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## Agenda

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### Section Reports
- Minority Affairs Section
- Advisory Committee on LGBTQ Issues
- Women Physicians Section

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<th>Committee Reports</th>
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<td>Innovation</td>
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### Young Physicians Section (YPS) 2019 Interim Business Meeting
Marriott Marquis, San Diego, CA  
Nov. 14 – 16

### Assembly Members Must Register/Get Badges at the Manchester Grand Hyatt

#### House of Delegates Meeting (HOD)
Nov. 16 –19  
Manchester Grand Hyatt, San Diego, CA

| Thursday, November 14 |  
|-----------------------|--------------------------------------------------|
| 10:30 a.m. – 7 p.m.   | Registration: Palm Foyer, Seaport Tower, 2nd Floor | Manchester Grand Hyatt |
| 8 – 9 p.m.            | Informal Social with Governing Council             | Marina Kitchen - Marriott |
| 9 – 11 p.m.          | YPS, RFS, and M4 Networking event                  | Bayside, Lobby - Marriott |

<p>| Friday, November 15  |<br />
|----------------------|--------------------------------------------------|
| 7 a.m.               | Registration: Palm Foyer, Seaport Tower, 2nd Floor | Manchester Grand Hyatt |
| 7:15 – 8 a.m.        | ACS YPS Surgical caucus                          | Golden Hill A - Hyatt |
| 7:15 – 7:45 a.m.     | YPS New member orientation                       | Marina F – Marriott |
| 7:15 – 7:45 a.m.     | YPS Innovation committee meeting                 | Point Loma – Marriott |
| 7:45 – 8:15 a.m.     | YPS Strategy &amp; Leadership committee meeting       | Santa Rosa – Marriott |
| 7:45 – 8:15 a.m.     | YPS Value Based Care committee meeting            | Leucadia – Marriott |
| 7:45 – 8:15 a.m.     | YPS Medical Education committee meeting           | Point Loma – Marriott |
| 8 – 8:15 a.m.        | Credentials committee meeting                     | Marina F Foyer – Marriott |
| 8:15 – 9 a.m.        | YPS Assembly breakfast                            | Marina Foyer – Marriott |
| 8:15 – 10 a.m.       | YPS Credentialing                                 | Marina F Foyer – Marriott |
| 9 a.m.               | Opening of the YPS Assembly                       | Marina F – Marriott |
|                      | Call to Order and Opening Remarks                 |                      |
|                      | Hilary Fairbrother, MD, MPH Chair                 |                      |
|                      | Distribution of Reference Committee Report        |                      |
|                      | Distribution of HOD Handbook Review Grids         |                      |
|                      | Review YPS Items of Business, Reference Committee Recommendations, and HOD Business |                      |
| 9:30 – 10:15 a.m.   | YPS Business meeting                             | Marina F – Marriott |
|                      | Presentation of the Rules of Order               |                      |
|                      | AMA-YPS Debate of Reference Committee recommendations followed by voting |                      |
| 10:15 –10:30 a.m.   | Updates:                                         | Marina F – Marriott |
|                      | Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Issues |                      |
|                      | Women Physicians Section                          |                      |
|                      | AMA Foundation                                    |                      |
|                      | AMA Alliance                                      |                      |
|                      | Board Update                                      |                      |
| 10:30 – 11:45 a.m.  | YPS HOD Handbook review                          | Marina F – Marriott |
| 11:45 a.m.           | Pick up lunch and bring back to Assembly room     | Marina Foyer – Marriott |</p>
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<thead>
<tr>
<th>Time</th>
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<tr>
<td>12 – 1:15 p.m.</td>
<td><strong>C. Clayton Griffin, MD, Memorial YPS Assembly luncheon</strong></td>
<td>Marina F – Marriott</td>
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<td></td>
<td>&quot;Family Detention in US Immigration: The Interface of Medical Ethics and Advocacy&quot;</td>
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<tr>
<td></td>
<td>• Scott Allen, MD, Professor Emeritus of Medicine, University of California, Riverside</td>
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<td></td>
<td>• Sarah “Sally” Goza, MD, 2019 President-Elect, American Academy of Pediatrics</td>
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<td></td>
<td>• Patrice A. Harris, MD, MA, President of the American Medical Association</td>
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<tr>
<td>1:30 – 1:45 p.m.</td>
<td><strong>YPS Assembly</strong></td>
<td>Marina F – Marriott</td>
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<td></td>
<td>• Standing Committee Updates</td>
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<td>o Innovation</td>
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<td>o Strategy &amp; Leadership</td>
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<td>o Value Based Care</td>
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<td></td>
<td>• Minority Affairs Section Update</td>
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<tr>
<td>1:45 – 3 p.m.</td>
<td><strong>YPS HOD Handbook review (continued)</strong></td>
<td>Marina F – Marriott</td>
</tr>
<tr>
<td>3 – 3:15 p.m.</td>
<td><strong>Break &amp; meeting evaluations</strong></td>
<td>Marina Foyer – Marriott</td>
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<tr>
<td>3:15 – 5 p.m.</td>
<td><strong>YPS HOD Handbook review (continued, if necessary)</strong></td>
<td>Marina F – Marriott</td>
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<tr>
<td>5 p.m.</td>
<td><strong>Adjournment of AMA-YPS Business Meeting</strong></td>
<td>Marina F – Marriott</td>
</tr>
<tr>
<td>4 – 6 p.m.</td>
<td><strong>AMA EXPO - Poster presentation competition and judging</strong></td>
<td>Grand Hall C-D – Manchester Grand Hyatt</td>
</tr>
<tr>
<td>5:30 – 6:30 p.m.</td>
<td><strong>MAS Business meeting</strong></td>
<td>Coronado D – Hyatt</td>
</tr>
<tr>
<td>5 – 7 p.m.</td>
<td><strong>LGBTQ &amp; Allies caucus and reception</strong></td>
<td>Coronado A-B - Hyatt</td>
</tr>
<tr>
<td>9 – 11 p.m.</td>
<td><strong>YPS Dessert Reception</strong></td>
<td>McCormick &amp; Schmick’s 675 L Street</td>
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<tr>
<td>Saturday, November 16</td>
<td><strong>YPS participation in AMA House of Delegates State, Regional, and Specialty Caucuses and AMA Sections Educational Programming</strong></td>
<td>Varies – Check app</td>
</tr>
<tr>
<td>8 a.m. – 1:30 p.m.</td>
<td><strong>“Update on ABMS Continuing Board Certification” co-sponsored by the YPS, the Academic Physicians Section, and the Council on Medical Education</strong></td>
<td>Grand Hall D – Manchester Grand Hyatt</td>
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<tr>
<td>2 – 6 p.m.</td>
<td><strong>HOD Opening Session (Ceremonial – Speeches, Award Presentations; Business – Rules of Order)</strong></td>
<td>Seaport Ballroom – Manchester Grand Hyatt</td>
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<tr>
<td>5:45 – 7 p.m.</td>
<td><strong>WPS Business meeting</strong></td>
<td>Harbor A – Manchester Grand Hyatt</td>
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<tr>
<td>6 – 7:30 p.m.</td>
<td><strong>IMGS Congress Meeting</strong></td>
<td>Harbor B – Manchester Grand Hyatt</td>
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<tr>
<td>Sunday, November 17</td>
<td><strong>HOD Second Opening Session</strong></td>
<td>Seaport Ballroom – Manchester Grand Hyatt</td>
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<tr>
<td>8 – 8:30 a.m.</td>
<td><strong>Reference committee hearings</strong></td>
<td>Manchester Grand Hyatt</td>
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<tr>
<td></td>
<td>• Reference Committee on Amendments to Constitution &amp; Bylaws</td>
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<tr>
<td></td>
<td>• Reference Committee B (legislation)</td>
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<td>• Reference Committee C (medical education)</td>
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<td></td>
<td>• Reference Committee F (AMA governance and finance)</td>
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<td></td>
<td>• Reference Committee J (medical service, medical practice, insurance)</td>
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<td></td>
<td>• Reference Committee K (science and public health)</td>
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<tr>
<td>12 – 2 p.m.</td>
<td><strong>YPS caucus and debriefing (please go at the conclusion of reference committees)</strong></td>
<td>Bayview Room – 32nd Floor, Hyatt</td>
</tr>
<tr>
<td>12:30 – 1:45 p.m.</td>
<td><strong>WPS Associates lunch meeting</strong></td>
<td>Marina Room - Hyatt</td>
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<tr>
<td>2:30 – 3:30 p.m.</td>
<td><strong>IMGS Busharat Ahmad, MD leadership development program</strong></td>
<td>Coronado D - Hyatt</td>
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<tr>
<td>3 – 5 p.m.</td>
<td><strong>Education sessions</strong></td>
<td>Varies – Check app</td>
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<tr>
<td>Monday, November 18</td>
<td><strong>Education sessions</strong></td>
<td>Varies – Check app</td>
</tr>
<tr>
<td>8 – 11 a.m.</td>
<td><strong>Education sessions</strong></td>
<td>Varies – Check app</td>
</tr>
<tr>
<td>9:30 – 11 a.m.</td>
<td><strong>MSS, RFS, YPS joint caucus hosted by the RFS</strong></td>
<td>Marina F – Marriott</td>
</tr>
<tr>
<td>11 a.m. – 1:45 p.m.</td>
<td><strong>Caucuses</strong></td>
<td>Varies – Check app</td>
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<tr>
<td>2 – 6 p.m.</td>
<td><strong>HOD Business Session</strong></td>
<td>Seaport Ballroom – Manchester Grand Hyatt</td>
</tr>
<tr>
<td>Tuesday, November 19</td>
<td><strong>HOD Business Session</strong></td>
<td>Seaport Ballroom – Manchester Grand Hyatt</td>
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This is what we expect of our members and guests at AMA-sponsored events.

All attendees are expected to exhibit respectful, professional and collegial behavior consistent with the Code of Conduct passed by the AMA House of Delegates.

We take claims of harassment and conflicts of interest seriously. Visit ama-assn.org/codeofconduct to learn more. Violations of the Code of Conduct may be reported as follows:

- Conduct liaison assigned to the meeting
- AMA Office of General Counsel
- AMA speaker or vice speaker
- Our third-party hotline at (800) 398-1496 or online at lighthouse-services.com/ama (which includes an anonymous reporting option)
2019 AMA INTERIM MEETING

The Minority Affairs Section (MAS) will host its business meeting and reception on Friday, November 15 from 5:30 to 7:00 p.m. in Coronado D at the Manchester Hyatt Regency in San Diego. Light refreshments will be served. All are welcome. MAS extends a special invitation to residents and medical students who identify as under-represented in medicine, including African Americans, Latinx, and Native Americans / Alaska Natives. In addition, members of the Minority Health Policy Committee and the Workforce Diversity Committee will discuss plans for 2020 during the business meeting. (Anyone interested in joining either committee should send an email to mas@ama-assn.org. All are welcome.)

During the Annual Meeting, MAS urges members of the House of Delegates to support Resolution 910, which urges our AMA to advocate for regulatory, and/or legislative, and/or legal action at the federal and/or state levels to ban all Electronic Nicotine Delivery Systems (ENDS) products.

MAS MEMBERS LEAD AT OUR PARTNERS’ MEETINGS

MOLA
In October 2019, Pilar Ortega, MD lead the 3rd annual Symposium on Latinx Health at Lurie Children’s Hospital and Research Center in Chicago. The event, which included 200+ attendees, was hosted by the Medical Organization for Latino Advancement, an organization for the Latinx healthcare workforce, which was founded by Dr. Ortega. AMA’s Chief Health Equity Officer Aletha Maybank, MD, MPH was the lunch plenary keynote speaker. Several AMA staff also attended the event.

NMA
In July, the National Medical Association (NMA) hosted its annual conference and scientific assembly in Honolulu with over 1,500 attendees. Former MAS chair Niva Lubin-Johnson, MD concluded her year as the NMA President. AMA President Patrice Harris, MD, MA offered remarks to the NMA House of Delegates during which she announced a special grant in support of NMA’s 125th anniversary, which will be commemorated in Atlanta in August 2020 during their next annual conference. Drs. Harris, Lubin-Johnson, Maybank, and the ACP President Robert McLean, MD comprised a panel on addressing hypertension in the African American community. NMA Representative on the MAS GC Michael Knight, MD also delivered lunch keynote remarks to residents regarding career planning and servant leadership. The AMA also hosted an Ambassadors Reception for members 50 joint members of AMA and NMA. Several MAS GC and section members attend this event annually, as well as select AMA staff.

AAIP
The Association of American Indian Physicians held its annual meeting in Chicago in August. Over 70 AAIP leaders held a summit at AMA Plaza to address the need for more Native Americans in medicine, which included discussions about the pipeline from STEM programs through medical school matriculation. (The number of Native American / Alaska Native physicians is less than 0.5%). Afterwards, approximately 150 physicians, medical students and other healthcare professionals met at the Westin Hotel – West Loop Chicago. AMA presenters across the three days included Trustee Bill McDade, MD, MPH; MAS chair Siobhan Wescott, MD, MPH; MAS group manager Craig Johnson; Chief Health Equity Officer Aletha Maybank, MD, MPH; and Todd Unger, Chief Experience Officer and SVP of Marketing and Member Experience.
LEADERSHIP OPPORTUNITIES

MAS will soon announce a call for nominations to fill the following roles on its Governing Council for terms that will begin in June 2020:

- MSS Representative (incumbent is eligible for another 1-year term)
- RFS Representative (incumbent is eligible for another 2-year term)
- YPS Representative (incumbent is not eligible for another 3-year term)
- Assn. of American Indian Physicians Representative (incumbent is not eligible for another 3-year term)
- National Hispanic Medical Assn. Representative (incumbent is not eligible for another 3-year term)

LOOKING AHEAD TO 2020

MAS Governing Council, section members and/or AMA trustees are planning to represent the AMA and engage their professional colleagues at the following activities in 2020:

Student National Medical Association Annual Meeting
April 8-11, 2020 | Cleveland, OH Convention Center

Latino Medical Student Association Annual Meeting
April 10-11, 2020 | Washington Univ. SOM, St. Louis

National Hispanic Medical Assn. Annual Meeting
April 22-25, 2020 | Wardman Marriott Hotel, Washington, DC

National Minority Quality Forum Annual Summit on Health Disparities
April 27-29, 2020 | Watergate Hotel, Washington, DC
* MAS GC will hold its spring meeting on April 26, in conjunction with this event, which is also sponsored by the AMA as part of National Minority Health Month.

AMA Annual Meeting
June 5-7, 2020 | Hyatt Regency Chicago

National Medical Assn. Annual Meeting
August 1-5, 2020 | Atlanta, GA

Assn. of American Indian Physicians / Assn. of Native American Medical Students Annual Meeting
August 2020 | Seattle, WA

AMA Interim Meeting
November 13-15 | San Diego, CA (Manchester Hyatt)
2019 AMA INTERIM MEETING

The Advisory Committee on LGBTQ Issues (LGBTQ AC) will host its LGBTQ and Allies Caucus and Reception on Friday, November 15 at 5:00 p.m. All are welcome! The program will include keynote remarks on decriminalizing HIV by Scott Schoettes, JD. Mr. Schoettes, who lives openly with HIV, is Counsel and the HIV Project Director at Lambda Legal, the oldest national organization committed to achieving full recognition of the civil rights of LGBTQ people and everyone living with HIV through impact litigation, education and public policy work. He litigates impact cases involving discriminatory denial of employment and services based on a person’s HIV status, as well as in the areas of access to care and privacy.

At noon on Saturday, June 9, LGBTQ AC members will attend the LGBTQ Health Specialty Section Council meeting and HOD Handbook review hosted by GLMA. All are welcome and encouraged to bring their own lunch.

LGBTQ MEMBERS LEAD AT OUR PARTNERS’ MEETINGS

In October, the AMA sponsored an exhibit booth at the GLMA annual meeting in New Orleans. During the conference, LGBTQ AC Chair Shilpen Patel, MD joined a moderated panel on LGBTQ health policy at major medical associations. Current and past members of the LGBTQ Advisory Committee attended and/or presented. Immediate past chair Scott Chaiet, MD, MBA held a workshop on facial feminization surgery. GLMA Alternate Delegate Desi Bailey, MD led a session on LGBTQ health policy and the significant policy and advocacy outcomes as a result of the GLMA’s ongoing partnership with the AMA. The AMA and the AMA Foundation also co-hosted an Ambassadors Reception for 30 joint members of AMA and GLMA, as well as members of the GLMA board of directors. Several LGBTQ AC members attend this event annually, as well as select AMA staff.

