RESOLUTION 01 - AMENDMENT TO TRUTH AND TRANSPARENCY IN PREGNANCY COUNSELING CENTERS, H-420.954

MSS ACTION: ADOPT

RESOLVED, That our AMA amend policy H-420.954, Truth and Transparency in Pregnancy Counseling Centers by insertion and deletion as follows, to further strengthen our AMA policy against the dissemination of purposely incomplete or deceptive information intended to mislead patients and the utilization of state and federal funds for potentially biased services provided by Pregnancy Counseling Centers:

H-420.954 – TRUTH AND TRANSPARENCY IN PREGNANCY COUNSELING CENTERS
1. Our AMA supports advocates that any entity offering crisis pregnancy services disclose information on site, in its advertising; and before any services are provided concerning medical services, contraception, termination of pregnancy or referral for such services, adoption options or referral for such services that it does and does not provide, as well as fully disclose any financial, political, or religious associations which such entities may have;
2. Our AMA discourages the use of marketing, counseling, or coercion (by physical, emotional, or financial means) by any agency offering crisis pregnancy services that aim to discourage or interfere with a pregnant woman’s pursuit of any medical services for the care of her unplanned pregnancy;
3. Our AMA advocates that any entity providing medical or health services to pregnant women that markets medical or any clinical services abide by licensing requirements and have the appropriate qualified licensed personnel to do so and abide by federal health information privacy laws, and additionally disclose their level of compliance to such requirements and laws to patients receiving services;
4. Our AMA opposes the utilization of state and federal funding to finance such entities offering crisis pregnancy services, which do not provide statistically validated evidence-based medical information and care to pregnant women.

RESOLUTION 02 - MEDICAL LICENSES FOR INDIVIDUALS WITH DACA STATUS

MSS ACTION: ADOPT AS AMENDED
RESOLVED, That our AMA supports the ability of Deferred Action for Childhood Arrivals (DACA) recipients to obtain medical licenses; and be it further

RESOLVED, That our AMA encourages state medical societies to consider a position of support for these individuals to obtain medical licenses in their respective states.

RESOLUTION 03 - REDUCING DISPARITIES IN HIV INCIDENCE THROUGH PRE-EXPOSURE PROPHYLAXIS (PREP) FOR HIV

MSS ACTION: ADOPT

RESOLVED, That our AMA amend AMA Policy H-20.895 “Pre-Exposure Prophylaxis (PrEP) for HIV” by insertion to read as follows:

H-20.895 – PRE-EXPOSURE PROPHYLAXIS (PREP) FOR HIV
2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances.
3. Our AMA supports the removal of insurance barriers for PrEP such as prior authorization, mandatory consultation with an infectious disease specialist and other barriers that are not clinically relevant.
4. Our AMA advocates that individuals not be denied any insurance on the basis of PrEP use.
5. Our AMA encourages the discussion of an education about PrEP during routine sexual health counseling, regardless of a patient’s current reported sexual behaviors.

RESOLUTION 04 - CO-PAYMENTS IN PRISONS

MSS ACTION: ADOPT

RESOLVED, That our AMA advocate for the prohibition of the use of co-payments to access healthcare services in correctional facilities.

RESOLUTION 05 - ENDING TAX SUBSIDIES FOR ADVERTISEMENTS PROMOTING FOOD AND DRINK OF POOR NUTRITIONAL QUALITY AMONG CHILDREN

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA advocate for the end of tax subsidies for advertisements that promote among children the consumption of food and drink of poor nutritional quality, as defined by appropriate nutritional guiding principles.

RESOLUTION 06 - OPPOSITION TO FEDERAL BAN ON SNAP BENEFITS FOR PERSONS CONVICTED OF DRUG RELATED FELONIES

MSS ACTION: ADOPT AS AMENDED
RESOLVED, That our AMA opposes any lifetime ban on SNAP benefits imposed on individuals convicted of drug-related felonies.

RESOLUTION 07- AMENDING H-350.957, ADDRESSING IMMIGRANT HEALTH DISPARITIES TO INCLUDE OPPOSITION TO LEGISLATION THAT FORCES DECISIONS BETWEEN HEALTH CARE AND LAWFUL RESIDENCY STATUS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA amend H-350.957, Addressing Immigrant Health Disparities by insertion and as follows:

H-350.957 – ADDRESSING IMMIGRANT AND REFUGEE HEALTH DISPARITIES
1. Our American Medical Association recognizes the unique health needs of immigrants and refugees and encourages the exploration of issues related to immigrant and refugee health and supports legislation and policies that address the unique health needs of immigrants and refugees.
2. Our AMA: (A) urges federal and state government agencies to ensure standard public health screening and indicated prevention and treatment for immigrant children, regardless of legal status, based on medical evidence and disease epidemiology; (B) advocates for and publicizes medically accurate information to reduce anxiety, fear, and marginalization of specific populations; and (C) advocates for policies to make available and effectively deploy resources needed to eliminate health disparities affecting immigrants, refugees or asylees.
3. Our AMA will call for asylum seekers to receive all medically appropriate care, including vaccinations, in a patient centered, language and culturally appropriate way upon presentation for asylum regardless of country of origin.
4. Our AMA opposes any rule, regulation, or policy that would worsen health disparities among refugee or immigrant populations by forcing them to choose between health care or future lawful residency status.

RESOLUTION 08- EXPANDING AMA SUPPORT FOR ADVANCED PRACTICE PROVIDERS WHO PROVIDE FIRST-TRIMESTER ABORTION CARE

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS support state and federal legislation that allows appropriately trained and credentialed advanced practice clinicians to perform first trimester medical and aspiration abortions in accordance with individual state licensing requirements.

RESOLUTION 09- RECOGNIZING LONELINESS AS A PUBLIC HEALTH ISSUE

MSS ACTION: ADOPT AS AMENDED
RESOLVED, Our AMA releases a statement identifying loneliness as a public health issue with consequences for physical and mental health; and be it further

RESOLVED, Our AMA supports evidence-based efforts to combat loneliness.

**RESOLUTION 10 - EXEMPTIONS TO WORK REQUIREMENTS AND ELIGIBILITY EXPANSIONS IN PUBLIC ASSISTANCE PROGRAMS**

**MSS ACTION: ADOPT AS AMENDED**

RESOLVED, That our AMA support reductions in and exemptions from work requirements used as eligibility criteria in the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families program (TANF); and be it further

RESOLVED, That our AMA supports states’ ability to expand eligibility for public assistance programs beyond federal standards, including automatically qualifying individuals for a public assistance program based on their eligibility for another program.

**RESOLUTION 11 - STANDARD PROCEDURE FOR ACCOMMODATIONS IN USMLE AND NBME EXAMS**

**MSS ACTION: ADOPT AS AMENDED**

RESOLVED, That our AMA collaborate with medical licensing organizations to facilitate a timely accommodations applications process; and be it further

RESOLVED, That our AMA, in conjunction with the National Board of Medical Examiners, will develop a plan to reduce the amount of proof required for approving accommodations to lower the burden of cost and time to medical students with disabilities.

**RESOLUTION 12 - PROMOTING EARLY ACCESS TO DIABETES CARE TO REDUCE THE INCIDENCE OF END-STAGE RENAL DISEASE**

**MSS ACTION: REFER FOR STUDY**

RESOLVED, That our AMA shall call upon Congress for the expansion of Medicare Part D to individuals less than 65 years of age with diabetes for the procurement of all varieties of insulin, blood glucose monitoring supplies, and non-insulin antihyperglycemic treatment with the intention of reducing the incidence of End Stage Renal Disease.

**RESOLUTION 13 - EXPANDING INSURANCE COVERAGE TO ACCOMMODATE BARIATRIC SURGERY IN QUALIFIED INDIVIDUALS**

**MSS ACTION: REAFFIRMATION OF D-440.954**
D-440.954 – ADDRESSING OBESITY
1. Our AMA will: (a) assume a leadership role in collaborating with other interested organizations, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest, and the AMA Alliance, to discuss ways to finance a comprehensive national program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; (b) encourage state medical societies to collaborate with interested state and local organizations to discuss ways to finance a comprehensive program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; and (c) continue to monitor and support state and national policies and regulations that encourage healthy lifestyles and promote obesity prevention.
2. Our AMA, consistent with H-440.842, Recognition of Obesity as a Disease, will work with national specialty and state medical societies to advocate for patient access to and physician payment for the full continuum of evidence-based obesity treatment modalities (such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions).
3. Our AMA will: (a) work with state and specialty societies to identify states in which physicians are restricted from providing the current standard of care with regards to obesity treatment; and (b) work with interested state medical societies and other stakeholders to remove out-of-date restrictions at the state and federal level prohibiting healthcare providers from providing the current standard of care to patients affected by obesity.

RESOLUTION 14- STUDY OF MEDICAL STUDENT, RESIDENT/FELLOW, AND PHYSICIAN VOTING IN FEDERAL, STATE AND LOCAL ELECTIONS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA study the rate of voter turnout of physicians, residents, fellows, and medical students in federal, state, and local elections without regard to political party affiliation or voting record, as a step towards understanding political participation in the medical community.

RESOLUTION 15- STUDYING AN APPLICATION CAP FOR THE NATIONAL RESIDENCY MATCH PROGRAM

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS study the implementation of application limits for the National Residency Matching Program through the Electronic Residency Application Services as a means of addressing the increase in residency application volume on individual residency programs.
RESOLUTION 16 - REVISING THE SOCIAL SUPPORT CRITERION OF ORGAN TRANSPLANT WAITLIST ELIGIBILITY

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS supports revision of the adequate social support criterion used in organ transplantation eligibility determination and encourages standardized evaluation of patients’ social support to enhance transparency and decrease discrimination in the field.

RESOLUTION 17 - REDUCING THE COST OF CENTERS FOR MEDICARE AND MEDICAID SERVICES LIMITED DATA SETS FOR ACADEMIC USE

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA encourage the Centers for Medicare and Medicaid Services to adjust the pricing of limited data sets in order to increase access for academic use.

RESOLUTION 18 - EMPOWERING PATIENTS AND UPHOLDING COMPLIANCE WITH HEALTHCARE PRICE TRANSPARENCY VIA ACTIONABLE ENFORCEMENT TOOLS, & AMENDING D-155.987, PRICE TRANSPARENCY

MSS ACTION: NOT ADOPT

RESOLVED, That our AMA: (a) advocate for the implementation of policy that support monetary penalties for hospitals and other healthcare provider organizations that fail to comply with public price transparency listings; (b) advocate for the establishment of actionable enforcement tools including monitoring, auditing, incentivizing price compliance and efficient healthcare services, and developing corrective action plans; (c) actively engage with stakeholders to ensure compliance with healthcare price transparency; (d) support healthcare price transparency legislation that increases competition among all hospitals, improves patient accessibility to public pricing information, and ensures accountability and integrity of our American healthcare system (New HOD Policy); and be it further

RESOLVED, That our AMA amend policy D-155.987, Price Transparency, to include online hospital price listings and price comparison metrics to compare coverage between different insurance providers and health plans by insertion as follows:

D-155.987 – PRICE TRANSPARENCY

1) Our AMA encourages physicians to communicate information about the cost of their professional services to individual patients, taking into consideration the insurance status (e.g., self-pay, in-network insured, out-of-network insured) of the patient or other relevant information where possible.

2) Our AMA advocates that health plans provide plan enrollees or their designees with complete information regarding plan benefits and real time cost-sharing information associated with both in-network and out-of-network provider services or other plan designs that may affect patient out-of-pocket costs, as well as price comparison tools between different health care plans and different insurance providers to elucidate gaps in coverage in a manner that is accessible to the general public.
3) Our AMA will actively engage with health plans, public and private entities, and other stakeholder groups in their efforts to facilitate price and quality transparency for patients and physicians, and help ensure that entities promoting price transparency tools have processes in place to ensure the accuracy and relevance of the information they provide.

4) Our AMA will work with states to support and strengthen the development of all-payer claims databases.

5) Our AMA encourages electronic health records vendors to include features that assist in facilitating price transparency for physicians and patients.

6) Our AMA encourages efforts to educate patients in health economics literacy, including the development of resources that help patients understand the complexities of health care pricing and encourage them to seek information regarding the cost of health care services they receive or anticipate receiving.

7) Our AMA will request that the Centers for Medicare and Medicaid Services expand its Medicare Physician Fee Schedule Look-up Tool to include hospital outpatient payments.

8) Our AMA advocates for real-time public listings on the Internet of standard procedure charges for every hospital in a machine-readable file to increase ease of accessibility to important cost information.

9) Our AMA advocates for public listings of payer-specific negotiated charges for common shoppable services – services that can be scheduled by a health care consumer in advance – in a manner that is consumer-friendly, easily searchable, written in ‘plain language,’ and grouped with charges for common ancillary services.

RESOLUTION 19- EXPANSION OF EPINEPHRINE ENTITY STOCKING LEGISLATION

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA support the adoption of laws that allow state-authorized entities to permit the storage of auto-injectable epinephrine for use in case of an emergency.

RESOLUTION 20- ADVANCING THE ROLE OF OUTDOOR RECREATION IN PUBLIC HEALTH

MSS ACTION: ADOPT

RESOLVED, That our AMA encourages federal, state, and local governments to create new and maintain existing public lands and outdoor spaces for the purposes of outdoor recreation; and be it further

RESOLVED, That our AMA work with the Centers for Disease Control and Prevention, National Institute of Environmental Health Science, National Recreation and Park Association, and other relevant stakeholders to encourage continued research on the clinical uses of outdoor recreation therapy.
RESOLUTION 21- USING X-RAY AND DENTAL RECORDS FOR ASSESSING IMMIGRANT AGE

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA support discontinuation of the use of non-medically necessary dental and bone forensics to assess an immigrant’s age.

