

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-19)

Report of Reference Committee on Amendments to Constitution and Bylaws

William C. Reha, MD, MBA, Chair

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

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3 **RECOMMENDED FOR ADOPTION**

- 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  
32 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 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
  - 37 20. Resolution 008 – Preventing Anti-Transgender Violence
  - 38 21. Resolution 011 – Mature Minor Consent to Vaccinations
  - 39 22. Resolution 012 – Improving Body Donation Regulation
  - 40 23. Resolution 013 – Opposing Office of Refugee Resettlement's Use of Medical and
  - 41 Psychiatric Records for Evidence in Immigration Court
  - 42 24. Resolution 015 – Opposing Mandated Reporting of People Who Question Their
  - 43 Gender Identity

1 25. Resolution 016 – Sexual and Gender Minority Populations in Medical Research

2

3 **RECOMMENDED FOR REFERRAL**

4

5 26. Board of Trustees Report 26 – Research Handling of De-Identified Patient  
6 Information

7 27. Council on Constitution & Bylaws Report 1 – Clarification to the Bylaws: Delegate  
8 Representation, Registration and Credentialing

9 28. Resolution 001 – Opposing Attorney Presence at and/or Recording of  
10 Independent Medical Examinations

11 29. Resolution 010 – Covenants not to Compete

12 30. Resolution 017 – National Guidelines for Guardianship

13 31. Resolution 019 – Opposition to Requirements for Gender-Based Medical  
14 Treatments for Athletes

15 32. Resolution 022 – Opposition to Involuntary Civil Commitment for Substance Use  
16 Disorder

17

18 **RECOMMENDED FOR NOT ADOPTION**

19

20 33. Resolution 002 – Addressing Existential Suffering in End-of-Life Care

21 34. Resolution 020 – CEJA Opinion E-5.7

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

17 The only testimony heard on Board of Trustees Report 02 was given by the authors. Your  
18 Reference Committee recommends that Board of Trustees Report 2 be adopted.  
19

20 (2) BOARD OF TRUSTEES REPORT 33 – SPECIALTY  
21 SOCIETY REPRESENTATION IN THE HOUSE OF  
22 DELEGATES - FIVE-YEAR REVIEW  
23

24 RECOMMENDATION:  
25

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

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

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

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

5 RECOMMENDATION:  
6

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

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

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

32 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
33 REPORT 2 – PHYSICIAN ASSISTED SUICIDE  
34

35 RECOMMENDATION:  
36

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

42 Council on Ethical and Judicial Affairs Report 2 responds to Resolution 15-A-15, "Study  
43 Aid-in-Dying as End-of-Life Option," and Resolution 14- A-17, "The Need to Distinguish  
44 between 'Physician-Assisted Suicide' and 'Aid in Dying'." Resolution 15-A-15 asks that  
45 CEJA study medical aid-in-dying and make a recommendation regarding the AMA taking  
46 a neutral stance; Resolution 14-A-17 asks that the AMA define and clearly distinguish  
47 "physician assisted suicide" and "aid in dying" for use in all AMA policy and position  
48 statements. This report holds that the terms 'aid in dying' and 'physician-assisted suicide'  
49 reflect different ethical perspectives. The Council finds "physician assisted suicide" to be  
50 the most precise term and urges that it be used by the AMA. Importantly, the report

1 explains that there are irreducible differences in moral perspectives regarding the issue of  
2 physician-assisted suicide, such that both sides share common commitment to  
3 “compassion and respect for human dignity and rights,” (see Principle I of the AMA  
4 Principles of Medical Ethics) but draw different moral conclusions from these shared  
5 commitments. The report considers the risks of unintended consequences of physician-  
6 assisted suicide, noting that there is debate about the available data. The report argues  
7 that where physician-assisted suicide is legal, safeguards can and should be improved to  
8 mitigate risk. The report further notes that too often physicians and patients do not have  
9 the conversations they should about death and dying and that physicians should be skillful  
10 in engaging in these difficult conversations and knowledgeable about the options available  
11 to terminally ill patients. The report concludes that in existing opinions on physician-  
12 assisted suicide and the exercise of conscience, the *Code of Medical Ethics* offers  
13 sufficient guidance to support physicians and the patients they serve in making well-  
14 considered, mutually respectful decisions about legally available options for care at the  
15 end of life while respecting the intimacy of a patient-physician relationship. Thus, the report  
16 recommends that the *Code* not be amended, and that Resolutions 15-A-16 and 14-A-17  
17 not be adopted.

18  
19 Your Reference Committee heard extensive testimony regarding Council on Ethical and  
20 Judicial Affairs Report 2. Your Reference Committee heard concerns that maintaining the  
21 AMA’s current opposition to physician-assisted suicide would not be a true reflection of  
22 the analysis contained in the report. However, testimony offered a great deal of support  
23 for the acceptance of CEJA’s report and keeping the current *Code* unchanged. Your  
24 Reference Committee recommends that Council on Ethical and Judicial Affairs Report 02  
25 be adopted.

