

November 2020 Special Meeting of the House of Delegates

Resolution Committee Final report Consent Calendar

The Resolution Committee has recommended the following resolutions have met the urgency/priority threshold for consideration at this meeting and will be considered.

- 005 Racism as a Public Health Threat
- 007 Access to Confidential Health Care Services for Physicians and Trainees
- 008 Delegate Apportionment During COVID-19 Pandemic Crisis
- 010 Racial Essentialism in Medicine
- 011 Elimination of Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education, Research and Clinical Practice
- 101 End of Life Care Payment
- 105 Access to Medication
- 114 Establishing a Professional Services Claims-Based Payment Enhancement for Activities Associated with the COVID-19 Pandemic
- 202 Cares Act Equity and Loan Forgiveness in the Medicare Accelerated Payment Program
- 203 COVID-19 Emergency and Expanded Telemedicine Regulations
- 205 Telehealth Post SARS-COV-2
- 206 Strengthening the Accountability of Health Care Reviewers
- 211 Creating a Congressionally- Mandated Bipartisan Commission to Examine the U.S. Preparations for and Response to the COVID-19 Pandemic to Inform Future Efforts
- 212 Copay Accumulator Policies
- 213 Pharmacies to Inform Physicians When Lower Cost Medication Options are on Formulary
- 218 Crisis Payment Reform Advocacy
- 306 Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for expedited action by the American Medical Association
- 307 USMLE Step Examination Failures During the Covid-19 Pandemic
- 309 Preserve and Increase GME funding
- 404 Early Vaccination for Correctional Workers and Incarcerated Persons
- 406 Face Masking in Hospitals During Flu Season
- 407 Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems
- 408 An Urgent Initiative to Safeguard COVID-19 Vaccine Programs
- 409 Protestor Protections
- 410 Policing Reform
- 411 Support for Eviction and Utility Shut-Off Moratoriums during Public Health Emergencies
- 412 Availability of Personal Protective Equipment (PPE)
- 413 Protecting Healthcare Professionals in Society
- 414 Availability of Personal Protective Equipment (PPE)
- 415 Support Public Health Approaches for the Prevention and Management of Contagious Diseases in Correctional Facilities
- 508 Home Infusion of Hazardous Drugs
- 509 Hydroxychloroquine and Combination Therapies – Off-Label Use
- 602 Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA

- 606 Adopting the Use of the Most Recent and Updated Edition of the AMA Guides to the Evaluation of Permanent Impairment
- 710 A Resolution to Amend the AMA's Physician and Medical Staff Bill of Rights
- 712 Increase Insurance Company Hours for Prior Authorization for Inpatient Issues

The following resolutions have not met the urgency/priority threshold for consideration at this meeting and have not been extracted, and will not be considered:

- 002 Resident and Fellow Access to Fertility Preservation
- 003 Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients
- 102 Hospice Recertification for Non-Cancer Diagnosis
- 104 Reinstatement of Consultation Codes
- 106 Bundling Physician Fees with Hospital Fees
- 107 COBRA for College Students
- 108 Consumer Operated and Oriented Plans (CO-OPs) as a Public Option for Health Care Financing
- 109 Health Insurance that Fairly Compensates Physicians
- 110 Medicaid Tax Benefits
- 111 Payment for Regadenoson (Lexiscan)
- 112 Private Payor Payment Integrity
- 204 Studying Physician Supervision of Allied Health Professionals Outside of their Fields of Graduate Medical Education
- 207 AMA Position on All Payer Database Creation
- 208 Insurance Claims Data
- 209 Physician Tax Fairness
- 210 Prohibit Ghost Guns
- 216 Expungement and Sealing of Drug Records
- 301 Creating a More Accurate Accounting of Medical Education Financial Costs
- 303 CME for Preceptorship
- 305 Parental Leave and Planning Resources for Medical Students
- 402 Air Quality and the Protection of Citizen Health
- 403 Support for Impairment Research
- 416 Support for Vote-by-Mail
- 502 Drug Manufacturing Safety
- 503 Federal Initiative to Treat Cannabis Dependence
- 504 Supplemental Resources for Inflight Medical Kit
- 505 Regulation and Control of Self-Service Lab
- 506 Education for Patients on Opiate Replacement Therapy
- 507 Pharmacy Benefit Managers and Drug Shortages
- 601 Support for the Establishment of Medical-Legal Partnership
- 603 Report on the Preservation of Independent Medical Practice
- 605 Development of Resources on End of Life Care
- 701 Degradation of Medical Records
- 702 Eliminating Claims Data for Measuring Physician and Hospital Quality
- 703 Medicare Advantage Record Requests
- 704 Government Imposed Volume Requirements for Credentialing
- 705 The Quadruple Aim - Promoting Improvement in the Physician Experience of Providing Care
- 706 Physician Burnout is an OSHA Issue

- 707 Physician Well-Being as an Indicator of Health System Quality
- 708 Reducing Prior Authorization Burden
- 709 Addressing Inflammatory and Untruthful Online Ratings

The following resolutions have been **EXTRACTED** from the list of resolutions that have not met the urgency/priority threshold for consideration at this meeting, but each will be voted on by the House of Delegates.

