Annotated MSS Reference Committee Reports

Annual 2024 Meeting
Interim 2024 Meeting

AMERICAN MEDICAL ASSOCIATION MEDICAL STUDENT SECTION
(Annual 2024)

Annotated Report of the Medical Student Section Reference Committee

Caitlin Blaukovitch and Shaminy Manoranjithan, Co-Chairs

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Resolution 105 - Native American Medical Debt
2. Resolution 210 - Opposition of the Deceptive Relocation of Migrants and Asylum Seekers
3. Resolution 425 - Support of Universal School Meals for School Age Children
4. Resolution 601 - Advisory Committee on Tribal Affairs
5. GC Report C - Biennial Review of Organizations Seated in the AMA-MSS Assembly
6. GC Report D - MSS Abortion, Contraception, & Sex Education Position Consolidation
7. GC Report E - MSS Employment & Educational Leave Positions Review & Consolidation
8. GC Report F - MSS Firearm Positions Consolidation
9. GC Report G - Review & Consolidation of Positions Relating to MSS Governance
10. GC Report H - MSS Alcohol-Related Positions Consolidation
11. GC Report I - Guidelines for Official Observers in the AMA-MSS Assembly
12. CEQM COLA Report A - Opposing Private Equity Acquisitions of Healthcare Practices
13. SD Report A - MSS Policy Process and HOD Resolution Queue

RECOMMENDED FOR ADOPTION AS AMENDED

14. Resolution 015 - Support of Collective Bargaining
15. Resolution 102 - Radiation Exposure Compensation Coverage
16. Resolution 108 - ACA Subsidies for Undocumented Immigrants
17. Resolution 109 - Tribal Dialysis Access
18. Resolution 115 - Corrections to The Medicare Part C Payment Structure
19. Resolution 205 - Support for Doula Care Programs
20. Resolution 207 - Repatriation of American Indian, Alaska Native, and Native Hawaiian Remains
21. Resolution 211 - SSI Savings Penalty Elimination
22. Resolution 223 - Increased Transparency in Psychotropic Drug Administration in Prisons
23. Resolution 419 - Equity in Celiac Disease and Food Allergies Research and Resources

24. Resolution 422 - Protecting the Healthcare Supply Chain from the Impacts of Climate Change
25. Resolution 427 - AMA Study on Plastic Pollution Reduction
26. GC Report A – Sunset Report
27. GC Report J - Use of Inclusive Language in AMA Policy
28. CEQM WIM LGBTQ+ Report - Coverage for Care Provided After Sexual Assault
29. LGBTQ+ CHIT Report - Improving Usability of Electronic Health Records for Transgender and Gender Diverse Patients
30. MIC CSI CAIA - Increasing Access to Medical Interpreters in Research and Support for Increased Diversity in Genetic Research
31. ATF Report – MSS Archives Task Force Report
32. SCTF Report – MSS Standing Committee Task Force Annual Report

RECOMMENDED FOR ADOPTION IN LIEU OF

33. Resolution 004 - Supporting Community Physician and Paramedic Partnerships
34. Resolution 321 - Humanism in Anatomical Medical Education
35. Resolution 423 - Preventing Heat Related Illness with Appropriate Heat Response Standards

RECOMMENDED FOR NOT ADOPTION

36. Resolution 008 - Routine Provision of Information Concerning Insulin Cost-Reduction Programs
37. Resolution 020 - Support for Early Detection and Intervention of Juvenile Depression
38. Resolution 021 - Physician-led and Rural Access to Emergency Care
39. Resolution 022 - Opposition to Capital Punishment
40. Resolution 023 - Improving IPV Screening for People with Disabilities
41. Resolution 203 - Access to Healthcare for Transgender and Gender Diverse Incarcerated People
42. Resolution 213 - Undocumented Worker Protections
43. Resolution 308 - Expanding Medical Education Access and Support for First-Generation Students
44. Resolution 311 - Parity for DO and MD Graduating Seniors through Reporting Total Number of DO and MD Applicants Interviewed and Ranked by Each Residency Program
45. Resolution 313 - Opposition to Medical School Admissions Preference for Children of Donors and Faculty
46. Resolution 315 - Removing Headshot Requirements from Medical School, Residency, and Fellowship Applications
47. Resolution 402 - Studying the Effects of Plant-Based Meat
48. Resolution 403 - Improving Child Disciplinary Education for Caregivers

49. Resolution 404 - Support for Standardized Periodic Hearing Screenings in Primary Schools
50. CME CDA Report A - Studying Effects of Online Education on Medical Education Outcomes During Covid-19 Pandemic
51. WIM COLA LGBTQ+ Report - Addressing Gender-Based Disparities on Health-Related Consumer Goods (The Pink Tax)

RECOMMENDED FOR FILING

52. GC Report B – MSSAI Report
53. SD Report B - Policy Proceedings of the Interim 2023 House of Delegates Meeting

RECOMMENDED FOR ADOPTION

(1) RESOLUTION 105 - NATIVE AMERICAN MEDICAL DEBT

RECOMMENDATION:

Resolution 105 be adopted.

MSS ACTION: Resolution 105 adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support federal legislation requiring credit reporting agencies to remove information on the credit reports of Indian Health Service (IHS) beneficiaries that relate to debts or collections activities for medical services that should have been paid by the IHS.

VRC testimony was supportive of the resolution. Your Reference Committee agrees with testimony that the resolution is novel, has a strong evidence base, and is timely, given recent efforts in the House of Representatives to amend the Fair Credit Reporting Act. Your Reference Committee recommends Resolution 105 be adopted.

(2) RESOLUTION 210 - OPPOSITION OF THE DECEPTIVE RELOCATION OF MIGRANTS AND ASYLUM SEEKERS

RECOMMENDATION:

Resolution 210 be adopted.

MSS ACTION: Resolution 210 adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association oppose the relocation of migrants and asylum-seekers by state or federal authorities without timely and appropriate resources to meet travelers' needs, especially when deceptive or coercive practices are used; and be it further

RESOLVED, that our AMA support state and federal efforts to protect the health and safety of traveling migrants and asylum-seekers and investigate possible abuse and human rights violations.

VRC testimony was supportive of the resolution. Your Reference Committee agrees with testimony that the resolution is novel and well-supported. Your Reference Committee recommends Resolution 210 be adopted.

(3) RESOLUTION 425 - SUPPORT OF UNIVERSAL SCHOOL MEALS FOR SCHOOL AGE CHILDREN

RECOMMENDATION:

Resolution 425 be adopted.

MSS ACTION: Resolution 425 adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association advocate for federal and state efforts to adopt, fund, and implement universal school meal programs that include the provision of breakfast and lunch to all school-aged children, free of charge to families, regardless of income.

VRC testimony was very supportive. Your Reference Committee agrees with testimony that this resolution is novel and has a strong evidence base. Your Reference Committee recommends Resolution 425 be adopted.

(4) RESOLUTION 601 - ADVISORY COMMITTEE ON TRIBAL AFFAIRS

RECOMMENDATION:

Resolution 601 be adopted.

MSS ACTION: Resolution 601 adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association: (1) establish an Advisory Committee on Tribal Affairs composed of AMA members who themselves identify as American Indian and Alaska Native (AI/AN) or have direct experience or close professional relationships with AI/AN communities (e.g., members of ANAMS and AAIP) or the Indian Health Service to advise the Board of Trustees on how to implement policy specific to AI/AN communities; and (2) promote and foster educational opportunities for AMA members and the medical community to better understand the contributions of AI/AN communities to medicine and public health, including cultivating a rich understanding and appreciation of AI/AN perspectives on health and wellness.

VRC testimony was very supportive. Your Reference Committee agrees with testimony that this resolution is important and that an AI/AN Advisory Council will help our AMA take appropriate action for policies regarding this population. We agree with testimony that this resolution is novel and feasible. Your Reference Committee recommends Resolution 601 be adopted.

(5) GC REPORT C - BIENNIAL REVIEW OF ORGANIZATIONS SEATED IN THE AMA-MSS ASSEMBLY

RECOMMENDATION:

GC Report C be adopted.

MSS ACTION: Substitute GC Report C adopted in lieu of GC Report C.

FINAL LANGUAGE:

Thus, your MSS Governing Council recommends that the following recommendations be adopted and the remainder of this report NOT be filed:

That our AMA-MSS recognize the following national medical student organizations as newly seated organizations with voting privileges in the AMA-MSS Assembly: Medical Students with Disability and Chronic Illness, National First-Generation and Low-Income in Medicine Association, and South Asian Medical Student Association, and be it further;

That our AMA-MSS recognize the following national medical student organizations as newly seated observers in the AMA-MSS Assembly: Medical Students for Choice, and Medical Students for a Sustainable Future, Students for a National Health Program, and be it further;

That our AMA-MSS Governing Council retain all currently recognized organizations in the AMA-MSS Assembly and conduct a formal full review of all of the organizations seated in the AMA-MSS Assembly as outlined in the AMA-MSS Internal Operating Procedures and report back at A-25.

ORIGINAL LANGUAGE:

Thus, your MSS Governing Council recommends that the following recommendations be adopted and the remainder of this report be filed:

1. That our AMA-MSS retains the following NMSSs and PIMAs as eligible for AMA-MSS Assembly representation: American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP),, American College of Emergency Physicians (ACEP), American College of Medical Quality (ACMQ), American College of Physicians (ACP), American Society of Anesthesiologists (ASA),American Medical Women's Association (AMWA), Student Osteopathic Medical Association (SOMA), Psychiatry Student Interest Group Network (PsychSIGN), and Health Professionals Advancing LGBTA Equality (GLMA).

2. That our AMA-MSS retains the following NMSOs as eligible for AMA-MSS Assembly representation: American Physician Scientists Association (APSA), Asian Pacific American Medical Student Association (APAMSA), Latino Medical Student Association (LMSA), and Student National Medical Association (SNMA), and Association of Native American Medical Students (ANAMS), Medical Student Pride Alliance (MSPA).

3. That our AMA-MSS recognize the following NMSS, NMSO and PIMA organizations as newly seated organizations in the AMA-MSS Assembly:
    a. American Academy of Child & Adolescent Psychiatry (AACAP)
    b. American Academy of Ophthalmology (AAO)
    c. American Academy of Orthopedic Surgeons (AAOS)
    d. ACPM (American College of Preventive Medicine)
    e. ACS (American College of Surgeons)
    f. ASPS (American Society of Plastic Surgeons)
    g. United States Air Force
    h. United States Army
    i. United States Navy

VRC testimony was limited. Your Reference Committee thanks the MSS Governing Council for their review of organizations seated in the MSS Assembly and agrees with their recommendations. Your Reference Committee recommends GC Report C be adopted.

(6) GC REPORT D - MSS ABORTION, CONTRACEPTION, & SEX EDUCATION POSITION CONSOLIDATION

RECOMMENDATION:

GC Report D be <u>adopted</u>.

MSS ACTION: GC Report D <u>adopted.</u>

ORIGINAL LANGUAGE:

Thus, your MSS Governing Council recommends that the following recommendations be adopted, the following new consolidated positions be retained as active positions of the

AMA-MSS, the original comprising positions be rescinded and the remainder of this report be filed:

RESOLVED, the following MSS Positions:

- 5.001MSS Public Funding of Abortion Services
- 5.002MSS Condemnation of Violence Against Abortion Clinics
- 5.003MSS Patient Confidentiality and Reproductive Health
- 5.005MSS MSS Stance on Challenges to Women's Right to Reproductive Health Care Access
- 5.006MSS Transparency on Restrictions of Care
- 5.007MSS Ending the Risk Evaluation and Mitigation Strategy (REMS) on Mifepristone
- 5.008MSS Expanding AMA Support for Advanced Practice Providers who Provide First- Trimester Abortion Care
- 5.009MSS Protecting Access to Abortion and Reproductive Healthcare
- 5.010MSS AMA Opposition of Heartbeat Laws which Indicate First Evidence of Embryonic Cardiac Activity as Presence of Fetal Heartbeat
- 5.011MSS Coverage and Reimbursement for Abortion Services
- 5.012MSS Opposition to Restrictions on United States Foreign Aid Allocation for Reproductive Healthcare
- 75.003MSS Contraceptive Programming in the Media
- 75.005MSS Promotion of Emergency Contraception Pills
- 75.009MSS Ending Discrimination Against Contraception
- 75.012MSS Recognizing Long-Acting Reversible Contraceptives (LARCs) as Efficacious and Economical Forms of Contraception
- 75.013MSS Increasing Availability and Coverage for Immediate Postpartum Long-Acting Reversible Contraception Placement
- 75.014MSS Pain Management for Long-Acting Reversible Contraception and other Gynecological Procedures
- 250.019MSS Global HIV/AIDS Prevention
- 255.004MSS United Nations Population Fund
- 270.056MSS Condemnation of Non-Therapeutic Sterilization for Contraception of Women with
- Disabilities without Informed Patient Consent
- 420.008MSS Advance Directives During Pregnancy
- 420.013MSS Amendment to Truth and Transparency in Pregnancy Counseling Centers
- 420.020MSS Access to Standard Care for Non-Viable Pregnancy
- 525.012MSS Transparency Improving Informed Consent for Reproductive Health Services

be consolidated into the new MSS position:

Abortion and Contraception Access

The AMA MSS asked the AMA to:
(1) Recognize that policies and legislation that limit access to abortion care are serious threats to public health;
(2) Support explicit codification of protections for abortion care into federal law;
(3) Oppose legislation, regulation, and other efforts to deny full reproductive autonomy or interfere with medical decision making and the physician-patient relationship;
(4) Opposes the criminalization of self-managed abortion and the criminalization of patients who access abortions, efforts to enforce criminal and civil penalties or other retaliatory efforts against patients and requirements that physicians function as agents of law enforcement, and attempts by the U.S. Department of Justice to subpoena medical records in cases involving abortion;
(5) Condemn violence directed against abortion clinics and family planning centers as a violation of the right to access health care;
(6) Oppose all restrictions on public funding for reproductive healthcare, including contraception and abortion, both domestically and abroad;
(7) Support global humanitarian assistance for comprehensive reproductive health services, including contraception and abortion;
(8) Support continued funding efforts to address the global HIV epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives, or grantee pledges of opposition to the exchange of sex for money or goods; and (2) extend its support of comprehensive family-life education to foreign aid programs, promoting abstinence while also discussing the role of safe sexual practices in disease prevention.
(9) Support guaranteed coverage of evidence-based abortion services without barriers by all public and private payers, designation of abortion services as an essential health benefit, and collaboration with state medical societies and other interested parties to achieve these goals;
(10) Oppose restrictions on physicians and other health professionals who provide abortion care from participating in or being reimbursed by federal and state funded or subsidized health coverage;
(11) Support mifepristone availability for reproductive health indications, including via telemedicine, telehealth, and at retail pharmacies and the FDA's removal of mifepristone's Risk Evaluation and Mitigation Strategy;
(12) Support equitable education on and access to all forms of evidence-based contraception, including emergency contraception and coverage for long-acting reversible contraception device and placement by all public and private payers (including immediate postpartum and post-abortion settings with separate billing from global obstetric fees);
(13) To urge print and broadcast media to permit advertising and public service announcements regarding contraception and safe sexual practices;
(14) Encourage discussion of pain control options, risks, and benefits with patients as part of the shared decision-making process (due to disparities in pain management for gynecological procedures compared to procedures of similarly reported pain) and support research on evidence-based anesthetic and anxiolytic options for long-acting reversible

contraception procedures and other gynecological procedures, including but not limited to colposcopy, endometrial biopsy, and LEEP procedures;
(15) Support that pregnant women with decision-making capacity have the same right to refusal of treatment through advanced directives as non-pregnant women;
(16) Establish a list of Essential Reproductive Health Services, and advocate for requirements for healthcare organizations to clearly publish online and at points of service which Essential Reproductive Health Services are available or restricted at the organization, including referral information for patients regarding other providers that offer these services within the same coverage area;
(17) Advocate that any entity offering crisis pregnancy services (sometimes deceptively known as “pregnancy counseling centers”) fully and publicly disclose all information regarding medical services, contraception, termination of pregnancy or referral for such services, adoption options, or referral for such services that it does or does not provide, as well as any financial, political, or religious associations and their level of compliance with all federal and state laws, including licensing standards and privacy requirements;
(18) Discourage marketing, counseling, or coercion (by physical, emotional, or financial means) by any entity offering crisis pregnancy services that aim to divert or interfere with a patient’s pursuit of medical care;
(19) Oppose all public funds for entities offering crisis pregnancy services that do not provide evidence-based medical information and care to patients.

And furthermore, our AMA-MSS:
(1) supports federal and state efforts to allow appropriately trained and credentialed non-physician clinicians to perform first-trimester medical and aspiration abortions;
(2) supports requirements that all medical institutions provide medically accurate information on the full breadth of reproductive health options available for patients, including all evidence-based contraception and abortion, emergency care patients (including during and after miscarriages, abortions, and diagnosis of nonviable pregnancy) and fertility services, regardless of the institution’s willingness to perform any of these services, and disclosure of this information to all clinicians employed or seeking employment at the institution;
(3) supports prompt and timely referral of patients to accessible healthcare providers (within the same coverage area) offering reproductive services sought by the patient, when a healthcare provider refuses to provide such care and while avoiding any undue burden to the patients;
(4) opposes all restrictions (including by health facility) that may hinder patients’ timely access to accepted standard of care in both emergent and non-emergent cases of non-viable pregnancy; and
(5) opposes the ability of guardians or petitioners to obtain non-therapeutic sterilizations (eg, not for menstrual problems or pregnancy prevention) for patients with disabilities or other patients placed at a power differential.

