Judicial Affairs Report 2 adopted and the remainder of
3 the report filed.**

4
5
6 Council on Ethical and Judicial Affairs Report 2 responds to Resolution 15-A-15, "Study
7 Aid-in-Dying as End-of-Life Option," and Resolution 14- A-17, "The Need to Distinguish
8 between 'Physician-Assisted Suicide' and 'Aid in Dying'." Resolution 15-A-15 asks that
9 CEJA study medical aid-in-dying and make a recommendation regarding the AMA taking
10 a neutral stance; Resolution 14-A-17 asks that the AMA define and clearly distinguish
11 "physician assisted suicide" and "aid in dying" for use in all AMA policy and position
12 statements. This report holds that the terms 'aid in dying' and 'physician-assisted suicide'
13 reflect different ethical perspectives. The Council finds "physician assisted suicide" to be
14 the most precise term and urges that it be used by the AMA. Importantly, the report
15 explains that there are irreducible differences in moral perspectives regarding the issue of
16 physician-assisted suicide, such that both sides share common commitment to
17 "compassion and respect for human dignity and rights," (see Principle I of the AMA
18 Principles of Medical Ethics) but draw different moral conclusions from these shared
19 commitments. The report considers the risks of unintended consequences of physician-
20 assisted suicide, noting that there is debate about the available data. The report argues
21 that where physician-assisted suicide is legal, safeguards can and should be improved to
22 mitigate risk. The report further notes that too often physicians and patients do not have
23 the conversations they should about death and dying and that physicians should be skillful
24 in engaging in these difficult conversations and knowledgeable about the options available
25 to terminally ill patients. The report concludes that in existing opinions on physician-
26 assisted suicide and the exercise of conscience, the *Code of Medical Ethics* offers
27 sufficient guidance to support physicians and the patients they serve in making well-
28 considered, mutually respectful decisions about legally available options for care at the
29 end of life while respecting the intimacy of a patient-physician relationship. Thus, the report
30 recommends that the *Code* not be amended, and that Resolutions 15-A-16 and 14-A-17
31 not be adopted.

32
33 Your Reference Committee heard extensive testimony regarding Council on Ethical and
34 Judicial Affairs Report 2. Your Reference Committee heard concerns that maintaining the
35 AMA's current opposition to physician-assisted suicide would not be a true reflection of
36 the analysis contained in the report. However, testimony offered a great deal of support
37 for the acceptance of CEJA's report and keeping the current *Code* unchanged. Your
38 Reference Committee recommends that Council on Ethical and Judicial Affairs Report 02
39 be adopted.

40

1 (5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 3 – CEJA’S SUNSET REVIEW OF 2009 HOUSE
3 POLICIES

4
5 RECOMMENDATION:

6
7 Madam Speaker, your Reference Committee recommends
8 that the recommendations in Council on Ethical and Judicial
9 Affairs Report 3 be adopted and the remainder of the report
10 be filed.

11
12 **HOD ACTION: The recommendations in Council on Ethical**
13 **and Judicial Affairs Report 3 adopted and the remainder**
14 **of the report filed.**

15
16 Council on Ethical and Judicial Affairs Report 3 presents the annual sunset report of House
17 policies. This report reviewed House policies from 2009 and recommends that the policies
18 listed in the Appendix of this report be acted upon in the manner indicated.

19
20 Testimony was offered against the reaffirmation of H-140.952, “Physician Assisted
21 Suicide” in light of the fact that Council on Ethical and Judicial Affairs Report 02 on the
22 same topic has not yet been adopted by the House. However, your Reference Committee
23 believes that not reaffirming the existing policy would constitute a significant change in
24 policy, and therefore agrees with the Council’s recommendation to reaffirm H-140.952,
25 “Physician Assisted Suicide”. Other speakers noted that multiple reaffirmed, consolidated,
26 or otherwise maintained policies reviewed in this sunset report use only male pronouns.
27 Your Reference Committee urges that the language in these policies be editorially updated
28 by AMA staff since CEJA reports cannot be amended, and recommends that CEJA Report
29 03 be adopted.

30
31 (6) RESOLUTION 003 – CONFORMING SEX AND GENDER
32 DESIGNATION IN GOVERNMENT IDS AND OTHER
33 DOCUMENTS

34
35 RECOMMENDATION:

36
37 Madam Speaker, your Reference Committee recommends
38 that Resolution 008 be adopted.

39
40 **HOD ACTION: Resolution 008 adopted.**

41
42
43 Resolution 003 asks that our AMA modify Policy H-65.967, “Conforming Birth Certificate
44 Policies to Current Medical Standards for Transgender Patients,” to address change of
45 sex designation on government documents and other forms of government identification.
46 Currently, policy H-65.967 advocates for the removal of barriers to change the sex
47 designation on an individual’s birth certificate. This resolution asks our AMA to modify the
48 policy to support every individual’s right to determine their gender identity and sex
49 designation on other government documents and forms of government identification.
50 Additionally, Resolution 003 asks our AMA to support policies that allow a sex designation

1 or change of designation on all government IDs to reflect an individual's gender identity,
2 as reported by the individual and without need for verification by a medical professional,
3 and policies that include an undesignated or nonbinary gender option for government
4 records and forms of government-issued identification in addition to "male" and "female."
5 The resolution also asks that our AMA support efforts to ensure that the sex designation
6 on an individual's government-issued documents and IDs does not hinder access to
7 medically appropriate care or other social services in accordance with that individual's
8 needs.

9

10 Your Reference Committee heard testimony in almost unanimous support of the
11 resolution. Limited testimony was offered for referral, suggesting that there may be
12 unintended security issues if government identification reflected something other than the
13 gender identified at birth. However, significant testimony noted that individuals in the
14 transgender community face harassment due to inappropriate gender markers on various
15 forms of identification, and this resolution would be in line with laws passed in several
16 states. It was also noted that the World Health Organization has recently moved forward
17 changes that being transgender or gender non-binary is not a disorder. Your Reference
18 Committee recommends that Resolution 003 be adopted.

