

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its June 2021 Special Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (J21 Special Meeting)

Report of Reference Committee D

Joshua M. Cohen, MD, MPH, Chair

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

2

3 **RECOMMENDED FOR ADOPTION**

4

5 1. Board of Trustees Report 15 – Removing the Sex Designation from the Public
6 Portion of the Birth Certificate

7 2. Council on Science and Public Health Report 1 – Council on Science and Public
8 Health Sunset Review of 2011 House Policies

9 3. Resolution 417 – Amendment to Food Environments and Challenges Accessing
10 Healthy Food, H-150.925

11

12 **RECOMMENDED FOR ADOPTION AS AMENDED**

13

14 4. Board of Trustees Report 10 – Protester Protections

15 5. Board of Trustees Report 16 – Follow-up on Abnormal Medical Test Findings

16 6. Council on Science and Public Health Report 3 – Addressing Increases in Youth
17 Suicide

18 7. Resolution 406 – Attacking Disparities in Covid-19 Underlying Health Conditions

19 8. Resolution 407 – Impact of SARS-CoV-2 Pandemic on Post-Acute Care Services
20 and Long-Term Care and Residential Facilities

21 9. Resolution 411 – Ongoing Use of Masks by and Among High-Risk Individuals to
22 Reduce the Risk of Spread of Respiratory Pathogens

23 10. Resolution 414 – Call for Improved Personal Protective Equipment Design and
24 Fitting

25 11. Resolution 415 – Amending H-440.847 to Call for National Government and States
26 to Maintain Personal Protective Equipment and Medical Supply Stockpiles

27 12. Resolution 421 – Medical Misinformation in the Age of Social Media

28

29 **RECOMMENDED FOR ADOPTION IN LIEU OF**

30

31 13. Resolution 402 – Modernization and Standardization of Public Health Surveillance
32 Systems

33 14. Resolution 410 – Ensuring Adequate Health Care Resources to Address the Long
34 COVID Crisis

35 15. Resolution 413 – Call for Increased Funding and Research for Post Viral Syndromes

36 15. Resolution 420 – Impact of Social Networking Services on the Health of Adolescents

1
2 **RECOMMENDED FOR REFERRAL**
3

4 16. Resolution 401 – Universal Access for Essential Public Health Services
5

6 **RECOMMENDED FOR REFERRAL FOR DECISION**
7

8 17. Resolution 403 – Confronting Obesity as a Key Contributor to Maternal Mortality,
9 Racial Disparity, Death from Covid-19, Unaffordable Health Care Cost while
10 Restoring Health in America

11
12 *For Council on Science and Public Health Report 3, Resolution 415, and Resolution
13 421, the double underline and double strikethrough that are traditional format for
14 indicating amendments from the Reference Committee are difficult to discern.
15 Therefore, the Reference Committee has also highlighted these **additions in yellow**.

Amendments

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

1 RECOMMENDED FOR ADOPTION

2

3 (1) BOARD OF TRUSTEES REPORT 15 – REMOVING THE
4 SEX DESIGNATION FROM THE PUBLIC PORTION OF
5 THE BIRTH CERTIFICATE

6

7 **RECOMMENDATION:**

8

9 **Recommendation in Board of Trustees Report 15 be
10 adopted and the rest of the report be filed.**

11

12 **HOD ACTION: Recommendation in Board of Trustees
13 Report 15 adopted and the rest of the report filed.**

14

15 The Board of Trustees recommends that the following be adopted in lieu of Resolution 5-I-19
16 and the remainder of this report be filed.

17

18 Our American Medical Association will advocate for the removal of sex as a legal designation
19 on the public portion of the birth certificate, recognizing that information on an individual's sex
20 designation at birth will still be submitted through the U.S. Standard Certificate of Live Birth
21 for medical, public health, and statistical use only. (Directive to Take Action).

22

23 Your Reference Committee heard testimony in strong support of Board of Trustees Report
24 15. It was acknowledged that this recommendation will help prevent discrimination and will be
25 life-changing for many people, while maintaining our nation's vital statistics for public health
26 and research purposes. Therefore, your Reference Committee recommends that Board of
27 Trustees Report 15 be adopted.

28

29 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
30 1 – COUNCIL ON SCIENCE AND PUBLIC HEALTH
31 SUNSET REVIEW OF 2011 HOUSE POLICIES

32

33 **RECOMMENDATION:**

34

35 **Recommendation in Council on Science and Public
36 Health Report 1 be adopted and the remainder of the
37 report be filed.**

38

39 **HOD ACTION: Recommendation in Council on
40 Science and Public Health Report 1 adopted and the
41 remainder of the report filed.**

42

43 The Council on Science and Public Health recommends that the House of Delegates policies
44 listed in the appendix to this report be acted upon in the manner indicated and the remainder
45 of this report be filed. (Directive to Take Action)

46

47 Your Reference Committee heard no testimony in opposition to the CSAPH 1. Therefore, your
48 Reference Committee recommends that Council on Science and Public Health Report 1 be
49 adopted.

1 (3) RESOLUTION 417 – AMENDMENT TO FOOD
2 ENVIRONMENTS AND CHALLENGES ACCESSING
3 HEALTHY FOOD, H-150.925

4
5 **RECOMMENDATION:**

6
7 **Resolution 417 be adopted.**

8
9 **HOD ACTION: Resolution 417 adopted.**

10
11 RESOLVED, That our AMA amend policy H-150.925, Food Environments and Challenges
12 Accessing Healthy Food by insertion and deletion as follows:

13
14 **Food Environments and Challenges Accessing Healthy Food H-150.925**
15 Our AMA (1) encourages the U.S. Department of Agriculture and appropriate
16 stakeholders to study the national prevalence, impact, and solutions to ~~the problems~~
17 ~~of food mirages, food swamps, and food oases as food environments distinct from~~
18 ~~food deserts~~ challenges accessing healthy affordable food, including, but not limited
19 to, food environments like food mirages, food swamps, and food deserts; and (2)
20 recognize that food access inequalities are a major contributor to health inequities,
21 disproportionately affecting marginalized communities and people of color; and (3)
22 support policy promoting community-based initiatives that empower resident
23 businesses, create economic opportunities, and support sustainable local food supply
24 chains to increase access to affordable healthy food. (Modify Current HOD Policy)

25
26 Your Reference Committee heard limited, but supportive testimony on Resolution 417. It was
27 noted that the COVID-19 pandemic in particular highlights our nation's problems with food
28 insecurity. Addressing inequities as well as the economic barriers to food access is necessary
29 to solve this public health problem and achieve proper nutrition at all life stages. Your
30 Reference Committee agrees and, therefore, recommends that Resolution 417 be adopted.

1 RECOMMENDED FOR ADOPTION AS AMENDED

2

3 (4) BOARD OF TRUSTEES REPORT 10 – PROTESTER
4 PROTECTIONS

5

6 RECOMMENDATION A:

7

8 Recommendation in Board of Trustees Report 10 be
9 amended by deletion to read as follows:

10

11 **Less-Lethal Weapons and Crowd Control**
12 Our American Medical Association (1) supports
13 prohibiting the use of rubber bullets, including rubber
14 or plastic-coated metal bullets and those with
15 composites of metal and plastic, by law enforcement for
16 the purposes of crowd control and management in the
17 United States; (2) supports prohibiting the use of
18 chemical irritants and kinetic impact projectiles to
19 control peaceful crowds that do not pose an immediate
20 threat; (3) recommends that law enforcement agencies
21 have in place specific guidelines, rigorous training, and
22 an accountability system, including the collection and
23 reporting of data on injuries, for the use of kinetic
24 impact projectiles and chemical irritants; (4)
25 encourages guidelines on the use of kinetic impact
26 projectiles and chemical irritants to include
27 considerations such as the proximity of non-violent
28 individuals and bystanders; for kinetic impact
29 projectiles, a safe shooting distance and avoidance of
30 vital organs (head, neck, chest, and abdomen), and for
31 all less-lethal weapons, the issuance of a warning
32 followed by sufficient time for compliance with the
33 order prior to discharge; (5) recommends that law
34 enforcement personnel use appropriate de-escalation
35 techniques to minimize the risk of violence in crowd
36 control and provide transparency about less-lethal
37 weapons in use and the criteria for their use; and (6)
38 encourages relevant stakeholders including, but not
39 limited to manufacturers and government agencies to
40 develop and test crowd-control techniques which pose
41 a more limited risk of physical harm. (New HOD Policy)

42

43

44 RECOMMENDATION B:

45 Board of Trustees Report be adopted as amended and
46 the remainder of the report be filed.

47
48

HOD ACTION: Board of Trustees Report 10
adopted as amended and the remainder of the
report filed.

