FINAL REPORT OF THE RESOLUTION COMMITTEE
June 2021 Special Meeting of the House of Delegates

This is the Final Report of the Resolution Committee. By last night's deadline, 23 resolutions had been extracted from the list of those not meeting the priority threshold. Having considered the resolutions along with sponsors' priority statements and rankings as well as staff comments, the Committee has prepared this final report with recommendations.

The resolutions are listed below in three groups:

- items recommended for consideration,
- items that have not met the priority threshold and have not been extracted, and
- extracted items, which will be presented to the House for a decision regarding their consideration.

The Final Report will be handled as a consent calendar on Friday evening, June 11, during the Opening Session. Each extracted item will be put to a vote to either sustain the recommendation of the Resolution Committee or to overrule its recommendation, without further debate. The House by majority vote will decide which items become the business of the HOD.

For extracted items, the Committee's report includes the author's own priority, the name of the extractor, the sponsor's the extraction statement and the Resolution Committee's score (the average across 31 individuals). Some items also include a comment from the Committee or from AMA staff experts.

Resolutions Meeting the Priority Threshold and Recommended for Acceptance as Business:

1. Res. 001 - Discrimination Against Physicians Treated for Medication Opioid Use Disorder (MOUD)
2. Res. 003 - Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions
3. Res. 004 - AMA Resident/Fellow Councilor Term Limits
4. Res. 006 - Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients
5. Res. 007 - Nonconsensual Audio/Video Recording at Medical Encounters
6. Res. 009 - Supporting Women and Underrepresenting Minorities in Overcoming Barriers to Positions of Medical Leadership and Competitive Specialties
7. Res. 015 - Opposition to the Criminalization and Undue Restriction of Evidence-Based Gender-Affirming Care for Transgender and Gender-Diverse Individuals
8. Res. 022 - Maternal Levels of Care Standards of Practice
9. Res. 023 - Pandemic Ethics and the Duty of Care
10. Res. 024 - AMA Bylaws Language on AMA Young Physicians Section Governing Council Eligibility
11. Res. 105 - Effects of Telehealth Coverage and Payment Parity on Health Insurance Premiums
12. Res. 121 - Medicaid Dialysis Policy for Undocumented Patients
13. Res. 122 - Developing Best Practices for Prospective Payment Models
14. Res. 123 - Medicare Eligibility at Age 60
15. Res. 201 - Ensuring Continued Enhanced Access to Healthcare via Telemedicine and Telephonic Communication
16. Res. 206 - Redefining the Definition of Harm
17. Res. 210 - Ransomware and Electronic Health Records
18. Res. 212 - ONC's Information Blocking Regulations
19. Res. 213 - CMMI Payment Reform Models

20. Res. 215 - Exemptions to Work Requirements and Eligibility Expansions in Public Assistance Programs
21. Res. 216 - Opposition to Federal Ban on SNAP Benefits for Persons Convicted of Drug Related Felonies
22. Res. 217 - Amending H-150.962, Quality of School Lunch Program to Advocate for the Expansion and Sustainability of Nutritional Assistance Programs During COVID-19
23. Res. 218 - Advocating for Alternatives to Immigrant Detention Centers that Respect Human Dignity
24. Res. 219 - Oppose Tracking of People who Purchase Naloxone
25. Res. 226 - Interest-Based Debt Burden on Medical Students and Residents
26. Res. 227 - Audio-Only Telehealth for Risk Adjusted Payment Models
27. Res. 228 - COVID-19 Vaccination Rollout to Emergency Departments and Urgent Care Facilities (incorrectly listed as 233 in initial report)
28. Res. 229 - Classification and Surveillance of Maternal Mortality
29. Res. 230 - Considerations for Immunity Credentials During Pandemics and Epidemics
30. Res. 232 - Preventing Inappropriate Use of Patient Protected Medical Information in the Vaccination Process
31. Res. 304 - Decreasing Financial Burdens on Residents and Fellows
32. Res. 305 - Non-Physician Post-Graduate Medical Training
33. Res. 308 - Rescind USMLE Step 2 CS and COMLEX Level 2 PE Examination Requirement for Medical Licensure
34. Res. 309 - Supporting GME Program Child Care Residency Training
35. Res. 310 - Unreasonable Fees Charged and Inaccuracies by the American Board of Internal Medicine
36. Res. 311 - Student Loan Forgiveness
37. Res. 314 - Standard Procedure for Accommodations in USMLE and NBME Exams
38. Res. 318 - The Impact of Private Equity on Medical Training
39. Res. 319 - The Effect of the COVID-19 Pandemic on Graduate Medical Education
40. Res. 401 - Universal Access for Essential Public Health Services
41. Res. 402 - Modernization and Standardization of Public Health Surveillance Systems
42. Res. 403 - Confronting Obesity as a Key Contributor to Maternal Mortality, Racial Disparity, Death from Covid-19, Unaffordable Health Care Cost while Restoring Health in America
43. Res. 406 - Attacking Disparities in Covid-19 Underlying Health Conditions
44. Res. 407 - Impact of SARS-CoV-2 Pandemic on Post-Acute Care Services and Long-Term Care and Residential Facilities
45. Res. 410 - Ensuring Adequate Health Care Resources to Address the Long COVID Crisis
46. Res. 411 - Ongoing Use of Masks by and Among High-Risk Individuals to Reduce the Risk of Spread of Respiratory Pathogens
47. Res. 413 - Call for Increased Funding and Research for Post Viral Syndromes
48. Res. 414 - Call for Improved Personal Protective Equipment Design and Fitting
49. Res. 415 - Amending H-440.847 to Call for National Government and States to Maintain Personal Protective Equipment and Medical Supply Stockpiles
50. Res. 417 - Amendment to Food Environments and Challenges Accessing Healthy Food, H-150.925
51. Res. 420 - Impact of Social Networking Services on the Health of Adolescents
52. Res. 421 - Medical Misinformation in the Age of Social Media
53. Res. 503 - Access to Evidence-Based Addiction Treatment in Correctional Facilities
54. Res. 601 - $100 Member Annual Dues Payment Through 2023
55. Res. 602 - Timely Promotion and Assistance in Advance Care Planning and Advance Directives
56. Res. 608 - Sharing Covid-19 Resources

