Your AMA-YPS Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report B: State Medical Society Representation in the AMA-YPS Assembly
2. Report C: Specialty Society Representation and Outreach

RECOMMENDED FOR ADOPTION AS AMENDED

4. Resolution 1: Model Legislation for 'Mature Minor' Consent to Vaccinations
5. Resolution 2: Dispelling Myths of Bystander Opioid Overdose
6. Resolution 3: Basic Courses in Nutrition
7. Resolution 4: Ensuring Access to Safe and Quality Care for our Veterans
8. Resolution 5: Public Health Impacts and Unintended Consequences of Legalization and Decriminalization of Cannabis for Medicinal and Recreational Use

RECOMMENDED FOR FILING

(1) REPORT B: STATE MEDICAL SOCIETY
REPRESENTATION IN THE AMA-YPS ASSEMBLY

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that
the recommendations in Report B be adopted and the
remainder of the report be filed.

FINAL ACTION: ADOPTED

Report B provides an overview of AMA Bylaws language related to the apportionment of
state medical society representation in the AMA-YPS. This report includes the 2019
allocations for state medical society representatives in the AMA-YPS Assembly. Further,
Report B provides a framework for increasing representation and promoting active
participation among state medical societies.

Report B includes the following recommendations:

1. The YPS Governing Council will continue to work with appropriate YPS committee
members and young physician members that are AMA Ambassadors to connect with
current and potential members that are part of state medical societies not
represented in the AMA-YPS and encourage them to serve as liaisons to the young
physicians in their society or identify someone in their society for further outreach.

2. The YPS Governing Council will continue to work with appropriate YPS committee
members and young physician members that are AMA Ambassadors to
communicate with state societies currently represented in the AMA-YPS Assembly to
highlight the work accomplished during the Assembly meetings and facilitate
dialogue about increasing representation in the AMA-YPS where appropriate.

3. The YPS Governing Council will continue to reach out to state societies that are
eligible for representation in the AMA-YPS Assembly that have not sent a
representative in the past two years.

4. The YPS Governing Council will continue to reach out to state societies that are
eligible for representation in the AMA-YPS Assembly that have sent less than the
allotted number of representatives.

No commentary was provided during the online forum, and your Reference Committee
recommends that Report B be adopted and the remainder of the report be filed.
(2) REPORT C: SPECIALTY SOCIETY REPRESENTATION
AND OUTREACH

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report C be adopted and the remainder of the report be filed.

FINAL ACTION: ADOPTED

Report C presents the criteria for specialty society representation in the AMA-YPS Assembly, provides an update on specialty society representation levels, and discusses strategies to increase new specialty society representation.

Report C includes the following recommendations:

1. The YPS Governing Council will continue to work with appropriate YPS committee members and young physician members that are AMA Ambassadors to engage with current and potential members that are part of specialty societies not represented in the AMA-YPS and encourage them to serve as liaisons to the young physicians in their society or identify someone in their society for further outreach. The YPS Governing Council will continue to connect with specialty societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.

2. The YPS Governing Council will continue to reach out to specialty societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.

3. The YPS Governing Council will continue to work with appropriate YPS committee members and young physician members that are AMA Ambassadors to communicate with specialty societies currently represented in the AMA-YPS Assembly to share highlights from the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS where appropriate.


Commentary provided during the online forum was limited. There was concern that newly eligible societies were being excluded from outreach. Your Reference Committee wishes to clarify that the American Rhinologic Society, American Society for Reconstructive Microsurgery, American Society of Neuroimaging, North American Neuromodulation Society and North American Neuro-Ophthalmology Society were recently added as member organizations of the AMA House of Delegates (HOD). The addition of these aforementioned societies creates an opportunity for the YPS Governing Council to conduct outreach for representation in the YPS Assembly.
Therefore, your Reference Committee recommends that Report C be adopted and the remainder of the report be filed.

(3) **REPORT E: IMPROVING PREVENTION AND EMERGENCY RESPONSE THROUGH FLEXIBLE PUBLIC HEALTH FUNDING BASED ON POPULATION RISKS (RESOLUTION 2-A-18)**

**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that the recommendations in Report E be adopted and the remainder of the report be filed.

