

**MEMORIAL RESOLUTIONS
ADOPTED UNANIMOUSLY**

**LEWIS BIBEN, MD
Introduced by District of Columbia**

Whereas, Lewis H. Biben, MD, an internal medicine physician who practice in the Washington, DC area, passed away on October 20, 2019; and

Whereas, Dr. Biben graduated from the University of Rochester at age 15 and Hahnemann Medical College at age 21; and

Whereas, Dr. Biben served as a Congressional Page in the 78th Congress during his high school years; and

Whereas, Dr. Biben served as the President of the Medical Society of DC (MSDC), Chairman of the Board for MSDC, and a delegate to the American Medical Association; and

Whereas, Dr. Biben was known for his love of medicine and mentorship for young physicians in the DC area; and

Whereas, Dr. Biben retired from military service as a captain in the United States Air Force in 1953; and

Whereas, Dr. Biben was married to his wife Beverly for 65 years, who herself was a leader in the MSDC Alliance; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize Dr. Lewis Biben's outstanding service to the profession; and be it further

RESOLVED, That a copy of this resolution be recorded in the proceedings of this House and be forwarded to his family with an expression of the House's deepest sympathy.

**MICHAEL M. DEREN, MD
Introduced by Connecticut**

Whereas, Family, friends, and colleagues were deeply saddened by the passing of Michael M. Deren, MD, on July 28, 2019; and

Whereas, Dr. Deren dedicated his life to the profession of medicine; and

Whereas, Dr. Deren was an esteemed cardiothoracic surgeon in New London, Connecticut where he was in private practice for over 30 years and was Chief of Surgery at Lawrence and Memorial Hospital for 23 years; and

Whereas, Dr. Deren was dedicated to organized medicine serving as Past-President of the New London County Medical Association and of the Connecticut State Medical Society; fellow of the American College of Surgeons; and Past-Secretary and Treasurer of the Connecticut Chapter of the American College of Surgeons; and

Whereas, Dr. Deren was passionate about his service to the AMA, serving as an Alternate Delegate from Connecticut from 2000 till 2002 and Delegate from 2002 until the time of his death; serving on the AMA Council on Constitution and Bylaws, the Governing Council of the Organized Medical Staff Section, Chair of the Connecticut Delegation to the AMA, as well as head of the New England Delegation to the AMA; and

Whereas, Dr. Deren was also committed to his community serving as Past-President of the White Mass for the Diocese of Norwich; he was honored as a Knight in the Order of Malta-American Association; active member of the Board of Directors of the Connecticut Lyric Opera; a member of the New London Maritime Society; and served as a volunteer tutor for immigrant students in his area; and

Whereas, Above all, Dr. Deren relished spending time with his loving wife, Anne Marie Deren; and

Whereas, Dr. Deren's passing is a tremendous loss to his patients, his family, the medical community, and organized medicine; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize the tremendous contributions made by Michael M. Deren, MD, to the medical profession and organized medicine through his advocacy and commitment to his patients and to the medical community; and be it further

RESOLVED, That the AMA House of Delegates express its condolences and sympathy to the family of Michael M. Deren, MD, and present them with a copy of this resolution.

PALMA E. FORMICA, MD
Introduced by the Medical Society of New Jersey

Whereas, Palma E. Formica, MD, First Woman President of the Medical Society of New Jersey and second woman on our American Medical Association Board of Trustees; and

Whereas, Our almighty Father has called to Him, our beloved friend and colleague, Palma E. Formica, MD; and

Whereas, As a fellow and officer, Doctor Formica provided distinguished leadership to the physicians of New Jersey and singular service to the people of New Jersey; especially when it involved physician and healthcare issues on the local, state, and national levels; and

Whereas, Doctor Formica was always a very strong supporter of organized medicine, being a long time member of the Medical Society of New Jersey, serving as its first woman President; also serving as the first woman president of the Middlesex County Medical Society, and the second woman to serve on the American Medical Association Board of Trustees. Doctor Formica was recognized as a physician leader advocating for equal rights for women in medicine, in community affairs and in all fields of endeavor; therefore be it

RESOLVED, That our American Medical Association express its profound grief at the passing of Doctor Formica and extend its heartfelt sympathy to her beloved family; and be it further

RESOLVED, That this resolution be entered into the minutes of this meeting in remembrance of Palma E. Formica, MD.

DONALD THEODORE LEWERS, MD
Introduced by Maryland

Whereas, On October 6, 2019, MedChi, The Maryland State Medical Society and its component, The Talbot County Medical Society, lost a distinguished and inspiring member of over fifty years, Donald Theodore Lewers, MD; and

Whereas, Donald Theodore Lewers, MD, "Ted" was born on December 16, 1934 in Salisbury, Maryland; and

Whereas, After serving in the Korean War as a Medic, he graduated from the University of Maryland Medical School, Cum Laude in 1964; and

Whereas, Dr. Lewers continued his professional career at the Maryland General Hospital in Baltimore; and

Whereas, He was appointed as the First Chair of the Governor's Commission on Kidney Disease in 1971, having been a pioneer in performing kidney transplants and the development of dialysis as treatment for Renal Disease in Maryland; and

Whereas, In 1975 Dr. Lewers moved back to Talbot County, where he had a thriving practice as an Internist specializing in hypertension and nephrology until 2002; and

Whereas, Due to his concern about the 1986 malpractice crisis facing physicians in Maryland, he became a respected lobbyist for MedChi, with an agenda for tort reform; and

Whereas, Dr. Lewers became the President of MedChi, The Maryland State Medical Society, in 1986, during which he focused on two issues, the eroding physician-patient relationship and alternate health care systems impacting the practice of medicine; and

Whereas, His compassion for patients led him to want to do more on a national level and he was elected to the American Medical Association Board of Trustees in 1993 and served as Chair of the Board from 1999-2000; and

Whereas, Dr. Lewers keen understanding of medical malpractice suits and their impact, led him to serve on the Board of Directors for Medical Mutual Insurance Company of Maryland, from 1996 until his retirement in 2006; and

Whereas, He had a passion for nature and conservation, volunteering with The Chesapeake Wildlife Heritage, The Waterfowl Festival, Ducks Unlimited and The University of Maryland Center for the Environment and Estuarine Studies; and

Whereas, Dr. Lewers enjoyed golf, supporting oyster restoration, fishing with his grandchildren and boating with his wife, Pat, on the local rivers in his retirement; and

Whereas, He is survived by his wife, Pat Lewers, three daughters, Debbie, Linda and Kim; along with four grandchildren, Amy, Michael, Matt and Tre; one great-grandson, Russell, his sister June Terry; and many friends, colleagues and people whose lives he touched; therefore be it

RESOLVED, That our American Medical Association adopt this resolution as an indication of the deep respect the medical community holds for Donald Theodore Lewers, MD; and be it further

RESOLVED, That this resolution be entered into the minutes of the AMA 2019 Interim Meeting as an expression of the high esteem in which Dr. Lewers is held by his colleagues.

Wally O. Montgomery, MD
Introduced by Kentucky

Whereas, Former KMA Delegation Chair to the American Medical Association Wally O. Montgomery, MD passed away on November 03, 2019; and

Whereas, Dr Montgomery was a lifelong resident of the Commonwealth of Kentucky and a passionate advocate and supporter of the medical community in Kentucky for more than 50 years; and

Whereas, Dr Montgomery served in many positions in organized medicine at the local, state and national levels, including President of the McCracken County Medical Society, Governor of the Kentucky Chapter of the American College of Surgeons, and President of the Kentucky Medical Association (KMA) from 1985-1986; and

Whereas, Dr Montgomery provided a steady surgeon's hand to KMA's legislative advocacy efforts as Chair of KMA's Committee on State Legislative Activities from 1995-2001, during which time Kentucky passed numerous patient safety laws, as well as pro-physician legislation, all of which provided great benefits to the physician/patient relationship in the Commonwealth ; and

Whereas, Dr Montgomery's expertise in advocacy also led him to serve for 24 years as a Delegate to the American Medical Association, including as Senior Delegate from Kentucky to the American Medical Association; and

Whereas, Dr Montgomery also served as Chair of the KMA Budget Committee during the Great Recession of 2008, providing a steady hand to the Association's financial and administrative efforts to chart a course of financial recovery that the KMA benefits from today; and,

Whereas, Dr Montgomery received a Presidential Citation from President Ronald Reagan for his work on developing the Kentucky Physician's Care Program; and

Whereas, Dr Montgomery honorably served his country as a Colonel in the United States Army Reserve with 26 years of active service; and

Whereas, Dr Montgomery served as COSCOM Surgeon during Operation Desert Shield-Desert Storm and was Deputy Chief of Staff for Health Services 332nd Medical Brigade from 1990-1992; and

Whereas, Dr Montgomery was the recipient of the KMA's Distinguished Service Award in 1990; and

Whereas, Dr Montgomery was the recipient of the Samuel D. Gross Career of Surgery Award from the University of Louisville Department of Surgery in 2010; and

Whereas, Dr Montgomery will be remembered as a strong advocate for patients and the body of medicine having led successful advocacy efforts on numerous pieces of legislation during his tenure; and

Whereas, Dr Montgomery is survived by his wife of 60 years, Geraldine, a former two term mayor of Paducah, Kentucky and their three children: Doctor Evelyn Montgomery Jones, Doctor David Montgomery and Sarah Montgomery and five grandchildren; and

Whereas, Dr Montgomery leaves a legacy of strong leadership and generous philanthropy, along with numerous friendships with colleagues around the country and within the AMA House of Delegates; therefore be it

RESOLVED, That our American Medical Association hereby honor the contributions of Dr Montgomery and his years of service to organized medicine and the countless patients whose lives were touched by his hard work and dedication; and be it further

RESOLVED, That our AMA extend its sympathy to the family of Dr Montgomery and present them with a copy of this resolution.

BASSAM H. NASR, MD
Introduced by Michigan

Whereas, Bassam H. Nasr, MD, a physician in Gastroenterology, was born September 7, 1954, and passed away on July 16, 2019; and

Whereas, Doctor Nasr grew up in Lebanon, came to the United States to fulfill the American dream through hard work, and resided in Michigan's St. Clair County for more than 30 years; and

Whereas, Doctor Nasr was a family man, friend, philanthropist, and visionary; and

Whereas, Doctor Nasr co-founded Physician Healthcare Network 25 years ago and served as President since its inception; and

Whereas, Doctor Nasr utilized his knowledge, compassion, and leadership attributes to bring employment opportunities and access to various areas of medicine to his community; and

Whereas, So many people's lives were impacted for the better through Doctor Nasr's care as a physician and generous contributions to organizations, including but not limited to, Blue Water Hospice, SC4, the Community Foundation, and the MSMS Foundation; and

Whereas, Doctor Nasr was a current member of the Michigan State Medical Society (MSMS) Board of Directors and held various positions during his tenure, including District Director for District 7, Finance Committee Chair, and Board Secretary. He also served on the MSMS Foundation Board, and became President in 2018; and

Whereas, Doctor Nasr served with distinction and dedication on the Michigan Delegation to the American Medical Association for nine years and, most recently, was a member of the AMA Foundation Board; and

Whereas, Doctor Nasr was a tireless physician who gave generously of his time; and

Whereas, Doctor Nasr was a leader, mentor, and motivator to many; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize and honor Bassam H. Nasr, MD, for his outstanding service to the profession of medicine and the countless patients whose lives were touched by his hard work and dedication; and be it further

RESOLVED, That our AMA House of Delegates extend its deepest sympathy to the family members of Bassam H. Nasr, MD.