57. Res. 609 - COVID-19 Crisis in Asia
58. Res. 610 - Promoting Equity in Global Vaccine Distribution
59. Res. 702 - Addressing Inflammatory and Untruthful Online Ratings
60. Res. 706 - Prevent Medicare Advantage Plans from Limiting Care
61. Res. 707 - Financial Incentives for Patients to Switch Treatments
62. Res. 711 - Opposition to Elimination of "Incident-to" Billing for Non-Physician Practitioners

The following late resolutions have been recommended by the Committee on Rules & Credentials for acceptance. While acceptance of late resolutions is dependent on a favorable vote by the House, the Resolution Committee has determined that the late resolutions meet the threshold for priority.

63. Late 1001 - COVID-19 Crisis in India
64. Late 1002 - Prohibition of Racist Characterization Based on Personal Attributes
65. Late 1003 - Free Speech and Civil Discourse in our American Medical Association
66. Late 1004 - Non-Physician Title Misappropriation

Resolutions Not Meeting the Priority Threshold and Not Extracted

1. Res. 005 - Resident and Fellow Access to Fertility Preservation
2. Res. 008 - Organ Transplant Equity for Persons with Disabilities
3. Res. 010 - Updated Medical Record Policy Regarding Physicians with Suspended or Revoked Licenses
4. Res. 012 - Increasing Public Umbilical Cord Blood Donations in Transplant Centers
5. Res. 016 - Denouncing the Use of Solitary Confinement in Correctional Facilities and Detention Centers
6. Res. 017 - Improving the Health and Safety of Sex Workers
7. Res. 018 - LGBTQ+ Representation in Medicine
8. Res. 019 - Evaluating Scientific Journal Articles for Racial and Ethnic Bias
9. Res. 020 - Amendment to Truth and Transparency in Pregnancy Counseling Centers, H-420.954
10. Res. 021 - Expanding the Definition of Iatrogenic Infertility to Include Gender Affirming Interventions
11. Res. 101 - Piloting the Use of Financial Incentives to Reduce Unnecessary Emergency Room Visits
12. Res. 102 - Bundling Physician Fees with Hospital Fees
13. Res. 103 - COBRA for College Students
14. Res. 104 - Medicaid Tax Benefits
15. Res. 107 - Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance
16. Res. 108 - Implant Associated Anaplastic Large Cell Lymphoma
17. Res. 109 - Support for Universal Internet Access
18. Res. 110 - Healthcare Marketplace Plan Selection
19. Res. 113 - Support for Universal Internet Access
20. Res. 114 - Reimbursement of School-Based Health Centers
21. Res. 115 - Federal Health Insurance Funding and Co-Payments for People Experiencing Incarceration
22. Res. 117 - Addressing Healthcare Accessibility for Current and Aged-Out Youth in the Foster Care System
23. Res. 118 - Contracted Health Plans Must Apply the Same Level of Benefits Concerning Patient
24. Res. 119 - Caps on Insulin Copayments with Insurance
25. Res. 120 - Postpartum Maternal Healthcare Coverage Under Children's Insurance
26. Res. 204 - Insurers and Vertical Integration

