

## DISCLAIMER

**The following is a preliminary report of actions taken by the House of Delegates at its November 2020 Special Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.**

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (November 2020 Meeting)

### Report of Reference Committee D

**Ankush Bansal, MD, Chair**

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1 Your reference committee recommends the following consent calendar for acceptance:

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3 **RECOMMENDED FOR ADOPTION AS AMENDED**

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5 1. Board of Trustees Report 9 – Bullying in the Practice of Medicine

6

7 2. Board of Trustees Report 10 – Compassionate Release for Incarcerated Patients

8

9 3. Resolution 407 – Full Commitment by our AMA to the Betterment and Strengthening

10 of Public Health Systems

11

12 4. Resolution 408 – An Urgent Initiative to Safeguard COVID-19 Vaccine Programs

13

14 5. Resolution 411 – Support for Eviction and Utility Shut-Off Moratoriums during Public

15 Health Emergencies

16

17 6. Resolution 413 – Protecting Healthcare Professionals in Society

18

19 **RECOMMENDED FOR ADOPTION IN LIEU OF**

20

21 7. Resolution 404 – Early Vaccination for Correctional Workers and Incarcerated

22 Persons

23 Resolution 415 – Support Public Health Approaches for the Prevention and

24 Management of Contagious Diseases in Correctional Facilities

25

26 8. Resolution 406 – Face Masking in Hospitals During Flu Season

27

28 9. Resolution 412 – Availability of Personal Protective Equipment (PPE)

29 Resolution 414 – Availability of Personal Protective Equipment (PPE)

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31 **RECOMMENDED FOR REFERRAL**

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33 10. Resolution 409 – Protestor Protections

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35 11. Resolution 410 – Policing Reform

Click [here](#) to submit an amendment.

## RECOMMENDED FOR ADOPTION AS AMENDED

(1) BOARD OF TRUSTEES REPORT 9 – BULLYING IN THE PRACTICE OF MEDICINE (RESOLUTION 915-I-18)

### RECOMMENDATION A:

#### **Recommendation 3 in Board of Trustees Report 9 be amended by addition to read as follows:**

That our AMA adopt the following guidelines for the establishment of workplace policies to prevent and address bullying in the practice of medicine: (New HOD Policy)

Health care organizations, including academic medical centers, should establish policies to prevent and address bullying in their workplaces. An effective workplace policy should:

- Describe the management's commitment to providing a safe and healthy workplace. Show the staff that their leaders are concerned about bullying and unprofessional behavior and that they take it seriously.
- Clearly define workplace violence, harassment, and bullying, specifically including intimidation, threats and other forms of aggressive behavior.
- Specify to whom the policy applies (i.e., medical staff, students, administration, patients, employees, contractors, vendors, etc.).
- Define both expected and prohibited behaviors.
- Outline steps for individuals to take when they feel they are a victim of workplace bullying.
- Provide contact information for a confidential means for documenting and reporting incidents.
- Prohibit retaliation and ensure privacy and confidentiality.
- Document training requirements and establish clear expectations about the training objectives.

In addition to formal policies, organizations should strategize to create a culture in which bullying does not occur. Organized medical staffs should work with all interested stakeholders to lead the effort in ensuring safe work environments within their institutions. Fostering respect and appreciation among colleagues across disciplines and ranks can contribute to an atmosphere in which employees feel safe, secure and confident in their roles and professions. Tactics to help create this type of organizational culture include:

- Surveying staff, and medical students in academic settings, anonymously and confidentially to assess their perceptions of the workplace culture and prevalence of bullying behavior, including their ideas about the impact of this behavior on themselves and patients. Use the

1 results to inform the development of programs and  
2 resources, showing the respondents that their feedback  
3 is taken seriously.

4 • Encouraging open discussions in which staff can talk  
5 freely about problems and/or encounters with behavior  
6 that may constitute bullying.

7 • Establishing programs for staff, faculty, and students,  
8 such as Employee Assistance Programs, Faculty  
9 Assistance Programs, and Student Assistance  
10 Programs, that provide a place to confidentially address  
11 personal experiences of bullying.

12 • Establishing procedures and conducting interventions  
13 within the context of the organizational commitment to  
14 the health and well-being of all staff.

15 **RECOMMENDATION B:**

16 **Recommendations in Board of Trustees Report 9 be**  
17 **adopted as amended and the remainder of the report filed.**

22 **HOD ACTION: Recommendations in Board of Trustees Report**  
23 **9 adopted as amended and the remainder of the report filed.**

25 The Board of Trustees recommends that the following be adopted in lieu of Resolution 402-  
26 A-19 4 and that the remainder of this report be filed:

28 1. That our American Medical Association (AMA) reaffirm the following policies:  
29 a. H-215.978, "Workplace Violence Prevention"  
30 b. H-295.955, "Teacher-Learner Relationship In Medical Education"  
31 c. H-515.966, "Violence and Abuse." (Reaffirm HOD Policy)

33 2. That our AMA define "workplace bullying" as repeated, emotionally or physically abusive,  
34 disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior  
35 targeted at a specific individual or a group of individuals that manifests from a real or perceived  
36 power imbalance and is often, but not always, intended to control, embarrass, undermine,  
37 threaten, or otherwise harm the target. (New HOD Policy)

39 3. That our AMA adopt the following guidelines for the establishment of workplace policies to  
40 prevent and address bullying in the practice of medicine: (New HOD Policy)

42 Health care organizations, including academic medical centers, should establish policies to  
43 prevent and address bullying in their workplaces. An effective workplace policy should:

44 • Describe the management's commitment to providing a safe and healthy workplace. Show  
45 the staff that their leaders are concerned about bullying and unprofessional behavior and  
46 that they take it seriously.