- 001 AMA Resident/Fellow Councilor Term Limits
- 004 Nonconsensual Audio/Video Recording at Medical Encounters
- 006 Addressing Maternal Discrimination
- 009 Support of Learner and Trainee Participation in Peaceful Demonstrations and Other Forms of Public Advocacy
- 103 Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance
- 113 Most Favored Nation Executive Order
- 115 Integrating Social Determinants of Health and Quality Measurement
- 201 Permitting the Dispensing of Stock Medications for Post Discharge Patient Use and the Safe Use of Multi-dose Medications for Multiple Patients
- 214 Increase Advocacy Efforts in Support of the Treat and Reduce Obesity Act
- 215 Advocating for Alternatives to Immigrant Detention Centers that Respect Human Dignity
- 217 Support for Universal Internet Access
- 302 Student Loan Forgiveness
- 304 Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training
- 308 ECFMG 2024 Accreditation Requirement for World Federation Medical Education (WFME) Recognition
- 310 Non-Physician Post-Graduate Medical Training
- 401 Fatigue Mitigation Respite for Faculty and Residents
- 405 Attacking Disparities in COVID-19 Underlying Health Conditions
- 417 Support for Safe and Equitable Access to Voting
- 501 CBD Oil Use and the Marketing of CBD Oil
- 510 Access to Opioid Agonist Treatment for Incarcerated Persons
- 604 Timely Promotion and Assistance in Advance Care Planning and Advance Directives
- 711 Prevent Medicare Advantage Plans from Limiting Care

The following resolutions have been **EXTRACTED** from the list of resolutions that have not met the urgency / priority threshold for consideration at this meeting in the judgment of the Resolution Committee. They are listed in numerical order along with the resolution text, the statement of the delegate who extracted the item and a statement from the Resolution Committee. Each item will be voted on individually without further debate. Delegates may wish to review the comments in the online forum and add pro or con comments on the forum regarding the urgency / priority of the items. The Forum will remain open until 10 a.m. Saturday, Nov. 14.

No further extractions will be accepted as the deadline has now passed.

Resolution 001 - AMA Resident/Fellow Councilor Term Limits

RESOLVED, That our American Medical Association amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows:

6.5 Council on Ethical and Judicial Affairs.

6.5.7 Term.

6.5.7.2 Except as provided in Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 2~~3~~ years provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.5.8 Tenure. Members of the Council may serve only one term, except that the resident/fellow physician member shall be eligible to serve for 3 terms and the medical student member shall be eligible to serve for 2 terms. A member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served at least half of the term.

6.5.9 Vacancies.

6.5.9.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at the next Annual Meeting, on nomination by the President, for a 2~~3~~-year term. (Modify Bylaws)

RESOLVED, That our AMA amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows:

6.6 Council on Long Range Planning and Development.

6.6.3 Term.

6.6.3.2 Resident/Fellow Physician Member. The resident/fellow physician member of the Council shall be appointed for a term of 2~~3~~ years beginning at the conclusion of the Annual Meeting provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed except as provided in Bylaw 6.11, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.6.5 Vacancies.

6.6.5.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which appointed, the remainder of the term shall be deemed to have expired. The successor shall be appointed by the Speaker of the House of Delegates for a 2~~3~~-year term. (Modify Bylaws)

RESOLVED, That our AMA amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows:

6.9 Term and Tenure - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.

6.9.1 Term.

6.9.1.2 Resident/Fellow Physician Member. The resident/fellow physician member of these Councils shall be elected for a term of 23 years. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.9.3 Vacancies.

6.9.3.2 Resident/Fellow Physician Member. If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 23-year term. (Modify Bylaws)

- Amar Kelkar – Resident and Fellow Section
This resolution proposes bylaws changes to reduce the term-length of RFS Council positions to expand access to these opportunities for trainees in shorter residency programs. This resolution was passed in the RFS at I-19 based on a study done by the RFS Delegates demonstrating a bias towards trainees in longer training programs filling Council positions. Because the next set of Council elections within the HOD will take place in June 2021, and CCB will need time to analyze the changes and issue a report based on the requested bylaws changes, further delay will affect another batch of trainees who are missing out on opportunities to gain valuable Council experience early in their careers. We ask for extraction so that CCB has adequate time to complete their Report by A-21 as that meeting may also be virtual.
- Resolutions Committee
The Resolutions Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a future in-person meeting, the Resolutions Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 004 - Nonconsensual Audio/Video Recording at Medical Encounters

RESOLVED, That our American Medical Association encourage that any audio or video recording made during a medical encounter should require both physician and patient notification and consent. (New HOD Policy)

- William Reha, Virginia
This resolution asks the AMA to develop policy on nonconsensual audio/video recordings during medical encounters. Studies already show this is occurring at significant rates and will likely increase with the expansion of telehealth during and post-pandemic. The AMA should take a lead role in developing guidelines for both physicians and their patients on this subject. There is strong support of this resolution in the online forum.
- Resolutions Committee
The Resolution Committee notes that our AMA already has extensive policy on this issue. While this resolution makes a subtle addition to current policy, the Resolution Committee

believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 006 - Addressing Maternal Discrimination

RESOLVED, That our American Medical Association encourage key stakeholders to implement policies and programs that help protect against maternal discrimination and promote work-life integration for physician parents, which may encompass pregnancy, parental leave, breastfeeding, and breast pumping. (Directive to Take Action)