27. Res. 205 - Protection of Peer-Review Process
28. Res. 208 - Increasing Residency Positions for Primary Care
29. Res. 209 - Making State Health Care Cost Containment Council Datasets Free of Cost and Readily Available for Academic Research
30. Res. 211 - Permitting the Dispensing of Stock Medications for Post Discharge Patient Use and the Safe Use of Multi-Dose Medications for Multiple Patients
31. Res. 214 - Status of Immigration Laws, Rules, and Legislation During National Crises and Addressing Immigrant Health Disparities
32. Res. 220 - Equal Access to Adoption for the LGBTQ Community
33. Res. 221 - Support for Mental Health Courts
34. Res. 222 - Advocating for the Amendment of Chronic Nuisance Ordinances
35. Res. 223 - Supporting Collection of Data on Medical Repatriation
36. Res. 224 - Using X-Ray and Dental Records for Assessing Immigrant Age
37. Res. 225 - Insurance Coverage Transparency
38. Res. 231 - Increasing Access to Menstrual Hygiene Products
39. Res. 301 - Medical Education Debt Cancellation in the Face of a Physician Shortage During the COVID-19 Pandemic
40. Res. 302 - Non-Physician Post-Graduate Medical Training
41. Res. 306 - Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training
42. Res. 307 - Updating Current Wellness Policies and Improving Implementation
43. Res. 315 - Representation of Dermatological Pathologies in Varying Skin Tones
44. Res. 316 - Improving Support and Access for Medical Students with Disabilities
45. Res. 405 - Traumatic Brain Injury and Access to Firearms
46. Res. 408 - Screening for HPV-Related Anal Cancer
47. Res. 416 - Expansion on Comprehensive Sexual Health Education
48. Res. 418 - Reducing Disparities in HIV Incidence Through Pre-Exposure Prophylaxis (PrEP) for HIV
49. Res. 419 - Student-Centered Approaches for Reforming School Disciplinary Policies
50. Res. 501 - Ensuring Correct Drug Dispensing
51. Res. 502 - Scientific Studies Which Support Legislative Agendas
52. Res. 504 - Healthy Air Quality
53. Res. 505 - Personal Care Product Safety
54. Res. 506 - Wireless Devices and Cell Tower Health and Safety
55. Res. 603 - AMA Urges Health and Life Insurers to Divest from Investments in Fossil Fuels
56. Res. 607 - Support for Texas-CARES Program
57. Res. 701 - Physician Burnout is an OSHA Issue
58. Res. 703 - Employed Physician Contracts
59. Res. 708 - Medicare Advantage Record Requests
60. Res. 709 - Insurance Promotion of Preventive Care Services via Incentive-Based Programs
61. Res. 710 - Step-Edit Therapy Contributes to Denial of Care and Has Not Demonstrated Improved Patient Outcomes or Overall Cost Savings

Resolutions Not Meeting the Priority Threshold but Have Been Extracted

1. Res. 011 - Truth, Reconciliation and Healing in Medicine and Medical Education
2. Res. 013 - Combatting Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism
3. Res. 014 - Supporting the Study of Reparations as a Means to Reduce Racial Inequalities
4. Res. 106 - Socioeconomics of CT Coronary Calcium: Is it Scored or Ignored?
5. Res. 111 - Towards Prevention of Hearing-Loss Associated Cognitive Impairment
6. Res. 112 - Fertility Preservation Benefits for Active-Duty Military Personnel
7. Res. 116 - Caps on Insulin Co-Payments for Patients with Insurance
8. Res. 202 - Prohibit Ghost Guns
9. Res. 203 - Ban the Gay/Trans (LGBTQ+) Panic Defense
10. Res. 207 - Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education
11. Res. 303 - Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Initiating a Process Enabling Them to Take the USMLE
12. Res. 312 - AMA Support for Increased Funding for the American Board of Preventive Medicine Residency Programs
13. Res. 313 - Fatigue Mitigation Respite for Faculty and Residents
14. Res. 317 - Medical Honor Society Inequities and Reform
15. Res. 404 - Support for Safe and Equitable Access to Voting
16. Res. 409 - Weapons in Correctional Healthcare Settings
17. Res. 412 - Addressing Maternal Discrimination and Support for Flexible Family Leave
18. Res. 507 - Evidence-Based Deferral Periods for MSM Donors for Blood, Corneas and Other Tissues
19. Res. 604 - Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis
20. Res. 605 - Amending G-630.140, Lodging, Meeting Venues and Social Functions
21. Res. 606 - AMA Funding of Political Candidates who Oppose Research-Backed Firearm Regulations
22. Res. 704 - Eliminating Claims Data for Measuring Physician and Hospital Quality
23. Res. 705 - Improving the Prior Authorization Process

Appendix – Extraction Statements and Resolution Committee Assessments

The Resolution Committee evaluated each resolution using the following scale based on the prioritization matrix, with higher scores meaning higher priority:

5 - Top Priority Resolution: One of the very most important resolutions
4 - High Priority Resolution: Important Issue but not a top priority
3 - Medium Priority Resolution: Somewhat important issue, medium priority
2 - Low Priority Resolution: Lower priority issue, there is likely little impact
1 - Not a Priority Resolution: This is not a priority at this time

Each extracted resolution is listed below along with the original author's rank (i.e. its rank among the number of resolutions submitted by that same delegate, delegation or section), the extraction statement from the delegate that requested the extraction, followed by the Resolution Committee's average priority score and any comments from AMA staff.

Note: Extraction statements and comments were limited to 150 words.