47 • Clearly define workplace violence, harassment, and bullying, specifically including  
48 intimidation, threats and other forms of aggressive behavior.

49 • Specify to whom the policy applies (i.e., medical staff, students, administration, patients,  
50 contractors, etc.).

- Define both expected and prohibited behaviors.
- Outline steps for individuals to take when they feel they are a victim of workplace bullying.
- Provide contact information for a confidential means for documenting and reporting incidents.
- Prohibit retaliation and ensure privacy and confidentiality.
- Document training requirements and establish clear expectations about the training objectives.

In addition to formal policies, organizations should strategize to create a culture in which bullying does not occur. Fostering respect and appreciation among colleagues across disciplines and ranks can contribute to an atmosphere in which employees feel safe, secure and confident in their roles and professions. Tactics to help create this type of organizational culture include:

- Surveying staff, and medical students in academic settings, anonymously and confidentially to assess their perceptions of the workplace culture and prevalence of bullying behavior, including their ideas about the impact of this behavior on themselves and patients. Use the results to inform the development of programs and resources, showing the respondents that their feedback is taken seriously.
- Encouraging open discussions in which staff can talk freely about problems and/or encounters with behavior that may constitute bullying.
- Establishing programs for staff and students, such as Employee Assistance Programs, that provide a place to confidentially address personal experiences of bullying.
- Establishing procedures and conducting interventions within the context of the organizational commitment to the health and well-being of all staff.

Your Reference Committee heard testimony in strong support of the report and recommendations. It was noted that the report thoughtfully defines and addresses a prevalent issue in medicine that disproportionately impacts medical trainees. An amendment was proposed to include the definition of 'microaggressions' and additional related language. Your Reference Committee believes that this addition goes beyond what was addressed in the report and including this definition warrants further discussion in a stand-alone resolution. Additionally, no additional testimony related to this amendment was heard. Therefore, your Reference Committee recommends that recommendation in Board of Trustees Report 9 be adopted as amended and the remainder of the report filed.

(2) BOARD OF TRUSTEES REPORT 10 - COMPASSIONATE RELEASE FOR INCARCERATED PATIENTS (RESOLUTION 430-A-19)

**RECOMMENDATION A:**

**Recommendation in Board of Trustees Report 10 be amended by addition to read as follows:**

Our American Medical Association supports policies that facilitate compassionate release for incarcerated patients on the basis of serious medical conditions and advanced age; will collaborate with appropriate stakeholders to develop clear, evidence-based eligibility criteria for timely compassionate release; and promote transparent reporting of compassionate

1 release statistics, including numbers and demographics of  
2 applicants, approvals, denials, and revocations, and  
3 justifications for decisions.

4

5 **RECOMMENDATION B:**

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7 **Recommendation in Board of Trustees Report 10 be**  
8 **adopted as amended and the remainder of the report be**  
9 **filed.**

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12 **HOD ACTION: Recommendation in Board of Trustees Report**  
13 **10 adopted as amended and the remainder of the report filed.**

14

15 The Board of Trustees recommends that the following policy be adopted in lieu of Resolution  
16 430- 4 A-19 and the remainder of this report be filed.

17 Our American Medical Association supports policies that facilitate compassionate release  
18 on the basis of serious medical conditions and advanced age; will collaborate with  
19 appropriate stakeholders to develop clear, evidence-based eligibility criteria for timely  
20 compassionate release; and promote transparent reporting of compassionate release  
21 statistics, including numbers and demographics of applicants, approvals, denials, and  
22 revocations, and justifications for decisions.

23

24 Your Reference Committee heard testimony in strong support of this report. It was noted that  
25 the report is timely, especially considering the current COVID-19 pandemic and its  
26 disproportionate impact on persons who are incarcerated. Testimony emphasized the  
27 importance of developing evidence-based medical guidelines in collaboration with appropriate  
28 healthcare and correctional stakeholders. A minor amendment was suggested to add clarity  
29 that compassionate release is referring to incarcerated persons. Your Reference Committee  
30 agrees and recommends that Board of Trustees Report 10 be adopted as amended.

31

32 (3) **RESOLUTION 407 – FULL COMMITMENT BY OUR AMA TO**  
33 **THE BETTERMENT AND STRENGTHENING OF PUBLIC**  
34 **HEALTH SYSTEMS**

35

36 **RECOMMENDATION A:**

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38 **Resolution 407 be amended by addition of a second**  
39 **resolve to read as follows:**

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41 RESOLVED, that our AMA study the most efficacious manner  
42 by which our AMA can continue to achieve its mission of the  
43 betterment of public health by recommending ways in which to  
44 strengthen the health and public health system infrastructure.  
45 (Directive to Take Action)

46

47 **RECOMMENDATION B:**

48

49 **Resolution 407 be adopted as amended.**

**1 HOD ACTION: Resolution 407 adopted as amended.**

2

3 RESOLVED, That our American Medical Association champion the betterment of public  
4 health by enhancing advocacy and support for programs and initiatives that strengthen public  
5 health systems, to address pandemic threats, health inequities and social determinants of  
6 health outcomes. (Directive to Take Action)