- Josephine Nguyen – Women Physicians Section
This resolution is timely not only for our patients but for providers as well. Given the COVID-19 pandemic, many families have been either forced to or have chosen to home school their children. Women have been the ones to historically take on the responsibilities of caring for the children. For working mothers, they now have to make sure their child/children are properly engaged in home schooling education while juggling responsibilities of their job. Many women will have to take time off in order to do this. This increased responsibility could hinder women from moving up in the workforce and exacerbate issues surrounding discrimination.
- Resolutions Committee
The Resolutions Committee notes that our AMA already has extensive policy on this issue. Therefore, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 009 - Support of Learner and Trainee Participation in Peaceful Demonstrations and Other Forms of Public Advocacy

RESOLVED, That our American Medical Association issue guidance to protect and support learner and trainee participation in peaceful demonstrations and other forms of public advocacy. (Directive to Take Action)

- Luis E. Seija - Minority Affairs Section
Given the current state of race relations in the United States, the ongoing division in the country related to racial injustice, and the undeniable racial and ethnic disparities in health outcomes, especially with regard to COVID19 and police brutality, it is imperative the AMA express explicit support of medical trainees who choose to participate in social justice demonstrations. Trainees have many different reasons for participating in demonstrations be it identification with the targeted populations or wanting to publicly express support for their colleagues. This is an action that trainees should be free to participate in without undue concerns of potential backlash from their affiliate institutions.
- Resolutions Committee
The Resolutions Committee acknowledges that this resolution deals with an issue of some importance, however, the AMA already has extensive policy on the issue. Therefore, the Resolutions Committee believes this resolution does not meet the threshold for urgency/priority for business of the November Special meeting.

Resolution 103 - Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance

RESOLVED, That our American Medical Association recognize the importance of providing avenues for affordable health insurance coverage and health care access to patients who do not have employer-sponsored health insurance, or for whom employer-sponsored health insurance does not meet their needs (New HOD Policy); and be it further

RESOLVED, That our AMA recognize that a significant and increasing proportion of patients are unable to meet their health insurance or health care access needs through employer-sponsored health insurance, and that these patients must be considered in the course of ongoing efforts to reform the healthcare system in pursuit of universal health insurance coverage and health care access. (New HOD Policy)

- Amar Kelkar - Resident and Fellow Section
In the context of the ongoing COVID-19 pandemic (where job loss has led to the loss of employer-based health insurance), an election (resulting in a new administration wishing to address issues with health insurance in its early planning), and the planned discussion of CMS 1 (outlining a non-employer-based "public option"), we believe this resolution to be timely and necessary. By extracting Resolution 103, we can have this discussion paired with CMS 1, which will add further clarity to whatever AMA policy results.
- Resolutions Committee
The Resolutions Committee notes that current AMA policy (H-165.829 and H-165.843) specifically addresses this resolution. Therefore, the Resolution Committee has determined that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 113 - Most Favored Nation Executive Order

RESOLVED, That our American Medical Association advocate against the implementation of mandatory demonstration projects testing "Most Favored Nation" policy during the ongoing COVID-19 Public Health Emergency (PHE) to avoid potential further burden on practices (Directive to Take Action); and be it further

RESOLVED, That our AMA, in the event that a mandatory demonstration project is proposed pursuant to the Most Favored Nation Executive Order during the PHE, oppose the demonstration project's implementation. (New HOD Policy)

- Ed Balaban, Association for Clinical Oncology
The Most Favored Nation executive order (EO) was signed in Sept. 2020 and is expected to begin in 2021. This EO grants authority for the implementation of a demonstration project affecting some drugs and biologics in Part B and D Medicare. Current AMA policy, D-330.904, opposes policies and demonstration projects that could undermine access to the best course of therapy. The EO triggers the concern that hurried, untried, and unproven demonstration projects will negatively affect health care access and interrupt ongoing critical therapy. This resolution seeks opposition to this executive order and the implementation of this hastily proposed demonstration project that will predictably affect care during the ongoing COVID Public Health Emergency and beyond. This should be viewed as urgent because of its anticipated start in early 2021. AMA intervention is essential to help the Biden Administration understand the need to repeal this EO.

- Resolutions Committee
Only the author of this resolution submitted a statement of urgency/priority. No additional comments regarding its urgency/priority were posted in the Online Forum. The Resolutions Committee has determined that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 115 - Integrating Social Determinants of Health and Quality Measurement

RESOLVED, That our American Medical Association collaborate with stakeholder groups and community-based organizations to align policies, funding and reimbursement to integrate social determinants of health with quality measurement and healthcare delivery in such a way that performance is evaluated equitably (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage standardizing collection of data on social determinants of health, while minimizing the burdens on patients and physicians of so doing (Directive to Take Action); and be in further

RESOLVED, That our AMA encourage all public and private payers with programs that link payment for health care services to performance on quality measures also fund actions that favorably and meaningfully address social determinants of health. (Directive to Take Action)