LEADERSHIP OPPORTUNITIES

The AMA Board of Trustees will soon seek nominations to fill the following roles on the LGBTQ AC for terms that will begin in June 2020:

- MSS Representative (incumbent is not eligible for another 1-year term)
- YPS Representative (incumbent is not eligible for another 3-year term)
- GLMA Representative (incumbent is not eligible for another 2-year term)
- At-Large Representatives (one incumbent is eligible for another 2-year term; another is not eligible)
LGBTQ HEALTH CURRICULUM

Several policies have been adopted by the AMA House of Delegates confirming the AMA's commitment to educate physicians and the public about LGBTQ issues in medicine, but no formal delivery method has existed to date. The LGBTQ AC is working with AMA staff to explore how to best develop a curriculum on LGBTQ health. Preliminary concepts have focused on four categories of modules, including:

1. LGBTQ Health 101 (public health perspectives, disparities, spectrum of gender, intersectionality)
2. Patient care (behavioral health, aging, STI’s/HIV, reproductive health)
3. Practice transformation (SOGI data collection and management, coming out in the profession, making an office LGBTQ friendly)
4. Social determinants of health (violence, opioids, insurance, legal and policy issues, housing/homelessness)

The development of the proposed curriculum will be a primary focus of the LGBTQ AC and staff in 2020 and beyond.

LOOKING AHEAD TO 2020

LGBTQ AC members and/or AMA trustees are planning to represent the AMA and engage their professional colleagues at the following activities in 2020:

Fenway Health Institute’s Advancing Excellence in Sexual and Gender Minority Health
March 20-22, 2020 | Boston, MA
* The LGBTQ AC will hold its spring meeting on March 22, in conjunction with this event. Tentative plans include a reception for local physicians and medical students who identify as LGBTQ and their allies.

Building the Next Generation of Academic Physicians (Annual LGBTQ health workforce conference)
April 23-25, 2020 | Cornell Weill School of Medicine, NY, NY

AMA Annual Meeting
June 4-6, 2020 | Hyatt Regency Chicago

GLMA Annual Meeting
September 23-26, 2020 | Orlando, FL

AMA Interim Meeting
November 12-14 | San Diego, CA (Manchester Hyatt)
WPS Update to I-19 YPS Assembly

WPS I-19 Activities/Events (All at the Hyatt)

WPS BUSINESS MEETING
5:45 – 7 p.m.  HARBOR A

WPS/IMGS JOINT NETWORK RECEPTION
7 – 8:30 p.m.  HARBOR FOYER AND TERRACE

WPS ASSOCIATES LUNCH AND BUSINESS SESSION
12:30 – 1:45 p.m.  MARINA ROOM

WPS 1-19 Resolutions

Resolution 217 -- Promoting Salary Transparency among Veterans Health Administration Employed Physicians

RESOLVED, That our American Medical Association encourage physician salary transparency within the Veterans Health Administration. (Directive to Take Action)

Resolution 926 -- School Resource Officer Qualification and Training Qualifications

RESOLVED, That our American Medical Association encourage an evaluation of existing national standards (and legislation, if necessary) to have qualifications by virtue of training and certification that includes child psychology and development, restorative justice, conflict resolution, crime awareness, implicit/explicit biases, diversity inclusion, cultural humility, and individual and institutional safety and others deemed necessary for school resource officers (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the development of policies that foster the best environment for learning through protecting the health and safety of those in school, including students, teachers, staff and visitors (New HOD Policy); and be it further

RESOLVED, That our AMA encourage mandatory reporting of de-escalation procedures by school resource officers and tracking of student demographics of those reprimanded to identify areas of implicit bias. (Directive to Take Action)

WPS Activities Review

A. Women in Medicine Month Review
   a. Women in Medicine webinar:
      "Promoting Gender Diversity in the Workplace" which featured a presentation on gender diversity and inclusion in the workplace by Chiquita Collins, PhD, Inaugural Vice Dean for Inclusion and Diversity and Chief Diversity Officer - UT
Health San Antonio and follow-up with Aletha Maybank, MD, MPH, AMA Chief Diversity Officer.

b. #WIMMonth Moving Medicine Podcast
   This inaugural #WIMMonth podcast featured Dr. Esther Choo, speaking on “Gender inequity: Creating systemic change” (You can check it out at: http://movingmedicine.libsyn.com/gender-inequity-creating-systemic-change-part-1)

B. 2019 Giambalvo Award Winners
Overview:
The Joan F. Giambalvo Fund for the Advancement of Women provides scholarships of up to $10,000 to support research advancing the study of women in the medical profession and strengthening the AMA’s ability to identify and address the issues affecting women physicians and medical students.

Awardees:
   Gendered differences in medical students’ sense of belonging in orthopedic surgery: A multi-institution study

Project Summary
   Orthopedic surgery has historically struggled with gender diversity, and it is now considered the least gender-diverse medical specialty. Our goal is to investigate factors that are contributing to the gender gap within Orthopedic Surgery.
• Kate Gerull, medical student, Washington University School of Medicine in St. Louis, project director
• Principal investigator: Cara Cipriano, MD, assistant professor of orthopedic surgery, Washington University School of Medicine in St. Louis

Awardees:
Gendered differences in medical students’ sense of belonging in orthopedic surgery: A multi-institution study

Project
Women physicians in transition: Learning to navigate the pipeline from early to mid-career

Project Summary
The goal of this project is to increase understanding of the experiences and perspectives of women physicians as they transition from early career to mid-career phase.

• Principal investigator: Tiffany I. Leung, MD, MPH, FACP, FAMIA, assistant professor, Faculty of Health & Life Sciences, Maastricht University; Chair-Elect, Council of Early Career Physicians, American College of Physicians
Thank you for this opportunity to serve! As always, if you are interested in joining the WPS Policymaking Committee or seeing your WPS interests amplified, please feel free to contact me and my WPS GC Colleagues so that we can be of help.

Sincerely,

Anita Ravi, MD, MPH, MSHP, FAAFP
YPS Representative to WPS
Update of the AMA-YPS Innovation Committee
October 2019

Dear Colleagues:

This report is to update you on the activities of the AMA-YPC Innovation Committee (YPSIC).

The goal of the YPSIC is to help physicians who are interested in innovative ideas connect to each other and the companies developing them, and to highlight "model" projects at each AMA-YPS Assembly.


Although the YPSIC has spent most of its prior efforts compiling ideas in the online realm, our YPS Assembly at I-19 will also include a table at which some of our members will highlight a few of these model concepts, and host a representative from an innovative project/company to informally present their ideas directly to you.

Our Committee continues to share ideas on our Facebook page, and we invite all AMA-YPS members to join the group, found at: https://www.facebook.com/groups/1441233452841851/

Your YPSIC hopes to create small but consistent and tangible steps to advance role the YPS plays in driving innovation within our AMA. This includes connecting with other Sections of the AMA (e.g., MSS, RFS, WPS, MAS, IMG) to collaborate together. Please contact me as needed to ensure that our goals are aligned with yours.

Regards,

John Vasudevan, MD
Chair, AMA-YPS Innovation Committee
Physical Medicine & Rehabilitation, University of Pennsylvania
johnvasudevan@gmail.com

Rachelle Klammer, MD
Vice Chair, AMA-YPS Innovation Committee
Emergency Medicine, CarePoint Health, Aurora, CO
rachelleklammer@gmail.com
Contact List for our 2019-2020 AMA-YPS Innovation Committee

Returning Members:

Arif Ali                  arif.ali@gmail.com
Ricardo Correa           riccorrea20@hotmail.com
Julie Joseph             jjoseph414@gmail.com
Yusef Sayeed             yusef1@hotmail.com
James Wantuck            JWantuck@gmail.com

New Members:

Tina Brar                sweetsilver16@aol.com
Dennis Gray              drgray@vigilant-anesthesiology.com
Geoffrey Chow            Geoffrey-Chow@ouhsc.edu

Leadership:

John Vasudevan, Chair    johnvasudevan@gmail.com
Rachelle Klammer, Vice Chair  rachelleklammer@gmail.com

Hilary Fairbrother (GC liaison)  hilaryfair@gmail.com
Harley Grant (AMA-YPS Staff)  Harley.Grant@ama-assn.org
The YPS Medical Education Committee has and will continue to monitor the implementation of the ABMS Vision Initiative and work with the Council on Medical Education to communicate YPS concerns.

For reference, the Final ABMS Vision Initiative Report can be found at: https://visioninitiative.org/commission/final-report/

Members of the Committee met with ABMS leadership at A19 to discuss our values and concerns. ABMS leadership appeared genuinely interested in our concerns and stated their commitment to continued engagement.

The YPS Medical Education Committee continues to welcome new members and we would kindly request your input on any issues affecting the Education of Physicians, Trainees, and Students.
The Strategy and Leadership Committee continues its mission to support the development of Young Physician leaders in the AMA House of Delegates (HOD) and leadership roles within their home organizations. The Committee extensively reviews all endorsement requests and makes recommendations to the Governing Council for action on these requests. For the A-20 Elections, the SLC is reviewing the requests for endorsement for two YPS candidates:

Alexander Ding, MD, MD (CSAPH); and
Erick Eiting, MD, MPH, MMM.

Endorsement requests for all other candidates will be due by Jan 31, 2020.

The Strategy and Leadership Committee also continues to work on other leadership initiatives including: 1) developing mentorship and career guidance materials for young physicians; 2) organizing YPS members who concurrently serve as HOD delegates to strengthen the influence the Section has on future business of the HOD; 3) working with the Section’s seated delegate to nominate and endorse AMA-YPS candidates for elected office within the HOD; and 4) supporting candidates who receive AMA-YPS Section endorsement.
YPS Value Based Care Committee Report

Committee Membership:
Aaron George, Chair
Shamie Das
Nick Frisch
Klint Pebbles
Joe Sanfrancesco
Matthew Dawson
Katherine Schmidt
Jennifer Bartlotti Telesz
Ricardo Correa
Erick Eiting
Kyle Edmonds
Jason Foderman
Sunny Jha
Julie Joseph
Steve Lee
Carlo Milani
Yusef Sayeed
Nikhila Raol

Charge:
To educate the YPS on VBC issues as well as seek to potentially introduce, or speak to, resolutions on VBC policy

Date of most recent VBC committee meeting: 10/11/19
Date of next VBC Committee meeting: 11/8/19

Action Item #1: We define the composition of the VBC as a YPS volunteer membership committee without a limit of number of members, nor a limit on duration of service. New members will be encouraged, but not required, to engage in the IHI curriculum as an orientation.

Action Item #2: Open conversation with other sections, reach out to understand how they see Value? Aaron will reach out to several sections and draft template language to share with other members. Additionally reach out to the AMA Advisory committee on Value to see where the AMA stands, and intends to go on these circumstances.

Action Item #3: To increase awareness and education within the YPS, we will seek to establish a value based channel within the AMA “Smart” app. Klint will reach out to AMA staff to ask about platform capabilities. This will initially be used internally for this group. Beyond this, anticipate moving towards a platform for expanding information to remainder of YPS, hopefully with discussion and feedback, as well as feedforward of articles and literature.

Action Item #4: Investigate the possibility for the VBC to develop a workshop for A-20 on Value-Based Care 101. This could be a 20 minute session, and could involve MSS, RFS. Could be an open session for all, or just a short review for the YPS.
The VBC met most recently on 10/11/19 to discuss the goals and trajectory for the committee for the coming year, as well as to establish action items and metrics for success to provide to our YPS GC.

What does Value Based Care mean for health care, the AMA, and the YPS?

Discussion: What Defines Value? Is it a formula (ie. Value = Q/C)? Who defines Value? It depends on the perspective from where you stand – patient vs insurer vs system vs physician all have different perspectives. It may be up to physicians to truly define value. If we do not do it, the payers likely will.

Overall, there is a frustration among members that the definition of value is “told” to us. Yet the definition of value seems to always come back to the financial implications – bundled payments, capitation, incentives. Can and should we expand that viewpoint and how do we initiate such change in paradigms? We recognize that the opposite of value can be waste, and that value itself has more broad reaching implications such as the impact on climate, the environment, and society. Moving forward, we seek to emphasize the intersection between value in terms of waste, disparities, autonomy, longevity, and economic outcomes.

How can we inject the term “moral” into these conversations? Can we change the tenor of the AMA to consider adding, social justice, environmental justice, and other factors that integrate the ethics of our calling into value. We must consider moving beyond the financial pieces, and reframe and reconceptualize the conversation by injecting inherent social justice.

To do this, we must seek to understand where the AMA stands, and have a better appreciation of what our AMA and sections believe in first, as a foundation for where we go from here. Do we seek to speak against or to enhance our current AMA positions?

The general consensus from the VBC committee is that our membership may not have the knowledge at present to consider ourselves ‘experts’. A request was made to seek to have internal development for this group, identify webinars, and seek to gain a better understanding of the AMA’s stance on Value, as well as other Sections/Specialty society positions.
# Meeting Logistics

<table>
<thead>
<tr>
<th>Wi-Fi: INTERIM2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Password: INTERIM2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manchester Grand Hyatt hotel map</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriott Marquis hotel map</td>
</tr>
</tbody>
</table>

Meeting app information
Manchester Grand Hyatt
Marriott Marquis
Level One

For the best user experience, please download a copy of this handbook to your personal device
Marriott Marquis
Lobby Level

For the best user experience, please download a copy of this handbook to your personal device.
For the best user experience, please download a copy of this handbook to your personal device.
Getting Started: Downloading the App

**Get the app**

1. **Go to the right store.** Access the App Store on iOS devices and the Play Store on Android.

   *If you’re using a Blackberry or Windows phone, skip these steps. You’ll need to use the web version of the app found here:*
   [https://event.crowdcompass.com/amainterim19](https://event.crowdcompass.com/amainterim19)

   or Scan here for online version

2. **Install the app.** Search for CrowdCompass AttendeeHub. Once you’ve found the app, tap either **Download** or **Install**.

   After installing, a new icon will appear on the home screen.

**Find your event**

1. **Search the AttendeeHub.** Once downloaded, open the AttendeeHub app and enter AMA 2019 Interim Meeting

2. **Open your event.** Tap the name of your event to open it.
The “CrowdCompassAttendeeHub” Mobile App - FAQ

Where can I download the mobile app?

Go to the correct store for your device type. Access the App Store on iOS devices and the Play Store on Android.

Install the app. Search for CrowdCompassAttendeeHub. Once you have found the app, tap either Download or Install. After installing, a new icon will appear on your home screen.

*AttendeeHub*

If you’re using a Blackberry or Windows phone, skip these steps. You’ll need to use the web version of the app found here https://event.crowdcompass.com/amaannual2019

How do I find the Event?

Search the AttendeeHub. Once downloaded, open the AttendeeHub app and enter: AMA 2019 Annual Meeting

The app is asking me to log in. Why do I need to log-in?

Once you log in to the mobile app, you will be able to access the same schedules, bookmarks, reminders, notes, and contacts on your phone, tablet, and desktop. Below is a list of some other great things you can do after logging in:

- Take notes
- Share photos
- Rate sessions
- Join the attendee list
- Check-in
- Share contacts
- Share over social media
- Take Surveys
- Message fellow attendees
**Where can I get my log-in information?**

The log-in process is largely self-managed. Just follow the steps below to log in from your device:

1. **Access the Sign In page:** Tap the hamburger icon in the upper-left corner to open the side nav, then Log In.

2. **Enter your info:** You'll be prompted to enter your first and last name. Tap Next. Enter an email address, and then tap next again.

3. **Verify your account:** A verification email will be sent to your inbox. Open it and tap Verify Account. You'll see your confirmation code has already been carried over. Just tap Finish. You'll be taken back to the Event Guide with all those features unlocked.

**I’ve requested log-in information, but I never received an email.**

If you haven’t received your log-in information, one likely culprit may be your spam filter. We try to tailor our email communications to avoid this filter, but some emails end up there anyway. Please first check the spam folder of your email. The sender may be listed as CrowdCompass.

**I lost my log-in info, and I forgot my confirmation code. How do I log myself back in?**

To have a verification email resent to you, start by accessing the sign-in page.

1. **Access the Sign In page:** Tap the hamburger icon in the upper-left corner to open the side nav, then Log In.

2. **Enter your info:** You'll be prompted to enter your first and last name. Tap Next.

3. **Click on Forgot Code:** If you’ve already logged in before, the app will already know your email address and will send a verification email to you again.