RESOLUTION 22- IMPROVING RESEARCH STANDARDS, APPROVAL PROCESSES, AND POST-MARKET SURVEILLANCE STANDARDS FOR MEDICAL DEVICES

MSS ACTION: RESOLVE 1 REFERRED, RESOLVES 2 AND 3 ADOPTED AS AMENDED

RESOLVED, That our AMA support the principles that: (a) an FDA decision to approve a new medical device, to withdraw a medical device’s approval, or to change the indications for use of a medical device must be based on sound scientific and medical evidence derived from controlled trials and/or post-market incident reports; (b) the evidence for medical devices should be evaluated by the FDA, in consultation with its Advisory Committees and expert extramural advisory bodies, as appropriate; (c) expedited programs for medical devices serve the public interest as long as sponsors for medical devices that are approved based on surrogate endpoints or limited evidence conduct confirmatory trials in a timely fashion to establish the expected clinical benefit and predicted risk-benefit profile; (d) confirmatory trials for medical devices approved under accelerated approval should be planned at the time of expedited approval; (e) the FDA should pursue having in place a systematic process to ensure that sponsors adhere to their obligations for conducting confirmatory trials; (f) any risk-benefit analysis or relative safety or efficacy judgments should not be grounds for limiting access to or indications for use of a medical device unless the weight of the evidence from clinical trials and/or post-market incident reports prove that the medical device is unsafe and/or ineffective for its labeled indications; and (g) the FDA should make the annual summary of medical devices approved under expedited programs more readily available to the public and consider adding information on confirmatory clinical trials for such medical devices; and be it further (Referred)

RESOLVED, That our AMA support improvements to the Food and Drug Administration 510(k) exception to ensure the safety and efficacy of medical devices to: (a) make more stringent guidelines for which devices can qualify for the 510(k) exceptions; (b) mandate all 510(k) devices demonstrate equivalent or improved safety and effectiveness compared to market devices for the same clinical purpose; and be it further (Adopted)

RESOLVED, That our AMA support stronger post-market surveillance requirements including but not limited to conditional approval of devices until sufficient post-market surveillance data determining device safety can be collected. (Adopted)

RESOLUTION 23- SUPPORT OF RESEARCH ON VISION SCREENINGS AND VISUAL AIDS FOR ADULTS COVERED BY MEDICAID

MSS ACTION: REFER FOR STUDY
RESOLVED, That our AMA encourages appropriate scientific and medical research to determine the benefits of routine comprehensive eye exam and benefits of visual aids in adults eligible for Medicaid.

**RESOLUTION 24 - MODIFYING ELIGIBILITY CRITERIA FOR THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES’ FINANCIAL ASSISTANCE PROGRAM**

**MSS ACTION: ADOPT AS AMENDED**

RESOLVED, That our AMA encourage the Association of American Medical Colleges’ (AAMC) to conduct a study of the financial impact of the current Fee Assistance Program (FAP) policy to medical school applicants.

**RESOLUTION 25 - ADVOCATING FOR THE AMENDMENT OF CHRONIC NUISANCE ORDINANCES**

**MSS ACTION: ADOPT AS AMENDED**

RESOLVED, That our AMA advocate for amendments to chronic nuisance ordinances that ensure calls made for safety or emergency services, are not counted towards nuisance designations; and be it further

RESOLVED, That our AMA support initiatives to (a) gather data on chronic nuisance ordinance enforcement and (b) make that data publicly available to enable easier identification of disparities.

**RESOLUTION 26 - URBAN FORESTRY AS PUBLIC HEALTH INFRASTRUCTURE**

**MSS ACTION: ADOPT**

RESOLVED, That our AMA-MSS recognizes the positive impact of urban forestry on air quality and related respiratory conditions, and the need for state and national policy to expand funding for urban tree-planting and maintenance programs; and be it further

RESOLVED, That our AMA-MSS acknowledges urban forestry as public health infrastructure in recognition of the public health and biophysical benefits of urban forestry-related programs.

**RESOLUTION 27 - ETHICAL CONSIDERATIONS OF BIG DATA HEALTH RESEARCH**

**MSS ACTION: NOT ADOPT**

RESOLVED, That our AMA work with relevant stakeholders to develop ethical research guidelines for the use of health information collected from public and/or private data sets that originate from social media, online platforms, and devices, including but not limited to personal cell phones and wearable gadgets; and be it further

RESOLVED, That our AMA support the creation and enforcement of ethical guidelines by appropriate federal agencies pertaining to the collection and downstream use of health research involving large data sets.

**RESOLUTION 28 - REDUCING THE PREVALENCE OF SEXUAL ASSAULT BY TESTING SEXUAL ASSAULT EVIDENCE KITS**
MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA amend policy H-80.999, Sexual Assault Survivors, by insertion:

H-80.999 – SEXUAL ASSAULT SURVIVORS
1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors.
2. Our AMA advocates for the legal protection of sexual assault survivors’ rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention.
3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor’s Bill of Rights Act of 2016.
4. Our AMA will advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.
5. Our AMA will advocate at the state and federal level for (a) the immediate processing of all “backlogged” and new sexual assault examination kits; and (b) additional funding to facilitate the immediate testing of sexual assault evidence kits.

RESOLUTION 29- SUPPORT FOR MENTAL HEALTH COURTS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS supports the establishment and use of mental health courts, including drug courts and sober courts, as an effective method of intervention for individuals with mental illness and substance use disorders who are convicted of nonviolent crimes at the state and local level in the United States.

RESOLUTION 30- RACISM AS A PUBLIC HEALTH THREAT

MSS ACTION: ADOPT AS AMENDED
RESOLVED, That our AMA acknowledges that historic and present racist medical practices have caused and continue to cause harm to marginalized communities; and be it further

RESOLVED, That our AMA recognizes racism, in its systemic, cultural, interpersonal, and other forms, as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care; and be it further

RESOLVED, That our AMA will identify a set of current best practices for healthcare institutions, physician practices, and academic medical centers to recognize, address, and mitigate the effects of racism on patients, providers, and populations; and be it further

RESOLVED, That our AMA will encourage the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of:

1. the causes, influences, and effects of systemic, cultural, institutional, and interpersonal racism;
2. how to prevent and-ameliorate the health effects of racism; and be it further

RESOLVED, That our AMA: (A) supports the development of policy to combat racism and its effects;(B) encourages governmental agencies and nongovernmental organizations to increase funding for research into the epidemiology of risks and damages related to racism and how to prevent or repair them; and be it further

RESOLVED, That our AMA will work to prevent and combat the influences of racism and bias in innovative health technologies.

RESOLUTION 31- CONFORMING SEX AND GENDER DESIGNATION ON GOVERNMENT IDS AND OTHER DOCUMENTS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS formally support HOD policy H-65.967, Conforming Sex and Gender Designation on Government IDs and Other Documents.


RESOLUTION 32- AMENDING H-160.963, TO INCLUDE SUPPORTING INCREASED ACCESS AND REIMBURSEMENT FOR COMMUNITY-BASED RECOVERY SERVICES

MSS ACTION: REAFFIRMATION OF D-95.987, H-95.976, D-95.981, H-95.922, H-345.980, H-420.962
D-95.987 – PREVENTION OF OPIOID OVERDOSE

1. Our AMA: (A) recognizes the great burden that opioid addiction and prescription drug abuse places on patients and society alike and reaffirms its support for the compassionate treatment of such patients; (B) urges that community-based programs offering naloxone and other opioid overdose prevention services continue to be implemented in order to further develop best practices in this area; and (C) encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities; and (D) will continue to monitor the progress of such initiatives and respond as appropriate.

2. Our AMA will: (A) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (B) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.

3. Our AMA will support the development and implementation of appropriate education programs for persons in recovery from opioid addiction and their friends/families that address how a return to opioid use after a period of abstinence can, due to reduced opioid tolerance, result in overdose and death.
H-95.976 – ADDICTION AND UNHEALTHY SUBSTANCE USE

Our AMA is committed to efforts that can help the national problem of addiction and unhealthy substance use from becoming a chronic burden. The AMA pledges its continuing involvement in programs to alert physicians and the public to the dimensions of the problem and the most promising solutions. The AMA, therefore:

(1) supports cooperation in activities of organizations in fostering education, research, prevention, and treatment of addiction;
(2) encourages the development of addiction treatment programs, complete with an evaluation component that is designed to meet the special needs of pregnant women and women with infant children through a comprehensive array of essential services;
(3) urges physicians to routinely provide, at a minimum, a historical screen for all pregnant women, and those of childbearing age for substance abuse and to follow up positive screens with appropriate counseling, interventions and referrals;
(4) supports pursuing the development of educational materials for physicians, physicians in training, other health care providers, and the public on prevention, diagnosis, and treatment of perinatal addiction. In this regard, the AMA encourages further collaboration in delivering appropriate messages to health professionals and the public on the risks and ramifications of perinatal drug and alcohol use;
(5) urges the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the Substance Abuse and Mental Health Services Administration to continue to support research and demonstration projects around effective prevention and intervention strategies;
(6) urges that public policy be predicated on the understanding that alcoholism and drug dependence, including tobacco use disorder as indicated by the Surgeon General's report, are diseases characterized by compulsive use in the face of adverse consequences;
(7) affirms the concept that addiction is a disease and supports developing model legislation to appropriately address perinatal addiction as a disease, bearing in mind physicians’ concern for the health of the mother, the fetus and resultant offspring; and
(8) calls for better coordination of research, prevention, and intervention services for women and infants at risk for both HIV infection and perinatal addiction.
D-95.981 – IMPROVING MEDICAL PRACTICE AND PATIENT/FAMILY EDUCATION TO REVERSE THE EPIDEMIC OF NON-MEDICAL PRESCRIPTION DRUG USE AND ADDICTION
1. Our AMA:
a. will collaborate with relevant medical specialty societies to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to prescription-controlled substances, especially by youth;
b. encourages medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe and effective clinical use of prescription-controlled substances, especially psychostimulants, benzodiazepines and benzodiazepines receptor agonists, and opioid analgesics;
c. encourages physicians to become aware of resources on the nonmedical use of prescription controlled substances that can assist in actively engaging patients, and especially parents, on the benefits and risks of such treatment, and the need to safeguard and monitor prescriptions for controlled substances, with the intent of reducing access and diversion by family members and friends;
d. will consult with relevant agencies on potential strategies to actively involve physicians in being a part of the solution to the epidemic of unauthorized/nonmedical use of prescription-controlled substances; and
e. supports research on: (i) firmly identifying sources of diverted prescription-controlled substances so that solutions can be advanced; and (ii) issues relevant to the long-term use of prescription-controlled substances.
2. Our AMA, in conjunction with other Federation members, key public and private stakeholders, and pharmaceutical manufacturers, will pursue and intensify collaborative efforts involving a public health approach in order to:
a. reduce harm from the inappropriate use, misuse and diversion of controlled substances, including opioid analgesics and other potentially addictive medications;
b. increase awareness that substance use disorders are chronic diseases and must be treated accordingly; and
c. reduce the stigma associated with patients suffering from persistent pain and/or substance use disorders, including addiction.

H-95.922 – SUBSTANCE USE AND SUBSTANCE USE DISORDERS
(1) will continue to seek and participate in partnerships designed to foster awareness and to promote screening, diagnosis, and appropriate treatment of substance misuse and substance use disorders;
(2) will renew efforts to: (a) have substance use disorders addressed across the continuum of medical education; (b) provide tools to assist physicians in screening, diagnosing, intervening, and/or referring patients with substance use disorders so that they have access to treatment; (c) develop partnerships with other organizations to promote national policies to prevent and treat these illnesses, particularly in adolescents and young adults; and (d) assist physicians in becoming valuable resources for the general public, in order to reduce the stigma and enhance knowledge about substance use disorders and to communicate the fact that substance use disorder is a treatable disease; and (3) will support appropriate federal and state legislation that would enhance the prevention, diagnosis, and treatment of substance use disorders.

H-345.980 – ADVOCATING FOR REFORM IN PAYMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES
Our AMA advocates that funding levels for public sector mental health and substance use disorder services not be decreased in the face of governmental budgetary pressures, especially because private sector payment systems are not in place to provide accessibility and affordability for mental health and substance use disorder services to our citizens.

H-420.962 – PERINATAL ADDICTION – ISSUES IN CARE AND PREVENTION
Our AMA: (1) adopts the following statement: Transplacental drug transfer should not be subject to criminal sanctions or civil liability; (2) encourages the federal government to expand the proportion of funds allocated to drug treatment, prevention, and education. In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant and breastfeeding women wherever possible; (3) urges the federal government to fund additional research to further knowledge about and effective treatment programs for drug-addicted pregnant and breastfeeding women, encourages also the support of research that provides long-term follow-up data on the developmental consequences of perinatal drug exposure, and identifies appropriate methodologies for early intervention with perinatally exposed children; (4) reaffirms the following statement: Pregnant and breastfeeding patients with substance use disorders should be provided with physician-led, team-based care that is evidence-based and offers the ancillary and supportive services that are necessary to support rehabilitation; and (5) through its communication vehicles, encourages all physicians to increase their knowledge regarding the effects of drug and alcohol use during pregnancy and breastfeeding and to routinely inquire about alcohol and drug use in the course of providing prenatal care.
RESOLUTION 33- SUPPORTING THE INCUS REPORT RECOMMENDATIONS TO EXPLORE FURTHER RESEARCH INTO POSSIBLE CHANGES TO THE USMLE STEP 1 SCORING SYSTEM

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That the AMA-MSS supports efforts to minimize racial demographic differences that exist in USMLE performance; and be it further

RESOLVED, That the AMA-MSS supports efforts to convene a cross-organizational panel to create solutions for challenges in the UME-GME transition.

RESOLUTION 34- COMBATING NATURAL HAIR AND CULTURAL HEADWEAR DISCRIMINATION IN MEDICINE AND MEDICAL PROFESSIONALISM

MSS ACTION: ADOPT

RESOLVED, That our AMA recognize that discrimination against natural hair/hairstyles and cultural headwear is a form of racial/ethnic and/or religious discrimination; and be it further

RESOLVED, That our AMA oppose discrimination against individuals based on their hair or cultural headwear in health care settings; and be it further

RESOLVED, That our AMA acknowledge the acceptance of natural hair/hairstyles and cultural headwear as crucial to professionalism in the standards for the health care workplace; and be it further

RESOLVED, That our AMA encourage medical schools, residency and fellowship programs, and medical employers to create policies to oppose discrimination based on hairstyle and cultural headwear in the interview process, medical education, and the workplace.