**FINAL ACTION: ADOPTED**

Report E includes the following recommendations:

1. The AMA-YPS Governing Council recommends that YPS Resolution 2-A-18, “Improving Prevention and Emergency Response through Flexible Public Health Funding Based on Population Risks,” be amended with a change in title to read:

   IMPROVED EMERGENCY RESPONSE PLANNING FOR INFECTIOUS DISEASE OUTBREAKS

   RESOLVED, That our AMA encourage hospitals and other entities that collect patient encounter data to report syndromic (i.e., symptoms that appear together and characterize a disease or medical condition) data to public health departments in order to facilitate federal, state, and local agencies to partake in syndromic surveillance, assess risks of local populations for disease, and develop comprehensive plans with other stakeholders to enact actions for mitigation, preparedness, response, and recovery (Directive to Take Action); and be it further

   RESOLVED, That our AMA encourage federal, state, and local agencies to develop funding formulas accounting for population risks and medically underserved areas (Directive to Take Action); and be it further

   RESOLVED, That our AMA supports flexible funding in public health for “Disease X,” unexpected infectious disease to improve timely response to emerging outbreaks and build public health infrastructure at the local level with attention to medically underserved areas (Directive to Take Action); and be it further

   RESOLVED, That our AMA supports effective encourage health departments to develop public health messaging to reduce climate of fear and panic provide education on unexpected infectious disease, (Directive to Take Action)

Report E responds to Resolution 2-A-18, “Improving Prevention and Emergency Response through Flexible Public Health Funding Based on Population Risks,” which was referred with a report back at the 2019 Annual Assembly Meeting. Resolution 2-A-18 asks the AMA to encourage federal, state, and local agencies to partake in syndromic surveillance, assess risks of local populations for disease, and develop comprehensive plans with other stakeholders to enact actions for mitigation, preparedness, response, and recovery in the event of an unexpected infectious disease outbreak.

Report E includes a synopsis of the principal topics raised in Resolution 2-A-18: 1) the significance of implementing syndromic surveillance and 2) the allocation of public health funds to support communities in the event of an infectious disease outbreak.

No comments were provided during the online forum, and your Reference Committee recommends that Report E be adopted and the remainder of the report be filed.

(4) RESOLUTION 1: MODEL LEGISLATION FOR ‘MATURE MINOR’ CONSENT TO VACCINATIONS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support physicians in assessing whether a minor has met maturity and medical decision-making capacity requirements when providing consent for vaccinations and in developing protocols for appropriate documentation by physicians (Directive to Take Action); and be it further

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the second Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA develop model legislation to aid states in developing their own policies to allow “mature minors” (defined as someone who is old enough to understand and appreciate the consequences of a medical procedure, as determined by their physician), defined as “certain older minors who have the capacity to give informed consent to do so for care that is within the mainstream of medical practice, not high risk, and provided
in a nonnegligent manner,” to self-consent for vaccinations.

(Directive to Take Action)

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that Resolution 1 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED

Resolution 1 asks the AMA to support physicians in assessing whether maturity and capacity requirements have been met for minor patients providing consent for vaccinations and to develop protocols for appropriate documentation. Resolution 1 also asks the AMA to develop model legislation to aid states in developing policies that allow mature minors to self-consent for vaccinations. Further, Resolution 1 asks for immediate forwarding for consideration at the 2019 Annual Meeting of the AMA HOD.

As vaccinations play a role in preserving the health and safety of communities and protects vulnerable individuals, clusters of unvaccinated populations contribute to the spread of serious infectious disease. The resurgence of communicable disease reinforces the need to address variations in vaccination laws, exemptions and enforcement.

Your Reference Committee concurs with the amendments offered during the online forum and believes that the proposed language would enhance this timely resolution. Therefore, your Reference Committee recommends that Resolution 1 be adopted as amended.

(5) RESOLUTION 2: DISPELLING MYTHS OF BYSTANDER OPIOID OVERDOSE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with appropriate stakeholders to develop and disseminate educational materials aimed at dispelling the fear of bystander overdose via inhalation or dermal contact with fentanyl or other synthetic derivatives, often arising from first responders who lack medical training (Directive to Take Action); and be it further

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the second Resolve be amended by deletion:
RESOLVED, That our AMA work with appropriate stakeholders to address instances of misinformation in the mainstream media by systematically responding to misleading or factually inaccurate news reporting of bystander overdose (Directive to Take Action); and be it further

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that the third Resolve be amended by substitution to read as follows:

RESOLVED, That our AMA work with appropriate stakeholders to identify those professions, such as first responders, most impacted by opioid overdose deaths in order to provide targeted education to dispel the myth of bystander overdose via inhalation or dermal contact with fentanyl or other synthetic derivatives. (Directive to Take Action)

RECOMMENDATION D:

Mr. Speaker, your Reference Committee recommends that the fourth Resolve be amended by deletion:

RESOLVED, That this resolution be immediately forwarded for consideration at the 2019 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)

RECOMMENDATION E:

Mr. Speaker, your Reference Committee recommends that Resolution 2 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED, with reinstatement of the fourth Resolve.