4. **Verify your account:** A verification email will be sent to your inbox. Open it and tap Verify Account. You'll see your confirmation code has already been carried over. Just tap Finish. You'll be taken back to the Event Guide with all those features unlocked.

**How do I create my own schedule?**

1. **Open the Schedule.** After logging in, tap the Schedule icon.

2. **Browse the Calendar.** Switch days by using the date selector at the top of the screen. Scroll up and down to see all the sessions on a particular day.

3. **See something interesting?** Tap the plus sign to the right of its name to add it to your personal schedule.
How can I export my schedule to my device’s calendar?

1. **Access your schedule.** After logging in, tap the hamburger icon in the top right, then My Schedule.

2. Here you’ll see a personalized calendar of the sessions you’ll be attending. You can tap a session to see more details.

3. **Export it.** Tap the download icon at the top right of the screen. A confirmation screen will appear. Tap Export and your schedule will be added directly to your device’s calendar.

How do I allow notifications on my device?

Allowing Notifications on iOS:

1. **Access the Notifications menu.** From the home screen, tap Settings, then Notifications.

2. **Turn on Notifications for the app.** Find your event’s app on the list and tap its name. Switch Allow Notifications on.

Allowing Notifications on Android:

Note: Not all Android phones are the same. The directions below walk you through the most common OS, Android 5.0.

1. **Access the Notification menu.** Swipe down on the home screen, then click the gear in the top right. Tap Sounds and notifications.

2. **Turn on Notifications for your event’s App.** Scroll down and tap App notifications. Find your event’s app on the list. Switch notifications from off to on.

How do I manage my privacy within the app?

Set Your Profile to Private…

1. **Access your profile settings.** If you’d rather have control over who can see your profile, you can set it to private.

2. After logging in, tap the hamburger icon in the top left, and then tap your name at the top of the screen.

3. **Check the box.** At the top of your Profile Settings, make sure that the box next to “Set Profile to Private” is checked.

…Or Hide Your Profile Entirely
1. **Access the Attendee List.** Rather focus on the conference? Log in, open the Event Directory, and tap the Attendees icon.

2. **Change your Attendee Options.** Click the Silhouette icon in the top right to open Attendee Options.

3. **Make sure the slider next to “Show Me On Attendee List” is switched off.** Fellow attendees will no longer be able to find you on the list at all.

**How do I message other attendees within the app?**

1. **Access the Attendee List.** After logging in, tap the Attendees icon.

2. **Send your message.** Find the person you want to message by either scrolling through the list or using the search bar at the top of the screen. Tap their name, then the chat icon to start texting.

3. **Find previous chats.** If you want to pick up a chat you previously started, tap the hamburger icon in the top right, then **My Messages**.

**How do I block a person from chatting with me?**

1. **Access the Attendee List.** Rather focus on the conference? Just as before, log in and tap the Attendees icon.

2. **Block the person.** Find the person you’d like to block about by scrolling through the list or using the search bar at the top of the screen. Tap their name, then the chat icon. But, don’t type anything, instead tap Block in the top right.

**I want to network with other attendees. How do I share my contact info with them?**

1. **Access the Attendee List.** After logging in, tap the Attendees icon.

2. **Send a request.** Find the person you want to share your contact information by either scrolling through the list or using the search bar at the top of the screen.

3. Tap their name, then the plus icon to send a contact request. If they accept, the two of you will exchange info.

**I want to schedule an appointment with other attendees. How do I do that?**

1. **Navigate to My Schedule.** Tap the hamburger icon in the top left, then **My Schedule**.

2. **Create Your Appointment.** In the top right corner of the **My Schedule** page you’ll see a plus sign. Tap on it to access the Add Activity page.

3. **Give your appointment a name, a start and end time, and some invitees.** When you’re finished, tap done. Invitations will be immediately sent to all relevant attendees.
How do I take notes within the app?

Write Your Thoughts...

1. **Find your Event Item.** After logging in, find the session, speaker, or attendee you’d like to create a note about by tapping on the appropriate icon in the Event Directory, then scrolling through the item list. Once you've found the item you're looking for, tap on it.

2. **Write your note.** Tap the pencil icon to bring up a blank page and your keyboard. Enter your thoughts, observations, and ideas. Tap done when you've finished.

...Then Export Them

1. **Navigate to My Notes.** Tap the hamburger icon in the top right, then My Notes. Here you’ll find all the notes you’ve taken organized by session.

2. **Choose where to send your notes.** Tap the share icon in the top right and CrowdCompass will automatically generate a draft of an email that contains all your notes. All you have to do is enter an email address, and then tap Send.
# Meeting Guidelines

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<td>Parliamentary Procedure Basics</td>
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<td>Rules of Order</td>
</tr>
<tr>
<td>Developing Sound Positions</td>
</tr>
<tr>
<td>AMA-YPS Policy Development Process</td>
</tr>
<tr>
<td>Sections Bylaws Excerpt</td>
</tr>
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</table>

*For the best user experience, please download a copy of this handbook to your personal device*
Procedural and Parliamentary Basics

- Reference committee reports are taken as a consent calendar.
- Extractions are by number item only.
- After approval of the consent calendar, minus extractions, debate proceeds in numerical order.
- The committee recommendation is the main motion on the floor.
- If referral is the main motion, it must be defeated before any changes can be made.
Available Assembly Actions for Reference Committee Reports

• ADOPT: Approve resolution exactly as submitted
• ADOPT AS AMENDED: Approve resolution with additions, deletions and/or substitutions, as recommended by the reference committee/assembly members
• REFER: Send resolution to the YPS Governing Council for study and report back to the YPS Assembly at a later meeting
• REFER FOR DECISION: Send resolution to the YPS GC and we will decide on the question and implement appropriate actions
• NOT ADOPT: Defeat (or reject) the resolution in original or amended form
Procedural and Parliamentary Basics

• Handbook Review Committee reports are taken as a consent calendar
• Extractions are by resolution/report item only
• After approval of the consent calendar, minus extractions, debate proceeds in numerical order
• The committee recommendation is the main motion on the floor
Available Assembly Actions for Handbook Committee Reports

• SUPPORT: Instructs YPS Delegate to vote in favor
• OPPOSE: Instructs YPS Delegate to vote against
• REFER: Instructs YPS to vote in favor of referral
• ACTIVE SUPPORT: Instructs YPS to testify in support
• ACTIVE OPPOSE: Instructs YPS to testify in opposition
• ACTIVE REFER: Instructs YPS to testify for referral
• ACTIVE AMEND: Instructs YPS to testify in support of the proposed amendment to the resolution/report
• MONITOR: The YPS will not testify for or against and will not take a position on the report/resolution
<table>
<thead>
<tr>
<th>Order of Rank/Precedence</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?</th>
<th>Renewable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Privileged Motions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes^2</td>
<td>Yes^2</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes^2</td>
<td>Yes^2</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes^5</td>
</tr>
<tr>
<td>3. Question of Privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Subsidiary Motions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>5. Close Debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Debatable Motions</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Limit Debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes^2</td>
<td>Yes^2</td>
<td>2/3</td>
<td>Debatable Motions</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes^5</td>
</tr>
<tr>
<td>7. Postpone to a Certain Time</td>
<td>No</td>
<td>Yes</td>
<td>Yes^2</td>
<td>Yes^2</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes^5</td>
</tr>
<tr>
<td>8. Refer to Committee (or Board)</td>
<td>No</td>
<td>Yes</td>
<td>Yes^2</td>
<td>Yes^2</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes^5</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes^2</td>
<td>Yes</td>
<td>Majority</td>
<td>Rerewardable Motions</td>
<td>Close Debate, Limit Debate</td>
<td>No^5</td>
</tr>
<tr>
<td><strong>Main Motions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. The Main Motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>10b. Specific Main Motions</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Amend a Previous Action</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Recall from Committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes^2</td>
<td>No</td>
<td>Majority</td>
<td>Referred MM</td>
<td>Close/Limit Debate</td>
<td>No</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Yes^4</td>
<td>Yes</td>
<td>Yes^2</td>
<td>No</td>
<td>Majority</td>
<td>Vote on MM</td>
<td>Close/Limit Debate</td>
<td>No</td>
</tr>
<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary; not amend</td>
<td>No</td>
</tr>
</tbody>
</table>
## Incidental Motions (non-ranking within the classification)

<table>
<thead>
<tr>
<th>Motions</th>
<th>No order of Rank/Precedence</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?</th>
<th>Renewable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Ruling of Chair</td>
<td>Close/limit debate</td>
<td>No</td>
</tr>
<tr>
<td>Suspend the Rules</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Procedural Rules</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Consider Informally</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main Motion or Subject</td>
<td>None</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Requests

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>None</th>
<th>Procedural error</th>
<th>None</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inquiries</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdraw a Motion</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;5&lt;/sup&gt;</td>
<td>All motions</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Division of a Question</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Division of Assembly</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Indecisive Vote</td>
<td>None</td>
<td>No</td>
</tr>
</tbody>
</table>

MM = Main Motion

<sup>1</sup>Motions are in order only if no motion higher on the list is pending.

<sup>2</sup>Restricted

<sup>3</sup>Not debatable when applied to undebatable motion

<sup>4</sup>Member may interrupt proceedings, but not a speaker

<sup>5</sup>Withdraw may be applied to all motions

<sup>6</sup>Renewable at discretion of presiding officer (chair)

<sup>7</sup>Tie or majority vote sustains the ruling of the presiding officer; majority vote in negative reverses the ruling

<sup>8</sup>If decided by assembly (by motion), requires a majority vote to adopt

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American Institute of Parliamentarians
(888) 664-0428
www.aipparl.org
aip@aipparl.org

*American Institute of Parliamentarians Standard Code of Parliamentary Procedure Motions Table*
Parliamentary Procedure “Cheat Sheet”

- Start by stating who you are (name and who you are representing)
  - “Carlos Zapata on behalf of the Medical Society of the State of New York” or “Carlos Zapata speaking only on behalf of myself”
  - If you haven’t discussed the issue with your supporting society and they don’t have policy on the topic, you should typically only say you are representing yourself, even if you are “the delegation”. It’s not a bad thing but then requires a “second” if you are making a motion.

- Then make a motion or state whether you are speaking for or against the current motion already under consideration
  - “… and I would like to propose an amendment to change…”
  - “… and I speak in opposition to the motion to refer…”

- Try not to repeat previous testimony. Keep it brief. Be diplomatic (we’re all on the same team). Provide examples and data if you have it. Feel free to ask questions of the Speaker if you are confused about a procedural issue.

- The parli pro is to facilitate fairness, not make things incomprehensible or intimidate people away from participation. If it is doing those things, speak up.

Available typical motions for different parts of our business:

<table>
<thead>
<tr>
<th>YPS Reference Committee Items</th>
<th>House of Delegates Handbook Review</th>
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</thead>
<tbody>
<tr>
<td>• Extract from Consent Calendar (only at start of business)</td>
<td>• Extract from Handbook Committee Grid (only at start of each committee’s discussion)</td>
</tr>
<tr>
<td>• Amend item</td>
<td>• Amend Committee recommended position</td>
</tr>
<tr>
<td>• Second order amendment to item</td>
<td>• Second order amendment</td>
</tr>
<tr>
<td>• Limit or extend debate</td>
<td>• Limit or extend debate</td>
</tr>
<tr>
<td>• Postpone to a certain time</td>
<td>• Postpone to a certain time during this meeting</td>
</tr>
<tr>
<td>• Refer to Governing Council for report</td>
<td>• Reconsider item already voted on</td>
</tr>
<tr>
<td>• Reconsider item already voted on</td>
<td>• Reconsider item already voted on</td>
</tr>
</tbody>
</table>

Most of these are “debatable” and would be discussed prior to voting them up or down.

Additional procedural motions are available in the manual but are used less frequently and would probably slow down the process.
AMA-YPS Rules of Order: Business Meeting

- The Assembly of the AMA-YPS is composed of designated delegates representing their respective constituent state medical societies, specialty societies, or branches of the uniformed services. Representatives must be under the age of 40 or within the first eight (8) years of professional practice after residency and fellowship training programs (if over the age of 40). They must be members of the AMA. Only certified representatives that are credentialed may vote. Only certified AMA-YPS representatives may make motions or propose amendments. Observers and others are welcome, but can participate in debate only with permission of the Chair.

- The Chair and the Speaker will preside over the Business Meeting.

- Resolutions to the AMA-YPS Assembly must propose new policy positions for the AMA, directives for action to the AMA-YPS Governing Council, and directives for advocacy by the AMA-YPS Delegate and Alternate Delegate within the AMA House of Delegates. The AMA-YPS does not accept resolutions to develop YPS policy only.

- Resolutions must be received in writing by the AMA-YPS office by a specific time determined by the Chair (resolution due dates: April 30 for the Annual Assembly Meeting and August 30 for the Interim Assembly Meeting). Resolutions submitted after the deadline date and within a week of the meeting will be deemed "late." Instructions for commenting on these resolutions will be posted on the AMA-YPS Web site where possible and referred to the Reference Committee for its recommendation to accept or not. The Reference Committee will consider the timeliness/urgency of late resolutions, coupled with the reason(s) for lateness. If the Assembly votes by a 2/3 affirmative vote to accept, the Reference Committee then issues a written recommendation for disposition of the resolution.

- Resolutions received after the "late resolutions deadline" and through the AMA-YPS Assembly meeting will be considered "emergency resolutions." A 3/4 Assembly vote is required for acceptance.

- Copies of all on-time, late and emergency resolutions will be distributed to the Assembly.

- A representative must wear his/her badge at all times while on the floor of the Assembly.

- A representative wishing to obtain the floor shall approach the nearest microphone, wait to be recognized, address the Chair, and give his/her name and affiliation before speaking on the issue. Observers and others may participate in the discussion with permission of the Chair.
• No one will speak more than once on any issue or separate motion until all who wish to speak have been heard. No one will speak more than twice, without permission of the Chair or upon approval by a majority of the Assembly.

• So as not to hinder debate, time limits for discussion on any single issue shall not be imposed. Should discussion become lengthy, a representative to the Assembly may make a motion to the Assembly to limit debate. Such motion would need a 2/3 vote to be passed. Ample time should be allowed for any member to be heard on an issue before debate is closed.

• Any major amendments will be presented to the Chair in writing before they are placed on the floor for discussion and action.

• Voting will be by voice, that is, the “ayes” and “nays,” except where the Chair or a representative calls for a division of the Assembly, in which case a standing vote will be taken.

• Smoking will be prohibited at all official business meetings of the AMA-YPS including the Assembly, reference committees, and workshops.

• Thirty voting representatives shall constitute a quorum for the business meeting of the AMA Young Physicians Section.
Developing Sound AMA-YPS Positions

If sound positions are to be formulated, the issues will be decided on the basis of three criteria:

- Is the proposed matter feasible? (Can it be done?)
- Is it advisable? (Should it be done?)
- Is it efficient? (What is the best cost-benefit ratio?)

AMA-YPS positions will be sound if those questions are answered affirmatively or if a satisfactory compromise based on the criteria is made.

Creating or changing AMA policy generally is initiated when an inequity is perceived, a problem is recognized, or a potential problem is identified (e.g., credentialing problems unique to young physicians, inequitable reimbursement, late payment, decrease in graduate medical education funding). Those who frame resolutions for consideration first find the underlying problem and then identify specific objectives that will resolve the issue.

While experienced representatives may find the process of evaluating issues easy, the novice may find it long and arduous. However complex, the process produces sound policy and helps those who frame resolutions produce a sound defense of their proposals.

Steps to Consider when Evaluating Pending Resolutions

- **What can be done?** Is more information needed that will narrow or broaden choices? Have similar policies been presented and rejected? If so, why? Look at alternative ways to accomplish the same outcome.
- **Ask:** What mechanisms are in place to help execute the policies? Can the AMA-YPS or the AMA actually do what it is being asked to do? Can/should some other organization take on the issue? Can/should some other organization align with this issue to give added support?
- **Ask:** What are the consequences of each of the outcomes? What are some relevant techniques for predicting the consequences? Who will be helped; who will be hurt? What systems will be affected? Is it consistent with the current policy? What are the social costs, program costs and governmental costs? How will the policy's success be measured in solving the identified problem?
- **Consider the value of the actions.** Depending on the environment, each criterion may be easily ranked. If money is not a problem, efficiency may be ranked last; if there is little money, efficiency may be the controlling factor. If all criteria are ranked equally, or nearly so, the decision may be more difficult in evaluating the outcome. The method of ranking choices is very individualized but must have some sort of logical foundation to be credible and marketable.