RESOLUTION 35- EVALUATING THE USE OF THIRD-PARTY RESOURCES IN MEDICAL EDUCATION

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS support the augmentation of traditional medical curricula with third-party, non-institutional resources; as well as continued research into innovative methods of incorporating these resources into medical education curricula.

RESOLUTION 36- ENHANCING TRANSPARENCY AND REGULATION IN THE PERSONAL CARE PRODUCT INDUSTRY

MSS ACTION: REFER FOR STUDY

RESOLVED, That our AMA encourage Congress and the FDA to legally define the term “personal care products”; and be it further

RESOLVED, That our AMA advocate for the FDA to research ingredients found in personal care products in order to better understand the cross-reactivity of ingredients, chronic usage of
personal care products, and establish guidelines for safe usage of personal care products; and be it further

RESOLVED, That our AMA amend H-440.855 by insertion and deletion as follows, to broaden the scope of advocacy on this issue:

H-440.855 – NATIONAL COSMETICS REGISTRY AND REGULATION
1. Our AMA: (a) supports the creation of a publicly available registry of all cosmetics personal care products and their ingredients in a manner which does not substantially effect the manufacturers; proprietary interests and (b) supports providing the Food and Drug Administration with sufficient authority to recall cosmetic products personal care products that it deems to be harmful.
2. Our AMA will monitor the progress of HR 759 (Food and Drug Administration Globalization Act of 2009) and respond as appropriate.

RESOLVED, That our AMA-MSS amend 270.021MSS by insertion and deletion as follows:

270.021MSS – NATIONAL COSMETICS REGISTRY AND REGULATION
AMA-MSS will ask the AMA to (1) support legislation for the creation of a publicly available national registry of all cosmetics personal care products and their ingredients; and (2) support legislation for the FDA to be given strengthened authority to recall cosmetic products personal care products determined to be harmful based on the FDA’s product recall classifications. (MSS Amended Res 11, A-09) (Reaffirmed: MSS GC Rep A, I-14)

RESOLVED, That our AMA-MSS amend 525.009MSS by insertion and deletion as follows:

525.009MSS – IMPROVING TRANSPARENCY IN INGREDIENT LISTS FOR COSMETIC AND FEMININE HYGIENE PRODUCTS
That our AMA-MSS support improved consumer reporting of ingredients that may be harmful in cosmetic and feminine hygiene products personal care products, including but not limited to cosmetics and feminine hygiene products; (2) That our AMA-MSS support health professionals in counseling patients about the known risks of toxic ingredients in beauty and personal care products, including but not limited to cosmetics and feminine hygiene.

RESOLUTION 37- SUPPORT FOR MENTAL HEALTH ABSENCES FOR STUDENTS AND RESIDENTS

MSS ACTION: REFER FOR STUDY
RESOLVED, That our AMA-MSS support mental health as a valid use of a “sick day” for all students.

RESOLUTION 38- REPORT AND RECOMMENDATIONS ON THE RESIDENCY APPLICATION PROCESS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA collaborate with appropriate stakeholders to study existing communication practices during the residency application process and provide recommendations to improve communications throughout this process.

RESOLUTION 39- PROTECTING MEDICAL STUDENT ACCESS TO ABORTION EDUCATION AND TRAINING

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA amend policy H-295.923, Medical Training and Termination of Pregnancy by insertion and deletion as follows:

H-295.923 – MEDICAL TRAINING AND TERMINATION OF PREGNANCY
1. Our AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.
2. Although observation of, attendance at, or any direct or indirect participation in abortion procedures should not be required, our AMA does support opt-out curriculum on abortion education. Further, the AMA supports the opportunity for medical students and residents to learn procedures for termination of pregnancy and opposes efforts to interfere with or restrict the availability of this training.
3. Our AMA encourages the Accreditation Council for Graduate Medical Education to better enforce compliance with the standardization of abortion training opportunities as per the requirements set forth by the Review Committee of Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists’ recommendations.

RESOLUTION 40- SUPPORT FOR THE DEVELOPMENT OF GUIDELINES PREVENTING DISCRIMINATION FOR PEOPLE SEEKING PREVENTIVE MEDICATIONS

MSS ACTION: NOT ADOPT

RESOLVED, That our AMA amend Preventive Medicine Services, H-425.987, as follows:

H-425.987 – PREVENTIVE MEDICINE SERVICES
1) Our AMA supports (A) continuing to work with the appropriate national medical specialty societies in evaluating and coordinating the development of practice parameters, including those for preventive services; (B) continuing to actively encourage the insurance industry to offer products that include coverage for general preventive services; and (C) appropriate reimbursement and coding for established preventive services; and (D) support research into the possibility of classifying “preventive care” as a class under which individuals are protected against discrimination from insurance, employers, or other agencies in the same manner by which pre-existing conditions are protected.

; and be it further

2) RESOLVED, That our AMA amend Insurance Underwriting Reform, H-185.947, as follows:

H-185.947 – INSURANCE UNDERWRITING REFORM

Our AMA: (1) urges insurance companies to recognize that some medical conditions can be resolved or reduced to the extent that they are no longer valid predictors of morbidity and mortality, (2) urges insurance companies to make underwriting decisions based only on the presence of conditions that are valid predictors of morbidity and mortality; and (3) urges any insurance provider to accept appropriately amended medical records when underwriting decisions require medical review, (4) urges any insurance provider to not make any underwriting decisions based on prescription drug information that is not directly related to the applicant’s health status in the insurance underwriting process.

; and be it further

3) RESOLVED, That our AMA amend Increasing Availability of Naloxone, H-95.932, as follows:

H-95.932 – INCREASING AVAILABILITY OF NALOXONE

1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including, but not limited to, collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery.

2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone.

3. Our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients.

4. Our AMA encourages private and public payers to include all forms of naloxone on their preferred drug lists and formularies with minimal or no cost sharing.

5. Our AMA supports liability protections for physicians and other health care professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law.
6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively.
7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration.
8. Our AMA supports the widespread implementation of easily accessible naloxone rescue stations (public availability of naloxone through wall-mounted display/storage units that also include instructions) through the country following distribution and legislative edits similar to those for Automated External Defibrillators.
9. Our AMA supports the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription.
10. Our AMA advocates that individuals are not denied or face discriminatory increases in cost of health, long-term care, life, or disability insurance on the basis of naloxone prescription or use.

RESOLUTION 41- INCREASING ACCESS TO MENSTRUAL HYGIENE PRODUCTS IN SCHOOL SETTINGS

MSS ACTION: ADOPT

RESOLVED, That our AMA recognize the adverse physical and mental health consequences of limited access to menstrual products for school-aged individuals; and be it further

RESOLVED, That our AMA support the distribution of menstrual products and inclusion of menstrual product disposal systems in education institutions.

RESOLUTION 42- PROMOTING THE USE OF MULTI-USE DEVICES AND SUSTAINABLE PRACTICES IN THE OPERATING ROOM

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA advocate for research into and development of intended multi-use operating room equipment and attire over devices, equipment, and attire labeled for “single-use” with verified similar safety and efficacy profiles.

RESOLUTION 43- ETHICS AND SECURITY OF BRAIN-COMPUTER INTERFACES

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS support research efforts investigating brain-computer interfaces, with emphasis on the safety and security of these devices; and be it further

RESOLVED, That our AMA-MSS support legislation that makes it illegal to collect information from or send information to a brain-computer interface without informed consent.
RESOLUTION 44- CLASSIFICATION AND SURVEILLANCE OF MATERNAL MORTALITY

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA advocate for an annual release of the national maternal mortality rate in the United States; and be it further

RESOLVED, Our AMA will collaborate with relevant stakeholders to advocate for a reliable, accurate, and standardized definition of maternal mortality that will be implemented across states for tracking data on maternal mortality.

RESOLUTION 45- ENFRANCHISEMENT OF INCARCERATED PERSONS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS recognize that the health and well-being of currently and formerly incarcerated populations, including those convicted of felonies, is connected to the political enfranchisement of those populations; and be it further

RESOLVED, That our AMA-MSS urge the enfranchisement of formerly and currently incarcerated persons.

RESOLUTION 46- GUN VIOLENCE AND MENTAL ILLNESS STIGMA IN THE MEDIA

MSS ACTION: REAFFIRMATION OF H-145.971

H-145.971 – DEVELOPMENT AND IMPLEMENTATION OF RECOMMENDATIONS FOR RESPONSIBLE MEDIA COVERAGE OF MASS SHOOTINGS
Our AMA encourages the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations or best practices for media coverage of mass shootings.

RESOLUTION 47- ADVOCATING FOR ARBITRATION TO SOLVE SURPRISE MEDICAL BILLING PRACTICES

MSS ACTION: NOT ADOPT

RESOLVED, That our AMA advocate for federal legislation that pre-empts state laws and mandates arbitration as the primary means to eradicate balanced bills and resolve resultant payment disputes between payers and providers.

RESOLUTION 48- SUPPORT FOR STANDARDIZED INTERPRETER TRAINING FOR MEDICAL SCHOOLS

MSS ACTION: REFER FOR STUDY

RESOLVED, That our AMA should develop a standardized training module with support from the American Association of Medical Colleges (AAMC) and the Accreditation Council on
Graduate Medical Education (ACGME) that could be made available for further education on appropriate interpreter use in the clinical setting; and be it further

RESOLVED, That our AMA make this training module available for referral to medical students as an educational resource on the appropriate manner of working with interpreters.

RESOLUTION 49- SUPPORT FOR WARNING LABELS ON FIREARM AMMUNITION PACKAGING

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA supports legislation requiring that packaging for any firearm ammunition produced in, sold in, or exported from the United States carry a legible, boxed warning that includes, at a minimum, (a) text-based statistics and/or graphic picture-based warning labels related to the risks, harms, and mortality associated with firearm ownership and use, and (b) explicit recommendations that ammunition be stored securely and separately from firearms.

RESOLUTION 50-NALOXONE TRAINING IN CORRECTIONAL FACILITIES PRIOR TO RELEASE OF PEOPLE WHO ARE INCARCERATED

MSS ACTION: REAFFIRMATION OF H-95.932 AND H-430.987

H-95.932 – INCREASING AVAILABILITY OF NALOXONE
1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery.
2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone.
3. Our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients.
4. Our AMA encourages private and public payers to include all forms of naloxone on their preferred drug lists and formularies with minimal or no cost sharing.
5. Our AMA supports liability protections for physicians and other health care professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law.
6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively.
7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration.
8. Our AMA supports the widespread implementation of easily accessible Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for Automated External Defibrillators.

9. Our AMA supports the legal access to and use of naloxone in all public spaces regardless of whether the individual holds a prescription.

H-430.987 – OPIATE REPLACEMENT THERAPY PROGRAMS IN CORRECTIONAL FACILITIES

1. Our AMA endorses: (a) the medical treatment model of employing opiate replacement therapy (ORT) as an effective therapy in treating opiate-addicted persons who are incarcerated; and (b) ORT for opiate-addicted persons who are incarcerated, in collaboration with the National Commission on Correctional Health Care and the American Society of Addiction Medicine.

2. Our AMA advocates for legislation, standards, policies and funding that encourage correctional facilities to increase access to evidence-based treatment of opioid use disorder, including initiation and continuation of opioid replacement therapy in conjunction with counseling, in correctional facilities within the United States and that this apply to all incarcerated individuals including pregnant women.

3. Our AMA supports legislation, standards, policies, and funding that encourage correctional facilities within the United States to work in ongoing collaboration with addiction treatment physician-led teams, case managers, social workers, and pharmacies in the communities where patients, including pregnant women, are released to offer post-incarceration treatment plans for opioid use disorder, including education, medication for addiction treatment and counseling, and medication for preventing overdose deaths and help ensure post-incarceration medical coverage and accessibility to medication assisted therapy.

RESOLUTION 51- FAMILY PLANNING FOR MEDICAL STUDENTS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS encourages medical schools to create informative resources that promote a culture that is supportive of their students who are parents and to provide openly accessible information to prospective and current students regarding family planning in their specific medical school including maternity and paternity leave and relevant make up work, options to preserve fertility, breastfeeding policies, accommodations during pregnancy, and resources for childcare that span the institution and surrounding area; and be it further

RESOLVED, That our AMA-MSS supports the development of comprehensive requirements for medical schools regarding guidelines and resources for family leave and parenthood.
RESOLUTION 52- EVIDENCE-BASED PRACTICES TO IMPROVE MATERNAL MORTALITY

MSS ACTION: WITHDRAWN

RESOLUTION 53- TEACHING AND ASSESSING OSTEOPATHIC MANIPULATIVE TREATMENT AND OSTEOPATHIC PRINCIPLES AND PRACTICE TO RESIDENT PHYSICIANS IN THE CONTEXT OF ACGME SINGLE SYSTEM OF ACCREDITATION

MSS ACTION: REFER FOR STUDY

RESOLVED, That our AMA will:

1) Recommend the building of a task force in collaboration with the American Osteopathic Association, the Accreditation Council of Graduate Medical Education, the American Academy of Family Physicians, The American Academy of Osteopathic Family Physicians, and other interested parties to explore the need for graduate medical education faculty development in the supervision of Osteopathic Manipulative Treatment; and

2) Ask the ACGME about the need for standardized education on Osteopathic Principles and Practice and Osteopathic Manipulative Treatment among faculty in ACGME-accredited programs without osteopathic recognition, in order to allow the faculty to support osteopathic residents in safely providing patient care.

RESOLUTION 54- BUPRENORPHINE TRAINING IN MEDICAL SCHOOLS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS support standardized buprenorphine training addition in medical school curricula to reduce the patient-provider gap in prescribing medication assisted treatment to those with substance use disorder.

