

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 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

37
38 **RECOMMENDED FOR REFERRAL**
39

- 40 16. Resolution 401 – Universal Access for Essential Public Health Services
41
42
43

1 **RECOMMENDED FOR REFERRAL FOR DECISION**

2
3 17. Resolution 403 – Confronting Obesity as a Key Contributor to Maternal Mortality,
4 Racial Disparity, Death from Covid-19, Unaffordable Health Care Cost while
5 Restoring Health in America

6
7 *For Council on Science and Public Health Report 3, Resolution 415, and Resolution
8 421, the double underline and double strikethrough that are traditional format for
9 indicating amendments from the Reference Committee are difficult to discern.

10 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](#)

RECOMMENDED FOR ADOPTION

- 1
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 The Board of Trustees recommends that the following be adopted in lieu of Resolution 5-I-19
13 and the remainder of this report be filed.
14

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

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

- 26 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
27 1 – COUNCIL ON SCIENCE AND PUBLIC HEALTH
28 SUNSET REVIEW OF 2011 HOUSE POLICIES
29

30 **RECOMMENDATION:**
31

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

36 The Council on Science and Public Health recommends that the House of Delegates policies
37 listed in the appendix to this report be acted upon in the manner indicated and the remainder
38 of this report be filed. (Directive to Take Action)
39

40 Your Reference Committee heard no testimony in opposition to the CSAPH 1. Therefore, your
41 Reference Committee recommends that Council on Science and Public Health Report 1 be
42 adopted.
43

- 44 (3) RESOLUTION 417 – AMENDMENT TO FOOD
45 ENVIRONMENTS AND CHALLENGES ACCESSING
46 HEALTHY FOOD, H-150.925
47

48 **RECOMMENDATION:**
49

50 **Resolution 417 be adopted.**

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

3
4 **Food Environments and Challenges Accessing Healthy Food H-150.925**

5 Our AMA (1) encourages the U.S. Department of Agriculture and appropriate
6 stakeholders to study the national prevalence, impact, and solutions to the problems
7 of ~~food mirages, food swamps, and food oases as food environments distinct from~~
8 ~~food deserts~~ challenges accessing healthy affordable food, including, but not limited
9 to, food environments like food mirages, food swamps, and food deserts; and (2)
10 recognize that food access inequalities are a major contributor to health inequities,
11 disproportionately affecting marginalized communities and people of color; and (3)
12 support policy promoting community-based initiatives that empower resident
13 businesses, create economic opportunities, and support sustainable local food supply
14 chains to increase access to affordable healthy food. (Modify Current HOD Policy)
15

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

RECOMMENDED FOR ADOPTION AS AMENDED

(4) BOARD OF TRUSTEES REPORT 10 – PROTESTER PROTECTIONS

RECOMMENDATION A:

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

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)

RECOMMENDATION B:

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

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

19
20 Testimony provided was overall supportive of Board of Trustees Report 10. The Board noted
21 that the right of assembly plays a fundamental role in public participation in democracy,
22 expressing the will of the people, and in amplifying the voices of people who are marginalized.
23 Those who commented acknowledged that less lethal weapons come with their own risks and
24 there is documented morbidity and mortality associated with their use. The Board's
25 recommendation puts AMA policy in line with other medical specialty societies that have
26 opposed rubber bullets as a means of crowd control. An amendment was suggested to
27 remove the word "peaceful" since the language is redundant with "not posing an imminent
28 threat." Your Reference Committee agrees and therefore recommends that Board of Trustees
29 Report 10 be adopted as amended.

30
31 (5) BOARD OF TRUSTEES REPORT 16 – FOLLOW-UP ON
32 ABNORMAL MEDICAL TEST FINDINGS

33
34 **RECOMMENDATION A:**

35
36 **Recommendation in Board of Trustees Report 16 be**
37 **amended by addition to read as follows:**

38
39 **Our AMA supports the development of best practices**
40 **and other clinical resources for communication of test**
41 **results, including via patient portals and applications,**
42 **and encourages additional research to ensure these**
43 **innovative approaches and tools reach their potential to**
44 **help advance patient care, while ensuring appropriate**
45 **privacy safeguards.**

46
47 **RECOMMENDATION B:**

48
49 **Recommendation in Board of Trustees Report 16 be**
50 **adopted as amended and the rest of the report be filed.**

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

3
4 Our American Medical Association encourages relevant national medical specialty societies
5 to develop and disseminate evidence-based guidelines for communication and follow-up of
6 abnormal and critical test results to promote better patient outcomes. (New HOD Policy)