Making a final choice draws upon all aspects of the analysis and comes up with the preferred course of action. The most desirable is not always the best, but it may be the best for the time and environment. Goals may have to be lowered when dealing with complex or evolving issues.
AMA-YPS Policy Development Process

Resolutions from Assembly Participants
(Annual Assembly Meeting resolution due date: April 30/Interim Assembly Meeting resolution due date: Sept. 30)

Reports and resolutions become official business of the Assembly, then made available through the online forum

Young physicians provide testimony via online forum

Reference Committee makes recommendations for action to the Assembly

AMA Young Physicians Section Assembly Votes on Items of Business

Adopt or Adopt as Amended

Not adopt

File

Refer for decision
(YPS Governing Council studies and takes appropriate action)

Resolution submitted to AMA-HOD
(Resolution will be submitted for the next AMA-HOD meeting unless otherwise requested)
EXCERPTS FROM THE AMA CONSTITUTION AND BYLAWS
(JULY 2014)

7—Sections

7.0.1 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

7.0.1.1 Involvement. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.

7.0.1.2 Outreach. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.

7.0.1.3 Communication. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.

7.0.1.4 Membership. To promote AMA membership growth.

7.0.1.5 Representation. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.

7.0.1.6 Education. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

7.0.2 Informational Reports. Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. The report(s) shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.

7.0.3 Governing Council. There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.

7.0.3.1 Qualifications. Members of each Section Governing Council must be members of the AMA and of the Section.

7.0.3.2 Voting. Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.

7.0.3.3 Additional Requirements. Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.
7.0.4 **Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.

7.0.4.1 **Qualifications.** Officers of each Section must be members of the AMA and of the Section.

7.0.4.2 **Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.

7.0.4.3 **Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.

7.0.5 **Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.

7.0.6 **Business Meeting.** There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.

7.0.6.1 **Purpose.** The purposes of the Business Meeting shall be:

7.0.6.1.1 To hear such reports as may be appropriate.

7.0.6.1.2 To consider other business and vote upon such matters as may properly come before the meeting.

7.0.6.1.3 To adopt resolutions for submission by the Section to the House of Delegates.

7.0.6.1.4 To hold elections.

7.0.6.2 **Meeting Procedure.**

7.0.6.2.1 The Business Meeting shall be open to all members of the AMA.

7.0.6.2.2 Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.

7.0.6.2.3 The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.

7.0.7 **Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

7.0.8 **Establishment of New Sections.** A member component group seeking Section status may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees, or a resolution may be submitted for Section status.
7.0.9 **Section Status.** Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. A delineated Section must reconfirm its qualifications for continued delineated Section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.

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7.5 **Young Physicians Section.** The Young Physicians Section is a fixed Section.

7.5.1 **Membership.** All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.5.2 **Cessation of Eligibility.** If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If any officer’s or member’s term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the officer or member remains an active physician member of the AMA. The preceding provision shall not apply to the Chair-Elect. Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete the term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1, as long as the officer remains an active physician member of the AMA.

7.5.3 **Representatives to the Business Meeting.** The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

7.5.3.1 **Constituent Associations, National Medical Specialty Societies, and Federal Services.** Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.

7.5.3.1.1 **Apportionment.** The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each constituent association, Federal Service, and specialty society shall automatically be entitled to
2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

7.5.3.1.2 Effective Date. Such apportionment shall take effect on the following January 1 and shall remain effective for one year. In January of each year, the AMA shall notify each constituent association and Federal Service of the number of seats to which it is entitled during the current year. All specialty societies seeking additional representative seats beyond the first two are required to submit evidence documenting the number of their AMA young physician members.

7.5.3.1.2.1 Retention of Representative. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, Federal Service, or national medical specialty society, that entity shall be permitted to retain the same number of representatives, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members.

7.5.3.2 Qualifications. Each representative to the Business Meeting must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the Section shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative to the Business Meeting. The representative’s constituent association, Federal Service, or specialty society may fill the vacancy so created, consistent with the rules and criteria that are developed by the Governing Council.
# Policy Materials

## Section resolutions
- Resolution 1 - Increasing Public Umbilical Cord Blood Donations in Transplant Centers
- Resolution 2 - Fertility Preservation Benefits for Active-Duty Military Personnel
- Resolution 3 - Opt-in/Opt-Out Paper Copies of Young Physicians Section (YPS) Assembly Materials
- LATE RESOLUTION 1 - PRESERVING CHILDCARE AT AMA MEETINGS

## Section reports
- Report A - Governing Council Activities/Action Plan Update
- Report B - AMA Advocacy Efforts
- Report C - Pilot AMA-YPS Electronic Balloting Process
- Report D - AMA-YPS Directives Proposed for Sunset

## House of Delegates YPS resolutions
- Resolution 305: Ensuring Access to Safe and Quality Care for our Veterans
- Resolution 911: Basic Courses in Nutrition
- Resolution 912: Improved Emergency Response Planning for Infectious Disease Outbreaks
- Resolution 913: Public Health Impacts and Unintended Consequences of Legalization and Decriminalization of Cannabis for Medicinal and Recreational Use

*For the best user experience, please download a copy of this handbook to your personal device*
Introduced by: Steve Y. Lee, MD (American Society of Clinical Oncology)

Subject: Increasing Public Umbilical Cord Blood Donations in Transplant Centers

Referred to: YPS Reference Committee

Whereas, Allogeneic stem cell transplants continue to save lives, reaching over 20,000 procedures per year in the United States\(^1\); and

Whereas, Allogeneic stem cell therapy can only save lives in patients matched with a donor; and

Whereas, Umbilical cord blood stem cells offer clinical advantages over traditional stem cell transplants in select scenarios\(^2\); and

Whereas, Umbilical cord blood transplants increase the ethnic diversity of patients eligible for transplant\(^3\); and

Whereas, The American Society for Transplantation and Cellular Therapy\(^4\), the American College of Obstetricians and Gynecologists\(^5\), and the American Academy of Pediatrics\(^6\) all support public (altruistic) donation of cord blood when possible; and

Whereas, Public donation of cord blood is difficult if the birthing hospital does not support public cord donation; and

Whereas, Very few hospitals support in-house public cord blood donation infrastructure - only two hospitals in Ohio, and three each in New York and Massachusetts\(^7\); and

Whereas, Many hospitals which provide comprehensive care including both childbirths and stem cell transplants are notably absent from these lists; therefore be it

RESOLVED, That our AMA encourage all hospitals with obstetrics programs to make available to patients and reduce barriers to public (altruistic) umbilical cord blood donation (Directive to Take Action); and be it further

RESOLVED, That our AMA work with appropriate public and private entities to establish the formal availability of public cord blood donations as a quality metric for stem cell transplant programs at the same hospital. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000.

RELEVANT AMA POLICY

**Code of Medical Ethics. 6.1.5 Umbilical Cord Blood Banking**

Transplants of umbilical cord blood have been recommended or performed to treat a variety of conditions. Cord blood is also a potential source of stem and progenitor cells with possible therapeutic applications. Nonetheless, collection and storage of cord blood raise ethical
Concerns with regard to patient safety, autonomy, and potential for conflict of interest. In addition, storage of umbilical cord blood in private as opposed to public banks can raise concerns about access to cord blood for transplantation.

Physicians who provide obstetrical care should be prepared to inform pregnant women of the various options regarding cord blood donation or storage and the potential uses of donated samples.

Physicians who participate in collecting umbilical cord blood for storage should:
(a) Ensure that collection procedures do not interfere with standard delivery practices or the safety of a newborn or the mother.
(b) Obtain informed consent for the collection of umbilical cord blood stem cells before the onset of labor whenever feasible. Physicians should disclose their ties to cord blood banks, public or private, as part of the informed consent process.
(c) Decline financial or other inducements for providing samples to cord blood banks.
(d) Encourage women who wish to donate umbilical cord blood to donate to a public bank if one is available when there is low risk of predisposition to a condition for which umbilical cord blood cells are therapeutically indicated:
(i) in view of the cost of private banking and limited likelihood of use;
(ii) to help increase availability of stem cells for transplantation.
(e) Discuss the option of private banking of umbilical cord blood when there is a family predisposition to a condition for which umbilical cord stem cells are therapeutically indicated.
(f) Continue to monitor ongoing research into the safety and effectiveness of various methods of cord blood collection and use.

References:
Whereas, According to Pentagon figures, over 200,000 women are in the active-duty U.S. military, including 74,000 in the Army, 53,000 in the Navy, 62,000 in the Air Force, and 14,000 in the Marine Corps in 2011;¹ and

Whereas, According to the U.S. Department of Veterans Affairs (VA), there were over 2 million women veterans as of September 2015;² and

Whereas, According to the 2012 Committee Opinion on “Health care for women in the military and women Veterans” from the American College of Obstetricians and Gynecologists (ACOG), “military service is associated with unique risks to women’s reproductive health …. Obstetrician—gynecologists should be aware of high prevalence problems (e.g., posttraumatic stress disorder, intimate partner violence, and military sexual trauma) that can threaten the health and well-being of these women;”³ and

Whereas, Both men and women in our U.S. military can suffer from infertility, sometimes directly as a result of blast traumas and spinal cord injuries;⁴ and

Whereas, The U.S. Department of Defense (DOD) currently covers the cost of in vitro fertilization (IVF) and infertility services for certain injured active duty personnel;⁵ and

Whereas, Under current Tricare policy, active-duty military personnel and their dependents have some limited coverage for infertility care and oocyte cryopreservation services at six specific military treatment facilities: Walter Reed National Military Medical Center in Bethesda MD; Womack Army Medical Center at Fort Bragg in Fayetteville NC; San Antonio Military Medical Center in San Antonio TX; San Diego Naval Medical Center in San Diego CA; Tripler Army Medical Center in Honolulu HI; Wright-Patterson Air Force Base Medical Center in Dayton OH; and Madigan Army Medical Center in Seattle-Tacoma WA);⁶,⁷ and

Whereas, This critical medical service is not fully available to active duty members of the military and those working with the DOD; and

Whereas, AMA Policy H-150.984 (3) (4) “Infertility Benefits for Veterans” states that: ³

3) “Our AMA encourages the Department of Defense (DOD) to offer service members fertility counseling and information on relevant health care benefits through TRICARE and the VA at pre-deployment and during the medical discharge process. 4) Our AMA supports efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and provide treatment within the standard of care to address infertility due to service-related injuries,”⁸ and

Whereas, Fertility preservation for medical indications (such as prior to cancer treatment, organ transplants, or treatment for rheumatologic diseases) are covered under the VA but *not* covered by the DOD; and
Whereas, AMA Policy H-185.990 “Infertility and Fertility Preservation Coverage” states that: “Our
AMA supports payment for fertility preservation therapy services by all payers when iatrogenic
infertility may be caused directly or indirectly by necessary medical treatments as determined by a
licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility
preservation therapy services by all payers when iatrogenic infertility may be caused directly or
indirectly by necessary medical treatments as determined by a licensed physician;” and
Whereas, AMA Policy H-185.922 “Right for Gamete Preservation Therapies” states that: “Our
AMA supports insurance coverage for gamete preservation in any individual for whom a medical
diagnosis or treatment modality is expected to result in the loss of fertility;” therefore, be it
RESOLVED, That our AMA work with the American Society for Reproductive Medicine (and
American College of Obstetricians and Gynecologists, and American Urological Association) and
other interested organizations to encourage TRICARE to cover fertility preservation procedures
(cryopreservation of sperm, oocytes, or embryos) for medical indications, for active-duty military
personnel and others covered by TRICARE (Directive to Take Action); and be it further
RESOLVED, That our AMA work with the American Society for Reproductive Medicine (and
American College of Obstetricians and Gynecologists, and American Urological Association) and
other interested organizations to encourage TRICARE to cover gamete preservation prior to
deployment for active-duty military personnel (Directive to Take Action); and be it further
RESOLVED, That our AMA report back on this issue at the 2021 Annual Meeting of the AMA
House of Delegates. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000.

RELEVANT AMA POLICY

Infertility and Fertility Preservation Insurance Coverage H-185.990
1. Our AMA encourages third party payer health insurance carriers to make available insurance
benefits for the diagnosis and treatment of recognized male and female infertility. 2. Our AMA
supports payment for fertility preservation therapy services by all payers when iatrogenic infertility
may be caused directly or indirectly by necessary medical treatments as determined by a licensed
physician, and will lobby for appropriate federal legislation requiring payment for fertility
preservation therapy services by all payers when iatrogenic infertility may be caused directly or
indirectly by necessary medical treatments as determined by a licensed physician.

Disclosure of Risk to Fertility with Gonadotoxic Treatment H-425.967
Our AMA: (1) supports as best practice the disclosure to cancer and other patients of risks
to fertility when gonadotoxic treatment is used; and (2) supports ongoing education for providers
who counsel patients who may benefit from fertility preservation.

Right for Gamete Preservation Therapies H-185.922
Our AMA supports insurance coverage for gamete preservation in any individual for whom a
medical diagnosis or treatment modality is expected to result in the loss of fertility.

Right for Gamete Preservation Therapies H-65.956
1. Fertility preservation services are recognized by our AMA as an option for the members of the
transgender and non-binary community who wish to preserve future fertility through
gamete preservation prior to undergoing gender affirming medical or surgical therapies.
2. Our AMA supports the right of transgender or non-binary individuals to seek
gamete preservation therapies.
Infertility Benefits for Veterans H-510.984
1. Our AMA supports lifting the congressional ban on the Department of Veterans Affairs (VA) from covering in vitro fertilization (IVF) costs for veterans who have become infertile due to service-related injuries. 2. Our AMA encourages interested stakeholders to collaborate in lifting the congressional ban on the VA from covering IVF costs for veterans who have become infertile due to service-related injuries. 3. Our AMA encourages the Department of Defense (DOD) to offer service members fertility counseling and information on relevant health care benefits provided through TRICARE and the VA at pre-deployment and during the medical discharge process. 4. Our AMA supports efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and provide treatment within the standard of care to address infertility due to service-related injuries. 5. Our AMA supports additional research to better understand whether higher rates of infertility in servicewomen may be linked to military service, and which approaches might reduce the burden of infertility among service women.

H-510.991 Veterans Administration Health System
Our AMA supports approaches that increase the flexibility of the Veterans Health Administration to provide all veterans with improved access to health care services. (CMS Rep. 8, A-99; Reaffirmed: CMS Rep. 5, A-09)

D-510.994 Health Care for Veterans and Their Families
Our AMA will: (1) work with all appropriate medical societies, the AMA National Advisory Council on Violence and Abuse, and government entities to assist with the implementation of all recommendations put forth by the President’s Commission on Care for America’s Wounded Warriors; and (2) advocate for improved access to medical care in the civilian sector for returning military personnel when their needs are not being met by resources locally available through the Department of Defense or the Veterans Administration. (BOT Rep. 6, A-08; Reaffirmed: Sub. Res. 709, A-15)

H-510.990 Health Care Policy for Veterans
Our AMA encourages the Department of Veterans Affairs to continue to explore alternative mechanisms for providing quality health care coverage for United States Veterans, including an option similar to the Federal Employees Health Benefit Program (FEHBP). (Sub. Res. 115, A-00; Reaffirmation I-03; Reaffirmed: CMS Rep. 4, A-13)

H-510.986 Ensuring Access to Care for our Veterans
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. (Res. 231, A-14; Reaffirmation A-15; Reaffirmed: Sub. Res. 709, A-15)
H-510.985 Access to Health Care for Veterans
Our American Medical Association: (1) will continue to advocate for improvements to legislation regarding veterans' health care to ensure timely access to primary and specialty health care within close proximity to a veteran's residence within the Veterans Administration health care system; (2) will monitor implementation of and support necessary changes to the Veterans Choice Program's "Choice Card" to ensure timely access to primary and specialty health care within close proximity to a veteran's residence outside of the Veterans Administration health care system; (3) will call for a study of the Veterans Administration health care system by appropriate entities to address access to care issues experienced by veterans; (4) will advocate that the Veterans Administration health care system pay private physicians a minimum of 100 percent of Medicare rates for visits and approved procedures to ensure adequate access to care and choice of physician; (5) will advocate that the Veterans Administration health care system hire additional primary and specialty physicians, both full and part-time, as needed to provide care to veterans; and (6) will support, encourage and assist in any way possible all organizations, including but not limited to, the Veterans Administration, the Department of Justice, the Office of the Inspector General and The Joint Commission, to ensure comprehensive delivery of health care to our nation's veterans. (Sub. Res. 111, A-15)

H-510.988 Supporting Awareness of Stress Disorders in Military Members and Their Families
Our AMA supports efforts to educate physicians and supports treatment and diagnosis of stress disorders in military members, veterans and affected families and continue to focus attention and raise awareness of this condition in partnership with the Department of Defense and the Department of Veterans Affairs. (Sub. Res. 401, A-10)

References:
8. AMA policy H-510.984 on “Infertility Benefits for Veterans”
10. AMA policy H-185.922 on “Right for Gamete Preservation Therapies”
AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 3
  (I-19)

Introduced by: Brian Wolk/California Medical Association Young Physicians Section

Subject: Opt-in/Opt-Out Paper Copies of Young Physicians Section (YPS) Assembly Materials

Referred to: YPS Reference Committee

Whereas, All or nearly all materials for the AMA-YPS Assembly are distributed electronically; and

Whereas, Most young physicians are digital natives and many prefer electronic documents; and

Whereas, A significant amount of paper and printing supplies are used to print AMA-YPS Assembly meeting materials; and

Whereas, Our AMA House of Delegates (HOD) is encouraging delegates to use the “E-Handbook” for the HOD¹; and

Whereas, Many young physicians may still prefer paper materials for the YPS Assembly;² therefore be it

RESOLVED, That our YPS Governing Council take actions to move to an opt-in/opt-out system to determine distribution of printed Assembly materials (Directive to Take Action); and be it further

RESOLVED, That our YPS Governing Council act to poll meeting attendees upon registration for the YPS Assembly to determine if they would like a printed copy of Assembly meeting materials. (Directive to Take Action)

Fiscal Note: Less than $500 to implement.