26  
27 (5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
28 REPORT 3 – CEJA’S SUNSET REVIEW OF 2009 HOUSE  
29 POLICIES

30  
31 RECOMMENDATION:

32  
33 Madam Speaker, your Reference Committee recommends  
34 that the recommendations in Council on Ethical and Judicial  
35 Affairs Report 3 be adopted and the remainder of the report  
36 be filed.

37  
38 Council on Ethical and Judicial Affairs Report 3 presents the annual sunset report of House  
39 policies. This report reviewed House policies from 2009 and recommends that the policies  
40 listed in the Appendix of this report be acted upon in the manner indicated.

41  
42 Testimony was offered against the reaffirmation of H-140.952, “Physician Assisted  
43 Suicide” in light of the fact that Council on Ethical and Judicial Affairs Report 02 on the  
44 same topic has not yet been adopted by the House. However, your Reference Committee  
45 believes that not reaffirming the existing policy would constitute a significant change in  
46 policy, and therefore agrees with the Council’s recommendation to reaffirm H-140.952,  
47 “Physician Assisted Suicide”. Other speakers noted that multiple reaffirmed, consolidated,  
48 or otherwise maintained policies reviewed in this sunset report use only male pronouns.  
49 Your Reference Committee urges that the language in these policies be editorially updated

1 by AMA staff since CEJA reports cannot be amended, and recommends that CEJA Report  
2 03 be adopted.

3  
4 (6) RESOLUTION 003 – CONFORMING SEX AND GENDER  
5 DESIGNATION IN GOVERNMENT IDS AND OTHER  
6 DOCUMENTS

7  
8 RECOMMENDATION:

9  
10 Madam Speaker, your Reference Committee recommends  
11 that Resolution 008 be adopted.

12  
13 Resolution 003 asks that our AMA modify Policy H-65.967, “Conforming Birth Certificate  
14 Policies to Current Medical Standards for Transgender Patients,” to address change of  
15 sex designation on government documents and other forms of government identification.  
16 Currently, policy H-65.967 advocates for the removal of barriers to change the sex  
17 designation on an individual’s birth certificate. This resolution asks our AMA to modify the  
18 policy to support every individual’s right to determine their gender identity and sex  
19 designation on other government documents and forms of government identification.  
20 Additionally, Resolution 003 asks our AMA to support policies that allow a sex designation  
21 or change of designation on all government IDs to reflect an individual’s gender identity,  
22 as reported by the individual and without need for verification by a medical professional,  
23 and policies that include an undesignated or nonbinary gender option for government  
24 records and forms of government-issued identification in addition to “male” and “female.”  
25 The resolution also asks that our AMA support efforts to ensure that the sex designation  
26 on an individual’s government-issued documents and IDs does not hinder access to  
27 medically appropriate care or other social services in accordance with that individual’s  
28 needs.

29  
30 Your Reference Committee heard testimony in almost unanimous support of the  
31 resolution. Limited testimony was offered for referral, suggesting that there may be  
32 unintended security issues if government identification reflected something other than the  
33 gender identified at birth. However, significant testimony noted that individuals in the  
34 transgender community face harassment due to inappropriate gender markers on various  
35 forms of identification, and this resolution would be in line with laws passed in several  
36 states. It was also noted that the World Health Organization has recently moved forward  
37 changes that being transgender or gender non-binary is not a disorder. Your Reference  
38 Committee recommends that Resolution 003 be adopted.

39  
40 (7) RESOLUTION 006 – USE OF PERSON-CENTERED  
41 LANGUAGE

42  
43 RECOMMENDATION:

44  
45 Madam Speaker, your Reference Committee recommends  
46 that Resolution 006 be adopted.

47  
48 Resolution 006 asks that our AMA encourage the use of person-centered language, a  
49 style of communication in which the person is listed first followed by descriptive terms such  
50 as a disease state (e.g., “a person with schizophrenia” rather than “a schizophrenic”).

1 Your Reference Committee heard testimony that unanimously supported the resolution.  
2 Speakers noted that no person should be described by their disease state, and that  
3 stigmatizing language should be avoided. Speakers suggested that the use of person-  
4 centered language could be effective in eliminating biases that may impact patient care.  
5 Your Reference Committee therefore recommends that Resolution 006 be adopted.  
6  
7

8 (8) RESOLUTION 009 – REFERENCES TO TERMS AND  
9 LANGUAGE IN POLICIES ADOPTED TO PROTECT  
10 POPULATIONS FROM DISCRIMINATION AND  
11 HARASSMENT  
12

13 RECOMMENDATION:  
14

15 Madam Speaker, your Reference Committee recommends  
16 that Resolution 009 be adopted.  
17

18 Resolution 009 asks that our AMA undertake a study to identify all discrimination and  
19 harassment references in AMA policies and the code of ethics, noting when the language  
20 is consistent and when it is not, and research language and terms used by other national  
21 organizations and the federal government in their policies on discrimination and  
22 harassment. The resolution asks that the preliminary study results be presented to the  
23 Minority Affairs Section, the Women’s Physician Section, and the Advisory Committee on  
24 LGBTQ Issues to reach consensus on optimal language to protect vulnerable populations  
25 including racial and ethnic minorities, sexual and gender minorities, and women, from  
26 discrimination and harassment. The resolution asks for a report with the study results and  
27 recommendations within 18 months.  
28

