

## AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION (A-19)

### Report of AMA-YPS Reference Committee

Kyle Edmonds, MD, Chair

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

#### 3 4 **RECOMMENDED FOR ADOPTION**

- 5 1. Report B: State Medical Society Representation in the AMA-YPS Assembly
- 6 2. Report C: Specialty Society Representation and Outreach
- 7 3. Report E: Improving Prevention and Emergency Response through Flexible  
8 Public Health Funding Based on Population Risks (Resolution 2-A-18)

#### 9 10 **RECOMMENDED FOR ADOPTION AS AMENDED**

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

#### 18 19 **RECOMMENDED FOR FILING**

- 20 9. Report A: Governing Council Activities/Action Plan Update
- 21 10. Report D: AMA-YPS Finance Report

(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.
4. The YPS Governing Council will reach out to American Rhinologic Society, American Society for Reconstructive Microsurgery, American Society of Neuroimaging, North American Neuromodulation Society and North American Neuro-Ophthalmology Society to notify these specialty societies of their eligibility for representation in the AMA-YPS Assembly.

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)

2. The AMA-YPS Governing Council recommends that YPS Resolution, "Improved Emergency Response Planning for Infectious Disease Outbreaks," be submitted for consideration at the 2019 Interim Meeting of the AMA House of Delegates.

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 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

1 in a nonnegligent manner.” to self-consent for vaccinations.  
2 (Directive to Take Action)

3  
4 RECOMMENDATION C:

5  
6 Mr. Speaker, your Reference Committee recommends that  
7 Resolution 1 be adopted as amended.

8  
9 **FINAL ACTION: ADOPTED AS AMENDED**

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

17  
18 As vaccinations play a role in preserving the health and safety of communities and  
19 protects vulnerable individuals, clusters of unvaccinated populations contribute to the  
20 spread of serious infectious disease. The resurgence of communicable disease  
21 reinforces the need to address variations in vaccination laws, exemptions and  
22 enforcement.

23  
24 Your Reference Committee concurs with the amendments offered during the online  
25 forum and believes that the proposed language would enhance this timely resolution.  
26 Therefore, your Reference Committee recommends that Resolution 1 be adopted as  
27 amended.

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

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32 RECOMMENDATION A:

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

37  
38 RESOLVED, That our AMA work with appropriate  
39 stakeholders to develop and disseminate educational  
40 materials aimed at dispelling the fear of bystander  
41 overdose via inhalation or dermal contact with fentanyl or  
42 other synthetic derivatives, ~~often arising from first~~  
43 ~~responders who lack medical training~~ (Directive to Take  
44 Action); and be it further

45  
46 RECOMMENDATION B:

47  
48 Mr. Speaker, your Reference Committee recommends  
49 that the second Resolve be amended by deletion:  
50

1 ~~RESOLVED, That our AMA work with appropriate~~  
2 ~~stakeholders to address instances of misinformation in the~~  
3 ~~mainstream media by systematically responding to~~  
4 ~~misleading or factually inaccurate news reporting of~~  
5 ~~bystander overdose (Directive to Take Action); and be it~~  
6 ~~further~~

7  
8 RECOMMENDATION C:  
9

10 Mr. Speaker, your Reference Committee recommends  
11 that the third Resolve be amended by substitution to read  
12 as follows:  
13

14 RESOLVED, That our AMA work with appropriate  
15 stakeholders to identify those professions, such as first  
16 responders, most impacted by opioid overdose deaths in  
17 order to provide targeted education to dispel the myth of  
18 bystander overdose via inhalation or dermal contact with  
19 fentanyl or other synthetic derivatives. (Directive to Take  
20 Action)  
21

22 RECOMMENDATION D:  
23

24 Mr. Speaker, your Reference Committee recommends  
25 that the fourth Resolve be amended by deletion:  
26

27 ~~RESOLVED, That this resolution be immediately~~  
28 ~~forwarded for consideration at the 2019 Annual Meeting of~~  
29 ~~the AMA House of Delegates. (Directive to Take Action)~~  
30

31 RECOMMENDATION E:  
32

33 Mr. Speaker, your Reference Committee recommends that  
34 Resolution 2 be adopted as amended.  
35

36 **FINAL ACTION: ADOPTED AS AMENDED, with reinstatement of the fourth**  
37 **Resolve.**  
38

39 Resolution 2 asks the AMA to develop and circulate educational materials on bystander  
40 overdose by inhalation or dermal contact with fentanyl or other synthetic derivatives.  
41 This resolution also asks the AMA to work with appropriate stakeholders to  
42 systematically respond to misleading or factually inaccurate reporting of bystander  
43 overdose by mainstream media. Further, this resolution asks the AMA to publicly  
44 address fallacies associated with the opioid epidemic through press release and  
45 dissemination of educational materials when appropriate. Lastly, immediate forwarding  
46 for consideration at the 2019 Annual Meeting of the AMA HOD was requested.  
47

48 Misrepresenting opioid overdose contributes to fear and stigma, which can impede the  
49 timely and appropriate response by health care workers as well as first responders.  
50 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

1 encourage entities that sponsor medical trainings and medical conferences to offer  
2 menu options that are aligned with the dietary guidelines for Americans.