RESOLUTION 55- PROTECTING IMMIGRANT HEALTH AND WELL-BEING

MSS ACTION: WITHDRAWN

RESOLUTION 56- SUPPORT FOR ASSISTED OUTPATIENT TREATMENT

MSS ACTION: REFER FOR STUDY

RESOLVED, That our AMA supports the use of assisted outpatient treatment as a method of intervention for individuals with serious mental illness at the state and local level in the United States.

RESOLUTION 57- PATIENT EDUCATION AND SECURITY RISKS INVOLVING DIRECT-TO-CONSUMER GENETIC TESTING

MSS ACTION: ADOPT AS AMENDED
RESOLVED, That our AMA address Direct-to-Consumer genetic testing by amending H-460.908, “Genomic-Based Personalized Medicine,” by insertion as follows:

H-460.908 – GENOMIC-BASED PERSONALIZED MEDICINE
Our AMA: (1) acknowledges the increasingly important role of genomic-based personalized medicine applications in the delivery of care, and will continue to assist in informing physicians about relevant personalized medicine issues; (2) will continue to develop educational resources and point-of-care tools to assist in the clinical implementation of genomic-based personalized medicine applications, and will continue to explore external collaborations and additional funding sources for such projects; and (3) will continue to represent physicians’ voices and interests in national policy discussions of issues pertaining to the clinical implementation of genomic-based personalized medicine, such as genetic test regulation, clinical validity and utility evidence development, insurance coverage of genetic services, direct-to-consumer genetic testing, and privacy of genetic information.; and (4) will support efforts to create and disseminate guidelines for best practice standards concerning counseling and data security for genetic test results in medical settings and in direct-to-consumer contexts; and be it further

RESOLVED, That our AMA amend D-480.987, “Direct-to-Consumer Marketing and Availability of Genetic Testing,” by insertion and deletion as follows:

D-480.987 DIRECT-TO-CONSUMER MARKETING AND AVAILABILITY OF GENETIC TESTING
[...] (5) will work to educate and inform physicians and patients regarding the types, benefits, and risks of genetic tests that are available directly to consumers, including but not limited to information about the lack of scientific validity associated with some direct-to-consumer genetic tests, privacy violations, and company ownership of patient data; so that patients can be appropriately counseled on the potential harms.; and be it further

RESOLVED, That our AMA-MSS amend 200.019MSS, “Improving Genetic Testing and Counseling Services in Hospitals and Healthcare Systems,” by insertion as follows:

200.019MSS – IMPROVING GENETIC TESTING AND COUNSELING SERVICES IN HOSPITALS AND HEALTHCARE SYSTEMS
[...] (2), That our AMA encourage efforts to create and disseminate guidelines for best practice standards concerning counseling and data security for genetic test results in medical settings and in direct-to-consumer contexts; and (3) That our AMA support further research into and open discourse concerning issues in medical genetics, including the genetic specialist workforce shortage, physician preparedness in the provision of genetic testing and counseling services, and impact of genetic test results and counseling on patient satisfaction; and be it further
RESOLVED, That our AMA support legislation regarding comprehensive security protection regarding direct-to-consumer genetic testing results to ensure patient privacy.

RESOLUTION 58- SUPPORTING COLLECTION OF DATA ON MEDICAL REPATRIATION

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA ask the Department of Health and Human Services to collect and de-identify any and all instances of medical repatriations from the United States to other countries by medical centers; and be it further

RESOLVED, That our AMA denounce the practice of forced medical repatriation.

RESOLUTION 59- INCORPORATING THE CHOOSING WISELY PROGRAM INTO UNDERGRADUATE AND GRADUATE MEDICAL EDUCATION

MSS ACTION: REAFFIRMATION OF D-155.988 AND H-295.924

D-155.988 – SUPPORT FOR THE CONCEPTS OF THE CHOOSING WISELY PROGRAM
Our AMA supports the concepts of the American Board of Internal Medicine Foundation’s Choosing Wisely program.

H-295.924 – FUTURE DIRECTIONS FOR SOCIONOMIC EDUCATION
The AMA: (1) asks medical schools and residencies to encourage that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review/quality assurance, is included in the curriculum;
(2) asks medical schools to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented in didactic sessions and reinforced during clinical experiences, in both inpatient and ambulatory care settings, at educationally appropriate times during undergraduate and graduate medical education; and
(3) will encourage representatives to the Liaison Committee on Medical Education (LCME) to ensure that survey teams pay close attention during the accreditation process to the degree to which "socioeconomic" subjects are covered in the medical curriculum.

RESOLUTION 60- INCREASES IN GOVERNMENT FUNDING OF PROGRAMS THAT TEACH SOCIAL EDUCATION AND HOUSING MAINTENANCE SKILLS FOR THOSE WITH MENTAL HEALTH PROBLEMS AS A MEANS TO ASSIST ERADICATING HOMELESSNESS AND IMPROVE OUTCOMES

MSS ACTION: REAFFIRMATION OF H-160.978 AND H-160.903
H-160.978 – THE MENTALLY ILL HOMELESS
(1) The AMA believes that public policy initiatives directed to the homeless, including the homeless mentally ill population, should include the following components: (a) access to care (e.g., integrated, comprehensive services that permit flexible, individualized treatment; more humane commitment laws that ensure active inpatient treatment; and revisions in government funding laws to ensure eligibility for homeless persons); (b) clinical concerns (e.g., promoting diagnostic and treatment programs that address common health problems of the homeless population and promoting care that is sensitive to the overriding needs of this population for food, clothing, and residential facilities); (c) program development (e.g., advocating emergency shelters for the homeless; supporting a full range of supervised residential placements; developing specific programs for multi-problem patients, women, children, and adolescents; supporting the development of a clearinghouse; and promoting coalition development); (d) educational needs; (e) housing needs; and (f) research needs.
(2) The AMA encourages medical schools and residency training programs to develop model curricula and to incorporate in teaching programs content on health problems of the homeless population, including experiential community-based learning experiences. (3) The AMA urges specialty societies to design interdisciplinary continuing medical education training programs that include the special treatment needs of the homeless population.

H-160.903 – ERADICATING HOMELESSNESS
Our AMA:
(1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services;
(2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless;
(3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis;
(4) recognizes the need for an effective, evidence-based national plan to eradicate homelessness;
(5) encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons;
(6) will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians’ role therein, in addressing these needs;
(7) encourages the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital; (8) encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients; (9) (a) supports laws protecting the civil and human rights of individuals experiencing homelessness, and (b) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available; and (10) recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods.

RESOLUTION 61- AMA FUNDING OF POLITICAL CANDIDATES WHO OPPOSE RESEARCH-BACKED FIREARM REGULATIONS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA amend policy G-640.020 as follows:

G-640.020 – POLITICAL ACTION COMMITTEES AND CONTRIBUTIONS
Our AMA: (1) Believes that better-informed and more active citizens will result in better legislators, better government, and better health care; (2) Encourages AMA members to participate personally in the campaign of their choice and strongly supports physician/family leadership in the campaign process; (3) Opposes legislative initiatives that improperly limit individual and collective participation in the democratic process; (4) Supports AMPAC’s policy to adhere to a no Rigid Litmus Test policy in its assessment and support of political candidates; (5) Encourages AMPAC to continue to consider the legislative agenda of our AMA and the recommendations of state medical PACs in its decisions; (6) Urges members of the House to reaffirm their commitment to the growth of AMPAC and the state medical PACs; (7) Will continue to work through its constituent societies to achieve a 100 percent rate of contribution to AMPAC by members; and (8) Calls upon all candidates for public office to refuse contributions from tobacco companies and their subsidiaries; and (9) Calls upon all candidates for public office to refuse contributions from any organization that opposes public health measures to reduce firearm violence.

RESOLUTION 62- MITIGATING THE EFFECTS OF THE OPIOID EPIDEMIC ON THE FOSTER CARE SYSTEM
MSS ACTION: REAFFIRMATION OF H-60.910

H-60.910 – ADDRESSING THE HEALTHCARE NEEDS OF CHILDREN IN FOSTER CARE
Our AMA advocates for comprehensive and evidence-based care that addresses the specific health care needs of children in foster care.

RESOLUTION 63- ADDRESSING THE NEED FOR FIREARM SAFETY IN MEDICAL SCHOOL CURRICULA

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA support the inclusion of gun violence epidemiology and evidence-based firearm-related injury prevention education in medical school curricula.

RESOLUTION 64- AMENDING H-515.952, ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA INFORMED CARE, TO ENCOURAGE ACE AND TIC TRAINING IN UNDERGRADUATE AND GRADUATE MEDICAL EDUCATION

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA encourage a deeper understanding of Adverse Childhood Experiences and Trauma-Informed Care amongst future physicians by amending H-515.952, “Adverse Childhood Experiences and Trauma-Informed Care,” as follows:

H-515.952, ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA-INFORMED CARE
1. Our AMA recognizes trauma-informed care as a practice that recognizes the widespread impact of trauma on patients, identifies the signs and symptoms of trauma, and treats patients by fully integrating knowledge about trauma into policies, procedures, and practices and seeking to avoid re-traumatization.
2. Our AMA supports:
   a. evidence-based primary prevention strategies for Adverse Childhood Experiences (ACEs);
   b. evidence-based trauma-informed care in all medical settings that focuses on the prevention of poor health and life outcomes after ACEs or other trauma at any time in life occurs;
   c. efforts for data collection, research and evaluation of cost-effective ACEs screening tools without additional burden for physicians;
   d. efforts to educate physicians about the facilitators, barriers and best practices for providers implementing ACEs screening and trauma-informed care approaches into a clinical setting; and
e. funding for schools, behavioral and mental health services, professional groups, community and government agencies to support patients with ACEs or trauma at any time in life.

3. Our AMA supports the inclusion of ACEs and trauma-informed care into undergraduate and graduate medical education curricula.

RESOLUTION 65 - ADVOCATING FOR THE REIMBURSEMENT OF REMOTE PATIENT MONITORING FOR THE MANAGEMENT OF CHRONIC CONDITIONS

MSS ACTION: REFER FOR STUDY

D-480.969 – INSURANCE COVERAGE PARITY FOR TELEMEDICINE SERVICE
1. Our AMA will advocate for telemedicine parity laws that require private insurers to cover telemedicine-provided services comparable to that of in-person services and remote patient monitoring services at a comparable rate to the fee schedule set by CMS, and not limit coverage only to services provided by select corporate telemedicine providers.
2. Our AMA will develop model legislation to support states' efforts to achieve parity in telemedicine coverage policies and to achieve adequate reimbursement of remote patient monitoring.
3. Our AMA will work with the Federation of State Medical Boards to draft model state legislation to ensure telemedicine and remote patient monitoring are appropriately defined in each state's medical practice statutes and their regulation falls under the jurisdiction of the state medical board.

RESOLUTION 66- HEPATITIS A SCREENING FOR AT-RISK POPULATIONS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That the AMA-MSS support research into methods of containing and preventing future Hepatitis A outbreaks.

RESOLUTION 67- OPPOSE TRACKING OF PEOPLE WHO PURCHASE NALOXONE

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA oppose any policies that require personally identifiable information associated with naloxone prescriptions or purchases to be tracked or monitored by non-health care providers.

RESOLUTION 68- RESTRICTING USE OF FORCE BY LAW ENFORCEMENT OFFICERS FOR IMPROVED PUBLIC HEALTH OUTCOMES

MSS ACTION: ADOPT AS AMENDED
RESOLVED, That our AMA work with interested national, state, and local medical societies in a public health effort to support the elimination of excessive use of force by law enforcement officers.

RESOLUTION 69- SUPPORTING THE INCLUSION OF INTEGRATED PRACTICE UNITS IN MEDICAL CARE

MSS ACTION: REAFFIRMATION OF H-390.843 AND H-155.960

H-390.843 – PHYSICIAN-LED, SINGLE AND MULTI-SPECIALTY, ORGANIZED GROUP PRACTICE MODELS

1. Our AMA recognizes that physician-led, single and multi-specialty group practices, integrated delivery systems, and other organized systems of care demonstrating the following attributes: (a) efficient provision of services, (b) organized system of care, (c) quality measurement and improvement activities, (d) care coordination, (e) use of IT and evidence-based medicine, (f) compensation practices that promote all aforementioned attributes, and (g) accountability, are credible models for providing coordinated, comprehensive, accountable, cost-effective, patient-centered care.

2. Our AMA will continue its involvement in activities that support physicians in all practice settings to implement solutions and strategies that can improve practice efficiency, helping them achieve improved quality at an affordable cost.

H-155.960 – STRATEGIES TO ADDRESS RISING HEALTH CARE COSTS

Our AMA:

(1) recognizes that successful cost-containment and quality-improvement initiatives must involve physician leadership, as well as collaboration among physicians, patients, insurers, employers, unions, and government;

(2) supports the following broad strategies for addressing rising health care costs: (a) reduce the burden of preventable disease; (b) make health care delivery more efficient; (c) reduce non-clinical health system costs that do not contribute value to patient care; and (d) promote "value-based decision-making" at all levels;

(3) will continue to advocate that physicians be supported in routinely providing lifestyle counseling to patients through: adequate third-party reimbursement; inclusion of lifestyle counseling in quality measurement and pay-for-performance incentives; and medical education and training;
(4) will continue to advocate that sources of medical research funding give priority to studies that collect both clinical and cost data; use evaluation criteria that take into account cost impacts as well as clinical outcomes; translate research findings into useable information on the relative cost-effectiveness of alternative diagnostic services and treatments; and widely disseminate cost-effectiveness information to physicians and other health care decision-makers;

(5) will continue to advocate that health information systems be designed to provide physicians and other health care decision-makers with relevant, timely, actionable information, automatically at the point of care and without imposing undue administrative burden, including: clinical guidelines and protocols; relative cost-effectiveness of alternative diagnostic services and treatments; quality measurement and pay-for-performance criteria; patient-specific clinical and insurance information; prompts and other functionality to support lifestyle counseling, disease management, and case management; and alerts to flag and avert potential medical errors;

(6) encourages the development and adoption of clinical performance and quality measures aimed at reducing overuse of clinically unwarranted services and increasing the use of recommended services known to yield cost savings;

(7) encourages third-party payers to use targeted benefit design, whereby patient cost-sharing requirements are determined based on the clinical value of a health care service or treatment. Consideration should be given to further tailoring cost-sharing requirements to patient income and other factors known to impact compliance; and

(8) supports ongoing investigation and cost-effectiveness analysis of non-clinical health system spending, to reduce costs that do not add value to patient care.