- Russell Libby – Integrated Physician Practice Section
The IPPS urges that IPPS Res 115, Integrating Social Determinants of Health and Quality Measurement, be extracted. While the IPPS supports CMS 7, Health Plan Initiatives Addressing Social Determinants of Health, we note the report does not address the important issue of quality measurement in relation to SDOH, which is central to IPPS Res 115. Given that physician payment tied to performance and quality measures is inexorably linked with SDOH, we believe Res 115 provides needed context and guidance for addressing physician payment that should be considered alongside the findings of CMS 7. In the event of extraction and passage of IPPS Res 115, in addition to CMS 7, the combination of the two directives will result in comprehensive policy on SDOH at a time when COVID had exposed the racial inequities in our health care system.
- Resolutions Committee
The AMA already has policy on the issue and is further addressed in the current CMS 7 report. While this resolution makes a subtle addition to current policy, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 201 - Permitting the Dispensing of Stock Medications for Post Discharge Patient Use and the Safe Use of Multi-dose Medications for Multiple Patients

RESOLVED, That our American Medical Association work with the Food and Drug Administration, national specialty societies, state medical societies and/or other interested parties to ensure that legislative and regulatory language permits the practice of dispensing stock-item medications to individual patients upon discharge in accordance with labeling and dispensing protocols that help ensure patient safety, minimize duplicated patient costs, and reduce medication waste. (Directive to Take Action)

- Kevin Flaherty – American Academy of Ophthalmology
What could be more urgent than patients with no insurance needing cataract surgery who can't afford their \$200+ eye drips and hospital operating rooms are throwing them away as medical waste. Elective surgery is now opening up but there are patients who have lost their health insurance and are relying on charity care for their eye surgery. The charity care doesn't pay for the post op drops and the drops (antibiotic and prednisilone) costing over \$200 are just thrown away after one drop is used. We have the means to help solve this problem, we have contacted the National Association of State Boards of Pharmacy who are willing to help if we (AMA) ask.
I am respectfully asking to reconsider Resolution 201 to be included in the special meeting of the HOD.
- Resolutions Committee
The Resolutions Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a future in-person meeting, the Resolutions Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 214 – Increase Advocacy Efforts in Support of the Treat and Reduce Obesity Act
RESOLVED, That our American Medical Association increase advocacy efforts towards the passage of the Treat and Reduce Obesity Act. (Directive to Take Action)

- Ethan Lazarus – Obesity Medical Association
Of the 240,000 US deaths attributed to COVID-19, those with comorbid obesity are 3.5x-7.4x more likely to end up on a ventilator* and more than 3x more likely to die**. Yet insurance companies continue to refuse to pay for the most basic obesity treatments including medications and IBT.
If this were hypertension and insurers refused to pay for all available treatments, our AMA would take up the fight much more aggressively. But with obesity, the most stigmatized of all diseases, current legislation languishes while our patients die.
e need to get our patients access to the treatments they deserve and not allow them to continue to die without treating their underlying conditions. Please consider this resolution now to prevent tens of thousands more unnecessary deaths.
*<https://www.acpjournals.org/doi/10.7326/M20-5677>
**<https://www.rgare.com/knowledge-center/media/covid-19/covid-19-and-obesity-how-excess-weight-increases-risk-of-infection-severe-illness-and-mortality>

- Resolutions Committee
The Resolutions Committee notes that the HOD has considered similar resolutions on this topic in the recent past. We do not believe there has been significant new developments and therefore recommend that the HOD focus on other higher priority resolutions at this virtual meeting.

Resolution 215 - Advocating for Alternatives to Detention Centers that Respect Human Dignity
RESOLVED, That our American Medical Association advocate for the preferential use of community-based, non-custodial alternatives to detention programs within the United States that respect the human dignity of immigrants, migrants, and asylum seekers who are in the custody of federal agencies. (Directive to Take Action)

- Pauline Huynh – Medical Student Section
The MSS respectfully disagrees with the Resolution Committee’s decision and, instead, supports Resolution 215 as a priority business item. Detainees and detention center staff represent a vulnerable population with exacerbated health inequities in the setting of the COVID-19 pandemic. Immigrant detention centers have faced significant spikes in COVID-19 cases, with a documented detainee case rate that is 13.4 times higher than that of the general U.S population. This is due to overcrowded conditions and failure of centers to comply with Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) COVID-19 Pandemic Response Requirements. This resolution has the potential to mitigate COVID-19 inequities, COVID-19 transmission, ICU bed shortages, as well as the morbidity and mortality resulting from substandard detainment conditions. We strongly urge its consideration at this November meeting because these patients cannot wait 6 more months.
- Resolutions Committee
The Resolutions Committee recognizes that our AMA has extensive existing policy on the issue. Our AMA is already extremely active in this space. We believe that our current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 217 - Support for Universal Internet Access
RESOLVED, That our AMA amend policy H-478.980, “Increasing Access to Broadband Internet to Reduce Health Disparities,” by addition and deletion as follows:

INCREASING ACCESS TO BROADBAND TO REDUCE HEALTH DISPARITIES, H-478.980

1. Our AMA recognizes internet access as a social determinant of health and will advocate for universal and affordable access to the expansion of broadband and high-speed wireless internet and voice connectivity, especially in 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.

