

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION (JUNE 2021)

Report of AMA-YPS Reference Committee

Kyle P. Edmonds, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report B: State Medical Society Representation in the AMA-YPS Assembly
2. Report C: Specialty Society Representation and Outreach
3. Report E: AMA-YPS Strategic Plan
4. Report F: Update on Resolution 012 (November 2020) - AMA Bylaws on YPS Governing Council Eligibility

RECOMMENDED FOR ADOPTION AS AMENDED

5. Resolution 1: Pandemic Ethics and the Duty of Care
6. Resolution 2: Marketing Guardrails for the “Over-Medicalization” of Cannabis Use and Abuse
7. Late Resolution 1: Opposition to elimination of “incident-to” billing for non-physician practitioners

RECOMMENDED FOR FILING

8. Report A: Governing Council Activities/Action Plan Update
9. Report D: AMA-YPS Finance Report
10. Report G: Appointments/Nominations for AMA-YPS Liaisons to Other AMA Groups

RECOMMENDED FOR ADOPTION

(1) REPORT B: STATE MEDICAL SOCIETY REPRESENTATION IN THE AMA-YPS ASSEMBLY

RECOMMENDATION:

Recommendations in Report B be adopted and the remainder of the Report be filed.

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to work with appropriate YPS committee members to connect with current and potential members that are part of state medical societies not represented in the AMA-YPS and encourage them to serve as liaisons to the young physicians in their society or identify someone in their society for further outreach.
2. The YPS Governing Council will continue to communicate with YPS members of state societies currently represented in the AMA-YPS Assembly to highlight the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS where appropriate.
3. The YPS Governing Council will continue to reach out to state societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.
4. The YPS Governing Council will continue to reach out to state societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.

No commentary was provided during the online forum on the strategy to increase representation and promote active participation among state medical societies in the AMA Young Physicians Section (YPS) Assembly. Your Reference Committee recommends that Report B be adopted and the remainder of the report be filed.

(2) REPORT C: SPECIALTY SOCIETY REPRESENTATION AND OUTREACH

RECOMMENDATION:

Recommendations in Report C be adopted and the remainder of the Report be filed.

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to work with appropriate YPS committee members and young physician members to engage with current and potential members that are part of specialty societies not represented in the AMA-YPS and encourage them to serve as liaisons to the young physicians in their society or identify someone in their society for further outreach.
2. The YPS Governing Council will continue to connect with specialty societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.
3. The YPS Governing Council will continue to reach out to specialty societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.
4. The YPS Governing Council will reach out to the American Society of Nuclear Cardiology and Society of Cardiovascular Computed Tomography to notify these specialty societies of their eligibility for representation in the AMA-YPS Assembly.

No commentary was provided during the online forum concerning the plan to expand specialty society representation and involvement in the AMA-YPS Assembly. Your Reference Committee recommends that Report C be adopted and the remainder of the report be filed.

(3) REPORT E: AMA-YPS STRATEGIC PLAN

RECOMMENDATION:

Recommendation in Report E be adopted and the remainder of the Report be filed.

1. That our AMA-YPS GC work to implement the proposed actions outlined in this report.
2. That our AMA-YPS GC make the AMA-YPS 2021-2026 Strategic Plan available on the AMA-YPS Web site.
3. That our AMA-YPS GC monitor the effectiveness of the 2021-2026 Strategic Plan and update the strategic plan in five years with report to the AMA-YPS Assembly at the 2026 Annual meeting

Based on a review of previous strategic plans and results from a survey to the YPS Assembly, the YPS Governing Council determined that the objectives for the 2021-2026 Strategic Plan will be focus; communications; leadership development; and active participation. No testimony in opposition to the report was provided. Therefore, your Reference Committee recommends that Report E be adopted and the remainder of the report be filed.

(4) REPORT F: UPDATE ON RESOLUTION 012 (NOVEMBER 2020) - AMA BYLAWS ON YPS GOVERNING COUNCIL ELIGIBILITY

RECOMMENDATION:

Recommendation in Report F be adopted and the remainder of the Report be filed.

1. The AMA-YPS Governing Council recommends introduction of YPS Resolution 3 (June 2021), "AMA Bylaws Language on AMA Young Physicians Section Governing Council Eligibility," which includes the following Resolve clauses:

RESOLVED, That the American Medical Association amend AMA Bylaw 7.5.1, Membership, to read as follows:

7.5.1 Membership. All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section until December 31 of the year of their 40th birthday or December 31 of the eighth year following the completion of their graduate medical education.

7.5.1.1 Membership shall be granted to any physician serving as Chair or Chair-Elect of the YPS, so long as they fulfilled the requirements of 7.5.1 when they were elected to Chair-Elect, until their term as Chair has expired. (Modify Bylaws)

RESOLVED, That the American Medical Association amend AMA Bylaw 7.5.2, Cessation of Eligibility, to read as follows:

7.5.2 If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 prior to the expiration of the term for which elected, they shall be permitted to complete the term of office even if they are the term of such officer or member shall terminate and the position shall be declared vacant. If any officer's or member's term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the officer or member remains an active physician member of the AMA. The preceding provision shall not apply to the Chair-Elect.