7

8 Your Reference Committee heard strong testimony in support of Resolution 407. There was  
9 broad recognition regarding the need to strengthen our nation's public health infrastructure  
10 and that the AMA should provide a leadership role in ensuring our nation has a robust public  
11 health system, through sustained funding, leadership, and strengthened data and information  
12 systems. While some testimony urged for public health to become a "fourth strategic pillar,"  
13 your Reference Committee agrees with those who noted that as a matter of governance, it is  
14 the purview of the Board to set our AMA's strategic direction. Several commentors also  
15 requested the formation of an AMA task force dedicated to reviewing public health-related  
16 issues. While your Reference Committee supports this concept, we think it would be more  
17 prudent to first have our Council on Science and Public Health study this issue by speaking  
18 to relevant stakeholders, including our AMA BOT, and make appropriate recommendations to  
19 guide the AMA's activities on this topic moving forward. Therefore, your Reference Committee  
20 recommends that Resolution 407 be adopted as amended

21

22 (4) RESOLUTION 408 – AN URGENT INITIATIVE TO  
23 SAFEGUARD COVID-19 VACCINE PROGRAMS

24

**25 RECOMMENDATION A:**

26

27 **Resolution 408 be amended by addition and deletion to**  
28 **read as follows:**

29

30 RESOLVED, That our AMA institute a program to safeguard  
31 promote the integrity of a coronavirus COVID-19  
32 vaccination program by: (1) educating physicians on  
33 speaking with patients about coronavirus COVID-19  
34 vaccination, bearing in mind the historical context of  
35 "experimentation" with vaccines and other medication in  
36 communities of color, and providing physicians with  
37 culturally appropriate patient education materials; (2)  
38 educating the public about the lifesaving nature safety and  
39 efficacy of a coronavirus COVID-19 vaccines program  
40 aimed at, by countering misinformation and addressing  
41 public anxieties building public confidence; and (3) forming  
42 a coalition of medical health care and public health  
43 organizations inclusive of those respected in communities  
44 of color to include, but not limited to, the American Public  
45 Health Association, American Hospital Association,  
46 American Nurses Association, National Medical  
47 Association, committed to developing and implementing a  
48 joint public education program promoting the facts about,  
49 promoting the need for, and encouraging the acceptance of  
50 COVID-19 vaccination; and (4) supporting ongoing  
51 monitoring of COVID-19 vaccines to ensure that the

1 evidence continues to support safe and effective use of  
2 vaccines among recommended populations. (Directive to  
3 Take Action)

4

5 **RECOMMENDATION B:**

6

7 **Resolution 408 be adopted as amended.**

8

9 **RECOMMENDATION C:**

10

11 **The title of Resolution 408 be changed.**

12

13 AN URGENT INITIATIVE TO SUPPORT COVID-19  
14 VACCINATION PROGRAMS

15

16

17 **HOD ACTION: Resolution 408 adopted as amended with**  
18 **change in title.**

19

20 RESOLVED, That our AMA institute a program to safeguard the integrity of a coronavirus  
21 vaccination program by: (1) educating physicians on speaking with patients about coronavirus  
22 vaccination and providing patient education materials; (2) educating the public about the  
23 lifesaving nature of a coronavirus vaccine program aimed at countering misinformation and  
24 addressing public anxieties; and (3) forming a coalition of medical organizations to include,  
25 but not limited to, the American Public Health Association, American Hospital Association,  
26 American Nurses Association, National Medical Association, committed to developing and  
27 implementing a joint public education program promoting the facts about, the need for and  
28 encouraging the acceptance of COVID-19 vaccination. (Directive to Take Action)

29

30 Your Reference Committee heard testimony largely supportive of this resolution. Testimony  
31 highlighted the importance of physicians providing evidence-based guidance to patients  
32 related to vaccines as well as dispelling misinformation and building trust, particularly among  
33 populations that have been disproportionately affected by COVID-19. A strong unified voice  
34 from health care and public health professionals will play a key role in addressing patients  
35 concerns and building public confidence in COVID-19 vaccine candidates that are determined  
36 to be safe and effective. Amendments were suggested to clarify the wording, as there are a  
37 number of coronaviruses, and to encourage ongoing safety monitoring. Your Reference  
38 Committee agrees with these amendments and therefore recommends that Resolution 408  
39 be adopted as amended.

40

41 (5) RESOLUTION 411 – SUPPORT FOR EVICTION AND  
42 UTILITY SHUT-OFF MORATORIUMS DURING PUBLIC  
43 HEALTH EMERGENCIES

44

45 **RECOMMENDATION A:**

46

47 **The first Resolve of Resolution 411 be amended by addition**  
48 **and deletion to read as follows:**

1 RESOLVED, That our American Medical Association advocate  
2 for policies that prevent prohibit evictions during public health  
3 emergencies (Directive to Take Action); and be it further  
4

5 **RECOMMENDATION B:**

6 **The second Resolve of Resolution 411 be amended by  
7 addition and deletion to read as follows:**

8 RESOLVED, That our AMA advocate for prevention of shut-off  
9 moratoria on termination of life-essential utilities during public  
10 health emergencies. (Directive to Take Action)

11 **RECOMMENDATION C:**

12 **Resolution 411 be adopted as amended.**

13 **RECOMMENDATION D:**

14 **The title of Resolution 411 be changed.**

15 SUPPORT FOR THE PREVENTION OF EVICTION AND  
16 THE TERMINATION OF LIFE-ESSENTIAL UTILITY  
17 SERVICES DURING PUBLIC HEALTH EMERGENCIES

18 **HOD ACTION: Resolution 411 adopted as amended with  
19 change in title.**

20 RESOLVED, That our American Medical Association advocate for policies that prohibit  
21 evictions during public health emergencies (Directive to Take Action); and be it further  
22