2. Our AMA advocate for federal, state and local policies to support infrastructure that reduces the cost of broadband and wireless connectivity and covers multiple devices and streams per household. (Modify Current HOD Policy)

- **Pauline Huynh - Medical Student Section**
The MSS respectfully disagrees with the Resolution Committee's decision for Resolution 217 and, instead, supports this as a priority business item. Due to physical distancing guidelines, reliance on internet connectivity has surged, to parallel access to education and telemedicine. One in five households with school-age children still do not have personal broadband internet access at home, preventing them from learning during critical years of development. Furthermore, it is probable that a stimulus package and infrastructure plan will be proposed before our June 2021 meeting, which will likely address internet access. This resolution is critical to discuss now because it will provide our AMA the opportunity to highlight and support legislation to reduce barriers and increase access to broadband internet, which has been designated a social determinant of health. We strongly urge Resolution 217's consideration at this November meeting.
- **Resolutions Committee**
The Resolutions Committee recognizes that our AMA already has policy on the issue and is active on this issue. Rather than divert the HOD attention from other resolutions, we believe the AMA should continue current activities based upon existing policy. While this resolution makes a subtle addition of little impact to current policy, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.
Current policy covers the issue, or the resolution offers a subtle nuance, change, or clarification of little impact.

Resolution 302 - Student Loan Forgiveness

RESOLVED, That our American Medical Association study the cause for the unacceptably high denial rate of applications made to the Public Health Services Student Loan Forgiveness Program, and advocate for improvements in the administration and oversight of the program, including but not limited to increasing transparency of and streamlining program requirements; ensuring consistent and accurate communication between loan services and borrowers; and establishing clear expectations regarding oversight and accountability of the loan servicers responsible for the program. (Directive to Take Action)

- **Shastri Swaminathan - Illinois**
I am writing on behalf of the Great Lakes States Coalition to extract Resolution 302. The Public Service Loan Forgiveness Program permits borrowers who make 120 qualifying monthly payments to have the remainder forgiven. The General Accounting Office issued a report showing that out of 54,000 applications, only one 1% had received loan forgiveness. The average student loan debt in 2007 (the first year of eligibility under this program) was \$150,00 for private medical school graduates. This level of indebtedness presents a substantial ongoing burden and harm to early career physicians who have already deferred many important milestones due to their training. They are opening their practice, purchasing a home, getting married and starting a family. To continue to live under this burden when there is potential for relief presents an urgent call for us to act. Please listen to this podcast by Michael Lewis to learn more: <https://www.radiopublic.com/950774f9-a048-4576-a49d-e1add66c634b/ep/s1!1c964>
Reference: https://www.gao.gov/products/GAO-19-595?mobile_opt_out=1

- Resolutions Committee
The Resolutions Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new. The Council on Medical Education testified that this is not a priority and should not be considered at this meeting. The Resolutions Committee agrees that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 304 - Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training

RESOLVED, That our American Medical Association support current efforts by the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), and other relevant stakeholders to develop and align minimum requirements for parental leave during residency and fellowship training and urge these bodies to adopt minimum requirements in accordance with AMA Policy H-405.960 (New HOD Policy); and be it further

RESOLVED, That our AMA petition the ACGME to recommend strategies to prevent undue burden on trainees related to parental leave (Directive to Take Action); and be it further

RESOLVED, That our AMA petition the ACGME, ABMS, and other relevant stakeholders to develop specialty specific pathways for residents and fellows in good standing, who take maximum allowable parental leave, to complete their training within the original time frame. (Directive to Take Action)

- Amar Kelkar - Resident and Fellow Section
The issue of minimum standards for parental leave has been ongoing, but the ABMS recently put out recommendations to be active as of July 1, 2021, including, "Member Board eligibility requirements must allow for a minimum of 6 weeks of time away from training for purposes of parental, caregiver and medical leave at least once during training, without exhausting all other allowed time away from training and without extending training." The ACGME is currently updating its own recommendations and we believe that this Resolution provides the necessary impetus for the AMA to be involved in advocating for trainees while these decisions are being made. Since these decisions will be most likely be finalized before the start of the next academic year (July 1, 2021), this resolution is timely and needs to be discussed along with the friendly amendment already offered on the VRC by CME after discussions on this resolution.
- Resolutions Committee
The Resolutions Committee notes that our AMA already has policy on the issue. While this resolution makes a subtle addition to current policy, the Resolutions Committee believes current policy is sufficient to allow the AMA to act upon the issue without addition of this detail.

Resolution 308 - ECFMG 2024 Accreditation Requirement for World Federation Medical Education (WFME) Recognition

RESOLVED, That our American Medical Association support current efforts by the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), and other relevant stakeholders to develop and align minimum requirements for parental leave during residency and fellowship training and urge these bodies to adopt minimum requirements in accordance with AMA Policy H-405.960 (New HOD Policy); and be it further

RESOLVED, That our AMA petition the ACGME to recommend strategies to prevent undue burden on trainees related to parental leave (Directive to Take Action); and be it further

RESOLVED, That our AMA petition the ACGME, ABMS, and other relevant stakeholders to develop specialty specific pathways for residents and fellows in good standing, who take maximum allowable parental leave, to complete their training within the original time frame. (Directive to Take Action)

- Leah Yuan – Massachusetts, Regional Medical Student
I would like to extract resolution 308 regarding ECFMG 2024 accreditation requirement. We believe that this is urgent because a large percentage of our primary care physicians are IMGs and the 2024 deadline of this requirement will severely impact our the practice of our IMG physicians. Thank you.
- Resolutions Committee
The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. The whereas statements indicate that the WFME based accreditations standards have been extended to 2024. While a resolution may be in order at a future in-person meeting, the Resolution Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 310 - Non-Physician Post-Graduate Medical Training