RESOLVED, the following MSS Positions:

- 65.046MSS Television Broadcast and Online Streaming of LGBTQ+ Inclusive Sexual Encounters and Public Health Awareness on Social Media Platforms
- 75.001MSS Mandatory Parental Notification for Minors Seeking Contraceptives Devices
- 75.005MSS Promotion of Emergency Contraception Pills
- 75.007MSS Preservation of HIV and STD Prevention Programs Involving Safer Sex Strategies and Condom Use
- 75.008MSS Opposition to Sole Funding of Abstinence-Only Education
- 75.011MSS Informed Consent with Regards to Advertising and Prescribing Contraceptives
- 170.003MSS Incorporation of Adoption into Public School Health Education Curriculum
- 170.005MSS Teaching Sexual Restraint to Adolescents
- 170.007MSS Teaching Preventive Self Examinations to High School Students
- 170.008MSS Increasing HPV Education
- 170.010MSS Abstinence-Only Education and Federally-Funded Community-Based Initiatives
- 170.011MSS Human Papillomavirus (HPV) Inclusion in High School Health Education Curricula
- 170.015MSS Reducing the Risk of Sexually Transmitted Infections in Patients Age 50 and Older
- 170.016MSS Sexual Violence Education and Prevention in High Schools with Sexual Health Curricula
- 170.019MSS Comprehensive Human Papillomavirus (HPV) and Vaccination Education in School Health Curricula
- 170.020MSS Sex Education Materials for Students with Limited English Proficiency
- 170.021MSS Expansion on Comprehensive Sexual Health Education

be consolidated into the new MSS position:
Comprehensive Sexual Education
The AMA-MSS:
(1) Supports age-appropriate comprehensive sexual education;
(2) Supports the development of programs to teach self-breast examinations and testicular self-examinations to high school students and encourages county medical societies to assist local high schools in implementing such programs;
(3) Opposes requiring parental notification of contraceptive care provided to minors;
(4) Providing accurate and balanced information on the effectiveness, safety and risks/benefits of contraception in all public media;

Furthermore, our AMA-MSS asked the AMA:

(1) To reaffirm its policy to reiterate that HIV and STD prevention education must be comprehensive to incorporate safer sex strategies including condom use, not just abstinence, and that these programs be culturally sensitive to the LGBTQ+ community;
(2) To actively oppose increasing federal and state funding for abstinence-only education, unless future research shows its superiority over comprehensive sex education in terms of preventing negative health outcomes;
(3) To support the incorporation of information on adoption, sexual violence prevention,dental dams, and other barrier protection methods, and culturally competent materials that are language concordant for Limited English Proficiency (LEP) pupils into public school sex education or family planning curricula;
(4) Support efforts in the mass media, schools, and communities to make abstinent sexual behavior more socially acceptable and to help students develop the skills and self-confidence they need to restrict their sexual behavior; and this support will include efforts to increase funding and policies at the local, state and federal levels, though not necessarily at the expense of existing policies and encourage school districts to adopt sex education curricula that have a proven record of reducing teenage sexual activity;
(5) Support public health education relating to emergency contraception pills (ECPs) by working in conjunction with the appropriate specialty societies and organizations to encourage the widespread dissemination of information on ECPs to the medical community, women's groups, health groups, clinics, the public and the media;
(6) To support the development of programs to teach self-breast examinations to female high school students and testicular self-examinations to male high school students and encourage county medical societies to assist local high schools in implementing such programs;
(7) To strongly urge existing school health education programs to emphasize the high incidence of human papillomavirus and to discuss the importance of routine pap smears in the prevention of cervical cancer;
(8) To encourage physicians to educate their patients, particularly those of age 50 and older, on safe-sex practices and on the risk of sexually transmitted infections.

and be it further

RESOLVED, the following MSS Positions:

- 65.055MSS Including Gender Inclusive Language in Menstrual Healthcare
- 75.012MSS Recognizing Long-Acting Reversible Contraceptives (LARCs) as Efficacious and Economical Forms of Contraception
- 75.013MSS Increasing Availability and Coverage for Immediate Postpartum Long-Acting
- Reversible Contraception Placement
- 295.073MSS Inclusion of Lactation Management Education in Medical School Curricula
- 295.077MSS Medical Student Education on Termination of Pregnancy Issues
- 295.129MSS Improving Sexual Education in the Medical School Curriculum

- 295.191MSS Educating Physicians About the Importance of Cervical Cancer Screening for Transgender Men Patients
- 295.206MSS Protecting Medical Student Access to Abortion Education and Training
- 295.234MSS Supporting Minimum Content Standards of LGBTQ+ Health Curriculum in Undergraduate Medical Education
- 310.048MSS Training in Reproductive Health Topics as a Requirement for Accreditation of Family Medicine Residencies

be consolidated into the new MSS position:
Reproductive Care in Medical Education
Our AMA-MSS:
(1) Supports gender-neutral language with regards to reproductive rights including but not limited to menstrual products in medical education, clinical training, and clinical practice;
(2) Supports training for healthcare providers that includes de-gendered language and inclusivity for various period products to better understand the needs of all persons who menstruate;
(3) Encourages medical schools to incorporate lactation management education into the medical school curriculum where appropriate;
(4) Supports education on termination of pregnancy issues be included in the medical school curriculum;
(5) Supports that LCME- and COCA-accredited institutions develop minimum content requirements in LGBTQ+ health curricula, including relevant terminology, health disparities, taking a comprehensive sexual history, developing inclusive clinical environments, gender-affirming care for transgender and nonbinary patients, gender-affirming physical exam skills, sexual health safety and satisfaction, and intersectional experiences of LGBTQ+ people;
(6) supports our AMA working with the Accreditation Council for Graduate Medical Education to protect patient access by advocating for preservation of accreditation requirements for family medicine residencies in reproductive health topics, including contraceptive counseling, family planning, and counseling for unintended pregnancy.

Furthermore, our AMA-MSS asked the AMA to:
(1) Support the training of all primary care providers in the area of preconception counseling;
(2) Encourage relevant specialty organizations to provide training for physicians regarding (i) patients who are eligible for immediate postpartum long-acting reversible contraception, and (ii) immediate postpartum long-active reversible contraception placement protocols and procedures;
(3) Encourage all medical schools to train medical students to be able to take a thorough and non-judgmental sexual history in a manner that is sensitive to the personal

attitudes and behaviors of patients in order to decrease anxiety and personal difficulty with sexual aspects of health care;
(4) Issue a public service announcement that encourages patients to discuss concerns related to sexual health with their physician and reinforces the AMA's commitment to helping patients maintain sexual health and well-being;
(5) Support regular cancer and sexually transmitted infection screenings in transgender men when medically indicated;
(6) Support opt-out curriculum on abortion education.

VRC testimony was limited. Your Reference Committee thanks the MSS Governing Council for their efforts on this report and appreciates the division of positions into Abortion and Contraception, Comprehensive Sexual Education, and Reproductive Care in Medical Education. The consolidated positions in each category capture the intent and maintain the spirit of the original positions. Your Reference Committee recommends GC Report D be adopted.

(7) GC REPORT E - MSS EMPLOYMENT & EDUCATIONAL LEAVE POSITIONS REVIEW & CONSOLIDATION

RECOMMENDATION:

GC Report E be <u>adopted</u>.

MSS ACTION: GC Report E <u>adopted.</u>

ORIGINAL LANGUAGE:

Thus, your MSS Governing Council recommends that the following recommendations be adopted, the following new consolidated positions be retained as active positions of the AMA-MSS, the original comprising positions be rescinded, and the remainder of this report be filed:

RESOLVED, the following MSS Positions:
- 65.024MSS FMLA-Equivalent for LGBTQ+ Workers
- 270.003MSS Broadening Access to Paid Family Leave to Improve Health Outcomes and Health Disparities
- 270.032MSS Paid Parental Leave
- 270.047MSS Supporting Intimate Partner and Sexual Violence Safe Leave
- 270.048MSS Expanding Employee Leave to Include Miscarriage and Stillbirth
- 295.233MSS Support for Family Planning for Medical Students
- 440.050MSS Measuring the Effect of Paid Sick Leave (PSL) on Health-Care Outcomes

be consolidated into the new MSS Position:
Support for Universal, Paid, Family and Medical Leave
The AMA-MSS:
(1) Supports universal paid family and medical leave, especially to a period of 14 weeks or longer, including for at minimum the following conditions:
(a) The conditions outlined by the Family and Medical Leave Act of 1993;
(b) Parental leave policies that equally encourage parents of all genders to take parental leave;
(c) Pregnancy complications, including miscarriage and stillbirth;
(d) Concerns for safety, including but not limited to intimate partner violence, sexual violence or coercion, and stalking;
(e) Provisions to include of any individuals related by blood or affinity whose close association with the employee is the equivalent of a family relationship;

Furthermore, the AMA-MSS asked the AMA to: (1) support the expansion of policies regarding family and medical leave to include any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship; (2) recognize the positive impact of paid safe leave on public health outcomes and support legislation that offers paid and unpaid safe leave and (3) support safe leave provisions for those experiencing any instances of violence, including but not limited to intimate partner violence, sexual violence or coercion, and stalking; (4) support leave policy for miscarriage or stillbirth; (5) recognize the positive impact of paid sick leave on health and support legislation that offers paid sick leave; (6) work with appropriate entities to build on the current body of evidence by studying the health and economic impacts of newly enacted legislation; and (7) advocate for federal and state policies that guarantee employee access to protected paid sick leave.

RESOLVED, the following MSS Positions:
- 270.048MSS Expanding Employee Leave to Include Miscarriage and Stillbirth
- 270.049MSS Amendment to Policy H-405.960, Policies for Parental, Family, and Medical Necessity Leave
- 310.002MSS Parental Leave Benefits for House Staff
- 310.049MSS Equal Paternal and Maternal Leave for Medical Residents
- 295.207MSS Family Planning for Medical Students

be consolidated into the new MSS Position:
Leave During Medical Training
The AMA-MSS supports efforts by medical schools, residency and fellowship programs to develop easily accessible written policies on family and medical leave for medical trainees, including at minimum the following provisions:
(1) The conditions outlined by the Family and Medical Leave Act of 1993;
(2) Leave policy for birth, adoption, and pregnancy complications including stillbirth and miscarriage;

(3) Duration of leave allowed before and after delivery;
(4) Parental leave policies that equally encourage parents of all genders to take parental leave;
(5) Concerns for safety, including but not limited to intimate partner violence, sexual violence or coercion, and stalking;
(6) Extended leave for trainees with extraordinary and long-term personal or family medical tragedies, without loss of status;
(7) Clarification of how time can be made up in order to be eligible for graduation without delay and length of leave that would result in delayed graduation or additional training;
(8) Whether schedule accommodations are allowed, such as modified rotation schedules, no night duties, and flexibility with academic testing schedules.

RESOLVED, the following MSS Positions:
- 305.094MSS Increased Education and Access to Fertility Resources for U.S. Medical Students
- 295.207MSS Family Planning for Medical Students
- 295.239MSS Increased Education and Access to Fertility-Related Resources for U.S. Physicians
- 295.233MSS Support for Family Planning for Medical Students

be consolidated into the new MSS Position:

Increased Education and Access to Fertility Resources for U.S. Trainees
The AMA-MSS:
(1) supports the development of initiatives inclusive of sexual orientation and gender identity by the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, medical schools, residency and fellowship programs, and other appropriate organizations in medical education that promote a culture that is supportive of their medical students and trainees who are parents and to provide openly and easily accessible guidelines and information to prospective and current students regarding family planning including raising awareness about:
(a) how peak child-bearing years correspond to the peak career-building years for many medical students and trainees;
(b) the significant decline in oocyte quality and quantity and increase in miscarriage and infertility rates, with increasing age in medical students and trainees;
(c) the high rate of infertility among medical students, trainees, and physicians;
(d) various fertility preservation options and including cryopreservation of oocytes and sperm and associated costs; and work with relevant organizations to increase access to strategies by which medical students and trainees can preserve fertility (such as cryopreservation of oocytes, sperm, and embryos), with associated mechanisms for insurance coverage;

(e) breastfeeding policies, accommodations during pregnancy, and resources for childcare that span the institution and surrounding area;

(2) urges academic and private hospitals and employers to offer counseling for family planning options such as gamete cryopreservation and in vitro fertilization, for medical residents, fellows, and physicians.

RESOLVED, the following MSS Positions be amended to summarize the spirit and convert the request to past tense as applicable:

- 65.051MSS Cultural Leave for American Indian Trainees
- 295.197MSS Support for the Study of the Timing and Causes for Leave of Absence and Withdrawal from United States Medical Schools
- 310.058MSS Reporting of Residency Demographic Data

VRC testimony was limited. Your Reference Committee thanks the MSS Governing Council for their efforts on this report and appreciates the division of positions on employment and educational leave. Your Reference Committee agrees that the resolve clauses adequately retain the original spirit of the positions that were consolidated. Your Reference Committee recommends GC Report E be adopted.

(8) GC REPORT F - MSS FIREARM POSITIONS CONSOLIDATION

RECOMMENDATION:

GC Report F be adopted.

MSS ACTION: GC Report F adopted.

ORIGINAL LANGUAGE:

Thus, your MSS Governing Council recommends that the following recommendations be adopted and the remainder of this report be filed:

RESOLVED, the following MSS Positions:

- 145.001MSS Handgun Violence
- 145.009MSS Regulation of Handgun Safety and Quality
- 145.012MSS Use of Individualized Violence Risk Assessments in Reporting of Mental Health Professionals for Firearm Background Checks
- 145.013MSS Strengthening our Gun Policies on Background Checks and the Mentally Ill
- 145.015MSS Expansion of Federal Gun Restriction Laws to Include Dating Partners and Convicted Stalkers
- 145.016MSS Opposition to Armed Campuses

- 145.017MSS Increasing the Legal Age of Purchasing Ammunition and Firearms from 18 to 21
- 145.018MSS Development and Implementation of guidelines for Responsible Media Coverage of Mass Shootings
- 145.019MSS Increasing Firearm Safety to Prevent Accidental Child Deaths
- 145.020MSS Opposing Unregulated, Non-Commercial Firearm Manufacturing
- 145.021MSS Support for Warning Labels on Firearm Ammunition Packaging
- 145.022MSS AMA Funding of Political Candidates who Oppose Research-Backed Firearm Regulations
- 145.024MSS Amendment to AMA Policy Firearms and High-Risk Individuals H-145.972 to Include Medical Professionals as a Party Who Can Petition the Court
- 145.025MSS New Policies to Respond to the Gun Violence Public Health Crisis
- 145.026MSS Addressing Default Proceed Sales of Firearms
- 145.027MSS Addressing 'Stand your Ground' Laws
- 145.073MSS Support for Comprehensive Safe Firearm Storage Legislation
- 365.004MSS Hospital Workplace and Patient Safety and Weapons
- 440.119MSS Further Action to Respond to the Gun Violence Public Health Crisis

Be consolidated into the new MSS Position:
Gun Violence Is a Public Health Crisis
Our AMA-MSS recognizes that gun violence is a public health epidemic, and supports evidence-based federal, state, and local approaches to reduce gun violence, including but not limited to the following:
(1) universal background checks and a mandatory minimum 7-day waiting period for people buying guns and/or ammunition through any medium, as well as the prohibition of firearm sales to individuals for whom a background check has not been completed;
(2) strengthening of the National Instant Criminal Background Check System (NICS), including opposing the destruction of any incomplete background checks for firearm sales and advocating for public annual reporting by relevant agencies on inappropriate firearm sales, including number of default proceed sales; number of firearms retrieved from individuals after these sales through criminal investigations, across state lines, via or other means; and average time passed between background check completion and retrieval;
(3) mandated reporting of patients with mental illnesses who pose a risk to themselves or others and procedures by which physicians and other medical professionals, in partnership with appropriate stakeholders, can contribute to the inception and development of petitions to a court for firearm removal when a high or imminent risk of violence is present;
(4) individualized violence risk assessments by mental health professionals , rather than categorical exclusion criteria, in reports to state or federal authorities for firearm background checks;
(5) expanding prohibitions on firearm purchases to include individuals subject to domestic violence restraining orders, convicted stalkers, and persons charged with domestic violence and intimate partner violence even if no legal relationship exists;

(6) prohibition of the inheritance, gifting, or transfer of ownership of firearms without adhering to all federal and state requirements for background checks, waiting periods, and licensure;
(7) prohibition of “multiple sales” of firearms, defined as the sale of multiple firearms to the same purchaser within five business days;
(8) bans on the possession, unsupervised use, and purchase of firearms and ammunition by youths under the age of 21;
(9) bans on the presence of firearms on school campuses;
(10) federal and state comprehensive safe storage laws and child access prevention laws;
(11) evidence-based community firearm violence interruption programs and hospital-based violence interruption programs;
(12) strict federal regulation of the manufacture, sale, importation, distribution, and licensing of firearms and their component parts;
(13) bans on: a) the unregulated, non-commercial firearm manufacturing, such as via 3-D printing, regardless of the material composition or detectability of such weapons; and b) the production and distribution of 3-D firearm blueprints;
(14) application of the same quality and safety standards to both domestically manufactured and imported firearms;
(15) smart gun technology on all firearms that only allows the lawful owner to use the weapon;
(16) use of taxes on firearm and ammunition sales to cover medical bills for victims of handgun violence and to fund public education on violence prevention;
(17) requirements that packaging for any firearm ammunition produced in, sold in, or exported from the United States carry a legible, boxed warning that includes, at a minimum (a) text-based statistics and/or graphic picture- based warning labels related to the risks, harms, and mortality associated with firearm ownership and use, and (b) explicit recommendations that ammunition be stored securely and separately from firearms;
(18) restrictions on the use of deadly force by firearm under "Stand Your Ground" laws when it can be reasonably avoided;
(19) development of guidelines by the Centers for Disease Control and Prevention, the National Institute of Mental Health, the Associated Press Managing Editors, the National Press Photographers Association, and other relevant organizations for media coverage of mass shootings in a manner unlikely to provoke additional incidents;
(20) restrictions on guns and tasers in civilian healthcare delivery settings and comprehensive training of security personnel focusing on patient safety and empathy; and
(21) refusal by all candidates for public office of contributions from any organization that opposes public health measures to reduce firearm violence.