19

20

21 (7) RESOLUTION 006 – USE OF PERSON-CENTERED
22 LANGUAGE

23

24

RECOMMENDATION:

25

26

Madam Speaker, your Reference Committee recommends
27 that Resolution 006 be adopted.

28

29

HOD ACTION: Resolution 006 adopted.

30

31

Resolution 006 asks that our AMA encourage the use of person-centered language, a
32 style of communication in which the person is listed first followed by descriptive terms such
33 as a disease state (e.g., "a person with schizophrenia" rather than "a schizophrenic").

34

35

Your Reference Committee heard testimony that unanimously supported the resolution.
Speakers noted that no person should be described by their disease state, and that
36 stigmatizing language should be avoided. Speakers suggested that the use of person-
37 centered language could be effective in eliminating biases that may impact patient care.
38 Your Reference Committee therefore recommends that Resolution 006 be adopted.

39

40

41

1 (8) RESOLUTION 009 – REFERENCES TO TERMS AND
2 LANGUAGE IN POLICIES ADOPTED TO PROTECT
3 POPULATIONS FROM DISCRIMINATION AND
4 HARASSMENT

5
6 RECOMMENDATION:

7
8 Madam Speaker, your Reference Committee recommends
9 that Resolution 009 be adopted.

10
11 **HOD ACTION: Resolution 009 adopted.**

12
13 Resolution 009 asks that our AMA undertake a study to identify all discrimination and
14 harassment references in AMA policies and the code of ethics, noting when the language
15 is consistent and when it is not, and research language and terms used by other national
16 organizations and the federal government in their policies on discrimination and
17 harassment. The resolution asks that the preliminary study results be presented to the
18 Minority Affairs Section, the Women's Physician Section, and the Advisory Committee on
19 LGBTQ Issues to reach consensus on optimal language to protect vulnerable populations
20 including racial and ethnic minorities, sexual and gender minorities, and women, from
21 discrimination and harassment. The resolution asks for a report with the study results and
22 recommendations within 18 months.

23
24 Limited testimony was offered in support of the resolution, and your Reference Committee
25 recommends that Resolution 009 be adopted.

26
27 (9) RESOLUTION 014 – DISCLOSURE OF FUNDING
28 SOURCES AND INDUSTRY TIES OF PROFESSIONAL
29 MEDICAL ASSOCIATIONS AND PATIENT ADVOCACY
30 ORGANIZATIONS

31
32 RECOMMENDATION:

33
34 Madam Speaker, your Reference Committee recommends
35 that Resolution 014 be adopted.

36
37 **HOD ACTION: Resolution 014 adopted.**

38
39 Resolution 014 asks that our AMA support guidelines for members of the Federation of
40 Medicine and patient advocacy organizations to disclose donations, sponsorships, and
41 other financial transactions by industry and commercial stakeholders.

42
43 Your Reference Committee heard general positive testimony regarding Resolution 014.
44 Your Reference Committee recommends that Resolution 014 be adopted.

1 (10) RESOLUTION 018 – SUPPORT FOR REQUIRING
2 INVESTIGATIONS INTO DEATHS OF CHILDREN IN
3 FOSTER CARE

4
5 RECOMMENDATION:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 018 be adopted.

9
10 **HOD ACTION: Resolution 018 adopted.**

11
12 Resolution 018 asks our AMA to support legislation requiring investigations into the deaths
13 of children in the foster care system that occur while the child is in the foster care system.

14
15 Your Reference Committee heard testimony in unanimous support of Resolution 018. An
16 amendment was offered to stipulate that autopsies should be performed after
17 investigations, as abuse is sometimes not visible externally, however your Reference
18 Committee believes that the medical examiner or coroner should make this determination
19 in order to avoid autopsies on children whose cause of death is known. Your Reference
20 Committee recommends that Resolution 018 be adopted.

21
22 (11) RESOLUTION 021 – HEALTH, IN ALL ITS DIMENSIONS,
23 IS A BASIC HUMAN RIGHT

24
25 RECOMMENDATION:

26
27 Madam Speaker, your Reference Committee recommends
28 that Resolution 021 be adopted.

29
30 **HOD ACTION: Resolution 021 adopted.**

31
32 Resolution 021 asks that our AMA acknowledge that enjoyment of the highest attainable
33 standard of health, in all its dimensions, including health care, is a basic human right, and
34 that the provision of health care services, as well as optimizing the social determinants of
35 health, is an ethical obligation of a civil society.

36
37 Your Reference Committee heard testimony in strong support of Resolution 021.
38 Speakers suggested that this issue is timely and may be the most important resolution to
39 pass at this session, as this a statement of the AMA's values. Speakers noted that other
40 organizations, including the World Health Organization, define health care as a basic
41 human right, and that the AMA cannot address health care without acknowledging that it
42 is a right. Limited testimony was offered in opposition, expressing concern about the use
43 of the term "right", as such a term creates an obligation. Testimony was also offered
44 suggesting that other organizations define health care as a "good," but not a "right." Your
45 Reference Committee recommends that Resolution 021 be adopted.

1 (12) RESOLUTION 023 – DISTRIBUTION AND DISPLAY OF
2 HUMAN TRAFFICKING AID INFORMATION IN PUBLIC
3 PLACES

4
5 RECOMMENDATION:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 023 be adopted.

9
10 **HOD ACTION: Resolution 023 adopted.**

11
12 Resolution 023 asks that our AMA adopt as policy that readily available signs, notices,
13 posters, placards and other readily available educational materials providing information
14 about reporting human trafficking activities or aiding victims and survivors must be
15 permitted in local clinics, emergency departments and other medical settings. The
16 resolution also asks our AMA to utilize its website or internet presence to provide
17 downloadable materials displaying the National Human Trafficking Hotline Number to aid
18 in displaying such information in the aforementioned settings, and advocate that other
19 recognized medical professional organizations do the same. Additionally, the resolution
20 asks our AMA to urge the federal government to make changes in laws to advocate for
21 the broad posting of the National Human Trafficking Hotline number in areas such as local
22 clinics, emergency departments, and other medical settings.