29 Limited testimony was offered in support of the resolution, and your Reference Committee  
30 recommends that Resolution 009 be adopted.  
31

32 (9) RESOLUTION 014 – DISCLOSURE OF FUNDING  
33 SOURCES AND INDUSTRY TIES OF PROFESSIONAL  
34 MEDICAL ASSOCIATIONS AND PATIENT ADVOCACY  
35 ORGANIZATIONS  
36

37 RECOMMENDATION:  
38

39 Madam Speaker, your Reference Committee recommends  
40 that Resolution 014 be adopted.  
41

42 Resolution 014 asks that our AMA support guidelines for members of the Federation of  
43 Medicine and patient advocacy organizations to disclose donations, sponsorships, and  
44 other financial transactions by industry and commercial stakeholders.  
45

46 Your Reference Committee heard general positive testimony regarding Resolution 014.  
47 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 Resolution 018 asks our AMA to support legislation requiring investigations into the deaths  
11 of children in the foster care system that occur while the child is in the foster care system.

12  
13 Your Reference Committee heard testimony in unanimous support of Resolution 018. An  
14 amendment was offered to stipulate that autopsies should be performed after  
15 investigations, as abuse is sometimes not visible externally, however your Reference  
16 Committee believes that the medical examiner or coroner should make this determination  
17 in order to avoid autopsies on children whose cause of death is known. Your Reference  
18 Committee recommends that Resolution 018 be adopted.

19  
20 (11) RESOLUTION 021 – HEALTH, IN ALL ITS DIMENSIONS,  
21 IS A BASIC HUMAN RIGHT

22  
23 RECOMMENDATION:

24  
25 Madam Speaker, your Reference Committee recommends  
26 that Resolution 021 be adopted.

27  
28 Resolution 021 asks that our AMA acknowledge that enjoyment of the highest attainable  
29 standard of health, in all its dimensions, including health care, is a basic human right, and  
30 that the provision of health care services, as well as optimizing the social determinants of  
31 health, is an ethical obligation of a civil society.

32  
33 Your Reference Committee heard testimony in strong support of Resolution 021.  
34 Speakers suggested that this issue is timely and may be the most important resolution to  
35 pass at this session, as this a statement of the AMA's values. Speakers noted that other  
36 organizations, including the World Health Organization, define health care as a basic  
37 human right, and that the AMA cannot address health care without acknowledging that it  
38 is a right. Limited testimony was offered in opposition, expressing concern about the use  
39 of the term "right", as such a term creates an obligation. Testimony was also offered  
40 suggesting that other organizations define health care as a "good," but not a "right." Your  
41 Reference Committee recommends that Resolution 021 be adopted.

42



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

21  
22 Limited testimony was heard that was generally supportive of the resolution. Testimony  
23 was offered that some victims of human trafficking are not aware that they are being  
24 exploited, and that visible public signage would be quite helpful when caring for these  
25 patients. Testimony was also offered for referral, as there are multiple phone numbers that  
26 can be utilized for this purpose, in addition to posted information advising victims and  
27 survivors to call 9-1-1, and that this resolution has the potential to confuse individuals  
28 regarding proper cause of action. However, your Reference Committee believes that  
29 publicly posting this information is ultimately beneficial, and recommends that Resolution  
30 023 be adopted.

31  
32 (13) RESOLUTION 024 – ELIMINATING USE OF THE TERM  
33 “MENTAL RETARDATION” BY PHYSICIANS IN CLINICAL  
34 SETTINGS

35  
36 RECOMMENDATION:

37  
38 Madam Speaker, your Reference Committee recommends  
39 that Resolution 024 be adopted.

40  
41 Resolution 024 asks that our AMA recommend that physicians adopt the term “intellectual  
42 disability” rather than “mental retardation” in clinical settings.

43  
44 Your Reference Committee heard testimony that unanimously supported Resolution 024.  
45 Speakers noted that words matter, and the term “retardation” is both outdated and used  
46 to demean individuals. Your Reference Committee recommends that Resolution 024 be  
47 adopted.

1 (14) RESOLUTION 025 – GENDER EQUITY IN HOSPITAL  
2 MEDICAL STAFF BYLAWS

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 025 be adopted.

8  
9 Resolution 025 asks that our AMA affirm that hospital medical staff bylaws should  
10 promote, and not impede, gender equity in their implementation. The resolution also asks  
11 that our AMA study existing hospital medical staff bylaws as to how they impact on issues  
12 of gender equity, directly or indirectly, and suggest any addition(s) to its model bylaws to  
13 assure this issue is properly addressed, and gender equity affirmed.

14  
15 Your Reference Committee heard unanimous support for Resolution 025. Speakers  
16 testified to the importance of gender equity in professional medicine and how the  
17 documented inequities and gender bias that exist within the profession must be  
18 recognized and addressed. It is appropriate that our AMA should play a critical role in  
19 taking measures in helping to address this problem, which includes examination of  
20 hospital bylaws and their impact on the problem. Your Reference Committee recommends  
21 that Resolution 025 be adopted.