Our AMA-MSS asked the AMA to support many of these approaches as well and furthermore asked the AMA to convene a task force for the purposes of working with advocacy groups and other relevant stakeholders to advocate for federal, state, and local efforts to end the gun violence public health crisis; identifying and supporting evidence-

based community interventions to prevent gun injury, trauma, and death; monitoring federal, state, and local legislation, regulation, and litigation relating to gun violence; and reporting annually to the House of Delegates on the AMA's efforts to reduce gun violence. and be it further

RESOLVED, the following MSS Positions:

- 145.004MSS Prevention of Unintentional Firearm Accidents in Children
- 145.011MSS Gun Safety Counseling in Undergraduate Medical Education
- 145.014MSS Preventing Fire-Arm Related Injury and Morbidity in Youth
- 145.023MSS Amend H-145.976, to Reimburse Physicians for Firearm Counseling
- 295.209MSS Addressing the Need for Firearm Safety in Medical School Curricula

Be consolidated into new MSS Position:
Firearm Safety Education and Counseling
Our AMA-MSS asked the AMA to support evidence-based efforts to increase education and patient counseling to reduce gun violence, including but not limited to the following:
(1) collaboration with relevant parties to increase firearm safety education, including with firearm owners and training organizations to develop and distribute materials appropriate for the clinical setting;
(2) the inclusion of gun violence epidemiology, firearm safety education, and patient counseling strategies in undergraduate medical education and the development of modules by the Association of American Medical Colleges, Agency for Healthcare Research and Quality, and other relevant organizations, on topics including but not limited to:
(a) inquiring as to the presence of household firearms as a part of childproofing the home;
(b) educating patients to the dangers of firearms to children;
(c) encouraging patients to educate their children and neighbors as to the dangers of firearms;
(d) routinely reminding patients to obtain firearm safety locks and store firearms under lock and key;
(3) reimbursement structures that incentivize physicians to counsel patients on firearm safety; and
(4) laws against the restriction of evidence-based firearm safety counseling by physicians, other health professionals, and medical students.

VRC testimony was limited. Your Reference Committee thanks the Governing Council for their efforts on this report and appreciates the division of positions on firearms. Your Reference Committee agrees that the consolidations are thorough and preserve the original asks of all positions consolidated. Your Reference Committee recommends GC Report F be adopted.

(9) GC REPORT G - REVIEW & CONSOLIDATION OF POSITIONS RELATING TO MSS GOVERNANCE

RECOMMENDATION:

GC Report G be adopted.

MSS ACTION: GC Report G adopted.

ORIGINAL LANGUAGE:

Your AMA-MSS Governing Council recommends that the following be adopted and the remainder of the report be filed:

RESOLVED, MSS Position 665.014MSS Region Restructure Assessment During IOP Revision Process be amended by addition and deletion as follows:

~~(1) The existing AMA-MSS Region structure will remain unchanged and~~

~~(2) the~~ (1) AMA-MSS will annually assess and report to the MSS Assembly each Region's membership numbers and degree of engagement with the AMA-MSS, including effects on Assembly attendance and quorum and Regional Delegate and Regional Alternate Delegate apportionment,

(2) in preparation for or at the time of review for possible revisions of the MSS IOPs a comprehensive report will be prepared for the MSS Assembly, ~~least every 5 years~~ to explore current barriers to medical student participation in the AMA including but not limited to cost and value of membership and conference attendance and consider potential changes to the Region structure and function (i.e. state and school delegate allocation allocated in each Region) to be included in those revisions; and be it further;

(3) Region bylaws will be reviewed and assessed by each Region annually during the leadership transitions and strategic planning process;

RESOLVED, that the recommendations for consolidation actions specified in Appendix A - F of this report be retained as official, active positions of the AMA-MSS;

RESOLVED, the following MSS Positions:

1. 630.011MSS Improved Access and Programming of Non-Scientific Issues in Medicine
2. 630.019MSS MSS Master List of Dates
3. 630.042MSS Improving AMA-MSS Communication
4. 640.003MSS States Regional Chairs
5. 645.013MSS Information for the AMA Medical Student Section Assembly Concerning Issues Discussed at the AMA-HOD
6. 650.002MSS Improved Communications Between MSS and RFS and Between RFS and YPS

be consolidated into the new MSS Position:

Optimizing MSS Communications
AMA-MSS will continue to support and explore strategies to optimize communications with general members, including at minimum:

(1) Production of an electronic newsletter;
(2) Maintenance of virtual platforms for direct communication with members (i.e. GroupMe) at the national and regional levels;
(3) Maintenance of an easily accessible and regularly updated list of important events and deadlines for MSS and AMA activities;
(4) Maintenance of an easily accessible list of items important to the MSS that will be coming before the AMA House of Delegates, updated before each HOD meeting;
(5) Maintenance of an easily accessible list of outcomes of items important to the MSS considered at the AMA House of Delegates updated after each House of Delegates meeting;
(6) Maintenance of an easily accessible list of implementation outcomes of items important to the MSS considered at the AMA House of Delegates upon publication of the annual House of Delegates Follow Up Implementation Report;
(7) Regular dissemination of information about shared initiatives with other AMA entities;
(8) Ensure MSS Regions maintain active and timely communication with MSS delegates and other general Region members regarding responsibilities and opportunities; and
(9) Developing and maintaining a series of free online materials providing detailed information on MSS functions and engagement opportunities;

and be it further

RESOLVED, the following MSS Positions:

7. 630.050MSS Creating a Community Service Project
8. 645.015MSS Non-Voter Participation During the Assembly Portion of the AMA-MSS Annual and Interim Meetings
9. 645.012MSS Health Policy Programming

be consolidated into the new MSS Position:

<u>Expanding Programming at MSS Meetings</u>
The MSS Governing Council will continue to explore and implement additional programming for attendees of the MSS Annual and Interim Meetings, including but not limited to health policy educational opportunities, residency fairs, workshops, lectures, community service projects, and networking and social opportunities.

and be it further

RESOLVED, the following MSS Positions:

- 530.023MSS Equal Opportunity in Professional Affiliations for Physicians
- 530.024MSS Medical Student Participation in Professional Organizations
- 655.001MSS Student Membership in State Medical Societies
- 655.003MSS Dual State Society Membership for Medical Students
- 655.002MSS Membership Recruitment Methods

be consolidated into the new MSS Position:

<u>MSS Positions Consolidated by New Position: Medical Student Participation in State and Local Professional Organizations</u>

AMA-MSS asked the AMA to support and encourage student membership and participation in state and local medical societies by:

(1) urging its state medical associations and constituent societies to:

(1) review and study membership provisions of their bylaws to maintain fair membership standards for equal access for all physicians and medical students
(2) seek the removal of any impediments to student membership;
(3) encourage societies to establish student dues that do not exceed 50 percent of the national student dues;
(4) offer membership options for students who are enrolled in medical school for longer than four years;
(5) oppose policy that directly or indirectly restricts or restrains any individual member's freedom of choice with respect to professional societies for which they are eligible;
(6) provide all medical students equal access to funding and opportunity within the realm of their society.
(7) allow medical students to hold membership in the state society in which they attend medical school and also an associates membership in their state of permanent residence not be counted in determining the number of AMA delegates representing a state.
(8) support medical student representation in state delegations to the AMA House of Delegates, with the goal of having a proportional number of delegate seats based on student membership.

(2) working with the Association of American Medical Colleges to promote medical student engagement in professional medical societies, including attendance at local, state, and national professional organization meetings, during the pre-clinical and clinical years.

and be it further

RESOLVED, the following MSS Positions:

- 530.016MSS Creation of Additional Dues Structure for Resident & Fellow Section
- 655.022MSS MD/PhD AMA Membership
- 655.017MSS Multi-Year Membership Benefit
- 655.004MSS Medical Student Membership Benefits
- 655.025MSS Increasing the Efficiency of Student Membership Application Processing

be consolidated into the new MSS Position:

<u>Medical Student Dues, Incentives, and Funding</u>

Our AMA-MSS asked the AMA to:

(1) create discounted multi-year dues options for medical students and residents for all program lengths including students and residents who take extra years for additional degrees, research, and other leaves of absence while ensuring that recruitment rebates apply to these options;
(2) support medical student recruitment efforts by providing a tangible membership benefit linked to the multi-year membership option on a continual annual basis.
(3) provide benefits, free of charge, to new members processed before January until official membership begins in January according to the AMA calendar.
(4) provide contact information for AMA staff member responsible for benefit inquiries and grievances;
(5) continue its internal evaluation of the procedures involved in the processing of student membership applications and take steps to decrease delays and increase service to medical student applicants and members.
(6) explore mechanisms to mitigate costs associated with medical student participation at national, in-person AMA conferences.

and be it further

RESOLVED, the following MSS Positions:

- 655.002MSS Membership Recruitment Methods
- 655.005MSS Recruitment Information in AMA and MSS Pamphlets
- 640.003MSS States Regional Chairs
- 655.034MSS Study a Need-Based Scholarship to Encourage Medical Student Participation in the AMA
- 655.028MSS The Designation of Permanent Membership Positions Within Local AMA-MSS Chapters
- 350.019MSS Strengthening AMA-MSS Collaborations with Allied Underrepresented Minority Student Organizations at the Local Chapter Level
- 655.015MSS Eligibility of Medical Students to Join the AMA while Enrolled in a JointDegree Program
- 630.011MSS Improved Access and Programming of Non-Scientific Issues in Medicine
- 655.018MSS Membership Retention into Residency
- 655.033MSS Establishing a Joint MSS and RFS Approach for Recruitment Initiatives for Incoming MSS Members to the RFS
- 655.024MSS Improving Federated Membership Recruitment and Portability

be consolidated into the new MSS Position:

<u>Supporting MSS Membership Recruitment and Retention</u>

Our AMA-MSS Governing Council will support and encourage AMA membership through exploring a variety of recruitment and retention methods and implementing, at minimum, the following strategies:

(1) supporting offering medical students free membership in the AMA and/or constituent societies;
(2) stressing and distinguishing the benefits of membership on the national, state, and county/local levels in recruitment materials;
(3) Collaborating with Region Leadership, Medical Student Outreach Program, Marketing and Membership Experience staff and other appropriate AMA staff to:
    (a) encourage the development of local MSS chapters and state MSS sections in medical schools and states where they do not exist;
    (b) involve highly organized MSS chapters and state sections in providing organizational information and assistance to developing chapters and sections;
    (c) encourage MSS chapters to maintain communication and interaction between medical student members and physician members of county and state medical societies; and
    (d) ensure every medical school designates a permanent position within their local campus section to be responsible for matters pertaining to membership recruitment and retention throughout the school year, and that the local campus section provides the individual's name and contact information to the MSS Governing Council, pertinent Region Leaders, and AMA Medical Student Section Outreach Program when local campus section leadership transitions, or at least annually.
    (e) support the collaboration between local chapters and allied medical student organizations to increase underrepresented minority medical student participation in the AMA-MSS including the creation of a local DEI Chair and/or liaisons to national medical student organization chapters at their local institution;
    (f) use peer-to-peer recruitment to identify and recruit students on an individual basis that are enrolled in joint degree programs and who begin their education in disciplines other than medicine.

(g) explore methods of disseminating information from the AMA-MSS to local chapters with the goals of increased access, and program development;
(h) develop and promote a series of free online modules and presentation templates on a variety of topics which can be used by general members and local campus section leadership to learn about the MSS and other topics of importance to future physicians;

(4) explore ways to increase awareness of the Medical Student and Resident & Fellow Sections in order to increase membership retention during the transition to residency through strategic collaboration with (a) the AMA-RFS to focus membership strategies to retain student members and recruit new resident members; and (b) medical school deans to find better means to increase awareness such as targeted informational sessions and increased presence at match day and graduation events.

(5) supporting the development of a system whereby medical student, resident/fellow, and young physician members of the AMA, state, and county medical societies may rapidly transfer their new or existing memberships to the appropriate state and county medical societies of their new program or practice;

and be it further

RESOLVED, the following MSS Positions be rescinded:

1. 630.049MSS AMA Medical Student Section Vision Statement
2. 630.069MSS Developing our Regions
3. 630.073MSS Voting Rights of MSS Speaker and Vice Speaker
4. 630.076MSS Sunset Report Update
5. 640.011MSS Region Chair Elections
6. 660.001MSS Questions of Parliamentary Procedures
7. 660.017MSS Campaign Reform
8. 660.026MSS AMA-MSS: Officers – Nomination, Election, and Tenure
9. 660.036MSS Creating an AMA-MSS Election Task Force
10. 660.037MSS Expanding the AMA-MSS Governing Council to Include a Diversity, Equity, & Inclusion Officer
11. 665.001MSS Strengthening of Regional Internal Operating Procedures (IOPs), Creation of Regional Coordinating Committees, and Creation of Membership/ Recruitment Chair for Each Region
12. 665.012MSS Evaluation of AMA-MSS Region Bylaws
13. 665.015MSS Reevaluation of AMA-MSS Region Bylaws
14. 665.017MSS Re-evaluation of AMA-MSS Region Bylaws

and be it further

RESOLVED that the following MSS Positions be retained as official, active positions of the AMA-MSS:

1. 530.003MSS JAMA's Editorial Freedom
2. 530.004MSS Conference Registration Fees
3. 530.006MSS Donation of Medical Journals
4. 530.012MSS Product Endorsements
5. 530.017MSS Creation of a National Labor Organization for Physicians
6. 530.020MSS Establishing an AMA International Health Consortium
7. 530.025MSS Sexual Orientation and Gender Identity Demographic Collection by the AMA and Other Medical Organizations

8.	530.026MSS	Anti-Harassment Training
9.	530.027MSS	Environmental Sustainability of AMA National Meetings
10.	535.001MSS	Commendation to the AMA Board of Trustees
11.	535.003MSS	Disclosure of Funding Sources and Industry Ties of Professional Medical Associations and Patient Advocacy Organizations
12.	540.002MSS	Council Elections and Visibility
13.	550.008MSS	Medical Student Regional Delegate Apportionment
14.	630.007MSS	MSS Resolutions
15.	630.022MSS	Recycling at AMA-MSS Meetings
16.	630.025MSS	Changes in MSS Resolutions Forwarded to the AMA House of Delegates
17.	630.041MSS	Inclusion of AOA-Accredited Schools in Policy Language:
18.	565.001MSS	MSS Political Action
19.	565.002MSS	Preserving the AMA's Grassroots Legislative and Political Mission
20.	565.003MSS	Building AMA-MSS Membership through Promotion of AMPAC and State Medical PACs
21.	645.001MSS	Use of the Term "Assembly"
22.	645.016MSS	Student Academy of the American Academy of Physician Assistants Official Observer
23.	645.019MSS	European Medical Student Association (EMSA) – Official Observer
24.	645.026MSS	Advocating for the Continuation of a Fall Meeting of the Medical Student Section
25.	645.031MSS	MSS Action Items

VRC testimony was limited. Your Reference Committee thanks the MSS Governing Council for their work on this report and agrees that the consolidations appropriately encompass the original positions. Your Reference Committee recommends GC Report G be adopted.

(10) GC REPORT H - MSS ALCOHOL-RELATED POSITIONS CONSOLIDATION

RECOMMENDATION:

GC Report H be adopted.

MSS ACTION: GC Report H adopted.