23 RESOLVED, That our AMA advocate for shut-off moratoria on life-essential utilities during  
24 public health emergencies. (Directive to Take Action)

25 Your Reference Committee heard limited but passionate testimony related to this resolution  
26 and the issues it addresses. The majority of those who testified supported the intent of this  
27 resolution and noted that it is a top priority during the current pandemic. Evidence  
28 demonstrates that housing stability and utility access are essential to health, and evictions  
29 and utility shut-offs pose immediate health risks to households affected while also  
30 endangering the population at large by limiting their ability to maintain hygiene and social  
31 distancing standards. It was also noted that this is an urgent issue since the CDC eviction  
32 moratorium expires on December 31, 2020, several state policies are also set to expire 2021  
33 have already, and many others still lack policies. Without these policies, many people will be  
34 at risk of eviction during a worsening pandemic and winter months. Your Reference  
35 Committee agrees that a friendly amendment offered clarified the language. An amendment  
36 related to grants for property owners was also offered, but your Reference Committee does  
37 not feel that those economic issues are the purview of Our AMA. Your Reference Committee  
38 agrees that protecting vulnerable households now and in future public health emergencies is  
39 important and therefore, recommends that Resolution 411 be adopted as amended.

1 (6) RESOLUTION 413 – PROTECTING HEALTHCARE  
2 PROFESSIONALS IN SOCIETY

3  
4 **RECOMMENDATION A:**

5  
6 **The first Resolve of Resolution 413 be amended by addition**  
7 **and deletion to read as follows:**

8  
9 RESOLVED, That our American Medical Association  
10 acknowledge and act to reduce the incidence of antagonistic  
11 actions against physicians as well as other health care workers  
12 professionals including first responders and public health  
13 officials, outside as well as within the workplace, including  
14 physical violence, intimidating actions of word or deed, and  
15 cyber-attacks, particularly those which appear motivated simply  
16 by their identification as a health care workers professional  
17 (Directive to Take Action); and be it further

18  
19 **RECOMMENDATION B:**

20  
21 **The second Resolve of Resolution 413 be amended by**  
22 **addition and deletion to read as follows:**

23  
24 RESOLVED, That our AMA educate the general public on the  
25 prevalence of violence and personal harassment against  
26 physicians as well as other health care workers professionals  
27 including first responders, and public health officials, outside as  
28 well as within the workplace, including physical, outside as well  
29 as within the workplace (Directive to Take Action); and be it  
30 further

31  
32 **RECOMMENDATION C:**

33  
34 **Resolution 413 be adopted as amended.**

35  
36 **RECOMMENDATION D:**

37  
38 **The title of Resolution 413 be changed.**

39  
40 **PROTECTING PHYSICIANS AND OTHER HEALTHCARE**  
41 **WORKERS IN SOCIETY**

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43  
44 **HOD ACTION: Resolution 413 adopted as amended with**  
45 **change in title.**

46  
47 RESOLVED, That our American Medical Association acknowledge and act to reduce the  
48 incidence of antagonistic actions against health care professionals outside as well as within  
49 the workplace, including physical violence, intimidating actions of word or deed, and cyber-  
50 attacks, particularly those which appear motivated simply by their identification as a health  
51 care professional (Directive to Take Action); and be it further

1  
2 RESOLVED, That our AMA educate the general public on the prevalence of violence and  
3 personal harassment against health care professionals, outside as well as within the  
4 workplace (Directive to Take Action); and be it further

5  
6 RESOLVED, That our AMA work with all interested stakeholders to improve safety of health  
7 care workers including first responders and public health officials and prevent violence to  
8 health care professionals (Directive to Take Action).

9  
10 Your Reference Committee heard testimony in support of this resolution. Several  
11 amendments were suggested, including one that would broaden the first and second resolvs  
12 beyond health care professionals to be inclusive of first responders and public health officials.  
13 Therefore, your Reference Committee recommends that Resolution 413 be adopted as  
14 amended.

## 1 RECOMMENDED FOR ADOPTION IN LIEU OF 2

3 (7) RESOLUTION 404 – EARLY VACCINATION FOR  
4 CORRECTIONAL WORKERS AND INCARCERATED  
5 PERSONS  
6 RESOLUTION 415 - SUPPORT PUBLIC HEALTH  
7 APPROACHES FOR THE PREVENTION AND  
8 MANAGEMENT OF CONTAGIOUS DISEASES IN  
9 CORRECTIONAL FACILITIES

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11 **RECOMMENDATION A:**  
12

13 **Alternate Resolution 404 be adopted in lieu of Resolution**  
14 **404 and Resolution 415.**

15 SUPPORT PUBLIC HEALTH APPROACHES FOR THE  
16 PREVENTION AND MANAGEMENT OF CONTAGIOUS  
17 DISEASES IN CORRECTIONAL AND DETENTION  
18 FACILITIES

19  
20 RESOLVED, That our American Medical Association, in  
21 collaboration with state and national medical specialty societies  
22 and other relevant stakeholders, advocate for the improvement  
23 of conditions of incarceration in all correctional and immigrant  
24 detention facilities to allow for the implementation of evidence-  
25 based COVID-19 infection prevention and control guidance  
26 (Directive to Take Action); and be it further

27  
28 RESOLVED, That our American Medical Association advocate  
29 for adequate access to personal protective equipment and  
30 SARS-CoV-2 testing kits, sanitizing and disinfecting  
31 equipment for correctional and detention facilities (Directive to  
32 Take Action); and be it further