JOSEPH A. RIGGS, MD
Introduced by the Medical Society of New Jersey

Whereas, Our almighty Father has called to Him, our beloved friend and colleague, Joseph A. Riggs, MD; and

Whereas, As a fellow and officer, Doctor Riggs provided distinguished leadership to the physicians of New Jersey and singular service to the people of New Jersey; especially when it involved physician and healthcare issues on the local, state, and national levels; and

Whereas, Doctor Riggs was always a very strong supporter of organized medicine, being a long time member of the Medical Society of New Jersey serving as the 199th President; Camden County Medical Society President, and served on the American Medical Association Board of Trustees. Doctor Riggs was appointed by three different New Jersey Governors as a member of the State Board of Medical Examiners and received the New Jersey Academy of Medicine Award as the Outstanding Physicians of New Jersey in 1994; therefore be it

RESOLVED, That our American Medical Association express its profound grief at the passing of Doctor Riggs and extend its heartfelt sympathy to his beloved family; and be it further

RESOLVED, That this resolution be entered into the minutes of this meeting in remembrance of Joseph Riggs, MD.

CARLOS ALBERTO SILVA, MD
Introduced by District of Columbia

Whereas, Carlos Alberto Silva, MD, a surgeon who practiced in the District of Columbia, passed away on October 13, 2019; and

Whereas, Dr. Silva was born in Mayaguez, Puerto Rico on November 5, 1935 and graduated from the University of Puerto Rico; and

Whereas, Dr. Silva received his medical degree from George Washington University in Washington, DC in 1960; and

Whereas, Dr. Silva served his country after completing his residency and internship as a captain in the United States Air Force; and

Whereas, Dr. Silva returned to private practice and practiced in the District for 40 years; and

Whereas, Dr. Silva served as the medical director for the George Washington University Hospital; and

Whereas, Dr. Silva served as the President of the Medical Society of DC (MSDC) in 1987 and served in the AMA House of Delegates for over 25 years; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize Dr. Carlos A. Silva's outstanding service to the profession; and be it further

RESOLVED, That a copy of this resolution be recorded in the proceedings of this House and be forwarded to his family with an expression of the House's deepest sympathy.

JACK PERRY STRONG, MD

**Introduced by College of American Pathologists, American Society for Clinical Pathology,
American Society of Cytopathology, United States and Canadian Academy of Pathology,
National Association of Medical Examiners**

Whereas, Dr. Jack Perry Strong, an esteemed member of the Pathology Section Council and American Medical Association, passed away peacefully at his home on October 19, 2019; and

Whereas, He earned his Bachelor of Science degree in 1948, from The University of Alabama with Phi Beta Kappa honors, where he was also a member of Sigma Chi fraternity; and

Whereas, He received his Doctor of Medicine degree from LSU School of Medicine in 1951, with Alpha Omega Alpha honors; and

Whereas, Dr. Strong joined the faculty of LSU Medical Center in 1955, as an instructor of pathology, became assistant professor in 1957, associate professor in 1960, full professor in 1964, and served as head of the department from 1966 until 2010. Dr. Strong retired in 2013, at the age of 83; and

Whereas, Dr. Strong was an internationally known pathologist, and the world's first person to conclusively document the relationship of smoking to atherosclerosis; and

Whereas, As the first Boyd Professor for LSU Health and Sciences Center, Dr. Strong earned the highest professorial rank within the LSU University System which is awarded to faculty scholar-researchers who have attained singular international recognition in their academic disciplines; and

Whereas, His work has influenced countless medical students, residents and graduate students; and

Whereas, Dr. Strong was Director of Laboratories at LSU Medical Center Health Care Services Division since 1998, and Director of Pathology Department at Charity Hospital in New Orleans from 1975 until his retirement; and

Whereas, He authored or co-authored more than 400 publications in his specialty field; and

Whereas, Dr. Strong received numerous scientific awards including: The Alton Ochsner Award relating smoking and cardiovascular disease (1991), International Academy of Pathology Gold Medal (1997), American Medical Association Distinguished Service Award (1998), Spirit of Charity Award (2001), The John P. McGovern Compleat Physician Award (2004), Association of Pathology Chairs Distinguished Service Award (2005), and United States and Canadian Academy of Pathology President's Award (2008). Dr. Strong received the Order of the Rising Sun, Gold Rays with Neck Ribbon, from the Emperor of Japan for his research and collaboration with Pathologists in Japan in 2008; and

Whereas, He honorably served in the United States Air Force as Captain, Res AF, from 1953 until 1955; therefore be it

RESOLVED, That our American Medical Association House of Delegates recognize the many contributions made by Dr. Jack Perry Strong to the medical profession; and be it further

RESOLVED, That our AMA House of Delegates express its sympathy for the death of Dr. Strong to his family and present them with a copy of this resolution.

BOYCE G. TOLLISON, MD
Introduced by South Carolina

Whereas, Boyce G. Tollison, MD, died October 27, 2019 after a long struggle against lymphoma; and

Whereas, Dr Tollison's achievements and participation as an important, thoughtful leader in organized medicine at all levels are significant; and

Whereas, Dr. Tollison was President of the South Carolina Medical Association (2003), he was on the Board of Directors of the Southeastern Delegation to the AMA (2006–2017) in his role as first Alternate Delegate from South Carolina and then Delegate from South Carolina when serving as the Chair of the South Carolina Delegation to AMA; and

Whereas, Dr. Tollison served as President of the American Academy of Family Physicians (1993), Chair of the South Carolina Delegation to the AMA (2015–2017) and Chair of the Organization of State Medical Association Presidents (2014–2015); and

Whereas, In addition to all this, he found quality time for his family and church. He loved the regular hunting and fishing trips with his sons, talking about the trips with pleasure both long before and after; and

Whereas, He was beloved by his patients and community as a family physician in small town Easley, South Carolina; and

Whereas, He always had a smile on his face and a twinkle in his eye. He had a certain natural gravitas of wisdom; and

Whereas, Governor Mark Sanford awarded Boyce the prestigious and coveted Order of the Palmetto (2008), the highest civilian honor from the State of South Carolina; therefore be it

RESOLVED, That our American Medical Association House of Delegates extend its deepest sympathy to Dr. Tollison's wife, Judy; three sons Michael, Brian, and Tim; mother, Evelyn Tollison; and his extended family. He will be missed.

RESOLUTIONS

Note: Testimony on each item is summarized in the reference committee reports. Items considered on the reaffirmation calendar do not appear in the reference committee reports and were handled as part of the Committee on Rules and Credentials Supplementary Report on Sunday, Nov. 17. The following resolutions were dealt with on the reaffirmation calendar: 204, 209, 218, 306, 803, 804, 911, 927, 928 and 931

1. SUPPORT FOR THE USE OF PSYCHIATRIC ADVANCE DIRECTIVES

Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: REFERRED

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

2. ENDORSING THE CREATION OF A LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ) RESEARCH IRB TRAINING

Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED

See Policy D-460.966

RESOLVED, 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.

3. ACCURATE COLLECTION OF PREFERRED LANGUAGE AND DISAGGREGATED RACE AND ETHNICITY TO CHARACTERIZE HEALTH DISPARITIES

Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policies H-315.963 and H-315.996

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

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

and be it further

RESOLVED, That our AMA encourage the Office of the National Coordinator for Health Information Technology (ONC) to expand their data collection requirements, such that electronic health record (EHR) vendors include options for disaggregated coding of race, ethnicity and preferred language.

**4. IMPROVING INCLUSIVENESS OF TRANSGENDER PATIENTS WITHIN
ELECTRONIC MEDICAL RECORD SYSTEMS
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-315.967

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

H-315.967, Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation
Our AMA: (1) supports the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation, ~~and~~ 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 ~~and~~ (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 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 to physicians.

**5. REMOVING SEX DESIGNATION FROM THE PUBLIC PORTION OF THE BIRTH CERTIFICATE
Introduced by Medical Student Section**

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: REFERRED

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.

RESOLUTION 6 WAS WITHDRAWN

**7. ADDRESSING THE RACIAL PAY GAP IN MEDICINE
Introduced by Medical Student Section**

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-385.906

RESOLVED, 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; and be it further

RESOLVED, 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.

RESOLUTION 8 WAS NOT CONSIDERED.

9. DATA FOR SPECIALTY SOCIETY FIVE-YEAR REVIEW

**Introduced by Jerry Halverson, MD; Shannon Kilgore, MD; Meridith Englander, MD;
Hugh Taylor, MD; Steven Chen, MD; Adam Rubin, MD; David Tayloe, MD; Stuart Glassman, MD**

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED

See Policy G-600.020

RESOLVED, That American Medical Association policy G-600.020, “Admission of Specialty Organizations to our AMA House,” item 6, be amended by addition and deletion to read as follows:

The organization must have a voluntary membership and must report as members only those physician members who are current in payment of applicable dues, ~~have full voting privileges~~, and eligible to serve on committees or the governing body ~~hold office~~.

10. BAN CONVERSION THERAPY

Introduced by Michigan

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS

TITLE CHANGED

See Policy D-515.978

RESOLVED, That our American Medical Association develop model state legislation and advocate for federal legislation to ban “reparative” or “conversion” therapy for sexual orientation or gender identity.

11. END CHILD MARRIAGE

Introduced by Michigan

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-60.901

RESOLVED, That our American Medical Association oppose the practice of child marriage by advocating for the passage of state and federal legislation to end the practice of child marriage.

12. STUDY OF FORCED ORGAN HARVESTING BY CHINA

Introduced by District of Columbia

Reference committee hearing: see report of Reference Committee on Amendments to Constitution and Bylaws.

HOUSE ACTION: ADOPTED

See Policy D-370.981

RESOLVED, That our American Medical Association gather and study all information available and possible on the issue of forced organ harvesting by China and issue a report to our House of Delegates at the 2020 Annual Meeting.

**201. ADVOCATING FOR THE STANDARDIZATION AND REGULATION OF
OUTPATIENT ADDICTION REHABILITATION FACILITIES
Introduced by Medical Student Section**

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

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.