7
8 Our AMA will work with appropriate state and medical specialty societies to highlight relevant
9 education regarding the communication and follow-up of abnormal and critical medical test
10 findings to promote better patient outcomes. (Directive to Take Action)

11
12 Our AMA supports the development of best practices and other clinical resources for
13 communication of test results, including via patient portals and applications, and encourages
14 additional research to ensure these innovative approaches and tools reach their potential to
15 help advance patient care. (New HOD Policy)

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

25
26 (6) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
27 3 – ADDRESSING INCREASES IN YOUTH SUICIDE

28
29 **RECOMMENDATION A:**

30
31 **Recommendation 1 in Council and Science and Public**
32 **Health Report 3 be amended by addition and deletion to**
33 **read as follows:**

34
35 **The Council on Science and Public Health recommends**
36 **that the following be adopted, and the remainder of the**
37 **report be filed:**

38
39 **1. That Policy H-60.937 be amended to read as follows:**
40 **~~Teen~~ Youth and Young Adult Suicide in the United**
41 **States**

42 **Our AMA:**

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

45 **(2) Encourages the development and dissemination of**
46 **educational resources and tools for physicians,**
47 **especially those more likely to encounter youth or**
48 **young adult patients, addressing effective suicide**
49 **prevention, including screening tools, methods to**
50 **identify risk factors and acuity, safety planning, and**

- 1 appropriate follow-up care including treatment and
2 linkages to appropriate counseling resources;
3 **(3) Supports collaboration with federal agencies,**
4 **relevant state and specialty medical societies,**
5 **schools, public health agencies, community**
6 **organizations, and other stakeholders to enhance**
7 **awareness of the increase in youth and young adult**
8 **suicide and to promote protective factors, raise**
9 **awareness of risk factors, support evidence-based**
10 **prevention strategies and interventions, encourage**
11 **awareness of community mental health resources,**
12 **and improve care for youth and young adults at risk**
13 **of suicide;**
14 **(4) Encourages efforts to provide youth and young**
15 **adults better and more equitable access to**
16 **treatment and care for depression, substance use**
17 **disorder, and other disorders that contribute to**
18 **suicide risk;**
19 **(5) Encourages continued research to better**
20 **understand suicide risk and effective prevention**
21 **efforts in youth and young adults, especially in**
22 **higher risk sub-populations such as Black,**
23 **LGBTQ+, Hispanic/Latinx, and Indigenous/Native**
24 **Alaskan youth and young adult populations, and**
25 **among youth and young adults with disabilities;**
26 **(6) Supports the development of novel technologies**
27 **and therapeutics, along with improved utilization of**
28 **existing medications to address acute suicidality**
29 **and underlying risk factors in youth and young**
30 **adults; and**
31 **(7) Supports research to identify evidence-based**
32 **universal and targeted suicide prevention programs**
33 **for implementation in middle schools and high**
34 **schools.**
35 **(8) Will publicly call attention to the escalating crisis in**
36 **children and adolescent mental health in this**
37 **country in the wake of the COVID-19 pandemic.**
38 **(Modify Current HOD policy)**

39
40 **RECOMMENDATION B:**

41
42 **Recommendation 2 in Council on Science and Public**
43 **Health Report 3 be amended by addition to read as**
44 **follows:**

- 45
46 **1. That Policy H-515-952, “Adverse Childhood**
47 **Experiences and Trauma-Informed Care” be**
48 **amended by addition to read as follows:**
49 **1. Our AMA recognizes trauma-informed care as a**
50 **practice that recognizes the widespread impact**
51 **of trauma on patients, identifies the signs and**

1 symptoms of trauma, and treats patients by fully
2 integrating knowledge about trauma into
3 policies, procedures, and practices and seeking
4 to avoid re-traumatization.

5 2. Our AMA supports:

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

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

38 (Modify Current HOD policy)
39

40 **RECOMMENDATION C:**

41
42 The recommendations in Council on Science and
43 Public Health Report 3 be adopted as amended and the
44 remainder of the report be filed.
45

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

- 48 2. That Policy H-60.937 be amended to read as follows:
49 Teen Youth and Young Adult Suicide in the United States
50 Our AMA:

- 1 (9) Recognizes ~~teen~~ youth and young adult suicide as a serious health concern in
2 the US;
- 3 (10) Encourages the development and dissemination of educational
4 resources and tools for physicians, especially those more likely to encounter
5 youth or young adult patients, addressing effective suicide prevention,
6 including screening tools, methods to identify risk factors and acuity, safety
7 planning, and appropriate follow-up care including treatment and linkages to
8 appropriate counseling resources;
- 9 (11) Supports collaboration with federal agencies, relevant state and
10 specialty medical societies, schools, public health agencies, community
11 organizations, and other stakeholders to enhance awareness of the increase
12 in youth and young adult suicide and to promote protective factors, raise
13 awareness of risk factors, support evidence-based prevention strategies and
14 interventions, encourage awareness of community mental health resources,
15 and improve care for youth and young adults at risk of suicide;
- 16 (12) Encourages efforts to provide youth and young adults better and more
17 equitable access to treatment and care for depression, substance use disorder,
18 and other disorders that contribute to suicide risk;
- 19 (13) Encourages continued research to better understand suicide risk and
20 effective prevention efforts in youth and young adults, especially in higher risk
21 sub-populations such as Black, LGBTQ+, Latino, and Indigenous/Native
22 Alaskan youth and young adult populations;
- 23 (14) Supports the development of novel technologies and therapeutics,
24 along with improved utilization of existing medications to address acute
25 suicidality and underlying risk factors in youth and young adults; and
- 26 (15) Supports research to identify evidence-based universal and targeted
27 suicide prevention programs for implementation in middle schools and high
28 schools. (Modify Current HOD policy)

- 29
- 30 3. That Policy H-515-952, "Adverse Childhood Experiences and Trauma-Informed
31 Care" be amended by addition to read as follows:
 - 32 4. Our AMA recognizes trauma-informed care as a practice that recognizes the
33 widespread impact of trauma on patients, identifies the signs and symptoms of
34 trauma, and treats patients by fully integrating knowledge about trauma into
35 policies, procedures, and practices and seeking to avoid re-traumatization.
 - 36 5. Our AMA supports:
 - 37 g. evidence-based primary prevention strategies for Adverse Childhood
38 Experiences (ACEs);
 - 39 h. evidence-based trauma-informed care in all medical settings that focuses
40 on the prevention of poor health and life outcomes after ACEs or other
41 trauma at any time in life occurs;
 - 42 i. efforts for data collection, research, and evaluation of cost-effective ACEs
43 screening tools without additional burden for physicians.
 - 44 j. efforts to educate physicians about the facilitators, barriers and best
45 practices for providers implementing ACEs screening and trauma-informed
46 care approaches into a clinical setting; and
 - 47 k. funding for schools, behavioral and mental health services, professional
48 groups, community, and government agencies to support patients with
49 ACEs or trauma at any time in life; and
 - 50 l. increased screening for ACEs in medical settings, in recognition of the
51 intersectionality of ACEs with significant increased risk for suicide, negative

1 substance use-related outcomes including overdose, and a multitude of
2 downstream negative health outcomes. (Modify Current HOD policy)
3

4 3. That Policy H-145.975, “Firearm Safety and Research, Reduction in Firearm
5 Violence, and Enhancing Access to Mental Health Care,” which recognizes the
6 role of firearms in suicides; encourages the development of curricula and training
7 for physicians with a focus on suicide risk assessment and prevention as well as
8 lethal means safety counseling; and encourages physicians, as a part of their
9 suicide prevention strategy, to discuss lethal means safety and work with families
10 to reduce access to lethal means of suicide, be reaffirmed. . (Reaffirm Current
11 HOD Policy).
12

13 4. That Policy H-170.984, “Healthy Living Behaviors,” encouraging state medical
14 societies and physicians to promote physical and wellness activities for children
15 and youth and to advocate for health and wellness programs for children and youth
16 in schools and communities, be reaffirmed. (Reaffirm Current HOD Policy)
17

18 The Council was applauded for its timely report on the issue of youth suicide. It was
19 recognized that as a nation we need to enhance our efforts related to suicide prevention and
20 risk mitigation, and the recommendations in this report are an important step forward.
21 Proposed amendments supported the inclusion of adverse childhood experiences and
22 trauma-informed care into the undergraduate and graduate medical education curricula and
23 also recognized youth with disabilities as a subpopulation at risk. These amendments were
24 supported by your Reference Committee. The American Academy of Pediatrics suggested
25 the addition of four Resolve statements, one of which called upon the AMA to bring attention
26 to the mental health crisis in youth and young adults as a result of the COVID-19 pandemic.
27 Your Reference Committee agrees that recommendation is in line with and supported by the
28 Council’s report. The other three resolves were broader and while it was felt that they are of
29 importance, they are beyond the focus and evidence-base addressed in this report.
30 Additionally, whether or not the AMA should endorse the Child and Adolescent Mental and
31 Behavioral Health Principles of 2021 is a decision that can be made by the AMA without a
32 directive to study. Therefore, your Reference Committee recommends that Council on
33 Science and Public Health Report 3 be adopted as amended.
34