33  
34 RESOLVED, That our American Medical Association advocate  
35 for humane and safe quarantine protocols for individuals who  
36 are incarcerated or detained that test positive for or are exposed  
37 to SARS-CoV-2, or other contagious respiratory pathogens,  
38 (Directive to Take Action); and be it further

39  
40 RESOLVED, That our American Medical Association support  
41 expanded data reporting, to include testing rates and  
42 demographic breakdown for SARS-CoV-2 and other contagious  
43 infectious disease cases and deaths in correctional and  
44 detention facilities (Directive to Take Action); and be it further

45  
46 RESOLVED, That our American Medical Association  
47 recognizes that detention center and correctional  
48 workers, incarcerated persons, and detained immigrants are  
49 at high-risk for COVID-19 infection and therefore should be

50

1 prioritized in receiving access to safe, effective COVID-19  
2 vaccine in the initial phases of distribution, and that this policy  
3 will be shared with the Advisory Committee on Immunization  
4 Practices for consideration in making their final  
5 recommendations on COVID-19 vaccine allocation (Directive to  
6 Take Action).

7

8

**RECOMMENDATION B:**

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That policy H-430.989 be amended by addition and deletion  
to read as follows:

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H-430.989, Disease Prevention and Health Promotion in  
Correctional Institutions

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Our AMA urges state and local health departments to develop plans that would foster closer working relations between the criminal justice, medical, and public health systems toward the prevention and control of HIV/AIDS, substance abuse, tuberculosis, and hepatitis, and highly contagious other infectious diseases. Some of these plans should have as their objectives: (a) an increase in collaborative efforts between parole officers and drug treatment center staff in case management aimed at helping patients to continue in treatment and to remain drug free; (b) an increase in direct referral by correctional systems of parolees with a recent, active history of intravenous drug use to drug treatment centers; and (c) consideration by judicial authorities of assigning individuals to drug treatment programs as a sentence or in connection with sentencing. (Modify Current HOD Policy)

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**RECOMMENDATION C:**

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**HOD ACTION: Alternate Resolution 404 adopted in lieu of  
Resolution 404 and Resolution 415 and policy H-430.989  
adopted as amended.**

RESOLVED, That our American Medical Association advocate that conditions of incarceration in correctional facilities be improved to allow for the generally accepted CDC COVID-19 safety precautions to take place (Directive to Take Action); and be it further

RESOLVED, That our AMA support that inmates and correctional workers should be considered in a high-risk classification, along those other persons vulnerable for contacting and spreading COVID-19 infection (Directive to Take Action); and be it further

RESOLVED, That our AMA support the National Academies of Sciences, Engineering, and Medicine (NASEM) recommendation that correctional workers and incarcerated persons be considered in high risk groups and provided with a safe, effective, FDA-approved COVID-19

1 vaccine in Phase 1b (for those with comorbid and underlying conditions, including age and  
2 frailty) or Phase 2 (for all other correctional workers and incarcerated persons) of any  
3 vaccination campaign. (Directive to Take Action)

4  
5 RESOLVED, That our American Medical Association collaborate with state medical societies  
6 to advocate for evidence-based public health measures to curb the spread of highly  
7 contagious pathogens in the setting of prisons and jails, including, but not limited to:  
8 (a) Universally available screening, testing, contact tracing, and medical care to staff and  
9 individuals that are incarcerated, (b) Access to sanitizing equipment including, but not limited  
10 to, soap, hand sanitizer, and cleaning supplies, (c) Humane and safe quarantine protocol for  
11 individuals that test positive for or are exposed to highly contagious respiratory pathogens, (d)  
12 Adherence to use of personal protective equipment for incarcerated individuals and staff,  
13 and (e) Expanded data reporting, including testing rates and demographic breakdown of  
14 highly contagious infectious disease cases and deaths (Directive to Take Action); and be it  
15 further

16  
17 RESOLVED, That our AMA support efforts to decarcerate non-violent elderly and medically  
18 vulnerable individuals to mitigate the spread of highly contagious pathogens within  
19 correctional facilities and communities (New HOD Policy); and be it further

20  
21 RESOLVED, That our AMA support prioritizing COVID vaccine access for justice-involved  
22 populations (New HOD Policy); and be it further

23  
24 RESOLVED, That our AMA will amend policy H-430.989 by insertion as follows: H-430.989,  
25 Disease Prevention and Health Promotion in Correctional Institutions  
26 Our AMA urges state and local health departments to develop plans that would foster closer  
27 working relations between the criminal justice, medical, and public health systems toward the  
28 prevention and control of HIV/AIDS, substance abuse, tuberculosis, and hepatitis, and highly  
29 contagious infectious diseases. Some of these plans should have as their objectives: (a) an  
30 increase in collaborative efforts between parole officers and drug treatment center staff in  
31 case management aimed at helping patients to continue in treatment and to remain drug free;  
32 (b) an increase in direct referral by correctional systems of parolees with a recent, active  
33 history of intravenous drug use to drug treatment centers; and (c) consideration by judicial  
34 authorities of assigning individuals to drug treatment programs as a sentence or in connection  
35 with sentencing. (Modify Current HOD Policy)

36  
37 Your Reference Committee heard testimony supportive of both Resolution 404 and Resolution  
38 415. Populations in high-density congregate settings are high risk for infection with the SARS-  
39 CoV-2 virus. Across the U.S. there have been several outbreaks of infectious disease linked  
40 to correctional facilities. Due to this risk, strong infection prevention and control policies and  
41 COVID-19 vaccination should be prioritized for this population when a safe vaccine becomes  
42 available. It was noted by the Board of Trustees that the AMA has already provided input into  
43 the allocation of COVID-19 vaccines and that outlining specific phases of allocation could be  
44 problematic. Furthermore, compassionate release is addressed in Board of Trustees Report  
45 10. Therefore, your Reference Committee recommends that alternate Resolution 404 be  
46 adopted in lieu of Resolution 404 and 415.