**202. SUPPORT FOR VETERANS COURTS
Introduced by Medical Student Section**

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED

See Policy H-510.979

RESOLVED, That our American Medical Association support the use of Veterans Courts as a method of intervention for veterans who commit criminal offenses that may be related to a neurological or psychiatric disorder.

**203. SUPPORT EXPANSION OF GOOD SAMARITAN LAWS
Introduced by Medical Student Section**

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED

See Policy D-95.977

RESOLVED, 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 and endorse policies and legislation that provide protections for callers or witnesses seeking medical help for overdose victims; ~~and~~ (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.

**204. AMA POSITION ON PAYMENT PROVISIONS IN HEALTH INSURANCE POLICIES
Introduced by New York**

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICY D-390.995 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association seek legislation to ban anti-assignment provisions in health insurance plans; and be it further

RESOLVED, That our AMA support legislation requiring health insurers to issue payment directly to the physician when the patient or patient representative signs an agreement which permits payment directly to the physician.

205. CO-PAY ACCUMULATORS

Introduced by Virginia, American Association of Clinical Urologists, West Virginia, New Jersey, Maryland, Alabama, Georgia, District of Columbia, Kentucky, Oklahoma, American Urological Association, Mississippi, Delaware, Illinois

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy D-110.986

RESOLVED, That our American Medical Association develop model state legislation regarding Co-Pay Accumulators for all pharmaceuticals, biologics, medical devices, and medical equipment.

206. IMPROVEMENT OF HEALTHCARE ACCESS IN UNDERSERVED AREAS

Introduced by International Medical Graduates Section and Minority Affairs Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS**TITLE CHANGED**

See Policy H-200.972

RESOLVED, That our American Medical Association support efforts to expand opportunities to retain international medical graduates after the expiration of allocated periods under current law; and be it further

RESOLVED, That our American Medical Association support efforts to increase the recruitment and retention of physicians practicing in federally designated health professional shortage areas.

207. PHARMACEUTICAL ADVERTISING IN ELECTRONIC HEALTH RECORD SYSTEMS

Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy D-478.961

RESOLVED, 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; and be it further

RESOLVED, That our AMA study the prevalence and ethics of direct-to-physician advertising at the point of care, including advertising in EHRs.

208. NET NEUTRALITY AND PUBLIC HEALTH

Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

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; 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; and be it further

RESOLVED, That our AMA oppose internet data transmission practices that reduce market competition in the health ecosystem.

**209. FEDERAL GOVERNMENT REGULATION AND PROMOTING PATIENT
ACCESS TO KIDNEY TRANSPLANTATION
Introduced by American Society of Transplant Surgeons**

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICIES H-370.960, H-973.963 AND D-370.983 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association engage US government regulatory and professional organ transplant organizations to advance patient and physician-directed care for End Stage Renal Disease (ESRD) patients; and be it further

RESOLVED, That our AMA actively promote regulatory efforts to assure physician and patient involvement in the design of any ESRD federal demonstration program; and be it further

RESOLVED, That our AMA actively advocate for legislative and regulatory efforts which create incentives for dialysis providers, transplant centers, organ donors, and ESRD patients to increase organ donation and improve access to kidney transplantation in the United States.

210. FEDERAL GOVERNMENT REGULATION AND PROMOTING RENAL TRANSPLANTATION

Reference committee hearing: see report of Reference Committee B.

**HOUSE ACTION: FOLLOWING ALTERNATE RESOLUTION ADOPTED
See Policy D-370.983**

RESOLVED, That our AMA support federal legislative and regulatory policies that improve kidney transplantation access by using evidence-based outcome measures which do not impede sound clinical judgment of physicians and surgeons.

**211. EFFECTS OF NET NEUTRALITY ON PUBLIC HEALTH
Introduced by Michigan**

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: REFERRED

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:

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 federally licensed radio services from harmful interference that can be caused by broadband and wireless services.

212. CENTERS FOR MEDICARE AND MEDICAID SERVICES OPEN PAYMENTS PROGRAM
Introduced by Michigan

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-140.848

RESOLVED, That our American Medical Association amend current policy H-140.848, “Physician Payments Sunshine Act,” by addition and deletion to read as follows:

Our AMA will:

- (1) continue its efforts to minimize the burden and unauthorized expansion of the Sunshine Act by the Centers for Medicare & Medicaid Services (CMS) and will recommend to the CMS that a physician comment section be included on the “Physician Payments Sunshine Act” public database;
- (2) lobby Congress to amend the Sunshine Act to limit transfer of value reporting to items with a value of greater than \$100;
- (3) advocate that: (a)(i) any payment or transfer of value reported as part of the Physician Payments Sunshine Act should include whether the physician acknowledged receipt of said payment or transfer of value, and (ii) each payment or transfer of value on the Open Payments website indicates whether the physician verified the payment or transfer of value; and (b) a contested reported payment or transfer of value should be removed immediately from the Open Payments website until the reporting company validates the compensation with verifiable documentation; ~~and~~
- (4) support significant modifications to the Sunshine Act, such as substantially increasing the monetary threshold for reporting, that will decrease the regulatory and administrative burden on physicians, protect physician rights to challenge false and misleading reports, change the dispute process so that successfully disputed charges are not included publicly on the Open Payments database, and provide a meaningful, accurate picture of the physician-industry relationship; ~~and~~
- (5) support the expansion of the definition of “covered recipients” to include pharmacists and Pharmacy Benefit Managers; and
- (6) continue to educate physicians about the Sunshine Act and its implications in light of publicly available data on the CMS Open Payments Program website.

213. DATA COMPLETENESS AND THE HOUSE OF MEDICINE
Introduced by Colorado, Idaho, Arizona, Hawaii, Utah

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policies D-155.987 and D-190.971

RESOLVED, That our American Medical Association amend Section 4 of Policy D-155.987, “Price Transparency,” by addition to read as follows:

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

and be it further

RESOLVED, That our American Medical Association will work with stakeholder organizations to support efforts to strengthen claims databases, including, but not limited to, supporting reforms to permit states to mandate submission of data from self-insured ERISA plans and supporting the adoption of a standardized set of health care claims data.

**214. AMA SHOULD PROVIDE A SUMMARY OF ITS ADVOCACY EFFORTS
ON SURPRISE MEDICAL BILLS**

Introduced by

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association Board of Trustees provide a detailed report of its efforts and those of allies and opponents around the issue of surprise medical bills in 2019; this discussion should include the following points comparing the AMA and partners activity vs that of its opponents (the insurance companies):

- 1) What testimony was provided at various committee meetings?
- 2) What letters were written to various legislators?
- 3) What grass roots efforts were performed?
- 4) What other groups supported the efforts?
- 5) What other groups were recruited to support the efforts?
- 6) What media efforts were performed?
- 7) What television ads were run?
- 8) What radio ads were run?
- 9) What print ads were run?
- 10) What op-ed pieces were run, in national journals, Washington journals, and regional publications?
- 11) What meetings occurred with various legislators?
- 12) What meetings occurred with members of the administration?
- 13) How much money was spent on the various efforts?
- 14) What studies were published in insurance journals, medical journals, and other journals on this matter?
- 15) Which senators and representatives and administration members could either side count on as solid supporters?
- 16) What level of collaboration was there with other national, state, and specialty societies and how was this carried out?

215. BOARD CERTIFICATION OF PHYSICIAN ASSISTANTS

**Introduced by American Academy of Dermatology, American College of Mohs Surgery,
American Society for Dermatologic Surgery Association, Society for Investigative Dermatology,
American Society of Dermatopathology, American Association of Neurological Surgeons,
Congress of Neurological Surgeons, American College of Emergency Physicians, Iowa,
Maryland, Wisconsin, Virginia, Florida, Arizona
International Society of Hair Restoration Surgery, Pennsylvania, Michigan**

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policies H-35.965 and H-275.926

RESOLVED, That our American Medical Association amend AMA Policy H-35.965, “Regulation of Physician Assistants,” by addition and deletion to read as follows and be it further

Our AMA: (1) will advocate in support of maintaining the authority of medical licensing and regulatory boards to regulate the practice of medicine through oversight of physicians, physician assistants and related medical personnel; ~~and~~ (2) opposes legislative efforts to establish autonomous regulatory boards meant to license, regulate and discipline physician assistants outside of the existing state medical licensing and regulatory bodies’ authority and purview; and (3) opposes efforts by organizations to board certify physician assistants in a manner that misleads the public to believe such certification is equivalent to medical specialty board certification.

RESOLVED, That our American Medical Association amend AMA Policy H-275.926, “Medical Specialty Board Certification Standards,” by addition to read as follows

Our AMA:

1. Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.
2. Opposes any action, regardless of intent, by organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical specialty board certification or take advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.
3. Continues to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination.
4. Opposes discrimination against physicians based solely on lack of ABMS or equivalent AOA-BOS board certification, or where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our AMA also opposes discrimination that may occur against physicians involved in the board certification process, including those who are in a clinical practice period for the specified minimum period of time that must be completed prior to taking the board certifying examination.
5. Advocates for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not.
6. Encourages member boards of the ABMS to adopt measures aimed at mitigating the financial burden on residents related to specialty board fees and fee procedures, including shorter preregistration periods, lower fees and easier payment terms.

**216. LEGISLATION TO FACILITATE CORRECTIONS-TO-COMMUNITY
HEALTHCARE CONTINUITY VIA MEDICAID
Introduced by American Association of Public Health Physicians**

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-430.986

RESOLVED That our American Medical Association amend item #6 of HOD Policy H-430.986, “Health Care While Incarcerated,” by addition to read as follows:

6. Our AMA urges Congress, the Centers for Medicare & Medicaid Services (CMS), and state Medicaid agencies to provide Medicaid coverage for health care, care coordination activities and linkages to care delivered to patients up to 30 days before the anticipated release from adult and juvenile correctional facilities in order to help establish coverage effective upon release, assist with transition to care in the community, and help reduce recidivism.

**217. PROMOTING SALARY TRANSPARENCY AMONG VETERANS HEALTH
ADMINISTRATION EMPLOYED PHYSICIANS
Introduced by Women Physicians Section**

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED

See Policy H-510.980

RESOLVED, That our American Medical Association encourage physician salary transparency within the Veterans Health Administration.

RESOLUTION 218 WAS WITHDRAWN.**219. QUALITY PAYMENT PROGRAM AND THE IMMEDIATE AVAILABILITY OF RESULTS
IN CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGIES****Introduced by American Society of Clinical Oncology***Reference committee hearing: see report of Reference Committee B.***HOUSE ACTION: ADOPTED AS FOLLOWS****TITLE CHANGED***See Policy H-478.979*

RESOLVED, That our American Medical Association urge the Centers for Medicare & Medicaid Services, Office of the National Coordinator for Health Information Technology, and other agencies with jurisdiction to create guardrails around the “immediate” availability of medical test results, factoring in an allowance for physician judgement and discretion regarding the timing of release of certain results; and be it further

RESOLVED, That our AMA encourage vendors to implement mechanisms that provide physicians the discretion to publish medical test results to a patient portal while ensuring patient access to such information in a reasonable timeframe.