ORIGINAL LANGUAGE:

Thus, your MSS Governing Council recommends that the following recommendations be adopted and the remainder of this report be filed:

RESOLVED, the following MSS Positions:

- 30.011MSS Expanding Transplant Evaluation Criteria to Include Patients that May Not Satisfy Center-Specific Alcohol Sobriety Requirements
- 370.019MSS Support for the Use of Evidence-Based Guidelines for Determining Liver Transplant Waiting Periods in Alcohol-Related Liver Disease

be consolidated into the new MSS Position:
Supporting the Use of Evidence-Based Guidelines in Transplant Evaluation
AMA-MSS supports:
(1) Encouraging transplant centers to expand potential recipient evaluation criteria to include patients that may not satisfy center-specific alcohol sobriety requirements on a case-by-case basis;
(2) The use of evidence-based guidelines for determining liver transplant waiting periods in alcohol-related liver disease; and be it further

RESOLVED, the following MSS Positions:
- 30.003MSS Age Requirement for Purchase of Non-Alcoholic Beer
- 30.005MSS Boating Under the Influence
- 30.006MSS Support of Programs that Discourage Adolescent Alcohol Consumption
- 420.002MSS Substance Abuse During Pregnancy

be consolidated into the new MSS Position:
Supporting Education on the Health Risks of Alcohol
The AMA-MSS supports education on the health effects of alcohol, including but not limited to:
(1) education on the dangers of alcohol and drug consumption for the safe operation of recreational watercraft;
(2) working with adolescents to both raise awareness of the dangers of alcohol consumption by minors as well as to curtail underage drinking in their local populations;
(3) efforts to educate the general public, especially adolescents, about the effects of alcohol use disorder and substance use disorder on prenatal and postnatal development;
(4) efforts to educate the public and consumers relating to the alcohol content of so-called "non- alcoholic" beverages and other substances, including medications, especially as related to consumption by minors; and be it further

RESOLVED, the following MSS Positions:
- 30.003MSS Age Requirement for Purchase of Non-Alcoholic Beer
- 30.005MSS Boating Under the Influence
- 30.007MSS Drunk Driving Prevention through Designated Driver Use Promotion
- 30.008MSS Support for Medical Amnesty Policies for Underage Alcohol Intoxication
- 30.009MSS Sobriety Checkpoints
- 30.010MSS Opposition to Alcoholic Industry Marketing Self-Regulation

be consolidated into the new MSS Position:
Supporting a Harm Reduction Approach to Alcohol Use
The AMA-MSS supports a harm reduction approach in policies related to alcohol consumption, including but not limited to:

(1) urging businesses that serve alcohol to offer incentives such as free admission, reduced food prices, and free non-alcoholic beverages to patrons who elect to be designated drivers
(2) efforts among universities, hospitals, and legislators to establish medical amnesty policies that protect underage drinkers from punishment when seeking emergency medical attention for themselves or others, while discouraging underage use of alcohol.
(3) accurate and appropriate labeling disclosing the alcohol content of all beverages including so-called "non-alcoholic" beer and of other substances as well, including over-the-counter and prescription medications with removal of "non- alcoholic" from the label of any substance containing any alcohol
(4) enforcement of regulations regarding boating under the influence of alcohol and other drugs;
(5) the use of sobriety checkpoints to deter driving following alcohol consumption;
(6) working with state medical societies to pursue legislation to overturn bans on the use of sobriety checkpoints;
(7) federal and/or state oversight for all forms of alcohol advertising

VRC testimony was limited. Your Reference Committee thanks the MSS Governing Council for their efforts on this report and agrees the three consolidated positions encompass the original positions. Your Reference Committee recommends GC Report H be adopted.

(11) GC REPORT I - GUIDELINES FOR OFFICIAL OBSERVERS IN THE AMA-MSS ASSEMBLY

RECOMMENDATION:

GC Report I be adopted.

MSS ACTION: GC Report I adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS will:

a) invite and consider observer applications from national student organizations that have a vested interest in addressing issues in healthcare and public health, have a majority student membership, and are expected to add a unique perspective or bring expertise to MSS Assembly;

b) require applications to include the organization's rationale for observer status in the MSS, any governing documents (or if unavailable, a description of the organization's

history, structure, operations, and activities), a list of all of the organization's sources of financial support, and a list of all of the organization's affiliations with other entities;

c) require representatives of observer organizations to be students chosen in a fair and equitable manner by their organization's leadership or membership and certified by their organization's leadership;

d) allow observer representatives to present their organization's policies, opinions, and interests at appropriate times in the MSS policy process and in the MSS Assembly and report on MSS actions to their organization's leadership and membership; and

e) use a biennial review process to renew or terminate an organization's observer status analogous to that used for national medical student organizations, with the Governing Council making a recommendation to the MSS Assembly, who will vote to make the final determination.

VRC testimony was limited. Your Reference Committee thanks the Governing Council for their extensive efforts in this report and agrees that the recommendations of this report fill a gap in current MSS positions due to the absence of guidelines as referenced in MSS IOP 10.3.5.1. Your Reference Committee recommends GC Report I be adopted.

(12) CEQM COLA REPORT A – OPPOSING PRIVATE EQUITY ACQUISITIONS OF HEALTHCARE PRACTICES

RECOMMENDATION:

CEQM COLA Report A be <u>adopted</u>.

MSS ACTION: CEQM COLA Report A <u>adopted.</u>

ORIGINAL LANGUAGE:

Your Committee on Economics & Quality in Medicine and Committee on Legislation & Advocacy (COLA) recommend that the following recommendations are adopted in lieu of Resolution 015 and the remainder of this report be filed:

RESOLVED, that our AMA-MSS oppose the acquisition of healthcare practices by private equity (PE) firms, especially when such acquisitions are not immediately necessary for the continued operations of such practices; and be it further

RESOLVED, that our AMA-MSS support increased regulation of PE acquisitions in order to better align with the goals of healthcare.

VRC testimony was supportive of the report. Your Reference Committee agrees with testimony that the report is well-researched and comprehensive. We believe this report establishes an important internal position that can be utilized through various potential efforts. Your Reference Committee recommends CEQM COLA Report A be adopted.

(13) SD REPORT A – MSS POLICY PROCESS AND HOD RESOLUTION QUEUE

RECOMMENDATION:

SD Report A be adopted.

MSS ACTION: SD Report A adopted.

ORIGINAL LANGUAGE:

1) That our AMA-MSS
   a) amend MSS Position 165.020MSS, "Single Payer Solution," as follows to incorporate the content of 165.022MSS, "Expanding AMA's Position on Healthcare Reform Options" and 165.030MSS, also identically titled "Expanding AMA's Position on Healthcare Reform Options," to create a unified consolidated position,
   b) accordingly rescind 165.022MSS and 165.030MSS, and
   c) with the concurrence of a vote by acclamation from your MSS Caucus, withdraw the resolution related to 165.030MSS from our HOD queue:

165.020MSS National Single Payer Healthcare ~~Solution~~

AMA-MSS supports the implementation of a national single payer system. ~~;~~ ~~and (2) w~~While our AMA-MSS shall prioritize its support of a federal single payer system, our AMA-MSS may continue to advocate for intermediate federal policy solutions including but not limited to a federal Medicare, Medicaid, or other public insurance option that abides by the guidelines for health systems reform in 165.019MSS and 165.024MSS.

Our AMA-MSS asked the AMA to remove opposition to single payer from AMA policy, adopt a neutral stance on single payer healthcare reform, and instead evaluate single payer proposals by the extent to which they align with the AMA's policy on healthcare reform.

(MSS Res 12, A-17) (MSS Res 40, I-17) (AMA Res 108, A-18, Referred) (CMS Report 2, A-19, Not Adopt) (Amended: MSS GC Report A, A-23) (MSS Res. 048, A-23) (AMA Res 818 from New England Delegation, I-23, Referred)

2) That our AMA-MSS amend MSS Position 665.016MSS, "Amending G-630.140 Lodging, Meeting Venues and Social Functions," as follows and

with the concurrence of a vote by acclamation from your MSS Caucus, accordingly withdraw this resolution from our HOD queue:

665.016MSS Amending G-630.140 Lodging, Meeting Venues and Social Functions

Our AMA-MSS asked the AMA to support exemptions to our AMA policy on locations of meetings organized or primarily sponsored by the AMA, in order to allow the MSS to hold regional, state, or local meetings for MSS members in areas that would otherwise be restricted under AMA policy. Our AMA-MSS, via the MSS Governing Council and Medical Student Trustee, will request that the AMA make such exceptions as needed.

~~AMA- MSS will ask our AMA to amend policy G-630.140 Lodging, Meeting Venues, and Social Functions to read as follows:~~
~~Lodging, Meeting Venues, and Social Functions G-630.140~~
~~(1) Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost and similar factors. (2) Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel, or in a hotel close in proximity. (3) All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances to justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies and other health organizations to adopt a similar policy. (4) It is the policy of our AMA not to hold national meetings organized and/or primarily sponsored by our AMA, in cities, counties, or states, or pay member, officer or employee dues in any club, restaurant, or other institution, that has exclusionary policies, including but not limited to, policies based on race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy. (5) Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping.~~

3) That our AMA-MSS:
    a) amend 645.032MSS, “Resolution Task Force Update 2022” and divide it into two policies as follows; and
    b) accordingly rescind 630.007MSS and 630.025MSS, as their content has been incorporated into the proposed amendments to 645.032MSS and clarified to reflect longstanding routine MSS practice.

645.032 MSS Policy Process ~~RESOLUTION TASK FORCE UPDATE 2022~~

~~AMA-MSS adopt the following as our MSS Policy Process:~~

1. The MSS Section Delegates will ensure that all items of business submitted for consideration to each MSS Assembly meeting undergo a comprehensive review process evaluating their impact, feasibility, timeliness, and evidence basis.

2. The draft resolution review process should include opportunities for participation by MSS Caucus members; MSS members on AMA Councils; appropriate MSS region officers; MSS standing committees; MSS members with significant HOD experience; and MSS members who liaise with other AMA Sections and groups, specialty societies, professional interest medical associations, medical student organizations (including identity-based groups), and medical education bodies.

3. The MSS Section Delegates will decide the timeline for the policy cycle preceding each MSS Assembly and will design the criteria used to review items of business.

4. Resolutions submitted by the correct deadline in the correct format as determined by the MSS Section Delegates prior to start of the policy cycle may not be rejected for submission for consideration by the MSS Assembly based on their content after organizational review for legal issues.

5 . Per the MSS IOPs, submitted resolutions will be sent to the MSS Reference Committee, which will make recommendations to the Assembly for disposition of its items of business. The Reference Committee Report will use a consent calendar format. In order for an item to be heard by the MSS Assembly, it must be extracted from the Reference Committee Consent Calendar. The Order of Business for each MSS Assembly meeting will follow the order listed in the MSS Reference Committee report for that meeting. Items of business will be categorized by Reference Committee recommendations for “adoption,” “adoption as amended,” “adoption in lieu of,” “referral,” “not adoption,” ~~“reaffirmation in lieu of,”~~ etc. The order of items in each category will be randomized. The MSS Reference Committee must include a meaningful rationale for their recommendations made on each item of business. Any MSS member may extract any item from the Reference Committee Report for debate at the MSS Assembly. No other requirements, such as testimony or votes, are necessary for an item to be extracted. The Section Delegates shall provide opportunities for extraction both in advance of the MSS Assembly remotely and at the beginning of the Assembly. Extractions made in advance of the MSS Assembly should be published in real-time as they are submitted.

6. The AMA-MSS Internal Operating Procedures (IOPs) and Digest of Actions will be made available on the AMA-MSS Web site, with updates

made prior to the beginning of the Policy Cycle for each Annual and Interim Meeting of the Assembly.
7. A resolution template will be made publicly available to assist resolution authors in formatting their resolutions.~~; and be it further~~
8. Upon final submission to the MSS for consideration by the Assembly, MSS resolutions, including the "whereas" and "resolve" clauses and footnotes, may not be altered by staff or any MSS leader, member, committee, or other entity prior to the MSS Assembly Meeting without the consent of the author, with the exception of retyping and reformatting.
9. The MSS Section Delegates (when they agree) may make grammatical or syntax changes to the resolve clauses of MSS resolutions after they are adopted by the Assembly and before they are forwarded to the House of Delegates, but in no circumstances can the meaning or intent of the resolve clauses be altered. Further, the MSS Speaker and Vice Speaker must be advised of any change made to resolve clauses before the resolution is forwarded to the House of Delegates and must concur that the change in grammar or syntax does not alter the meaning or intent of the resolve clauses. The MSS Speaker or Vice Speaker, may not, under any circumstance, initiate the change in grammar or syntax on any MSS resolution.
10. Our AMA-MSS will reevaluate 645.032MSS, 645.033MSS, and the MSS Policy Process in general in a Governing Council report to be presented to the MSS A-26 Assembly.

645.033MSS Additional MSS Caucus Operations
~~AMA-MSS adopt the following as Additional MSS Caucus Operations:~~
1. The MSS Section Delegates have the ability to nominate existing policies in the MSS Digest of Actions to the queue to be transmitted to a future HOD meeting, based on strategic considerations. These nominations must be approved by a majority vote of the MSS Caucus.
2. The MSS Caucus can co-sponsor resolutions in the name of the MSS with another HOD delegation.
    a. Co-sponsoring a resolution authored by another delegation must be approved by a ⅔ vote of the MSS Caucus.
    b. The MSS Section Delegates have the authority to add other delegations as co-sponsors of MSS-authored resolutions.

~~AMA-MSS (1) rescind all statements of formal support for AMA policies listed in the section "AMA-MSS Statements of Support for HOD Policies" of the MSS Digest of Policy Actions; (2) investigate strategies for (a) preserving institutional memory, which would document the results of MSS resolutions and actions taken by the AMA in response to policies passed by the AMA HOD and (b) reporting this information to the original resolution authors and MSS assembly; and (3) that these changes, and the AMA-MSS resolutions process as a whole, be reevaluated in an AMA-MSS Governing~~

~~Council report to be presented 3 years after the adoption of these recommendations.~~

VRC testimony was limited. Your Reference Committee thanks the Section Delegates for their report on the AMA House of Delegates transmittal queue and policy process. We agree that the recommendations of the report will help streamline processes within the MSS. Your Reference Committee recommends SD Report A be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(14) RESOLUTION 015 - SUPPORT OF COLLECTIVE BARGAINING

RECOMMENDATION A:

The second Resolve of Resolution 015 be amended by addition and deletion:

RESOLVED, that our AMA-MSS support the right of physicians and medical trainees to collectively bargain, ~~including~~ via non-disruptive and disruptive means–including, but not limited to, strikes, picketing, work slowdowns and stoppages, and tactics interfering with billing–, and support efforts to remove national, state, and local restrictions on strike action on physicians and medical trainees; and be it further

RECOMMENDATION B:

Resolution 015 be adopted as amended.

MSS ACTION: Resolution 015 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS rescind 530.017MSS from the policy digest; and be it further

RESOLVED, that our AMA-MSS support the right of physicians and medical trainees to collectively bargain, via non-disruptive and disruptive means–including, but not limited to, strikes, picketing, work slowdowns and stoppages, and tactics interfering with billing–, and support efforts to remove national, state, and local restrictions on strike action on physicians and medical trainees; and be it further

RESOLVED, that our AMA-MSS support the development and implementation of collective bargaining units and the membership of physicians and medical trainees in said units at a national, state, and local level.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS rescind 530.017MSS from the policy digest; and be it further

RESOLVED, that our AMA-MSS support the right of physicians and medical trainees to collectively bargain, including via disruptive means, and support efforts to remove national, state, and local restrictions on strike action on physicians and medical trainees; and be it further

RESOLVED, that our AMA-MSS support the development and implementation of collective bargaining units and the membership of physicians and medical trainees in said units at a national, state, and local level.

VRC testimony was supportive of the resolution. Your Reference Committee agrees with testimony that this resolution is novel and especially important for our MSS to have an internal stance on due to the anticipated A-24 House of Delegates report from the AMA Council on Ethics and Judicial Affairs on this same topic. We agree with testimony to amend the resolution to clarify non-disruptive and disruptive collective bargaining. Thus, your Reference Committee recommends Resolution 015 be adopted as amended.

(15) RESOLUTION 102 - RADIATION EXPOSURE COMPENSATION COVERAGE

RECOMMENDATION A:

A new Resolve clause be added to Resolution 102:

RESOLVED, that this resolution be immediately forwarded to our AMA House of Delegates.

RECOMMENDATION B:

Resolution 102 be adopted as amended.

MSS ACTION: Resolution 102 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support continued authorization of federal radiation exposure compensation programs and expanded program eligibility to downwind individuals, communities, and tribes affected by the ongoing environmental harms of historic atomic weapons testing, including, but not limited to, residents of areas affected by the test of the first atomic bomb in New Mexico and uranium miners employed between 1942 through 1990; and be it further

RESOLVED, that this resolution be immediately forwarded to our AMA House of Delegates.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support continued authorization of federal radiation exposure compensation programs and expanded program eligibility to downwind individuals, communities, and tribes affected by the ongoing environmental harms of historic atomic weapons testing, including, but not limited to, residents of areas affected by the test of the first atomic bomb in New Mexico and uranium miners employed between 1942 through 1990.

VRC testimony was supportive of the resolution. Your Reference Committee agrees with testimony that the resolution is novel and timely as it addresses expansion of the Radiation Exposure Compensation Act (RECA) which is up for re-authorization. We agree with testimony to add an immediate forward clause because there is current legislation pending in the House of Representatives to be voted on in the fall. Immediately forwarding this resolution to the HOD A-24 Meeting will allow the AMA to act. Thus, your Reference Committee recommends Resolution 102 be adopted as amended.

(16) RESOLUTION 108 - ACA SUBSIDIES FOR UNDOCUMENTED IMMIGRANTS

RECOMMENDATION A:

The first Resolve of Resolution 108 be amended by addition and deletion:

RESOLVED, that our American Medical Association support federal and state efforts to provide~~ing~~ subsidies for undocumented immigrants to purchase health insurance, including by extending eligibility for premium tax credits and cost-sharing reductions ~~on the~~ to purchase Affordable Care Act (ACA) ~~marketplaces~~plans.

RECOMMENDATION B:

Resolution 108 be adopted as amended.

MSS ACTION: Resolution 108 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support federal and state efforts to provide subsidies for undocumented immigrants to purchase health insurance, including by extending eligibility for premium tax credits and cost-sharing reductions to purchase Affordable Care Act (ACA) plans.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support providing subsidies for undocumented immigrants to purchase health insurance, including by extending eligibility for premium tax credits and cost-sharing reductions on the Affordable Care Act (ACA) marketplaces.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to clarify the ask to support federal and state efforts, as well as avoid any misinterpretation of the term “marketplaces” by changing the term to “plans.” We want to note that the resolution authors are supportive of this amendment on the VRC. Thus, your Reference Committee recommends Resolution 108 be adopted as amended.