1       (8)    RESOLUTION 406 – FACE MASKING IN HOSPITALS  
2           DURING FLU SEASON

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4           **RECOMMENDATION:**

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6           **Alternate Resolution 406 be adopted in lieu of**  
7           **Resolution 406.**

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9           RESOLVED, that our AMA: (1) encourage the CDC to  
10           study and issue guidance on the most effective infection  
11           prevention and control strategies to reduce the spread of  
12           influenza in hospital settings, including immunization,  
13           source control, and other public health strategies and (2)  
14           encourage the National Institute for Occupational Safety  
15           and Health and other relevant federal agencies to study  
16           the comparative disease-reduction effectiveness of various  
17           types of facemasks and respirators to inform future  
18           infection control guidance.

19  
20           **HOD ACTION: Alternate Resolution 406 adopted in lieu of**  
21           **Resolution 406.**

22  
23           RESOLVED, That our American Medical Association encourage The Joint Commission and  
24           other hospital accreditation organizations recognized by major insurers to stipulate that all  
25           hospitals require hospital employees, physicians, patients, and visitors to wear a facial mask  
26           that completely covers the mouth and nose while within hospital walls (unless they are  
27           consuming food while “socially distanced,” or unless they are patients in their own rooms while  
28           “socially distanced”) (Directive to Take Action); and be it further

29  
30           RESOLVED, That our AMA encourage publication of commentaries supportive of such  
31           regulations and standards in scientific journals and other publications (Directive to Take  
32           Action); and be it further

33  
34           RESOLVED, That our AMA study the comparative disease-reduction effectiveness of various  
35           types of masks (N-95 masks versus “surgical” masks versus simple cloth facial coverings),  
36           toward potentially refining or making more specific any future mandates for facial coverings  
37           for persons while in-hospital as a visitor, patient or health care worker. (Directive to Take  
38           Action)

39  
40           Your Reference Committee heard mixed testimony on this resolution. While the importance  
41           of wearing masks during the COVID-19 pandemic is certainly well understood, this resolution  
42           is inconsistent with current Centers for Disease Control and Prevention (CDC) guidelines for  
43           the prevention of seasonal influenza in health care settings. It was appropriately noted in  
44           testimony that these guidelines may also vary based on the level of acute respiratory  
45           infections in the community. It was also noted in testimony that the National Institute of  
46           Occupational Safety and Health and the FDA are involved in clearing or certifying facemasks  
47           or respirators. They are more appropriately positioned to study the effectiveness of various  
48           types of facemasks. Your Reference Committee supports encouraging the CDC to study  
49           appropriate infection control and prevention measures and updating their guidelines based on

1 the best available evidence. Therefore, Reference Committee recommends that alternate  
2 Resolution 406 be adopted in lieu of 406.

3  
4 (9) RESOLUTION 412 – AVAILABILITY OF PERSONAL  
5 PROTECTIVE EQUIPMENT (PPE)  
6 RESOLUTION 414 – AVAILABILITY OF PERSONAL  
7 PROTECTIVE EQUIPMENT (PPE)

8  
9 **RECOMMENDATION A:**

10  
11 **Alternate Resolution 412 be adopted in lieu of Resolution**  
12 **412 and Resolution 414.**

13  
14 AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT  
15 (PPE)

16  
17 RESOLVED, That our AMA affirm that the medical staff of each  
18 health care institution should be integrally involved in disaster  
19 planning, strategy and tactical management of ongoing crises  
20 (New HOD Policy); and be it further

21  
22 RESOLVED, That our AMA support evidence-based standards  
23 and national guidelines for PPE use, reuse, and appropriate  
24 cleaning/decontamination during surge conditions (New HOD  
25 Policy); and be it further

26  
27 RESOLVED, That our AMA advocate that it is the responsibility  
28 of health care facilities to provide sufficient personal protective  
29 equipment (PPE) for all employees and staff in the event of a  
30 pandemic, natural disaster, or other surge in patient volume or  
31 PPE need (Directive to Take Action); and be it further

32  
33 RESOLVED, That our AMA support physicians and health care  
34 professionals in being permitted to use their professional  
35 judgement and augment institution-provided PPE with  
36 additional, appropriately decontaminated, personally-provided  
37 personal protective equipment (PPE) without penalty (Directive  
38 to Take Action); and be it further

39  
40 RESOLVED, That our AMA support a physician's right to  
41 participate in public commentary addressing the adequacy of  
42 clinical resources and/or health and environmental safety  
43 conditions necessary to provide appropriate and safe care of  
44 patients and physicians during a pandemic or natural disaster.  
45 (Directive to Take Action) and be it further

46  
47 RESOLVED, that our AMA work with the HHS Office of the  
48 Assistant Secretary for Preparedness and Response to gain an  
49 understanding of the PPE supply chain and ensure the  
50 adequacy of the Strategic National Stockpile for public health  
51 emergencies. (Directive to Take Action)

1                   **HOD ACTION: Alternate Resolution 412 adopted in lieu of**  
2                   **Resolution 412 and Resolution 414.**