220. OPPOSE MANDATORY DNA COLLECTION OF MIGRANTS**Introduced by Medical Student Section***Reference committee hearing: see report of Reference Committee B.***HOUSE ACTION: ADOPTED***See Policy H-65.955*

RESOLVED, 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.

**221. SAFE SUPERVISION OF COMPLEX RADIATION ONCOLOGY AND
HYPERBARIC OXYGEN THERAPEUTIC PROCEDURES****Introduced by Resident and Fellow Section***Reference committee hearing: see report of Reference Committee B.***HOUSE ACTION: ADOPTED AS FOLLOWS****TITLE CHANGED***See Policy D-160.916*

RESOLVED, That our American Medical Association advocate that radiation therapy services and hyperbaric oxygen services should be exempted from the Hospital Outpatient Prospective Payment System (HOPPS) rule requiring only general supervision of hospital therapeutic services; and be it further

RESOLVED, That our AMA advocate that direct supervision of hyperbaric oxygen therapy services by a physician trained in hyperbaric oxygen services should be required by the Centers for Medicare and Medicaid Services.

222. STATE BOARD SCOPE OF PRACTICE EXPANSION BEYOND STATUTE
Introduced by American Orthopaedic Foot and Ankle Society

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-160.995

RESOLVED, That our AMA consider all available legal, regulatory, and legislative options to oppose state board decisions that increase non-physician health care provider scope of practice beyond legislative statute or regulation.

**223. APPROPRIATE USE OF SCIENTIFIC STUDIES AND DATA IN THE
DEVELOPMENT OF PUBLIC POLICY**
Introduced by Colorado, American Association of Public Health Physicians

Reference committee hearing: see report of Reference Committee B.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-460.980

RESOLVED, that our AMA oppose policies requiring scientific disclosures of confidential medical records consistent with Policy H-315.983, “Patient Privacy and Confidentiality;” and be it further

RESOLVED, that our AMA supports the use of all credible scientific data in the development of public policy while safeguarding confidentiality of patient information.

**301. ENGAGING STAKEHOLDERS FOR ESTABLISHMENT OF A TWO-INTERVAL, OR PASS/FAIL,
GRADING SYSTEM OF NON-CLINICAL CURRICULUM IN U.S. MEDICAL SCHOOLS**
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED
See Policy H-295.866

RESOLVED, 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 acknowledges the benefits of a two-interval grading system in medical colleges and universities in the United States for the non-clinical curriculum.

302. STRENGTHENING STANDARDS FOR LGBTQ MEDICAL EDUCATION
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
POLICY TITLE CHANGED
See Policy H-295.878

RESOLVED, That our AMA amend Policy H-295.878, “Eliminating Health Disparities - Promoting Awareness and 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 ~~Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ)~~ 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 in Lesbian, Gay, Bisexual, Transgender and Queer communities; and (3) encourages medical education accreditation bodies to both continue to encourage and periodically reassess education on the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include LGBTQ 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 in the cultural competency curriculum for both undergraduate and graduate medical education; and (4) ~~encourages the LCME, AOA, and ACGME to assess the current status of curricula for medical student and residency education addressing the needs of pediatric and adolescent LGBTQ patients.~~

303. INVESTIGATION OF EXISTING APPLICATION BARRIERS FOR OSTEOPATHIC MEDICAL STUDENTS APPLYING FOR AWAY ROTATIONS

Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED

See Policy H-295.876

RESOLVED, 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 the findings by the 2020 Interim Meeting.

304. ISSUES WITH THE MATCH, THE NATIONAL RESIDENCY MATCHING PROGRAM (NRMP)

Introduced by Indiana

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association redouble its efforts to promote an increase in residency program positions in the U.S.; and be it further

RESOLVED, That our AMA assign an appropriate AMA committee or committees to:

- Study the issue of why residency positions have not kept pace with the changing physician supply and investigate what novel residency programs have been successful across the country in expanding positions both traditionally and nontraditionally.
- Seek to determine what causes a failure to match and better understand what strategies are most effective in increasing the chances of a successful match, especially after a prior failure. The committee(s) would rely upon the BNRMP (Board of the National Residency Matching Program) to provide some of this information through surveys, questionnaires and other means. Valid data would be valuable to medical students who seek to improve their chances of success in The Match.
- Report back to the AMA HOD with findings and recommendations; and be it further

RESOLVED, Because SOAP (Supplemental Offer and Acceptance Program) failed to adequately serve some physicians seeking to match this year, that our AMA support the option to allow individuals participating in one future Match at no cost; and be it further

RESOLVED, That in order to understand the cost of The Match and identify possible savings, our AMA encourage the Board of the National Residency Matching Program to:

1. Conduct an independent and fully transparent audit of SOAP (Supplemental Offer and Acceptance Program) to identify opportunities for savings, with the goal of lowering the financial burden on medical students and new physicians
2. Actively promote success for those participating in The Match by better explaining and identifying those issues that interfere with the successful match and to offer strategies to mitigate those issues. This information can be disseminated through the program website and through services such as its “Help” and “Q&A” links, and also through the AMA

305. ENSURING ACCESS TO SAFE AND QUALITY CARE FOR OUR VETERANS
Introduced by Young Physicians Section

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy H-510.986

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

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

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

306. FINANCIAL BURDEN OF USMLE STEP 2 CS ON MEDICAL STUDENTS
Introduced by Indiana

Considered on reaffirmation calendar.

HOUSE ACTION: POLICY D-295.988 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association work with the Federation of State Medical Boards/United States Medical Licensing Examination (USMLE) to reduce the cost of the USMLE Step 2 CS exam and allow medical students to take this exam locally to defray unnecessary expenses.

**307. IMPLEMENTATION OF FINANCIAL EDUCATION CURRICULUM FOR
MEDICAL STUDENTS AND PHYSICIANS IN TRAINING
Introduced by International Medical Graduates Section**

**Resolution 307 was considered with Council on Medical Education Report 2.
See Council on Medical Education Report 2.**

RESOLVED, That our American Medical Association work with relevant stakeholders to study the development of a curriculum during medical school and residency/fellowship training to educate them about the financial and business aspect of medicine.

**308. STUDY EXPEDITING ENTRY OF QUALIFIED IMG PHYSICIANS TO US MEDICAL PRACTICE
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont**

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: ADOPTED
See Policy D-255.978

RESOLVED, That our American Medical Association study and make recommendations for the best means for evaluating, credentialing and expediting entry of competently trained international medical graduate (IMG) physicians of all specialties into medical practice in the USA.

**309. FOLLOW-UP ON ABNORMAL MEDICAL TEST FINDINGS
Introduced by Georgia**

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association advocate for the adoption of evidence-based guidelines on the process for communication and follow-up of abnormal medical test findings to promote better patient outcomes; and be it further

RESOLVED, That our AMA work with appropriate state and specialty medical societies to enhance opportunities for continuing education regarding professional guidelines and other clinical resources to enhance the process for communication and follow-up of abnormal medical test findings to promote better patient outcomes.

**310. PROTECTION OF RESIDENT AND FELLOW TRAINING IN THE CASE OF
HOSPITAL OR TRAINING PROGRAM CLOSURE
Introduced by Resident and Fellow Section**

Reference committee hearing: see report of Reference Committee C.

**HOUSE ACTION: ADOPTED AS FOLLOWS
ADDITIONAL PROPOSED RESOLVE REFERRED FOR DECISION
See Policy H-310.943**

RESOLVED, That our American Medical Association study and provide recommendations on how the process of assisting displaced residents and fellows could be improved in the case of training hospital or training program closure, including:

1) The current processes by which a displaced resident or fellow may seek and secure an alternative training position; and

2) How the Centers for Medicare and Medicaid Services (CMS) and other additional or supplemental graduate medical education (GME) funding is redistributed, including but not limited to:

- a. The direct or indirect classification of residents and fellows as financial assets and the implications thereof;
- b. The transfer of training positions between institutions and the subsequent impact on resident and fellow funding lines in the event of closure;
- c. The transfer of full versus partial funding for new training positions; and
- d. The transfer of funding for displaced residents and fellows who switch specialties; and be it further

RESOLVED, That our AMA work with the Centers for Medicare and Medicaid Services (CMS) to establish regulations that which protect residents and fellows impacted by program or hospital closure, which may include recommendations for:

- 1) Notice by the training hospital, intending to file for bankruptcy within 30 days, to all residents and fellows primarily associated with the training hospital, as well as those contractually matched at that training institution who may not yet have matriculated, of its intention to close, along with provision of reasonable and appropriate procedures to assist current and matched residents and fellows to find and obtain alternative training positions that minimize undue financial and professional consequences, including but not limited to maintenance of specialty choice, length of training, initial expected time of graduation, location and reallocation of funding, and coverage of tail medical malpractice insurance that would have been offered had the program or hospital not closed;
- 2) Revision of the current CMS guidelines that may prohibit transfer of funding prior to formal financial closure of a teaching institution;
- 3) Improved provisions regarding transfer of GME funding for displaced residents and fellows for the duration of their training in the event of program closure at a training institution; and
- 4) Protections against the discrimination of displaced residents and fellows consistent with H-295.969; and be it further

RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, National Resident Matching Program, Educational Commission for Foreign Medical Graduates, Centers for Medicare and Medicaid Services, and other relevant stakeholders to identify a process by which displaced residents and fellows may be directly represented in proceedings surrounding the closure of a training hospital or program; and be it further

RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, National Resident Matching Program, Educational Commission for Foreign Medical Graduates, the Centers for Medicare and Medicaid Services, and other relevant stakeholders to:

- 1) Develop a stepwise algorithm for designated institutional officials and program directors to assist residents and fellows with finding and obtaining alternative training positions; and
- 2) Create a centralized, regulated process for displaced residents and fellows to obtain new training positions;
- 3) Develop pathways that ensure that closing and accepting institutions provide liability insurance coverage to residents, at no cost to residents.

[THE FOLLOWING PROPOSED RESOLVE CLAUSE WAS REFERRED FOR DECISION:]

RESOLVED, That our AMA urgently advocate to CMS or other appropriate sources of funding to ensure that liability tail coverage is provided for the 571 residents displaced by the closure of Hahnemann University Hospital, at no cost to the affected residents.

[The Board of Trustees acted to adopt the following language on Nov. 18:

RESOLVED, that our AMA urgently partner with interested parties to identify viable options to secure liability tail coverage for residents and fellows impacted by closures of teaching hospitals, at no cost to the affected residents and fellows, including but not limited to residents and fellows impacted by the closure of Hahnemann University Hospital.]

RESOLUTION 601 WAS NOT CONSIDERED.