Resolution 011, Truth, Reconciliation and Healing in Medicine and Medical Education
Original author's rank: 1 out of 1
Extracted by: Luis E. Seija, MD, Delegate, Minority Affairs Section

Extraction statement: Last month, the AMA committed itself to "fostering pathways for truth, racial healing, reconciliation and transformation for AMA's past by accounting for how policies and processes excluded, discriminated and harmed communities, and by amplifying and integrating the narratives of historically marginalized physicians and patients."

Dr. Harmon also reinforced that fulfilling our AMA's mission "requires us, as an organization and as a profession, to recognize past harms and take meaningful steps to correct them" and "humble enough to admit we don't know everything but committed to finding out." Moreover, "it requires us to learn, to understand, and to help lead through new partnerships and alliances."

Critical examination of our organization's past is inextricably linked to our growth today. A combined task force focused on restorative justice is a concrete and actionable step in achieving optimal health for all.

If equity is on the docket, Res. 011 should be, too.

Resolution Committee score: 2.69 (2 = low priority)

Resolution 013, Combatting Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism
Original author's rank: 18 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: When this priority statement was written only two states had adopted laws combatting natural hair discrimination and cultural headwear in the workplace. As of now, 12 states have passed laws called *Creat(ing) A Respectful and Open World for Natural Hair (CROWN)*. Within medical schools, residencies, and hospital settings, professionalism guidelines are euro-centric and penalize non-

euro-centric phenotypic features being displayed in the healthcare setting, leading to decreased job satisfaction and increased burnout for already marginalized and underrepresented groups**.**

Current AMA and federal policy does not recognize guidelines that discriminate against natural hairstyles and cultural headwear as workplace discrimination. However, targeted hairstyles and/or headwear are known proxies for racial, ethnic, religious, and/or sexual minority groups and thereby should be protected by Title VII of The Civil Rights Act. Our AMA can be a leader in setting standards that will make healthcare more welcoming and open to all.

Resolution Committee score: 2.62 (2 = low priority)

Resolution 014, Supporting the Study of Reparations as a Means to Reduce Racial Inequalities
Original author's rank: 19 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: Resolution 014 is timely with pending legislative discussion and due to our AMA's movement over the past year toward redressing our contributions to medical racism for decades. This resolution asks the AMA to **study** mechanisms of economic and healthcare reparations, **a necessary, vital next step if the AMA truly intends to advance racial justice in medicine**. This issue is also urgent, given that **legislation regarding studying reparations has been introduced** at federal (including House Resolution 40 "Commission to Study Reparation Proposals for African Americans Act"), state, and local levels, making now an ideal time for the AMA to take action. This resolution **gives our AMA the opportunity to lend a powerful voice, at an extremely timely and important juncture,** towards true health equity through the **study of the feasibility of reparations** and their potential to contribute to **undoing the deep health disparities that hold our nation back**.

Resolution Committee score: 2.48 (2 = low priority)

Resolution 106, Socioeconomics of CT Coronary Calcium: Is it Scored or Ignored?
Original author's rank: 2 out of 2
Extracted by: Kim Williams, MD, Delegate, American College of Cardiology

Extraction statement: Ethnic inequities in healthcare remain, particularly in cardiovascular disease. Coronary artery calcium scoring (CACS) is often not available in hospitals located in medically underserved areas with a greater population of poor, Black residents with a high cardiovascular mortality. (*Ikram M, et al. Who Gets Scored and Who Gets Ignored? Socioeconomics, Availability and Pricing of Coronary Artery Calcium Scoring. J Am Coll Cardiol 2021 May Vol. 77 Issue No. 18_Supplement_1 pp 1465-1465.*)

We request AMA's help in making CACS available to all, through insurance regulatory policy or legislation, as it currently is in the state of Texas. This aligns with the AMA mission to help eliminate health care disparities.

Resolution Committee score: 2.02 (2 = Low priority)
Comments: CMS Report 6-A-19 provides a detailed analysis of why certain valuable health care services qualify for federally mandated zero-dollar coverage and others do not. Before a service is mandated as a zero-dollar benefit in accordance with the ACA, it must be recommended by one of the ACA-designated expert organizations based on their review of the scientific evidence. Policy H-425.997 supports insurance coverage for evidence-based, cost-effective preventive services. Policy H-165.856 states that

benefit mandates should be minimized to allow markets to determine benefit packages and permit a wide choice of coverage options.

Based on the analysis recently performed by CMS in CMS Report 6-A-19, this resolution is reaffirmation of current policy with little to no change.

Resolution 111, Towards Prevention of Hearing-Loss Associated Cognitive Impairment
Original author's rank: 2 out of 2
Extracted by: Louise Andrew, MD, Delegate, Senior Physicians Section

Extraction statement: Unaddressed hearing loss has a disproportionately negative impact on minoritized and marginalized populations, a top Priority of our AMA.