22  
23 (15) RESOLUTION 026 – RESTRICTIVE COVENANTS OF  
24 LARGE HEALTH CARE SYSTEMS

25  
26 RECOMMENDATION:

27  
28 Madam Speaker, your Reference Committee recommends  
29 that Resolution 026 be adopted.

30  
31 Resolution 026 asks that our AMA, through its Organized Medical Staff Section, educate  
32 medical students, physicians-in-training, and physicians entering into employment  
33 contracts with large health care system employers on the dangers of aggressive restrictive  
34 covenants, including, but not limited to, the impact on patient choice and access to care.  
35 The resolution also asks that our AMA study the impact that restrictive covenants have  
36 across all practice settings, including, but not limited to, the effect on patient access to  
37 health care, the patient-physician relationship, and physician autonomy, with report back  
38 at I-19.

39  
40 Your Reference Committee heard testimony largely supportive of Resolution 026, with  
41 speakers noting that this is a significant issue that is rarely looked at, that physicians often  
42 are not given a choice but to sign a covenant, and that students are rarely educated on  
43 the practice before entering the workforce. Speakers also noted that the practice has  
44 negative ramifications for rural medicine, and that physicians can be limited from even  
45 volunteering to practice in retirement due to restrictive covenants. Your Reference  
46 Committee recommends that Resolution 026 be adopted.

1 (16) RESOLUTION 027 – MODEL LEGISLATION FOR  
2 “MATURE MINOR” CONSENT TO VACCINATIONS  
3

4 RECOMMENDATION:  
5

6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 027 be adopted.  
8

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

17 Limited testimony was offered in unanimous support of Resolution 027. Your Reference  
18 Committee recommends that Resolution 027 be adopted.  
19

20 (17) RESOLUTION 004 – REIMBURSEMENT FOR CARE OF  
21 PRACTICE PARTNER RELATIVES  
22

23 RECOMMENDATION A:  
24

25 Madam Speaker, your Reference Committee recommends  
26 that Resolution 001 be amended by addition and deletion to  
27 read as follows:  
28

29 RESOLVED, That our American Medical Association  
30 support changes in the Medicare guidelines to allow a  
31 physician, ~~who is a partner in the practice~~, to care for and  
32 receive appropriate reimbursement for immediate relatives  
33 of one of the ~~other partners~~ colleagues in their practice.  
34 (Directive to Take Action)  
35

36 RECOMMENDATION B:  
37

38 Madam Speaker, your Reference Committee recommends  
39 that Resolution 004 be adopted as amended.  
40

41 Resolution 004 asks that our AMA support changes in the Medicare guidelines to allow a  
42 physician who is a partner in a practice to care for and receive appropriate reimbursement  
43 for immediate relatives of other partners in their practice.  
44

45 Limited testimony was heard in support of Resolution 004. Testimony suggested that this  
46 issue is particularly relevant in rural areas and smaller communities, in which physicians  
47 often refer family members to their colleagues by necessity, and that is unfair to expect  
48 the resulting work to be done for free due to Medicare guidelines. An amendment was  
49 offered that the word “partner” be changed, as it is often used colloquially, and may have

1 unintended consequences as it is also used a legal term. Thus, your Reference Committee  
2 recommends that Resolution 004 be adopted as amended.

3  
4 (18) RESOLUTION 005 – RIGHT FOR GAMETE  
5 PRESERVATION THERAPIES

6  
7 RECOMMENDATION A:

8  
9 Madam Speaker, your Reference Committee recommends  
10 that Resolution 005 be amended by addition and deletion to  
11 read as follows:

12  
13 RESOLVED, That fertility preservation services be ~~officially~~  
14 recognized by our American Medical Association as an  
15 option for the members of the transgender and non-binary  
16 community who wish to preserve future fertility through  
17 gamete preservation prior to undergoing gender affirming  
18 medical or surgical therapies (New HOD Policy); and be it  
19 further

20  
21 RESOLVED, That our AMA ~~officially~~ support the right of  
22 transgender or non-binary individuals to seek gamete  
23 preservation therapies. (New HOD Policy); and be it further

24  
25 RESOLVED, That our American Medical Association  
26 supports insurance coverage for gamete preservation in any  
27 individual for whom a medical diagnosis or treatment  
28 modality is expected to result in the loss of fertility (New  
29 HOD Policy).

30  
31 RECOMMENDATION B:

32  
33 Madam Speaker, your Reference Committee recommends  
34 that Resolution 005 be adopted as amended.

35  
36 Resolution 005 asks that fertility preservation services be officially recognized by our AMA  
37 as an option for members of the transgender and non-binary communities who wish to  
38 preserve future fertility through gamete preservation prior to undergoing gender affirming  
39 medical or surgical therapies, and asks that our AMA officially support the right of  
40 transgender or non-binary individuals to seek gamete preservation therapies.