(9) Our AMA will, in all reform efforts, continue to identify appropriate cost savings strategies for our patients and the health care system.

RESOLUTION 70- OPPOSITION OF CORPORAL PUNISHMENT AS A FORM OF DISCIPLINE

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That the AMA-MSS opposes the use of corporal punishment in any setting; and be it further

RESOLVED, That the AMA-MSS supports education on the negative effects of corporal punishment and education on more effective discipline strategies.

RESOLUTION 71- SUPPORT FOR SIBLINGS OF CHRONICALLY ILL PATIENTS

MSS ACTION: ADOPT AS AMENDED
RESOLVED, That our AMA supports programs and resources that improve the mental health, physical health, and social support for pediatric siblings of chronically ill pediatric patients.

RESOLUTION 72- RESTRICTIONS ON THE UNLICENSED SALE OF GUNS AT GUN CONVENTIONS

MSS ACTION: REAFFIRMATION OF H-145.996

H-145.996 – FIREARM AVAILABILITY
1. Our AMA: (a) advocates a waiting period and background check for all firearm purchasers; (b) encourages legislation that enforces a waiting period and background check for all firearm purchasers; and (c) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.
2. Our AMA supports requiring the licensing/permitting of firearms-owners and purchasers, including the completion of a required safety course, and registration of all firearms.
3. Our AMA supports “gun violence restraining orders” for individuals arrested or convicted of domestic violence or stalking, and supports extreme risk protection orders, commonly known as “red-flag” laws, for individuals who have demonstrated significant signs of potential violence. In supporting restraining orders and “red-flag” laws, we also support the importance of due process so that individuals can petition for their rights to be restored.

RESOLUTION 73- OPPOSING EFFORTS THAT WOULD PREVENT TRANSGENDER OR QUESTIONING YOUTH FROM BEING PRESCRIBED PUBERTY-SUPPRESSING MEDICATIONS BY PHYSICIANS

MSS ACTION: ADOPT AS AMENDED
RESOLVED, That our AMA-MSS oppose efforts that would prevent transgender or questioning youth from being prescribed puberty-suppressing medications by physicians.

RESOLUTION 74- SUPPORT FOR THE CREATION OF A “VERIFIED BADGE” FOR VACCINE-RELATED INFORMATION WEBSITES

MSS ACTION: REAFFIRMATION OF H-440.830
H-440.830 – EDUCATION AND PUBLIC AWARENESS ON VACCINE SAFETY AND EFFICACY

1. Our AMA (a) encourages the development and dissemination of evidence-based public awareness campaigns aimed at increasing vaccination rates; (b) encourages the development of educational materials that can be distributed to patients and their families clearly articulating the benefits of immunizations and highlighting the exemplary safety record of vaccines; (c) supports the development and evaluation, in collaboration with health care providers, of evidence-based educational resources to assist parents in educating and encouraging other parents who may be reluctant to vaccinate their children; (d) encourages physicians and state and local medical associations to work with public health officials to inform those who object to immunizations about the benefits of vaccinations and the risks to their own health and that of the general public if they refuse to accept them; (e) will promote the safety and efficacy of vaccines while rejecting claims that have no foundation in science; (f) supports state policies allowing minors to override their parent’s refusal for vaccinations; and encourages state legislatures to establish comprehensive vaccine and minor consent policies; and (g) will continue its ongoing efforts with other immunization advocacy organizations to assist physicians and other health care professionals in effectively communicating to patients, parents, policy makers, and the media that vaccines do not cause autism and that decreasing immunization rates have resulted in a resurgence of vaccine-preventable diseases and deaths.

2. Our AMA: (a) supports the rigorous scientific process of the Advisory Committee on Immunization Practices as well as its development of recommended immunization schedules for the nation; (b) recognizes the substantial body of scientific evidence that has disproven a link between vaccines and autism; and (c) opposes the creation of a new federal commission on vaccine safety whose task is to study an association between autism and vaccines.

RESOLUTION 75- UTILIZATION OF TELESURGERY IN RURAL AMERICA

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS support research on telesurgery to help rural Americans with access to the best existing surgical interventions.

RESOLUTION 76- SUPPORTING EXTERNAL ACCOUNTABILITY FOR ICE AND CBP

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA-MSS promote the health and well-being of immigrants and their families who are affected by immigration raids and/or held in detention by U.S. Immigration and Customs Enforcement or U.S. Customs and Border Protection.
RESOLUTION 77- ENCOURAGING BRAIN AND OTHER TISSUE DONATION FOR RESEARCH AND EDUCATIONAL PURPOSES

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA support the production and distribution of educational materials regarding the importance of postmortem tissue donation for the purposes of medical research and education; and be it further

RESOLVED, That our AMA encourage the inclusion of additional information and consent options for brain and other tissue donation for research purposes on appropriate donor documents; and be it further

RESOLVED, That our AMA encourage all persons to consider consenting to tissue donation including brain tissue for research purposes; and be it further

RESOLVED, That our AMA encourage efforts to facilitate recovery of postmortem tissue including brain tissue for research and education purposes.

RESOLUTION 78- SUPPORTING THE USE OF TELEMEDICINE TO SCREEN AND DIAGNOSE AUTISM SPECTRUM DISORDER

MSS ACTION: REAFFIRMATION OF H-480.974, H-480.968 AND H-90.969

H-480.974 – EVOLVING IMPACT OF TELEMEDICINE
Our AMA:
(1) will evaluate relevant federal legislation related to telemedicine;
(2) urges CMS, AHRQ, and other concerned entities involved in telemedicine to fund demonstration projects to evaluate the effect of care delivered by physicians using telemedicine-related technology on costs, quality, and the physician-patient relationship;
(3) urges professional organizations that serve medical specialties involved in telemedicine to develop appropriate practice parameters to address the various applications of telemedicine and to guide quality assessment and liability issues related to telemedicine;
(4) encourages professional organizations that serve medical specialties involved in telemedicine to develop appropriate educational resources for physicians for telemedicine practice;
(5) encourages development of a code change application for CPT codes or modifiers for telemedical services, to be submitted pursuant to CPT processes;
(6) will work with CMS and other payers to develop and test, through these demonstration projects, appropriate reimbursement mechanisms;
(7) will develop a means of providing appropriate continuing medical education credit, acceptable toward the Physician's Recognition Award, for educational consultations using telemedicine;
(8) will work with the Federation of State Medical Boards and the state and territorial licensing boards to develop licensure guidelines for telemedicine practiced across state boundaries; and (9) will leverage existing expert guidance on telemedicine by collaborating with the American Telemedicine Association (www.americantelemed.org) to develop physician and patient specific content on the use of telemedicine services—encrypted and unencrypted.

H-480.968 – TELEMEDICINE
The AMA: (1) encourages all national specialty societies to work with their state societies to develop comprehensive practice standards and guidelines to address both the clinical and technological aspects of telemedicine; (2) will assist the national specialty societies in their efforts to develop these guidelines and standards; and urges national private accreditation organizations (e.g., URAC and JCAHO) to require that medical care organizations which establish ongoing arrangements for medical care delivery from remote sites require practitioners at those sites to meet no less stringent credentialing standards and participate in quality review procedures that are at least equivalent to those at the site of care delivery.

H-90.969 – EARLY INTERVENTION FOR INDIVIDUALS WITH DEVELOPMENTAL DELAY
(1) Our AMA will continue to work with appropriate medical specialty societies to educate and enable physicians to identify children with developmental delay, autism and other developmental disabilities, and to urge physicians to assist parents in obtaining access to appropriate individualized early intervention services. (2) Our AMA supports a simplified process across appropriate government agencies to designate individuals with intellectual disabilities as a medically underserved population.

RESOLUTION 79- EARLY SPORT SPECIALIZATION IN YOUTH ATHLETES

MSS ACTION: REAFFIRMATION OF H-470.959

H-470.959 – EARLY SPORT SPECIALIZATION IN YOUTH ATHLETES
1. Our American Medical Association promotes the adoption of requirements that athletes participating in school or other organized youth sports and who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion be removed immediately from the activity in which they are engaged and not return to competitive play, practice,
or other sports-related activity without the written approval of a physician (MD or DO) or a designated member of the physician-led care team who has been properly trained in the evaluation and management of concussion. When evaluating individuals for return-to-play, physicians (MD or DO) or the designated member of the physician-led care team should be mindful of the potential for other occult injuries.

2. Our AMA encourages physicians to: (a) assess the developmental readiness and medical suitability of children and adolescents to participate in organized sports and assist in matching a child’s physical, social, and cognitive maturity with appropriate sports activities; (b) counsel young patients and their parents or caregivers about the risks and potential consequences of sports-related injuries, including concussion and recurrent concussions; (c) assist in state and local efforts to evaluate, implement, and promote measures to prevent or reduce the consequences of concussions, repetitive head impacts, and other injuries in youth sports; and (d) support preseason testing to collect baseline data for each individual.

3. Our AMA will work with interested agencies and organizations to: (a) identify harmful practices in the sports training of children and adolescents; (b) support the establishment of appropriate health standards for sports training of children and adolescents; (c) promote evidenced-based educational efforts to improve knowledge and understanding of concussion and other sport injuries among youth athletes, their parents, coaches, sports officials, school personnel, health professionals, and athletic trainers; and (d) encourage further research to determine the most effective educational tools for the prevention and management of pediatric/adolescent concussions.

4. Our AMA supports (a) requiring states to develop and revise as necessary, evidenced-based concussion information sheets that include the following information: (1) current best practices in the prevention of concussions, (2) the signs and symptoms of concussions, (3) the short- and long-term impact of mild, moderate, and severe head injuries, and (4) the procedures for allowing a student athlete to return to athletic activity; and (b) requiring parents/guardians and students to sign concussion information sheets on an annual basis as a condition of their participation in sports.

**RESOLUTION 80- PERIPARTUM MENTAL HEALTH COVERAGE UNDER CHILDREN’S INSURANCE**

**MSS ACTION: REAFFIRMATION OF H-420.953 AND D-290.974**
H-420.953 – IMPROVING MENTAL HEALTH SERVICES FOR PREGNANT AND POSTPARTUM MOTHERS
Our AMA: (1) supports improvements in current mental health services for women during pregnancy and postpartum; (2) supports advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage to one year postpartum; (3) supports appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum; and (4) will continue to advocate for funding programs that address perinatal and postpartum depression, anxiety and psychosis, and substance use disorder through research, public awareness, and support programs.

D-290.974 – EXTENDING MEDICAID COVERAGE FOR ONE YEAR POSTPARTUM
Our AMA will work with relevant stakeholders to support extension of Medicaid coverage to 12 months postpartum.

RESOLUTION 81- SUPPORTING SOCIAL COMPARISON FEEDBACK INITIATIVES TO IMPROVE PHYSICIAN STEWARDSHIP

MSS ACTION: REAFFIRMATION OF H-406.987

H-406.987 – MEDICAL INFORMATION AND ITS USES
Data Transparency Principles to Promote Improvements in Quality and Care Delivery
Our AMA seeks to help physicians improve the quality reporting of patient care data and adapt to new payment and delivery models to transform our health care system. One means of accomplishing this goal is to increase the transparency of health care data. The principles outlined below ensure that physicians, practices, care systems, physician-led organizations, patients and other relevant stakeholders can access and proactively use meaningful, actionable health care information to achieve care improvements and innovations. These principles do not replace but build upon existing AMA policies H-406.990, H-406.989, H-406.991, and H-406.996 that address safeguards for the release of physician data and physician profiles, expanding these guidelines to reflect the new opportunities and potential uses of this information.

Transparency Objectives and Goals
Engaging Physicians - Our AMA encourages greater physician engagement in transparency efforts, including the development of physician-led quality measures to ensure that gaps in measures are minimized and that analyses reflect the knowledge and expertise of physicians.
Promoting New Payment and Delivery Models - Our AMA supports appropriate funding and other support to ensure that the data that are used to inform new payment and delivery models are readily available and do not impose a new cost or additional burden on model participants.

Improving Care Choices and Decisions - Our AMA promotes efforts to present data appropriately depending on the objective and the relevant end-user, including transparently identifying what information is being provided, for what purpose, and how the information can or cannot be used to influence care choices.

Informing Physicians - Our AMA encourages the development of user interfaces that allow physicians or their staff to structure simple queries to obtain and track actionable reports related to specific patients, peer comparisons, provider-level resource use, practice patterns, and other relevant information.

Informing Patients - Our AMA encourages patients to consult with physicians to understand and navigate health care transparency and data efforts.

Informing Other Consumers - Our AMA seeks opportunities to engage with other stakeholders to facilitate physician involvement and more proactive use of health care data.

Data Transparency Resources

Data Availability - Our AMA supports removing barriers to accessing additional information from other payers and care settings, focusing on data that is valid, reliable, and complete.

Access to Timely Data - While some datasets will require more frequent updates than others, our AMA encourages use of the most current information and that governmental reports are made available, at a minimum, from the previous quarter.

Accurate Data - Our AMA supports proper oversight of entities accessing and using health care data, and more stringent safeguards for public reporting, so that information is accurate, transparent, and appropriately used.

Use of Quality Data - Our AMA supports definitions of quality based on evidence-based guidelines, measures developed and supported by specialty societies, and physician-developed metrics that focus on patient outcomes and engagement.

Increasing Data Utility - Our AMA promotes efforts by clinical data registries, regional collaborations, Qualified Entities, and specialty societies to develop reliable and valid performance measures, increase data utility and reduce barriers that currently limit access to and use of the health care data.
Challenges to Transparency

Standardization - Our AMA supports improvements in electronic health records (EHRs) and other technology to capture and access data in uniform formats.