602. PRESERVING CHILDCARE AT AMA MEETINGS
Introduced by Young Physicians Section

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy G-600.115

RESOLVED, That our American Medical Association arrange onsite, supervised childcare at no cost to members attending AMA Annual and Interim Meetings; and be it further

RESOLVED, That Policy D-600.958 be rescinded.

801. REIMBURSEMENT FOR POST-EXPOSURE PROTOCOL FOR NEEDLESTICK INJURIES

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING ALTERNATE RESOLUTION ADOPTED

See Policy h-295.855

RESOLVED, 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.

**802. ENSURING FAIR PRICING OF DRUGS DEVELOPED WITH THE
UNITED STATES GOVERNMENT**
Introduced by Medical Student Section

Resolution 802 was considered with Council on Medical Service Report 4.
See Council on Medical Service Report 4.

RESOLVED, That our American Medical Association amend Policy H-110.987 by addition to read as follows:

H-110.987, "Pharmaceutical Costs"

1. Our AMA encourages Federal Trade Commission (FTC) actions to limit anticompetitive behavior by pharmaceutical companies attempting to reduce competition from generic manufacturers through manipulation of patent protections and abuse of regulatory exclusivity incentives.
2. Our AMA encourages Congress, the FTC and the Department of Health and Human Services to monitor and evaluate the utilization and impact of controlled distribution channels for prescription pharmaceuticals on patient access and market competition.
3. Our AMA will monitor the impact of mergers and acquisitions in the pharmaceutical industry.
4. Our AMA will continue to monitor and support an appropriate balance between incentives based on appropriate safeguards for innovation on the one hand and efforts to reduce regulatory and statutory barriers to competition as part of the patent system.
5. Our AMA encourages prescription drug price and cost transparency among pharmaceutical companies, pharmacy benefit managers and health insurance companies.
6. Our AMA supports legislation to require generic drug manufacturers to pay an additional rebate to state Medicaid programs if the price of a generic drug rises faster than inflation.
7. Our AMA supports legislation to shorten the exclusivity period for biologics.
8. Our AMA will convene a task force of appropriate AMA Councils, state medical societies and national medical specialty societies to develop principles to guide advocacy and grassroots efforts aimed at addressing pharmaceutical costs and improving patient access and adherence to medically necessary prescription drug regimens.

9. Our AMA will generate an advocacy campaign to engage physicians and patients in local and national advocacy initiatives that bring attention to the rising price of prescription drugs and help to put forward solutions to make prescription drugs more affordable for all patients.
10. Our AMA supports: (a) drug price transparency legislation that requires pharmaceutical manufacturers to provide public notice before increasing the price of any drug (generic, brand, or specialty) by 10% or more each year or per course of treatment and provide justification for the price increase; (b) legislation that authorizes the Attorney General and/or the Federal Trade Commission to take legal action to address price gouging by pharmaceutical manufacturers and increase access to affordable drugs for patients; and (c) the expedited review of generic drug applications and prioritizing review of such applications when there is a drug shortage, no available comparable generic drug, or a price increase of 10% or more each year or per course of treatment.
11. Our AMA advocates for policies that prohibit price gouging on prescription medications when there are no justifiable factors or data to support the price increase.
12. Our AMA will provide assistance upon request to state medical associations in support of state legislative and regulatory efforts addressing drug price and cost transparency.
13. Our AMA supports legislation to shorten the exclusivity period for FDA pharmaceutical products where manufacturers engage in anti-competitive behaviors or unwarranted price escalations.
14. Our AMA will support trial programs using international reference pricing for pharmaceuticals as an alternative drug reimbursement model for Medicare, Medicaid, and/or any other federally funded health insurance programs, either as in individual solution or in conjunction with other approaches.

**803. ENCOURAGE FEDERAL EFFORTS TO EXPAND ACCESS TO SCHEDULED DIALYSIS
FOR UNDOCUMENTED PEOPLE**

Introduced by Medical Student Section

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICIES H-160.956, H-350.957 AND D-440.985 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association support expanded access to scheduled dialysis for undocumented persons with end-stage renal disease.

804. PROTECTING SENIORS FROM MEDICARE ADVANTAGE PLANS

Introduced by Indiana

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICY H-285.902 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association encourage AARP, insurance companies and other vested parties to develop simplified tools and guidelines for comparing and contrasting Medicare Advantage plans.

**805. FAIR MEDICATION PRICING FOR PATIENTS IN UNITED STATES: ADVOCATING
FOR A GLOBAL PRICING STANDARD**

Introduced by International Medical Graduates Section

Resolution 805 was considered with Council on Medical Service Report 4.

See Council on Medical Service Report 4.

RESOLVED, That our American Medical Association advocate for legislation to create an International Pricing Index that would track global medication prices for all prescription medications and keep U.S. medication costs aligned with

prices paid in other countries to help control costs and reduce unreasonable patient financial barriers to treatment; and be it

RESOLVED, That our AMA advocate for legislation that would ensure that patients are charged fairly for prescription medications based on the International Pricing Index and that additional costs will not be arbitrarily assigned or passed onto patients.

806. SUPPORT FOR HOUSING MODIFICATION POLICIES
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy h-160.890

RESOLVED, 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.

807. ADDRESSING THE NEED FOR LOW VISION AID DEVICES

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: FOLLOWING ALTERNATE RESOLUTION ADOPTED
See Policy D-185.978

RESOLVED, That our American Medical Association work with interested national medical specialty societies and state medical associations to support insurance coverage for and increased access to low vision aids for patients with visual disabilities.

**808. PROTECTING PATIENT ACCESS TO SEAT ELEVATION AND STANDING
FEATURES IN POWER WHEELCHAIRS**
**Introduced by American Academy of Physical Medicine and Rehabilitation,
American Association of Neuromuscular and Electrodiagnostic Medicine, Wisconsin**

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policy D-330.899

RESOLVED, That our American Medical Association request that the Centers for Medicare and Medicaid Services (CMS) render a benefit category determination (BCD) that establishes that the seat elevation and standing features of power wheelchairs are primarily medical in nature and qualify under the definition of durable medical equipment (DME) when used in a power wheelchair.

809. AMA PRINCIPLES OF MEDICAID REFORM
Introduced by Utah

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association support the following principles of Medicaid reform:

1. Provide appropriate access to care that is the most cost effective and efficient to our citizens.
2. Encourage individuals to be enrolled in private insurance supported by Medicaid funding, if possible.
3. Create the best coverage at the lowest possible cost.
4. Incentivize Medicaid patient behavior to improve lifestyle, health, and compliance with appropriate avenues of care and utilization of services.
5. Establish a set of specialty specific high-quality metrics with appropriate remuneration and incentives for clinicians to provide high quality care.
6. Seek to establish improved access for Medicaid patients to primary care providers and referrals to specialists for appropriate care.
7. Assure appropriate payment and positive incentives to encourage but not require clinician participation in Medicaid for both face-to-face and non-face-to-face encounters, under appropriate establishment of clinician-patient relationship.
8. Include payment incentives to clinicians for after-hours primary care to assist patients with an inability to access care during normal business hours.
9. Avoid tactics and processes that inhibit access to care, delay interventions and prevent ongoing maintenance of health.
10. Eliminate current disincentives (e.g., Medicaid spend-down in order to qualify) to patients improving their lives while on Medicaid, to increase successful transition into the private insurance market.
11. Cease any tax, or attempt to tax, any health care profession for the purpose of supporting the cost of Medicaid.
12. Develop a physician directed clinician oversight board at the state level to insure the proper access, quality and cost of care under the Medicaid program throughout all geographically diverse areas of the states.
13. Allow clinicians to see patients for more than one procedure in a visit so that patients do not have to return for another service at an extra cost to the Medicaid program and extra time and effort to the Medicaid patient (e.g., if patient comes because they are sick, allow them to have a diabetes check-up at the same time).
14. Strategically plan to reduce administrative costs and burdens to clinicians, and of the Medicaid program itself, by reducing at least, but not limited to, burdensome documentation requirements, administrative obstacles, and regulatory impediments; and be it further

RESOLVED, That our AMA pursue action to improve the federal requirements for Medicaid programs based on the AMA's principles of Medicaid reform

810. HOSPITAL MEDICAL STAFF POLICY
Introduced by Utah

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-235.960

RESOLVED, That our American Medical Association support and advocate that hospital medical staff leadership should be fully licensed physicians and that if others are included, they should be non-voting or advisory to the hospital medical staff members.

811. REQUIRE PAYERS TO SHARE PRIOR AUTHORIZATION COST BURDEN
Introduced by Michigan

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policies H-320.939, H-385.951 and D-320.980

RESOLVED, That our American Medical Association reaffirm Policies H-320.939, “Prior Authorization and Utilization Management Reform,” and H-385.951, “Remuneration for Physician Services;” and be it further

RESOLVED, The AMA petition the Centers for Medicare and Medicaid Services to require the precertification process to include a one-time standard record of identifying information for the patient and insurance company representative to include their name, medical degree and NPI number.

812. AUTOPSY STANDARDS AS CONDITION OF PARTICIPATION
**Introduced by College of American Pathologists, National Association of Medical Examiners,
United States and Canadian Academy of Pathology, American Society for Clinical Pathology,
American Society of Cytopathology**

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED

See Policy D-215.986

RESOLVED, That our American Medical Association call upon the Centers for Medicare and Medicaid Services to reinstate the Autopsy Standard as a Medicare Condition of Participation.

813. PUBLIC REPORTING OF PBM REBATES
Introduced by American College of Rheumatology, American Society of Clinical Oncology

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED

See Policy H-110.981

RESOLVED, That our American Medical Association advocate for Pharmacy Benefit Managers (PBMs) and state regulatory bodies to make rebate and discount reports and disclosures available to the public; and be it further

RESOLVED, That our AMA advocate for the inclusion of required public reporting of rebates and discounts by PBMs in federal and state PBM legislation.

814. PBM VALUE-BASED FRAMEWORK FOR FORMULARY DESIGN
Introduced by American Society of Clinical Oncology

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association emphasize the importance of physicians’ choice of the most appropriate pharmaceutical treatment for their patients in its advocacy; and be it further

RESOLVED, That our AMA advocate for pharmacy benefit managers (PBMs) and health plans to use a value-based decision-making framework that is transparent and includes applicable specialty clinical oversight when determining which specialty drugs to give preference on their formularies.