23
24 Limited testimony was heard that was generally supportive of the resolution. Testimony
25 was offered that some victims of human trafficking are not aware that they are being
26 exploited, and that visible public signage would be quite helpful when caring for these
27 patients. Testimony was also offered for referral, as there are multiple phone numbers that
28 can be utilized for this purpose, in addition to posted information advising victims and
29 survivors to call 9-1-1, and that this resolution has the potential to confuse individuals
30 regarding proper cause of action. However, your Reference Committee believes that
31 publicly posting this information is ultimately beneficial, and recommends that Resolution
32 be adopted.

33
34 (13) RESOLUTION 024 – ELIMINATING USE OF THE TERM
35 “MENTAL RETARDATION” BY PHYSICIANS IN CLINICAL
36 SETTINGS

37
38 RECOMMENDATION:

39
40 Madam Speaker, your Reference Committee recommends
41 that Resolution 024 be adopted.

42
43 **HOD ACTION: Resolution 024 adopted.**

44
45 Resolution 024 asks that our AMA recommend that physicians adopt the term “intellectual
46 disability” rather than “mental retardation” in clinical settings.

47
48 Your Reference Committee heard testimony that unanimously supported Resolution 024.
49 Speakers noted that words matter, and the term “retardation” is both outdated and used

1 to demean individuals. Your Reference Committee recommends that Resolution 024 be
2 adopted.

3
4 (14) RESOLUTION 025 – GENDER EQUITY IN HOSPITAL
5 MEDICAL STAFF BYLAWS

6
7 RECOMMENDATION:

8
9 Madam Speaker, your Reference Committee recommends
10 that Resolution 025 be adopted.

11
12 **HOD ACTION: Resolution 025 adopted.**

13
14 Resolution 025 asks that our AMA affirm that hospital medical staff bylaws should
15 promote, and not impede, gender equity in their implementation. The resolution also asks
16 that our AMA study existing hospital medical staff bylaws as to how they impact on issues
17 of gender equity, directly or indirectly, and suggest any addition(s) to its model bylaws to
18 assure this issue is properly addressed, and gender equity affirmed.

19
20 Your Reference Committee heard unanimous support for Resolution 025. Speakers
21 testified to the importance of gender equity in professional medicine and how the
22 documented inequities and gender bias that exist within the profession must be
23 recognized and addressed. It is appropriate that our AMA should play a critical role in
24 taking measures in helping to address this problem, which includes examination of
25 hospital bylaws and their impact on the problem. Your Reference Committee recommends
26 that Resolution 025 be adopted.

27
28 (15) RESOLUTION 026 – RESTRICTIVE COVENANTS OF
29 LARGE HEALTH CARE SYSTEMS

30
31 RECOMMENDATION:

32
33 Madam Speaker, your Reference Committee recommends
34 that Resolution 026 be adopted.

35
36 **HOD ACTION: Resolution 026 adopted.**

37
38 Resolution 026 asks that our AMA, through its Organized Medical Staff Section, educate
39 medical students, physicians-in-training, and physicians entering into employment
40 contracts with large health care system employers on the dangers of aggressive restrictive
41 covenants, including, but not limited to, the impact on patient choice and access to care.
42 The resolution also asks that our AMA study the impact that restrictive covenants have
43 across all practice settings, including, but not limited to, the effect on patient access to
44 health care, the patient-physician relationship, and physician autonomy, with report back
45 at I-19.

46
47 Your Reference Committee heard testimony largely supportive of Resolution 026, with
48 speakers noting that this is a significant issue that is rarely looked at, that physicians often
49 are not given a choice but to sign a covenant, and that students are rarely educated on
50 the practice before entering the workforce. Speakers also noted that the practice has

1 negative ramifications for rural medicine, and that physicians can be limited from even
2 volunteering to practice in retirement due to restrictive covenants. Your Reference
3 Committee recommends that Resolution 026 be adopted.
4

5 (16) RESOLUTION 027 – MODEL LEGISLATION FOR
6 “MATURE MINOR” CONSENT TO VACCINATIONS
7

8 RECOMMENDATION:

10 Madam Speaker, your Reference Committee recommends
11 that Resolution 027 be adopted.
12

13 **HOD ACTION: Resolution 027 adopted.**
14
15

16 Resolution 027 asks that our AMA support physicians in assessing whether a minor has
17 met maturity and medical decision-making capacity requirements when providing consent
18 for vaccinations and in developing protocols for appropriate documentation. The resolution
19 also asks our AMA to develop model legislation to aid states in developing their own
20 policies to allow “mature minors”, defined as “certain older minors who have the capacity
21 to give informed consent to do so for care that is within the mainstream of medical practice,
22 not high risk, and provided in a nonnegligent manner,” to self-consent for vaccinations.
23

24 Limited testimony was offered in unanimous support of Resolution 027. Your Reference
25 Committee recommends that Resolution 027 be adopted.
26
27

28 (17) RESOLUTION 004 – REIMBURSEMENT FOR CARE OF
29 PRACTICE PARTNER RELATIVES
30

31 RECOMMENDATION A:
32

33 Madam Speaker, your Reference Committee recommends
34 that Resolution 001 be amended by addition and deletion to
35 read as follows:
36

37 RESOLVED, That our American Medical Association
38 support changes in the Medicare guidelines to allow a
39 physician, ~~who is a partner in the practice~~, to care for and
40 receive appropriate reimbursement for immediate relatives
41 of one of the ~~ether~~ partners colleagues in their practice.
42 (Directive to Take Action)
43

44 RECOMMENDATION B:
45

46 Madam Speaker, your Reference Committee recommends
47 that Resolution 004 be adopted as amended.
48

49 **HOD ACTION: Resolution 004 adopted as amended.**

1 Resolution 004 asks that our AMA support changes in the Medicare guidelines to allow a
2 physician who is a partner in a practice to care for and receive appropriate reimbursement
3 for immediate relatives of other partners in their practice.