Mitigating Administrative Burden - To reduce burdens, data reporting requirements imposed on physicians should be limited to the information proven to improve clinical practice. Collection, reporting, and review of all other data and information should be voluntary.

Data Attribution - Our AMA seeks to ensure that those compiling and using the data avoid attribution errors by working to correctly assign services and patients to the appropriate provider(s) as well as allowing entities to verify who or where procedures, services, and items were performed, ordered, or otherwise provided. Until problems with the current state of episode of care and attribution methodologies are resolved, our AMA encourages public data and analyses primarily focused at the system-level instead of on individual physicians or providers.

RESOLUTION 82 - METFORMIN EDUCATION FOR DIABETES MELLITUS TYPE 2 PATIENTS WITH CHRONIC KIDNEY DISEASE

MSS ACTION: REAFFIRMATION OF H-100.964, 120.002MSS AND 160.006MSS

H-100.964 – DRUG ISSUES IN HEALTH SYSTEM REFORM
The AMA: (1) consistent with AMA Policy H-165.925, supports coverage of prescription drugs, including insulin, in the AMA standard benefits package.
(2) supports consumer choice of at least two options for their pharmaceutical benefits program. This must include a fee-for-service option where restrictions on patient access and physician autonomy to prescribe any FDA-approved medication are prohibited.
(3) reaffirms AMA Policy H-110.997, supporting the freedom of physicians to use either generic or brand name pharmaceuticals in prescribing drugs for their patients and encourage physicians to supplement medical judgments with cost considerations in making these choices.
(4) reaffirms AMA Policies H-120.974 and H-125.992, opposing the substitution of FDA B-rated generic drug products.
(5) supports a managed pharmaceutical benefits option with market-driven mechanisms to control costs, provided cost control strategies satisfy AMA criteria defined in AMA Policy H-110.997 and that drug formulary systems employed are consistent with standards defined in AMA Policy H-125.991.

(6) supports prospective and retrospective drug utilization review (DUR) as a quality assurance component of pharmaceutical benefits programs, provided the DUR program is consistent with Principles of Drug Use Review defined in AMA Policy H-120.978.

(7a) encourages physicians to counsel their patients about their prescription medicines and when appropriate, to supplement with written information; and supports the physician's role as the "learned intermediary" about prescription drugs.

(7b) encourages physicians to incorporate medication reviews, including discussions about drug interactions and side effects, as part of routine office-based practice, which may include the use of medication cards to facilitate this process. Medication cards should be regarded as a supplement, and not a replacement, for other information provided by the physician to the patient via oral counseling and, as appropriate, other written information.

(8) recognizes the role of the pharmacist in counseling patients about their medicines in order to reinforce the message of the prescribing physician and improve medication compliance.


(10) opposes payment of pharmacists by third party payers on a per prescription basis when the sole purpose is to convince the prescribing physician to switch to a less expensive "formulary" drug because economic incentives can interfere with pharmacist professional judgment.

(11) reaffirms AMA Policy H-120.991, supporting the voluntary time-honored practice of physicians providing drug samples to selected patients at no charge, and to oppose legislation or regulation whose intent is to ban drug sampling.

(12) supports CEJA's opinion that physicians have an ethical obligation to report adverse drug or device events; supports the FDA's MedWatch voluntary adverse event reporting program; and supports FDA efforts to prevent public disclosure of patient and reporter identities.

(13) opposes legislation that would mandate reporting of adverse drug and device events by physicians that would result in public disclosure of patient or reporter identities. (14) reaffirms AMA Policy H-120.988, supporting physician prescribing of FDA-approved drugs for unlabeled indications when such use is based upon sound scientific evidence and sound medical opinion, and supporting third party payer reimbursement for drugs prescribed for medically accepted unlabeled uses.
(15) encourages the use of three compendia (AMA's DRUG EVALUATIONS; United States Pharmacopeial-Drug Information, Volume I; and American Hospital Formulary Service-Drug Information) and the peer-reviewed literature for determining the medical acceptability of unlabeled uses. (16) reaffirms AMA Policy H-100.989, supporting the present classification of drugs as either prescription or over-the-counter items and opposing the establishment of a pharmacist-only third (transitional) class of drugs.

(17) reaffirms AMA Policy H-120.983, urging the pharmaceutical industry to provide the same economic opportunities to individual pharmacies as given to mail service pharmacies.

120.002MSS – WRITTEN MEDICATION INSTRUCTIONS FOR CHRONIC MULTI-DRUG THERAPY
AMA-MSS will ask the AMA to encourage health professionals to provide patients on chronic, multi-drug therapy with concise written instructions regarding their medications, specifying dosages, dosing frequency, and possible interactions.

160.006MSS – DEVELOPMENT OF LOW-LITERACY PATIENT EDUCATION MATERIALS
AMA-MSS supports the development of literacy appropriate health related patient education materials for distribution in the outpatient and inpatient setting when appropriate.

RESOLUTION 83- STUDENT-CENTERED APPROACHES FOR REFORMING SCHOOL DISCIPLINARY PROCEDURES

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA support evidence-based frameworks in K-12 schools that focus on school-wide prevention and intervention strategies for student misbehavior; and be it further

RESOLVED, That our AMA support the inclusion of school-based mental health professionals in the student discipline process.

RESOLUTION 84- INCREASED RECOGNITION AND TREATMENT OF EATING DISORDERS IN MINORITY POPULATIONS

MSS ACTION: ADOPT

RESOLVED, That our AMA amend policy H-150.965 by insertion as follows in order to support increased recognition of disordered eating behaviors in minority populations and culturally appropriate interventions:

H-150.965 – EATING DISORDERS
The AMA (1) adopts the position that overemphasis of bodily thinness is as deleterious to one’s physical and mental health as obesity; (2) asks its members to help their patients avoid obsessions with dieting and to develop balanced, individualized
approaches to finding the body weight that is best for each of them; (3) encourages training of all school-based physicians, counselors, coaches, trainers, teachers and nurses to recognize unhealthy eating, binge-eating, dieting, and weight restrictive behaviors in adolescents and to offer education and appropriate referral of adolescents and their families for culturally informed interventional counseling; and (4) participates in this effort by consulting with appropriate specialty societies and by assisting in the dissemination of appropriate and culturally informed educational and counseling materials pertaining to unhealthy eating, binge-eating, dieting, and weight restrictive behaviors.

RESOLUTION 85 - MEDICAID AND MEDICARE ALONE WITHOUT SUPPLEMENTAL COVERAGE OF OUTPATIENT CHEMOTHERAPY AMBULATORY PUMP FOR PATIENTS WITH COLORECTAL AND ESOPHAGEAL CANCER

MSS ACTION: REAFFIRMATION OF H-55.986

H-55.986 – HOME CHEMOTHERAPY AND ANTIBIOTIC INFUSIONS
Our AMA (1) endorses the use of home injections and/or infusions of FDA approved drugs and group C drugs (including chemotherapy and/or antibiotic therapy) for appropriate patients under physicians' supervision, and encourages CMS and/or other insurers to provide adequate reimbursement for such treatment; and (2) supports educating legislators and administrators about the benefits of such treatments in terms of cost saving, increased quality of life and decreased morbidity, and about the need to provide access to such treatments by appropriate reimbursement policies.

RESOLUTION 86- AMENDING H-95.922, SUBSTANCE USE AND SUBSTANCE USE DISORDERS, TO INCLUDE STANDARDIZATION OF SUBSTANCE USE DISORDER SCREENING

MSS ACTION: REAFFIRMATION H-95.922

H-95.922 – SUBSTANCE USE AND SUBSTANCE USE DISORDERS
Our AMA:
(1) will continue to seek and participate in partnerships designed to foster awareness and to promote screening, diagnosis, and appropriate treatment of substance misuse and substance use disorders;
(2) will renew efforts to: (a) have substance use disorders addressed across the continuum of medical education; (b) provide tools to assist physicians in screening, diagnosing, intervening, and/or referring patients with substance use disorders so that they have access to treatment; (c) develop partnerships with other organizations to promote national policies to prevent and treat these illnesses, particularly in adolescents and young adults; and (d) assist physicians in becoming valuable resources for the general public, in order to reduce the stigma and enhance knowledge about substance use disorders and to communicate the fact that substance use disorder is a treatable disease; and

(3) will support appropriate federal and state legislation that would enhance the prevention, diagnosis, and treatment of substance use disorders.

RESOLUTION 87- STANDARDIZATION OF HUMAN TRAFFICKING DATA AND MEDICAL TRAINING

MSS ACTION: NOT ADOPT

RESOLVED, That our AMA:

1) Discuss with the Department of Homeland Security, US Department of State subset Office to Monitor and Combat Trafficking in Persons, and other appropriate stakeholders the difficulties surrounding analysis and physician utilization of their data on US human trafficking; and

2) Recommend the formation of a national standardized human trafficking training program which could then be disseminated to physician, law enforcement, and other state organizations for improved training consistency and subsequent evaluation of competency; and be it further

RESOLVED, That our AMA encourage adoption and implementation of recommendations in the United States Government 2019 Trafficking in Persons Report and similar government reports by:

1) Contributing to any feasible actionable target within our purview therein mentioned, especially but not limited to the challenges and advances in data collection and management in combating trafficking;

2) Explore physicians initiatives to contribute to and support the development and improvement of existing international and national data management and collection initiatives including but not limited to: IOM Counter Trafficking Data Collaborative (CTDC), Victim Case Management System (VCMS), UNODC Human Trafficking Knowledge Portal and Polaris because collaboration with these organizations provides physicians with improved access to information, chronic management resources, interprofessional communication, etc.

RESOLUTION 88- SUPPORT BLEEDING CONTROL TRAINING FOR STUDENTS IN GRADES 9-12

MSS ACTION: REAFFIRMATION H-130.935
H-130.935 – SUPPORT FOR HEMORRHAGE CONTROL TRAINING
1. Our AMA encourages state medical and specialty societies to promote the training of both lay public and professional responders in essential techniques of bleeding control.
2. Our AMA encourages, through state medical and specialty societies, the inclusion of hemorrhage control kits (including pressure bandages, hemostatic dressings, tourniquets, and gloves) for all first responders.
3. Our AMA supports the increased availability of bleeding control supplies with adequate and relevant training in schools, places of employment, and public buildings.

RESOLUTION 89- IOP CHANGE TO CLARIFY MSS CONFLICT RESOLUTION PROCESS

MSS ACTION: WITHDRAWN

EMERGENCY RESOLUTION 01- OPPOSE MANDATORY DNA COLLECTION OF MIGRANTS

MSS ACTION: ADOPT AS AMENDED

RESOLVED, That our AMA oppose the collection and storage of the DNA of refugees, asylum seekers, and undocumented immigrants for nonviolent immigration-related crimes without non-coercive informed consent; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at Interim 2019.

CEQM MIC REPORT A - LAYING THE FIRST STEPS TOWARDS A TRANSITION TO A FINANCIAL AND CITIZENSHIP NEED-BLIND MODEL FOR ORGAN PROCUREMENT AND TRANSPLANTATION

MSS ACTION: RE-REFERRED TO A-20

Your Minority Issues Committee (MIC) and Committee on Economics and Quality in Medicine (CEQM) recommend that the following recommendations be adopted and the remainder of the report by filed:

1) That the first resolve clause of MSS Resolution 46 (A-19) be amended by addition and deletion as follows:

RESOLVED, That our AMA support and advocate for federal laws mechanisms that remove decrease financial barriers to transplant recipients, such as provisions for expenses involved in the transplantation of organs incurred by the uninsured or those who do not qualify for health care coverage regardless of a legally defined United States Citizenship and Immigration Service (USCIS) status in the country as long as the person can show physical presence lives in the U.S. prior to needing the organ; and be it further

2) That the second resolve clause of MSS Resolution 46 (A-19) be amended by addition and deletion as follows:
RESOLVED, That our AMA promote and advocate support the creation of a 2020 national taskforce for organ procurement and transplant, that will be renewed every 20 years to assess the needs of the generation and account for changes in demographics and technology; and be it further

3) That the third resolve clause of MSS Resolution 46 (A-19) be amended by addition as follows:
RESOLVED, That our AMA support the research of a fiscal federal strategy to cover annual transplant costs in the U.S. for patients without or are ineligible for insurance distributed among the over 200 transplant centers in the U.S.; and be it further

4) That the fifth resolve clause of MSS Resolution 46 (A-19) be amended by additional and deletion as follows:
RESOLVED, That our AMA amend H-370.982 to also clarify its stance of not regarding immigration status as long as the person lives in the U.S. thereby keeping the overall equitability of the system for organ donation and receiving parties intact by addition to read as follows:

H-370.982 – ETHICAL CONSIDERATIONS IN THE ALLOCATION OF ORGAN AND OTHER SCARCE MEDICAL RESOURCES AMONG PATIENTS
Our AMA has adopted the following guidelines as policy: (1) Decisions regarding the allocation of scarce medical resources among patients should consider only ethically appropriate criteria relating to medical need. (a) These criteria include likelihood of benefit, urgency of need, change in quality of life, duration of benefit, and, in some cases, the amount of resources required for successful treatment without regard to a legally defined United States Citizenship and Immigration Service (USCIS).

5) That the fourth resolve clause of Resolution 46 (A-19) not be adopted.

CGPH CBH REPORT A - A RESOLUTION TO ENCOURAGE RECOVERY HOMES TO IMPLEMENT EVIDENCE-BASED POLICIES REGARDING ACCESS TO MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER

MSS ACTION: ADOPT

Your Committee on Bioethics and Humanities (CBH) and Committee on Global and Public Health (CGPH) recommend that Resolution 52 (A-19) be adopted as amended and the remainder of this report be filed:

RESOLVED, That our AMA urges policy changes at recovery homes to protect patients who use medication for opioid use disorder as prescribed by a provider, including buprenorphine/naloxone combinations, from discrimination against their admittance to recovery homes and related resident services.

CGPH REPORT A - IMPROVING THE HEALTH AND SAFETY OF CONSENSUAL SEX WORKERS

MSS ACTION: ADOPT AS AMENDED
Your Committee on Global and Public Health (CGPH) recommends that the following resolve clauses be adopted in lieu of the proposed resolve clause and the remainder of this report be filed.