3  
4                   RESOLVED, That our American Medical Association actively support that physicians and  
5                   healthcare professionals are empowered to use workplace modifications to continue  
6                   professional patient care when they determine such action to be appropriate and in the best  
7                   interest of patient and physician wellbeing. Physicians and healthcare professionals must be  
8                   permitted to use their professional judgement and augment institution-provided PPE with  
9                   additional, appropriately decontaminated, personally-provided personal protective equipment  
10                  (PPE) without penalty (Directive to Take Action); and be it further

11  
12                  RESOLVED, That our AMA affirm that the medical staff of each healthcare institution should  
13                  be integrally involved in disaster planning, strategy and tactical management of ongoing crises  
14                  (New HOD Policy); and be it further

15  
16                  RESOLVED, That our AMA support a physician's right to participate in public commentary  
17                  addressing the adequacy of clinical resources and/or health and environmental safety  
18                  conditions necessary to provide appropriate and safe care of patients and physicians during  
19                  a pandemic or natural disaster. (Directive to Take Action)

20  
21                  RESOLVED, That our American Medical Association advocate that it is the responsibility of  
22                  healthcare facilities to provide sufficient personal protective equipment (PPE) for all  
23                  employees and staff in the event of a pandemic, natural disaster, or other surge in patient  
24                  volume or PPE need (Directive to Take Action); and be it further

25  
26                  RESOLVED, That our AMA support minimum evidence-based standards and national  
27                  guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge  
28                  conditions (New HOD Policy); and be it further

29  
30                  RESOLVED, That our AMA advocate that physicians and healthcare professionals must be  
31                  permitted to use their professional judgement and augment institution-provided PPE with  
32                  additional, appropriately decontaminated, personally-provided PPE without penalty (Directive  
33                  to Take Action); and be it further

34  
35                  RESOLVED, That our AMA affirm that the medical staff of each health care institution should  
36                  be meaningfully involved in disaster planning, strategy and tactical management of ongoing  
37                  crises (New HOD Policy); and be it further

38  
39                  RESOLVED, That our AMA work with The Joint Commission, the American Nurses  
40                  Credentialing Center, the Center for Medicare and Medicaid Services, and other regulatory  
41                  and certifying bodies to ensure that credentialing processes for healthcare facilities include  
42                  consideration of adequacy of PPE stores on hand as well as processes for rapid acquisition  
43                  of additional PPE in the event of a pandemic (Directive to Take Action); and be it further

44  
45                  RESOLVED, That our AMA study a physician's ethical duty to serve in a pandemic including  
46                  but not limited to the following considerations:

47                  1. The availability and adequacy of institution-supplied PPE and whether inadequate PPE  
48                  modifies a physician's duty to act;  
49                  2. Whether a physician's duty to act is modified by the personal health of the physician

1 and/or those with whom the physician has regular extended contact;  
2 3. Whether a physician's duty to their personal and population safety allows them to speak  
3 with local and national media about the safety of their work environment as it relates to  
4 the risk it places on themselves, their immediate family and regular social contacts, and  
5 the public at large;  
6 4. How medical students, residents, and fellows are affected in the setting of a pandemic  
7 in terms of their ethical obligation to care for patients, ramifications to their education,  
8 and the protections necessary given their vulnerable status; and  
9 5. The ethical obligation of healthcare institutions and the federal government to protect  
10 the physical and emotional wellbeing of physicians and other healthcare workers during  
11 and after a pandemic. (Directive to Take Action)

12  
13 Your Reference Committee heard testimony in support of the intent of Resolutions 412 and  
14 414. Many of the Resolve statements are consistent with actions that the AMA has already  
15 taken throughout the course of the COVID-19 pandemic, but it was noted that they should be  
16 formally outlined in policy for future pandemics or public health emergencies. Your Reference  
17 Committee heard some concerns about requiring health care facilities to have a process for  
18 rapid acquisition of PPE as it may limit PPE in other health care settings. Your Reference  
19 Committee agreed with testimony on the need for better understanding the supply chain and  
20 the ensuring the adequacy of the Strategic National Stockpile. Your Reference Committee is  
21 also aware that the AMA has posted significant medical ethics guidance on the AMA's COVID-  
22 19 resource center, which addresses the issues raised for study in Resolution 414 and felt  
23 further study was not warranted at this time. Therefore, your Reference Committee  
24 recommends that alternate Resolution 412 be adopted in lieu of Resolution 412 and 414.

## RECOMMENDED FOR REFERRAL

1  
2 (10) RESOLUTION 409 – PROTESTOR PROTECTIONS  
3  
4

5 **RECOMMENDATION:**  
6

7 **Resolution 409 be referred for report back at the next**  
8 **meeting of the House of Delegates.**

9  
10 **HOD ACTION: Resolution 409 referred for report back at the**  
11 **next meeting of the House of Delegates.**

12  
13 **RESOLVED**, That our American Medical Association advocate to ban the use of chemical  
14 irritants and kinetic impact projectiles for crowd-control in the United States (Directive to Take  
15 Action); and be it further

16  
17 **RESOLVED**, That our AMA encourage relevant stakeholders including but not limited to  
18 manufacturers and government agencies to develop, test, and use crowd-control techniques  
19 which pose no risk of physical harm. (Directive to Take Action)

20  
21 Your Reference Committee heard passionate and divided testimony on this resolution.  
22 Several commentors noted strong support for the intent of this resolution, but questioned the  
23 appropriateness and accuracy of some of the language. Other commentors expressed  
24 opposition to the resolution because they do not think the role of the AMA is to advise law  
25 enforcement officers on how best to perform their job duties. Still others noted that strong  
26 support for the resolution as written, and believe that physicians should have an opinion on  
27 this matter. Your Reference Committee agrees that this is an important issue, that the use of  
28 the appropriate words and terminology matter, and that referral for study and report back in  
29 expeditious manner is the best option to fully evaluate and understand issues associated with  
30 this resolution. Therefore, your Reference Committee recommends that Resolution 409 be  
31 referred for report back at the next meeting of the House of Delegates.