RELEVANT AMA POLICY

G-630.100 Conservation, Recycling and Other "Green" Initiatives
AMA policy on conservation and recycling include the following: (1) Our AMA directs its offices to implement conservation-minded practices whenever feasible and to continue to participate in “green” initiatives. (2) It is the policy of our AMA to use recycled paper whenever reasonable for its in-house printed matter and publications, including JAMA, and materials used by the House of Delegates, and that AMA printed material using recycled paper should be labeled as such. (3) During meetings of the American Medical Association House of Delegates, our AMA Sections, and all other AMA meetings, recycling bins, where and when feasible, for white (and where possible colored) paper will be made prominently available to participants. (CCB/CLRPD Rep. 3, A-12 Modified: Speakers Rep., A-15)

H-135.923 AMA Advocacy for Environmental Sustainability and Climate
Our AMA (1) supports initiatives to promote environmental sustainability and other efforts to halt global climate change; (2) will incorporate principles of environmental sustainability within its
business operations; and (3) supports physicians in adopting programs for environmental sustainability in their practices and help physicians to share these concepts with their patients and with their communities. (Res. 924, I-16)

Reference:

Citation from page 37: “The AMA is making progress in efforts to “green” House of Delegates meetings by increasing the use of electronic media and lessening reliance on printed documents. Your Speakers would encourage those who have not transitioned to the electronic format to either transition as soon as possible or try the electronic format concurrently. An electronic House of Delegates Handbook will be made available in downloadable form on the HOD website, and is the primary distribution mode.”
YPS LATE RESOLUTION 1 - PRESERVING CHILDCARE AT AMA MEETINGS

YPS Late Resolution 1, “Preserving Childcare at AMA Meetings,” was submitted as a potential item of business for the 2019 Interim Assembly meeting.

An excerpt from the YPS Internal Operating Procedures (IOP) is presented below:

Section VI.H.4, Resolutions:

Resolutions must be received in writing by the YPS office by a specific day and time determined by the Governing Council. Resolutions submitted after the deadline date and up until 7 days prior to the Assembly Meeting shall be deemed "late" resolutions. These resolutions shall be posted on the YPS website for online comment where possible and referred to the Reference Committee for its recommendation to accept or not. The Reference Committee shall consider the timeliness/urgency of late resolutions, coupled with the reason(s) for lateness. If the Assembly votes by a 2/3 affirmative vote to accept for consideration, the Reference Committee then shall issue a written recommendation for disposition of the resolution.

For your consideration, a copy of YPS Late Resolution 1 is included in the YPS meeting handbook. The Assembly will have an opportunity to vote on whether to accept for consideration during the business meeting portion of the YPS Assembly Meeting on Friday, November 14, 2019.
Late Resolution: 1
(I-19)

Introduced by: Vanessa Stan, MD; Heidi M. Hullinger, MD; Shamie Das, MD, MBA, MPH; Tiffani Bell, MD; Jordan M. Warchol, MD; Albert L. Hsu, MD

Subject: Preserving Childcare at AMA Meetings

Referred to: AMA-YPS Reference Committee

Whereas, at the 2016 Annual meeting, the House of Delegates (HOD) adopted Policy D-600.958, “Childcare at the AMA Meetings,” which called for our AMA to initiate a three-year pilot of onsite childcare at meetings of the House of Delegates; and

Whereas, an onsite childcare service has been provided by Accent on Children’s Arrangements, Inc. (Accent), which is fully licensed and uses caregivers with considerable experience in working with children of a diverse range of ages. Users pay a fee to Accent for the service on either a full- or half-day basis that varies with a child’s age; and

Whereas, Accent provides childcare to 60-70 programs per year, including but not limited to the American College of Obstetrics & Gynecology (national and district meetings), American Academy of Pediatrics, American College of Surgeons, American College of Physicians, American College of Emergency Physicians, American Urological Association, American Thoracic Society, American Orthopaedic Foot and Ankle Society, California Medical Society, Radiological Society of North America, and the American Heart Association;¹ and

Whereas, Several physician groups which contract with Accent (such as ACOG at national and district meetings, AUA, and ACEP) charge zero user fees for the use of this service;¹ and

Whereas, Accent has been in business for 28 years, with no history of lawsuits or liability concerns;¹ and

Whereas, Accent carries $8 million in liability insurance and names our AMA as an additional insured.¹ Further, as part of the current registration process to take part in Camp AMA, one must sign a waiver of liability, and

Whereas, Our AMA routinely subsidizes the particular needs of certain member groups, such as reduced-price memberships for medical students, residents, and early career physicians, resulting in students paying AMA membership fees that are less than 5% of the fees for an established physician that has completed training;² and

Whereas, Recent data has shown that the largest age cohort of AMA members is under 40 years of age; additionally, resident and fellow members make up nearly a quarter of AMA members. Further, continuing to expand the diversity of our members and leaders to better reflect the face of medicine has been identified in this context as a key goal for our organization. This conversation has occurred in the absence of increasing membership costs, suggesting that there is a greater value in engagement than the fiscal cost of membership;³ and
Whereas, The availability of reliable, well-vetted childcare provides the opportunity for more of our AMA members with young families to fully engage in our AMA HOD, and it further signals to potential members that our AMA members with young families are a valued part of our organization; and

Whereas, For those with young families, the availability of childcare can mean the difference between participation and non-participation in AMA-HOD activities; and

Whereas, 2010 AAMC data indicates that 11% of public medical school graduates and 29% of private medical school graduates had debt over $200,000; and these significant levels of educational debt incurred by medical students, residents, and fellows may make user fees for childcare a significant barrier to participation in our AMA House of Delegates, by AMA members with young families; and

Whereas, AMA Policy 9.5.5 Gender Discrimination in Medicine specifically states, “Collectively, physicians should actively advocate for and develop family-friendly policies that promote fairness in the workplace, including providing for... on-site child care services for dependent children”; therefore be it

RESOLVED, That our American Medical Association continue to arrange on-site supervised childcare at AMA Annual and Interim meetings (New HOD Policy); and be it further

RESOLVED, That our American Medical Association offer on-site supervised childcare at no cost to participants for Annual and Interim meetings (New HOD Policy); and be it further

RESOLVED, That this resolution be forwarded immediately to the AMA-HOD at I-19 (Directive to Take Action).

Fiscal Note: Indeterminate

RELEVANT AMA POLICY
D-600.958 Childcare at the AMA Meetings

Our AMA will review best practices and initiate a three-year pilot of onsite childcare at AMA Annual and Interim meetings of the House of Delegates and Sections beginning at the 2017 Annual Meeting with a report back regarding utilization and its impact on participation at AMA meetings. (Res. 601, A-16)

References
1. Personal communication, Tue 10/8/19 with Accent leadership
Subject: Governing Council Activities/Action Plan Update

Presented by: Hilary Fairbrother, MD, MPH, Chair

Referred to: AMA-YPS Reference Committee

The mission of the AMA Young Physicians Section (YPS) is to strengthen the value of AMA membership for young physicians while maximizing young physicians’ contributions to the AMA’s brand vision through involvement, advocacy and communications. In accordance with YPS Report G-A-16, AMA-YPS Strategic Plan, the section objectives for 2016-2021 fall into four main categories:

**Focus:**
- Clarify and communicate a clear membership value proposition to young physicians;
- Raise awareness of the challenges facing young physicians in the House of Delegates (HOD) and to AMA leadership; and
- Organize and lead efforts to expand involvement and representation of early career physicians within the HOD and among leadership roles across the organization.

**Communications:**
- Provide regular updates on AMA initiatives and other topics of interest to young physicians;
- Identify opportunities to promote dialogue among Section members and YPS Governing Council (GC) during and between meetings; and
- Actively engage AMA physician and staff leadership to ensure that the young physician perspective is represented in AMA communications (e.g., Advantage, Wire, Advocacy Updates) and in the AMA’s social media outlets as appropriate.

**Leadership development:**
- Promote available leadership development seminars, workshops, and other relevant activities or resources to young physicians;
- Offer opportunities for young physician members to connect with established AMA leaders;
- Encourage young physicians to seek leadership positions in the AMA; and
- Endorse young physician candidates for AMA leadership positions.

**Membership and involvement:**
- Develop relevant educational sessions and provide policymaking support before and during AMA-YPS meetings;
- Continue to recruit AMA-YPS members to join the AMA Outreach Program;
- Identify other opportunities for AMA-YPS members to work with AMA Membership to recruit young physician members;
- Increase representation of diverse physicians in the AMA-YPS Assembly; and
- Support transition of late stage residents to the AMA-YPS.

To further the Section’s mission, the GC has accomplished the following activities since the 2019 AMA-YPS Annual Assembly meeting.
FOCUS

YPS COMMITTEES

YPS Committee on Innovation
The Committee on Innovation seeks to develop a repository of topics for future resolutions and identify opportunities to contribute to and support the AMA direction. The committee is chaired by John Vasudevan, MD, and co-chaired by Rachelle Klammer, MD. Current committee members include Arif Ali, MD; Geoffrey Chow, MD; Ricardo Correa, MD; Jason Fodeman, MD; Kumar Gandhi, MD; Dennis Gray, DO; Julie Joseph, MD; Nikan Khatibi, MD; Khang Nguyen, MD; Anthony Rossi, MD; Yusef Sayeed, MD; Heather Smith, MD; and James Wantuck, MD. Hilary Fairbrother, MD, MPH, YPS Chair, serves as the GC liaison to the committee.

The goal of the YPS Committee on Innovation is to serve as a collective resource for YPS members interested in physician entrepreneurship and the emerging healthcare technology space through collaboration with fellow members and the broader offerings of the AMA. Potential activities for the committee include: creating a repository of members who want to be involved in the innovative space; facilitating connections between YPS members and the AMA’s Physician Innovation Network; identifying best practices in innovation interviews; and promoting opportunities with MATTER and Health2047.

YPS Medical Education Committee
The YPS Medical Education Committee [formerly the Task Force on Maintenance of Certification (MOC) & Maintenance of Licensure (MOL)] is chaired by Brian Wolk, MD and includes the following members: Rania Agha, MD; Maya Babu, MD; Kathleen Figaro, MD; Neha Gupta, MD; Shaheen E. Lakhan, MD; and Jodi Speiser, MD. Nicole Riddle, MD, YPS Member At-Large, serve as the GC liaison for this committee.

In addition to serving on the task force, Dr. Wolk serves as the YPS representative on the AMA Council on Medical Education. This position facilitates collaboration between the Section and the Council as well as provides an opportunity to share issues of concern for young physicians.

The YPS Medical Education Committee is committed to identifying alternatives to the high-stakes examination for the Knowledge Assessment portion of MOC. The task force supports the drafting of resolutions that promote young physicians’ interests related to continuing medical education and MOC/MOL. Some key issues include the elimination of lifetime certification and license portability (e.g., state-by-state reciprocity, telemedicine, etc.).

Strategy and Leadership Committee
The Strategy and Leadership Committee (SLC) is chaired by Christie Morgan, MD, YPS Immediate Past Chair, and includes the following members: Alena Balasanova, MD; Ankush Bansal, MD; John Corker, MD; Alex Ding, MD; Erick Eiting, MD; Aaron George, DO; Dennis Gray, DO; Albert Hsu, MD; Sunny Jha, MD; Nikhila Juvvadi, MD; Eric Millican, MD; Klint Peebles, MD; Vani Sabesan, MD; Nidish Tiwari, MD; Jennifer Bartlotti Telesz, MD; Krystal Tomei, MD; and Jordan Warchol, MD.

The goals of the SLC are to:

- Develop mentorship and career guidance materials for young physicians;
- Organize YPS members who concurrently serve as HOD delegates to strengthen the influence the Section has on future business of the HOD; and
- Work with the Section’s seated delegate to nominate and endorse AMA-YPS candidates for elected office within the HOD.

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Value-Based Care Committee
The newly formed Value-Based Care (VBC) Committee is chaired by Aaron George, DO. Members of this committee include Ricardo Correa, MD; Shamie Das, MD; Matthew Dawson, MD; Erick Eiting, MD; Kyle Edmonds, MD; Nick Frisch, MD; Jason Foderman, MD; Sunny Jha, MD; Julie Joseph, MD; Steve Lee, MD; Carlo Milani, MD; Klint Peebles, MD; Nikhila Raol, MD; Joseph Sanfrancesco, MD; Yusef Sayeed, MD; Katherine Schmidt, MD; and Jennifer Telesz, MD. Lase Ajayi, MD, YPS Chair-Elect, serves as the GC liaison to the committee.

The purpose of this committee is to provide education on issues related to VBC and introduce resolutions as needed.

YPS POLICY ACTIVITIES

Reports adopted by the AMA-YPS
The following reports were adopted or filed by the YPS Assembly during the 2019 Annual Meeting:

- Report A: Governing Council Activities/Action Plan Update. Report A compiled activities accomplished by the AMA-YPS since the 2019 Annual Meeting. Updates on AMA-YPS objectives are organized under focus; communications; leadership development; and membership and involvement.

- Report B: State Medical Society Representation in the AMA-YPS Assembly. 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 C: Specialty Society Representation and Outreach. Report C presents the criteria for specialty society representation in the AMA-YPS Assembly, gave an update on the level of specialty society representation, and discusses strategies to gain new specialty society representation.


- Report E: Improving Prevention and Emergency Response through Flexible Public Health Funding Based on Population Risks (Resolution 2-A-18). 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. Based on the recommendations in Report E, an amended resolution will be presented for the consideration by the AMA HOD at the 2019 Interim Meeting.

Resolutions adopted by the AMA-YPS
The following resolutions were adopted by the YPS Assembly during the 2019 Annual Meeting:

- YPS Resolution 1: Model Legislation for 'Mature Minor' Consent to Vaccinations. YPS Resolution 1 was forwarded to the AMA HOD for consideration at the 2019 Annual Meeting as Resolution 027, which was adopted.
YPS Resolution 2: Dispelling Myths of Bystander Opioid Overdose. YPS Resolution 2 was forwarded to the AMA HOD for consideration at the 2019 Annual Meeting as Resolution 532, which was adopted.

YPS Resolution 3: Basic Courses in Nutrition. YPS Resolution 3 calls for an update to AMA Policy H-150.995, which asks for the development of nutrition education to enhance patient care and medical trainee wellbeing. Further, this resolution asks the AMA to promote the use of evidence-based dietary guidelines in planning meals for medical trainings and conferences.1

YPS Resolution 4: Ensuring Access to Safe and Quality Care for Our Veterans. YPS Resolution 4 calls for an update to AMA Policy H-510.986, which asks the AMA support physicians not employed by the Veteran’s Administration with accessing clinical educational resources to enhance care provided to veterans.

YPS Resolution 5: Public Health Impacts and Unintended Consequences of Legalization and Decriminalization of Cannabis for Medicinal and Recreational Use. YPS Resolution 5 asks for the AMA to collect data, encourage research, and disseminate information on the public health impacts of legalization and/or decriminalization of cannabis for recreational and medicinal use.