The Board of Trustees recommends that the following be adopted in lieu of Resolution 409, November 2020 Special Meeting, and the remainder of this report be filed.

Less-Lethal Weapons and Crowd Control

Our American Medical Association (1) supports prohibiting the use of rubber bullets, including rubber or plastic-coated metal bullets and those with composites of metal and plastic, by law enforcement for the purposes of crowd control and management in the United States; (2) supports prohibiting the use of chemical irritants and kinetic impact projectiles to control peaceful crowds that do not pose an immediate threat; (3) recommends that law enforcement agencies have in place specific guidelines, rigorous training, and an accountability system, including the collection and reporting of data on injuries, for the use of kinetic impact projectiles and chemical irritants; (4) encourages guidelines on the use of kinetic impact projectiles and chemical irritants to include considerations such as the proximity of non-violent individuals and bystanders; for kinetic impact projectiles, a safe shooting distance and avoidance of vital organs (head, neck, chest, and abdomen), and for all less-lethal weapons, the issuance of a warning followed by sufficient time for compliance with the order prior to discharge; (5) recommends that law enforcement personnel use appropriate de-escalation techniques to minimize the risk of violence in crowd control and provide transparency about less-lethal weapons in use and the criteria for their use; and (6) encourages relevant stakeholders including, but not limited to manufacturers and government agencies to develop and test crowd-control techniques which pose a more limited risk of physical harm. (New HOD Policy)

Testimony provided was overall supportive of Board of Trustees Report 10. The Board noted that the right of assembly plays a fundamental role in public participation in democracy, expressing the will of the people, and in amplifying the voices of people who are marginalized. Those who commented acknowledged that less lethal weapons come with their own risks and there is documented morbidity and mortality associated with their use. The Board's recommendation puts AMA policy in line with other medical specialty societies that have opposed rubber bullets as a means of crowd control. An amendment was suggested to remove the word "peaceful" since the language is redundant with "not posing an imminent threat." Your Reference Committee agrees and therefore recommends that Board of Trustees Report 10 be adopted as amended.

(5) BOARD OF TRUSTEES REPORT 16 – FOLLOW-UP ON ABNORMAL MEDICAL TEST FINDINGS

RECOMMENDATION A:

Recommendation in Board of Trustees Report 16 be amended by addition to read as follows:

Our AMA supports the development of best practices and other clinical resources for communication of test results, including via patient portals and applications, and encourages additional research to ensure these innovative approaches and tools reach their potential to

1 **help advance patient care, while ensuring appropriate**
2 **privacy safeguards.**

3
4 **RECOMMENDATION B:**

5
6 **Recommendation in Board of Trustees Report 16 be**
7 **adopted as amended and the rest of the report be filed.**

8
9 **HOD ACTION: Recommendation in Board of**
10 **Trustees Report 16 adopted as amended and the**
11 **rest of the report filed.**

12
13 The Board of Trustees recommends that the language below be adopted in lieu of
14 Resolution 309-I-19 and the remainder of this report be filed.

15
16 Our American Medical Association encourages relevant national medical specialty societies
17 to develop and disseminate evidence-based guidelines for communication and follow-up of
18 abnormal and critical test results to promote better patient outcomes. (New HOD Policy)

19
20 Our AMA will work with appropriate state and medical specialty societies to highlight relevant
21 education regarding the communication and follow-up of abnormal and critical medical test
22 findings to promote better patient outcomes. (Directive to Take Action)

23
24 Our AMA supports the development of best practices and other clinical resources for
25 communication of test results, including via patient portals and applications, and encourages
26 additional research to ensure these innovative approaches and tools reach their potential to
27 help advance patient care. (New HOD Policy)

28
29 Your Reference Committee heard testimony largely in support of Board of Trustees Report
30 16. Testimony reaffirmed the importance of reporting test results in a timely manner and
31 coordinated communication to ensure patient safety. The inclusion of medical specialty
32 societies' role to develop evidence-based guidelines for communicating abnormal test results
33 with patients also received positive feedback. An amendment was proposed to ensure
34 appropriate privacy safeguards are in place for patient portals and applications. Your
35 Reference Committee agrees with this amendment and recommends that Board of Trustees
36 Report 16 be adopted as amended.

37
38 (6) **COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT**
39 **3 – ADDRESSING INCREASES IN YOUTH SUICIDE**

40
41 **RECOMMENDATION A:**

42
43 **Recommendation 1 in Council and Science and Public**
44 **Health Report 3 be amended by addition and deletion to**
45 **read as follows:**

46
47 **The Council on Science and Public Health recommends**
48 **that the following be adopted, and the remainder of the**
49 **report be filed:**

50
51 **1. That Policy H-60.937 be amended to read as follows:**

Teen Youth and Young Adult Suicide in the United States

Our AMA:

- (1) Recognizes teen youth and young adult suicide as a serious health concern in the US;
- (2) Encourages the development and dissemination of educational resources and tools for physicians, especially those more likely to encounter youth or young adult patients, addressing effective suicide prevention, including screening tools, methods to identify risk factors and acuity, safety planning, and appropriate follow-up care including treatment and linkages to appropriate counseling resources;
- (3) Supports collaboration with federal agencies, relevant state and specialty medical societies, schools, public health agencies, community organizations, and other stakeholders to enhance awareness of the increase in youth and young adult suicide and to promote protective factors, raise awareness of risk factors, support evidence-based prevention strategies and interventions, encourage awareness of community mental health resources, and improve care for youth and young adults at risk of suicide;
- (4) Encourages efforts to provide youth and young adults better and more equitable access to treatment and care for depression, substance use disorder, and other disorders that contribute to suicide risk;
- (5) Encourages continued research to better understand suicide risk and effective prevention efforts in youth and young adults, especially in higher risk sub-populations such as Black, LGBTQ+, Hispanic/Latinx, and Indigenous/Native Alaskan youth and young adult populations, and among youth and young adults with disabilities;
- (6) Supports the development of novel technologies and therapeutics, along with improved utilization of existing medications to address acute suicidality and underlying risk factors in youth and young adults; and
- (7) Supports research to identify evidence-based universal and targeted suicide prevention programs for implementation in middle schools and high schools.
- (8) Will publicly call attention to the escalating crisis in children and adolescent mental health in this country in the wake of the COVID-19 pandemic.
- (9) That our AMA advocate at the state and national level for policies to prioritize children's mental, emotional and behavioral health

(10) That our AMA advocate for a comprehensive system of care including prevention, management and crisis care to address mental and behavioral health needs for infants, children and adolescents.