Population-wide, unaddressed hearing loss is the single MOST significant (9%) remediable cause of later cognitive decline. There is a steep (>$100B) societal cost in later dementia, for every year that hearing loss is NOT effectively addressed.

AMA has not broached the connection between hearing loss and cognitive decline, nor the importance of preventive hearing screening and remediation at MIDlife.

Pending Congressional bills add urgency, one requiring immediate advocacy to assure proper study, with a January 1, 2022 enactment deadline. The second cuts physician input into hearing remediation. Neither bill yet addresses the criticality of MIDlife hearing.

Our AMA has a unique opportunity for upstreamist leadership, advancing awareness of a humane, cost-effective and equitable approach to reducing cognitive decline.

Timely action is essential.

Resolution Committee score: 1.97 (1 = not a priority at this time)
Comments: AMA policy addresses the issues raised in Resolution 111. Policy H-185.929 supports coverage of hearing loss tests and also policies that increase access to hearing aids, other technologies, and services that alleviate hearing loss and its consequences. Additionally, this topic was addressed by the Council on Medical Service in 2015 (Council Report 6-I-15) and was discussed by House of Delegates most recently at the 2019 Annual Meeting when additional policy was adopted.

Resolution 112, Fertility Preservation Benefits for Active-Duty Military Personnel
Original author's rank: 5 out of 5
Extracted by: Albert Hsu, MD, Delegate, American Society for Reproductive Medicine

Extraction statement: American Society for Reproductive Medicine (ASRM) is actively working on legislation (no bill number yet) in this Congress on the important issue of fertility preservation benefits for active-duty military personnel, and it would be helpful to have supportive AMA policy for these efforts.

Resolution Committee score: 1.76 (1 = not a priority at this time)
Comments: Resolution 112 is addressed by current AMA policy, and by the Council on Medical Service in 2016 (Council Report 1-I-16). Policy H-510.984 supports efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and provide

treatment within the standard of care to address infertility due to service-related injuries; and encourages the DOD to offer service members fertility counseling and information on relevant health care benefits provided through TRICARE and the VA at pre-deployment and during the medical discharge process.

Resolution 116, Caps on Insulin Co-Payments for Patients with Insurance
Original author's rank: 25 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: Federal and state action on this topic is imminent. While CMS agreed to instate insulin copayment caps at $35 per month for Medicare Part D plans starting this year, Congressional action on instating patient protections for the cost of insulin is pending. Colorado was the first to cap insulin copayments in 2019, followed by another 10 states capping at various amounts in 2020. **Another 30 states are considering legislation this year**, with states such as Texas successfully enacting related bills. Many of these laws only apply to certain segments of the insurance market. Given the **federal and state momentum** on this issue ongoing at the current juncture, our AMA must support these efforts to include as many plans as possible in federal and state legislation, to ensure consistency in insulin affordability in states across the nation, and expand access to this essential medication for our patients.

Resolution Committee score: 1.87 (1 = not a priority at this time)
Comments: Resolution 116 is addressed by current AMA policy, and by the Council on Medical Service in 2018 (Council Report 7-A-18). Policy H-155.960 stipulates that consideration should be given by health plans to tailor cost-sharing requirements to patient income and other factors known to impact compliance. Similarly, Policy H-110.990 states that cost-sharing requirements for prescription drugs should be based on considerations such as the unit cost of medication, availability of therapeutic alternatives, medical condition being treated, personal income, and other factors known to affect patient compliance. Policy H-125.977 advocates for economic assistance, including coupons and other discounts for patients, whether they are enrolled in government health insurance programs, enrolled in commercial insurance plans, or are uninsured. Policy H-110.986 supports value-based pricing for pharmaceuticals.

Resolution 202, Prohibit Ghost Guns
Original author's rank: 15 out of 15
Extracted by: Leanna Knight, Regional Medical Student Delegate, New York

Extraction statement: This resolution is highest priority for action at this HOD for the following reasons:

The AMA stated that firearm safety is a public health crisis, and has passed many policies to support firearm safety. Violence in the US, particularly gun violence, is rising at dramatic rates over the last 2 years. Ghost guns are increasingly being used in violent crimes, because those who should not own a firearm, avoid background checks and other safeguards to obtain these firearms. Purchase of ghost guns almost always involves a process that crosses state lines- a federal legislative solution is the best one to address this issue. This resolution would expand policy on firearm safety and will cover a critical gap in policy that must be addressed as soon as possible.

Several state legislatures are now considering bills on ghost guns, timely AMA policy now is critical and would positively impact these bills.

Resolution Committee score:1.97 (1 = not a priority at this time)
Comments: Although the resolve uses the word weapons, this resolution is specific to "ghost guns" i.e., homemade firearms. The AMA already has strong and clear policy including Firearm Availability

H-145.996, which would apply to all firearm purchasers and registration. As such, the AMA has current policy specifically on point and thus, this resolution is already actively being worked on.