In addition, the YPS introduced the following resolutions at the 2019 Annual Meeting:

- Resolution 402: Bullying in the Practice of Medicine (Referred)
- Resolution 403: White House Initiative on Asian Americans and Pacific Islanders (Adopted)
- Resolution 502: Destigmatizing the Language of Addiction (Adopted)
- Resolution 702: Peer Support Groups for Second Victims (Adopted as Amended)

The AMA-YPS was an active and integral part of the HOD meeting. As directed by the YPS Assembly, the section testified on 68 items of business that were considered by the AMA HOD. The YPS testified on many significant issues, including gender equity in medicine, pharmacy benefit manager oversight, and continuing board certification.

Details about the YPS reports and resolutions may be found at https://www.ama-assn.org/about/yps-meetingdocuments. Complete final HOD actions on each of these can be found on the AMA HOD website at https://www.ama-assn.org/house-delegates/annual-meeting/business-ama-house-delegates-annual-meeting.

COMMUNICATIONS

The AMA-YPS GC contributes to two-way communications between the AMA and our young physician members during and between meetings. In addition, the AMA-YPS GC contributes to regular updates on AMA initiatives and other topics of interest to young physicians. The GC works to ensure that the young physician perspective is represented in AMA communications and in the AMA’s social media outlets as appropriate.

Assembly members are encouraged to sign up for the AMA Morning Rounds Weekend Edition, a members-only, weekly e-newsletter that highlights the latest top-of-the-page news and information for physicians. Young physician members can also learn about AMA and AMA-YPS opportunities by subscribing to AMA Member and Special Group News. These monthly newsletters provide updates on advocacy issues, involvement opportunities, and news about AMA-YPS Assembly meeting deadlines. When subscribing to AMA Morning Rounds Weekend and AMA Member and Special Group News, visit the Email Newsletter Publications page and select the option to receive news for young physicians.

1 These resolutions will be forwarded to the AMA HOD for consideration at the 2019 Interim Meeting.

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LEADERSHIP DEVELOPMENT

YPs members can now explore ways to get involved and become active leaders in organized
dicine by browsing a list of leadership opportunities on an **AMA-YPS Web** page devoted to
physician leadership and involvement opportunities. Your GC encourages all members to
bookmark this page and contact us if you are interested in a leadership opportunity.

Various young physicians are serving in prestigious leadership positions within the AMA, their
medical societies, and their workplaces.

MEMBERSHIP AND INVOLVEMENT

The AMA is physicians’ powerful ally in patient care. Our members are the driving force behind the
AMA’s work. Visit [MembershipMovesMedicine.com](http://MembershipMovesMedicine.com) to learn more about AMA members who are
relentlessly moving medicine through advocacy, patient care, innovation, and education. If you
would like to share your story on how you are moving medicine, please contact
movemedicine@ama-assn.org.

The AMA Ambassador Program activates and recognizes its most active members and provides
tools and support to effectively share their AMA experience with their networks. AMA
Ambassadors amplify the results of the AMA’s work in their communities, and the impact they have
as an AMA member. Whether Ambassadors are on social media or attending live events, they lead
the way in creating a more engaging experience for everyone. Dedicated training, resources, and
leadership opportunities for Ambassadors are provided to make their involvement with the AMA as
easy and rewarding as possible. Involvement and level of activity in the Ambassador Program is
completely voluntary. To learn more about the AMA Ambassadors program, please contact
ambassadors@ama-assn.org.

The YPS GC will continue its efforts to increase representation in the AMA-YPS Assembly,
particularly among diverse physicians. In addition, the GC will continue to work with the Resident
and Fellow Section to identify opportunities that will support the transition of late stage residents to
the AMA-YPS.

The YPS continues to be involved in delivering educational content. U.S. Surgeon General, Jerome
Adams, MD, provided an inspirational and informative talk for attendees. Dr. Adams discussed a
wide range of topics including his efforts to fight the opioid epidemic, reduce stigma, and ensure
patient access to life-saving naloxone.

Lastly, policymaking support is provided before and during YPS Assembly meetings. Discussions
on HOD Handbook Review Committee positions and parliamentary procedure training are among
different actions taken by the section to facilitate the policymaking process. The section hosts an
online forum that allows Assembly members an opportunity to comment on YPS reports and
resolutions in advance of the Annual and Interim meetings.

CONCLUSION

Your GC believes this report demonstrates its commitment to represent and advocate for young
physicians, enhance membership value and communications, and promote leadership
development. The GC appreciates the Assembly’s continued support of its projects and activities,
and the Assembly’s dedication to young physician issues. The GC encourages Assembly members
to share AMA-YPS accomplishments and contact the GC directly with ideas and comments.
REPORT OF THE AMA YOUNG PHYSICIANS SECTION GOVERNING COUNCIL

AMA-YPS Report B-I-19

Subject: AMA Advocacy Efforts

Presented by: Hilary Fairbrother, MD, MPH, Chair

Referred to: AMA-YPS Reference Committee

At the 2005 Annual Meeting of the AMA Young Physicians Section (YPS) Assembly, the AMA-YPS Governing Council (GC) was directed to report annually on the section’s advocacy efforts. As the leading voice for America’s physicians in Washington, DC, the AMA is aggressively involved in advocacy efforts related to the most vital issues in medicine today. Some of the advocacy issues the AMA is tackling include:

- Access to Coverage;
- Administrative Simplification;
- Medicare Physician Payment Reform;
- Prior Authorization;
- Ending the Opioid Epidemic;
- Scope of Practice;
- Telemedicine; and
- Title X Family Planning.

Learn more about AMA legislative accomplishments and priorities by visiting the Advocacy in Action Scorecard and AMA advocacy dashboard.

FEDERAL ADVOCACY

The principles of pluralism, freedom of choice, freedom of practice and universal access for patients contribute to the AMA’s advocacy work for health insurance coverage for all Americans. The AMA’s mission, which is to promote the art and science of medicine and the betterment of public health, serves as the foundation for advocacy on health reform. In addition, medical ethics, scientific evidence and long-standing policies adopted by representative physician organizations all play a role in the AMA’s advocacy efforts. The AMA is actively involved in advocacy efforts related to vital issues that impact medicine, including access to coverage, regulatory relief and physician payment.

ADVOCACY RESOURCE CENTER

The AMA Advocacy Resource Center (ARC) has worked with state legislatures, medical societies, and coalitions to advance state legislative and regulatory issues that affect the practice of medicine. The State Advocacy webpage provides comprehensive resources including details on AMA state advocacy campaigns, state legislative tracking information, and a list of ARC attorneys.

Some of the legislative issues being addressed include:

- Prior Authorization: To reduce the burden of prior authorization (PA), the AMA believes that program implementation should be limited to utilization outliers instead of broad coverage restrictions. The AMA is continuing to advocate for policy changes and development of alternative approaches, such as automation of PA, to control utilization of costly services and medications. Further, the AMA has worked to reduce the impact of payers’ utilization management programs through new legislation in Indiana, Missouri, New Mexico and others. View 2018 Prior Authorization State Law Chart to learn more about legislative activity on prior authorization.

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• Ending the nation’s opioid epidemic: The AMA began efforts to support Medication Assisted Treatment (MAT) coverage for opioid use disorder. The AMA, along with the Pennsylvania Medical Society and Manatt Health, worked together to develop an agreement to fully remove prior authorization requirements for MAT and to move this treatment to the lowest cost-sharing tier. In addition, the AMA will continue to work with states to advocate for increased funding for substance use disorders and improved enforcement of mental health parity laws.

• Access to Care: AMA advocacy efforts helped ensure successful Medicaid expansion in four states, defeated proposed bills that would weaken network adequacy and access to specialty care, and lead to secured funding for the Children’s Health Insurance Program for 10 years. The AMA will continue to advocate for Medicaid expansion to cover the uninsured in all states and oppose Medicaid work requirements.

AMA NATIONAL ADVOCACY CONFERENCE
The AMA National Advocacy Conference (NAC) provides an opportunity to hear from political insiders, industry experts and members of Congress on current efforts being made in health system reform refinement and implementation, and take part in discussions that will help shape the future of the AMA’s advocacy efforts. Highlights from the 2019 National Advocacy Conference can be found at https://www.ama-assn.org/advocacy/physician-advocacy/national-advocacy-conference.
Next year’s AMA NAC is scheduled for February 10-12, 2020, in Washington, D.C.

STATE ADVOCACY SUMMIT
The State Advocacy Summit will be held January 9-11, 2020, in Bonita Springs, Florida. The State Advocacy Summit provides an opportunity for physician leaders, national experts, state legislators and regulators, and medical society staff to discuss concerns and opportunities associated with legislative issues of importance to medicine.

AMPAC POLITICAL EDUCATION PROGRAMS
Your Governing Council encourages young physicians to consider attending an AMPAC political education program. The AMPAC Campaign School is available to physicians, physician spouses, residents, and medical students interested in becoming more involved in politics. The curriculum covers strategy, vote targeting, social media, paid advertising and public speaking.

The AMPAC Candidate Workshop prepares physicians information on making a run for public office. At the Candidate Workshop, Republican and Democratic political experts provide insights about politics and the sacrifices needed to mount a competitive campaign. Topics such as making the decision to run, fundraising, media advertising, and public speaking will be addressed in the workshop.

More information on the AMPAC Political Education Programs may be obtained by visiting http://www.ampaonline.org/get-involved/political-education or sending an email to politicaleducation@ama-assn.org.

AMA YOUNG PHYSICIANS SECTION
The policy activities of the AMA-YPS contribute to the AMA’s advocacy efforts and enhances discussions on significant issues impacting patients and physicians. Below are some key highlights from the section’s 2019 policy activities:

• Gender Equity in Medicine: Board of Trustees (BOT) Report 27, Advancing Gender Equity in Medicine, was adopted at the 2019 Annual Meeting. This report was presented in response to AMA Policy D-65.989, which directed our AMA to draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers, and other entities that employ physicians.

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- The AMA-YPS testified on 68 items of business in the House of Delegates (HOD) Handbook. Details about these items of business are included in the Disposition of Active Positions.
- The following YPS resolutions were considered by the HOD at the 2019 Annual Meeting:
  - Resolution 027: Model Legislation for ‘Mature Minor’ Consent to Vaccinations (Adopted)
  - Resolution 402: Bullying in the Practice of Medicine (Referred)
  - Resolution 403: White House Initiative on Asian Americans and Pacific Islanders (Adopted)
  - Resolution 502: Destigmatizing the Language of Addiction (Adopted)
  - Resolution 532: Dispelling Myths of Bystander Opioid Overdose
  - Resolution 702: Peer Support Groups for Second Victims (Adopted as Amended)

The YPS will introduce “Improved Emergency Response Planning for Infectious Disease Outbreaks” for consideration by the HOD at the 2019 Interim Meeting.

More information on YPS policy activities can be found in 2019 Annual Meeting Delegates Report.
REPORT OF THE AMA YOUNG PHYSICIANS SECTION GOVERNING COUNCIL

AMA-YPS Report C-I-19

Subject: Pilot AMA-YPS Electronic Balloting Process

Presented by: Hilary Fairbrother, MD, MPH, Chair

Referred to: AMA-YPS Reference Committee

Background
The AMA Young Physicians Section (YPS) conducts all elections for AMA-YPS Governing Council (GC) positions at the AMA-YPS Annual Assembly meeting, unless there is a vacancy that needs to be filled at the Interim Meeting.

In the AMA-YPS Internal Operating Procedures, Section V. Elections, Subsections E and F state:

E. Method of Election.

1. Where there is no contest, the election shall be by acclamation. All other elections shall be by ballot.

2. In even numbered years, the Chair-Elect shall be elected first, followed by the Delegate, and then the Member At-Large

3. In odd numbered years, the Chair-Elect shall be elected first, followed by the Speaker, and then the Alternate Delegate.

4. The Credentials Committee shall distribute the ballots. Credentialing badges must be verified to receive a ballot. The number of ballots issued shall be monitored.

5. Each voter must mark the ballot exactly as directed by the instructions on the ballot. Verbal instructions also shall be given by the Speaker.

6. All nominees for an open or vacant Governing Council position shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of candidates to be elected to each position, and each vote must be cast for a different nominee. A nominee shall be elected if he or she has received a majority vote of the legal ballots cast. (If no nominee receives a majority of the legal ballots cast, there shall be a subsequent ballot.)

7. Subsequent Ballots. If no candidate receives a majority of the legal ballots cast, the two candidates (or more in the case of a tie) who receive the most votes shall be placed on a subsequent ballot and voting shall recommence.

8. Handling of Ties. In the event of a tie vote, a run-off election shall be held.

9. All paper ballots must be returned to the Credentials Committee, whether or not a vote was cast in every race.

G. Verification/Counting of Ballot.
1. Credentials Committee members shall collect, count and record the total number of ballots received in the presence of YPS staff. If more ballots are received than were distributed, the process shall be halted and the results invalidated. The Credentials Committee Chair shall notify the Speaker of this fact. Staff shall immediately begin to print new ballots.

2. The Credentials Committee shall examine each ballot to determine if there is only one designated candidate for each office. No ballot shall be counted if it contains fewer or more votes than the number of individuals to be elected to any position, or if the ballot contains more than one vote for any nominee. The Credentials Committee will draw a single contrasting-colored line (that does not interfere with the legibility of the voter's markings) through the area of any ballot marked improperly for a given office indicating a void ballot for that race.

3. The Credentials Committee Chair shall certify the results to the Speaker after all races have been decided. (The sum of all candidates’ votes plus the voided ballots for each race plus other voided ballots must equal the number of ballots received by the Credentials Committee prior to certifying a winner.)

4. Vote totals shall be available on request to individual members of the YPS Assembly.

5. Appeals must be made prior to the conclusion of the Assembly Meeting. Appeals shall be evaluated by the Credentials Committee and resolved by the Speaker.

For several years, members of the Assembly have raised concerns about not being able to vote due to other commitments during the set time for in-person YPS balloting. As a result, the AMA-YPS GC investigated alternate voting mechanisms for AMA-YPS elections.

The AMA-YPS Governing Council proposes that the YPS Assembly suspend these rules and conduct a pilot electronic voting process at the 2020 Annual meeting. While onsite balloting will continue take place at an announced time, the new electronic system will be faster and enable those credentialed YPS representatives that are offsite to cast an online ballot.

Proposed Annual Election Process
For the past three years, the AMA Resident and Fellow Section has used an online balloting system for their elections. Initially, Survey Monkey was utilized, but after experiencing disruptions to the process and security issues, they transitioned to Qualtrics, which is supported by the AMA. At the A-19 meeting, the Medical Student Section transitioned from paper ballots to Qualtrics. The YPS Governing Council suggests that the YPS Assembly use the same process. Below is an outline of the process.

1. When YPS representatives are credentialed onsite, they will receive a 5-digit random code on an adhesive label from the credentialing committee.
   a. Each randomly assigned code will be documented by the credentialing committee member on a master delegate list.
   b. Representatives will be notified that the code is their password for accessing the digital ballot.
   c. If representatives misplace their codes, they will have to verify identification with the credentialing committee and receive the same code again.
2. To vote, a link to the ballot will be projected or posted publicly for each election. Representatives will type in the link on their own devices to access the ballot.
a. The first screen representatives see will ask them to enter the 5-digit passcode they received upon credentialing. This code allows them to access the ballot.
b. Once selections have been made, they can submit their ballots.
c. Voting will be completely anonymous, as no personal information will be uploaded into the voting system (Qualtrics).

3. For run-off and secondary ballots, representatives will use the same link and same code to access the run-off or secondary ballot.

4. Results will be tallied and sent in PDF to the YPS Director via email.

RECOMMENDATION
The AMA-YPS Governing Council proposes that the YPS Assembly suspend their Internal Operating Procedures, Section V. Elections, Subsections E and F and conduct a pilot electronic balloting process at the 2020 Annual meeting.

Fiscal Note: Minimal - Less than $500 to implement.
REPORT OF THE AMA YOUNG PHYSICIANS SECTION GOVERNING COUNCIL

AMA-YPS Report D-I-19

Subject: AMA-YPS Directives Proposed for Sunset

Presented by: Hilary Fairbrother, MD, MPH, Chair

Referred to: AMA-YPS Reference Committee

This report presents recommendations by your AMA-Young Physicians Section (YPS) Governing Council to sunset the following AMA-YPS directives:

1. Financial Counseling and Assistance for Young Physicians (GC Report, I-87)
2. AMA-YPS Governing Council Activities (Report E-I-99)

DISCUSSION

The status of the following directives and the rationale for sunset is presented below:

Financial Counseling and Assistance for Young Physicians. At the 1987 Interim meeting, the AMA-YPS adopted Governing Council Report I-87. During the 1997 Interim meeting, the AMA-YPS rescinded recommendations 1, 2 and 3 while reaffirming recommendations 4 and 5.