815. STEP THERAPY

**Introduced by American Society of Clinical Oncology, American College of Rheumatology,
American College of Gastroenterology, American Association of Clinical Endocrinologists,
American Gastroenterological Association, American Academy of Ophthalmology**

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policies H-320.937 and D-320.981

RESOLVED, That our American Medical Association amend Policy D-320.981, “Medicare Advantage Step Therapy,” by addition and deletion to read as follows:

D-320.981, “~~Medicare Advantage~~ Step Therapy”

1. Our AMA believes that step therapy programs create barriers to patient care and encourage health plans to instead focus utilization management protocol on review of statistical outliers.
2. Our AMA will advocate that health plan ~~the Medicare Advantage~~ step therapy protocols, if not repealed, should feature the following patient protections:
 - a. Enable the treating physician, rather than another entity such as the insurance company, to determine if a patient “fails” a treatment;
 - b. Exempt patients from the step therapy protocol when the physician believes the required step therapy treatments would be ineffective, harmful, or otherwise against the patients’ best interests;
 - c. Permit a physician to override the step therapy process when patients are stable on a prescribed medication;
 - d. Permit a physician to override the step therapy if the physician expects the treatment to be ineffective based on the known relevant medical characteristics of the patient and the known characteristics of the drug regimen; if patient comorbidities will cause, or will likely cause, an adverse reaction or physical harm to the patient; or is not in the best interest of the patient, based on medical necessity;
 - e. Include an exemption from step therapy for emergency care;
 - f. Require health insurance plans to process step therapy approval and override request processes electronically;
 - g. Not require a person changing health insurance plans to repeat step therapy that was completed under a prior plan; and
 - h. Consider a patient with recurrence of the same systematic disease or condition to be considered an established patient and therefore not subject to duplicative step therapy policies for that disease or condition.

and be it further

RESOLVED, That our AMA actively support state and federal legislation that would allow timely clinician-initiated exceptions to, and place reasonable limits on, step therapy protocols imposed by health care plans.

816. DEFINITION OF NEW PATIENT

Introduced by Georgia

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: POLICIES H-70.919 AND H-70.921 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association advocate for the definition of a “new patient” to represent the multitude of factors and time needed to appropriately evaluate a patient’s health condition and in accordance with relevant payer guidelines.

**817. TRANSPARENCY OF COSTS TO PATIENTS FOR THEIR PRESCRIPTION MEDICATIONS
UNDER MEDICARE PART D AND MEDICARE ADVANTAGE PLANS
Introduced by Georgia**

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-330.870

RESOLVED, That our American Medical Association advocate for transparent patient educational resources on their personal costs for their medications under Medicare and Medicare Advantage plans—both printed and online video—which health care systems could provide to patients and which consumers could access directly; and be it further

RESOLVED, That our AMA support increased funding for federal and state health insurance assistance programs and educate physicians, hospitals, and patients about the availability of these programs

**818. HEALTH INSURERS - COLLECTION OF CO-PAYS AND DEDUCTIBLES
Introduced by Organized Medical Staff Section**

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association study the impact of “auto accept” policies (i.e. unconditional acceptance for the care of a patient) on public health, as well as their compliance with the Emergency Medical Treatment and Labor Act (EMTALA) in order to protect the safety of our patients, with report back at the 2020 Annual Meeting; and be it further

RESOLVED, That our AMA advocate that if a medical center adopts an “auto accept” i.e. unconditional acceptance for the care of a patient) policy, it must have been ratified, as well as overseen and/or crafted, by the independent medical staff

**819. HOSPITAL WEBSITE VOLUNTARY PHYSICIAN INCLUSION
Introduced by Organized Medical Staff Section**

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: REFERRED ALONG WITH PROPOSED ALTERNATE AND AMENDMENT

RESOLVED, That our American Medical Association advocate for regulation and/or legislation requiring that all credentialed physicians (employed and voluntary) of a hospital and/or other healthcare facility be equally included on the websites and physician search engines, such as Find a Doctor sites; and be it further

RESOLVED, That our AMA study a requirement that all credentialed physicians (employed and voluntary) of a hospital and/or other healthcare facility be equally included on the websites and physician search engines, such as Find a Doctor sites with a report back at the 2020 Annual Meeting.

[FOLLOWING ALTERNATE RESOLUTION AND AMENDMENT ALSO REFERRED.]

RESOLVED, That our American Medical Association support the inclusion of all credentialed physicians in hospital and other health care facility websites and physician directories.

RESOLVED, That our American Medical Association advocate for regulation and/or legislation requiring that all credentialed physicians (employed and voluntary) of a hospital and/or other healthcare facility have the option to be equally included on the websites and physician search engines, such as Find a Doctor sites; and be it further

RESOLVED, That our American Medical Association study the effect on independent practices of the omission of credentialed physicians from hospital and other healthcare facilities' websites and physician directories.

820. DIAGNOSTIC CODES FOR E-CIGARETTE AND VAPING ASSOCIATED ILLNESS
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee J.

HOUSE ACTION: ADOPTED
TITLE CHANGED
See Policy H-70.911

RESOLVED, That our AMA advocate for diagnostic coding systems including ICD codes to have a mechanism to release emergency codes for emergent diseases; and be it further

RESOLVED, That our AMA advocate for creation and release of ICD codes to include appropriate diagnosis codes for both the use of and toxicity related to e-cigarettes and vaping, including pulmonary toxicity

901. HEALTH IMPACT OF PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS)
CONTAMINATION IN DRINKING WATER

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: FOLLOWING ALTERNATE RESOLUTION ADOPTED
IN LIEU OF RESOLUTIONS 901 AND 922
See Policy H-135.916

Per- and Polyfluoroalkyl Substances (PFAS) and Human Health

RESOLVED, 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 perfluorooctane sulfonic acid (PFOS), with consideration of the appropriate use of Minimal Risk Levels (MRLs) presented in the CDC/ATSDR Toxicological Profile for PFAS.

902. AMENDING H-490.913, "SMOKE-FREE ENVIRONMENTS AND WORKPLACES," AND
H-409.907, "TOBACCO SMOKE EXPOSURE OF CHILDREN IN MULTI-UNIT HOUSING,"
TO INCLUDE E-CIGARETTES
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policies H-490.907 and H-490.913

RESOLVED, That our American Medical Association (AMA) amend Policy H-490.913, "Smoke-Free Environments and Workplaces," by addition and deletion to read as follows:

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.

and be it further

RESOLVED, That our AMA amend Policy H-490.907, "Tobacco Smoke Exposure of Children in Multi-Unit Housing, to include e-cigarettes and vaping by addition to read as follows:

H-490.907, "Tobacco Smoke and Vaping 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.

**903. ENCOURAGING THE DEVELOPMENT OF MULTI-LANGUAGE, CULTURALLY
INFORMED MOBILE HEALTH APPLICATIONS
Introduced by Medical Student Section**

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy D-480.972

RESOLVED, That 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.

**904. AMENDMENT TO AMA POLICY H-150.949, “HEALTHY FOOD OPTIONS IN HOSPITALS”
Introduced by Medical Student Section**

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policies H-150.949 and D-430.995

RESOLVED, That our American Medical Association encourage the availability of healthy, 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 Healthy~~ Food Options in ~~Hospitals~~ Health Care Facilities”

1. Our AMA encourages ~~healthful healthy~~ food options be available, at reasonable prices and easily accessible, on ~~hospital~~ the premises of health care facilities.
2. Our AMA hereby calls on ~~US hospitals~~ all health care facilities to improve the health of patients, staff, and visitors by: (a) providing a variety of healthy 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 hereby calls for ~~hospital~~ health care facility cafeterias and inpatient meal menus to publish nutrition information.

and be it further

RESOLVED, That Policy D-430.995, “Dietary Intake of Incarcerated Populations,” be reaffirmed.

905. SUNSCREEN DISPENSERS IN PUBLIC SPACES AS A PUBLIC HEALTH MEASURE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-440.839

RESOLVED, 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; and be it further

RESOLVED, That Policy H-440.839 be reaffirmed.

906. ENSURING THE BEST IN-SCHOOL CARE FOR CHILDREN WITH SICKLE CELL DISEASE
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-350.973

RESOLVED, That our American Medical Association support the development of an individualized sickle cell emergency care plan by physicians for in-school use, especially during sickle cell crises; and be it further

RESOLVED, 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 federal and state protections; and be it further

RESOLVED, That our AMA encourage the development of model school policy for best in-school care for children with sickle cell disease.

907. INCREASED ACCESS TO REMOVAL OF GANG-RELATED AND HUMAN TRAFFICKING-RELATED TATTOOS IN CORRECTIONAL AND COMMUNITY SETTINGS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

TITLE CHANGED

See Policy H-440.812

RESOLVED, That our American Medical Association support increased access to removal of gang-related and human trafficking-related tattoos in correctional facilities and community settings.

908. REQUEST FOR BENZODIAZEPINE-SPECIFIC PRESCRIBING GUIDELINES FOR PHYSICIANS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

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

**909. DECREASING THE USE OF NON-PRESCRIPTION OXIMETRY MONITORS FOR
THE PREVENTION OF SUDDEN UNEXPLAINED INFANT DEATH**
Introduced by Resident and Fellow Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
TITLE CHANGED
See Policy H-245.977

RESOLVED, That our American Medical Association oppose the sale and use of non-prescription oximetry monitors, to prevent sudden unexplained infant death.

910. BAN ON ELECTRONIC NICOTINE DELIVERY SYSTEM (ENDS) PRODUCTS

Reference committee hearing: see report of Reference Committee K.

**HOUSE ACTION: FOLLOWING ALTERNATE RESOLUTION ADOPTED
IN LIEU OF RESOLUTIONS 910, 925 AND 935**
See Policy D-495.992

Ban on Electronic Cigarettes and Vaping Products Not Approved by the FDA as Tobacco Cessation Products
RESOLVED, That our American Medical Association (1) urgently advocate for regulatory, legislative, and/or legal action at the federal and/or state levels to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco cessation purposes and made available by prescription only and (2) advocate for research funding to sufficiently study the safety and effectiveness of e-cigarette and vaping products for tobacco cessation purposes.

911. BASIC COURSES IN NUTRITION
Introduced by Young Physicians Section

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICIES H-150.964, H-150.995 AND H-405.959 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

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

H-150.995, “Basic Courses in Nutrition”

1. Our AMA encourages effective education in nutrition at the undergraduate, graduate, and postgraduate levels.
2. Our AMA encourages collaboration with appropriate entities to develop and promote relevant nutrition education to enhance patient care and medical trainee education and wellbeing.

3. Our AMA encourages alignment with evidence-based dietary guidelines for food served in medical trainings and medical conferences.

912. IMPROVING EMERGENCY RESPONSE PLANNING FOR INFECTIOUS DISEASE OUTBREAKS
Introduced by Young Physicians Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED

See Policy H-440.892

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

RESOLVED, That our AMA support flexible funding in public health for unexpected infectious disease to improve timely response to emerging outbreaks and build public health infrastructure at the local level with attention to medically underserved areas; and be it further

RESOLVED, That our AMA encourage health departments to develop public health messaging to provide education on unexpected infectious disease.

913. PUBLIC HEALTH IMPACTS AND UNINTENDED CONSEQUENCES OF LEGALIZATION AND DECRIMINALIZATION OF CANNABIS FOR MEDICINAL AND RECREATIONAL USE

Reference committee hearing: see report of Reference Committee K.