41  
42 Your Reference Committee heard testimony that unanimously supported Resolution 005.  
43 Speakers discussed the barriers that transgender and non-binary individuals often face  
44 when seeking fertility preservation services. Testimony agreed that our AMA should  
45 address these barriers by recognizing that transgender and non-binary individuals have  
46 the right to seek gamete preservation therapies. Testimony reflected the need for two  
47 minor amendments. The first amendment adds a third resolve clause reflecting testimony  
48 that the AMA should also support insurance coverage with regards to gamete  
49 preservation. The second amendment reflects testimony that the word “officially” be struck  
50 from the resolved clauses, as such word is redundant and implied, as all actions that the

1 AMA takes are “official.” Your Reference Committee recommends that Resolution 005 be  
2 adopted as amended.

3  
4 (19) RESOLUTION 007 – DELEGATION OF INFORMED  
5 CONSENT

6  
7 RECOMMENDATION A:

8  
9 Madam Speaker, your Reference Committee recommends  
10 that first Resolved clause in Resolution 007 be amended by  
11 addition and deletion to read as follows:

12  
13 RESOLVED, That our American Medical Association in  
14 cooperation with other relevant stakeholders advocate that  
15 a qualified physician, while retaining the ultimate  
16 responsibility for all aspects of the informed consent  
17 process, be able to delegate tasks associated with the  
18 process to other qualified members of the health care team  
19 ~~or her duty to obtain informed consent to another provider~~  
20 ~~that who has have~~ knowledge of the patient, the patient’s  
21 condition, and the procedures to be performed on the  
22 patient (Directive to Take Action);

23  
24 RECOMMENDATION B:

25  
26 Madam Speaker, your Reference Committee recommends  
27 that Resolution 007 be adopted as amended.

28  
29 Resolution 007 asks that our AMA, in cooperation with other relevant stakeholders,  
30 advocate that a qualified physician be able to delegate his or her duty to obtain informed  
31 consent to another provider that has knowledge of the patient, the patient’s condition and  
32 the procedures to be performed on the patient. The resolution also asks that our AMA  
33 study the implication of the *Shinal v. Toms* ruling and its potential effects on the informed  
34 consent process. *Shinal v. Toms* was a 2017 Pennsylvania Supreme Court Ruling that  
35 mandated that a physician may not delegate to others his or her obligation to provide  
36 sufficient information to obtain a patient’s informed consent, and that the duty of informed  
37 consent is a non-delegable duty owed by the physician conducting the surgery or  
38 treatment.

39  
40 Your Reference Committee heard testimony largely supportive of Resolution 007. A  
41 number of amendments were offered to the resolution, suggesting the addition of  
42 language indicating that the physician retain the ultimate responsibility of the informed  
43 consent process. The original authors of the resolution as well as other speakers offered  
44 support for the proposed amendments. Other speakers expressed concern about the use  
45 of the term “provider,” and suggested that it should be changed to “physician.” Limited  
46 testimony was offered in support of referral, suggesting that the issue may require further  
47 study, however the second Resolved clause satisfies this concern. Your Reference  
48 Committee recommends that Resolution 007 be adopted as amended.

1 (20) RESOLUTION 008 – PREVENTING ANTI-  
2 TRANSGENDER VIOLENCE

3  
4 RECOMMENDATION A:

5  
6 Madam Speaker, your Reference Committee recommends  
7 the sixth Resolved clause in Resolution 008 be deleted:

8  
9 ~~RESOLVED, That our AMA issue a press release following~~  
10 ~~the conclusion of the annual House of Delegates meeting~~  
11 ~~with updates to be published in both scientific and~~  
12 ~~mainstream publications regarding the prevalence of~~  
13 ~~physical and mental health conditions and barriers faced by~~  
14 ~~the LGBTQ community. (Directive to Take Action)~~

15  
16 RECOMMENDATION B:

17  
18 Madam Speaker, your Reference Committee recommends  
19 that Resolution 008 be adopted as amended.

20  
21 Resolution 008 asks that our AMA partner with other medical organizations and  
22 stakeholders to immediately increase efforts to educate the public, legislators, and  
23 members of law enforcement using verified data related to the hate crimes against  
24 transgender individuals highlighting the disproportionate number of Black transgender  
25 women who have succumbed to violent deaths. The resolution also asks that our AMA  
26 advocate for federal, state, and local law enforcement agencies to consistently collect and  
27 report data on hate crimes, including victim demographics, to the FBI; for the federal  
28 government to provide incentives for such reporting; for demographic data on an  
29 individual's birth sex and gender identity to be incorporated into the National Crime  
30 Victimization Survey and the National Violent Death Reporting System; for a central law  
31 enforcement database to collect data about reported hate crimes that correctly identifies  
32 an individual's birth sex and gender identity; for stronger law enforcement policies  
33 regarding interactions with transgender individuals; and for local, state, and federal efforts  
34 that will increase access to mental health treatment and that will develop models designed  
35 to address the health disparities that LGBTQ individuals experience. Resolution 008 also  
36 asks our AMA to issue a press release following the conclusion of the Annual Meeting with  
37 updates to be published in both scientific and mainstream publications regarding the  
38 prevalence of physical and mental health conditions and barriers faced by the LGBTQ  
39 community.

40  
41 Testimony was offered in unanimous support of the first five resolved clauses of  
42 Resolution 008. Speakers noted that the issue is critical and in line with current AMA policy  
43 on hate crimes and access to health care. A number of speakers expressed reservations  
44 about the sixth resolved clause, which asks our AMA to issue a press release at the  
45 conclusion of the Annual Meeting and publishing updates in both scientific and  
46 mainstream publications regarding the prevalence of physical and mental health  
47 conditions and barriers faced by the LGBTQ community. However, your Reference  
48 Committee recognizes that the AMA media team routinely develops press releases  
49 regarding adopted policy, and cannot control publication in outside media. Therefore, your  
50 Reference Committee recommends that Resolution 008 be adopted as amended.