Since the adoption of the original policy, the AMA-YPS has completed the following activities intended to support financial counseling and assistance for young physicians:

- The AMA-YPS convened a seminar on financial counseling at the 2005 Annual YPS Assembly meeting.
- An Introduction to Building and Managing Your Financial Profile was presented by Judy Jennings from Matsco, Wells Fargo's Practice Finance Group was held at the 2010 Annual YPS Assembly Meeting.
- Following the 2016 Annual Meeting, the AMA-YPS hosted a pilot event, “Strategies for financial wellness: A roadmap for physicians,” in Chicago. This event was open to resident and young physician members of the AMA.
- At the 2018 Annual Assembly Meeting, the AMA-YPS C. Clayton Griffin, MD, Memorial Luncheon featured presentations on contract negotiation, financial planning, and starting a private practice. Presenters included Richard Levenstein, JD; Michael Hanak, MD; Julie Khazan, CFP; Ron Paprocki, JD, CFP; and Carolynn Francavilla Brown, MD.

The AMA-YPS governing council will continue to explore, propose and promote financial-related AMA products and services that will benefit early career physicians.

AMA-YPS Governing Council Activities. At the 2018 Interim meeting, the AMA-YPS adopted Report C-I-18, AMA-YPS Directives Proposed for Sunset. As a result, the AMA-YPS Governing Council was directed to distribute updates on focus, communications, leadership development, and membership and involvement to Assembly members, other young physician members, and Federation staff on a biannual basis. Updates are being shared with our membership through various communication platforms. One example is the AMA Advocacy Update, which is a bi-weekly newsletter that provides advocacy information on national and state issues. Another example is the AMA Member and Special Group News, which is a monthly section newsletter made available to members. These monthly newsletters provide updates on advocacy issues, involvement...
opportunities, and news about AMA-YPS Assembly meeting deadlines. The AMA-YPS contributes to communications between the AMA and our young physician members through these monthly section newsletters. Young physician members can subscribe to the Advocacy Update and section newsletters by visiting the Email Newsletter Publications page and selecting the option to receive news for young physicians.

These communication platforms provide regular updates on activities for the AMA and the AMA-YPS. Accordingly, your Governing Council believes that presenting an annual report of the AMA-YPS Governing Council Activities/Action Plan Update would allow for a more comprehensive overview of the section’s accomplishments.

**RECOMMENDATIONS**

1. Your Governing Council recommends that the AMA-YPS sunset the directive, Financial Counseling and Assistance for Young Physicians (GC Report, 1-87)

2. Your Governing Council recommends that the AMA-YPS update the directive, AMA-YPS Governing Council Activities (Report E-1-99).

Fiscal Note: Minimal – Less than $500 to implement.
AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 305
(I-19)

Introduced by: Young Physicians Section

Subject: Ensuring Access to Safe and Quality Care for our Veterans

Referred to: Reference Committee C

Whereas, Studies have identified barriers related to physicians not employed by the Veterans Administration (VA) and their ability to care for veterans as patients in addressing veterans’ status and addressing the military associated needs of this population1,2; and

Whereas, Training of VA physicians require completion of educational modules for addressing specific veteran needs3,4; and

Whereas, Recognition and treatment of these needs can be taught through the Talent Management System 2.0 modules such as Veterans Health Administration Mandatory Training for Trainees, Military Sexual Trauma, Traumatic Brain Injury, and Suicide Awareness Voices of Education (SAVE)-Suicide3,4; and

Whereas, The availability of similar training resources could help physicians not employed by the VA provide better care for veterans; therefore be it

RESOLVED, That our American Medical Association amend AMA Policy H-510.986, “Ensuring Access to 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 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 Current HOD Policy)
RELEVANT AMA POLICY:
Ensuring Access to 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 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.

Citation: Res. 231, A-14; Reaffirmation A-15; Reaffirmed: Sub. Res. 709, A-15; Modified: Res. 820, I-18

References:
Whereas, A 2018 burden of disease collaborators report showed evidence that poor quality diet has been identified as the leading cause of death in the United States\(^1\); and

Whereas, Health care has shifted from disease management to health promotion and prevention; and

Whereas, “Beginning with medical school the time devoted to nutrition is limited, with an average of 19 total hours over 4 years, and is focused largely on biochemistry and vitamin deficiency states" and nutritional deficiencies (for example, scurvy and beriberi) are not a major problem in the United States\(^2\); and

Whereas The latest Accreditation Council for Graduate Medical Education common program requirement for residency and fellowship training lack a requirement for physician trainees to learn about nutrition or diet\(^3\); and

Whereas, Clinical nutrition might not only serve to improve patient health, but also resident and physician wellness through “greater awareness and knowledge of the dietary influences on well-being”\(^4\); and

Whereas, Clinicians with a foundation in nutrition will be more likely to recognize the importance of diet and make more effective referrals\(^5\); therefore be it

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 encourages effective education in nutrition at the undergraduate, graduate, and postgraduate levels.

2. Our AMA encourages collaboration with appropriate entities to develop and promote relevant nutrition education to enhance patient care and medical trainee education and wellbeing.

3. Our AMA encourages alignment with evidence-based dietary guidelines for food served in medical trainings and medical conferences. (Modify Current HOD Policy)

Fiscal Note: Minimal - less than $1,000

Received: 09/26/19
RELEVANT AMA POLICY

Basic Courses in Nutrition H-150.995

Our AMA encourages effective education in nutrition at the undergraduate, graduate, and postgraduate levels.


References:
Whereas, In the Blueprint list of priority diseases released by the World Health Organization in February 2018, a “Disease X”, or an unexpected infectious disease, was added representing an unknown pathogen with a serious international epidemic potential; and

Whereas, The Centers for Disease Control and Prevention has faced budget cuts of 1.525 billion dollars over the last three fiscal years; and

Whereas, Continued public health funding is fundamental to maintaining essential services to the general population in prevention, outbreak investigation, and emergency response; and

Whereas, Availability of funding for an unexpected infectious disease prior to its clinical presentation would allow for patterned syndromic surveillance; and

Whereas, Early identification of a potential infectious disease outbreak reduces transmission, morbidity, mortality; and

Whereas, Early identification and public health messaging provides education for the general public; therefore be it

RESOLVED, That our American Medical Association 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 syndromic surveillance, assess risks of local populations for disease, and develop comprehensive plans with stakeholders to enact actions for mitigation, preparedness, response, and recovery (Directive to Take Action); and be it further

RESOLVED, That our AMA support flexible funding in public health for 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 encourage health departments to develop public health messaging to provide education on unexpected infectious disease. (Directive to Take Action)

Fiscal Note: Minimal - less than $1,000

Received: 09/26/19
RELEVANT AMA POLICY

Federal Block Grants and Public Health H-440.912
(1) Our AMA should collaborate with national public health organizations to explore ways in which public health and clinical medicine can become better integrated; such efforts may include the development of a common core of knowledge for public health and medical professionals, as well as educational vehicles to disseminate this information.

(2) Our AMA urges Congress and responsible federal agencies to: (a) establish set-asides or stable funding to states and localities for essential public health programs and services, (b) provide for flexibility in funding but ensure that states and localities are held accountable for the appropriate use of the funds; and (c) involve national medical and public health organizations in deliberations on proposed changes in funding of public health programs.

(3) Our AMA will work with and through state and county medical societies to: (a) improve understanding of public health, including the distinction between publicly funded medical care and public health; (b) determine the roles and responsibilities of private physicians in public health, particularly in the delivery of personal medical care to underserved populations; (c) advocate for essential public health programs and services; (d) monitor legislative proposals that affect the nation's public health system; (e) monitor the growing influence of managed care organizations and other third party payers and assess the roles and responsibilities of these organizations for providing preventive services in communities; and (f) effectively communicate with practicing physicians and the general public about important public health issues.

(4) Our AMA urges state and county medical societies to: (a) establish more collegial relationships with public health agencies and increase interactions between private practice and public health physicians to develop mutual support of public health and clinical medicine; and (b) monitor and, to the extent possible, participate in state deliberations to ensure that block grant funds are used appropriately for health-related programs.

(5) Our AMA urges physicians and medical societies to establish community partnerships comprised of concerned citizens, community groups, managed care organizations, hospitals, and public health agencies to: (a) assess the health status of their communities and determine the scope and quality of population- and personal-based health services in their respective regions; and (b) develop performance objectives that reflect the public health needs of their states and communities.

6. Our AMA: (a) supports the continuation of the Preventive Health and Health Services Block Grant, or the securing of adequate alternative funding, in order to assure preservation of many critical public health programs for chronic disease prevention and health promotion in California and nationwide, and to maintain training of the public health physician workforce; and (b) will communicate support of the continuation of the Preventive Health and Health Services Block Grant, or the securing of adequate alternative funding, to the US Congress.

Pandemic Preparedness for Influenza H-440.847
In order to prepare for a potential influenza pandemic, our AMA: (1) urges the Department of Health and Human Services Emergency Care Coordination Center, in collaboration with the leadership of the Centers for Disease Control and Prevention (CDC), state and local health departments, and the national organizations representing them, to urgently assess the shortfall in funding, staffing, vaccine, drug, and data management capacity to prepare for and respond to an influenza pandemic or other serious public health emergency; (2) urges Congress and the Administration to work to ensure adequate funding and other resources: (a) for the CDC, the National Institutes of Health (NIH) and other appropriate federal agencies, to support implementation of an expanded capacity to produce the necessary vaccines and anti-viral drugs and to continue development of the nation's capacity to rapidly vaccinate the entire population and care for large numbers of seriously ill people; and (b) to bolster the infrastructure and capacity of state and local health department to effectively prepare for, respond to, and protect the population from illness and death in an influenza pandemic or other serious public health emergency; (3) urges the CDC to develop and disseminate electronic instructional resources on procedures to follow in an influenza epidemic, pandemic, or other serious public health emergency, which are tailored to the needs of physicians and medical office staff in ambulatory care settings; (4) supports the position that: (a) relevant national and state agencies (such as the CDC, NIH, and the state departments of health) take immediate action to assure that physicians, nurses, other health care professionals, and first responders having direct patient contact, receive any appropriate vaccination in a timely and efficient manner, in order to reassure them that they will have first priority in the event of such a pandemic; and (b) such
agencies should publicize now, in advance of any such pandemic, what the plan will be to provide immunization to health care providers; (6) will monitor progress in developing a contingency plan that addresses future influenza vaccine production or distribution problems and in developing a plan to respond to an influenza pandemic in the United States.

Citation: (CSAPH Rep. 5, I-12; Reaffirmation A-15)

Next Generation Infectious Diseases Diagnostics H-440.834
1. Our American Medical Association supports strong federal efforts to stimulate early research and development of emerging rapid ID (infectious disease) diagnostic technologies through increased funding for appropriate agencies.
2. Our AMA supports the reduction of regulatory barriers to allow for safe and effective emerging rapid diagnostic tests, particularly those that address unmet medical needs, to more rapidly reach laboratories for use in patient care.
3. Our AMA supports improving the clinical integration of new diagnostic technologies into patient care through outcomes research that demonstrates the impact of diagnostics on patient care and outcomes, educational programs and clinical practice guidelines for health care providers on the appropriate use of diagnostics, and integration of diagnostic tests results into electronic medical records.
4. Our AMA supports efforts to overcome reimbursement barriers to ensure coverage of the cost of emerging diagnostics.

Citation: (Res. 507, A-15; Reaffirmed: CSAPH Rep. 3, I-15)

Public and Private Funding of Prevention Research D-425.999
Our AMA seeks to work in partnership with the Centers for Disease Control and Prevention, the National Institutes of Health, and other Federal Agencies, the Public Health Community, and the managed care community to ensure that there is a national prevention research agenda.

Citation: Res. 418, I-98; Reaffirmed: CSAPH Rep. 2, A-08; Modified: CSAPH Rep. 01, A-18;

AMA Leadership in the Medical Response to Terrorism and Other Disasters H-130.946
Our AMA: (1) Condemns terrorism in all its forms and provide leadership in coordinating efforts to improve the medical and public health response to terrorism and other disasters.
(2) Will work collaboratively with the Federation in the development, dissemination, and evaluation of a national education and training initiative, called the National Disaster Life Support Program, to provide physicians, medical students, other health professionals, and other emergency responders with a fundamental understanding and working knowledge of their integrated roles and responsibilities in disaster management and response efforts.
(3) Will join in working with the Department of Homeland Security, the Department of Health and Human Services, the Department of Defense, the Federal Emergency Management Agency, and other appropriate federal agencies; state, local, and medical specialty societies; other health care associations; and private foundations to (a) ensure adequate resources, supplies, and training to enhance the medical and public health response to terrorism and other disasters; (b) develop a comprehensive strategy to assure surge capacity to address mass casualty care; (c) implement communications strategies to inform health care professionals and the public about a terrorist attack or other major disaster, including local information on available medical and mental health services; (d) convene local and regional workshops to share "best practices" and "lessons learned" from disaster planning and response activities; (e) organize annual symposia to share new scientific knowledge and information for enhancing the medical and public health response to terrorism and other disasters; and (f) develop joint educational programs to enhance clinical collaboration and increase physician knowledge of the diagnosis and treatment of depression, anxiety, and post traumatic stress disorders associated with exposure to disaster, tragedy, and trauma.
(4) Believes all physicians should (a) be alert to the occurrence of unexplained illness and death in the community; (b) be knowledgeable of disease surveillance and control capabilities for responding to unusual clusters of diseases, symptoms, or presentations; (c) be knowledgeable of procedures used to collect patient information for surveillance as well as the rationale and procedures for reporting patients and patient information; (d) be familiar with the clinical manifestations, diagnostic techniques, isolation precautions, decontamination protocols, and chemotherapy/prophylaxis of chemical, biological, and radioactive agents likely to be used in a terrorist attack; (e) utilize appropriate procedures to prevent exposure to themselves and others; (f) prescribe treatment plans that may include management of psychological and physical trauma; (g) understand the essentials of risk communication so that they can communicate clearly and nonthreateningly with patients, their families, and the media about issues such as exposure risks and potential preventive measures (e.g., smallpox vaccination); and (h) understand the
role of the public health, emergency medical services, emergency management, and incident management systems in disaster response and the individual health professional's role in these systems.

(5) Believes that physicians and other health professionals who have direct involvement in a mass casualty event should be knowledgeable of public health interventions that must be considered following the onset of a disaster including: (a) quarantine and other movement restriction options; (b) mass immunization/chemoprophylaxis; (c) mass triage; (d) public education about preventing or reducing exposures; (e) environmental decontamination and sanitation; (f) public health laws; and (g) state and federal resources that contribute to emergency management and response at the local level.

(6) Believes that physicians and other health professionals should be knowledgeable of ethical and legal issues and disaster response. These include: (a) their professional responsibility to treat victims (including those with potentially contagious conditions); (b) their rights and responsibilities to protect themselves from harm; (c) issues surrounding their responsibilities and rights as volunteers, and (d) associated liability issues.

(7) Believes physicians and medical societies should participate directly with state, local, and national public health, law enforcement, and emergency management authorities in developing and implementing disaster preparedness and response protocols in their communities, hospitals, and practices in preparation for terrorism and other disasters.

(8) Urges Congress to appropriate funds to support research and development (a) to improve understanding of the epidemiology, pathogenesis, and treatment of diseases caused by potential bioweapon agents and the immune response to such agents; (b) for new and more effective vaccines, pharmaceuticals, and antidotes against biological and chemical weapons; (c) for enhancing the shelf life of existing vaccines, pharmaceuticals, and antidotes; and (d) for improving biological chemical, and radioactive agent detection and defense capabilities.

Citation: (BOT Rep. 26, I-01; Reaffirmed: BOT Rep. 3, I-02; Modified: CSA Rep. 1, I-03; Reaffirmed: CME Rep. 1, I-11; Reaffirmation A-15)

Fund for Public Health Emergency Response H-440.825
Our AMA supports the reauthorization and appropriation of sufficient funds to a public health emergency fund within the Department of Health and Human Services to facilitate adequate responses to public health emergencies without redistributing funds from established public health accounts.