**HOUSE ACTION: FOLLOWING ALTERNATE RESOLUTION ADOPTED
IN LIEU OF RESOLUTIONS 913 AND 919
ADDITIONAL PROPOSED RESOLVE REFERRED**

See Policies H-95.924 and H-95.952

Raising Awareness of the Public Health Impact of Cannabis

RESOLVED, That our AMA encourage research on the impact of legalization and decriminalization of cannabis in an effort to promote public health and public safety; and be it further

RESOLVED, That our AMA encourage dissemination of information on the public health impact of legalization and decriminalization of cannabis; and be it further

RESOLVED, That our AMA advocate for stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion; and be it further

RESOLVED, That our American Medical Association coordinate with other health organizations to develop resources on the impact of cannabis on human health and on methods for counseling and educating patients on the use cannabis and cannabinoids; and be it further

RESOLVED, That our AMA advocate for urgent regulatory and legislative changes necessary to fund and perform research related to cannabis and cannabinoids.

RESOLVED, That our AMA create a cannabis task force to evaluate and disseminate relevant scientific evidence to health care providers and the public.

[NOTE: THE FOLLOWING PROPOSED RESOLVE WAS REFERRED:]

RESOLVED, That our AMA amend Policy H-95.924, “Cannabis Legalization for Recreational Use,” by addition and deletion to read as follows:

H-95.924, “~~Cannabis Legalization of Cannabis Use for Medical or Any Other Purposes for Recreational Use~~”

Our AMA: (1) ~~believes~~ warns that cannabis is a dangerous drug and as such is a serious public health concern; (2) ~~advocates that cannabis and cannabinoid use are a serious public health concern;~~ (2 ~~3~~) warns against the legalized use and sale of cannabis and cannabinoids due to their potential negative impact on human health ~~believes that the sale of cannabis for recreational use should not be legalized;~~ (3 ~~4~~) discourages ~~warns against~~ cannabis and cannabinoid use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, by children, adolescents, pregnant women, and women who are breastfeeding; (4 ~~5~~) believes strongly advocates that states that have already legalized cannabis for medical purposes or any other purposes ~~(for medical or recreational use or both)~~ should be required to take steps to regulate ~~the product~~ cannabis and cannabinoids effectively in order to protect public health and safety and that laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (~~5~~ 6) strongly encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis and cannabinoid use; and (~~6~~ 7) supports decriminalization and public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis or cannabinoids for personal use.

914. STRATEGIES FOR THE TREATMENT OF TOBACCO USE DISORDER AND NICOTINE DEPENDENCE IN POPULATIONS UNDER THE AGE OF 18 **Introduced by Indiana**

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
TITLE CHANGED
See Policy H-490.904

RESOLVED, That our American Medical Association support immediate and thorough study of the use of pharmacologic and non-pharmacologic treatment strategies for tobacco use disorder and nicotine dependence resulting from the use of non-combustible and combustible tobacco products in populations under the age of 18; and be it further

RESOLVED, That our AMA support federal regulation that encourages manufacturers of pharmacologic therapy for treatment of tobacco use disorder and nicotine dependence approved for adults to examine their products' effects in populations under age 18.

915. PREVENTING DEATH AND DISABILITY DUE TO PARTICULATE MATTER PRODUCED BY AUTOMOBILES **Introduced by American College of Cardiology, Heart Rhythm Society**

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS
See Policies H-135.915 and D-135.978

RESOLVED, That our American Medical Association: (1) promote policies at all levels of society and government that educate and encourage policy makers to limit or eliminate disease causing contamination of the environment by gasoline and diesel combustion-powered automobiles, advocating for the development of alternative means for automobile propulsion and public transportation.; and (2) support individual states' legal efforts to retain authority to set vehicle tailpipe emission standards that are more stringent than federal standards; and be it further

RESOLVED, That Policy D-135.978 be reaffirmed.

916. SALE OF TOBACCO IN RETAIL PHARMACIES
Introduced by American College of Cardiology

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy D-495.994

RESOLVED, That our American Medical Association seek active collaboration with other healthcare professionals through their professional organizations, especially pharmacists, but including all healthcare team members, to persuade all retailers of prescription pharmaceuticals to immediately cease selling tobacco products; and be it further

RESOLVED, That Policy D-495.994 be reaffirmed.

917. SUPPORTING RESEARCH INTO THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS
Introduced by Medical Student Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

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 the 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.

**918. BANNING FLAVORS, INCLUDING MENTHOL AND MINT, IN COMBUSTIBLE AND
ELECTRONIC CIGARETTES AND OTHER NICOTINE PRODUCTS**
Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Washington

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-495.971

RESOLVED, That our American Medical Association amend Policy H-495.971, "Opposition to Addition of Flavors to Tobacco Products," by addition as follows:

Our AMA: (1) supports state and local legislation to prohibit the sale or distribution of all flavored tobacco products, including menthol, mint and wintergreen flavors; (2) urges local and state medical societies and federation members to support state and local legislation to prohibit the sale or distribution of all flavored tobacco products; and (3) encourages the FDA to prohibit the use of all flavoring agents in tobacco products, which includes electronic nicotine delivery systems as well as combustible cigarettes, cigars and smokeless tobacco.

919. RAISING AWARENESS OF THE HEALTH IMPACT OF CANNABIS
Introduced by American Thoracic Society

Resolution 919 was considered with Resolution 913.
See Resolution 913.

RESOLVED, That our American Medical Association coordinate with other health organizations to develop medical resources on the known and anticipated impact of cannabis on human health and on methods for counseling and educating patients who use cannabis and cannabinoids; and be it further

RESOLVED, That our AMA advocate for stronger public health messaging on the negative effects of cannabis and cannabinoid inhalation and ingestion; and be it further

RESOLVED, That our AMA advocate for urgent regulatory changes necessary to fund and perform research related to cannabis and cannabinoids; and be it further

RESOLVED, That our AMA advocate for minimum purchasing age for cannabis products of at least 21 years old; and be it further

RESOLVED, That our AMA continue to use the term “cannabis” in our policies when referencing cannabis plants, and “cannabis derivatives” or “cannabinoids” when referencing their natural chemical derivatives, but will include the term “marijuana” in physician and public education messaging and materials to improve health literacy; and be it further

RESOLVED, That our AMA amend Policy H-95.924, “Cannabis Legalization for Recreational Use,” by addition and deletion to read as follows:

H-95.924, “Cannabis Legalization for Recreational Use”

Our AMA: (1) ~~believes~~ warns that cannabis and cannabinoids can be a threat to health when inhaled or ingested; (2) advocates that cannabis and cannabinoids are is a dangerous drug and as such is a serious public health concern; (23) ~~believes that~~ warns against the legalized use and sale of cannabis and cannabinoids for recreational use should not be legalized purposes, due to their negative impact on human health; (34) ~~discourages~~ warns against cannabis and cannabinoid use for recreational purposes, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, children and young adults, pregnant women, and women who are breastfeeding; (45) ~~believes~~ strongly advocates that states that have already legalized cannabis (for medical or recreational use or both) should be required to take steps to regulate ~~the product~~ cannabis and cannabinoids effectively in order to protect public health and safety and that laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (56) strongly encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis and cannabinoid use; and (67) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis or cannabinoids for personal use.

920. MAINTAINING PUBLIC FOCUS ON LEADING CAUSES OF NICOTINE-RELATED DEATH
Introduced by American Association of Public Health Physicians

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That in public statements on nicotine issues, and in discussions with government officials, our AMA seek every reasonable opportunity to remind the American public about (1) the massive ongoing death toll from combustible cigarettes; (2) the large and solidly demonstrated death toll from environmental tobacco smoke; and (3) the ongoing need for every smoker to find the best possible way to achieve and maintain abstinence from combustible cigarettes.

921. VAPING IN NEW YORK STATE AND NATIONALLY**Introduced by Thomas J. Madejski, MD, Delegate***Reference committee hearing: see report of Reference Committee K.***HOUSE ACTION: NOT ADOPTED**

RESOLVED, That our American Medical Association cooperate with the Medical Society of the State of New York (MSSNY) to express our gratitude to New York Governor Andrew Cuomo and Commissioner of the Department of Health Howard Zucker, MD for their prompt action to protect patients by banning the sale of flavored e cigarettes; and be it further

RESOLVED, That our AMA cooperate with MSSNY to express our gratitude to Governor Cuomo and Health Commissioner Zucker for their advice to consumers to avoid vaporization of medical marijuana available under the New York State medical marijuana program; and be it further

RESOLVED, That our AMA cooperate with MSSNY to recommend to Governor Cuomo, Commissioner Zucker, and New York State Legislators, and in conjunction with other State Medical Societies other State Executives, Health Commissioners and Legislatures to take further action to protect consumers from exposure to vaporized products with a moratorium on dispensing of vaporized products to new certificate holders for medical marijuana until data on the long term safety

RESOLVED, That our AMA cooperate with MSSNY to recommend that state and federal representatives work to reschedule marijuana and its' component substances to Schedule II controlled substance to reduce barriers to further study on the efficacy and harms of various marijuana products.

922. UNDERSTANDING THE EFFECTS OF PFAS ON HUMAN HEALTH**Introduced by Michigan****Resolution 922 was considered with Resolution 901.****See Resolution 901.**

RESOLVED, That our American Medical Association advocate for continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health; and be it further

RESOLVED, That our AMA advocate for states to minimally follow guidelines regarding levels of perfluoroalkyl and polyfluoroalkyl chemicals recommended by the Centers for Disease Control and Prevention and the Environmental Protection Agency.

923. SUPPORT AVAILABILITY OF PUBLIC TRANSIT SYSTEM**Introduced by Michigan, American Association of Public Health Physicians***Reference committee hearing: see report of Reference Committee K.***HOUSE ACTION: ADOPTED AS FOLLOWS***See Policies H-135.939 and H-425.993*

RESOLVED, That our American Medical Association amend current Policy H-135.939, "Green Initiatives and the Health Care Community," by addition and deletion as follows:

Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; ~~and~~ (5) the establishment, expansion, and continued maintenance of affordable, accessible, barrier-

free, reliable, and clean-energy public transportation; and (6) community-wide adoption of ‘green’ initiatives and activities by organizations, businesses, homes, schools, and government and health care entities;

and be it further

RESOLVED, That our American Medical Association amend current Policy H-425.993, “Health Promotion and Disease Prevention,” by addition and deletion as follows:

The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco, alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness; (2) advocates intensified leadership to promote better health through prevention; (3) believes that preventable illness is a major deterrent to good health and accounts for a major portion of our country's total health care expenditures; (4) actively supports appropriate scientific, educational and legislative activities that have as their goals: (a) prevention of smoking and its associated health hazards; (b) avoidance of alcohol abuse, particularly that which leads to accidental injury and death; (c) reduction of death and injury from vehicular and other accidents; and (d) encouragement of healthful lifestyles and personal living habits; ~~and~~ (5) advocates that health be considered one of the goals in transportation planning and policy development including but not limited to the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and preferably clean-energy public transportation; and (6) strongly emphasizes the important opportunity for savings in health care expenditures through prevention.