32  
33 (11) RESOLUTION 410 – POLICING REFORM  
34

35 **RECOMMENDATION A:**  
36

37 **That the first Resolve of Resolution 410 be adopted.**

38 **RECOMMENDATION B:**

39 **That the second, Resolve of Resolution 410 be adopted.**

40 **RECOMMENDATION C:**

41 **That the third Resolve of Resolution 410 be referred.**

42 **RECOMMENDATION D:**

43 **That the fourth Resolve of Resolution 410 be referred.**

1  
2       **RECOMMENDATION E:**  
3

4       **That the fifth Resolve of Resolution 410 be adopted.**  
5

6       **RECOMMENDATION F:**  
7

8       **That the sixth Resolve of Resolution 410 be referred.**  
9

10       **RECOMMENDATION G:**  
11

12       **That the seventh Resolve of Resolution 410 be adopted.**  
13

14       **RECOMMENDATION H:**  
15

16       **That the eighth Resolve of Resolution 410 be referred.**  
17

18  
19       **HOD ACTION: The first, second, fifth, and seventh**  
20       **Resolves of Resolution 410 adopted.**  
21       **The third, fourth, sixth, and eighth Resolves of Resolution**  
22       **410 referred.**  
23

24  
25       RESOLVED, That our American Medical Association recognize police brutality as a  
26       manifestation of structural racism which disproportionately impacts Black, Indigenous, and  
27       other people of color (New HOD Policy); and be it further

28  
29       RESOLVED, That our AMA work with interested national, state, and local medical societies  
30       in a public health effort to support the elimination of excessive use of force by law enforcement  
31       officers (Directive to Take Action); and be it further

32  
33       RESOLVED, That our AMA advocate for the elimination or reform of qualified immunity,  
34       barriers to civilian oversight, and other measures that shield law enforcement officers from  
35       consequences for misconduct (Directive to Take Action); and be it further

36  
37       RESOLVED, That our AMA support efforts to demilitarize law enforcement agencies,  
38       including elimination of the controlled category of the United States Department of Defense  
39       1033 Program and cessation of federal and state funding for civil law enforcement acquisition  
40       of military-grade weapons (New HOD Policy); and be it further

41  
42       RESOLVED, That our AMA advocate against the utilization of racial and discriminatory  
43       profiling by law enforcement through appropriate anti-bias training, individual monitoring, and  
44       other measures (Directive to Take Action); and be it further

45  
46       RESOLVED, That our AMA advocate for the prohibition of the use of sedative/hypnotic  
47       agents, such as ketamine, by first responders for non-medically-indicated, law enforcement  
48       purposes; (Directive to Take Action) and be it further

49  
50       RESOLVED, That our AMA advocate for legislation and regulations which promote trauma-  
51       informed, community-based safety practices (Directive to Take Action); and be it further

1  
2 RESOLVED, That our AMA support the creation of independent, third party community-based  
3 oversight committees with disciplinary power whose mission will be to oversee and decrease  
4 police-on-public violence. (New HOD Policy)

5  
6 Your Reference Committee heard passionate testimony in support of the intent of this  
7 resolution, but there was also significant support for referral to ensure that the AMA gets the  
8 language correct on this important and timely issue. There were particularly concerns raised  
9 around the resolve statements addressing qualified immunity and demilitarization of law  
10 enforcement agencies. It was suggested that these items be referred to assure that each item  
11 is given thorough analysis and that our goals of improved public health are not construed as  
12 a lack of support for our law enforcement and EMS colleagues. Your Reference Committee  
13 encourages report back in June of 2021. The Council on Science and Public Health requested  
14 referral of the sixth resolve as they are working on a report on the topic of excited delirium and  
15 ketamine. However, your Reference Committee notes that some of these resolve statements  
16 are consistent with statements that the AMA has already issued on policy brutality, trauma-  
17 informed care, and law enforcement-related violence. Your Reference Committee supports  
18 adoption of these Resolves to further AMA policy on this important public health issue.

1 Madam Speaker, this concludes the report of Reference Committee D. I would like to thank  
2 Carol Berkowitz, MD; E. Christopher Bush, MD; Faith Crittenden, MPH; Keith Davis, MD; John  
3 David Scott, MD; Raymond Tu, MD; all those who testified before the Committee as well as  
4 our AMA staff, Andrea Garcia, Amy Cadwallader, and Andrea Houlihan.

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Carol Berkowitz, MD  
American Academy of Pediatrics

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Keith Davis, MD (Alternate)  
Idaho Medical Association

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E. Christopher Bush, MD: (Alternate)  
Michigan State Medical Society

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John David Scott, MD  
American Society for Metabolic and  
Bariatric Surgery

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Faith Crittenden, MPH  
Regional Medical Student  
Connecticut State Medical Society

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Raymond Tu, MD  
Medical Society of the District of Columbia

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Ankush Bansal, MD  
Florida Medical Association  
Chair