~~Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete the term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1, as long as the office remains an active physician member of the AMA. (Modify Bylaws)~~

1 2. The AMA-YPS Governing Council recommends that YPS Resolution 3 (June
2 2021), "AMA Bylaws Language on AMA Young Physicians Section Governing
3 Council Eligibility," be submitted for consideration at the June 2021 Special
4 Meeting of the AMA House of Delegates.

5
6 No online commentary was provided on the proposed Bylaws changes related to YPS
7 Governing Council eligibility, and your Reference Committee recommends that Report F
8 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(5) RESOLUTION 1: PANDEMIC ETHICS AND THE DUTY OF CARE

RECOMMENDATION A:

Resolution 1 be amended by addition and deletion:

RESOLVED, That our Council on Ethical and Judicial Affairs reconsider its guidance on pandemics, disaster response and preparedness in terms of the limits of professional duty of individual physicians, especially in light of the unique dangers posed to physicians, their families and colleagues during the COVID-19 global pandemic. ~~to greater than normal dangers to themselves and their countervailing ongoing additional duties to others in their personal lives~~ (Directive to Take Action)

RESOLVED, That this resolution be immediately forwarded for consideration at the June 2021 Special Meeting of the AMA House of Delegates. (Directive to Take Action)

RECOMMENDATION B:

Resolution 1 be adopted as amended.

RESOLVED, That our Council on Ethical and Judicial Affairs reconsider its guidance on pandemics, disaster response and preparedness in terms of the limits of professional duty of individual physicians to greater than normal dangers to themselves and their countervailing ongoing additional duties to others in their personal lives. (Directive to Take Action)

Online forum commentary was supportive of Resolution 1. Your Reference Committee proffered an amendment to the first Resolve clause to better expound on the risks posed to physicians as a result of the COVID-19 pandemic. Online forum commentary was supportive of the request to forward Resolution 1 for consideration at the June 2021 Special Meeting of the AMA House of Delegates (HOD). Due to the timeliness of this issue, your Reference Committee concurs that this resolution should be considered immediately. Therefore, your Reference Committee recommends that Resolution 1 be adopted as amended.

(6) RESOLUTION 2: MARKETING GUARDRAILS FOR THE “OVER-MEDICALIZATION” OF CANNABIS USE AND ABUSE

RECOMMENDATION A:

The first Resolve in Resolution 2 be deleted:

~~RESOLVED~~, That ~~our AMA work with other interested organizations to make clear statements about the lack of data on indications for “medical cannabis” usage for which there is limited scientific data, and have this~~

~~information (and references) available on a public website (Directive to Take Action); and be it further~~

RECOMMENDATION B:

The second Resolve in Resolution 2 be deleted:

~~RESOLVED, That our AMA work with other interested organizations to clearly state the known and emerging data regarding harms of cannabis use in vulnerable populations (such as in youths, in pregnancy and lactation, and in psychiatric patients) including cannabis hyperemesis syndrome, drug-drug interactions, etc., and have this information available on a public website (Directive to Take Action); and be it further;~~

RECOMMENDATION C:

The third Resolve in Resolution 2 be amended by addition and deletion:

RESOLVED, That our AMA send a formal letter to the Food and Drug Administration and Federal Trade Commission requesting more direct oversight of the marketing of cannabis for “medical” use ~~usage~~ (Directive to Take Action); and be it further;

RECOMMENDATION D:

The fourth Resolve in Resolution 2 be deleted:

~~RESOLVED, That our AMA call upon the U.S. Surgeon General to issue a formal warning regarding the “over-medicalization” of cannabis and adverse effects associated with its use (Directive to Take Action); and be it further; and~~

RECOMMENDATION E:

The fifth Resolve in Resolution 2 be deleted:

~~RESOLVED, That this resolution be forwarded to the AMA-HOD at A-21.~~

RECOMMENDATION F:

Resolution 2 be adopted as amended with a change in title to read as follows:

MARKETING GUARDRAILS FOR THE “OVER-MEDICALIZATION” OF CANNABIS USE

RESOLVED, That our AMA work with other interested organizations to make clear statements about the lack of data on indications for “medical cannabis” usage for which there is limited scientific data, and have this information (and references) available on a public website (Directive to Take Action); and be it further

1 RESOLVED, That our AMA work with other interested organizations to clearly state
2 the known and emerging data regarding harms of cannabis use in vulnerable
3 populations (such as in youths, in pregnancy and lactation, and in psychiatric patients)
4 including cannabis hyperemesis syndrome, drug-drug interactions, etc., and have this
5 information available on a public website (Directive to Take Action); and be it further;
6

7 RESOLVED, That our AMA send a formal letter to the Food and Drug Administration
8 and Federal Trade Commission requesting more direct oversight of the marketing of
9 cannabis for “medical” usage (Directive to Take Action); and be it further;
10