Resolution 2 asks the AMA to develop and circulate educational materials on bystander overdose by inhalation or dermal contact with fentanyl or other synthetic derivatives. This resolution also asks the AMA to work with appropriate stakeholders to systematically respond to misleading or factually inaccurate reporting of bystander overdose by mainstream media. Further, this resolution asks the AMA to publicly address fallacies associated with the opioid epidemic through press release and dissemination of educational materials when appropriate. Lastly, immediate forwarding for consideration at the 2019 Annual Meeting of the AMA HOD was requested.

Misrepresenting opioid overdose contributes to fear and stigma, which can impede the timely and appropriate response by health care workers as well as first responders. Providing education on evidence-based guidelines to assist someone at risk of an opioid
overdose can help replace anecdotes and reports that contribute to the spread of misinformation.

While your Reference Committee supports the spirit of this resolution, it believes that targeting specific groups of professionals may overshadow the resolution’s intent to call for education on how to appropriately respond when an opioid overdose is suspected. Further, your Reference Committee feels that requiring the AMA to “address instances of misinformation in the mainstream media by systematically responding to misleading or factually inaccurate news reporting of bystander overdose” may be too prescriptive and can be better accomplished by calling on the AMA to work with relevant stakeholders to provide focused education when needed. Lastly, your Reference Committee believes the intent of this resolution is more aligned with the advocacy focus of the AMA Interim Meeting and should be considered by the AMA HOD at that time. Therefore, your Reference Committee recommends that Resolution 2 be adopted as amended.

(6) RESOLUTION 3: BASIC COURSES IN NUTRITION

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend Policy H-150.995, “Basic Courses in Nutrition,” by addition to read as follows:

Basic Courses in Nutrition H-150.995
1. Our AMA encourage effective education in nutrition at the undergraduate, graduate, and postgraduate levels.
2. Our AMA encourage collaboration with appropriate entities to develop and promote relevant nutrition education to enhance patient care and medical trainee education and well-being.
3. Our AMA encourage food served in medical trainings and medical conferences be aligned with the dietary guidelines for Americans — evidence-based dietary guidelines. (Modify HOD Policy)

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 3 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED

Resolution 3 asks that AMA Policy H-150.995, “Basic Courses in Nutrition,” be amended to include language that calls on the AMA to collaborate with appropriate entities to develop and promote nutrition education that enhances patient care as well as medical trainee education and well-being. The proposed amendment also asks the AMA to
encourage entities that sponsor medical trainings and medical conferences to offer menu options that are aligned with the dietary guidelines for Americans.

Commentary received during the online forum was limited. One of comments expressed concern that the Dietary Guidelines for Americans may be potentially influenced by commercial interests. Accordingly, your Reference Committee suggests replacing “the dietary guidelines for Americans” with “evidence-based dietary guidelines” as the latter is more likely to be unbiased and reflective of the general population. Therefore, your Reference Committee recommends that Resolution 3 be adopted as amended.

(7) RESOLUTION 4: ENSURING ACCESS TO SAFE AND QUALITY CARE FOR OUR VETERANS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association amend AMA Policy H-510.986, “Ensuring Access to Safe and Quality Care for our Veterans,” by addition to read as follows:

Ensuring Access to Safe and Quality Care for our Veterans H-510.986

1. Our AMA encourages all physicians to participate, when needed, in the health care of veterans. 2. Our AMA supports providing full health benefits to eligible United States Veterans to ensure that they can access the Medical care they need outside the Veterans Administration in a timely manner. 3. Our AMA will advocate strongly: a) that the President of the United States take immediate action to provide timely access to health care for eligible veterans utilizing the healthcare sector outside the Veterans Administration until the Veterans Administration can provide health care in a timely fashion; and b) that Congress act rapidly to enact a bipartisan long-term solution for timely access to entitled care for eligible veterans. 4. Our AMA recommends that in order to expedite access, state and local medical societies create a registry of doctors offering to see our veterans and that the registry be made available to the veterans in their community and the local Veterans Administration. 5. Our AMA supports access to similar clinical educational resources for all health care professionals involved in the care of veterans as those provided by the U.S. Department of Veterans Affairs for educational purposes to their
employees with the goal of providing better care for all veterans.