(17) RESOLUTION 109 - TRIBAL DIALYSIS ACCESS

RECOMMENDATION A:

A new Resolve clause be added to Resolution 109:

RESOLVED, that our AMA support federal and other efforts to plan, fund, and offer technical assistance for the development and expansion of accessible specialty care services at IHS, Tribal, and Urban Indian Health Programs and associated facilities.

RECOMMENDATION B:

Resolution 109 be adopted as amended.

MSS ACTION: Resolution 109 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association ask the Indian Health Service to offer a plan, agency expertise and technical assistance, and health-facilities funding to assist Tribes in expanding local dialysis services; and be it further

RESOLVED, that our AMA support reform of the IHS Loan Repayment Program to be eligible for repayment with a part-time, rather than full-time employment commitment to IHS and Tribal Health Programs; and be it further

RESOLVED, that our AMA support a nationwide AI/AN Medicare and Medicaid enrollment campaign coordinated by CMS and the IHS that funds insurance navigator programs at Tribal Health Programs; and be it further

RESOLVED, that our AMA support federal and other efforts to plan, fund, and offer technical assistance for the development and expansion of accessible specialty care services at IHS, Tribal, and Urban Indian Health Programs and associated facilities.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association ask the Indian Health Service to offer a plan, agency expertise and technical assistance, and health-facilities funding to assist Tribes in expanding local dialysis services; and be it further

RESOLVED, that our AMA support reform of the IHS Loan Repayment Program to be eligible for repayment with a part-time, rather than full-time employment commitment to IHS and Tribal Health Programs; and be it further

RESOLVED, that our AMA support a nationwide AI/AN Medicare and Medicaid enrollment campaign coordinated by CMS and the IHS that funds insurance navigator programs at Tribal Health Programs.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the resolution is novel and impactful. We agree with testimony to add a fourth resolve clause to extend the spirit of this resolution to include all specialty care. Thus, your Reference Committee recommends Resolution 109 be adopted as amended.

(18) RESOLUTION 115 - CORRECTIONS TO THE MEDICARE PART C PAYMENT STRUCTURE

RECOMMENDATION A:

The first Resolve of Resolution 115 be amended by deletion:

~~**RESOLVED, that our AMA-MSS support efforts to strengthen and protect Traditional Medicare; and be it further**~~

RECOMMENDATION B:

Resolution 115 be adopted as amended.

MSS ACTION: Resolution 115 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS support policies that reduce or eliminate overpayment of insurance companies under Medicare Part C including, but not limited to:

(1) Reforming risk adjustment models to use multiple years of diagnostic data as it pertains to assigning patients risk scores and/or determining payments granted to Medicare Part C plans;
(2) Altering the methodology for determining what diagnoses qualify for risk-adjustment to make it comparable between Medicare Part C and Traditional Medicare;
(3) Publicly reporting coding pattern differences between Medicare Part C plans and Traditional Medicare including subsequent contract-level risk adjustments;
(4) Reforming the benchmark payment rate system to reduce overall payment rates to insurers;
(5) Reforming the Quality Bonus Payment program to operate in a budget-neutral manner and concentrate on clinically important outcomes.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS support efforts to strengthen and protect Traditional Medicare; and be it further

RESOLVED, that our AMA-MSS support policies that reduce or eliminate overpayment of insurance companies under Medicare Part C including, but not limited to:

(1) Reforming risk adjustment models to use multiple years of diagnostic data as it pertains to assigning patients risk scores and/or determining payments granted to Medicare Part C plans;
(2) Altering the methodology for determining what diagnoses qualify for risk-adjustment to make it comparable between Medicare Part C and Traditional Medicare;
(3) Publicly reporting coding pattern differences between Medicare Part C plans and Traditional Medicare including subsequent contract-level risk adjustments;
(4) Reforming the benchmark payment rate system to reduce overall payment rates to insurers;
(5) Reforming the Quality Bonus Payment program to operate in a budget-neutral manner and concentrate on clinically important outcomes.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the first resolve is vague and the whereas clauses lack evidence of the effectiveness of Traditional Medicare alone. Additionally, this may unintentionally restrict the MSS from advocating on alternative payer models in the future. Therefore, we recommend deletion of the first resolve. We agree with testimony that the second resolve is novel and important to establish an internal MSS position, as Medicare is often discussed at the AMA House of Delegates level. Thus, your Reference Committee recommends Resolution 115 be adopted as amended.

(19) RESOLUTION 205 - SUPPORT FOR DOULA CARE PROGRAMS

RECOMMENDATION A:

The first Resolve of Resolution 205 be amended by addition and deletion:

RESOLVED, that our American Medical Association support access to continuous one-to-one emotional support provided by ~~doulas as~~ nonmedical support personnel, such as doulas, including for patients who are incarcerated or detained.

RECOMMENDATION B:

Resolution 205 be adopted as amended.

MSS ACTION: Resolution 205 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support access to continuous one-to-one emotional support provided by nonmedical support personnel, such as doulas, including for patients who are incarcerated or detained.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support access to continuous one-to-one emotional support provided by doulas as nonmedical support personnel including for patients who are incarcerated or detained.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the resolution is novel and well-researched. We agree with testimony to recommend minor amendments based on feedback from the American College of Obstetricians and Gynecologists. We believe the amended language will garner more support in the HOD since it incorporates feedback from relevant specialty societies, while also maintaining, if not augmenting, the authors' original intent. Your Reference Committee recommends Resolution 205 be adopted as amended.

(20) RESOLUTION 207 - REPATRIATION OF AMERICAN INDIAN, ALASKA NATIVE, AND NATIVE HAWAIIAN REMAINS

RECOMMENDATION A:

The first Resolve of Resolution 207 be amended by addition and deletion:

RESOLVED, that our American Medical Association supports: (a) the expeditious return of American Indian, ~~and~~ Alaska Native, and Native Hawaiian anatomical remains, biospecimens, and cultural items from US

medical schools to Tribal governments and Native Hawaiian cultural organizations in compliance with the Native American Graves Protection and Repatriation Act; (b) federal funds and ~~federal~~ technical assistance for inventory documentation and processing of repatriation claims; and (c) dissemination of best practices for affiliating remains with ancestral claimants.

RECOMMENDATION B:

Resolution 207 be adopted as amended.

MSS ACTION: MSS Resolution 207 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support: (a) the expeditious return of American Indian, Alaska Native, and Native Hawaiian anatomical remains, biospecimens, and cultural items from US medical schools to Tribal governments and Native Hawaiian cultural organizations in compliance with the Native American Graves Protection and Repatriation Act; (b) federal funds and technical assistance for inventory documentation and processing of repatriation claims; and (c) dissemination of best practices for affiliating remains with ancestral claimants.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support: (a) the expeditious return of American Indian and Alaska Native anatomical remains, biospecimens, and cultural items from US medical schools to Tribal governments and Native Hawaiian cultural organizations; (b) funds and federal technical assistance for inventory documentation and processing of repatriation claims; and (c) dissemination of best practices for affiliating remains with ancestral claimants.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to clarify the resolution by amending (1) clause a to include the Native Hawaiian population as they are covered under the Native American Graves Protection and Repatriation Act (NAGPRA), and (2) clause b by adding the word “federal” to clarify the source of the funds. We do not agree with amendments that ask the AMA to study best practices for affiliating remains with ancestral claimants because that study is outside the AMA’s scope. Your Reference Committee recommends Resolution 207 be adopted as amended.

(21) RESOLUTION 211 - SSI SAVINGS PENALTY ELIMINATION

RECOMMENDATION A:

The first Resolve of Resolution 211 be amended by addition and deletion:

RESOLVED, that our American Medical Association support appropriate ~~increased~~ asset limits, income cutoffs, and benefits that are indexed to increase at least by inflation for ~~evidence-based cash~~ public assistance programs such as ~~for~~ Supplemental Security Income (SSI) ~~eligibility that are indexed to inflation moving forward or other equitable economic measures~~; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 211 be amended by addition and deletion:

RESOLVED, that our AMA ~~study support~~ eliminating the marriage penalty for SSI benefits, such that married couples do not receive fewer benefits or have more restrictive eligibility requirements than they would have as individuals. ~~the establishment of individualized equivalent asset limit eligibility requirements for SSI benefits, regardless of marital status.~~

RECOMMENDATION C:

Resolution 211 be adopted as amended.

MSS ACTION: Resolution 211 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support appropriate increased asset limits, income cutoffs, and benefits that are indexed to increase at least by inflation for public assistance programs such as Supplemental Security Income (SSI); and be it further

RESOLVED, that our AMA support eliminating the marriage penalty for SSI benefits, such that married couples do not receive fewer benefits or have more restrictive eligibility requirements than they would have as individuals.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support increased asset limits for Supplemental Security Income (SSI) eligibility that are indexed to inflation moving forward; and be it further

RESOLVED, that our AMA support the establishment of individualized equivalent asset limit eligibility requirements for SSI benefits, regardless of marital status.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the first resolve clause should be amended to allow for broader advocacy that is not limited to Supplemental Security Income (SSI). We agree with testimony that there is a lack of evidence to support the ask of the second resolve clause and recommend a study on establishing best practices for individualized equivalent asset limit eligibility requirements. Your Reference Committee recommends Resolution 211 be adopted as amended.

(22) RESOLUTION 223 - INCREASED TRANSPARENCY IN PSYCHOTROPIC DRUG ADMINISTRATION IN PRISONS

RECOMMENDATION A:

The first Resolve of Resolution 223 be amended by addition and deletion:

RESOLVED, that our American Medical Association study issues surrounding the use of psychotropic medications in the carceral system, including inconsistencies in dosage, frequency, duration, allowed formularies, side effects, and oversight by a psychiatrist or another physician with expertise in mental illness ~~physician and psychiatrist oversight~~; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 223 be amended by addition:

RESOLVED, that our AMA support increased transparency from state and federal jails and prisons surrounding protocols pertaining to the administration of psychotropic medications, including components such as dosage, frequency, duration, allowed formularies, management of side effects, and requirements for oversight by a psychiatrist or another physician with expertise in mental illness.

RECOMMENDATION C:

Resolution 223 be adopted as amended.

MSS ACTION: Resolution 223 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association study issues surrounding the use of psychotropic medications in the carceral system, including inconsistencies in dosage, frequency, duration, allowed formularies, side effects, and oversight by a psychiatrist or another physician with expertise in mental illness; and be it further

RESOLVED, that our AMA support increased transparency from state and federal jails and prisons surrounding protocols pertaining to the administration of psychotropic medications, including components such as dosage, frequency, duration, allowed formularies, management of side effects, and requirements for oversight by a psychiatrist or another physician with expertise in mental illness.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association study issues surrounding the use of psychotropic medications in the carceral system, including inconsistencies in dosage, frequency, duration, allowed formularies, side effects, and physician and psychiatrist oversight; and be it further

RESOLVED, that our AMA support increased transparency from state and federal jails and prisons surrounding protocols pertaining to the administration of psychotropic medications.

VRC testimony was supportive. Your Reference Committee agrees with testimony that this resolution is well-researched and a study would be appropriate given limited data collection on the issue. An AMA study will investigate the extent of primary research available or not available, helping guide evidence-based policy recommendations and guidance. We agree with minor amendments to (1) update language in the first resolve clause to avoid inadvertently implying that psychiatrists are not physicians and (2) include desired components to support transparency in the second resolve clause. Your Reference Committee recommends Resolution 223 be adopted as amended.

(23) RESOLUTION 419 - EQUITY IN CELIAC DISEASE AND/ FOOD ALLERGIES RESEARCH AND RESOURCES

RECOMMENDATION A:

The first Resolve of Resolution 419 be <u>amended by addition and deletion:</u>

RESOLVED, that our American Medical Association support <u>federal and state</u> efforts to <u>increase the affordability</u> ~~lower the price~~ <u>and quality of food alternatives for people with celiac disease, food allergies, and food intolerance</u>~~of allergen- and gluten- free foods~~; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 419 be amended by addition and deletion:

RESOLVED, that our AMA support federal and state ~~policies~~efforts to extend requirements for mandatory nutrient fortification to food alternatives for people with celiac disease, food allergies, and food intolerance~~expand mandatory fortified nutrients to gluten-free food options~~; and be it further

RECOMMENDATION C:

The third Resolve of Resolution 419 be amended by deletion:

~~RESOLVED, that our AMA support efforts to investigate food insecurity in families receiving SNAP benefits that have medical conditions, such as food allergies and/or celiac disease, that potentially increases vulnerability to food insecurity; and be it further~~

RECOMMENDATION D:

The fourth Resolve of Resolution 419 be amended by addition and deletion:

RESOLVED, that our AMA support efforts to ~~lower the income requirements for families with~~ expand nutrition assistance eligibility and benefits to equitably meet the needs of households affected by celiac disease, food allergies, and food intolerance~~food allergies and/or Celiac disease and provide additional Supplemental Nutrition Assistance Program (SNAP) benefits to already-qualified families~~ and increase access to food alternatives for people with celiac disease, food allergies, and food intolerance, including but not limited to efforts by food banks and pantries, food delivery systems, and prescription produce programs.

RECOMMENDATION E:

Resolution 419 be adopted as amended.

MSS ACTION: Resolution 419 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support federal and state efforts to increase the affordability and quality of food alternatives for people with celiac disease, food allergies, and food intolerance; and be it further

RESOLVED, that our AMA support federal and state efforts to extend requirements for mandatory nutrient fortification to food alternatives for people with celiac disease, food allergies, and food intolerance; and be it further

RESOLVED, that our AMA support efforts to expand nutrition assistance eligibility and benefits to equitably meet the needs of households affected by celiac disease, food allergies, and food intolerance and increase access to food alternatives for people with celiac disease, food allergies, and food intolerance, including but not limited to efforts by food banks and pantries, food delivery systems, and prescription produce programs.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support efforts to lower the price of allergen- and gluten- free foods; and be it further

RESOLVED, that our AMA support federal and state policies to expand mandatory fortified nutrients to gluten-free food options; and be it further

RESOLVED, that our AMA support efforts to investigate food insecurity in families receiving SNAP benefits that have medical conditions, such as food allergies and/or celiac disease, that potentially increases vulnerability to food insecurity; and be it further

RESOLVED, that our AMA support efforts to lower the income requirements for families with food allergies and/or Celiac disease and provide additional Supplemental Nutrition Assistance Program (SNAP) benefits to already-qualified families.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the resolution is impactful and novel. We agree with testimony to amend the resolution to make the resolution more feasible and give the AMA room to advocate on this issue moving forward. We agree with testimony to clarify the language in the first resolve clause, make the second resolve clause more broad, strike the third resolve clause as it contradicts the resolution's ask, and broaden the ask of the fourth resolve to encompass future advocacy opportunities. Your Reference Committee recommends Resolution 419 be adopted as amended.

(24) RESOLUTION 422 - PROTECTING THE HEALTHCARE SUPPLY CHAIN FROM THE IMPACTS OF CLIMATE CHANGE

RECOMMENDATION A:

The first Resolve of Resolution 422 be <u>amended by deletion:</u>

~~**RESOLVED, that our American Medical Association support assessments of the vulnerability of existing healthcare supply chains in the context of climate change-related events; and be it further**~~

RECOMMENDATION B:

The second Resolve of Resolution 422 be amended by addition and deletion:

RESOLVED, that our AMA support the development of strategies and technologies to strengthen supply chain networks, including building climate resiliency into new or updated facilities, increasing emergency stockpiles of key products,~~relocating facilities to climate-resilient areas~~ and incentivizing the innovation and adoption of reusable medical products to resist the impact of supply chain disturbances.

RECOMMENDATION C:

Resolution 422 be adopted as amended.

MSS ACTION: Resolution 422 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA support the development of strategies and technologies to strengthen supply chain networks, including building climate resiliency into new or updated facilities, increasing emergency stockpiles of key products, and incentivizing the innovation and adoption of reusable medical products to resist the impact of supply chain disturbances.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support assessments of the vulnerability of existing healthcare supply chains in the context of climate change-related events; and be it further

RESOLVED, that our AMA support the development of strategies and technologies to strengthen supply chain networks, including relocating facilities to climate-resilient areas and incentivizing the innovation and adoption of reusable medical products to resist the impact of supply chain disturbances.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first resolve clause is not actionable as written. We believe the first resolve clause is broadly covered by existing policy H-440.847, and therefore more policy on this would

not meaningfully change AMA advocacy efforts. We recognize and agree that the AMA is doing a lot of work on the issue of climate change, and that climate change is a timely issue. Your Reference Committee was unclear of what is considered a climate-resilient area, and our recommended amendments to the second resolve clause were created to make the ask more feasible. Your Reference Committee recommends Resolution 422 be adopted as amended.

(25) RESOLUTION 427 - AMA STUDY ON PLASTIC POLLUTION REDUCTION

RECOMMENDATION A:

The first Resolve of Resolution 427 be amended by addition and deletion:

RESOLVED, that our AMA-MSS amend 460.028MSS, "Research of Plastic Use in Medicine," which is pending submission to HOD, by addition and deletion as follows:

460.028 Research of Plastic Use in Medicine
~~Our AMA-MSS will ask the AMA to study~~ Our AMA will study and report back with policy recommendations on ways to reduce plastic pollution and its impact on climate change and health, including but not limited to federal, state, and local taxes and limitations on the use of single-use plastic consumer products and other types of plastic, ~~as well as~~ interventions to reduce microplastics, and alternatives to plastic.