4

5 Limited testimony was heard in support of Resolution 004. Testimony suggested that this
6 issue is particularly relevant in rural areas and smaller communities, in which physicians
7 often refer family members to their colleagues by necessity, and that is unfair to expect
8 the resulting work to be done for free due to Medicare guidelines. An amendment was
9 offered that the word “partner” be changed, as it is often used colloquially, and may have
10 unintended consequences as it is also used a legal term. Thus, your Reference Committee
11 recommends that Resolution 004 be adopted as amended.

12

13 (18) RESOLUTION 005 – RIGHT FOR GAMETE
14 PRESERVATION THERAPIES

15 RECOMMENDATION A:

16

17 Madam Speaker, your Reference Committee recommends
18 that Resolution 005 be amended by addition and deletion to
19 read as follows:

20

21 RESOLVED, That fertility preservation services be officially
22 recognized by our American Medical Association as an
23 option for the members of the transgender and non-binary
24 community who wish to preserve future fertility through
25 gamete preservation prior to undergoing gender affirming
26 medical or surgical therapies (New HOD Policy); and be it
27 further

28

29 RESOLVED, That our AMA officially support the right of
30 transgender or non-binary individuals to seek gamete
31 preservation therapies. (New HOD Policy); and be it further

32

33 RESOLVED, That our American Medical Association
34 supports insurance coverage for gamete preservation in any
35 individual for whom a medical diagnosis or treatment
36 modality is expected to result in the loss of fertility (New
37 HOD Policy).

38

39 RECOMMENDATION B:

40

41 Madam Speaker, your Reference Committee recommends
42 that Resolution 005 be adopted as amended.

43

44 **HOD ACTION: Resolution 005 adopted as amended.**

45

46

47 Resolution 005 asks that fertility preservation services be officially recognized by our AMA
48 as an option for members of the transgender and non-binary communities who wish to
49 preserve future fertility through gamete preservation prior to undergoing gender affirming

1 medical or surgical therapies, and asks that our AMA officially support the right of
2 transgender or non-binary individuals to seek gamete preservation therapies.

3
4 Your Reference Committee heard testimony that unanimously supported Resolution 005.
5 Speakers discussed the barriers that transgender and non-binary individuals often face
6 when seeking fertility preservation services. Testimony agreed that our AMA should
7 address these barriers by recognizing that transgender and non-binary individuals have
8 the right to seek gamete preservation therapies. Testimony reflected the need for two
9 minor amendments. The first amendment adds a third resolve clause reflecting testimony
10 that the AMA should also support insurance coverage with regards to gamete
11 preservation. The second amendment reflects testimony that the word "officially" be struck
12 from the resolved clauses, as such word is redundant and implied, as all actions that the
13 AMA takes are "official." Your Reference Committee recommends that Resolution 005 be
14 adopted as amended.

15
16 (19) RESOLUTION 007 – DELEGATION OF INFORMED
17 CONSENT

18
19 RECOMMENDATION A:

20
21 Madam Speaker, your Reference Committee recommends
22 that first Resolved clause in Resolution 007 be amended by
23 addition and deletion to read as follows:

24
25 RESOLVED, That our American Medical Association in
26 cooperation with other relevant stakeholders advocate that
27 a qualified physician, while retaining the ultimate
responsibility for all aspects of the informed consent
28 process, be able to delegate tasks associated with the
29 process to other qualified members of the health care team
30 or her duty to obtain informed consent to another provider
31 that who has have knowledge of the patient, the patient's
32 condition, and the procedures to be performed on the
33 patient (Directive to Take Action);

34
35 RECOMMENDATION B:

36
37 Madam Speaker, your Reference Committee recommends
38 that Resolution 007 be adopted as amended.

39
40 **HOD ACTION: Resolution 007 adopted as amended.**

41
42
43 Resolution 007 asks that our AMA, in cooperation with other relevant stakeholders,
44 advocate that a qualified physician be able to delegate his or her duty to obtain informed
45 consent to another provider that has knowledge of the patient, the patient's condition and
46 the procedures to be performed on the patient. The resolution also asks that our AMA
47 study the implication of the *Shinal v. Toms* ruling and its potential effects on the informed
48 consent process. *Shinal v. Toms* was a 2017 Pennsylvania Supreme Court Ruling that
49 mandated that a physician may not delegate to others his or her obligation to provide

1 sufficient information to obtain a patient's informed consent, and that the duty of informed
2 consent is a non-delegable duty owed by the physician conducting the surgery or
3 treatment.

4

5 Your Reference Committee heard testimony largely supportive of Resolution 007. A
6 number of amendments were offered to the resolution, suggesting the addition of
7 language indicating that the physician retain the ultimate responsibility of the informed
8 consent process. The original authors of the resolution as well as other speakers offered
9 support for the proposed amendments. Other speakers expressed concern about the use
10 of the term "provider," and suggested that it should be changed to "physician." Limited
11 testimony was offered in support of referral, suggesting that the issue may require further
12 study, however the second Resolved clause satisfies this concern. Your Reference
13 Committee recommends that Resolution 007 be adopted as amended.