RESOLVED, That our AMA: 1) Supports legislation that decriminalizes individuals who exchange sex for money or goods; 2) Opposes legislation that decriminalizes sex buying and brothel keeping; and 3) Supports the expungement of criminal records of those previously convicted of sex work, including trafficking survivors; and be it further

RESOLVED, That our AMA supports research on the long-term health, including mental health, impacts of decriminalization of the sex trade.

CHIT CBH REPORT A - IMPLEMENTING A STANDARDIZED PATIENT FLAG SYSTEM IN THE ELECTRONIC MEDICAL RECORD

MSS ACTION: ADOPT

Your Committee on Health Information and Technology (CHIT) and Committee on Bioethics and Humanities (CBH) recommend that Resolution 35 not be adopted and the remainder of this report is filed.

CME REPORT A - REQUIRING BLINDED REVIEW OF MEDICAL STUDENT PERFORMANCE

MSS ACTION: ADOPT AS AMENDED

Your Committee on Medical Education recommends the following:

1) That the AMA-MSS adopt the first resolve clause of Resolution 17 (I-17) as amended by insertion and deletion as follows:

RESOLVED, That our AMA advocate work with appropriate stakeholders, such as the Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Accreditation (COCA), to support: 1) increased diversity and implementation of implicit bias training to individuals responsible for assessing medical students' performance, including the evaluation of professionalism and investigating and ruling upon disciplinary matters involving medical students, and 2) that all reviews of medical student professionalism and academic performance be conducted in a blinded manner when doing such does not interfere with appropriate scoring.

2) That the second resolve clause of Resolution 17 (I-17) not be adopted.

3) The remainder of this report be filed.

CME REPORT B - IMPROVING SUPPORT AND ACCESS FOR MEDICAL STUDENTS WITH DISABILITIES

MSS ACTION: ADOPT

Your Committee on Medical education recommends that the following recommendations be adopted in lieu of MSS Resolution 33 (A-18), and the remainder of this report be filed:
1) That our AMA amend D-295.929 by addition as follows:

D-295.929 – A STUDY TO EVALUATE BARRIERS TO MEDICAL EDUCATION FOR TRAINEES WITH DISABILITIES

Our AMA will work with relevant stakeholders to study available data on: (1) medical trainees and students with disabilities and consider revision of technical standards for medical education programs; and (2) medical graduates and students with disabilities and challenges to employment after training and medical education; and 3) work with relative stakeholders to encourage medical education institutions to make their policies for inquiring about and obtaining accommodations related to disability transparent and easily accessible through multiple avenues including, but not limited to, online platforms.

2) That our AMA amend D-90.991 by addition and deletion as follows:

D-90.991 – ADVOCACY FOR PHYSICIANS WITH DISABILITIES

1. Our AMA will study and report back on eliminating stigmatization and enhancing inclusion of physicians and medical students with disabilities including but not limited to: (a) enhancing representation of physicians and medical students with disabilities within the AMA, and (b) examining support groups, education, legal resources and any other means to increase the inclusion of physicians and medical students with disabilities in the AMA.

2. Our AMA will identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable physicians and medical students with disabilities to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration.

3. Our AMA supports physicians, and physicians-in-training, and medical student education programs about legal rights related to accommodation and freedom from discrimination for physicians, patients, and employees with disabilities.

LGBTQ+ MIC REPORT A - RECOGNIZING LGBTQ+ INDIVIDUALS AS UNDERREPRESENTED IN MEDICINE

MSS ACTION: ADOPT

Your Committee on LGBTQ+ Affairs and Minority Issues Committee recommend the following be adopted in lieu of Resolution 30 (I-17), and the remainder of this report be filed:

RESOLVED, That our AMA advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident and provider diversity; and be it further
RESOLVED, That our AMA encourage the inclusion of sexual orientation and gender identity data in all surveys as part of standard demographic variables, including but not limited to governmental, AMA, and the Association of American Medical Colleges surveys, given respondent confidentiality and response security can be ensured; and be it further

RESOLVED, That our AMA work with the Association of American Medical Colleges to disaggregate data of LGBTQ+ individuals in medicine to better understand the representation of the unique experiences within the LGBTQ+ communities and their overlap with other identities.

GC REPORT A - POLICY SUNSET REPORT FOR AMA-MSS POLICIES

MSS ACTION: ADOPT

Your AMA-MSS Governing Council recommends that the following be adopted and the remainder of the report be filed:

1) That the policies specified for retention in Appendix 1 of this report be retained as official, active policies of the AMA-MSS.
SUMMARY OF ACTIONS
2019 HOUSE OF DELEGATES INTERIM MEETING
SAN DIEGO, CA

MSS-AUTHORED RESOLUTIONS

RESOLUTION 001 – SUPPORT FOR THE USE OF PSYCHIATRIC ADVANCE DIRECTIVES

HOD ACTION: REFER FOR STUDY

RESOLVED, That our American Medical Association support efforts to increase awareness and appropriate utilization of psychiatric advance directives. (New HOD Policy)

RESOLUTION 002 – ENDORSING THE CREATION OF A LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ) RESEARCH IRB TRAINING

HOD ACTION: ADOPT
D-460.966

That our American Medical Association work with appropriate stakeholders to support the creation of model training for Institutional Review Boards to use and/or modify for their unique institutional needs as it relates to research collecting data on Lesbian, Gay, Bi-sexual, Transgender and Queer populations. (Directive to Take Action)

RESOLUTION 003 – ACCURATE COLLECTION OF PREFERRED LANGUAGE AND DISAGGREGATED RACE AND ETHNICITY TO CHARACTERIZE HEALTH DISPARITIES

HOD ACTION: ADOPT AS AMENDED
H-315.996

That our American Medical Association amend Policy H-315.996 by addition to read as follows:

Accuracy in Racial, Ethnic, Lingual, and Religious Designations in Medical Records, H-315.996
The AMA advocates precision without regulatory requirement or mandatory reporting of racial, ethnic, preferred language, and religious designations in medical records, with information obtained from the patient, always respecting the personal privacy and communication preference of the patient (Modify Current HOD Policy).

That our AMA encourages the Office of the National Coordinator for Health Information Technology (ONC) to expand their data collection requirements, such tat electronic health record (HER) vendors include options for disaggregated coding of race, ethnicity and preferred language. (Directive to Take Action)

RESOLUTION 004 – IMPROVING INCLUSIVENESS OF TRANSGENDER PATIENTS WITHIN ELECTRONIC MEDICAL RECORD SYSTEMS
HOD ACTION: ADOPT AS AMENDED
H-315.967

That our American Medical Association amend Policy H-315.967, “Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation,” by addition and deletion to read as follows:

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, H-315.967
Our AMA: (1) supports the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation, preferred gender pronoun(s), preferred name, and clinically relevant, sex specific anatomy in medical documentation, and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner; (2) will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost physicians. (Modify Current HOD Policy)

RESOLUTION 005 – REMOVING SEX DESIGNATION FROM THE PUBLIC PORTION OF THE BIRTH CERTIFICATE

HOD ACTION: REFER FOR STUDY

RESOLVED, That our American Medical Association advocate for the removal of sex as a legal designation on the public portion of the birth certificate and that it be visible for medical and statistical use only. (Directive to Take Action)

RESOLUTION 006 – TRANSPARENCY IMPROVING INFORMED CONSENT FOR REPRODUCTIVE HEALTH SERVICES

HOD ACTION: WITHDRAWN

RESOLUTION 007 – ADDRESSING THE RACIAL PAY GAP IN MEDICINE

HOD ACTION: ADOPT AS AMENDED
H-385.906
That our American Medical Association support measures to eliminate racial disparity in pay and specific challenges that minority physicians face in regards to equal pay financial attainment. (New HOD Policy)

That our AMA work with appropriate stakeholders to study effective and appropriate measures to increase the transparency and accountability of physician earnings through establishing transparency measures, in which physicians can access information including but not limited to the salaries and race of medical physicians. (New HOD Policy)

RESOLUTION 201 – ADVOCATING FOR THE STANDARDIZATION AND REGULATION OF OUTPATIENT ADDICTION REHABILITATION FACILITIES

HOD ACTION: REFER FOR STUDY

RESOLVED, That our American Medical Association advocate for the expansion of federal regulations of outpatient addiction rehabilitation centers in order to provide patient and community protection in line with evidence-based care. (Directive to Take Action)

RESOLUTION 202 – SUPPORT FOR VETERANS COURTS

HOD ACTION: ADOPT AS AMENDED

H-510.979

That our American Medical Association support the use of Veterans Courts as a method of intervention for veterans who commit non-violent criminal offenses may be related to a neurological or psychiatric disorder. (New HOD Policy)

RESOLUTION 203 – SUPPORT EXPANSION OF GOOD SAMARITAN LAWS

HOD ACTION: ADOPT

D-95.977

That our AMA amend Policy D-95.977 by addition and deletion to read as follows:

D-95.977 – 911 GOOD SAMARITAN LAWS
Our AMA: (1) will support an endorse policies and legislation that provide protections for callers or witnesses seeking medical help for overdose victims; (2) will promote 911 Good Samaritan policies through legislative or regulatory advocacy at the local, state, and national level; and (3) will work with the relevant organizations and state societies to raise awareness about the existence and scope of Good Samaritan Laws. (Modify Current HOD Policy)

RESOLUTION 207 – PHARMACEUTICAL ADVERTISING IN ELECTRONIC HEALTH RECORD SYSTEMS

HOD ACTION: ADOPT AS AMENDED

D-478.961

That our American Medical Association encourage the federal government to study the effects of direct-to-physician advertising at the point of care, including advertising in Electronic Health
Record Systems (EHRs), on physician prescribing, patient safety, health care costs, and EHR access for small practices. (Directive to Take Action)

That our AMA study the prevalence and ethics of direct-to-physician advertising at the point of care, including advertising in EHRs. (Directive to Take Action)

**RESOLUTION 208 – NET NEUTRALITY IN PUBLIC HEALTH (COMBINED WITH RESOLUTION 211 – EFFECTS OF NET NEUTRALITY ON PUBLIC HEALTH)**

**HOD ACTION: REFER FOR STUDY**

Resolution 208
RESOLVED, That our American Medical Association advocate for policies that ensure internet service providers transmit essential healthcare data no slower than any other data on that network (Directive to Take Action); and be it further

RESOLVED, That our AMA collaborate with the appropriate governing bodies to develop guidelines for the classification of essential healthcare data requiring preserved transmission speeds (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose internet data transmission practices that reduce market competition in the health ecosystem. (Directive to Take Action)

Resolution 211
RESOLVED, That our American Medical Association amend current policy H-478.980, "Increasing Access to Broadband Internet to Reduce Health Disparities," by addition and deletion as follows:

**H-478.980 – INCREASING ACCESS TO BROADBAND INTERNET ACCESS TO REDUCE HEALTH DISPARITIES**
Our AMA: (1) will advocate for net neutrality; and (2) will advocate for the expansion of broadband and wireless connectivity to all rural and underserved areas of the United States while at all times taking care to protecting existing federal licensed radio services from harmful interference that can be caused by broadband and wireless services. (Modify Current HOD Policy)

**RESOLUTION 220 – OPPOSE MANDATORY DNA COLLECTION OF MIGRANTS**

**HOD ACTION: ADOPT**

H-65.955

That our American Medical Association oppose the collection and storage of the DNA of refugees, asylum seekers, and undocumented immigrants for nonviolent immigration-related crimes without non-coercive informed consent. (New HOD Policy)

**RESOLUTION 301 – ENGAGING STAKEHOLDERS FOR ESTABLISHMENT OF A TWO-INTERVAL, OR PASS/FAIL, GRADING SYSTEM OF NON-CLINICAL CURRICULUM IN US MEDICAL SCHOOLS**

**HOD ACTION: ADOPT**
**H-295.866**

That our American Medical Association amend Policy H-295.866 by addition and deletion to read as follows:

H-295.866 – SUPPORTING TWO-INTERVAL GRADING SYSTEMS FOR MEDICAL EDUCATION

Our AMA will work with stakeholders to encourage the establishment of a two-interval grading system in medical colleges and universities in the United States for the non-clinical curriculum.