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

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

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14 RECOMMENDATION A:

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

19  
20 RESOLVED, That our American Medical Association  
21 amend AMA Policy H-510.986, “Ensuring Access to Safe  
22 and Quality Care for our Veterans,” by addition to read as  
23 follows:

24  
25 Ensuring Access to Safe and Quality Care for our Veterans  
26 H-510.986

27  
28 1. Our AMA encourages all physicians to participate, when  
29 needed, in the health care of veterans.

30 2. Our AMA supports providing full health benefits to  
31 eligible United States Veterans to ensure that they can  
32 access the Medical care they need outside the Veterans  
33 Administration in a timely manner.

34 3. Our AMA will advocate strongly: a) that the President of  
35 the United States take immediate action to provide timely  
36 access to health care for eligible veterans utilizing the  
37 healthcare sector outside the Veterans Administration until  
38 the Veterans Administration can provide health care in a  
39 timely fashion; and b) that Congress act rapidly to enact a  
40 bipartisan long-term solution for timely access to entitled  
41 care for eligible veterans.

42 4. Our AMA recommends that in order to expedite access,  
43 state and local medical societies create a registry of  
44 doctors offering to see our veterans and that the registry  
45 be made available to the veterans in their community and  
46 the local Veterans Administration.

47 5. Our AMA supports access to similar clinical educational  
48 resources for all health care professionals involved in the  
49 care of veterans as those provided by the U.S. Department  
50 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:

1 ~~RESOLVED, That our AMA encourage dissemination of~~  
2 ~~information on the public health impacts of legalization and~~  
3 ~~decriminalization cannabis for recreational and medicinal~~  
4 ~~use, with consideration of making links to that information~~  
5 ~~available on the AMA website (Directive to Take Action);~~  
6 ~~and be it further~~

7  
8 RECOMMENDATION C:  
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10 Mr. Speaker, your Reference Committee recommends that  
11 the fourth Resolve be amended by deletion:

12  
13 ~~RESOLVED, That our AMA work with interested~~  
14 ~~organizations to develop model regulations to ensure~~  
15 ~~public health and safety in states that have legalized the~~  
16 ~~medical and/or recreational use of cannabis (Directive to~~  
17 ~~Take Action); and be it further~~

18  
19 RECOMMENDATION D:  
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21 Mr. Speaker, your Reference Committee recommends that  
22 Resolution 5 be adopted as amended.

23  
24 **FINAL ACTION: ADOPTED AS AMENDED, with reinstatement of the Second**  
25 **Resolve**  
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27 Resolution 5 asks the AMA to work with interested organizations to collate existing  
28 worldwide data on the public health and societal impacts as well as the unintended  
29 consequences of legalization and decriminalization of cannabis for recreational and  
30 medicinal use. This resolution also asks the AMA to encourage continued research on  
31 the unintended consequences of legalization and decriminalization of cannabis for  
32 recreational and medicinal use to promote public health and public safety. Also, this  
33 resolution asks the AMA to encourage dissemination of information on the public health  
34 impacts of legalization and decriminalization of cannabis for recreational and medicinal  
35 use. Further, the AMA is asked to work with interested organizations to develop model  
36 regulations to ensure public health and safety in states that have legalized the medical  
37 and/or recreational use of cannabis. Lastly, the AMA is asked to work with interested  
38 organizations to lobby Congress to allow more sites to conduct research on the risks and  
39 benefits of cannabinoid products. A report on this topic is requested for the 2020 Interim  
40 Meeting.

41  
42 Within recent years, more states have legalized and decriminalized cannabis use for  
43 recreational and/or medicinal purposes. The long-term consequences of cannabis use  
44 on public health and safety is not well understood and more information is needed to  
45 better understand the potential impact of these legislative changes.

46  
47 Comments received during the online forum indicate that more information on the impact  
48 of legalization and decriminalization of cannabis is needed prior to determining the next  
49 steps to address any adverse impacts. Your Reference Committees concurs with these  
50 concerns and recommends striking "unintended" from the second Resolve clause and

1 deletion of the third and fourth Resolve clauses. Accordingly, your Reference Committee  
2 recommends that Resolution 5 be adopted as amended.

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4 **(9) REPORT A: GOVERNING COUNCIL ACTIVITIES/ACTION**  
5 **PLAN UPDATE**

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7 **RECOMMENDATION:**

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

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12 **FINAL ACTION: FILED**

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

19  
20 **(10) REPORT D: AMA-YPS FINANCE REPORT**

21  
22 **RECOMMENDATION:**

23  
24 Mr. Speaker, your Reference Committee recommends that  
25 Report D be filed.

26  
27 **FINAL ACTION: FILED**

28  
29 Report D is an informational report on the AMA-YPS budget and finances. No comments  
30 were provided during the online forum, and your Reference Committee recommends that  
31 Report D be filed.

- 1 Mr. Speaker, this concludes the report of the AMA-YPS Reference Committee. I would
- 2 like to thank Matthew Grierson, MD; Rachelle Klammer, MD; Nirali Patel, MD; and
- 3 Jennifer Piel, MD, JD.

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Matthew Grierson, MD  
Representative, Washington State  
Medical Association

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Rachelle Klammer, MD  
Representative, Colorado Medical  
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Nirali Patel, MD  
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Jennifer Piel, MD, JD  
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