14

15 (20) RESOLUTION 008 – PREVENTING ANTI-
16 TRANSGENDER VIOLENCE

17

18 RECOMMENDATION A:

19

20 Madam Speaker, your Reference Committee recommends
21 the sixth Resolved clause in Resolution 008 be deleted:

22

23 ~~RESOLVED, That our AMA issue a press release following~~
24 ~~the conclusion of the annual House of Delegates meeting~~
25 ~~with updates to be published in both scientific and~~
26 ~~mainstream publications regarding the prevalence of~~
27 ~~physical and mental health conditions and barriers faced by~~
28 ~~the LGBTQ community. (Directive to Take Action)~~

29

30 RECOMMENDATION B:

31

32 Madam Speaker, your Reference Committee recommends
33 that Resolution 008 be adopted as amended.

34

35 **HOD ACTION: Resolution 008 adopted as amended.**

36

37 Resolution 008 asks that our AMA partner with other medical organizations and
38 stakeholders to immediately increase efforts to educate the public, legislators, and
39 members of law enforcement using verified data related to the hate crimes against
40 transgender individuals highlighting the disproportionate number of Black transgender
41 women who have succumbed to violent deaths. The resolution also asks that our AMA
42 advocate for federal, state, and local law enforcement agencies to consistently collect and
43 report data on hate crimes, including victim demographics, to the FBI; for the federal
44 government to provide incentives for such reporting; for demographic data on an
45 individual's birth sex and gender identity to be incorporated into the National Crime
46 Victimization Survey and the National Violent Death Reporting System; for a central law
47 enforcement database to collect data about reported hate crimes that correctly identifies
48 an individual's birth sex and gender identity; for stronger law enforcement policies
49 regarding interactions with transgender individuals; and for local, state, and federal efforts
50 that will increase access to mental health treatment and that will develop models designed

1 to address the health disparities that LGBTQ individuals experience. Resolution 008 also
2 asks our AMA to issue a press release following the conclusion of the Annual Meeting with
3 updates to be published in both scientific and mainstream publications regarding the
4 prevalence of physical and mental health conditions and barriers faced by the LGBTQ
5 community.

6
7 Testimony was offered in unanimous support of the first five resolved clauses of
8 Resolution 008. Speakers noted that the issue is critical and in line with current AMA policy
9 on hate crimes and access to health care. A number of speakers expressed reservations
10 about the sixth resolved clause, which asks our AMA to issue a press release at the
11 conclusion of the Annual Meeting and publishing updates in both scientific and
12 mainstream publications regarding the prevalence of physical and mental health
13 conditions and barriers faced by the LGBTQ community. However, your Reference
14 Committee recognizes that the AMA media team routinely develops press releases
15 regarding adopted policy, and cannot control publication in outside media. Therefore, your
16 Reference Committee recommends that Resolution 008 be adopted as amended.

17
18 (21) RESOLUTION 011 – MATURE MINOR CONSENT TO
19 VACCINATIONS

20
21 RECOMMENDATION A:

22
23 Madam Speaker, your Reference Committee recommends
24 that Resolution 011 be amended by addition and deletion to
25 read as follows:

26
27 Our AMA (a) encourages the development and
28 dissemination of evidence-based public awareness
29 campaigns aimed at increasing vaccination rates; (b) encourages the development of educational materials that
30 can be distributed to patients and their families clearly
31 articulating the benefits of immunizations and highlighting
32 the exemplary safety record of vaccines; (c) supports the
33 development and evaluation, in collaboration with health
34 care providers, of evidence-based educational resources to
35 assist parents in educating and encouraging other parents
36 who may be reluctant to vaccinate their children; (d) encourages physicians and state and local medical
37 associations to work with public health officials to inform
38 those who object to immunizations about the benefits of
39 vaccinations and the risks to their own health and that of the
40 general public if they refuse to accept them; (e) will promote
41 the safety and efficacy of vaccines while rejecting claims
42 that have no foundation in science; and (f) supports state
43 policies allowing minors adolescents to override their
44 parent's refusal and provide consent for vaccinations;
45 provide their own consent for vaccination and encourages
46 state legislatures to establish comprehensive vaccine and
47 minor consent policies; and (g) will continue its ongoing
48 efforts with other immunization advocacy organizations to

1 assist physicians and other health care professionals in
2 effectively communicating to patients, parents, policy
3 makers, and the media that vaccines do not cause autism
4 and that decreasing immunization rates have resulted in a
5 resurgence of vaccine-preventable diseases and deaths.
6 (Modify Current HOD Policy)

7
8 RECOMMENDATION B:

9
10 Madam Speaker, your Reference Committee recommends
11 that Resolution 011 be adopted as amended.

12
13 **HOD ACTION: Resolution 011 adopted as amended.**

14
15 Resolution 011 asks that our AMA amend policy H-440.830, "Education and Public
16 Awareness on Vaccine Safety and Efficacy," by adding language to support state policies
17 that allow adolescents to provide their own consent for vaccination, as well as encouraging
18 state legislatures to establish comprehensive vaccine and minor consent policies.

19
20 Your Reference Committee heard testimony largely in support of the sentiment of
21 Resolution 011. Some concern was heard about a lack of clarity in regards to the scope
22 of vaccine consent and refusal by mature minors, as well as the term "mature minor" itself.
23 Amendments were offered to clarify the appropriate scope of the decisions a mature minor
24 should be able to make in these situations. Your Reference Committee also recognizes
25 that mature minor doctrines are established clearly on a state level and thus do not need
26 further clarification in this instance. Your Reference Committee therefore recommends
27 that Resolution 011 be adopted as amended.

28
29 (22) RESOLUTION 012 – IMPROVING BODY DONATION
30 REGULATION

31
32 RECOMMENDATION A:

33
34 Madam Speaker, your Reference Committee recommends
35 that Resolution 012 be amended by addition to read as
36 follows:

37
38 RESOLVED, That our American Medical Association
39 recognize the need for ethical, transparent, and consistent
40 body and body part donation regulations. (New HOD Policy)

41
42 RECOMMENDATION B:

43
44 Madam Speaker, your Reference Committee recommends
45 that Resolution 012 be adopted as amended.

46
47 **HOD ACTION: Resolution 012 adopted as amended.**

48
49 Resolution 012 asks that our AMA recognize the need for ethical, transparent, and
50 consistent body donation regulations.

1
2 Your Reference Committee heard limited testimony in general support of Resolution 012.
3 A proposed amendment suggested that the resolution also address body parts and not
4 only the whole body. Your Reference Committee recommends that Resolution 012 be
5 adopted as amended.