35 (7) RESOLUTION 406 – ATTACKING DISPARITIES IN
36 COVID-19 UNDERLYING HEALTH CONDITIONS
37

38 **RECOMMENDATION A:**
39

40 **Resolution 406 be amended by addition and deletion to**
41 **read as follows:**
42

43 **RESOLVED, That our American Medical Association**
44 **urge federal, state, and municipal leaders to**
45 **prominently note in their COVID-19 public health**
46 **advisories the urgent need for individuals with**
47 **underlying health medical conditions, ~~particularly~~**
48 **~~obesity, type 2 diabetes, and hypertension,~~ to consult**
49 **with their physicians to assess their health ~~medical~~**
50 **status and institute (or resume) appropriate treatment,**
51 **~~which may range from updating medications and~~**

1 ~~lifestyle changes, such as reduced sodium and plant-~~
2 ~~based diets and physical activity, to aggressive medical~~
3 ~~therapy which may include medication, surgery, and~~
4 ~~complex multi-disciplinary care. (Directive to Take~~
5 ~~Action)~~

6
7 **RECOMMENDATION B:**

8
9 **Resolution 406 be adopted as amended.**

10
11 **RECOMMENDATION C:**

12
13 **That the title of Resolution 406 be changed to read as**
14 **follows:**

15
16 **ADDRESSING UNDERLYING HEALTH CONDITIONS**
17 **ASSOCIATED WITH RISK FOR SEVERE COVID-19**

18
19 **RESOLVED, That our American Medical Association urge federal, state, and municipal**
20 **leaders to prominently note in their COVID-19 public health advisories the urgent need for**
21 **individuals with underlying medical conditions, particularly obesity, type 2 diabetes, and**
22 **hypertension, to consult with their physicians to assess their medical status and institute (or**
23 **resume) appropriate treatment, which may range from updating medications and lifestyle**
24 **changes, such as reduced sodium and plant-based diets and physical activity, to aggressive**
25 **medical therapy which may include medication, surgery, and complex multi-disciplinary care.**
26 **(Directive to Take Action)**

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

38
39 (8) **RESOLUTION 407 – IMPACT OF SARS-COV-2**
40 **PANDEMIC ON POST-ACUTE CARE SERVICES AND**
41 **LONG-TERM CARE AND RESIDENTIAL FACILITIES**

42
43 **RECOMMENDATION A:**

44
45 **Resolution 407 be amended by addition and deletion to**
46 **read as follows:**

47
48 **RESOLVED, That our American Medical Association**
49 **~~advocate for study of the impact of SARS-CoV-2~~**
50 **~~pandemic on post-acute care services and long-term~~**
51 **~~care and residential facilities and collaborate with other~~**

1 stakeholders to develop policy to guide federal, state,
2 and local public health authorities to ensure safe
3 operation of these long-term care (LTC) facilities during
4 public health emergencies and natural disasters with
5 policy recommendations to include but not limited to:
6 a) Planning for adequate funding and access to
7 resources;
8 b) Planning for emergency staffing of health care
9 and maintenance personnel;
10 c) Planning for ensuring safe working conditions of
11 LTC staff; and
12 d) Planning for mitigation of the detrimental effects
13 of increased isolation of residents during a natural
14 disaster, other environmental emergency, or pandemic,
15 or similar crisis. (Directive to Take Action)

16
17 **RECOMMENDATION B:**

18
19 **Resolution 407 be adopted as amended.**

20
21 RESOLVED, That our American Medical Association study the impact of SARS-CoV-2
22 pandemic on post-acute care services and long-term care and residential facilities and
23 collaborate with other stakeholders to develop policy to guide federal, state, and local public
24 health authorities to ensure safe operation of these facilities during public health emergencies
25 and natural disasters with policy recommendations to include but not limited to:
26 a) Planning for adequate funding and access to resources;
27 b) Planning for emergency staffing of health care and maintenance personnel;
28 c) Planning for ensuring safe working conditions of LTC staff; and
29 d) Planning for mitigation of the detrimental effects of increased isolation of residents
30 during a natural disaster, other environmental emergency, or pandemic, or similar
31 crisis. (Directive to Take Action)

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

1 (9) RESOLUTION 411 – ONGOING USE OF MASKS BY AND
2 AMONG HIGH-RISK INDIVIDUALS TO REDUCE THE
3 RISK OF SPREAD OF RESPIRATORY PATHOGENS
4