(Modify Current HOD Policy)

**RESOLUTION 302 – STRENGTHENING STANDARDS FOR LGBTQ MEDICAL EDUCATION**

**HOD ACTION: ADOPT AS AMENDED**

**H-295.878**

That our American Medical Association amend policy H-295.878, “Eliminating Health Disparities – Promoting Awareness and Education of Education of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Health Issues in Medical Education,” by addition and deletion to read as follows:

H-295.878 – ELIMINATING HEALTH DISPARITIES – PROMOTING AWARENESS AND EDUCATION OF SEXUAL ORIENTATION AND GENDER IDENTITY HEALTH ISSUES IN MEDICAL EDUCATION

Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues related to sexual orientation and gender identity; and (3) encourages medical education accreditation bodies to both continue to encourage and periodically reassess education on health issues related to sexual orientation and gender identity in the basic science, clinical care, and cultural competency curricula in undergraduate and graduate medical education. (Modify Current HOD Policy)

**RESOLUTION 303 – INVESTIGATION OF EXISTING APPLICATION BARRIERS FOR OSTEOPATHIC MEDICAL STUDENTS APPLYING FOR AWAY ROTATIONS**

**HOD ACTION: ADOPT**

**H-295.876**

That our American Medical Association work with relevant stakeholders to explore reasons behind application barriers that result in discrimination against osteopathic medical students when applying to elective visiting clinical rotations and generate a report with findings by the 2020 Interim Meeting. (Directive to Take Action)
RESOLUTION 801 – REIMBURSEMENT FOR POST-EXPOSURE PROTOCOL FOR NEEDLESTICK INJURIES

HOD ACTION: ADOPT AS AMENDED
H-295.855

That our American Medical Association encourage medical schools to have policies in place addressing diagnosis, treatment, and follow-up at no cost to medical students exposed to an infectious or environmental hazard in the course of their medical student duties. (New HOD Policy)

RESOLUTION 802 – ENSURING FAIR PRICING OF DRUGS WITH THE UNITED STATES GOVERNMENT

HOD ACTION: AMENDED CMS REPORT 4 ADOPTED IN LIEU OF RESOLUTION 802
H-110.980

CMS Report 4 – Additional Mechanisms to Address High and Escalating Pharmaceutical Prices

The Council on Medical Service recommends that the following be adopted and that the remainder of the report be filed:

1) That our American Medical Association (AMA) advocate that the use of arbitration in determining the price of prescription drugs meet the following standards to lower the cost of prescription drugs without stifling innovation:
   a. The arbitration process should be overseen by objective, independent entities;
   b. The objective, independent entity overseeing arbitration should have the authority to select neutral arbitrators or an arbitration panel;
   c. All conflicts of interest of arbitrators must be disclosed and safeguards developed to minimize actual and potential conflicts of interest to ensure that they do not undermine the integrity and legitimacy of the arbitration process;
   d. The arbitration process should be informed by comparative effectiveness research and cost-effectiveness analysis addressing the drug in question;
   e. The arbitration process should include the submission of a value-based price for the drug in question to inform the arbitrator’s decision.
   f. The arbitrator should be required to choose either the bid of the pharmaceutical manufacturer or the bid of the payer;
   g. The arbitration process should be used for pharmaceuticals that have insufficient competition; have high list process; or have experienced unjustifiable price increases; and
   h. The arbitration process should include a mechanism for either party appeal the arbitrator’s decision.
   i. The arbitration process should include a mechanism to revisit the arbitrator’s decision due to new evidence or data. (New HOD Policy)

2) That our AMA advocate that any use of international price indices and averages in determining the price of and payment for drugs should abide by the following principles:
   a. Any international drug price index or average should exclude countries that have single-payer health systems and use price controls;
   b. Any international drug price index or average should not be used to determine of set a drug’s price, or determine whether a drug’s price is excessive, in isolation;
   c. The use of any international drug price index or average should preserve patient access to necessary medications; and
d. The use of any international drug price index or average should limit burdens on physician practices.
e. Any data used to determine an international price index or average to guide prescription drug pricing should be updated regularly. (New HOD Policy)

3) That our AMA support the use of contingent exclusivity periods for pharmaceuticals, which would tie the length of the exclusivity period of the drug product to its cost-effectiveness at its list price at the time of market introduction. (New HOD Policy)

4) That our AMA reaffirm Policy H-110.983, which advocates that any revised Medicare Part B Competitive Acquisition Program meet certain outlined standards to improve the value of the program by lowering the cost of drugs without undermining quality of care. (Reaffirm HOD Policy)

5) That our AMA reaffirm Policy H-110.986, which outlines principles for value-based pricing programs, initiatives and mechanisms for pharmaceuticals, and supports the inclusion of the costs of alternatives and cost-effectiveness analysis in comparative effectiveness research. (Reaffirm HOD Policy)

6) That our AMA reaffirm Policy H-460.909, which outlines principles for creating a centralized comparative effectiveness research entity. (Reaffirm HOD Policy)

7) That our AMA reaffirm Policy D-330.954, which states that our AMA will work toward eliminating Medicare prohibition on drug price negotiation. (Reaffirm HOD Policy)

RESOLUTION 803 – ENCOURAGE FEDERAL EFFORTS TO EXPAND ACCESS TO SCHEDULED DIALYSIS FOR UNDOCUMENTED PEOPLE


RESOLUTION 806 – SUPPORT FOR HOUSING MODIFICATION POLICIES

HOD ACTION: ADOPT AS AMENDED

H-160.890

That our American Medical Association support improved access to housing modification benefits for populations that require modifications in order to mitigate preventable health conditions, including but not limited to the elderly, the disabled, and other persons with physical and/or mental disabilities. (New HOD Policy)

RESOLUTION 901 – HEALTH IMPACT OF PER- AND POLYFLUOROALKYL (PFAS) CONTAMINATION IN DRINKING WATER

HOD ACTION: ADOPT ALTERNATE RESOLUTION IN LIEU OF RESOLUTION 901 AND RESOLUTION 922

H-135.916

Per- and Polyfluoroalkyl Substances (PFAS) and Human Health

That our American Medical Association: (1) support continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health; (2) support legislation and regulation seeking to address contamination, exposure, classification, and clean-up of PFAS substances; and (3) advocate for states, at minimum, to follow guidelines presented in the Environmental Protection Agency’s Drinking Water Health Advisories for perfluorooctanoic acid (PFOA) and perfluoro octane sulfonic acid (PFOS), with consideration of the appropriate use of Minimal Risk Levels (MRLs) presented in the CDC/ATSDR Toxicological Profile for PFAS. (New HOD Policy)

HOD ACTION: ADOPT AS AMENDED

H-490.913 – SMOKE-FREE AND VAPE-FREE ENVIRONMENTS AND WORKPLACES

On the issue of the health effects of environmental tobacco smoke (ETS), and passive smoke, and vape aerosol exposure in the workplace and other public facilities, our AMA:

(1) (a) supports classification of ETS as a known human carcinogen; (b) concludes that passive smoke exposure is associated with increased risk of sudden infant death syndrome and of cardiovascular disease; (c) encourages physicians and medical societies to take a leadership role in defending the health of the public from ETS risks and from political assaults by the tobacco industry; and (d) encourages the concept of establishing smoke-free and vape-free campuses for business, labor, education, and government;

(2) (a) honors companies and governmental workplaces that go smoke-free and vape-free; (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking and vaping in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking and vaping in the workplace; (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking and vaping around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces; and (d) will update draft model state legislation to prohibit smoking and vaping in public places and businesses, which would include language that would prohibit preemption of stronger local laws.

(3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free and vape-free schools and eliminating smoking and vaping in public places and businesses and on any public transportation; (ii) enlist the aid of county medical societies in local anti-smoking and anti-vaping campaigns; and (iii) through an advisory to state, county, and local medical societies, urge county medical societies to join or to increase their commitment to local and state anti-smoking and anti-vaping coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking and anti-vaping control measures; (b) urges all
restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free and vape-free environment; (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free and vape-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children; (d) encourages state or local legislation or regulations that prohibit smoking and vaping in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others; (e) urges eliminating cigarette, pipe and cigar smoking and vaping in any indoor area where children live or play, or where another person’s health could be adversely affected through passive smoking inhalation; (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking or non-vaping ordinance is introduced and to become directly involved in community tobacco control activities; and (g) will report annually to its membership about significant anti-smoking and anti-vaping efforts in the prohibition of smoking and vaping in open and closed stadia;

(4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking and no vaping policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking and vaping in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts;

(5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking, vaping and use of tobacco products in, or on the campuses of, hospitals, health care institutions, retail health clinics, and educational institutions, including medical schools;

(6) will work with the Department of Defense to explore ways to encourage a smoke-free and vape-free environment in the military through the use of mechanisms such as health education, smoking and vaping cessation programs, and the elimination of discounted prices for tobacco products in military resale facilities; and

(7) encourages and supports local and state medical societies and tobacco control coalitions to work with (a) Native American casino and tribal leadership to voluntarily prohibit smoking and vaping in their casinos; and (b) legislators and the gaming industry to support the prohibition of smoking and vaping in all casinos and gaming venues. (Modify Current AMA Policy)
H-490.907 – TOBACCO SMOKE AND VAPEING AEROSOL EXPOSURE OF CHILDREN IN MULTI-UNIT HOUSING

Our AMA: (1) encourages federal, state and local housing authorities and governments to adopt policies that protect children and non-smoking or non-vaping adults from tobacco smoke and vaping aerosol exposure by prohibiting smoking and vaping in multi-unit housing; and (2) encourages state and local medical societies, chapters, and other health organizations to support and advocate for changes in existing state and local laws and policies that protect children and non-smoking or non-vaping adults from tobacco smoke and vaping aerosol exposure by prohibiting smoking and vaping in multi-unit housing. (Modify Current AMA Policy)

RESOLUTION 903 – ENCOURAGING THE DEVELOPMENT OF MULTI-LANGUAGE, CULTURALLY INFORMED MOBILE APPLICATIONS

HOD ACTION: ADOPT AS AMENDED

D-480.972

That our American Medical Association policy D-480.972 be amended by insertion as follows:

D-480.972 – GUIDELINES FOR MOBILE MEDICAL APPLICATIONS AND DEVICES

1. Our AMA will monitor market developments in mobile health (mHealth), including the development and uptake of mHealth apps, in order to identify developing consensus that provides opportunities for AMA involvement.
2. Our AMA will continue to engage with stakeholders to identify relevant guiding principles to promote a vibrant, useful and trustworthy mHealth market.
3. Our AMA will make an effort to educate physicians on mHealth apps that can be used to facilitate patient communication, advice, and clinical decision support, as well as resources that can assist physicians in becoming familiar with mHealth apps that are clinically useful and evidence-based.
4. Our AMA will develop and publicly disseminate a list of best practices guiding the development and use of mobile medical applications.
5. Our AMA encourages further research integrating mobile devices into clinical care, particularly to address challenges of reducing work burden while maintaining clinical autonomy for residents and fellows.
6. Our AMA will collaborate with the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education to develop germane policies, especially with consideration of potential financial burden and personal privacy of trainees, to ensure more uniform regulation for use of mobile devices in medical education and clinical training.
7. Our AMA encourages medical schools and residency programs to educate all trainees on proper hygiene and professional guidelines for using personal mobile devices in clinical environments.
8. Our AMA encourages the development of mobile health applications that employ linguistically appropriate and culturally informed health content tailored to linguistically and/or culturally diverse backgrounds, with emphasis on underserved and low-income populations. (Modify Current AMA Policy)

RESOLUTION 904 – AMENDMENT TO AMA POLICY H-150.949, “HEALTHY FOOD OPTIONS IN HOSPITALS”

HOD ACTION: ADOPT AS AMENDED WITH TITLE CHANGE
H-150.949

That our American Medical Association encourage the availability of health, plant-based options at Medical Care Facilities by amending H-150.949, Healthy Food Options in Hospitals to read as follows:

H-150.949 – HEALTHFUL FOOD OPTIONS IN HEALTH CARE FACILITIES
1. Our AMA encourages healthful food options be available, at reasonable prices and easily accessible, on the premises of Health Care Facilities.
2. Our AMA hereby calls on all Health Care Facilities to improve the health of patients, staff, and visitors by: (a) providing a variety of health food, including plant-based meals, and meals that are low in saturated and trans fat, sodium, and added sugars; (b) eliminating processed meats from menus; and (c) providing and promoting healthy beverages.
3. Our AMA calls for Health Care Facility cafeterias and inpatient meal menus to publish nutritional information. (Modify Current HOD Policy)

That our AMA reaffirm Policy D-430.995, “Dietary Intake of Incarcerated Populations.”

RESOLUTION 905 – SUNSCREEN DISPENSERS IN PUBLIC HEALTH SPACES AS A PUBLIC HEALTH MEASURE

HOD ACTION: ADOPT AS AMENDED
H-440.839

That our American Medical Association, as part of a successful skin cancer prevention strategy, supports free public sunscreen programs that: (1) provide sunscreen that is SPF 15 or higher and broad spectrum; (2) supply the sunscreen in public spaces where the population would have a high risk of sun exposure; and (3) protect the product from excessive heat and direct sun. (New HOD Policy)

That our AMA reaffirm Policy H-440.839, “Protecting the Public from the Dangers of Ultraviolet Radiation.”
RESOLUTION 906 – ENSURING THE BEST IN-SCHOOL CARE FOR CHILDREN WITH SICKLE CELL DISEASE

HOD ACTION: ADOPT AS AMENDED

H-350.973

That our American Medical Association support the development of an individualized sick cell emergency care plan by physicians for in-school use, especially during sickle cell crises. (New HOD Policy)

That our AMA support the education of teachers and school officials on policies and protocols, encouraging best practices for children with sickle cell disease, such as adequate access to the restroom and water, physical education modifications, seat accommodations during extreme temperature conditions, access to medications, and policies to support continuity of education during prolonged absences from school, in order to ensure that they receive the best in-school care, and are not discriminated against, based on current and federal state protections. (New HOD Policy)

That our AMA encourage the development of model school policy for best in-school care for children with sickle cell disease. (New HOD Policy)

RESOLUTION 907 – INCREASING ACCESS TO GANG-RELATED LASER TATTOO REMOVAL IN PRISON AND COMMUNITY SETTINGS

HOD ACTION: ADOPT AS AMENDED WITH TITLE CHANGE

H-440.812

Increased Access to Removal of Gang-Related and Human Trafficking-Related Tattoos in Correctional and Community Settings

That our American Medical Association support increased access to removal of gang-related and human trafficking-related tattoos in correctional facilities and community settings. (New HOD Policy)

RESOLUTION 908 – REQUEST FOR BENZODIAZEPINE-SPECIFIC PRESCRIBING GUIDELINES FOR PHYSICIANS

HOD ACTION: NOT ADOPT

RESOLVED, That our American Medical Association support the creation of national benzodiazepine-specific prescribing guidelines for physicians.

RESOLUTION 917 – SUPPORTING RESEARCH INTO THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS

HOD ACTION: NOT ADOPT, COMBINED WITH RESOLUTION 933

Resolution 917
RESOLVED, That our American Medical Association call for the status of psychedelics as Schedule I substances be reclassified into a lower schedule class with the goal of facilitating clinical research and developing psychedelic-based medicines; and be it further

RESOLVED, That our AMA explicitly support and promote research into the therapeutic potential of psychedelics to help make a more conducive environment for research, given high regulatory and cultural barriers; and be it further

RESOLVED, That our AMA support and promote research to determine the benefits and adverse effects of long-term psychedelic use.

NOT CONSIDERED AT I-19:
008 – IMPROVING THE HEALTH AND SAFETY OF CONSENSUAL SEX WORKERS
601 – AMENDING AMA POLICY G-630.140, “LODGING, MEETING VENUES, AND SOCIAL FUNCTIONS”