RESOLVED, That our American Medical Association support pay equity among trainees within the healthcare team and believes that salary, benefits, and overall compensation should, at minimum, reflect length of pre-training education, hours worked, and level of independence allowed by an individual's training program (New HOD Policy); and be it further

RESOLVED, That our AMA amend policy H-275.925 "Protection of the Titles "Doctor," "Resident" and "Residency," by addition and deletion to read as follows:

Our AMA:

(1) recognize that the terms "medical student," "resident," "residency," "fellow," "fellowship," "doctor," and "attending," when used in the healthcare setting, all connote completing structured, rigorous, medical education undertaken by physicians, thus these terms should be reserved to describe physician role; (4) (2) will advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degree(s) attained and develop model state legislation for implementation; and (2) (3) supports state legislation that would penalize misrepresentation of one's role in the physician-led healthcare team, up to and including to make it a felony to misrepresent oneself as a physician (MD/DO); and (4) support state legislation that calls for statutory restrictions for non-physician post-graduate diagnostic and clinical training programs using the terms "medical student," "resident," "residency," "fellow," "fellowship," "doctor," or "attending" in a healthcare setting. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA amend policy H-160.949, "Practicing Medicine by Non-Physicians," by addition to read as follows:

... (7) support Nurse Practitioners and Physician Assistants pursuing postgraduate clinical training prior to working within a subspecialty field. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA study curriculum and accreditation requirements for graduate and postgraduate clinical training programs for non-physicians and report back at the 2020 Annual Meeting and biennially thereafter, on these standards, their accreditation bodies, their supervising boards, and the impact of non-physician graduate clinical education on physician graduate medical education (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders to assure that funds to support the expansion of post-graduate clinical training for non-physicians do not divert funding from physician GME (Directive to Take Action); and be it further

RESOLVED, That our AMA partner with the ACGME to create standards requiring Program Directors and Designated Institutional Officials to notify the ACGME of proposed training programs for physicians or non-physicians that may impact the educational experience of trainees in currently approved residencies and fellowships (Directive to Take Action); and be it further

RESOLVED, That policy H-310.912 “Resident and Fellow Bill of Rights,” be amended by addition and deletion to read as follows:

...B. Appropriate supervision by qualified physician faculty with progressive resident responsibility toward independent practice.

With regard to supervision, residents and fellows ~~should expect supervision by physicians and non-physicians~~ must be ultimately supervised by physicians who are adequately qualified and which allows them to assume progressive responsibility appropriate to their level of education, competence, and experience. It is neither feasible nor desirable to develop universally applicable and precise requirement for supervision of residents. In instances where education is provided by non-physicians, there must be an identified physician supervisor providing indirect supervision, along with mechanisms for reporting inappropriate, non-physician supervision to the training program, sponsoring institution, or ACGME as appropriate. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA distribute and promote the Residents and Fellows’ Bill of Rights online and individually to residency and fellowship training programs and encourage changes to institutional processes that embody these principles (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose non-physician healthcare providers from holding a seat on medical boards that provide oversight of physician undergraduate medical education, graduate medical education, certification or licensure, and advocate that a non-physician seat on these boards be held by non-medical public professionals. (Directive to Take Action)

- Amar Kelkar - Resident and Fellow Section
Based on numerous testimonials of examples from the past year posted in the Virtual Reference Committee of diminished quality of training and loss of educational opportunities that will continue to worsen if not addressed, as well as comments by the Council on Medical Education calling this, "a very pressing and timely matter," we believe the issue of post-graduate non-physician training must be discussed by the House of Delegates at this Special Meeting.
- Resolutions Committee
The Resolution Committee recognizes the importance of this topic, specifically protecting the terms residency and fellowship, and compensating residents. However, this is a long

standing issue that does not require immediate response. Therefore, the Resolutions Committee believes it does not meet the timeliness threshold of this meeting as this is an ongoing high level priority and this resolution does not change that.

Resolution 401 - Fatigue Mitigation Respite for Faculty and Residents

RESOLVED, That our American Medical Association advocate for legislation and policies that support fatigue mitigation programs, which include, but are not limited to, a quiet place to rest or funding for alternative transport and return to work for vehicle recovery at a later time for all medical staff who feel unsafe driving due to fatigue after working overnight or extended shifts. (Directive to Take Action)

- Josephine Nguyen – Women Physicians Section
We believe this resolution to be timely because the COVID-19 pandemic has caused physicians and physicians-in-training to increase their workloads due to complicated coverage schedules when colleagues are either exposed and have to quarantine or are actually ill. Furthermore, the stress of the social climate and the pandemic has increased fatigue amongst providers, necessitating an increased need for support.
- Resolutions Committee
The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new. The AMA already has extensive policy on the issue. Council on Medical Education testified that this is not a priority and recommended against consideration. The Resolutions Committee agrees that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 405 - Attacking Disparities in COVID-19 Underlying Health Conditions

RESOLVED, That Our American Medical Association urge federal, state, and municipal leaders to prominently include in their COVID-19 public health advisories information on the role of underlying medical conditions in COVID-19 and in the role of nutrition, particularly plant-based diets, as well as physical activity, in addressing these conditions. (Directive to Take Action)