~~AMA-MSS will ask the AMA to amend by addition as follows:~~
~~**Stewardship of the Environment H-135.973**~~
~~The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information~~

~~relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation.(12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14)~~ encourages research into the effects of microplastics on human health; (15~~4) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (16~~5) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (17~~6) encourages expanded funding for environmental research by the federal government; and (18~~7) encourages family planning through national and international support.~~

RECOMMENDATION B:

Resolution 427 be adopted as amended.

MSS ACTION: Resolution 427 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS amend 460.028MSS, "Research of Plastic Use in Medicine," which is pending submission to HOD, by substitution as follows:

460.028 Research of Plastic Use in Medicine

Our AMA will study and report back with policy recommendations on ways to reduce plastic pollution and its impact on climate change and health, including but not limited to federal, state, and local taxes and limitations on the use of single-use plastic consumer products and other types of plastic, interventions to reduce microplastics, and alternatives to plastic.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS amend 460.028MSS, "Research of Plastic Use in Medicine," which is pending submission to HOD, by addition and deletion as follows:

460.028 Research of Plastic Use in Medicine
Our AMA-MSS will ask the AMA to study ways to reduce plastic pollution and its impact on climate change and health, including but not limited to federal, state, and local taxes and limitations on the use of single-use plastic consumer products and other types of plastic, as well as interventions to reduce microplastics.

~~AMA-MSS will ask the AMA to amend by addition as follows:~~
~~**Stewardship of the Environment H-135.973**~~
~~The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change~~

~~and environmental degradation.(12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages research into the effects of microplastics on human health; (154) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (165) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (176) encourages expanded funding for environmental research by the federal government; and (187) encourages family planning through national and international support.~~

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the first resolve clause can be strengthened by asking for report back with policy recommendations. Your Reference Committee recommends Resolution 427 be adopted as amended.

(26) GC REPORT A – SUNSET REPORT

RECOMMENDATION A:

The third Resolve of GC Report A be amended by addition and deletion:

That our AMA-MSS amend 630.044MSS by addition and deletion as follows:

> **630.044MSS Review and Revision of the MSS Positions Compendium via the Sunset and Consolidation Mechanisms ~~for AMA-MSS Policy~~**
>
> **AMA-MSS will establish and use a sunset mechanism for AMA-MSS ~~policies~~ positions with a ~~ten~~five~~ten~~-year time horizon whereby a ~~policy~~ position will remain viable for ~~ten~~five~~ten~~ years unless action is taken by the Assembly to reestablish or refer it. The implementation of a sunset mechanism for AMA-MSS ~~policy~~ position shall follow the following procedures:**
>
> **(1) review of ~~policies~~ positions will be the ultimate responsibility of the Governing Council, whereby the report is authored by the Chair of the Governing Council with initial ~~policy~~ position recommendations being solicited from relevant Standing Committees as appropriate;**

(2) The Governing Council will provide Standing Committees clear guidance regarding criteria for recommendations of retention, retention with amendments, or sunset;

(3) ~~policy~~ position recommendations will be reported to the AMA-MSS Assembly at each Annual Meeting on the ~~ten~~ ~~five~~ten or nine~~four~~~~five~~ ~~nine~~ and one-half year anniversary of a ~~policy's~~ position's adoption, with a brief rationale accompanying each recommendation;

(4) to gradually transition to the new timeline for sunset review, the 2025-2029 Sunset Reports only review policies last reaffirmed at the Annual Meeting five years prior (not the Interim Meeting 4.5 years prior), and then the 2030 Sunset Report will begin the new 10- and 9.5-year timeline, at which point this subclause will be automatically rescinded;

(4~~5~~) a consent calendar format will be used by the Assembly in considering the ~~policies~~ positions encompassed within the report;

(5~~6~~) a vote will not be necessary on ~~policies~~ positions recommended for rescission as they will automatically expire under the auspices of the sunset mechanism unless referred back to the Governing Council; ~~and~~

(6~~7~~) the MSS Governing Council ~~may~~ ~~will annually~~ should recommend ~~at least three policies for~~ consolidations of groups of related positions, whereby the report(s) are authored by the MSS Chair with recommendations solicited from relevant Standing Committees as appropriate;

(~~7~~8) when MSS positions are reviewed via either the sunset or consolidation mechanisms, the result of any positions submitted to HOD and associated implementation actions will be reviewed and documented for archival purposes if not already characterized ~~as part of the sunset review process~~;

(~~8~~9) in their report on the previous HOD's proceedings, the Section Delegates will recommend changes to any MSS positions that amend AMA Policy and were considered by HOD, in order to summarize the amendment's ask and simplify the language; and

(~~9~~ 10) any MSS positions written as "MSS will ask the AMA" will be automatically converted to past tense ("asked the AMA") after consideration by HOD as either a resolution or an amendment; and

(~~10~~ 11) any MSS position (or portion of a position) requesting an AMA or MSS study will automatically sunset after the study is completed by either the AMA or MSS or after consideration of the study request by HOD.

RECOMMENDATION B:

GC Report A be adopted as amended.

MSS ACTION: GC Report A adopted as amended.

FINAL LANGUAGE:

Your AMA-MSS Governing Council recommends that the following be adopted and the remainder of the report by filed:

1. That the recommendations for retention, retention including amendments, and consolidation actions specified in Appendix B, Appendix B, and Appendix C of this report be retained as official, active positions of the AMA-MSS or rescinded as indicated.
2. That the recommendations regarding MSS positions in Appendix A and Appendix B of this report be adopted.
3. That our AMA-MSS amend 630.044MSS by addition and deletion as follows:

630.044MSS Review and Revision of the MSS Positions Compendium via the Sunset and Consolidation Mechanisms ~~for AMA-MSS Policy~~

AMA-MSS will establish and use a sunset mechanism for AMA-MSS policies positions with a ten~~five~~-year time horizon whereby a policy position will remain viable for ten~~five~~ years unless action is taken by the Assembly to reestablish or refer it. The implementation of a sunset mechanism for AMA-MSS policy position shall follow the following procedures:

(1) review of ~~policies~~ positions will be the ultimate responsibility of the Governing Council, whereby the report is authored by the Chair of the Governing Council with initial ~~policy~~ position recommendations being solicited from relevant Standing Committees as appropriate;

(2) The Governing Council will provide Standing Committees clear guidance regarding criteria for recommendations of retention, retention with amendments, or sunset;

(3) ~~policy~~ position recommendations will be reported to the AMA-MSS Assembly at each Annual Meeting on the ten ~~five~~ or ~~five~~ nine and one

half year anniversary of a policy's position's adoption, with a brief rationale accompanying each recommendation;

(4) to gradually transition to the new timeline for sunset review, the 2025-2029 Sunset Reports only review policies last reaffirmed at the Annual Meeting five years prior (not the Interim Meeting 4.5 years prior), and then the 2030 Sunset Report will begin the new 10- and 9.5-year timeline, at which point this subclause will be automatically rescinded;

(45) a consent calendar format will be used by the Assembly in considering the ~~policies~~ positions encompassed within the report;

(~~5~~6) a vote will not be necessary on ~~policies~~ positions recommended for rescission as they will automatically expire under the auspices of the sunset mechanism unless referred back to the Governing Council; ~~and~~

(~~6~~7) the MSS Governing Council ~~may~~ should recommend ~~policies for~~ consolidations of groups of related positions, whereby the report(s) are authored by the MSS Chair with recommendations solicited from relevant Standing Committees as appropriate;

(8) when MSS positions are reviewed via either the sunset or consolidation mechanisms, the result of any positions submitted to HOD and associated implementation actions will be reviewed and documented for archival purposes if not already characterized;

(9) in their report on the previous HOD's proceedings, the Section Delegates will recommend changes to any MSS positions that amend AMA Policy and were considered by HOD, in order to summarize the amendment's ask and simplify the language; and

(10) any MSS positions written as "MSS will ask the AMA" will be automatically converted to past tense ("asked the AMA") after consideration by HOD as either a resolution or an amendment; and

(11) any MSS position (or portion of a position) requesting an AMA or MSS study will automatically sunset after the study is completed by either the AMA or MSS or after consideration of the study request by HOD.

ORIGINAL LANGUAGE:

Your AMA-MSS Governing Council recommends that the following be adopted and the remainder of the report by filed:

4. That the recommendations for retention, retention including amendments, and consolidation actions specified in Appendix B, Appendix B, and Appendix C of this report be retained as official, active positions of the AMA-MSS or rescinded as indicated.
5. That the recommendations regarding MSS positions in Appendix A and Appendix B of this report be adopted.
6. That our AMA-MSS amend 630.044MSS by addition and deletion as follows:

630.044MSS Review and Revision of the MSS Positions Compendium via the Sunset and Consolidation Mechanisms ~~for AMA-MSS Policy~~

AMA-MSS will establish and use a sunset mechanism for AMA-MSS ~~policies~~ positions with a ten~~five~~-year time horizon whereby a ~~policy~~ position will remain viable for five years unless action is taken by the Assembly to reestablish or refer it. The implementation of a sunset mechanism for AMA-MSS ~~policy~~ position shall follow the following procedures:

(1) review of ~~policies~~ positions will be the ultimate responsibility of the Governing Council, whereby the report is authored by the Chair of the Governing Council with initial ~~policy~~ position recommendations being solicited from relevant Standing Committees as appropriate;

(2) The Governing Council will provide Standing Committees clear guidance regarding criteria for recommendations of retention, retention with amendments, or sunset;

(3) ~~policy~~ position recommendations will be reported to the AMA-MSS Assembly at each Annual Meeting on the ten ~~five~~ or ~~five~~ nine and one half year anniversary of a ~~policy's~~ position's adoption, with a brief rationale accompanying each recommendation;

(4) a consent calendar format will be used by the Assembly in considering the ~~policies~~ positions encompassed within the report;

(5) a vote will not be necessary on ~~policies~~ positions recommended for rescission as they will automatically expire under the auspices of the sunset mechanism unless referred back to the Governing Council; ~~and~~

(6) the MSS Governing Council ~~may~~ will annually recommend at least three ~~policies for~~ consolidations of groups of related positions, whereby the report(s) are authored by the MSS Chair with recommendations solicited from relevant Standing Committees as appropriate;

(7) when MSS positions are reviewed via either the sunset or consolidation mechanisms, the result of any positions submitted to HOD and associated implementation actions will be reviewed and documented for archival purposes if not already characterized ~~as part of the sunset review process~~;

(8) in their report on the previous HOD's proceedings, the Section Delegates will recommend changes to any MSS positions that amend AMA Policy and were

considered by HOD, in order to summarize the amendment's ask and simplify the language; and

(9) any MSS positions written as "MSS will ask the AMA" will be automatically converted to past tense ("asked the AMA") after consideration by HOD as either a resolution or an amendment; and

(10) any MSS position (or portion of a position) requesting an AMA or MSS study will automatically sunset after the study is completed by either the AMA or MSS or after consideration of the study request by HOD.

VRC testimony was limited. Your Reference Committee thanks the MSS Governing Council for a comprehensive sunset and consolidation report. We agree with testimony sharing concerns of changing the sunset mechanism from 5 to 10 years, as we see the great potential of a loss of institutional memory and a loss of members who are experienced in sunset review resulting from this change in the timeline. Additionally, your Reference Committee agrees with testimony that mandating three consolidations per year is too prescriptive and could potentially result in inappropriate consolidations in the future that would perhaps unintentionally alter the spirit of original positions for the sake of reaching the directed quota. We would note that the MSS Governing Council previously studied the sunset mechanism and reported updates to the process via MSS GC Report A, 630.044MSS, at MSS A-23, and did not include this alteration to the timeline, nor included the requirements to the language regarding consolidation. Your Reference Committee amended this item to ask for the sunset review at the 5- and 4.5-year mark. The sunset review was moved from the Interim to Annual meeting in the last Sunset Report, so the new timing would allow sunset review to be in the same calendar year. Your Reference Committee recommends GC Report A be adopted as amended.

(27) GC REPORT J – USE OF INCLUSIVE LANGUAGE IN AMA POLICY

RECOMMENDATION A:

The first Resolve of GC Report J be amended by addition and deletion:

RESOLVED, that our American Medical Association, in consultation with relevant parties, including the AMA Center for Health Equity, amend existing policies ~~via the reaffirmation and sunset processes~~ to ensure the use of the most updated, inclusive, equitable, respectful, destigmatized, and person-first language and use such language in all future AMA policies and amendments; and be it further

RECOMMENDATION B:

GC Report J be amended by addition of a new Resolve:

RESOLVED, that our AMA, in consultation with relevant parties, including the AMA Center for Health Equity, identify other types of outdated language in AMA policies and devise a timely mechanism for editorial changes, including both one-time updates and a protocol for editorial changes to language at the HOD Reference Committee recommendation stage and whenever a policy is amended, modified, appended, reaffirmed, or reviewed for sunset; and report back to the House of Delegates; and be it further

RECOMMENDATION C:
The second Resolve of GC Report J be amended by deletion:

~~**RESOLVED, that our AMA-MSS rescind 630.077MSS, "Inclusive Language for Immigrants in Relevant Past and Future AMA Policies," as it is superseded by the first resolve, and accordingly withdraw this resolution from our HOD submission queue.**~~

RECOMMENDATION D:

GC Report J be amended by addition of a new Resolve:

RESOLVED, that our AMA-MSS amend 630.041MSS, "Inclusion of AOA-Accredited Schools in Policy Language," by addition and deletion as follows:

> **630.041MSS Inclusion of Medical Students from AOA-Accredited Schools in MSS Resolutions and Positions ~~Policy Language~~**
>
> **~~It is the policy of t~~The AMA-MSS ~~that resolutions and internal policies~~ will specifically recognize ~~osteopathic students~~ medical students from schools accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) whenever appropriate in resolutions and internal MSS positions.**

RECOMMENDATION E:

GC Report J be adopted as amended.

> **MSS ACTION: GC Report J adopted as amended.**
>
> **FINAL LANGUAGE:**

RESOLVED, that our American Medical Association, in consultation with relevant parties, including the AMA Center for Health Equity, amend existing policies to ensure the use of the most updated, inclusive, equitable, respectful, destigmatized, and person-first language and use such language in all future AMA policies and amendments; and be it further

RESOLVED, that our AMA, in consultation with relevant parties, including the AMA Center for Health Equity, identify other types of outdated language in AMA policies and devise a timely mechanism for editorial changes, including both one-time updates and a protocol for editorial changes to language at the HOD Reference Committee recommendation stage and whenever a policy is amended, modified, appended, reaffirmed, or reviewed for sunset; and report back to the House of Delegates; and be it further

RESOLVED, that our AMA-MSS amend 630.041MSS, "Inclusion of AOA-Accredited Schools in Policy Language," by addition and deletion as follows:

> **630.041MSS Inclusion of Medical Students from AOA-Accredited Schools in MSS Resolutions and Positions ~~Policy Language~~**
>
> **~~It is the policy of t~~The AMA-MSS ~~that resolutions and internal policies~~ will specifically recognize ~~osteopathic students~~ medical students from schools accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) whenever appropriate in resolutions and internal MSS positions.**
>
> **RESOLVED, that our AMA-MSS rescind 630.077MSS, "Inclusive Language for Immigrants in Relevant Past and Future AMA Policies," as it is superseded by the first resolve, and accordingly withdraw this resolution from our HOD submission queue.**

ORIGINAL LANGUAGE:

Your AMA-MSS Governing Council recommends that the following be adopted and the remainder of the report be filed:

RESOLVED, that our American Medical Association amend existing policies via the reaffirmation and sunset processes to ensure the use of the most updated, inclusive, equitable, respectful, destigmatized, and person-first language and use such language in all future AMA policies and amendments; and be it further

RESOLVED, that our AMA-MSS rescind 630.077MSS, "Inclusive Language for Immigrants in Relevant Past and Future AMA Policies," as it is superseded by the first resolve, and accordingly withdraw this resolution from our HOD submission queue.

VRC testimony was supportive with amendments. Your Reference Committee thanks the MSS Governing Council for their thoughtful report and agrees with testimony that the resolution is novel. We agree that a broader stance will make the resolution more feasible for the AMA to act upon. Your Reference Committee recommends that the first resolve clause be amended to broader language that will apply even if language and terminology changes. We agree to strike the second resolve clause in order to leave the decision up to the Caucus withdrawal process headed by the Section Delegates. Your Reference Committee recommends GC Report J be adopted as amended.

(28) CEQM WIM LGBTQ+ REPORT A – COVERAGE FOR CARE PROVIDED AFTER SEXUAL ASSAULT

RECOMMENDATION A:

The first Resolve of GC Report A be <u>amended by addition and deletion:</u>

Your Committee on Economics and Quality in Medicine (CEQM) Women in Medicine Committee (WIM), and Committee on LGBTQ+ Affairs (LGBTQ+) recommend that the following recommendations are adopted in lieu of MSS Resolution 078 and the remainder of this report be filed:

RESOLVED, that the American Medical Association amend policy H-80.999 "Sexual Assault Survivors" by addition as follows:

> **1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors.**
> **2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing <u>and prevention, drug testing,</u> treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the**

policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention.