(11) That our AMA consider supporting the Child and Adolescent Mental and Behavioral Health Principles 2021 developed by the American Academy of Pediatrics and partner organizations including AACAP, APA and Children's Hospital Association among others, and join with these and other partner organizations in advocating for a comprehensive approach to the child and adolescent mental and behavioral health crisis. (Modify Current HOD policy)

RECOMMENDATION B:

Recommendation 2 in Council on Science and Public Health Report 3 be amended by addition to read as follows:

1. That Policy H-515-952, "Adverse Childhood Experiences and Trauma-Informed Care" be amended by addition to read as follows:
 1. Our AMA recognizes trauma-informed care as a practice that recognizes the widespread impact of trauma on patients, identifies the signs and symptoms of trauma, and treats patients by fully integrating knowledge about trauma into policies, procedures, and practices and seeking to avoid re-traumatization.
 2. Our AMA supports:
 - a. evidence-based primary prevention strategies for Adverse Childhood Experiences (ACEs);
 - b. evidence-based trauma-informed care in all medical settings that focuses on the prevention of poor health and life outcomes after ACEs or other trauma at any time in life occurs;
 - c. efforts for data collection, research, and evaluation of cost-effective ACEs screening tools without additional burden for physicians.
 - d. efforts to educate physicians about the facilitators, barriers and best practices for providers implementing ACEs screening and trauma-informed care approaches into a clinical setting; and
 - e. funding for schools, behavioral and mental health services, professional groups,

community, and government agencies to support patients with ACEs or trauma at any time in life; and

f. increased screening for ACEs in medical settings, in recognition of the intersectionality of ACEs with significant increased risk for suicide, negative substance use-related outcomes including overdose, and a multitude of downstream negative health outcomes.

3. Our AMA supports the inclusion of ACEs and trauma-informed care into undergraduate and graduate medical education curricula.

(Modify Current HOD policy)

RECOMMENDATION C:

The recommendations in Council on Science and Public Health Report 3 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendation 1, item 11 referred for decision.

All other Recommendations in Council on Science and Public Health Report 3 adopted as amended and the remainder of the report filed.

The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed:

1. That Policy H-60.937 be amended to read as follows:

Teen Youth and Young Adult Suicide in the United States

Our AMA:

(1) Recognizes teen youth and young adult suicide as a serious health concern in the US;

(2) Encourages the development and dissemination of educational resources and tools for physicians, especially those more likely to encounter youth or young adult patients, addressing effective suicide prevention, including screening tools, methods to identify risk factors and acuity, safety planning, and appropriate follow-up care including treatment and linkages to appropriate counseling resources;

(3) Supports collaboration with federal agencies, relevant state and specialty medical societies, schools, public health agencies, community organizations, and other stakeholders to enhance awareness of the increase in youth and young adult suicide and to promote protective factors, raise awareness of risk factors, support evidence-based prevention strategies and interventions, encourage awareness of community mental health resources, and improve care for youth and young adults at risk of suicide:

(4) Encourages efforts to provide youth and young adults better and more equitable access to treatment and care for depression, substance use disorder, and other disorders that contribute to suicide risk:

1 (5) Encourages continued research to better understand suicide risk and effective
2 prevention efforts in youth and young adults, especially in higher risk sub-
3 populations such as Black, LGBTQ+, Latino, and Indigenous/Native Alaskan
4 youth and young adult populations;
5 (6) Supports the development of novel technologies and therapeutics, along with
6 improved utilization of existing medications to address acute suicidality and
7 underlying risk factors in youth and young adults; and
8 (7) Supports research to identify evidence-based universal and targeted suicide
9 prevention programs for implementation in middle schools and high schools.
10 (Modify Current HOD policy)

11
12 2. That Policy H-515-952, "Adverse Childhood Experiences and Trauma-Informed
13 Care" be amended by addition to read as follows:

14 1. Our AMA recognizes trauma-informed care as a practice that recognizes the
15 widespread impact of trauma on patients, identifies the signs and symptoms of trauma,
16 and treats patients by fully integrating knowledge about trauma into policies,
17 procedures, and practices and seeking to avoid re-traumatization.

18 2. Our AMA supports:

19 a. evidence-based primary prevention strategies for Adverse Childhood
20 Experiences (ACEs);
21 b. evidence-based trauma-informed care in all medical settings that focuses
22 on the prevention of poor health and life outcomes after ACEs or other
23 trauma at any time in life occurs;
24 c. efforts for data collection, research, and evaluation of cost-effective ACEs
25 screening tools without additional burden for physicians.
26 d. efforts to educate physicians about the facilitators, barriers and best
27 practices for providers implementing ACEs screening and trauma-informed
28 care approaches into a clinical setting; and
29 e. funding for schools, behavioral and mental health services, professional
30 groups, community, and government agencies to support patients with
31 ACEs or trauma at any time in life; and
32 f. increased screening for ACEs in medical settings, in recognition of the
33 intersectionality of ACEs with significant increased risk for suicide, negative
34 substance use-related outcomes including overdose, and a multitude of
35 downstream negative health outcomes. (Modify Current HOD policy)

36
37 3. That Policy H-145.975, "Firearm Safety and Research, Reduction in Firearm
38 Violence, and Enhancing Access to Mental Health Care," which recognizes the
39 role of firearms in suicides; encourages the development of curricula and training
40 for physicians with a focus on suicide risk assessment and prevention as well as
41 lethal means safety counseling; and encourages physicians, as a part of their
42 suicide prevention strategy, to discuss lethal means safety and work with families
43 to reduce access to lethal means of suicide, be reaffirmed. . (Reaffirm Current
44 HOD Policy).

45
46 4. That Policy H-170.984, "Healthy Living Behaviors," encouraging state medical
47 societies and physicians to promote physical and wellness activities for children
48 and youth and to advocate for health and wellness programs for children and youth
49 in schools and communities, be reaffirmed. (Reaffirm Current HOD Policy)

1 The Council was applauded for its timely report on the issue of youth suicide. It was
2 recognized that as a nation we need to enhance our efforts related to suicide prevention and
3 risk mitigation, and the recommendations in this report are an important step forward.
4 Proposed amendments supported the inclusion of adverse childhood experiences and
5 trauma-informed care into the undergraduate and graduate medical education curricula and
6 also recognized youth with disabilities as a subpopulation at risk. These amendments were
7 supported by your Reference Committee. The American Academy of Pediatrics suggested
8 the addition of four Resolve statements, one of which called upon the AMA to bring attention
9 to the mental health crisis in youth and young adults as a result of the COVID-19 pandemic.
10 Your Reference Committee agrees that recommendation is in line with and supported by the
11 Council's report. The other three resolvs were broader and while it was felt that they are of
12 importance, they are beyond the focus and evidence-base addressed in this report.
13 Additionally, whether or not the AMA should endorse the Child and Adolescent Mental and
14 Behavioral Health Principles of 2021 is a decision that can be made by the AMA without a
15 directive to study. Therefore, your Reference Committee recommends that Council on
16 Science and Public Health Report 3 be adopted as amended.
17

18 (7) RESOLUTION 406 – ATTACKING DISPARITIES IN
19 COVID-19 UNDERLYING HEALTH CONDITIONS
20

21 **RECOMMENDATION A:**
22

23 **Resolution 406 be amended by addition and deletion to**
24 **read as follows:**

26 **RESOLVED**, That our American Medical Association
27 urge federal, state, and municipal leaders to
28 prominently note in their COVID-19 public health
29 advisories the urgent need for individuals with
30 underlying ~~health~~ medical conditions, particularly
31 ~~obesity, type 2 diabetes, and hypertension~~, to consult
32 with their physicians to assess their health ~~medical~~
33 status and institute (or resume) appropriate treatment,
34 ~~which may range from updating medications and~~
35 ~~lifestyle changes, such as reduced sodium and plant-~~
36 ~~based diets and physical activity, to aggressive medical~~
37 ~~therapy which may include medication, surgery, and~~
38 ~~complex multi-disciplinary care. (Directive to Take~~
39 ~~Action)~~