- Kim Williams - American College of Cardiology
Poorly controlled diabetes, hypertension, and obesity make COVID-19 a killer. Currently, many people with these conditions are neglecting medical visits and letting prescriptions lapse.
Resolution 405, supported by MSDC, ACC, and ACLM, calls on local governments to encourage patients to see their physicians, refill prescriptions, and regain control, using the full range of medical and lifestyle approaches to attack underlying conditions. One aspect is nutrition, including plant-based meals, referring to diets emphasizing vegetables, fruits, and other healthy foods, including Mediterranean, vegetarian, or other healthy American diets. This term is already part of AMA policy H-150.949 for hospitals. Resolution 405 notes this option for people with underlying conditions, in sync with the policies of the American Heart Association, American College of Cardiology, American Association of Clinical Endocrinologists and the Academy of Nutrition and Dietetics.
So far, state and local governments are not urging their citizens to urgently address these conditions. With

- Resolutions Committee
The Resolution Committee notes that the AMA is active on this issue. Rather than divert the HOD attention from other resolutions, we believe the AMA should continue current activities based upon existing policy.

Resolution 417 - Support for Safe and Equitable Access to Voting

RESOLVED, That our American Medical Association support measures to facilitate safe and equitable access to voting as a harm-reduction strategy to safeguard public health and mitigate unnecessary risk of infectious disease transmission by measures including but not limited to:

- (a) extending polling hours;
- (b) increasing the number of polling locations;
- (c) extending early voting periods;
- (d) mail-in ballot postage that is free or prepaid by the government;
- (e) adequate resourcing of the United States Postal Service and election operational procedures;
- (f) improve access to drop off locations for mail-in or early ballots (New HOD Policy); and be it further

RESOLVED, That our AMA oppose requirements for voters to stipulate a reason in order to receive a ballot by mail and other constraints for eligible voters to vote-by-mail. (Directive to Take Action)

- Amar Kelkar - Resident and Fellow Section
As the COVID-19 pandemic continues to endanger the public health and our citizens continue to participate in national, state, and municipal elections, advocating for safety while voting is necessary for the betterment of public health. Municipal elections will continue to take place through the pandemic, as well as elections with national implications such as the Senate runoff elections on January 5th. As local and state governments make accommodations to voting procedures, they will look to the AMA when we provide recommendations on issues of public health. We have already seen the unfortunate consequences of crowded in-person voting in the Wisconsin primaries in April 2020 and we cannot afford to stand idly by waiting for more casualties. This is of paramount importance to our patients, particularly our most vulnerable and our AMA needs strong policy to stand in support of the health of our patients as they exercise their civic rights.
- Resolutions Committee
The Resolution Committee acknowledges that the resolution deals with an issue of some importance, however, it will likely have limited impact in the near future and can be addressed at a later date. Therefore, the resolutions committee believes this resolution does not meet the threshold for urgency/priority for business of the November Special meeting.

Resolution 501 - CBD Oil Use and the Marketing of CBD Oil

RESOLVED, That our American Medical Association support banning the advertising of cannabidiol (CBD) as a component of marijuana in places that children frequent (New HOD Policy); and be it further

RESOLVED, That our AMA support legislation to prohibit companies from selling CBD products if they make any unproven health and therapeutic claims, and to require companies to include a Food and Drug Administration-approved warning on CBD product labels. (New HOD Policy)

- Mike Miller - Wisconsin
CBD use and sales is proliferating at a rapid rate
it is misrepresented as good for everything and below the 0.3% THC threshold--but there is no verification of that
Docs need to know that CBD from kiosks at the mall is the same as CBD in Epidiolex, and the FDA approved package insert talks about drug drug interactions.
This is urgent
And can vaping of THC and CBD products be good during this pandemic of a viral disease that usually involves the lungs?
- Resolutions Committee
The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a future in-person meeting, the Resolution Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 510 - Access to Opioid Agonist Treatment for Incarcerated Persons

RESOLVED, That our American Medical Association amend policy H-430.987, "Opiate Replacement Therapy Programs in Correctional Facilities," by addition to read as follows:
H-430.987 Opiate Replacement Therapy Programs in Correctional Facilities

1. Our AMA endorses: (a) the medical treatment model of employing opiate replacement therapy (ORT) as an effective therapy in treating opiate-addicted persons who are incarcerated; and (b) ORT for opiate-addicted persons who are incarcerated, in collaboration with the National Commission on Correctional Health Care and the American Society of Addiction Medicine.
2. Our AMA advocates for legislation, standards, policies and funding that encourage correctional facilities to increase access to evidence-based treatment of opioid use disorder, including initiation and continuation of opioid replacement therapy in conjunction with counseling, in correctional facilities within the United States and that this apply to all incarcerated individuals including pregnant women.
3. Our AMA supports legislation, standards, policies, and funding that encourage correctional facilities within the United States to work in ongoing collaboration with addiction treatment physician-led teams, case managers, social workers, and pharmacies in the communities where patients, including pregnant women, are released to offer post-incarceration treatment plans for opioid use disorder, including education, medication for addiction treatment and counseling, and medication for preventing overdose deaths and help ensure post-incarceration medical coverage and accessibility to medication assisted therapy.
4. Our AMA encourages all correctional facilities to use a validated screening tool to identify withdrawal and determine potential need for treatment for opioid use disorder for all incarcerated persons upon entry. (Modify Current HOD Policy)

- David Walsworth - Michigan
On behalf of the Michigan Delegation, I'm writing to extract Res. 510. The AMA reports more than 40 states have conveyed increases in opioid-related mortality. This issue is timely as incidents of relapse and substance use initiation have grown as job losses, social isolation, and stress mounts due to the pandemic. AMA advocacy for opioid use disorder policies related to the consequences of COVID-19 should include the needs of justice-involved individuals, especially since studies have shown that "individuals reporting opioid use are significantly more likely to be involved with the criminal justice system compared to people with no opioid use." The use of validated screening tools to identify withdrawal and

determine potential need for treatment for opioid use disorder at time of entry into a correctional facility is critical.