Resolution 203, Ban the Gay/Trans (LGBTQ+) Panic Defense
Original author's rank: 5 out of 15
Extracted by: Leanna Knight, Regional Medical Student Delegate, New York

Extraction statement: While the resolution focuses on anti-LGBTQ+ violence, the resolution speaks for the entire LGBTQ+ community. The AMA has policies to support LGBTQ+ people who face inequities, but does not have policy specifically in relation to the unacceptable LGBTQ+ defense. This resolution when passed will fill a policy gap. 59% of the LGBTQ+ population live in states that do not prohibit such legal defenses. When considering the impact and prioritization of this resolution we argue that the entire LGBTQ+ population is affected by living with the threat of identity based harassment or violence and no community should live in fear. LGBTQ+ people are under attack by multiple state legislatures. LGBTQ+ people are less likely to see their docs because they feel unheard and unseen. This resolution should be seen as high priority-an opportunity to address identity based violence and to show patients that physicians in the AMA are allies.

Resolution Committee score: 1.87 (1 = not a priority at this time)

Resolution 207, Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education
Original author's rank: 7 out of 12
Extracted by: Christopher Libby, MD, Delegate, Resident and Fellow Section

Extraction statement: Physicians must retain our ability to self-regulate and assessing our blind spots is critically important to this end, particularly in our Scope of Practice offensive. Data from the requested study would save us from a potentially embarrassing PR nightmare – an outing of In-Name-Only Physician Supervision of allied health workers.

The pandemic has worsened the scope creep of non-physician coverage of hospital services which increasingly limits educational training opportunities for residents and students. It is time to get ahead of and reverse this trend on all fronts for trainees, for our patients, and for the sanctity of our profession. Thank you.

Resolution Committee score: 1.97 (1 = not a priority at this time)

Resolution 303, Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Initiating a Process Enabling Them to Take the USMLE
Original author's rank: 1 out of 1
Extracted by: Michael Aronow, MD, Delegate, American Orthopaedic Foot and Ankle Society

Extraction statement: AMA policy maintains that the term physician should be reserved for MDs and DOs. However, other health care providers including podiatrists, optometrists, chiropractors, and dentists have been designated as physicians by Medicare and a majority of States. We believe that any podiatrist who wants to be called a physician should pass all three parts of the USMLE, and receive education, residency training, and board certification that meets standards comparable to those of the LCME, ACGME, and the AMBS. If podiatry is willing to attempt to meet these standards, we believe that they

should be given the opportunity to succeed or fail, and demand that other non-physician health care providers do the same. If our AMA feels that the study requested in this resolution study is not the best path towards deciding whether or not to support this process, our AMA should make it a priority to find another way.

Resolution Committee score: 1.92 (1 = not a priority at this time)

Resolution 312, AMA Support for Increased Funding for the American Board of Preventive Medicine Residency Programs
Original author's rank: 1 out of 1
Extracted by: Al Osbahr, MD, Delegate, American College of Occupational and Environmental Medicine

Extraction statement: I am a delegate from ACOEM and current chair of AMA Section Council of Preventive Medicine. We ask to extract resolution 312 from the resolution committee report. It is expedient that the AMA work to improve funding for the established preventive medicine/public health residencies. They need funding to survive. The funding sources for residencies are budgeting now. Lack of AMA advocacy here can mean inadequate funding and possibly losses of public health residency slots and effectively damaging crucial development of future public health physician leaders. Postponing funding means no increased monies until possibly 2023. This delay could be devastating to our nation's public health. It is now that we need public health leadership cultivated in residency programs. This Leadership was sorely needed during the pandemic. We implore the AMA House of Delegates to reconsider support for resolution 312.

Resolution Committee score: 2.58 (2 = low priority)

Resolution 313, Fatigue Mitigation Respite for Faculty and Residents
Original author's rank: 2 out of 2
Extracted by: Josephine Nguyen, MD, Delegate, Women Physicians Section

Extraction statement: It is critically important that our AMA promulgate education regarding critical importance of self-care and fatigue mitigation and physician health and well-being, especially to prepare our workforce during the current pandemic and for future pandemics. Fatigue mitigation plans are vitally important to trainee health and well being and are essential when trainees are required to work extended shifts that may make it unsafe to drive home. Having either a quiet place to nap at work or an alternative means of transportation home is therefore vitally important. This item is urgent and timely given the many demands that the pandemic has made upon faculty and trainees in the past year.