40
41 **RECOMMENDATION B:**
42

43 **Resolution 406 be adopted as amended.**

44
45 **RECOMMENDATION C:**
46

47 **That the title of Resolution 406 be changed to read as**
48 **follows:**

49
50 **ADDRESSING UNDERLYING HEALTH CONDITIONS**
51 **ASSOCIATED WITH RISK FOR SEVERE COVID-19**

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**HOD ACTION: Resolution 406 adopted as amended
with change in title to read as follows:**

**ADDRESSING UNDERLYING HEALTH CONDITIONS
ASSOCIATED WITH RISK FOR SEVERE COVID-19**

9 RESOLVED, That our American Medical Association urge federal, state, and municipal
10 leaders to prominently note in their COVID-19 public health advisories the urgent need for
11 individuals with underlying medical conditions, particularly obesity, type 2 diabetes, and
12 hypertension, to consult with their physicians to assess their medical status and institute (or
13 resume) appropriate treatment, which may range from updating medications and lifestyle
14 changes, such as reduced sodium and plant-based diets and physical activity, to aggressive
15 medical therapy which may include medication, surgery, and complex multi-disciplinary care.
16 (Directive to Take Action)

17
18 Your Reference Committee heard testimony in support of Resolution 406 given the role of
19 underlying chronic conditions in making individuals more severely ill from COVID-19. Several
20 of those who testified wished to see modifications to the conditions included in notices, such
21 as the inclusion of mental and behavioral health, but your Reference Committee believes that
22 more comprehensive language to be inclusive of any pre-existing condition will give the
23 greatest flexibility for government leaders to address the populations they serve. Additionally,
24 your Reference Committee believes that alerts from federal, state, and municipal leaders on
25 this topic should not suggest specific treatments but rather should encourage individuals to
26 consult with their physician. Therefore, your Reference Committee recommends that
27 Resolution 406 be adopted as amended.

28
29 (8) **RESOLUTION 407 – IMPACT OF SARS-COV-2
30 PANDEMIC ON POST-ACUTE CARE SERVICES AND
31 LONG-TERM CARE AND RESIDENTIAL FACILITIES**

32
33 **RECOMMENDATION A:**

34
35 **Resolution 407 be amended by addition and deletion to
36 read as follows:**

37
38 ~~RESOLVED, That our American Medical Association
39 advocate for study of the impact of SARS-CoV-2
40 pandemic on post-acute care services and long-term
41 care and residential facilities and collaborate with other
42 stakeholders to develop policy to guide federal, state,
43 and local public health authorities to ensure safe
44 operation of these Post-Acute Care (PAC) and long-
45 term care (LTC) facilities during public health
46 emergencies and natural disasters with policy
47 recommendations to include but not limited to:~~

48 a) Planning for adequate funding and access to
49 resources;
50 b) Planning for emergency staffing of health care
51 and maintenance personnel;

1 c) **Planning for ensuring safe working conditions of**
2 **PAC and LTC staff; and**
3 d) **Planning for mitigation of the detrimental effects**
4 **of increased isolation of residents during a natural**
5 **disaster, other environmental emergency, or pandemic,**
6 **or similar crisis. (Directive to Take Action)**

7
8 **RECOMMENDATION B:**
9

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

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

12 RESOLVED, That our American Medical Association study the impact of SARS-CoV-2
13 pandemic on post-acute care services and long-term care and residential facilities and
14 collaborate with other stakeholders to develop policy to guide federal, state, and local public
15 health authorities to ensure safe operation of these facilities during public health emergencies
16 and natural disasters with policy recommendations to include but not limited to:

17 a) Planning for adequate funding and access to resources;
18 b) Planning for emergency staffing of health care and maintenance personnel;
19 c) Planning for ensuring safe working conditions of LTC staff; and
20 d) Planning for mitigation of the detrimental effects of increased isolation of residents
21 during a natural disaster, other environmental emergency, or pandemic, or similar
22 crisis. (Directive to Take Action)

23 Your Reference Committee heard testimony in support of the intent of Resolution 407, but
24 questions were raised as to whether the AMA is in the best position to conduct this study.
25 Testimony noted that health care personnel and residents of long-term care (LTC) facilities
26 have been disproportionately impacted by the Covid-19 pandemic. LTC residents tend to be
27 older adults, immune-compromised and live in a group setting. Furthermore, reports indicate
28 that increased isolation may have long-lasting effects on the mental health of LTC residents.
29 The Council on Science and Public Health spoke politely in opposition to the AMA studying
30 this issue, as those with direct, on the ground experience in responding to the pandemic within
31 these facilities are in the best position to make policy recommendations for the future that the
32 AMA can advocate on their behalf. Your Reference Committee agrees with the opinion of the
33 Council and believes that this amended language will still allow for collaboration with
34 stakeholders. Therefore, your Reference Committee recommends that Resolution 407 be
35 adopted as amended.

36 (9) **RESOLUTION 411 – ONGOING USE OF MASKS BY AND**
37 **AMONG HIGH-RISK INDIVIDUALS TO REDUCE THE**
38 **RISK OF SPREAD OF RESPIRATORY PATHOGENS**

39
40 **RECOMMENDATION A:**
41

42 **That the first Resolve of Resolution 411 be amended by**
43 **addition and deletion to read as follows:**

44 **RESOLVED, That our American Medical Association**
45 **support endorse the ongoing use of face masks for all**
46 **those wishing to protect themselves and those around**

1 them from reduce the risk of respiratory tract infections
2 during the time of year when respiratory pathogens are
3 most likely to circulate and whenever respiratory
4 infections are known to be circulating when people are
5 in close contact and indoors (Directive to Take Action);
6

7 **RECOMMENDATION B:**

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

9 **RECOMMENDATION C:**

10 **That the title of Resolution 411 be changed to read as**
11 **follows:**

12 **USE OF FACE MASKS BY INDIVIDUALS TO REDUCE**
13 **THE SPREAD OF RESPIRATORY PATHOGENS**

14 **HOD ACTION: Resolution 411 adopted as amended**
15 **with change in title to read as follows:**

16 **USE OF FACE MASKS BY INDIVIDUALS TO REDUCE**
17 **THE SPREAD OF RESPIRATORY PATHOGENS**

18 RESOLVED, That our American Medical Association endorse the use of masks for all those
19 wishing to reduce the risk of respiratory tract infection during the time of year when respiratory
20 pathogens are most likely to circulate and whenever respiratory infections are known to be
21 circulating when people are in close contact and indoors (Directive to Take Action); and be it
22 further

23 RESOLVED, That our AMA promulgate scientific information to both patients and physicians
24 about the benefits of masks to protect patients, especially those at high risk, to reduce
25 exposure to and spread of respiratory pathogens. (Directive to Take Action)

26 Your Reference Committee heard testimony overwhelmingly supportive of Resolution 411. It
27 was noted by many who testified that the impact of wearing face masks on the transmission
28 of COVID-19 has been profound, and that many individuals will still wish to wear masks even
29 if local masking guidelines are rescinded. Several who testified noted the benefits of mask-
30 wearing for other respiratory infection, such as influenza, and that mask-wearing has been
31 normalized in other countries. Your Reference Committee felt that the proposed language of
32 the Resolution could be expanded to support all scenarios in which an individual wishes to
33 wear a face mask to protect themselves and those around them, at any time of year.
34 Therefore, your Reference Committee recommends that Resolution 411 be adopted as
35 amended.

1 (10) RESOLUTION 414 – CALL FOR IMPROVED PERSONAL
2 PROTECTIVE EQUIPMENT DESIGN AND FITTING

3
4 **RECOMMENDATION A:**

5
6 **Resolution 414 be amended by addition to read as**
7 **follows:**

8
9 **RESOLVED, That our American Medical Association**
10 **encourage the diversification of personal protective**
11 **equipment design to better fit all body types, cultural**
12 **expressions and practices among healthcare personnel**
13 **workers. (Directive to Take Action)**

14
15 **RECOMMENDATION B:**

16
17 **Resolution 414 be adopted as amended.**

18
19 **HOD ACTION: Resolution 414 adopted as amended.**

20
21 **RESOLVED, That our American Medical Association encourage the diversification of personal**
22 **protective equipment design to better fit all body types among healthcare workers. (Directive**
23 **to Take Action)**

24
25 Your Reference Committee heard testimony in strong support of Resolution 414. Testimony
26 emphasized the need for diversification of PPE sizes to accommodate varying body types,
27 including consideration around cultural expressions and practices, to facilitate safer working
28 environments for all health care personnel. Therefore, your Reference Committee
29 recommends that Resolution 414 be adopted as amended.