924. UPDATE SCHEDULED MEDICATION CLASSIFICATION Introduced by Michigan

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association amend current Policy D-120.979, “DEA Regulations and the Ability of Physicians to Prescribe Controlled Medication Rationally, Safely, and Without Undue Threat of Prosecution,” by addition as follows:

Our AMA supports ongoing constructive dialogue between the DEA and clinicians, including physicians, regarding: (1) a proper balance between the needs of patients for treatment and the needs of the government to provide oversight and regulation to minimize risks to public health and safety and (2) potential changes to the controlled substances schedules to make it easier to differentiate opioid containing controlled substances from non-opioid controlled substances within each schedule.

925. SUSPENDING SALES OF VAPING PRODUCTS/ELECTRONIC CIGARETTES UNTIL FDA REVIEW Introduced by California

**Resolution 925 was considered with Resolutions 910 and 935.
See Resolution 910.**

RESOLVED, That our American Medical Association support regulations that would prohibit the sale of any e-cigarette or other vaping product that has not undergone U.S. Food and Drug Administration (FDA) pre-market review until the FDA completes its review and allows the products to be sold.

926. SCHOOL RESOURCE OFFICER QUALIFICATIONS AND TRAINING
Introduced by Women Physicians Section

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: RESOLVES 1 AND 2 ADOPTED
RESOLVE 3 REFERRED FOR DECISION
See Policy H-60.902

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

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

[THE FOLLOWING RESOLVE WAS REFERRED FOR DECISION:]

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

927. CLIMATE CHANGE
Introduced by Washington, Hawaii

Considered on reaffirmation calendar.

HOUSE ACTION: POLICIES H-135.923 AND H-135.938 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association acknowledge that:

1. Climate change is a critical public health issue.
2. Potential effects of climate change on human health include higher rates of respiratory and heat-related illness, increased prevalence of vector-borne and waterborne diseases, food and water insecurity, and malnutrition. Persons who are elderly, sick, or poor are especially vulnerable to these potential consequences.
3. We support educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.
4. We recognize the importance of physician involvement in policymaking at the state, national, and global level and support efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and recognize that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.
5. We encourage physicians to adopt programs for environmental sustainability in their practices, share these concepts with their patients and their communities. and to serve as role models for promoting environmental sustainability.
6. We encourage physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently.
7. We support epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.

928. CBD OIL AND SUPPLEMENT USE IN TREATMENT
Introduced by American Society of Clinical Oncology

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICIES H-95.952 AND D-95.969 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association actively support and promote private and publicly funded research to support future evidence-based policymaking on Cannabidiol (CBD) products.

**929. REGULATING MARKETING AND DISTRIBUTION OF TOBACCO PRODUCTS
AND VAPING RELATED PRODUCTS**
Introduced by

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association (AMA) support strict marketing standards to prevent all nicotine-related products from being marketed to, or attractive to, children, adolescents, and young adults, including but not limited to the following measures:

- Banning print advertising except in adult-only publications or media (adults are >85% of audience).
- Banning advertising and/or sponsorship at stadiums, concerts, sporting or other public events that are not primarily targeted to adults.
- Banning offers of any school or college scholarships by any company selling tobacco products.
- Banning television advertising of any tobacco products, including any vapor products.
- Banning advertising, marketing and sale of tobacco products that:
 - Uses the terms "candy" or "candies" or variants in spelling, such as "kandy" or "kandeez," "bubble gum," "cotton candy," and "gummi bear", and "milkshake."
 - Uses the terms "cake" or "cakes" or variants such as "cupcake."
 - Uses packaging, trade dress or trademarks that imitate those of food or other products primarily targeted to minors such as candy, cookies, juice boxes or soft drinks.
 - Uses packaging that contains images of food products primarily targeted to minors such as juice boxes, soft drinks, soda pop, cereal, candy, or desserts.
 - Imitates a consumer product designed or intended primarily for minors
 - Uses cartoons or cartoon characters.
 - Uses images or references to superheroes.
 - Uses any likeness to images, characters, or phrases that are known to appeal primarily to minors, such as "unicorn".
 - Uses a video game, movie, video, or animated television show known to appeal primarily to minors.
- Banning advertising and marketing of tobacco products, including vapor products, that:
 - Does not accurately represent the ingredients contained in the products.
 - Uses contracted spokespeople or individuals that do not appear to be at least 25 years of age.
- Banning advertising on outdoor billboards near schools and playgrounds.
- Requiring labels to include warnings protecting youth such as "Sales to Minors Prohibited" or "Underage Sales Prohibited" and/or "Keep Out of Reach of Children".
- Requiring all advertising to be accurate and not misleading; and be it further

RESOLVED, That our AMA support the use of the most up-to-date and effective technology for verifying the age of would-be purchasers of tobacco products and vaping-related products, both online and in bricks-and-mortar retail outlets; and be it further

RESOLVED, That our AMA oppose sales of tobacco products or vaping-related products on any third-party marketplace such as Alibaba, Amazon, eBay, et al, where the third-party marketplace does not take full responsibility

for verifying age; blocking unregulated cannabis and THC products; identifying and prohibiting all counterfeit products; and forbidding packaging and other materials that allow illicit sales of any tobacco product; and be it further

RESOLVED, That our AMA support licensing and frequent inspections of all retail outlets selling any tobacco products or vaping-related products, with loss of license for repeated violations (e.g., three violations in a three year period); and be it further

RESOLVED, That our AMA support limitations on the concentration, chemical form, and vehicle chemistry of all nicotine-related products, with special attention to the European product standards which seem to lead to much lower addictiveness than many of the ENDS products sold in the USA; and be it further

RESOLVED, That our AMA support a ban on all self-service displays of tobacco products, which would require all tobacco products and vaping-related products to be behind a counter or in a locked display and accessible only to a store employee; and be it further

RESOLVED, That our AMA support a ban on sales of all tobacco products and vaping-related products except in stores that display signage indicating that (a) "Unaccompanied Minors Are Not Allowed on Premises" or (b) "Products are Not for Sale to Minors" or (c) "Underage Sale Prohibited", and that enforce these rules consistently; and be it further

RESOLVED, That our AMA support a ban on "straw man" sellers, which would make it illegal for any person who is not a licensed tobacco product dealer or vaping-related product dealer to sell, barter for, or exchange any tobacco product or vaping-related products; and be it further

RESOLVED, That our AMA support legislation that would discourage "straw man" distribution by prohibiting the retail sale of quantities likely intended for more than one consumer, such as the retail sale to one customer of (a) more than two electronic-cigarette or vape devices; (b) more than five standard packages of e-liquids; (c) more than 20 packs of cigarettes; or (d) similarly determined quantities of other tobacco products and/or vaping-related products.

930. ORIGIN OF PRESCRIPTION MEDICATION PRODUCTION TRANSPARENCY

Introduced by Georgia

Resolution 930 was considered with Resolution 932.

See Resolution 932.

RESOLVED, that our American Medical Association advocate to Congress to support national legislation to make it a requirement that the identity of the manufacturer(s) and the country (countries) of origin of the components of prescription medications be included on the label of the container dispensed to a patient, including generic medications.

931. VAPING BAN FOR UNDER 21 AND ADDITIONAL REGULATIONS

Introduced by Georgia

Considered on reaffirmation calendar.

**HOUSE ACTION: POLICIES H-495.971, H-495.973, H-495.986 AND D-495.993 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION**

RESOLVED, That our American Medical Association reaffirm policy on tobacco sales and flavoring and renew efforts to advocate to make these policies universal in all the states in the Union.

**932. SOURCE AND QUALITY OF MEDICATIONS CRITICAL TO NATIONAL
HEALTH AND SECURITY
Introduced by Pennsylvania**

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED IN LIEU OF RESOLUTION 930

See Policy H-100.946

RESOLVED, that our American Medical Association (AMA) support studies that identify the extent to which the United States is dependent on foreign supplied pharmaceuticals and chemical substrates; and be it further

RESOLVED, that our AMA support legislative and regulatory initiatives that help to ensure proper domestic capacity, production and quality of pharmaceutical and chemical substrates as a matter of public well-being and national security; and be it further

RESOLVED, that our AMA encourage the development and enforcement of standards that make the sources of pharmaceuticals and their chemical substrates used in the United States of America transparent to prescribers and the general public.

**933. SUPPORTING RESEARCH INTO THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS
Introduced by Maryland**

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association work to establish a waiver process for psychedelics as Schedule 1 substances with the goal of facilitating clinical research.

**934. GUN VIOLENCE AND MENTAL ILLNESS STIGMA IN THE MEDIA
Introduced by Maryland**

Reference committee hearing: see report of Reference Committee K.

HOUSE ACTION: ADOPTED AS FOLLOWS

See Policy H-145.971

RESOLVED, That our American Medical Association amend Policy H-145.971, “Development and Implementation of Recommendations for Responsible Media Coverage of Mass Shootings,” by addition as follows:

Our AMA encourages the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations and/or best practices for media coverage of mass shootings, including informed discussion of the limited data on the relationship between mental illness and gun violence, recognizing the potential for exacerbating stigma against individuals with mental illness.

935. AMA RESPONSE TO NATIONAL VAPING EPIDEMIC
Introduced by Organized Medical Staff Section

Resolution 935 was considered with Resolutions 910 and 925.
See Resolution 910.

RESOLVED, That our American Medical Association adopt an immediate AMA declaration that the vaping epidemic has escalated, leading to life-threatening illnesses and if unchecked will become an epidemic of epic proportions, labeling it now as a National Public Health Emergency Crisis; and be it further

RESOLVED, That our AMA, having declared vaping a Public Health Emergency Crisis, advocate for an immediate legislative ban on vaping at the national level, with a minimal duration of one year and which emulates shorter bans already in place in several states; and be it further

RESOLVED, That during any ban on vaping, our AMA advocate for emergency government research funding, under the direction of the Centers for Disease Control and Prevention, at a level sufficient to study and combat both the nicotine addiction and the direct pulmonary toxicity from the use of electronic nicotine delivery systems; and be it further

RESOLVED, That our AMA direct the Public Education Programs of the AMA to disseminate its own teaching materials (or those of sister organizations) to warn of the dangers of vaping. Such materials would be tailored for specific age group blocks, beginning with the late primary school age group; and be it further

RESOLVED, That our AMA adopt an immediate declaration and advocate for legislative action that requires the vaping industry to follow the same restrictions as the tobacco industry in direct-to-consumer advertising/marketing of their products.