3.Our AMA advocates for federal and state efforts to reduce financial barriers that limit survivors' ability to seek physical and mental health care and social services after sexual assault, including survivors' compensation funds and specialized programs. These programs should at a minimum ~~to~~ cover emergency, acute inpatient, and ~~outpatient~~ follow up services, including testing, medications, and counseling. ~~and eliminate~~ This care should be provided with no out-of-pocket expenses~~,~~ for any patient, including ~~especially for~~ patients who are uninsured, underinsured, or out-of-network.

4. ~~3.~~ Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.

5. ~~4.~~ Our AMA will advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.

6. ~~5.~~ Our AMA will advocate at the state and federal level for (a) the timely processing of all sexual examination kits upon patient consent; (b) timely processing of "backlogged" sexual assault examination kits with patient consent; and (c) additional funding to facilitate the timely testing of sexual assault evidence kits.

7. ~~6.~~ Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Forensic Examiner providers.

RECOMMENDATION B:

CEQM WIM LGBTQ+ Report A be adopted as amended.

MSS ACTION: CEQM WIM LGBTQ+ Report adopted as amended.

FINAL LANGUAGE:

RESOLVED, that the American Medical Association amend policy H-80.999 "Sexual Assault Survivors" by addition as follows:

1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing

physicians involved in providing care to sexual assault survivors.

2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing and prevention, drug testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention.

3.Our AMA advocates for federal and state efforts to reduce financial barriers that limit survivors' ability to seek physical and mental health care and social services after sexual assault, including survivors' compensation funds and specialized programs. These programs should at a minimum cover emergency, acute inpatient, and follow up services, including testing, medications, and counseling. This care should be provided with no out-of-pocket expenses for any patient, including patients who are uninsured, underinsured, or out-of-network.

4. ~~3.~~ Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.

5. ~~4.~~ Our AMA will advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.

6. ~~5.~~ Our AMA will advocate at the state and federal level for (a) the timely processing of all sexual examination kits upon patient consent; (b) timely processing of "backlogged" sexual assault examination kits with patient consent; and (c) additional funding to facilitate the timely testing of sexual assault evidence kits.

7. ~~6.~~ Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Forensic Examiner providers.

ORIGINAL LANGUAGE:

Your Committee on Economics and Quality in Medicine (CEQM) Women in Medicine Committee (WIM), and Committee on LGBTQ+ Affairs (LGBTQ+) recommend that the following recommendations are adopted in lieu of MSS Resolution 078 and the remainder of this report be filed:

RESOLVED, that the American Medical Association amend policy H-80.999 “Sexual Assault Survivors” by addition as follows:

1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors.
2. Our AMA advocates for the legal protection of sexual assault survivors’ rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing and prevention, drug testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention.
3.Our AMA advocates for federal and state efforts to reduce financial barriers that limit survivors’ ability to seek physical and mental health care and social services after sexual assault, including survivors’ compensation funds and specialized programs to cover emergency, inpatient, and outpatient services and eliminate out-of-pocket expenses, especially for patients who are uninsured, underinsured, or out-of-network.
4. ~~3.~~ Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.
5. ~~4.~~ Our AMA will advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.
6. ~~5.~~ Our AMA will advocate at the state and federal level for (a) the timely processing of all sexual examination kits upon

patient consent; (b) timely processing of "backlogged" sexual assault examination kits with patient consent; and (c) additional funding to facilitate the timely testing of sexual assault evidence kits.
7. ~~6.~~ Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Forensic Examiner providers.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to clarify the language in clause three. Your Reference Committee thanks the authors for their work on this report and recommends CEQM WIM LGBTQ+ Report A be adopted as amended.

(29) LGBTQ+ CHIT REPORT A – IMPROVING USABILITY OF ELECTRONIC HEALTH RECORDS FOR TRANSGENDER AND GENDER DIVERSE PATIENTS

RECOMMENDATION A:

The first Resolve of GC Report A be amended by addition and deletion:

Your Committees on LGBTQ Affairs (LGBTQ+) and Committee on Health Information Technology (CHIT) recommend(s) that the recommendations be adopted in lieu of Resolution 072 and the remainder of this report be filed:

RESOLVED, that our American Medical Association amend policy H-315.967 "Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation" by addition and deletion to read as follows.

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, H-315.967
Our AMA: (1) supports the voluntary inclusion of a patient's ~~biological sex~~, sex assigned at birth, current gender identity, legal sex on identification documents, sexual orientation, ~~preferred~~ gender pronoun(s), ~~preferred~~ chosen name, and clinically relevant, sex-specific anatomy in medical documentation, and related forms, including in electronic health records (EHR), in a culturally-sensitive and voluntary manner, with efforts to improve visibility and awareness of transgender and gender diverse patients' chosen name and pronouns in all relevant EHR screens and to de-emphasize the ~~or conceal~~ legal name except when required for ~~insurance and billing~~appropriate administrative purposes; (2) Will advocate for collection of patient data in medical documentation and in medical research studies, according to

current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) Will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) Will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) Will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians; and be it further

RECOMMENDATION B:

LGBTQ+ CHIT Report A be adopted as amended.

MSS ACTION: LGBTQ+ CHIT Report A adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association amend policy H-315.967 "Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation" by addition and deletion to read as follows.

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, H-315.967
Our AMA: (1) supports the voluntary inclusion of a patient's ~~biological sex~~, sex assigned at birth, current gender identity, legal sex on identification documents, sexual orientation, ~~preferred~~ gender pronoun(s), ~~preferred~~ chosen name, and clinically relevant, sex-specific anatomy in medical documentation, and related forms, including in electronic health records (EHR), in a culturally-sensitive and voluntary manner, with efforts to improve visibility and awareness of transgender and gender diverse patients' chosen name and pronouns in all relevant EHR screens and to de-emphasize the legal name except when required for appropriate administrative purposes; (2) Will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) Will research the

problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) Will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) Will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians; and be it further

RESOLVED, that our AMA supports the use of the term "chosen name" over "preferred name," recognizing the value of the term "chosen name" to transgender and gender-diverse patients.

ORIGINAL LANGUAGE:

Your Committees on LGBTQ Affairs (LGBTQ+) and Committee on Health Information Technology (CHIT) recommend(s) that the recommendations be adopted in lieu of Resolution 072 and the remainder of this report be filed:

RESOLVED, that our American Medical Association amend policy H-315.967 "Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation" by addition and deletion to read as follows.

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, H-315.967

Our AMA: (1) supports the voluntary inclusion of a patient's ~~biological sex~~, sex assigned at birth, current gender identity, legal sex on identification documents, sexual orientation, ~~preferred~~ gender pronoun(s), ~~preferred~~ chosen name, and clinically relevant, sex-specific anatomy in medical documentation, and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner, with efforts to improve visibility and awareness of transgender and gender diverse patients' chosen name and pronouns in all relevant EHR screens and to de-emphasize or conceal legal name except when required for insurance and billing purposes; (2) Will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) Will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) Will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) Will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians; and

be it further

RESOLVED, that our AMA supports the use of the term “chosen name” over “preferred name,” recognizing the value of the term “chosen name” to transgender and gender-diverse patients.

VRC testimony was limited. Your Reference Committee commends the LGBTQ+ Affairs and Health Information Technology Standing Committees for a well-researched report. We recognize the point made by VRC testimony regarding the use of the word “conceal” in the first resolve clause and feel that the word “conceal”, nor any synonymous alternatives are necessary as this is covered under the “de-emphasize” portion of the sentence. Additionally, your Reference Committee agrees with testimony that “appropriate administrative purposes” is less prescriptive than specifying insurance and billing and avoids an unintentional limitation of the language. Overall, we recommend amendments to clarify terminology while maintaining the spirit of the ask. Your Reference Committee recommends LGBTQ+ CHIT Report A be adopted as amended.

(30) MIC CSI CAIA REPORT A – INCREASING ACCESS TO MEDICAL INTERPRETERS IN RESEARCH AND SUPPORT FOR INCREASED DIVERSITY IN GENETIC RESEARCH

RECOMMENDATION A:

The second Resolve of MIC CSI CAIA Report A be amended by addition and deletion:

RESOLVED, that our AMA encourage all Institutional and Research Review Boards to develop and publish transparent guidelinesguidance~~and requirements~~ for interpreter services ~~for on the~~ to ensure appropriate enrollment and ongoing participation of medical and clinical research participants with Limited English Proficiency and Deaf or Hard of hearing people~~provide recommendations for interpreter services that meet their requirements~~; and be it further

RECOMMENDATION B:

The third Resolve of MIC CSI CAIA Report A be amended by deletion:

RESOLVED, that our AMA advocate for the Department of Health and Human Services and Office for Human Research Protections (OHRP) to update their guidance on “Informed Consent of Subjects Who Do Not Speak English (1995)” ~~encourage the creation of a federal standard upon which individual IRBs may base recommendations~~; and be it further

RECOMMENDATION C:

MIC CSI CAIA Report A be amended by addition of a new Resolve:

RESOLVED, that our AMA support the creation of a federal standard upon which individual Institutional Review Boards (IRBs) may base their recommendations.

RECOMMENDATION D:

MIC CSI CAIA Report A be adopted as amended.

MSS ACTION: MIC CSI CAIA Report A adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support the use of language interpreters and translators in clinical and medical research participation to promote equitable data collection and outcomes; and be it further

RESOLVED, that our American Medical Association encourage all Institutional and Research Review Boards to develop and publish transparent guidelines for interpreter services to ensure appropriate enrollment and ongoing participation of medical and clinical research participants with Limited English Proficiency and Deaf or Hard of Hearing people; and be it further

RESOLVED, that our AMA advocate for the Department of Health and Human Services and Office for Human Research Protections (OHRP) to update their guidance on "Informed Consent of Subjects Who Do Not Speak English (1995)"; and be it further

RESOLVED, that our AMA support the creation of a federal standard upon which individual Institutional Review Boards (IRBs) may base their recommendations.

ORIGINAL LANGUAGE:

Your Minority Issues Committee, Committee on Scientific Issues, and the Committee on American Indian Affairs recommend that the following recommendations be *adopted in lieu* of **Resolution 028**, The Use of Language Interpreters in Medical and Clinical Research, and the remainder of this report be filed:

1. RESOLVED, that our American Medical Association support the use of language interpreters and translators in clinical and medical research participation to promote equitable data collection and outcomes; and be it further

2. RESOLVED, that our AMA encourage all Institutional and Research Review Boards to develop and publish transparent guidance on the enrollment of medical and clinical research participants with Limited English Proficiency and provide recommendations for interpreter services that meet their requirements; and be it further
3. RESOLVED, that our AMA advocate for the Department of Health and Human Services and Office for Human Research Protections (OHRP) to update their guidance on "Informed Consent of Subjects Who Do Not Speak English (1995)" encourage the creation of a federal standard upon which individual IRBs may base recommendations; and be it further

Your Minority Issues Committee, Committee on Scientific Issues, and the Committee on American Indian Affairs recommend that **Resolution 043,** Support for Increased Diversity in Genetic Research, *not be adopted*, and the remainder of this report be filed.

VRC testimony was supportive. Your Reference Committee recommends to amend the resolution to clarify language and separate the third resolve clause for feasibility. Your Reference Committee recommends MIC CSI CAIA Report A be adopted as amended.

(31) ATF REPORT – MSS ARCHIVES TASK FORCE REPORT

RECOMMENDATION A:

The fourth Resolve of ATF Report be amended by deletion:

~~**RESOLVED, that our AMA-MSS produce an annotated reference committee report indicating the final assembly outcome at each meeting; and be it further**~~

RECOMMENDATION B:

The fifth Resolve of ATF Report be amended by deletion:

~~**RESOLVED, that our AMA-MSS produce and maintain confidential archives of notes on information gathered regarding other delegations stances on MSS items and actions taken by the MSS Caucus at HOD; and be it further**~~

RECOMMENDATION C:

The sixth Resolve of ATF Report be amended by deletion:

~~**RESOLVED, that our AMA-MSS explore opportunities to engage with the Journal of the AMA (JAMA); and be further**~~

RECOMMENDATION D:

The seventh Resolve of ATF Report be amended by deletion:

~~**RESOLVED, that our AMA-MSS pursue and promote efforts that encourage state to state collaboration within policy and advocacy; and be it further**~~

RECOMMENDATION E:

The ninth Resolve of ATF Report be amended by deletion:

RESOLVED, that our AMA-MSS develop and maintain a current membership archive accessible to MSS Staff, GC, and Regional Executive Councils that tracks local campus section leadership ~~and general membership~~ who consent to sharing their contact information; and be it further

RECOMMENDATION F:

The tenth Resolve of ATF Report be amended by deletion:

~~**RESOLVED, that our AMA-MSS develop and maintain a database of MSS alumni who consent to share their information to serve as resources for the MSS; and be it further**~~

RECOMMENDATION G:

ATF Report be amended by addition of a new Resolve:

RESOLVED, that our AMA MSS Archives Task Force will work with relevant stakeholders to outline recommendations for establishing collaborations with JAMA and state to state policy and advocacy collaborations and report back to the MSS Assembly during their A-25 report.

RECOMMENDATION H:

ATF Report be adopted as amended.

MSS ACTION: ATF Report adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS maintain a MSS Positions Compendium containing (1) all current MSS positions, outcomes of resolutions that were sent to the AMA House of Delegates, and actions taken by the AMA as a result of AMA Policy originally

proposed by the MSS and (2) a separate section for rescinded MSS positions with accompanying rationale for their rescission; and be it further

RESOLVED, That our AMA-MSS maintain a MSS Resolutions Archive that will include at minimum authorship information, links to the original resolution, final language adopted by the MSS, final language adopted by the HOD, links to the HOD Policy Finder, implementation notes regarding AMA actions, and links to media coverage resulting from the resolution; and be it further

RESOLVED, That our AMA-MSS report information to the original MSS resolution and/or report authors regarding outcomes of resolution forwarded to HOD and implementation of associated adopted AMA policy; and be it further

RESOLVED, that our AMA-MSS produce an annotated reference committee report indicating the final assembly outcome at each meeting in lieu of a summary of actions; and be it further

RESOLVED, that our AMA-MSS produce and maintain confidential archives of notes on information gathered regarding other delegations stances on MSS items and actions taken by the MSS Caucus at HOD; and be it further

RESOLVED, that our AMA-MSS maintain a guide on how to cite resolutions and represent organized medicine involvement on CVs and residency application materials; and be it further

RESOLVED, That our AMA-MSS develop and maintain a current membership archive accessible to MSS Staff, GC, and Regional Executive Councils that tracks local campus section leadership who consent to sharing their contact information; and be it further

RESOLVED, That our AMA-MSS develop and maintain a database of MSS alumni who consent to share their information to serve as resources for the MSS; and be it further

RESOLVED, That our AMA MSS maintain an Archives Task Force which will continue to investigate strategies for (a) preserving institutional memory, (b) reporting this information to the MSS, and (c) monitor the implementation of changes adopted as a result of the A-24 Archives Task Force Report and will work with GC to report back to the MSS Assembly at I-24 and A-25; and be it further

RESOLVED, that our AMA MSS Archives Task Force will work with relevant stakeholders to outline recommendations for establishing collaborations with JAMA and state to state policy and advocacy

collaborations and report back to the MSS Assembly during their A-25 report.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS maintain a MSS Positions Compendium containing (1) all current MSS positions, outcomes of resolutions that were sent to the AMA House of Delegates, and actions taken by the AMA as a result of AMA Policy originally proposed by the MSS and (2) a separate section for rescinded MSS positions with accompanying rationale for their rescission; and be it further

RESOLVED, that our AMA-MSS maintain a MSS Resolutions Archive that will include at minimum authorship information, links to the original resolution, final language adopted by the MSS, final language adopted by the HOD, links to the HOD Policy Finder, implementation notes regarding AMA actions, and links to media coverage resulting from the resolution; and be it further

RESOLVED, that our AMA-MSS report information to the original MSS resolution and/or report authors regarding outcomes of resolution forwarded to HOD and implementation of associated adopted AMA policy; and be it further

RESOLVED, that our AMA-MSS produce an annotated reference committee report indicating the final assembly outcome at each meeting; and be it further

RESOLVED, that our AMA-MSS produce and maintain archives of notes on information gathered regarding other delegations stances on MSS items and actions taken by the MSS Caucus at HOD; and be it further

RESOLVED, that our AMA-MSS explore opportunities to engage with the Journal of the AMA (JAMA); and be further

RESOLVED, that our AMA-MSS pursue and promote efforts that encourage state to state collaboration within policy and advocacy; and be it further

RESOLVED, that our AMA-MSS maintain a guide on how to cite resolutions and represent organized medicine involvement on CVs and residency application materials; and be it further

RESOLVED, that our AMA-MSS develop and maintain a current membership archive accessible to MSS Staff, GC, and Regional Executive Councils that tracks local campus section leadership and general membership who consent to sharing their contact information; and be it further

RESOLVED, that our AMA-MSS develop and maintain a database of MSS alumni who consent to share their information to serve as resources for the MSS; and be it further

RESOLVED, that our AMA MSS maintain an Archives Task Force which will continue to investigate strategies for (a) preserving institutional memory, (b) reporting this information to the MSS, and (c) monitor the implementation of changes adopted as a

result of the A-24 Archives Task Force Report and will work with GC to report back to the MSS Assembly at I-24 and A-25.

VRC testimony was limited. Your Reference Committee agrees with testimony that the first resolve is a helpful update to MSS operations and will improve the policymaking process actions for MSS members.