- **Resolutions Committee**

The Resolution Committee notes that the AMA has already accomplished the request of this resolution. AMA Policy D-430.997, "Support for Health Care Services to Incarcerated Persons," the AMA supports NCCHC standards as well as encourages all correctional systems to support NCCHC accreditation. Additionally, AMA model state legislation already includes language providing for screening of inmates upon admission to a facility. Therefore, AMA Policy and model state legislation already support the proposed amendment and this Resolution is duplicative of current AMA policy. Rather than divert the HOD attention from other resolutions, we believe the AMA should continue current activities based upon existing policy.

Resolution 604 - Timely Promotion and Assistance in Advance Care Planning and Advance Directives

RESOLVED, That our American Medical Association: (1) begin an educational and media campaign including billing and reimbursement information for physicians, encouraging physicians to lead by example and complete their own advance directives, to help motivate the routine provision of advance care planning to patients, so as to encourage and equip patients to complete their own advance directives; (2) encourage practicing physicians to publicize the fact of having executed their own advance directives, via educational materials posted and/or available in offices and on websites, as a way of starting the conversation with patients and families; and (3) urge all primary care physicians to immediately begin to include advance care planning as a routine part of their adult patient care protocols, and that advance directives be included in patients' medical records as a matter of course (Directive to Take Action); and be it further

RESOLVED, That our AMA promote outreach (prioritized and made more urgent by the COVID-19 pandemic) on: (1) the importance of advance directives with all its stakeholder groups and with other organizations with which it has relationships; and (2) to the legal, medical, hospital, medical education, and faith-based communities, as well as to interested citizens, to promote completion of advance directives by all individuals who are of legal age and competent (Directive to Take Action); and be it further

RESOLVED, That our AMA formally support the designation of April 16 of every year as National Healthcare Decisions Day. (Directive to Take Action)

- **Louise Andrew - Senior Physicians Section**

With over 150,000 US cases daily and increasing rates and deaths anticipated, AD are an even more significant, yet widely under-recognized health equity issue with organizational priority, demanding both urgent leadership, and direction. Front-line providers experience anguish, making end-of-life decisions for patients unable to indicate their wishes, unable to communicate with families who are denied access. Not a few physicians and other healthcare providers have died of Covid, without taking these measures themselves. If we delay taking action, serious, deleterious, yet preventable consequences to a large group of physicians and patients, especially Seniors, will predictably result. Prior policy on this issue does not go far enough in educating, motivating, or equipping physicians to undertake these difficult, but necessary conversations with their own families,

and with their patients. Our AMA is the most appropriate group to take on this issue in healthcare. This is a reasonable approach to an horrific problem

- Resolutions Committee
Only the author of this resolution submitted a statement of urgency/priority. No additional comments regarding its urgency/priority were posted in the Online Forum. The Resolution Committee has determined that it does not meet the threshold for urgency/priority for business of the November Special Meeting.

Resolution 711 - Prevent Medicare Advantage Plans from Limiting Care

RESOLVED, That our American Medical Association ask the Centers for Medicare and Medicaid Services to more tightly regulate Medicare Advantage Plans so that Medicare guidelines are followed for all Medicare patients and care is not limited for patients who chose an Advantage Plan (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that applying proprietary criteria to determine eligibility of Medicare patients for procedures and admissions should not overrule the professional judgment of the patient's physician. (Directive to Take Action)

- Susan Hubbell - American Academy of Physical Medicine and Rehabilitation
As cosponsors of 711, AAPM&R and AANEM ask that the HOD vote to include 711 as business. Medicare Advantage plans are routinely denying admission to acute inpatient rehabilitation facilities (IRF) for their enrollees, often based on their restrictive coverage guidelines, in situations where standard Medicare programs will pay for IRF stays. During this COVID-19 pandemic, medical knowledge about the long-term and disabling consequences of these severe infections is growing daily. Post-COVID syndrome includes stroke, coronary and peripheral artery disease, peripheral nerve and inflammatory muscle complications, amputations, "brain fog", and prolonged respiratory impairments. Medicare's IRF guidance suggests that IRF care is appropriate for patients with disability and complex medical situations requiring daily visits by physician specialists, and access to testing and treatment. Instead, Medicare Advantage plans are sending large numbers of these patients to skilled nursing facilities that lack the resources to manage complex, multi-organ and neurologic problems.
- Resolutions Committee
The Resolution Committee acknowledges that the resolution deals with an issue of some importance, but also recognizes that the issue is not new nor requires immediate response. While a resolution may be in order at a future in-person meeting, the Resolution Committee has determined that the resolution does not meet the threshold for urgency/priority for business of the November Special Meeting.