5 **RECOMMENDATION A:**
6

7 **That the first Resolve of Resolution 411 be amended by**
8 **addition and deletion to read as follows:**
9

10 **RESOLVED, That our American Medical Association**
11 **support endorse the ongoing use of face masks for all**
12 **those wishing to protect themselves and those around**
13 **them from reduce the risk of respiratory tract infections**
14 **during the time of year when respiratory pathogens are**
15 **most likely to circulate and whenever respiratory**
16 **infections are known to be circulating when people are**
17 **in close contact and indoors (Directive to Take Action);
18**

19 **RECOMMENDATION B:**
20

21 **Resolution 411 be adopted as amended.**
22

23 **RECOMMENDATION C:**
24

25 **That the title of Resolution 411 be changed to read as**
26 **follows:**
27

28 **USE OF FACE MASKS BY INDIVIDUALS TO REDUCE**
29 **THE SPREAD OF RESPIRATORY PATHOGENS**
30

31 **RESOLVED, That our American Medical Association endorse the use of masks for all those**
32 **wishing to reduce the risk of respiratory tract infection during the time of year when respiratory**
33 **pathogens are most likely to circulate and whenever respiratory infections are known to be**
34 **circulating when people are in close contact and indoors (Directive to Take Action); and be it**
35 **further**
36

37 **RESOLVED, That our AMA promulgate scientific information to both patients and physicians**
38 **about the benefits of masks to protect patients, especially those at high risk, to reduce**
39 **exposure to and spread of respiratory pathogens. (Directive to Take Action)**
40

41 Your Reference Committee heard testimony overwhelmingly supportive of Resolution 411. It
42 was noted by many who testified that the impact of wearing face masks on the transmission
43 of COVID-19 has been profound, and that many individuals will still wish to wear masks even
44 if local masking guidelines are rescinded. Several who testified noted the benefits of mask-
45 wearing for other respiratory infection, such as influenza, and that mask-wearing has been
46 normalized in other countries. Your Reference Committee felt that the proposed language of
47 the Resolution could be expanded to support all scenarios in which an individual wishes to
48 wear a face mask to protect themselves and those around them, at any time of year.
49 Therefore, your Reference Committee recommends that Resolution 411 be adopted as
50 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 **RESOLVED, That our American Medical Association encourage the diversification of personal**
20 **protective equipment design to better fit all body types among healthcare workers. (Directive**
21 **to Take Action)**

22
23 Your Reference Committee heard testimony in strong support of Resolution 414. Testimony
24 emphasized the need for diversification of PPE sizes to accommodate varying body types,
25 including consideration around cultural expressions and practices, to facilitate safer working
26 environments for all health care personnel. Therefore, your Reference Committee
27 recommends that Resolution 414 be adopted as amended.
28

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

34 **RECOMMENDATION A:**

35
36 **Resolution 415 be amended by addition and deletion to**
37 **read as follows:**

38
39 **RESOLVED, That our American Medical Association**
40 **amend policy H-440.847 by addition and deletion to read**
41 **as follows:**

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

45 **(1) urges the Department of Health and Human Services**
46 **Emergency Care Coordination Center, in collaboration**
47 **with the leadership of the Centers for Disease Control**
48 **and Prevention (CDC), state and local health**
49 **departments, and the national organizations**
50 **representing them, to urgently assess the shortfall in**
51 **funding, staffing, supplies, vaccine, drug, and data**

1 management capacity to prepare for and respond to an
2 influenza a pandemic or other serious public health
3 emergency;

4 (2) urges Congress and the Administration to work to
5 ensure adequate funding and other resources: (a) for
6 the CDC, the National Institutes of Health (NIH), the
7 Strategic National Stockpile and other appropriate
8 federal agencies, to support the maintenance of and the
9 implementation of an expanded capacity to produce the
10 necessary vaccines, ~~and anti-viral~~ microbial drugs,
11 medical supplies, and personal protective equipment,
12 and to continue development of the nation's capacity to
13 rapidly manufacture the necessary supplies needed to
14 protect, treat, test and vaccinate the entire population
15 and care for large numbers of seriously ill people; and
16 (b) to bolster the infrastructure and capacity of state
17 and local health departments to effectively prepare for
18 and respond to, and protect the population from illness
19 and death in an influenza a pandemic or other serious
20 public health emergency;

21 (3) encourages states to maintain medical and personal
22 protective equipment stockpiles sufficient for effective
23 preparedness and to respond to a pandemic or other
24 major public health emergency;

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

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

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

1 **(7) will monitor progress in developing a contingency**
2 **plan that addresses future influenza-vaccine production**
3 **or distribution problems and in developing a plan to**
4 **respond to an influenza pandemic in the United States.**
5 **(Modify Current HOD Policy)**
6