Resolution Committee score: 2.71 (2 = low priority)

Resolution 317, Medical Honor Society Inequities and Reform
Original author's rank: 3 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: Over the last year, many schools have either drastically reformed their selection criteria for AOA and the Gold Humanism Honor Society or ended AOA selection. The vast majority of schools have not, but will begin discussing reforms **this academic year** in response to national pressure. But no consensus exists on the best way forward. The Coalition for Physician Accountability recommended in their late April report that medical education should prioritize "exploring" bias in honor

society selection, specifically listing AOA and GHHS, and honor society filters in residency application. However, the **release of the report is not the end**--CPA's constituent organizations, including AMA, must now help implement those recommendations. **Since AMA CME will need several months to study this issue comprehensively, we need to pass this resolution now.** That will ensure that their expert recommendations are well-timed to **support schools discussing reforms this fall and winter, for selection next spring.**

Resolution Committee score: 2.35 (2 = low priority)

Resolution 404, Support for Safe and Equitable Access to Voting
Original author's rank: 2 out of 12
Extracted by: Christopher Libby, MD, Delegate, Resident and Fellow Section

Extraction statement: Even if you do not support the content of this resolution, please acknowledge that it is relevant, timely, and deserving of open discussion by voting to include it in HOD business. AMA policy 225.952 asserts that "Our AMA supports the unfettered right of a physician to exercise his/her personal and professional judgment in voting…"

Although we are optimistic, we cannot be confident COVID-19 or other epidemics will remain controlled this Fall and could once again severely restrict voting. As local, state, and national elections take place over the next few months, it is essential our national voting system remains robust and resilient. It is an important and urgent civic duty to support measures that ensure our colleagues and patients do not have to risk their health and safety when voting. Please cast your "unfettered" vote to hear the pros and cons of this important discussion.

Resolution Committee score: 2.73 (2 = low priority)

Resolution 409, Weapons in Correctional Healthcare Settings
Original author's rank: 1 out of 1
Extracted by: Kenneth Certa, MD, Delegate, American Psychiatric Association

Extraction statement: The Section Council on Psychiatry requests that Resolution 409 be considered at this meeting. Policy is being made now. We need to stop this before it is implemented widely.

- This resolution asks to eliminate any mandate for physicians (not correctional or law enforcement officers or staff) to carry weapons. Physicians are already exempted from carrying lethal weapons such as firearms.
- The Bureau of Prisons has indicated that the mandate to carry batons is a pilot and being evaluated. Ending an active policy is difficult; that's why it's critical to address this issue in the planning/trial stage.
- This could irrevocably harm the physician-patient therapeutic alliance.
- This is not related to police reform. It is focused on preserving the physicians' role as healer regardless of the treatment setting.
- This would not stop a willing physician from choosing to carry a weapon.

Resolution Committee score: 2.39 (2 = low priority)

Resolution 412, Addressing Maternal Discrimination and Support for Flexible Parental Leave
Original author's rank: 1 out of 2
Extracted by: Josephine Nguyen, MD, Delegate, Women Physicians Section

Extraction statement: The U.S. Bureau of Labor Statistics data shows that four times as many women dropped out of the labor force in September of 2020 compared to men (865,000 women compared to 216,000 men). The number of women leaving their jobs started to significantly increase around August 2020, right before the school semester started. Since physicians were excluded from the Family First Coronavirus Response Act, some physicians had no choice but to work part time or take unpaid leaves to ensure proper childcare and home schooling. Pandemic-related unpaid leaves have set many women back financially and professionally. Without policies that call for work equity and flexibility for those caring for children, gender equity will never be achieved. Because the pandemic is ongoing, this resolution is extremely urgent and timely. We encourage the AMA to support this resolution so that parents, especially women physicians, can have both careers and families.

Resolution Committee score: 2.68 (2 = low priority)

Resolution 507, Evidence-Based Deferral Periods for MSM Donors of Blood, Corneas and Other Tissues
Original author's rank: 1 out of 1
Extracted by: Lynn Parry, MD, Delegate, Colorado

Extraction statement: If the AMA is intent on matching action to words, Resolution 507 is a top priority, as it fills gaps in AMA policy regarding a discriminatory FDA policy unsupported by evidence. AMA has spoken repeatedly for evidence-based guidelines for MSM blood donation, yet current AMA policy regarding MSM corneal or tissue donation is ineffective.

This resolution is consistent with AMA's strategic plan. It is especially timely, as the MSM tissue ban deprives approximately 3200 patients of vision-restoring surgery annually. Correcting AMA policy on this issue would send a powerful message that AMA opposes structural barriers and unequivocally supports diversity, equity, and inclusion.

Since the MSM tissue ban is classified as regulatory guidance (not an official regulation), it could be updated with relative bureaucratic ease. Any further delay in AMA advocacy would leave thousands of patients blind, while allowing inequitable health policy against the LGBTQ community to endure.

Resolution Committee score: 2.58 (2 = low priority)

Resolution 604, Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis
Original author's rank: 1 out of 1
Extracted by: Jerry Abraham, MD, Delegate, California

Extraction statement: COVID-19 has shown how critical physician leadership is to building the social will for translating our best available science into coordinated and urgent evidence-based public health measures. The National Academy of Medicine (NAM) announced a new Grand Challenge on Climate Change and Human Health in October 2020. NAM is engaging with key leaders in the Biden Administration, including the newly established White House National Climate Advisor and the new HHS office of Climate Change and Health Equity to be led by a Senior Advisor to Secretary Becerra.

Our AMA has only 7 disparate policies on climate and does not have any dedicated staff organizing physician leadership to engage in these pivotal conversations on this time-sensitive public health crisis. The Biden Administration has identified the climate crisis as one of the top 4 issue priorities and we're not prepared.