30
31 (11) RESOLUTION 415 – AMENDING H-440.847 TO CALL
32 FOR NATIONAL GOVERNMENT AND STATES TO
33 MAINTAIN PERSONAL PROTECTIVE EQUIPMENT AND
34 MEDICAL SUPPLY STOCKPILES

35
36 **RECOMMENDATION A:**

37
38 **Resolution 415 be amended by addition and deletion to**
39 **read as follows:**

40
41 **RESOLVED, That our American Medical Association**
42 **amend policy H-440.847 by addition and deletion to read**
43 **as follows:**

44 **Pandemic Preparedness for Influenza H-440.847**
45 **In order to prepare for a potential influenza pandemic,**
46 **our AMA:**

47 (1) urges the Department of Health and Human Services
48 Emergency Care Coordination Center, in collaboration
49 with the leadership of the Centers for Disease Control
50 and Prevention (CDC), state and local health
51 departments, and the national organizations

1 representing them, to urgently assess the shortfall in
2 funding, staffing, supplies, vaccine, drug, and data
3 management capacity to prepare for and respond to an
4 influenza a pandemic or other serious public health
5 emergency;

6 (2) urges Congress and the Administration to work to
7 ensure adequate funding and other resources: (a) for
8 the CDC, the National Institutes of Health (NIH), the
9 Strategic National Stockpile and other appropriate
10 federal agencies, to support the maintenance of and the
11 implementation of an expanded capacity to produce the
12 necessary vaccines, and anti-viral microbial drugs,
13 medical supplies, and personal protective equipment,
14 and to continue development of the nation's capacity to
15 rapidly manufacture the necessary supplies needed to
16 protect, treat, test and vaccinate the entire population
17 and care for large numbers of seriously ill people,
18 without overreliance on unreliable international
19 sources of production; and (b) to bolster the
20 infrastructure and capacity of state and local health
21 departments to effectively prepare for and respond to,
22 and protect the population from illness and death in an
23 influenza a pandemic or other serious public health
24 emergency;

25 (3) encourages states to maintain medical and personal
26 protective equipment stockpiles sufficient for effective
27 preparedness and to respond to a pandemic or other
28 major public health emergency;

29 (4) urges the federal government to meet treaty and
30 trust obligations by adequately sourcing medical and
31 personal protective equipment directly to tribal
32 communities and the Indian Health Service for effective
33 preparedness and to respond to a pandemic or other
34 major public emergency;

35 (35) urges the CDC to develop and disseminate
36 electronic instructional resources on procedures to
37 follow in an influenza epidemic, pandemic, or other
38 serious public health emergency, which are tailored to
39 the needs of health care personnel physicians and
40 medical office staff in ambulatory direct patient care
41 settings;

42 (46) supports the position that: (a) relevant national and
43 state agencies (such as the CDC, NIH, and the state
44 departments of health) continue take immediate action
45 to plan and test distribution activities in advance of a
46 public health emergency, to assure that physicians,
47 nurses, other health care personnel professionals, and
48 first responders having direct patient contact, receive
49 any appropriate vaccination or medical
50 countermeasure in a timely and efficient manner, in
51 order to reassure them that they will have first priority

1 **in the event of such a pandemic; and (b) such agencies**
2 **should publicize now, in advance of any such**
3 **pandemic, what the plan will be to provide**
4 **immunization to health care provider;**
5 **(7) will monitor progress in developing a contingency**
6 **plan that addresses future influenza-vaccine production**
7 **or distribution problems and in developing a plan to**
8 **respond to an influenza pandemic in the United States.**
9 **(Modify Current HOD Policy)**

10 **RECOMMENDATION B:**

11 **Resolution 415 be adopted as amended.**

12 **HOD ACTION: Resolution 415 adopted as amended.**

13 RESOLVED, That our American Medical Association amend policy H-440.847 by addition and
14 deletion to read as follows:

15 **Pandemic Preparedness for Influenza H-440.847**

16 In order to prepare for a potential influenza pandemic, our AMA:

17 (1) urges the Department of Health and Human Services Emergency Care
18 Coordination Center, in collaboration with the leadership of the Centers for Disease
19 Control and Prevention (CDC), state and local health departments, and the national
20 organizations representing them, to urgently assess the shortfall in funding, staffing,
21 supplies, vaccine, drug, and data management capacity to prepare for and respond to
22 an influenza a pandemic or other serious public health emergency;

23 (2) urges Congress and the Administration to work to ensure adequate funding and
24 other resources: (a) for the CDC, the National Institutes of Health (NIH), the Strategic
25 National Stockpile and other appropriate federal agencies, to support the maintenance
26 of and the implementation of an expanded capacity to produce the necessary
27 vaccines, and anti-viral microbial drugs, medical supplies, and personal protective
28 equipment, and to continue development of the nation's capacity to rapidly
29 manufacture the necessary supplies needed to protect, treat, test and vaccinate the
30 entire population and care for large numbers of seriously ill people; and (b) to bolster
31 the infrastructure and capacity of state and local health departments to effectively
32 prepare for and respond to, and protect the population from illness and death in an
33 influenza a pandemic or other serious public health emergency;

34 (3) encourages states to maintain medical and personal protective equipment
35 stockpiles sufficient for effective preparedness and to respond to a pandemic or other
36 major public health emergency;

37 (4) urges the federal government to meet treaty and trust obligations by adequately
38 sourcing medical and personal protective equipment directly to tribal communities and
39 the Indian Health Service for effective preparedness and to respond to a pandemic or
40 other major public emergency;

41 (35) urges the CDC to develop and disseminate electronic instructional resources on
42 procedures to follow in an influenza epidemic, pandemic, or other serious public health
43 emergency, which are tailored to the needs of physicians and medical office staff in
44 ambulatory care settings;

45 (46) supports the position that: (a) relevant national and state agencies (such as the
46 CDC, NIH, and the state departments of health) take immediate action to assure that

1 physicians, nurses, other health care professionals, and first responders having direct
2 patient contact, receive any appropriate vaccination in a timely and efficient manner,
3 in order to reassure them that they will have first priority in the event of such a
4 pandemic; and (b) such agencies should publicize now, in advance of any such such
5 pandemic, what the plan will be to provide immunization to health care providers;
6 (7) will monitor progress in developing a contingency plan that addresses future
7 influenza-vaccine production or distribution problems and in developing a plan to
8 respond to an influenza pandemic in the United States. (Modify Current HOD Policy)
9

10 Your Reference Committee heard testimony that supported the goals reflected in Resolution
11 415. There was unanimous agreement surrounding the broadening of policy to reflect
12 pandemic environments rather than narrowly addressing influenza pandemics. Testimony
13 acknowledged the need to improve the availability of medical equipment and supplies in a
14 pandemic, while reflecting on the utility of this policy during critical actions related to the
15 COVID-19 pandemic last year. Select testimony urged the need to call attention toward more
16 explicit action in accessing stockpiles, citing the difficulty in obtaining adequate amounts of
17 PPE during COVID-19 surges as evidence. The USPHS suggested amended language that
18 recognizes healthcare personnel and direct patient care settings as well as ensuring planning
19 and testing of distribution models. Your Reference Committee agrees with these suggestions
20 and recommends that Resolution 415 be adopted as amended.
21