1 (21) RESOLUTION 011 – MATURE MINOR CONSENT TO  
2 VACCINATIONS

3  
4 RECOMMENDATION A:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 011 be amended by addition and deletion to  
8 read as follows:

9  
10 Our AMA (a) encourages the development and  
11 dissemination of evidence-based public awareness  
12 campaigns aimed at increasing vaccination rates; (b)  
13 encourages the development of educational materials that  
14 can be distributed to patients and their families clearly  
15 articulating the benefits of immunizations and highlighting  
16 the exemplary safety record of vaccines; (c) supports the  
17 development and evaluation, in collaboration with health  
18 care providers, of evidence-based educational resources to  
19 assist parents in educating and encouraging other parents  
20 who may be reluctant to vaccinate their children; (d)  
21 encourages physicians and state and local medical  
22 associations to work with public health officials to inform  
23 those who object to immunizations about the benefits of  
24 vaccinations and the risks to their own health and that of the  
25 general public if they refuse to accept them; (e) will promote  
26 the safety and efficacy of vaccines while rejecting claims  
27 that have no foundation in science; and (f) supports state  
28 policies allowing minors ~~adolescents~~ to override their  
29 parent's refusal and provide consent for vaccinations;  
30 ~~provide their own consent for vaccination~~ and encourages  
31 state legislatures to establish comprehensive vaccine and  
32 minor consent policies; and (g) will continue its ongoing  
33 efforts with other immunization advocacy organizations to  
34 assist physicians and other health care professionals in  
35 effectively communicating to patients, parents, policy  
36 makers, and the media that vaccines do not cause autism  
37 and that decreasing immunization rates have resulted in a  
38 resurgence of vaccine-preventable diseases and deaths.  
39 (Modify Current HOD Policy)

40  
41 RECOMMENDATION B:

42  
43 Madam Speaker, your Reference Committee recommends  
44 that Resolution 011 be adopted as amended.

45  
46 Resolution 011 asks that our AMA amend policy H-440.830, "Education and Public  
47 Awareness on Vaccine Safety and Efficacy," by adding language to support state policies  
48 that allow adolescents to provide their own consent for vaccination, as well as encouraging  
49 state legislatures to establish comprehensive vaccine and minor consent policies.  
50

1 Your Reference Committee heard testimony largely in support of the sentiment of  
2 Resolution 011. Some concern was heard about a lack of clarity in regards to the scope  
3 of vaccine consent and refusal by mature minors, as well as the term “mature minor” itself.  
4 Amendments were offered to clarify the appropriate scope of the decisions a mature minor  
5 should be able to make in these situations. Your Reference Committee also recognizes  
6 that mature minor doctrines are established clearly on a state level and thus do not need  
7 further clarification in this instance. Your Reference Committee therefore recommends  
8 that Resolution 011 be adopted as amended.

9  
10 (22) RESOLUTION 012 – IMPROVING BODY DONATION  
11 REGULATION

12  
13 RECOMMENDATION A:

14  
15 Madam Speaker, your Reference Committee recommends  
16 that Resolution 012 be amended by addition to read as  
17 follows:

18  
19 RESOLVED, That our American Medical Association  
20 recognize the need for ethical, transparent, and consistent  
21 body and body part donation regulations. (New HOD Policy)

22  
23 RECOMMENDATION B:

24  
25 Madam Speaker, your Reference Committee recommends  
26 that Resolution 012 be adopted as amended.

27  
28 Resolution 012 asks that our AMA recognize the need for ethical, transparent, and  
29 consistent body donation regulations.

30  
31 Your Reference Committee heard limited testimony in general support of Resolution 012.  
32 A proposed amendment suggested that the resolution also address body parts and not  
33 only the whole body. Your Reference Committee recommends that Resolution 012 be  
34 adopted as amended.

35  
36 (23) RESOLUTION 013 – OPPOSING OFFICE OF REFUGEE  
37 RESETTLEMENT'S USE OF MEDICAL AND  
38 PSYCHIATRIC RECORDS FOR EVIDENCE IN  
39 IMMIGRATION COURT

40  
41 RECOMMENDATION A:

42  
43 Madam Speaker, your Reference Committee recommends  
44 that the first Resolved clause in Resolution 013 be amended  
45 by addition to read as follows.

46  
47 RESOLVED, That our American Medical Association  
48 advocate that healthcare services provided to minors in  
49 immigrant detention and border patrol stations focus solely



1 on the health and well-being of the children (Directive to  
2 Take Action);

3  
4 RECOMMENDATION B:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 013 be adopted as amended.

8  
9 Resolution 013 asks that our AMA advocate that health care services provided to minors  
10 in immigrant detention focus solely on the health and well-being of the children. The  
11 resolution also asks that our AMA condemn the use of confidential medical and  
12 psychological records and social work case files as evidence in immigration courts without  
13 patient consent.