Resolution Committee score: 2.44 (2 = low priority)
Comments: Without questioning the matter of climate change or its possible health effects, it remains unclear whether the establishment of a center is urgently required or should be at our AMA, particularly at a cost of $7.2 million. Many other organizations have the expertise necessary for near-term study of the issues.

Resolution 605, Amending G-630.140, Lodging, Meeting Venues and Social Functions
Original author's rank: 44 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: We understand and fully support the intention of G-630.140 in ensuring that our financial contributions and publicity align with our organizational values. However, the policy as written has been very detrimental to student recruitment and engagement. Given the significant time and financial constraints of medical students, the ability to hold regional meetings in accessible locations is critical to both our membership and advocacy efforts. Several regions within the Medical Student Section are unable to hold in-person meetings in a majority of their member states. With the resumption of in-person meetings in the upcoming year, amending this policy now is necessary to allow these medical students to meet in an accessible location.

Resolution Committee score: 2.0 (2 = low priority)

Resolution 606, AMA Funding of Political Candidates who Oppose Research-Backed Firearm Regulations
Original author's rank: 35 out of 44
Extracted by: Pauline Huynh, Delegate, Medical Student Section

Extraction statement: According to the gun violence archive, 19,000 individuals have died due to firearms and 260 mass shootings have occurred in 2021. Emergence from the pandemic has coincided with an increase in gun violence. Historically, the AMA has endorsed a strong public health based approach to firearm regulation with several existing policies that strongly advocate for firearm safety and bans on automatic weapons (H-145.997, H-145.996, H-145.985), but groups that oppose these measures regularly make donations to political candidates. As a PAC affiliated organization that regularly supports political candidates, it is incumbent upon us to encourage candidates not to accept donations from groups opposing public health measures we support. This resolution was originally to be submitted at annual 2020, and received extensive feedback and updates from advocacy and various sections of the AMA. Now is the time for it to be brought to the floor.

Resolution Committee score: 2.24 (2 = low priority)

Resolution 704, Eliminating Claims Data for Measuring Physician and Hospital Quality
Original author's rank: 1 out of 2
Extracted by: Jay Gregory, MD, Delegate, Oklahoma

Extraction statement: Resolution 704 should be a "High Priority" resolution and discussed by the HOD. Claims data is currently generated by hospital coders with no knowledge of the true quality of care delivered during a patient's episode of care. As we speak, this data is being used to rank physicians and hospitals and reported to the public. It may be used currently or in the future in payment models for physicians. Yes, there is existing policy on this subject, but what we have done in the past has not changed the course of the debate. I would ask for the indulgence of the House to allow this discussion to be heard in order for our AMA to change our tactics and present the information to the new administration in yet another attempt to correct the injustice of the use of claims data in place of true outcomes data.

Resolution Committee score: 2.34 (2 = low priority)
Comments: The AMA has significant policy on quality measurement and its use. H-450.947 states performance measures must be subject to the best-available risk-adjustment for patient severity of illness. Policy H-450.966 urges national medical specialty societies and state medical associations to participate in efforts to develop, implement, and evaluate quality and performance standards and measures. Policy H-406.988 urges insurance companies to not use claims or other administrative data as the sole determinant of quality of care rendered or physician payment.

Importantly, outright opposing the use of claims data is short-sighted. There may be a time when claims data is richer and physicians agree with some measures.

Finally, the issue of administrative claims measures is an area in which the AMA is very active. For example, in its 2021 MPFS/QPP proposed rule comments, the AMA raised extensive concerns with administrative claims measures. The AMA engages tirelessly with stakeholders and administrations on this issue.

Resolution 705, Improving the Prior Authorization Process
Original author's rank: 1 out of 1
Extracted by: Michael Hamant, MD, Delegate, Arizona

Extraction statement: The resolution is timely and pertinent to physician's practices as prior authorization has become increasingly onerous.

The resolution demands transparency in the prior authorization process so that at the time of prescription denial, information is given to the prescriber so that the prior authorization process can be entirely avoided, saving the practice time, and avoiding therapeutic delay for the patient.

Resolution Committee score: 2.18 (2 = low priority)
Comments: Recognizing that prior authorization continues to burden patients and their physicians, the AMA is deeply committed to on-going advocacy based on strong policy that addresses the concerns raised by this Resolution and the PacWest Conference. Prior Authorization and Utilization Management Principle 11 states that all utilization review denials should provide the plan's covered alternative treatment and detail the provider's appeal rights. Policy H-320.939 supports continued widespread prior authorization advocacy, including promotion and/or adoption of the Prior Authorization and Utilization Management Reform Principles and AMA model legislation. Policy H-125.979 supports enabling physicians to receive accurate, real-time formulary data at the point of prescribing. Policy D-110.987

supports improved transparency of PBM operations, including that patient-specific formulary information be available to patients and to prescribers at the point-of-care in EHRs.