22 (12) RESOLUTION 421 – MEDICAL MISINFORMATION IN
23 THE AGE OF SOCIAL MEDIA
24

25 **RECOMMENDATION A:**

26
27 **That the first Resolve of Resolution 421 be amended by**
28 **addition to read as follows:**
29

30 **RESOLVED, That our AMA encourage social media**
31 **companies and organizations to further strengthen**
32 **their content moderation policies related to medical and**
33 **public health misinformation, including, but not limited**
34 **to enhanced content monitoring, augmentation of**
35 **recommendation engines focused on false information,**
36 **and stronger integration of verified health information;**
37 **and be it further**
38

39 **RECOMMENDATION B:**
40

41 **That the second Resolve of Resolution 421 be amended**
42 **by addition to read as follows:**
43

44 **RESOLVED, That our AMA encourage social media**
45 **companies and organizations to recognize the spread**
46 **of medical and public health misinformation over**
47 **dissemination networks and collaborate with relevant**
48 **stakeholders to address this problem as appropriate,**
49 **including but not limited to altering underlying network**
50 **dynamics or redesigning platform algorithms; and be it**
51 **further**

1 **RECOMMENDATION C:**

2
3 **That the third Resolve of Resolution 421 be amended by**
4 **addition to read as follows:**

5
6 **RESOLVED, That our AMA continue to support the**
7 **dissemination of accurate medical and public health**
8 **information by public health organizations and health**
9 **policy experts; and be it further**

10 **RECOMMENDATION D:**

11
12 **That the fourth Resolve of Resolution 421 be amended**
13 **by addition to read as follows:**

14
15 **RESOLVED, That our AMA work with public health**
16 **agencies in an effort to establish relationships with**
17 **journalists and news agencies to enhance the public**
18 **reach in disseminating accurate medical and public**
19 **health information; and be it further**

20 **RECOMMENDATION E:**

21
22 **That the fifth Resolve of Resolution 421 be amended by**
23 **addition to read as follows:**

24
25 **RESOLVED, That our AMA amend existing policy**
26 **concerning COVID-19 vaccine information to increase**
27 **its scope and impact regarding medical misinformation**
28 **as follows:**

29
30 **An Urgent Initiative to Support COVID-19 Vaccination**
31 **and Information Programs D-440.921**

32
33 Our AMA will institute a program to promote the
34 integrity of a COVID-19 vaccination information
35 program by: (1) educating physicians on speaking with
36 patients about COVID-19 infection and vaccination,
37 bearing in mind the historical context of
38 “experimentation” with vaccines and other medication
39 in communities of color, and providing physicians with
40 culturally appropriate patient education materials; (2)
41 educating the public about up-to-date, evidence-based
42 information regarding COVID-19 and associated
43 infections as well as the safety and efficacy of COVID-19
44 vaccines, by countering misinformation and building
45 public confidence; (3) forming a coalition of health care
46 and public health organizations inclusive of those
47 respected in communities of color committed to
48 developing and implementing a joint public education

1 program promoting the facts about, promoting the need
2 for, and encouraging the acceptance of COVID-19
3 vaccination; (4) supporting ongoing monitoring of
4 COVID-19 vaccines to ensure that the evidence
5 continues to support safe and effective use of vaccines
6 among recommended populations.; (5) educating
7 physicians and other healthcare professionals on
8 means to disseminate accurate information and
9 methods to combat medical misinformation online.;
10 and be it further

11 **RECOMMENDATION F:**

12 **That the sixth Resolve of Resolution 421 be referred for**
13 **decision.**

14 **RECOMMENDATION G:**

15 **Resolution 421 be adopted as amended.**

16 **RECOMMENDATION H:**

17 **That the title of Resolution 421 be changed to read as**
18 **follows:**

19 **MEDICAL AND PUBLIC HEALTH MISINFORMATION IN**
20 **THE AGE OF SOCIAL MEDIA**

21 **HOD ACTION: Resolution 421 adopted as amended**
22 **with change in title to read as follows:**

23 **MEDICAL AND PUBLIC HEALTH MISINFORMATION**
24 **IN THE AGE OF SOCIAL MEDIA**

25 **RESOLVED**, That our AMA encourage social media organizations to further strengthen their
26 content moderation policies related to medical misinformation, including, but not limited to
27 enhanced content monitoring, augmentation of recommendation engines focused on false
28 information, and stronger integration of verified health information; and be it further

29 **RESOLVED**, That our AMA encourage social media organizations to recognize the spread
30 of medical misinformation over dissemination networks and collaborate with relevant
31 stakeholders to address this problem as appropriate, including but not limited to altering
32 underlying network dynamics or redesigning platform algorithms; and be it further

33 **RESOLVED**, That our AMA continue to support the dissemination of accurate medical
34 information by public health organizations and health policy experts; and be it further

35 **RESOLVED**, That our AMA work with public health agencies in an effort to establish
36 relationships with journalists and news agencies to enhance the public reach in
37 disseminating accurate medical information; and be it further

1 RESOLVED, That our AMA amend existing policy concerning COVID-19 vaccine
2 information to increase its scope and impact regarding medical misinformation as follows:

3 **An Urgent Initiative to Support COVID-19 Vaccination Information Programs D-
4 440.921**

5 Our AMA will institute a program to promote the integrity of a COVID-19 vaccination
6 information program by: (1) educating physicians on speaking with patients about
7 COVID-19 infection and vaccination, bearing in mind the historical context of
8 “experimentation” with vaccines and other medication in communities of color, and
9 providing physicians with culturally appropriate patient education materials; (2)
10 educating the public about up-to-date, evidence-based information regarding COVID-
11 19 and associated infections as well as the safety and efficacy of COVID-19
12 vaccines, by countering misinformation and building public confidence; (3) forming a
13 coalition of health care and public health organizations inclusive of those respected
14 in communities of color committed to developing and implementing a joint public
15 education program promoting the facts about, promoting the need for, and
16 encouraging the acceptance of COVID-19 vaccination; (4) supporting ongoing
17 monitoring of COVID-19 vaccines to ensure that the evidence continues to support
18 safe and effective use of vaccines among recommended populations; (5) educating
19 physicians and other healthcare professionals on means to disseminate accurate
20 information and methods to combat medical misinformation online; and be it further

22 RESOLVED, That our AMA study and consider public advocacy of modifications to Section
23 230(c) of the Communications Decency Act, Part 2, Clause A, as follows:

24 any action voluntarily taken in good faith to restrict access to or availability of material
25 that the provider or user considers to be obscene, lewd, lascivious, excessively violent,
26 harassing, pose risk to public health, or be otherwise objectionable, whether or not
27 such material is constitutionally protected.

29 Your Reference Committee heard testimony in strong support of the intent of Resolution 421.
30 The importance of disseminating accurate information was echoed by several members due
31 to the burden misinformation across social media platforms places on physicians. It was also
32 noted that misinformation leads to patient harm. Those who commented noted that the subject
33 of misinformation should be broadened beyond just medical information to also encompass
34 public health information; to allow better support of our colleagues that work in public health
35 agencies. Additionally, since social media organizations are often referred to as “companies,”
36 Your Reference Committee also added this term to the new policy to ensure clarity. The
37 Council on Science and Public Health supported referral for decision of the last resolve
38 because of the complexity around establishing and implementing a public health exception to
39 the Communications Decency Act and Your Reference Committee agrees. Therefore, your
40 Reference Committee recommends that the first five Resolves of Resolution 421 be adopted
41 as amended and the last Resolve be referred for decision.