14  
15 Your Reference Committee heard testimony in unanimous support of Resolution 013. An  
16 amendment was offered to include the mention of border patrol stations in addition to  
17 immigrant detention in the first resolved clause, and subsequent testimony supported the  
18 amendment. Therefore, your Reference Committee recommends that Resolution 013 be  
19 adopted as amended.

20  
21 (24) RESOLUTION 015 – OPPOSING MANDATED  
22 REPORTING OF PEOPLE WHO QUESTION THEIR  
23 GENDER IDENTITY

24  
25 RECOMMENDATION A:

26  
27 Madam Speaker, your Reference Committee recommends  
28 that Resolution 015 be amended by addition and deletion to  
29 read as follows:

30  
31 RESOLVED, That our American Medical Association  
32 oppose mandated reporting of ~~youth~~ individuals who  
33 question or express interest in exploring their gender  
34 identity. (New HOD Policy)

35  
36 RECOMMENDATION B:

37  
38 Madam Speaker, your Reference Committee recommends  
39 that Resolution 015 be adopted as amended.

40  
41 Resolution 015 asks that our AMA oppose mandated reporting of youth who question or  
42 express interest in exploring their gender identity.

43  
44 Your Reference Committee heard testimony in unanimous support of the spirit of the  
45 resolution. Speakers noted that it is inappropriate to ask patients to share personal  
46 information and then report what they have been told; confidentiality is essential. Other  
47 speakers noted that this resolution is in line with AMA policy. An amendment was offered  
48 to change the word “youth” to “individuals.” Your Reference Committee recommends that  
49 Resolution 015 be adopted as amended.

1 (25) RESOLUTION 016 – SEXUAL AND GENDER MINORITY  
2 POPULATIONS IN MEDICAL RESEARCH

3  
4 RECOMMENDATION A:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 016 be amended by deletion to read as  
8 follows:

9  
10 RESOLVED, That our American Medical Association  
11 amend policy H-315.967, “Promoting Inclusive Gender,  
12 Sex, and Sexual Orientation Options on Medical  
13 Documentation,” by addition and deletion as follows:

14  
15 Promoting Inclusive Gender, Sex, and Sexual Orientation  
16 Options on Medical Documentation Our AMA: (1) supports  
17 the voluntary inclusion of a patient's biological sex, current  
18 gender identity, sexual orientation, and preferred gender  
19 pronoun(s) in medical documentation and related forms,  
20 including in electronic health records, in a culturally sensitive  
21 and voluntary manner; and (2) will advocate for collection of  
22 patient data in medical documentation and in medical  
23 research studies, according to current best practices, that is  
24 inclusive of ~~sexual orientation/gender identity sexual~~  
25 ~~orientation, gender identity, and other sexual and gender~~  
26 ~~minority traits such as differences/disorders of sex~~  
27 ~~development~~ for the purposes of research into patient and  
28 population health. (Modify Current HOD Policy)

29  
30 RECOMMENDATION B:

31  
32 Madam Speaker, your Reference Committee recommends  
33 that Resolution 016 be adopted as amended.

34  
35 Resolution 016 asks that our AMA amend policy H-315.967, “Promoting Inclusive Gender,  
36 Sex, and Sexual Orientation Options on Medical Documentation.” The amended language  
37 would stipulate that our AMA advocate for the collection of patient data in medical  
38 documentation and medical research studies, according to current best practices, that is  
39 inclusive of sexual orientation, gender identity, and other sexual and gender minority traits  
40 such as differences and disorders of sex development.

41  
42 Your Reference Committee heard testimony that unanimously supported Resolution 016.  
43 There was clear support for the importance of collecting data of sexual and gender minority  
44 populations for research and that that modification of H-315.967, “Promoting Inclusive  
45 Gender, Sex, and Sexual Orientation Options on Medical Documentation” should be  
46 modified to make it inclusive of the important of collecting this data with regards to the  
47 medical research. Testimony reflected the need for one minor amendment by deletion be  
48 made with regards to the language “such as differences/disorders of sex development”.  
49 Such language was deemed to be problematic, as “differences of sex development” is an  
50 umbrella term that encompasses many different conditions, and there is not uniform

1 agreement of what constitutes “differences of sex development”, rendering the  
2 terminology imprecise and both under-and over-inclusive. Your Reference Committee  
3 recommends that Resolution 016 be adopted as amended.

4  
5 (26) BOARD OF TRUSTEES REPORT 26 – RESEARCH  
6 HANDLING OF DE-IDENTIFIED PATIENT INFORMATION

7  
8 RECOMMENDATION:

9  
10 Madam Speaker, your Reference Committee recommends  
11 that the recommendations in Board of Trustees Report 26  
12 be referred.

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

32  
33 Significant testimony was offered in favor of referral. Concerns raised included the impact  
34 on patient registries, inconsistency of laws across state lines, and the necessity to  
35 consider underserved populations. The report authors agreed that referral was  
36 acceptable. Your Reference Committee therefore recommends that Board of Trustees  
37 Report 26 be referred.