6. Our AMA will strongly advocate that the Veterans Health Administration and Congress develop and implement necessary resources, protocols, and accountability to ensure the Veterans Health Administration recruits, hires and retains physicians and other health care professionals to deliver the safe, effective and high-quality care that our veterans have been promised and are owed. (Modify HOD Policy)

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 4 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED

Resolution 4 asks that AMA Policy H-510.986, “Ensuring Access to Safe and Quality Care for our Veterans,” be amended to include language that calls on the AMA to support access to resources on veterans’ health for physicians that are not employed by the Veterans Administration (VA).

With the implementation of the VA Mission Act of 2018, access to clinical educational resources for all health care professionals caring for veterans will contribute to improving the quality of care for veterans. Accordingly, your Reference Committee proffered language that will strengthen the existing amendment and reinforce the intent of this resolution. Therefore, your Reference Committee recommends that Resolution 4 be adopted as amended.

(8) RESOLUTION 5: PUBLIC HEALTH IMPACTS AND UNINTENDED CONSEQUENCES OF LEGALIZATION AND DECRIMINALIZATION OF CANNABIS FOR MEDICINAL AND RECREATIONAL USE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the second Resolve be amended by deletion to read as follows:

RESOLVED, That our AMA continue to encourage research on the unintended consequences of legalization and decriminalization of cannabis for recreational and medicinal use in an effort to promote public health and public safety (Directive to Take Action); and be it further

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the third Resolve be amended by deletion:
RESOLVED, That our AMA encourage dissemination of information on the public health impacts of legalization and decriminalization of cannabis for recreational and medicinal use, with consideration of making links to that information available on the AMA website (Directive to Take Action); and be it further

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that the fourth Resolve be amended by deletion:

RESOLVED, That our AMA work with interested organizations to develop model regulations to ensure public health and safety in states that have legalized the medical and/or recreational use of cannabis (Directive to Take Action); and be it further

RECOMMENDATION D:

Mr. Speaker, your Reference Committee recommends that Resolution 5 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED, with reinstatement of the Second Resolve

Resolution 5 asks the AMA to work with interested organizations to collate existing worldwide data on the public health and societal impacts as well as the unintended consequences of legalization and decriminalization of cannabis for recreational and medicinal use. This resolution also asks the AMA to encourage continued research on the unintended consequences of legalization and decriminalization of cannabis for recreational and medicinal use to promote public health and public safety. Also, this resolution asks the AMA to encourage dissemination of information on the public health impacts of legalization and decriminalization of cannabis for recreational and medicinal use. Further, the AMA is asked to work with interested organizations to develop model regulations to ensure public health and safety in states that have legalized the medical and/or recreational use of cannabis. Lastly, the AMA is asked to work with interested organizations to lobby Congress to allow more sites to conduct research on the risks and benefits of cannabinoid products. A report on this topic is requested for the 2020 Interim Meeting.

Within recent years, more states have legalized and decriminalized cannabis use for recreational and/or medicinal purposes. The long-term consequences of cannabis use on public health and safety is not well understood and more information is needed to better understand the potential impact of these legislative changes.

Comments received during the online forum indicate that more information on the impact of legalization and decriminalization of cannabis is needed prior to determining the next steps to address any adverse impacts. Your Reference Committees concurs with these concerns and recommends striking “unintended” from the second Resolve clause and
deletion of the third and fourth Resolve clauses. Accordingly, your Reference Committee recommends that Resolution 5 be adopted as amended.

(9) REPORT A: GOVERNING COUNCIL ACTIVITIES/ACTION

PLAN UPDATE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report A be filed.

FINAL ACTION: FILED

Report A is a compilation of activities accomplished by the AMA-YPS since the 2018 Interim Meeting. Updates on AMA-YPS objectives are organized under four main categories: focus; communications; leadership development; and membership and involvement. No comments were provided during the online forum, and your Reference Committee recommends that Report A be filed.

(10) REPORT D: AMA-YPS FINANCE REPORT

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report D be filed.

FINAL ACTION: FILED

Report D is an informational report on the AMA-YPS budget and finances. No comments were provided during the online forum, and your Reference Committee recommends that Report D be filed.
Mr. Speaker, this concludes the report of the AMA-YPS Reference Committee. I would like to thank Matthew Grierson, MD; Rachelle Klammer, MD; Nirali Patel, MD; and Jennifer Piel, MD, JD.

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