7 **RECOMMENDATION B:**

8
9 **Resolution 415 be adopted as amended.**

10
11 **RESOLVED**, That our American Medical Association amend policy H-440.847 by addition and
12 deletion to read as follows:

13
14 **Pandemic Preparedness for Influenza H-440.847**

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

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

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

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

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

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

44 (46) supports the position that: (a) relevant national and state agencies (such as the
45 CDC, NIH, and the state departments of health) take immediate action to assure that
46 physicians, nurses, other health care professionals, and first responders having direct
47 patient contact, receive any appropriate vaccination in a timely and efficient manner,
48 in order to reassure them that they will have first priority in the event of such a
49 pandemic; and (b) such agencies should publicize now, in advance of any such
50 pandemic, what the plan will be to provide immunization to health care providers;

(Z) will monitor progress in developing a contingency plan that addresses future influenza-vaccine production or distribution problems and in developing a plan to respond to an influenza pandemic in the United States. (Modify Current HOD Policy)

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

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

RECOMMENDATION A:

That the first Resolve of Resolution 421 be amended by addition to read as follows:

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

1 RESOLVED, That our AMA continue to support the
2 dissemination of accurate medical and public health
3 information by public health organizations and health
4 policy experts; and be it further
5

6 RECOMMENDATION D:

7
8 That the fourth Resolve of Resolution 421 be amended
9 by addition to read as follows:

10
11 RESOLVED, That our AMA work with public health
12 agencies in an effort to establish relationships with
13 journalists and news agencies to enhance the public
14 reach in disseminating accurate medical and public
15 health information; and be it further
16

17 RECOMMENDATION E:

18
19 That the fifth Resolve of Resolution 421 be amended by
20 addition to read as follows:

21
22 RESOLVED, That our AMA amend existing policy
23 concerning COVID-19 vaccine information to increase
24 its scope and impact regarding medical misinformation
25 as follows:

26 An Urgent Initiative to Support COVID-19 Vaccination
27 and Information Programs D-440.921

28 Our AMA will institute a program to promote the
29 integrity of a COVID-19 vaccination information
30 program by: (1) educating physicians on speaking with
31 patients about COVID-19 infection and vaccination,
32 bearing in mind the historical context of
33 “experimentation” with vaccines and other medication
34 in communities of color, and providing physicians with
35 culturally appropriate patient education materials; (2)
36 educating the public about up-to-date, evidence-based
37 information regarding COVID-19 and associated
38 infections as well as the safety and efficacy of COVID-
39 19 vaccines, by countering misinformation and building
40 public confidence; (3) forming a coalition of health care
41 and public health organizations inclusive of those
42 respected in communities of color committed to
43 developing and implementing a joint public education
44 program promoting the facts about, promoting the need
45 for, and encouraging the acceptance of COVID-19
46 vaccination; (4) supporting ongoing monitoring of
47 COVID-19 vaccines to ensure that the evidence
48 continues to support safe and effective use of vaccines
49 among recommended populations.; (5) educating
50 physicians and other healthcare professionals on

1 means to disseminate accurate information and
2 methods to combat medical misinformation online;
3 and be it further

4
5 **RECOMMENDATION F:**

6
7 That the sixth Resolve of Resolution 421 be referred for
8 decision.

9
10 **RECOMMENDATION G:**

11
12 Resolution 421 be adopted as amended.

13
14 **RECOMMENDATION H:**

15
16 That the title of Resolution 421 be changed to read as
17 follows:

18
19 **MEDICAL AND PUBLIC HEALTH MISINFORMATION IN**
20 **THE AGE OF SOCIAL MEDIA**

21
22 RESOLVED, That our AMA encourage social media organizations to further strengthen their
23 content moderation policies related to medical misinformation, including, but not limited to
24 enhanced content monitoring, augmentation of recommendation engines focused on false
25 information, and stronger integration of verified health information; and be it further

26
27 RESOLVED, That our AMA encourage social media organizations to recognize the spread
28 of medical misinformation over dissemination networks and collaborate with relevant
29 stakeholders to address this problem as appropriate, including but not limited to altering
30 underlying network dynamics or redesigning platform algorithms; and be it further

31
32 RESOLVED, That our AMA continue to support the dissemination of accurate medical
33 information by public health organizations and health policy experts; and be it further

34
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

38
39 RESOLVED, That our AMA amend existing policy concerning COVID-19 vaccine
40 information to increase its scope and impact regarding medical misinformation as follows:

41 **An Urgent Initiative to Support COVID-19 Vaccination Information Programs D-**
42 **440.921**

43 Our AMA will institute a program to promote the integrity of a COVID-19 ~~vaccination~~
44 information program by: (1) educating physicians on speaking with patients about
45 COVID-19 infection and vaccination, bearing in mind the historical context of
46 “experimentation” with vaccines and other medication in communities of color, and
47 providing physicians with culturally appropriate patient education materials; (2)
48 educating the public about up-to-date, evidence-based information regarding COVID-
49 19 and associated infections as well as the safety and efficacy of COVID-19
50 vaccines, by countering misinformation and building public confidence; (3) forming a
51 coalition of health care and public health organizations inclusive of those respected

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

9 RESOLVED, That our AMA study and consider public advocacy of modifications to Section
10 230(c) of the Communications Decency Act, Part 2, Clause A, as follows:

11 any action voluntarily taken in good faith to restrict access to or availability of material
12 that the provider or user considers to be obscene, lewd, lascivious, excessively violent,
13 harassing, pose risk to public health, or be otherwise objectionable, whether or not
14 such material is constitutionally protected.
15

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

RECOMMENDED FOR ADOPTION IN LIEU OF

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

RECOMMENDATION A:

Alternate Resolution 402 be adopted lieu of Resolution 402.

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

RECOMMENDATION B:

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

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

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

H-440.813, “Public Health Surveillance”

Our AMA: (1) recognizes public health surveillance as a core public health function that is essential to inform decision making, identify underlying causes and etiologies, and respond to acute, chronic, and emerging health threats; (2) recognizes the important role that physicians play in public health surveillance through reporting diseases and conditions to public health authorities; (3) encourages state legislatures to engage relevant state and

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

- 11
12 (14) RESOLUTION 410 – ENSURING ADEQUATE HEALTH
13 CARE RESOURCES TO ADDRESS THE LONG COVID
14 CRISIS
15 RESOLUTION 413 – CALL FOR INCREASED FUNDING
16 AND RESEARCH FOR POST VIRAL SYNDROMES

17
18 **RECOMMENDATION A:**

19
20 **Alternate Resolution 410 be adopted in lieu of**
21 **Resolutions 410 and 413.**

22
23 **CALL FOR INCREASED FUNDING, RESEARCH, AND**
24 **EDUCATION FOR POST VIRAL SYNDROMES**

25
26 **RESOLVED, That our American Medical Association**
27 **support the development of an ICD-10 code or family of**
28 **codes to recognize Post-Acute Sequelae of SARS-CoV-**
29 **2 infection (“PASC” or “Long COVID”) and other novel**
30 **post-viral syndromes as distinct diagnoses (New HOD**
31 **Policy); and be it further**

32
33 **RESOLVED, That our American Medical Association**
34 **advocate for legislation to provide funding for research,**
35 **prevention, control, and treatment of post viral**
36 **syndromes and long-term sequelae associated with**
37 **viral infections, such as COVID-19 (Directive to Take**
38 **Action); and be it further**

39
40 **RESOLVED, That our AMA provide physicians and**
41 **medical students with accurate and current information**
42 **on post-viral syndromes and long-term sequelae**
43 **associated with viral infections, such as COVID-19**
44 **(Directive to Take Action); and be it further**

45
46 **RESOLVED, That our AMA collaborate with other**
47 **medical and educational entities to promote education**
48 **among patients about post viral syndromes and long-**
49 **term sequelae associated with viral infections, such as**
50 **COVID-19, to minimize the harm and disability current**
51 **and future patients face. (Directive to Take Action)**

1 RESOLVED, That our American Medical Association support the development of an ICD-10
2 code or family of codes to recognize Post-Acute Sequelae of SARS-CoV-2 infection (“PASC”
3 or “Long COVID”) as a distinct diagnosis (Directive to Take Action); and be it further
4

5 RESOLVED, That our AMA advocate for the development of immediate and long-term
6 strategies for funding and research to address equitable access to appropriate clinical care
7 for all individuals experiencing PASC (Directive to Take Action); and be it further
8

9 RESOLVED, That our AMA disseminate up-to-date information to physicians regarding best
10 practices to mitigate the effects of PASC in a timely manner. (Directive to Take Action)
11

12 RESOLVED, That our American Medical Association advocate for legislation to provide
13 funding for research, prevention, control, and treatment of post viral syndromes and long-term
14 sequelae associated with COVID-19, including but not limited to Myalgic
15 Encephalomyelitis/Chronic Fatigue (ME/CFS) (Directive to Take Action); and be it further
16