6
7 (23) RESOLUTION 013 – OPPOSING OFFICE OF REFUGEE
8 RESETTLEMENT'S USE OF MEDICAL AND
9 PSYCHIATRIC RECORDS FOR EVIDENCE IN
10 IMMIGRATION COURT

11 RECOMMENDATION A:

12 Madam Speaker, your Reference Committee recommends
13 that the first Resolved clause in Resolution 013 be amended
14 by addition to read as follows.

15 RESOLVED, That our American Medical Association
16 advocate that healthcare services provided to minors in
17 immigrant detention and border patrol stations focus solely
18 on the health and well-being of the children (Directive to
19 Take Action);

20 RECOMMENDATION B:

21 Madam Speaker, your Reference Committee recommends
22 that Resolution 013 be adopted as amended.

23 **HOD ACTION: Resolution 013 adopted as amended.**

24 Resolution 013 asks that our AMA advocate that health care services provided to minors
25 in immigrant detention focus solely on the health and well-being of the children. The
26 resolution also asks that our AMA condemn the use of confidential medical and
27 psychological records and social work case files as evidence in immigration courts without
28 patient consent.

29 Your Reference Committee heard testimony in unanimous support of Resolution 013. An
30 amendment was offered to include the mention of border patrol stations in addition to
31 immigrant detention in the first resolved clause, and subsequent testimony supported the
32 amendment. Therefore, your Reference Committee recommends that Resolution 013 be
33 adopted as amended.

1 (24) RESOLUTION 015 – OPPOSING MANDATED
2 REPORTING OF PEOPLE WHO QUESTION THEIR
3 GENDER IDENTITY

4
5 RECOMMENDATION A:

6
7 Madam Speaker, your Reference Committee recommends
8 that Resolution 015 be amended by addition and deletion to
9 read as follows:

10
11 RESOLVED, That our American Medical Association
12 oppose mandated reporting of ~~youth~~ individuals who
13 question or express interest in exploring their gender
14 identity. (New HOD Policy)

15
16 RECOMMENDATION B:

17
18 Madam Speaker, your Reference Committee recommends
19 that Resolution 015 be adopted as amended.

20
21 **HOD ACTION: Resolution 015 adopted as amended.**

22
23 Resolution 015 asks that our AMA oppose mandated reporting of youth who question or
24 express interest in exploring their gender identity.

25
26 Your Reference Committee heard testimony in unanimous support of the spirit of the
27 resolution. Speakers noted that it is inappropriate to ask patients to share personal
28 information and then report what they have been told; confidentiality is essential. Other
29 speakers noted that this resolution is in line with AMA policy. An amendment was offered
30 to change the word “youth” to “individuals.” Your Reference Committee recommends that
31 Resolution 015 be adopted as amended.

32
33 (25) RESOLUTION 016 – SEXUAL AND GENDER MINORITY
34 POPULATIONS IN MEDICAL RESEARCH

35
36 RECOMMENDATION A:

37
38 Madam Speaker, your Reference Committee recommends
39 that Resolution 016 be amended by deletion to read as
40 follows:

41
42 RESOLVED, That our American Medical Association
43 amend policy H-315.967, “Promoting Inclusive Gender,
44 Sex, and Sexual Orientation Options on Medical
45 Documentation,” by addition and deletion as follows:

46
47 Promoting Inclusive Gender, Sex, and Sexual Orientation
48 Options on Medical Documentation Our AMA: (1) supports
49 the voluntary inclusion of a patient's biological sex, current
50 gender identity, sexual orientation, and preferred gender

1 pronoun(s) in medical documentation and related forms,
2 including in electronic health records, in a culturally sensitive
3 and voluntary manner; and (2) will advocate for collection of
4 patient data in medical documentation and in medical
5 research studies, according to current best practices, that is
6 inclusive of sexual orientation/gender identity sexual
7 orientation, gender identity, and other sexual and gender
8 minority traits such as differences/disorders of sex
9 development for the purposes of research into patient and
10 population health. (Modify Current HOD Policy)

11
12 RECOMMENDATION B:

13
14 Madam Speaker, your Reference Committee recommends
15 that Resolution 016 be adopted as amended.

16
17 **HOD ACTION: Resolution 016 adopted as amended.**

18
19
20 Resolution 016 asks that our AMA amend policy H-315.967, "Promoting Inclusive Gender,
21 Sex, and Sexual Orientation Options on Medical Documentation." The amended language
22 would stipulate that our AMA advocate for the collection of patient data in medical
23 documentation and medical research studies, according to current best practices, that is
24 inclusive of sexual orientation, gender identity, and other sexual and gender minority traits
25 such as differences and disorders of sex development.

26
27 Your Reference Committee heard testimony that unanimously supported Resolution 016.
28 There was clear support for the importance of collecting data of sexual and gender minority
29 populations for research and that that modification of H-315.967, "Promoting Inclusive
30 Gender, Sex, and Sexual Orientation Options on Medical Documentation" should be
31 modified to make it inclusive of the important of collecting this data with regards to the
32 medical research. Testimony reflected the need for one minor amendment by deletion be
33 made with regards to the language "such as differences/disorders of sex development".
34 Such language was deemed to be problematic, as "differences of sex development" is an
35 umbrella term that encompasses many different conditions, and there is not uniform
36 agreement of what constitutes "differences of sex development", rendering the
37 terminology imprecise and both under-and over-inclusive. Your Reference Committee
38 recommends that Resolution 016 be adopted as amended.

39
40 (26) BOARD OF TRUSTEES REPORT 26 – RESEARCH
41 HANDLING OF DE-IDENTIFIED PATIENT INFORMATION

42
43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that the recommendations in Board of Trustees Report 26
47 be referred.