Citation: Res. 420, A-16;

Global Tracking System of Zoonotic Diseases D-440.940
Our AMA will work with the American Veterinary Medical Association and other relevant stakeholders to encourage the US Departments of Health and Human Services, Agriculture, Interior, and other appropriate federal and state agencies to take the lead in establishing a robust, coordinated, and effective global surveillance system of zoonotic diseases in humans and syndromic outbreaks in animals, thereby enhancing collaboration of human and animal health sectors and resulting in improved early detection and response.

Citation: Sub. Res. 519, A-10; Reaffirmed: CSAPH Rep. 04, A-19;

References:
Whereas, AMA Policy D-95.969, “Cannabis Legalization for Medicinal Use,” states, in part, that our AMA: “(2) believes that cannabis for medicinal use should not be legalized through the state legislative, ballot initiative, or referendum process;” and

Whereas, AMA Policy H-95.924, “Cannabis Legalization for Recreational Use,” states, in part, that our AMA: “(5) encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis use;” and

Whereas, AMA Policy H-95.923, “Taxes on Cannabis Products,” states that “our AMA encourages states and territories to allocate a substantial portion of their cannabis tax revenue for public health purposes, including: substance abuse prevention and treatment programs, cannabis-related educational campaigns, scientifically rigorous research on the health effects of cannabis, and public health surveillance efforts;” and

Whereas, AMA Policy H-95.952, “Cannabis and Cannabinoid Research,” states, in part, that our AMA: “(4) supports research to determine the consequences of long-term cannabis use, especially among youth, adolescents, pregnant women, and women who are breastfeeding; and (5) urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic and social consequences of its use;” and

Whereas, Despite existing AMA policies, “ten states and the District of Columbia have full legalization [of recreational cannabis], and another 23 states permit medicinal uses with permission from a doctor, according to the National Conference of State Legislatures;”¹ and

Whereas, Legalization of both hemp and cannabis have bipartisan support in Congress;² and

Whereas, Emerging research in Colorado has shown that “marijuana use during pregnancy, concerns related to marijuana in homes with children, and adolescent use should continue to guide public health education and prevention efforts:

− The percentage of women who use marijuana in pregnancy...is higher among younger women, women with less education, and women with unintended pregnancies.
− Marijuana exposure in pregnancy is associated with decreased cognitive function and attention problems in childhood.
− Unintentional marijuana consumption among children under age 9 continues a slow upward trend, as do emergency visits due to marijuana. Additionally, an estimated 23,000 homes with children in Colorado have marijuana stored potentially unsafely.
Whereas, Dr. Tista Ghosh of the Colorado Department of Public Health and Environment states that “it’s critical we continue to monitor use in all populations and work to minimize harms that could result from a variety of causes including unintended poisoning, unsafe driving, and mental health issues that may be associated with long-term, habitual use;” and

Whereas, In Washington State, where recreational marijuana use was decriminalized, “between 2011 and 2013, there was an average of 155 marijuana-related calls per year to the Poison Control Center; from 2014 to 2016 the average number of calls was 268, a 73% increase;” and

Whereas, the Rocky Mountain High Intensity Drug Trafficking Area has been tracking the impact of marijuana legalization in the state of Colorado, finding that:

- Marijuana-related traffic deaths increased 48% in the three-year average (2013-2015) since Colorado legalized recreational marijuana compared to the three-year average (2010-2012) prior to legalization;
  - During the same time, all traffic deaths increased 11%;
- Marijuana-related traffic deaths increased 62% from 71 to 115 persons after recreational marijuana was legalized in 2013;
- In 2009, Colorado marijuana-related traffic deaths involving operators testing positive for marijuana represented 10% of all traffic fatalities. By 2015, that number doubled to 21%;
- Emergency department rates likely related to marijuana increased 49% in the two-year average (2013-2014) since Colorado legalized recreational marijuana compared to the two-year average prior to legalization (2011-2012);
- Hospitalization rates likely related to marijuana increased 32% in the three-year average (2013-2015) since Colorado legalized recreational marijuana compared to the three-year average prior to legalization (2010-2012);
- Of the 394 seizures in 2015, there were 36 different states destined to receive marijuana from Colorado. The most common destinations identified were Missouri, Illinois, Texas, Iowa, and Florida; and

Whereas, States sharing a border with states that have legalized recreational marijuana may have increased public health and public safety impacts, with no potential benefits from the tax revenues associated with that legalization; and

Whereas, The AMA Council on Science and Public Health Report 5-I-17, “Clinical Implications and Policy Consideration of Cannabis Use,” states that “ongoing surveillance to determine the impact of cannabis legalization and commercialization on public health and safety will be critical. Surveillance should include but not be limited to the impact on patterns of use, traffic fatalities and injuries, emergency department visits and hospitalizations, unintentional exposures, exposure to second-hand smoke, and cannabis-related treatment admissions. At-risk populations, including pregnant women and children, should be a focus of attention. Continued evaluation of the effectiveness of regulations developed to ensure public health and safety in states that have legalized the medical and/or recreational use of cannabis is necessary;” therefore be it

RESOLVED, That our American Medical Association work with interested organizations to collate existing worldwide data on the public health impacts, societal impacts, and unintended consequences of legalization and/or decriminalization of cannabis for recreational and medicinal use, with a report back at the 2020 Interim Meeting (Directive to Take Action); and be it further
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

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

RESOLVED, That our AMA work with interested organizations to lobby Congress to allow more sites to conduct research on the risks and benefits of cannabinoid products. (Directive to Take Action)

Fiscal Note: Modest – between $1,000 - $5,000.

Received: 09/26/19

RELEVANT AMA POLICY

**Cannabis Warnings for Pregnant and Breastfeeding Women H-95.936**
Our AMA advocates for regulations requiring point-of-sale warnings and product labeling for cannabis and cannabis-based products regarding the potential dangers of use during pregnancy and breastfeeding wherever these products are sold or distributed.
Citation: Res. 922, I-15; Reaffirmed: CSAPH Rep. 05, I-17;

**Taxes on Cannabis Products H-95.923**
Our AMA encourages states and territories to allocate a substantial portion of their cannabis tax revenue for public health purposes, including: substance abuse prevention and treatment programs, cannabis-related educational campaigns, scientifically rigorous research on the health effects of cannabis, and public health surveillance efforts.
Citation: CSAPH Rep. 05, I-17;

**Cannabis and Cannabinoid Research H-95.952**
1. Our AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.
2. Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.
3. Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support.
4. Our AMA supports research to determine the consequences of long-term cannabis use, especially among youth, adolescents, pregnant women, and women who are breastfeeding.
5. Our AMA urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic, and social consequences of its use.
Cannabis Legalization for Recreational Use H-95.924

Our AMA: (1) believes that cannabis is a dangerous drug and as such is a serious public health concern; (2) believes that the sale of cannabis for recreational use should not be legalized; (3) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding; (3) believes states that have already legalized cannabis (for medical or recreational use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety and that laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (5) encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis use; and (6) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis for personal use.

Cannabis Legalization for Medicinal Use D-95.969

Our AMA: (1) believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use; (2) believes that cannabis for medicinal use should not be legalized through the state legislative, ballot initiative, or referendum process; (3) will develop model legislation requiring the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process."; (4) supports legislation ensuring or providing immunity against federal prosecution for physicians who certify that a patient has an approved medical condition or recommend cannabis in accordance with their state’s laws; (5) believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions; and (6) will, when necessary and prudent, seek clarification from the United States Justice Department (DOJ) about possible federal prosecution of physicians who participate in a state operated marijuana program for medical use and based on that clarification, ask the DOJ to provide federal guidance to physicians.

References:
5. “Monitoring Impacts of Recreational Marijuana Legalization.” Available at Colorado Department of Public Health & Environment.
Education Materials

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<tr>
<th>Family Detention in US Immigration: The Interface of Medical Ethics and Advocacy</th>
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<td>Speaker biographies:</td>
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<td>Scott Allen, MD</td>
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<td>Sara H. Goza, MD</td>
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<td>Patrice A. Harris, MD, MA</td>
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Family detention in US immigration: The interface of medical ethics and advocacy

2019 AMA Interim Meeting

Noon – 1:15 p.m. | Friday, November 15 | Marina F Marriott Marquis | San Diego, California

Program Description

Scott Allen, MD, Sara “Sally” Goza, MD, and Patrice A. Harris, MD, MA will explain how immigration detention impacts children’s health and translates to chronic adult conditions. They will also review how physicians can advocate on policies that conflict with evidence-based health care.
Scott Allen is Professor Emeritus of Medicine at the University of California, Riverside School of Medicine where he was formerly Chair of the Department of Medicine and Associate Dean for Academic Affairs.

At age seventeen, responding to news reports of starving Cambodians at the Thai border, he quit high school and flew to Thailand where he found work in the border refugee camps, and where he worked for much of the next five years. After returning to the U.S. and completing medical studies and residency at Brown University, he served in the National Health Service Corps in community health centers in the Mississippi Delta and Rhode Island. He then worked at the Rhode Island Department of Corrections, ultimately serving as state medical director for its jails and prisons, and later worked at the state psychiatric hospital. In 2011, he came to California as a founding faculty member of the new medical school at UC Riverside.

He co-founded the Center for Prisoner Health and Human Rights at Brown University and has served as a Medical Advisor for Physicians for Human Rights for over a decade. At PHR he helped uncover the medical participation in the U.S. torture program and co-authored a number of reports on the harms of the U.S. interrogation program in the post 9/11 era.

In California, inspired by the unmet needs of his own developmentally disabled son, he and his wife co-founded the Access Clinic, a novel primary care clinic for adults with developmental disabilities.

He currently serves as a medical consultant for the Office of Civil Rights and Civil Liberties at the Department of Homeland Security monitoring medical care in immigration detention facilities. In 2018, in response to the family separation and rapid expansion of family detention, he and colleague Dr. Pamela McPherson made protected disclosures to Congress regarding imminent threats to the health and safety of children with the assistance of the Government Accountability Project. For those efforts, he was co-recipient of the 2019 Ridenhour Prize and the 2019 Physicians for Human Rights Award.
Sara H. Goza, MD, FAAP

2019 President-Elect

Sara “Sally” H. Goza, MD, FAAP, is the 2019 President-Elect of the American Academy of Pediatrics (AAP). Dr Goza will begin her one-year term as AAP president on Jan. 1, 2020.

Dr Goza is a general pediatrician and has had the privilege of taking care of children in her hometown of Fayetteville, Ga., for over 30 years. She is a managing partner in First Georgia Physicians Group.

After graduating from Rhodes College, Dr Goza attended Medical College of Georgia for her medical degree. Her internship and residency were at Cincinnati Children’s Hospital.

Dr Goza is on the Community Physicians Advisory Board for Children’s Healthcare of Atlanta.

She has been involved with the AAP Georgia Chapter for over 20 years, including serving on the Board of Directors, Medicaid Task Force and as chapter president. She currently is on the legislative committee, the fall planning group and the Board of the Pediatric Foundation of Georgia.

Dr Goza was on the National Nominating Committee and was District X representative to the Board of Directors. While on the board, she was chair of oversight committees to practice, marketing/sales, strategic planning and finance. She was selected by her colleagues as the first at-large representative to the executive committee. She is the chair of the For Our Future Campaign Steering Committee.

Dr Goza was involved in the Hub and Spoke quality improvement initiative and the development of the current AAP strategic plan. She represented the Academy at the Council for Medical Specialty Societies.

Dr Goza is active in her community having served on the boards for Girl Scouts, Promise Place (domestic violence) and the Joseph Sams School for children with special needs.
Patrice A. Harris, MD, MA, a psychiatrist from Atlanta, became the 174th president of the American Medical Association in June 2019, and the organization’s first African-American woman to hold this position. Dr. Harris has diverse experience as a private practicing physician, public health administrator, patient advocate and medical society lobbyist.

Dr. Harris currently spearheads the AMA’s efforts to end the opioid epidemic and has been chair of the AMA Opioid Task Force since its inception in 2014. During her presidency, Dr. Harris will continue to lead the task force as it works across every state to eliminate barriers to treatment, provide patients with access to affordable, non-opioid pain care, and fight the stigma faced by those with substance use-disorders.

Having served on the AMA Board of Trustees since 2011, and as chair from 2016 to 2017, she has long been a mentor, a role model and an advocate. Prior to serving on the board, Dr. Harris honed her broad knowledge and deep understanding of health care issues through various leadership roles. At the AMA these included having served for many years on the AMA Council on Legislation, including a term as chair, and on multiple AMA task forces on topics such as health information technology, payment and delivery reform, and private contracting. Beyond the AMA she has held positions of leadership with the American Psychiatric Association, the Georgia Psychiatric Physicians Association, the Medical Association of Georgia, and The Big Cities Health Coalition, where she chaired this forum composed of leaders from America’s largest metropolitan health departments.

Growing up in Bluefield, West Virginia, Dr. Harris dreamt of entering medicine at a time when few women of color were encouraged to become physicians. Dr. Harris spent her formative years at West Virginia University, earning a BA in psychology, an MA in counseling psychology and ultimately, a medical degree in 1992. It was during this time that her passion for helping children emerged, and she completed her psychiatry residency and fellowships in child and adolescent psychiatry and forensic psychiatry at the Emory University School of Medicine.

Two themes that govern Dr. Harris’s professional life are a passion to improve the lives of children and service to others. A recognized expert in children’s mental health and childhood trauma, Dr. Harris has led efforts on both local and national levels to integrate public health, behavioral health and primary care services with supports for employment, housing and education.

A distinguished fellow of the American Psychiatric Association, Dr. Harris continues in private practice and currently consults with both public and private organizations on health service delivery and emerging trends in practice and health policy. She is an adjunct assistant professor in the Emory Department of Psychiatry and Behavioral Sciences, and an adjunct clinical assistant professor in psychiatry and behavioral sciences at Morehouse School of Medicine.
## Announcements

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<td>I-19 Convention Committee Members</td>
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THANK YOU TO THE I-19 AMA-YPS CONVENTION COMMITTEE MEMBERS!

AMA-YPS REFERENCE COMMITTEE
Kyle Edmonds, MD (Chair)
Tracey Henry, MD
Rachelle Klammer, MD
Nirali Patel, MD
Jennifer Piel, MD

AMA-YPS CREDENTIALS COMMITTEE
Casey Humbyrd, MD (Chair)
Albert Hsu, MD
Brandi Ring, MD
Jocelyn Young, MD

AMA-YPS HOD HANDBOOK REVIEW COMMITTEES
Reference Committee on Amendments to Constitution and Bylaws
Ricardo Correa Marquez, MD (Chair)
Sean Figy, MD
Travis Meyer, MD
L. Carlos Zapata, MD

Reference Committee B: Legislation
John Corker, MD (Chair)
Scott Chalet, MD
Matthew Dawson, MD
Klint Peebles, MD
Jordan Warchol, MD
Hilary Fairbrother, MD, MPH

Reference Committee C: Medical Education
Brian Wolk, MD (Chair)
Nikhila Pinnapureddy, MD
Alisha Reiss, MD
Nicole Riddle, MD

Reference Committee F: AMA governance and finance
Po-Yin (Samuel) Huang, MD (Chair)
Amanda Williams, MD
Kavita Shah Arora, MD, MBE, MS

Reference Committee J: Medical Service, Medical Practice, Insurance
Cliff Sullivan, MD (Chair)
Naim Ali, MD
Steve Lee, MD
Eric Millican, MD
Christie Morgan, MD

Reference Committee K: Science and Public Health
Alëna A. Balasanova, MD (Chair)
Joseph Hoyle, MD
Annie Lim, MD
Andrew Rudawsky, MD
Lase Ajayi, MD
AMA-YPS Dessert Reception!
Friday, November 15 from 9 – 11 p.m.
McCormick & Schmick's Seafood & Steaks
675 L Street – in the lobby of the Omni San Diego Hotel (619-645-6545)

Please join us at the private AMA-YPS dessert reception—a great opportunity to network with new colleagues and see friends from across the country.

Directions from the Marriott Marquis (9-minute walk)
Turn right onto Harbor Dr. (0.3 Miles). Turn left onto Fifth Ave. (220 ft).
Turn right onto L Street (0.1 miles). Destination will be at Sixth Ave.

Directions from the Manchester Grand Hyatt (13-minute walk)
Turn right onto Harbor Dr. (0.5 Miles). Turn left onto Fifth Ave. (220 ft).
Turn right onto L Street (0.1 miles). Destination will be at Sixth Ave.
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