38  
39 (27) COUNCIL ON CONSTITUTION AND BYLAWS REPORT  
40 1 – CLARIFICATION TO THE BYLAWS: DELEGATE  
41 REPRESENTATION, REGISTRATION AND  
42 CREDENTIALING

43  
44 RECOMMENDATION:

45  
46 Madam Speaker, your Reference Committee recommends  
47 that the recommendations in Council on Constitution and  
48 Bylaws Report 1 be referred.

49

1 Council on Constitution and Bylaws Report 1 recommends amended bylaw language for  
2 consideration of the House of Delegates to eliminate ambiguity/inconsistencies related to  
3 representation, registration and credentialing of AMA delegates and alternate delegates.  
4 Several proposed changes clarify to delegates, alternate delegates and those responsible  
5 for certifying them that AMA membership and membership in the organization being  
6 represented is mandatory. Recommended bylaw amendments also address the  
7 individuals responsible for certifying organization's delegations, the formal recredentialing  
8 process and the timing of such, and parity for specialty society presidents to allow the  
9 specialties, like the states, to credential their president as an extra alternate delegate.

10  
11 Your Reference Committee heard testimony largely in favor of referral. A number of  
12 speakers noted that the unique challenges for medical students and trainees—whose  
13 schedules are often out of their control—make it necessary to utilize everyone present in  
14 order to fill their allotted seats. Other speakers also noted that the proposed changes may  
15 similarly make it difficult for smaller delegations to fill their seats. Speakers noted that our  
16 AMA's goal should be inclusivity, and barriers to an inclusive democratic process should  
17 be removed, not added. Your Reference Committee therefore recommends that Council  
18 on Constitution and Bylaws report 01 be referred.

19  
20 (28) RESOLUTION 001 – OPPOSING ATTORNEY  
21 PRESENCE AT AND/OR RECORDING OF  
22 INDEPENDENT MEDICAL EXAMINATIONS

23  
24 RECOMMENDATION:

25  
26 Madam Speaker, your Reference Committee recommends  
27 that Resolution 001 be referred.

28  
29 Resolution 001 asks that Policy H-365.981, "Workers' Compensation," be amended by  
30 addition to include language that opposes the ability of courts to compel recording and  
31 videotaping of, or allow a court reporter or opposing attorney to be present during, the  
32 independent medical examination, as a condition for the physician's medical opinion to be  
33 allowed in court.

34  
35 Your Reference Committee heard testimony largely in opposition to Resolution 001.  
36 Speakers noted that states have different laws regarding the recording of independent  
37 medical examinations (IME) regarding workers' compensation; the state-by-state nature  
38 of the laws preclude the prescribing of workers' compensation guidelines. Supportive  
39 testimony noted that third parties should not be present for a private medical exam, and  
40 that the resolution is consistent with the ethical guidelines of other organizations.

41  
42 (29) RESOLUTION 010 – COVENANTS NOT TO COMPETE

43  
44 RECOMMENDATION:

45  
46 Madam Speaker, your Reference Committee recommends  
47 that Resolution 010 be referred.

48  
49 Resolution 010 asks that our AMA consider as the basis for model legislation the New  
50 Mexico statute allowing a requirement that liquidated damages be paid when a physician

1 partner who is a part owner in practice is lured away by a competing hospital system. The  
2 resolution also asks our AMA to ask our Council on Ethical and Judicial Affairs to  
3 reconsider their blanket opposition to covenants not to compete in the case of a physician  
4 partner who is a part owner of a practice, in light of the protection that liquidated damages  
5 can confer to independent physician owned partnerships, and because a requirement to  
6 pay liquidated damages does not preclude a physician from continuing to practice in his  
7 or her community.

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

16  
17 (30) RESOLUTION 017 – NATIONAL GUIDELINES FOR  
18 GUARDIANSHIP

19  
20 RECOMMENDATION:

21  
22 Madam Speaker, your Reference Committee recommends  
23 that Resolution 017 be referred.

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

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

35  
36  
37 (31) RESOLUTION 019 – OPPOSITION TO REQUIREMENTS  
38 FOR GENDER-BASED MEDICAL TREATMENTS FOR  
39 ATHLETES

40  
41 RECOMMENDATION:

42  
43 Madam Speaker, your Reference Committee recommends  
44 that Resolution 019 be referred.

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  
12 RECOMMENDATION:

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

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

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

30  
31 (33) RESOLUTION 002 – ADDRESSING EXISTENTIAL  
32 SUFFERING IN END-OF-LIFE CARE

33  
34 RECOMMENDATION:

35  
36 Madam Speaker, your Reference Committee recommends  
37 that Resolution 002 not be adopted.

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

44  
45 Your Reference Committee heard testimony in general opposition to Resolution 002.  
46 Testimony suggested that current CEJA ethical opinions are adequate on the issue, and  
47 that to adopt this resolution while other related, controversial issues are still on the table  
48 will serve to complicate the issues. Testimony also suggested that the public’s trust in  
49 physicians is based on the confidence that physicians will not cause them harm. Your  
50 Reference Committee recommends that Resolution 002 not be adopted.

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

2

3

RECOMMENDATION:

4

5

Madam Speaker, your Reference Committee recommends

6

that Resolution 020 be not be adopted.

7

8

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

9

10

11

12

13

14

15

16

17

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

18

19

20

21

22

23

24

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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