48
49 **HOD ACTION: The recommendations in Board of Trustees**
50 **Report 26 referred.**

1 Board of Trustees Report 26 responds to Policy D-315.975, "Research Handling of De-
2 Identified Patient Information," adopted A-18. This policy directs the AMA to study handling
3 of de-identified patient data. This report outlines appropriate and inappropriate use of de-
4 identified patient data, perspectives from stakeholders in organized medicine, potential
5 ethical concerns of the commercial use of such data, regulatory implications, and the
6 future use of de-identified patient data. BOT 26 recommends that our AMA reaffirm
7 Policies H-315.974, "Guiding Principles Collection and Warehousing of Electronic Medical
8 Record Information," H-315.983, "Patient Privacy and Confidentiality," H-315.975, "Policy,
9 Payer, and Government Access to Patient Health Information," H-315.978, "Privacy and
10 Confidentiality," and H-315.987, "Limiting Access to Medical Records." The report further
11 recommends that our AMA support state-based efforts to protect patient privacy including
12 a patient's right to know whether information is being disclosed or sold and to whom, as
13 well as the right to opt out of the sale of their data. The report also recommends that our
14 Council on Ethical and Judicial Affairs consider re-examining existing guidance relevant
15 to the confidentiality of patient information in light of new practices regarding de-identified
16 patient data, including the use of exclusive de-identified data licensing agreements in
17 health care. Finally, the report recommends that Policy D-315.975, "Research Handling of
18 De-Identified Patient Information," be rescinded, as it was fulfilled by this report.
19

20 Significant testimony was offered in favor of referral. Concerns raised included the impact
21 on patient registries, inconsistency of laws across state lines, and the necessity to
22 consider underserved populations. The report authors agreed that referral was
23 acceptable. Your Reference Committee therefore recommends that Board of Trustees
24 Report 26 be referred.
25

26 (27) COUNCIL ON CONSTITUTION AND BYLAWS REPORT
27 1 – CLARIFICATION TO THE BYLAWS: DELEGATE
28 REPRESENTATION, REGISTRATION AND
29 CREDENTIALING

30 RECOMMENDATION:

31 Madam Speaker, your Reference Committee recommends
32 that the recommendations in Council on Constitution and
33 Bylaws Report 1 be referred.
34

35 **HOD ACTION: The recommendations in Council on
36 Constitution and Bylaws Report 1 referred.**
37

38 Council on Constitution and Bylaws Report 1 recommends amended bylaw language for
39 consideration of the House of Delegates to eliminate ambiguity/inconsistencies related to
40 representation, registration and credentialing of AMA delegates and alternate delegates.
41 Several proposed changes clarify to delegates, alternate delegates and those responsible
42 for certifying them that AMA membership and membership in the organization being
43 represented is mandatory. Recommended bylaw amendments also address the
44 individuals responsible for certifying organization's delegations, the formal recredentialing
45 process and the timing of such, and parity for specialty society presidents to allow the
46 specialties, like the states, to credential their president as an extra alternate delegate.
47
48
49
50

1 Your Reference Committee heard testimony largely in favor of referral. A number of
2 speakers noted that the unique challenges for medical students and trainees—whose
3 schedules are often out of their control—make it necessary to utilize everyone present in
4 order to fill their allotted seats. Other speakers also noted that the proposed changes may
5 similarly make it difficult for smaller delegations to fill their seats. Speakers noted that our
6 AMA's goal should be inclusivity, and barriers to an inclusive democratic process should
7 be removed, not added. Your Reference Committee therefore recommends that Council
8 on Constitution and Bylaws report 01 be referred.
9

10 (28) RESOLUTION 001 – OPPOSING ATTORNEY
11 PRESENCE AT AND/OR RECORDING OF
12 INDEPENDENT MEDICAL EXAMINATIONS
13

14 RECOMMENDATION:

15 Madam Speaker, your Reference Committee recommends
16 that Resolution 001 be referred.
17

18 **HOD ACTION: Resolution 001 referred.**
19

20
21 Resolution 001 asks that Policy H-365.981, “Workers’ Compensation,” be amended by
22 addition to include language that opposes the ability of courts to compel recording and
23 videotaping of, or allow a court reporter or opposing attorney to be present during, the
24 independent medical examination, as a condition for the physician’s medical opinion to be
25 allowed in court.
26

27 Your Reference Committee heard testimony largely in opposition to Resolution 001.
28 Speakers noted that states have different laws regarding the recording of independent
29 medical examinations (IME) regarding workers’ compensation; the state-by-state nature
30 of the laws preclude the prescribing of workers’ compensation guidelines. Supportive
31 testimony noted that third parties should not be present for a private medical exam, and
32 that the resolution is consistent with the ethical guidelines of other organizations.
33

34 (29) RESOLUTION 010 – COVENANTS NOT TO COMPETE
35

36 RECOMMENDATION:

37 Madam Speaker, your Reference Committee recommends
38 that Resolution 010 be referred.
39

40 **HOD ACTION: Resolution 010 referred.**
41

42 Resolution 010 asks that our AMA consider as the basis for model legislation the New
43 Mexico statute allowing a requirement that liquidated damages be paid when a physician
44 partner who is a part owner in practice is lured away by a competing hospital system. The
45 resolution also asks our AMA to ask our Council on Ethical and Judicial Affairs to
46 reconsider their blanket opposition to covenants not to compete in the case of a physician
47 partner who is a part owner of a practice, in light of the protection that liquidated damages
48 can confer to independent physician owned partnerships, and because a requirement to
49
50

1 pay liquidated damages does not preclude a physician from continuing to practice in his
2 or her community.

3
4 Your Reference Committee heard mixed testimony on Resolution 010. A number of
5 speakers suggested that more information is necessary and that the item should be
6 referred to the Board for further study. Testimony was offered suggesting that the Board
7 of Trustees, and not CEJA, is the appropriate entity to study this issue. Speakers also
8 expressed hesitation in basing model legislation on the New Mexico statute, as well as
9 hesitation to basing AMA policy on state law. Your Reference Committee recommends
10 that Resolution 010 be referred.

11
12 (30) RESOLUTION 017 – NATIONAL GUIDELINES FOR
13 GUARDIANSHIP

14
15 RECOMMENDATION:

16
17 Madam Speaker, your Reference Committee recommends
18 that Resolution 017 be referred.