1 RECOMMENDED FOR ADOPTION IN LIEU OF 2

3 (13) RESOLUTION 402 – MODERNIZATION AND
4 STANDARDIZATION OF PUBLIC HEALTH
5 SURVEILLANCE SYSTEMS

6
7 RECOMMENDATION A:

8
9 **Alternate Resolution 402 be adopted lieu of Resolution**
10 **402.**

12 That our American Medical Association: (1) advocate
13 for increased federal coordination and funding to
14 support the modernization and standardization of
15 public health surveillance systems data collection by
16 the Centers for Disease Control and Prevention and
17 state and local health departments and (2) support data
18 standardization that provides for minimum national
19 standards, while preserving the ability of states and
20 other entities to exceed national standards based on
21 local needs and/or the presence of unexpected urgent
22 situations.

23
24 RECOMMENDATION B:

26 That Policy H-440.813, “Public Health Surveillance,” be
27 reaffirmed.

29 HOD ACTION: Policy H-440.813, “Public Health
30 Surveillance,” reaffirmed in lieu of Resolution 402

32 RESOLVED, That our American Medical Association advocate for the modernization and
33 standardization of public health surveillance systems data collection by the Centers for
34 Disease Control and Prevention and state and local health departments, including but not
35 limited to increased federal coordination and funding. (Directive to Take Action)

37 Your Reference Committee heard testimony in support of the intent of Resolution 402.
38 However, the Council on Science and Public Health noted that they developed existing policy
39 addressing the modernization of public health data and surveillance systems at the 2019
40 Interim Meeting and the AMA has been advocating for sustainable funding in support of the
41 CDC’s Data Modernization Initiative. Your Reference Committee agrees that strong policy
42 already exists in support of funding for data modernization but felt that AMA policy could be
43 strengthened around coordination and the development of national standards for public health
44 data. As a result, Your Reference Committee proposes the adoption of alternate language as
45 provided by the CDC and public health physicians in testimony to address these areas as well
46 as the reaffirmation of existing policy on public health surveillance.

48 H-440.813, “Public Health Surveillance”

49 Our AMA: (1) recognizes public health surveillance as a core public health function that is
50 essential to inform decision making, identify underlying causes and etiologies, and respond

1 to acute, chronic, and emerging health threats; (2) recognizes the important role that
2 physicians play in public health surveillance through reporting diseases and conditions to
3 public health authorities; (3) encourages state legislatures to engage relevant state and
4 national medical specialty societies as well as public health agencies when proposing
5 mandatory reporting requirements to ensure they are based on scientific evidence and meet
6 the needs of population health; (4) recognizes the need for increased federal, state, and local
7 funding to modernize our nation's public health data systems to improve the quality and
8 timeliness of data; (5) supports electronic case reporting, which alleviates the burden of case
9 reporting on physicians through the automatic generation and transmission of case reports
10 from electronic health records to public health agencies for review and action in accordance
11 with applicable health care privacy and public health reporting laws; (6) will share updates
12 with physicians and medical societies on public health surveillance and the progress made
13 toward implementing electronic case reporting.

14
15 (14) RESOLUTION 410 – ENSURING ADEQUATE HEALTH
16 CARE RESOURCES TO ADDRESS THE LONG COVID
17 CRISIS
18 RESOLUTION 413 – CALL FOR INCREASED FUNDING
19 AND RESEARCH FOR POST VIRAL SYNDROMES

20
21 **RECOMMENDATION A:**

22
23 **Alternate Resolution 410 be adopted in lieu of**
24 **Resolutions 410 and 413.**

25
26 **CALL FOR INCREASED FUNDING, RESEARCH, AND**
27 **EDUCATION FOR POST VIRAL SYNDROMES**

28
29 **RESOLVED**, That our American Medical Association
30 support the development of an ICD-10 code or family of
31 codes to recognize Post-Acute Sequelae of SARS-CoV-
32 infection ("PASC" or "Long COVID") and other novel
33 post-viral syndromes as distinct diagnoses (New HOD
34 Policy); and be it further

35
36 **RESOLVED**, That our American Medical Association
37 advocate for legislation to provide funding for research,
38 prevention, control, and treatment of post viral
39 syndromes and long-term sequelae associated with
40 viral infections, such as COVID-19 (Directive to Take
41 Action); and be it further

42
43 **RESOLVED**, That our AMA provide physicians and
44 medical students with accurate and current information
45 on post-viral syndromes and long-term sequelae
46 associated with viral infections, such as COVID-19
47 (Directive to Take Action); and be it further

48
49 **RESOLVED**, That our AMA collaborate with other
50 medical and educational entities to promote education
51 among patients about post viral syndromes and long-

1 term sequelae associated with viral infections, such as
2 COVID-19, to minimize the harm and disability current
3 and future patients face. (Directive to Take Action)
4

5 **HOD ACTION: Alternate Resolution 410 adopted in**
6 **lieu of Resolutions 410 and 413 with change in title**
7 **to read as follows:**

8
9 **CALL FOR INCREASED FUNDING, RESEARCH, AND**
10 **EDUCATION FOR POST VIRAL SYNDROMES**

11
12 RESOLVED, That our American Medical Association support the development of an ICD-10
13 code or family of codes to recognize Post-Acute Sequelae of SARS-CoV-2 infection ("PASC"
14 or "Long COVID") as a distinct diagnosis (Directive to Take Action); and be it further

15
16 RESOLVED, That our AMA advocate for the development of immediate and long-term
17 strategies for funding and research to address equitable access to appropriate clinical care
18 for all individuals experiencing PASC (Directive to Take Action); and be it further

19
20 RESOLVED, That our AMA disseminate up-to-date information to physicians regarding best
21 practices to mitigate the effects of PASC in a timely manner. (Directive to Take Action)

22
23 RESOLVED, That our American Medical Association advocate for legislation to provide
24 funding for research, prevention, control, and treatment of post viral syndromes and long-term
25 sequelae associated with COVID-19, including but not limited to Myalgic
26 Encephalomyelitis/Chronic Fatigue (ME/CFS) (Directive to Take Action); and be it further

27
28 RESOLVED, That our AMA provide physicians and medical students with accurate and
29 current information on post-viral syndromes and long-term sequelae associated with COVID-
30 19, including, but not limited to Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
31 (ME/CFS) (Directive to Take Action); and be it further

32
33 RESOLVED, That our AMA collaborate with other medical and educational entities to promote
34 education among patients about post viral syndromes and long-term sequelae associated with
35 COVID-19, including but not limited to Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
36 (ME/CFS), to minimize the harm and disability current and future patients face. (Directive to
37 Take Action)

38
39 Your Reference Committee heard thoughtful and thorough testimony related to Resolutions
40 413 and 410, with a majority supporting the merging of the resolutions to support funding for
41 research and the dissemination of educational resources on post viral syndromes, particularly
42 Long COVID-19 and Post-Acute Sequelae of SARS-CoV-2 (PASC). Testimony emphasized
43 the need to improve the clinical definition(s) of post viral syndromes and identify the evidence
44 necessary to appropriately assess all conditions and organ systems affected as well as the
45 associated behavioral health conditions. Your Reference Committee is also aware that efforts
46 to develop an ICD-10 code for these syndromes are already well underway, but felt the AMA
47 having a policy statement in support of the activity may be helpful. Therefore, your Reference
48 Committee recommends that Alternate Resolution 410 be adopted in lieu of Resolution 410
49 and Resolution 413.