11 RESOLVED, That our AMA call upon the U.S. Surgeon General to issue a formal
12 warning regarding the “over-medicalization” of cannabis and adverse effects
13 associated with its use (Directive to Take Action); and be it further; and
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15 RESOLVED, That this resolution be forwarded to the AMA-HOD at A-21.
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17 Online testimony for Resolution 2 was generally supportive of the resolution intent,
18 particularly the call for data collection and guidance for use of medical cannabis and its
19 derivatives. Various concerns were also raised in online testimony, including the use of
20 stigmatizing language rather than person-first language. Your Reference Committee
21 concurs with the comments offered during the online forum and believes that the proposed
22 amendments would strengthen this resolution.
23

24 Your Reference Committee believes AMA Policy H-95.924, Cannabis Legalization for
25 Recreational Adult Use (commonly referred to as recreational use) addresses the actions
26 requested in the first and second Resolves. AMA Policy H-95.924 was amended following
27 the adoption of the Council on Science and Public Health Report 4 during the November
28 2020 Special Meeting of the AMA HOD. Further, former U.S. Surgeon General VADM
29 Jerome Adams issued an advisory in 2019 on cannabis and the developing brain, with
30 specific guidance for expectant mothers and adolescents.
31

32 With the recent amendment to AMA Policy H-95.924, this resolution may not be deemed
33 timely and believes it would be prudent to submit this resolution to the HOD for
34 consideration at a future meeting. Therefore, your Reference Committee recommends that
35 Resolution 2 be adopted as amended.
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37 (7) LATE RESOLUTION 1: OPPOSITION TO ELIMINATION
38 OF “INCIDENT-TO” BILLING FOR NON-PHYSICIAN
39 PRACTITIONERS
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41 **RECOMMENDATION A:**
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43 **Late Resolution 1 be amended by addition:**
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45 **RESOLVED, That our AMA advocate against efforts to eliminate “incident-**
46 **to” billing for non-physician practitioners among private and public payors.**
47 **(Directive to Take Action)**
48

49 **RESOLVED, That this resolution be immediately forwarded for consideration**
50 **at the June 2021 Special Meeting of the AMA House of Delegates.** (Directive
51 **to Take Action)**

RECOMMENDATION B:

Late Resolution 1 be adopted as amended.

RESOLVED, That our AMA advocate against efforts to eliminate “incident-to” billing for non-physician practitioners among private and public payors. (Directive to Take Action)

Late Resolution 1 was written in response to UnitedHealthcare in Texas changing its payment policy regarding non-physician practitioners. Concern was expressed that this change could establish a precedent for other payors to modify their payment policy in a similar manner. Online testimony received for Late Resolution 1 was overwhelmingly supportive. As online testimony noted that this issue is timely and urgent, your Reference Committee proffered an amendment calling for the YPS to submit this resolution for consideration at the June 2021 Special Meeting of the AMA HOD. Therefore, Late Resolution 1 is adopted as amended.

RECOMMENDED FOR FILING

(8) REPORT A: GOVERNING COUNCIL ACTIVITIES/ACTION PLAN UPDATE

RECOMMENDATION:

Report A be filed.

Report A is a compilation of activities accomplished by the AMA-YPS since the November 2020 AMA-YPS Assembly meeting. Updates on AMA-YPS objectives are organized under four main categories: focus; communications; leadership development; and membership and involvement. Report A is informational and does not include recommendations.

(9) REPORT D: AMA-YPS FINANCE REPORT

RECOMMENDATION:

Report D be filed.

Pursuant to the adoption of Resolution 3-I-04, "AMA-YPS Yearly Finance Report," the AMA-YPS Governing Council prepares a financial statement of the AMA-YPS annual budget. The AMA-YPS budget is based upon the AMA's annual budgeting process, which must receive final approval from the AMA's Board of Trustees. Therefore, the AMA-YPS Governing Council does not directly set, control, or oversee the AMA-YPS budget. Report D is informational and does not include recommendations.

(10) REPORT G: APPOINTMENTS/NOMINATIONS FOR AMA-YPS LIAISONS TO OTHER AMA GROUPS

RECOMMENDATION:

Report G be filed.

Report G is informational and does not include recommendations. The AMA-YPS Internal Operating Procedures (IOP) provides guidelines for filling vacancies to select AMA sections and other AMA groups. The YPS IOP describes the process for selecting YPS representatives for the Minority Affairs Section, Women Physicians Section, and Advisory Committee on Lesbian, Gay, Bisexual, Transgender and Queer Issues. As YPS liaisons to other AMA groups have been appointed on an informal basis, this report delineates a process to fill future vacancies.

- 1 This concludes the report of the AMA-YPS Reference Committee. I would like to thank
- 2 John Corker, MD, Ricardo Correa Marquez, MD; Tracey Henry, MD, and Vanessa Stan,
- 3 MD.

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