19
20 **HOD ACTION: Resolution 017 referred.**

21
22 Resolution 017 asks that our AMA collaborate with relevant stakeholders to advocate for
23 federal creation and adoption of national standards for guardianship programs,
24 appropriate program funding measures, and quality control measures.

25
26 Your Reference Committee heard limited testimony in opposition of the resolution as
27 written, with some speakers lauding the intent but expressing concern that the issue of
28 guardianship is a complex one, relating to both the individual and the property in question,
29 and requires further study. Testimony was also heard suggesting that the ask in the
30 resolution is not specific enough. Your Reference Committee therefore recommends that
31 Resolution 017 be referred.

32
33
34 (31) RESOLUTION 019 – OPPOSITION TO REQUIREMENTS
35 FOR GENDER-BASED MEDICAL TREATMENTS FOR
36 ATHLETES

37
38 RECOMMENDATION:

39
40 Madam Speaker, your Reference Committee recommends
41 that Resolution 019 be referred.

42
43 **HOD ACTION: Resolution 019 referred.**

44
45
46 Resolution 019 asks that our AMA oppose any regulations requiring mandatory medical
47 treatment or surgery for athletes with Differences of Sex Development (DSD) to be allowed
48 to compete in alignment with their identity. The resolution also asks our AMA to oppose
49 the creation of distinct hormonal guidelines to determine gender classification for athletic
50 competitions.

1 Your Reference Committee heard testimony largely in favor of referral, with speakers
2 noting that the topic is complex and that data can be interpreted differently. Speakers
3 noted that further study may broaden the issue beyond what is explicitly addressed in the
4 resolution. Testimony was also offered suggesting that the AMA should reach out to other
5 organizations with expertise on the issues. Therefore, your Reference Committee
6 recommends that Resolution 019 be referred.

7
8 (32) RESOLUTION 022 – OPPOSITION TO INVOLUNTARY
9 CIVIL COMMITMENT FOR SUBSTANCE USE
10 DISORDER

11 RECOMMENDATION:

12 Madam Speaker, your Reference Committee recommends
13 Resolution 022 be referred.

14 HOD ACTION: Resolution 022 referred.

15 Resolution 022 asks that our AMA oppose involuntary civil commitment without judicial
16 involvement of persons for reasons solely related to substance use disorder. The
17 resolution also asks that our AMA work to advance policy and programmatic efforts to
18 address gaps in voluntary substance-use treatment services.

19 Your Reference Committee heard mixed testimony on Resolution 022, with some
20 speakers supporting the resolution and others in support of referral. Testimony was
21 offered suggesting that involuntary commitment can be performed for laudable reasons,
22 and that patients coerced into commitment have better outcomes than patients who are
23 committed voluntarily. Other speakers suggested that the decision on commitment should
24 be made by a physician, and that judicial oversight is essential. An amendment was
25 offered suggesting that criminalization of substance use disorder during pregnancy should
26 be treated as though the patient is not pregnant.

27
28 (33) RESOLUTION 002 – ADDRESSING EXISTENTIAL
29 SUFFERING IN END-OF-LIFE CARE

30 RECOMMENDATION:

31 Madam Speaker, your Reference Committee recommends
32 that Resolution 002 not be adopted.

33 HOD ACTION: Resolution 002 not adopted.

34 Resolution 002 asks that our AMA ask the Council on Ethical and Judicial Affairs (CEJA)
35 to review Ethical Opinion 5.6, “Sedation to Unconsciousness in End-of-Life Care,” to
36 address (1) appropriate treatments beyond social, psychological or spiritual support to
37 treat existential suffering, and (2) the recognition of a patient’s previously expressed
38 wishes with end of life care.

1 Your Reference Committee heard testimony in general opposition to Resolution 002.
2 Testimony suggested that current CEJA ethical opinions are adequate on the issue, and
3 that to adopt this resolution while other related, controversial issues are still on the table
4 will serve to complicate the issues. Testimony also suggested that the public's trust in
5 physicians is based on the confidence that physicians will not cause them harm. Your
6 Reference Committee recommends that Resolution 002 not be adopted.

7

8 (34) RESOLUTION 020 – CEJA OPINION E-5.7

9

10 RECOMMENDATION:

11

12 Madam Speaker, your Reference Committee recommends
13 that Resolution 020 not be adopted.

14

15 **HOD ACTION: Resolution 020 be not adopted.**

16

17 Resolution 020 asks that our AMA's Council on Judicial and Ethical Affairs (CEJA) be
18 strongly encouraged to modify Opinion E-5.7, "Physician-Assisted Suicide," to adopt the
19 ethical position of "Engaged Neutrality," defined as neither in favor of nor or in opposition
20 to Physician Assisted Dying (PAD), while providing reassurance that our AMA will be a
21 resource to lawmakers, physicians and the public to ensure compliance with standards of
22 lawful medical practice, and to protect physicians' freedom to participate or not participate
23 in PAD in accordance with their personal beliefs and our AMA's Opinion E-1.1.7,
24 "Physician Exercise of Conscience."

25

26 Your Reference Committee heard mixed testimony on Resolution 020. Speakers
27 suggested that elements of the Code of Medical Ethics, particularly Opinions E-5.7 and E-
28 1.1.7 are inconsistent. Speakers suggested that resolution adds ambiguity to the issue by
29 using unclear terminology, and that engaged neutrality is not neutral and implies
30 acceptance to physician assisted suicide. Testimony argued against the use of the term
31 "suicide" in addressing this issue due to the associated stigma. Testimony was also
32 offered suggesting that this resolution is attempting to tell CEJA how to write their report.
33 Your Reference Committee recommends that Resolution 020 not be adopted.

Madam Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Robert Gibbs, MD, Bassam Nasr, MD, MBA, Jill Owens, MD, Scott Pasichow, MD, MPH, Abdul Rehman, MD, Richard Wilbur, MD, JD, and all those who testified before the Committee.

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