1 (15) RESOLUTION 420 – IMPACT OF SOCIAL NETWORKING
2 SERVICES ON THE HEALTH OF ADOLESCENTS

3
4 **RECOMMENDATION A:**

5
6 That Policy D-478.965, “Addressing Social Media Usage
7 and its Negative Impacts on Mental Health,” be
8 amended by addition and deletion in lieu of Resolution
9 420 to read as follows:

10
11 **Addressing Social Media and Social Networking Usage
12 and its Negative Impacts on Mental Health**
13 Our AMA: (1) will collaborate with relevant professional
14 organizations to: (a) support the development of
15 continuing education programs to enhance physicians’
16 knowledge of the health impacts of social media and
17 social networking usage; and (b) support the
18 development of effective clinical tools and protocols for
19 the identification, treatment, and referral of children,
20 adolescents, and adults at risk for and experiencing
21 health sequelae of social media and social networking
22 usage; and (2) advocates for schools to provide safe
23 and effective educational programs by which students
24 can learn to identify and mitigate the onset of mental
25 health sequelae of social media and social networking
26 usage; (3) affirms that use of social media and social
27 networking has the potential to positively or negatively
28 impact the physical and mental health of individuals,
29 especially adolescents and those with preexisting
30 psychosocial conditions; (4) advocates for and support
31 media and social networking services addressing and
32 developing safeguards for users; and (5) advocates for
33 the study of the positive and negative biological,
34 psychological, and social effects of social media and
35 social networking services use.

36
37 **RECOMMENDATION B:**

38
39 **Policy D-478.965 be adopted as amended.**

40
41 **HOD ACTION: Policy D-478.965 adopted as amended in lieu of**
42 **Resolution 420**

43
44 RESOLVED, That our American Medical Association affirm that use of social networking
45 services has the potential to negatively impact the physical and mental health of individuals,
46 especially adolescents and those with preexisting psychosocial conditions, and therefore
47 these services should have established, evidence-based, reliable safeguards to protect
48 vulnerable populations from harm (New HOD Policy); and be it further

49
50 RESOLVED, That our AMA advocate for the study of the biological, psychological, and social
51 effects of social networking services use, and to advocate for legislative or regulatory action,

1 including the expansion of Children's Online Privacy Protection Act of 1998 protections, to
2 mitigate the potential harm from the use of social networking services to adolescents and
3 other vulnerable populations. (Directive to Take Action)

4

5 Your Reference Committee heard mixed testimony on Resolution 420. Testimony noted that
6 Our AMA currently has policy related to the impact of social media on mental health.
7 Testimony highlighted that there are both positive and negative effects associated with social
8 media use, and that this should be reflected in AMA policy. Amendments were proffered to
9 improve both the resolution and the existing policy, as the reliance on and impact of social
10 media has increased during the ongoing pandemic. Additionally, there was confusion around
11 the second Resolve, which is both calling for a study and for legislative or regulatory action.
12 Your Reference Committee believes the best way to support this item is by amending current
13 AMA policy to include the new concepts introduced in the resolution. Your Reference
14 Committee also included the term "social media" along with "social networking services" as it
15 is broader and would be inclusive of all services. Your Reference Committee has included
16 clauses calling for AMA advocacy related to the development of safeguards by social media
17 and social network services and to support groups studying both the positive and negative
18 biological, psychological, and social effects of social media and social networking services.
19 Therefore, your Reference Committee recommends that Policy D-478.965 be adopted as
20 amended.

1 RECOMMENDED FOR REFERRAL

2
3 (16) RESOLUTION 401 – UNIVERSAL ACCESS FOR
4 ESSENTIAL PUBLIC HEALTH SERVICES

5
6 RECOMMENDATION A:

7
8 That the first Resolve of Resolution 401 be referred with
9 report back at the next AMA HOD meeting.

10
11 RECOMMENDATION B:

12
13 That the second Resolve of Resolution 401 be adopted.

14
15 HOD ACTION: That the first Resolve of Resolution 401
16 referred with report back at the next AMA HOD meeting
17 and the second Resolve of Resolution 401 referred.

18
19 RESOLVED, That our American Medical Association study the options and/or make
20 recommendations regarding the establishment of:

- 21 1. A list of all essential public health services that should be provided in every jurisdiction
22 of the United States;
- 23 2. A nationwide system of information sharing and intervention coordination in order to
24 effectively manage nationwide public health issues;
- 25 3. A federal data system that can capture the amount of federal, state, and local public
26 health capabilities and spending that occurs in every jurisdiction to assure that their
27 populations have universal access to all essential public health services;
- 28 4. A federal data system that can capture actionable evidence-based outcomes data
29 from public health activities in every jurisdiction (Directive to Take Action); and be it
30 further

31
32 RESOLVED, That our AMA prepare and publicize annual reports on current efforts and
33 progress to achieve universal access to all essential public health services. (Directive to Take
34 Action)

35
36 Your Reference Committee heard testimony supportive of the intent of Resolution 401, which
37 is to strengthen our nation's public health system for all people in all communities. It was noted
38 in testimony by the Council on Science and Public Health and by the Department of Health
39 and Human Services that the AMA recently participated in the task force that developed the
40 revised 10 Essential Public Health Services released in September of 2020. If the AMA were
41 to study the establishment of such a list, the AMAs recent work and ongoing support of the
42 revised 10 Essential Public Health Services would be called into question and result in
43 confusion. Your Reference Committee agrees and is not suggesting that the AMA create its
44 own list of essential public health services. However, the Council on Science and Public
45 Health is currently studying effective ways to strengthen the nation's public health
46 infrastructure, as directed by the House of Delegates in November 2020. The Council's report,
47 which will be informed by key stakeholder interviews, is due back to the House of Delegates
48 in November of 2021. Your Reference Committee agrees that the first Resolve is best
49 accomplished by referral for consideration by the Council in their upcoming report, with report
50 back for November 2021. However, your Reference Committee believes that the second

- 1 Resolve, which calls on the AMA to provide annual reports on access to essential public health
- 2 services should be adopted.

1 RECOMMENDED FOR REFERRAL FOR DECISION

2
3 (17) RESOLUTION 403 – CONFRONTING OBESITY AS A
4 KEY CONTRIBUTOR TO MATERNAL MORTALITY,
5 RACIAL DISPARITY, DEATH FROM COVID-19,
6 UNAFFORDABLE HEALTH CARE COST WHILE
7 RESTORING HEALTH IN AMERICA

8
9 **RECOMMENDATION:**

10
11 **Resolution 403 be referred for decision.**

12
13 **HOD ACTION: Resolution 403 referred for decision.**

14
15 RESOLVED, That our American Medical Association advocate for a National Task Force to
16 be led by the medical profession along with other stakeholders to confront the epidemic of
17 obesity primarily among minority women, prior to, during and after pregnancy, thereby
18 reducing maternal mortality & morbidity rates, racial disparity in access to care, death from
19 COVID-19 infection and healthcare costs while restoring health in our nation with report back
20 at the 2021 Interim Meeting and beyond. (Directive to Take Action)

21
22 Your Reference Committee heard mixed testimony on Resolution 403. Some supported
23 forming a national task force to address obesity, while others testified that the maternal
24 morbidity and mortality crisis is too multifaceted to adequately be captured by effects of
25 obesity. It was noted in online testimony that the way the resolution is written, while not
26 intentional, might be interpreted as blaming minority women for being obese and that any task
27 force created should evaluate and address the root causes of obesity. Others spoke in favor
28 of referral due to the need for evidence-based reframing of the original resolution.

29
30 Additional testimony noted there is confusion as to whether said National Task Force would
31 be created and led by our AMA, or if our AMA would advocate for the creation of a task force
32 of which it would be a stakeholder. The Council on Science and Public Health noted that they
33 are working on a series of reports with the Council on Medical Service to address maternal
34 health, with the first report expected in November of 2021. Due to the confusion around this
35 resolution and the extensive work already underway at the AMA, your Reference Committee
36 recommends referral for decision to determine the best path forward.

1 Madam Speaker, this concludes the report of Reference Committee D. I would like to thank
2 Robert L. Dannenhoffer, MD, Amish Dave, MD, Hillary Johnson-Jahangir, MD, Shawn Jones,
3 MD, Daniel Pfeifle, MD, Neha Siddiqui, and all those who testified before the Committee as
4 well as our AMA staff Andrea Garcia, Amy Cadwallader, Rebecca Benson, Regan Butchness,
5 Geoff Hollett, and Katherine Kettering.

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