17 RESOLVED, That our AMA provide physicians and medical students with accurate and
18 current information on post-viral syndromes and long-term sequelae associated with COVID-
19 19, including, but not limited to Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
20 (ME/CFS) (Directive to Take Action); and be it further
21

22 RESOLVED, That our AMA collaborate with other medical and educational entities to promote
23 education among patients about post viral syndromes and long-term sequelae associated with
24 COVID-19, including but not limited to Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
25 (ME/CFS), to minimize the harm and disability current and future patients face. (Directive to
26 Take Action)
27

28 Your Reference Committee heard thoughtful and thorough testimony related to Resolutions
29 413 and 410, with a majority supporting the merging of the resolutions to support funding for
30 research and the dissemination of educational resources on post viral syndromes, particularly
31 Long COVID-19 and Post-Acute Sequelae of SARS-CoV-2 (PASC). Testimony emphasized
32 the need to improve the clinical definition(s) of post viral syndromes and identify the evidence
33 necessary to appropriately assess all conditions and organ systems affected as well as the
34 associated behavioral health conditions. Your Reference Committee is also aware that efforts
35 to develop an ICD-10 code for these syndromes are already well underway, but felt the AMA
36 having a policy statement in support of the activity may be helpful. Therefore, your Reference
37 Committee recommends that Alternate Resolution 410 be adopted in lieu of Resolution 410
38 and Resolution 413.
39

40 (15) RESOLUTION 420 – IMPACT OF SOCIAL NETWORKING
41 SERVICES ON THE HEALTH OF ADOLESCENTS
42

43 **RECOMMENDATION A:**
44

45 **That Policy D-478.965, “Addressing Social Media Usage**
46 **and its Negative Impacts on Mental Health,” be**
47 **amended by addition and deletion in lieu of Resolution**
48 **420 to read as follows:**

1 **Addressing Social Media and Social Networking Usage**
2 **and its Negative Impacts on Mental Health**

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

26
27 **RECOMMENDATION B:**

28
29 **Policy D-478.965 be adopted as amended.**

30
31 **RESOLVED, That our American Medical Association affirm that use of social networking**
32 **services has the potential to negatively impact the physical and mental health of individuals,**
33 **especially adolescents and those with preexisting psychosocial conditions, and therefore**
34 **these services should have established, evidence-based, reliable safeguards to protect**
35 **vulnerable populations from harm (New HOD Policy); and be it further**

36
37 **RESOLVED, That our AMA advocate for the study of the biological, psychological, and social**
38 **effects of social networking services use, and to advocate for legislative or regulatory action,**
39 **including the expansion of Children's Online Privacy Protection Act of 1998 protections, to**
40 **mitigate the potential harm from the use of social networking services to adolescents and**
41 **other vulnerable populations. (Directive to Take Action)**

42
43 Your Reference Committee heard mixed testimony on Resolution 420. Testimony noted that
44 Our AMA currently has policy related to the impact of social media on mental health.
45 Testimony highlighted that there are both positive and negative effects associated with social
46 media use, and that this should be reflected in AMA policy. Amendments were proffered to
47 improve both the resolution and the existing policy, as the reliance on and impact of social
48 media has increased during the ongoing pandemic. Additionally, there was confusion around
49 the second Resolve, which is both calling for a study and for legislative or regulatory action.
50 Your Reference Committee believes the best way to support this item is by amending current
51 AMA policy to include the new concepts introduced in the resolution. Your Reference

1 Committee also included the term “social media” along with “social networking services” as it
2 is broader and would be inclusive of all services. Your Reference Committee has included
3 clauses calling for AMA advocacy related to the development of safeguards by social media
4 and social network services and to support groups studying both the positive and negative
5 biological, psychological, and social effects of social media and social networking services.
6 Therefore, your Reference Committee recommends that Policy D-478.965 be adopted as
7 amended.

RECOMMENDED FOR REFERRAL

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

RECOMMENDATION A:

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

RECOMMENDATION B:

That the second Resolve of Resolution 401 be adopted.

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

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

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

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

RECOMMENDED FOR REFERRAL FOR DECISION

1
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 RESOLVED, That our American Medical Association advocate for a National Task Force to
14 be led by the medical profession along with other stakeholders to confront the epidemic of
15 obesity primarily among minority women, prior to, during and after pregnancy, thereby
16 reducing maternal mortality & morbidity rates, racial disparity in access to care, death from
17 COVID-19 infection and healthcare costs while restoring health in our nation with report back
18 at the 2021 Interim Meeting and beyond. (Directive to Take Action)
19

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

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