We support the second resolve clause as written and support the broad terminology "authorship information" so that the parties implementing this report have more flexibility; we discussed that student contact information is likely to change as students move from medical school to residency, and encourages the parties implementing this report to consider avenues to address this potential stumbling block.

The third resolve is being implemented currently and we support codifying this moving forward.

We recommend deletion of the fourth resolve clause because staff currently writes a Summary of Actions report, which outlines the final outcomes of the items of business of Annual and Interim that is already viewable by all MSS members. We believe an additional annotated Reference Committee Report would require extensive time and effort that would not be significantly different from the existing Summary of Actions report.

We recommend deletion of the fifth resolve clause because notes on policy actions are sensitive and we believe these notes are best kept internally due to concerns that an open archive could be forwarded outside of MSS members, mistakenly or not, and have detrimental unintended consequences for our Section's relationships with other Sections.

We recommend deletion of the sixth resolve clause because the clause is too broad to be meaningful; the asks of this can be accomplished outside of the policymaking process.

We recommend deletion of the seventh resolve clause because we do not agree that state to state collaboration needs to be codified and that this initiative is currently being carried out by some MSS members and can be done more widely without a specific position on it.

We support the eighth resolve clause as the guide to citing resolutions and reports has already been created and we recommend to the parties implementing this resolve to post the guide on a public resource such as the MSS Microbrick.

We recommend amending the ninth resolve clause to remove the archive of all general membership contacts due to privacy concerns; although we understand the potential benefits of national and regional leadership having access to this information, we believe the Local Campus Section contacts are important for communication purposes, while maintaining the privacy rights of all MSS members.

We recommend deletion of the tenth resolve clause due to feasibility concerns; this resource would be almost impossible to keep accurate.

We support the eleventh resolve to maintain the MSS Archives Task Force. Lastly, we recommend an additional resolve to cover the asks of the stricken sixth and seventh resolve clauses to ask the ATF to consider JAMA and state advocacy in their new task force and include intentions regarding these in their task force report.

We believe additional time to work on these topics and consult appropriate parties will allow for more prescriptive and actionable guidance. We thank the Archives Task Force for their extensive work on this report. Your Reference Committee recommends ATF Report be adopted as amended.

(32) SCTF REPORT – MSS STANDING COMMITTEE TASK FORCE ANNUAL REPORT

RECOMMENDATION A:

The first Resolve of SCTF Report be amended by addition and deletion:

RESOLVED, that the AMA-MSS Governing Council (a) implement the recommendations adopted by the MSS Assembly from~~of~~ the Standing Committee Task Force to restructure the Standing Committee framework and leadership model, (b) clarify Standing Committee responsibilities and objectives, and (c) enhance operational efficiency~~, and (d) report back on the status of report implementation by A-25~~; and be it further

RECOMMENDATION B:

The second Resolve of SCTF Report be amended by addition and deletion:

~~RESOLVED, that the AMA-MSS Governing Council (a) implement the Division structure~~ ~~organizing Standing Committees into divisions led by a singular division chair with the flexibility to appoint additional leaders to assist with coordinating resolution reviews, reports, and programmingas outlined in section 2.2, and (b) include the timeline and requirements for leadership selection as outlined by Section 2.6~~; and be it further

RECOMMENDATION C:

The third Resolve of SCTF Report be amended by addition and deletion:

RESOLVED, that the AMA-MSS Governing Council (a) restructure the existing ~~16~~ Standing Committees into the delineated structure below with flexibility for Standing Committees to create additional subcommittees as appropriate ~~into the proposed 8 Standing Committees as outlined by Section 1.2,~~ and (b) include a ~~the~~ timeline and requirements for leadership selection ~~as outlined by Section 2.6~~; and be it further

~~**Division 1: Healthcare Systems & Quality (HSQ)**~~

- **a) Committee on Health Economics & Coverage (CHEC)**
- **b) Committee on Humanism & Ethics in Medicine (CHEIM)**
- **c) Committee on Legislative Affairs (COLA)**

~~**Division 2: Science, Technology, and Public Health (STAPH)**~~

- **d) Committee on Public Health (CPH)**
- **e) Committee on Science & Technology (CST)**

~~**Division 3: Health Equity & Medical Education (HEME)**~~

- **f) Committee on Medical Education (CME)**
- **g) Committee on Gender & Sexual Health (CGSH)**
  - **i. Subcommittee on Women in Medicine**
  - **ii. Subcommittee on LGBTQ+ Affairs**
- **h) Committee on Health Justice (CHJ)**
  - **i. Subcommittee on Disability Affairs**
  - **ii. Subcommittee on Minority Affairs**
  - **iii. Subcommittee on Tribal Affairs**

RECOMMENDATION D:

The fourth Resolve of SCTF Report be amended by addition and deletion:

RESOLVED, that the AMA-MSS Governing Council restructure the Committee on Long Range Planning to serve in an advisory capacity led by the MSS GC Chair, who will appoint members to the committee based on applications demonstrating significant previous AMA experience, including, but not limited to, considering applications from former Governing Council and BOT members as well as current and former Councilors ~~as outlined by Section 1.2.5~~; and be it further

RECOMMENDATION E:

The fifth Resolve of SCTF Report be amended by addition and deletion:

RESOLVED, that the AMA-MSS Governing Council restructure the Committee on Impact, Policy, and Action (IMPACT) to serve as a group led by the MSS Section Delegates, to assist with resolution review responsibilities as needed, document HOD results and implementation actions related to MSS resolutions for the MSS archives, participate in the sunset and consolidation processes for MSS positions, and emphasize training for new MSS members ~~with an emphasis on training as outlined by Section 1.7~~; and be it further

RECOMMENDATION F1:

The sixth Resolve of SCTF Report be amended by deletion:

~~RESOLVED, that the AMA-MSS Governing Council require that Standing Committees produce resolved clauses for reports that are recommended to be transmitted to the AMA House of Delegates and be it further~~

RECOMMENDATION F2:

The eighth Resolve of SCTF Report be amended by addition and deletion:

RESOLVED, that the AMA-MSS Governing Council develop a leadership and membership review and recall system ~~as outlined in Section 4~~and outline this system in the I-24 report; and be it further

RECOMMENDATION G:

The ninth Resolve of SCTF Report be amended by addition and deletion:

~~RESOLVED, that the AMA-MSS follow the implementation plan outlined in a-g~~Section 7 stating that the current Standing Committees will remain for the 2024-2025 term and the new timeline will begin in January of 2025 by selection of leadership for the 2025 - 2026 Division and Standing Committee Chairs, overlapping with the existing structure;

- **~~a) Following closure of councilor positions post-Interim, applications for Division Chairs and Committee Chairs will open allowing individuals to apply to both;~~**
- **~~b) Division Chairs will be determined by the Governing Council and outgoing Division Chairs similar to councilor positions;~~**

~~c) Committee Chairs will be selected after Division Chairs are selection by new and outgoing Division Chairs, with endorsements from Governing Council and Standing Committee Leadership;~~
~~d) Standing Committee Chair-Elects and outgoing Standing Committee Leadership will determine Vice Chair positions for following year;~~
~~e) applications for Vice Chairs will open prior to Annual with decision before Annual;~~
~~f) Division and Standing Committee Chairs will be announced at Annual, and general Standing Committee members will be launched;~~
~~g) Vice Chairs and general Standing Committee members will be determined by new Division Chairs, Standing Committee Chairs, and Governing Council; and be it further~~

RECOMMENDATION H:

SCTF Report be amended by addition of a new Resolve:

RESOLVED, that the MSS standing committees execute, at minimum, the following functions under the direction of the MSS Governing Council:

a) **Provide recommendations for the policies reviewed as part of the AMA-MSS sunset and consolidation mechanisms under the coordination of the MSS Chair, Vice Chair, and Section Delegates;**
b) **Assist in the resolution review process under the coordination of the Section Delegates and Vice Chair;**
c) **Host resolution onboarding twice a year led by appropriate Standing Committee leadership to ensure Standing Committee members are all adequately trained to review resolutions.**
~~d) Author self-generated reports at their discretion, so long as reports requested by the MSS Assembly and/or MSS Governing Council are still completed on the appropriate timeline;~~
d) **Author reports requested by the MSS Assembly and/or MSS Governing Council, with reports expected at the next MSS Assembly meeting**
e) **One report extension can be granted without question with further extensions will be granted upon approval of appropriate Governing Council members. This timeline will be shared with Assembly at the original deadline meeting;**
f) **Produce whereas clauses to facilitate the transfer of any adopted report and, if applicable, to MSS-sponsored resolutions submitted to the AMA House of Delegates**
g) **Monitor federal legislation, regulation, and litigation relating to their subject area and work with other MSS members and the MSS Governing Council to organize student-led advocacy efforts and request actions by AMA staff as appropriate;**

h) **Organize educational programming and advocacy initiatives as necessary and appropriate; and be it further**

i) **Author comments for AMA Council reports, as directed by the MSS Section Delegates; and be it further**

j) **Support the MSS Governing Council and Staff in tracking and publicizing outcomes and implementation of MSS authored items at the AMA House of Delegates in the Standing Committee area of expertise; and be it further**

RECOMMENDATION I:

SCTF Report be amended by addition of a new Resolve:

RESOLVED, that our MSS remove specific reference to the Committee on Long Range Planning (COLRP) from the MSS IOPs during its next scheduled revision, to allow for flexibility as our Standing Committee structure continues to evolve and prevent possible incongruence between the IOPs and future MSS practice, without compelling the MSS to maintain COLRP simply because it is outlined in the IOPs.

RECOMMENDATION J:

SCTF Report be adopted as amended.

RESOLVED, that our AMA-MSS retain the current committee structure for the 2024-2025 term and implement the new committee structure, including a new timeline where the Governing Council elects standing committee chairs and vice chairs prior to the Annual meeting for the 2025-2026 term.

~~**RESOLVED, that the Standing Committee structure and functioning be reviewed on four-year intervals after the completion of the 2025-2026 task force with the next report due at A-30; and be it further**~~

RESOLVED, that the revision and implementation of changes to Standing Committee structures and functions are exclusively done at four-year intervals after the completion of the 2025-2026 task force with the next report due at A-30.

MSS ACTION: SCTF Report adopt as amended.

FINAL LANGUAGE:

RESOLVED, that the AMA-MSS Governing Council (a) implement the recommendations adopted by the MSS Assembly from the Standing Committee Task Force to

restructure the Standing Committee framework and leadership model, (b) clarify Standing Committee responsibilities and objectives, and (c) enhance operational efficiency; and be it further

RESOLVED, that the AMA-MSS Governing Council (a) restructure the existing Standing Committees into the delineated structure below with flexibility for Standing Committees to create additional subcommittees as appropriate and (b) include a timeline and requirements for leadership selection; and be it further

a) Committee on Health Economics & Coverage (CHEC)
b) Committee on Humanism & Ethics in Medicine (CHEIM)
c) Committee on Civil Rights (CCR)
d) Committee on Public Health (CPH)
e) Committee on Science & Technology (CST)
f) Committee on Medical Education (CME)
g) Committee on Gender & Sexual Health (CGSH)
Subcommittee on Women in Medicine
Subcommittee on LGBTQ+ Affairs
h) Committee on Health Justice (CHJ)
Subcommittee on Disability Affairs
Subcommittee on Minority Affairs
Subcommittee on Tribal Affairs

RESOLVED, that the AMA-MSS Governing Council restructure the Committee on Long Range Planning to serve in an advisory capacity led by the MSS GC Chair, who will appoint members to the committee based on applications demonstrating significant previous AMA experience, including, but not limited to, considering applications from former Governing Council and BOT members as well as current and former Councilors; and be it further

RESOLVED, that the AMA-MSS Governing Council restructure the Committee on Impact, Policy, and Action (IMPACT) to serve as a group led by the MSS Section Delegates, to assist with resolution review responsibilities as needed, document HOD results and implementation actions related to MSS resolutions for the MSS archives, participate in the sunset and consolidation processes for MSS positions, and emphasize training for new MSS members; and be it further

RESOLVED, that every Standing Committee leadership team develop a detailed strategic plan at the beginning of their terms; and be it further

RESOLVED, that the AMA-MSS Governing Council develop a leadership and membership review and recall system and outline this system in the I-24 report; and be it further

RESOLVED, that our AMA-MSS retain the current committee structure for the 2024-2025 term and implement the new committee structure, including a new timeline where the Governing Council elects standing committee chairs and vice chairs prior to the Annual meeting for the 2025-2026 term.

RESOLVED, that a new Standing Committee Task Force will be formed to review the functioning of the new structure and write an informational report regarding the progress of transitions at the I-25 meeting. They will also write a final report with any recommendations at the A-26 meeting; and be it further

RESOLVED, that the revision and implementation of changes to Standing Committee structures and functions are exclusively done at four-year intervals after the completion of the 2025-2026 task force with the next report due at A-30.

RESOLVED, that the AMA-MSS rescind 640.008MSS and 640.017MSS and amend 640.001MSS, 640.013MSS, and 640.014MSS as outlined in Appendix B.

RESOLVED, that the MSS standing committees execute, at minimum, the following functions under the direction of the MSS Governing Council:
a) Provide recommendations for the policies reviewed as part of the AMA-MSS sunset and consolidation mechanisms under the coordination of the MSS Chair, Vice Chair, and Section Delegates;
b) Assist in the resolution review process under the coordination of the Section Delegates and Vice Chair;
c) Host resolution onboarding twice a year led by appropriate Standing Committee leadership to ensure Standing Committee members are all adequately trained to review resolutions.
d) Author reports requested by the MSS Assembly and/or MSS Governing Council, with reports expected at the next MSS Assembly meeting

e) One report extension can be granted without question with further extensions will be granted upon approval of appropriate Governing Council members. This timeline will be shared with Assembly at the original deadline meeting;
f) Produce whereas clauses to facilitate the transfer of any adopted report and, if applicable, to MSS-sponsored resolutions submitted to the AMA House of Delegates.
g) Monitor federal legislation, regulation, and litigation relating to their subject area and work with other MSS members and the MSS Governing Council to organize student-led advocacy efforts and request actions by AMA staff as appropriate;
h) Organize educational programming and advocacy initiatives as necessary and appropriate; and be it further
i) Author comments for AMA Council reports, as directed by the MSS Section Delegates; and be it further
j) Support the MSS Governing Council and Staff in tracking and publicizing outcomes and implementation of MSS authored items at the AMA House of Delegates in the Standing Committee area of expertise; and be it further

RESOLVED, that our MSS remove specific reference to the Committee on Long Range Planning (COLRP) from the MSS IOPs during its next scheduled revision, to allow for flexibility as our Standing Committee structure continues to evolve and prevent possible incongruence between the IOPs and future MSS practice, without compelling the MSS to maintain COLRP simply because it is outlined in the IOPs.

ORIGINAL LANGUAGE:

Your MSS Standing Committee Task Force (SCTF) recommends that the following recommendations be adopted and the remainder of this report is filed:

RESOLVED, that the AMA-MSS Governing Council (a) implement the recommendations of the Standing Committee Task Force to restructure the Standing Committee framework and leadership model, (b) clarify Standing Committee responsibilities and objectives, and (c) enhance operational efficiency, and (d) report back on the status of report implementation by A-25; and be it further

RESOLVED, that the AMA-MSS Governing Council (a) implement the Division structure as outlined in section 2.2, and (b) include the timeline and requirements for leadership selection as outlined by Section 2.6; and be it further

RESOLVED, that the AMA-MSS Governing Council (a) restructure the existing 16 Standing Committees into the proposed 8 Standing Committees as outlined by Section 1.2, and (b) include the timeline and requirements for leadership selection as outlined by Section 2.6; and be it further

RESOLVED, that the AMA-MSS Governing Council restructure the Committee on Long Range Planning to serve in an advisory capacity led by the MSS GC Chair as outlined by Section 1.2.5; and be it further

RESOLVED, that the AMA-MSS Governing Council restructure the Committee on Impact, Policy, and Action (IMPACT) to serve as a group led by the MSS Section Delegates with an emphasis on training as outlined by Section 1.7; and be it further

RESOLVED, that the AMA-MSS Governing Council require that Standing Committees produce resolved clauses for reports that are recommended to be transmitted to the AMA House of Delegates and be it further

RESOLVED, that every Standing Committee leadership team develop a detailed strategic plan at the beginning of their terms; and be it further

RESOLVED, that the AMA-MSS Governing Council develop a leadership and membership review and recall system as outlined in Section 4; and be it further

RESOLVED, that the AMA-MSS follow the implementation plan outlined in Section 7 stating that the current Standing Committees will remain for the 2024-2025 term and the new timeline will begin in January of 2025 by selection of leadership for the 2025 - 2026 Division and Standing Committee Chairs, overlapping with the existing structure; and be it further

RESOLVED, that a new Standing Committee Task Force will be formed to review the functioning of the new structure and write an informational report regarding the progress of transitions at the I-25 meeting. They will also write a final report with any recommendations at the A-26 meeting; and be it further

RESOLVED, that the Standing Committee structure and functioning be reviewed on four-year intervals after the completion of the 2025-2026 task force with the next report due at A-30; and be it further

RESOLVED, that the AMA-MSS rescind 640.008MSS and 640.017MSS and amend 640.001MSS, 640.013MSS, and 640.014MSS as outlined in Appendix B.

VRC testimony was limited. Your Reference Committee recommends amendments to the first resolve clause to clarify that the recommendations adopted by the MSS Assembly will be implemented.

We recommend amendments to the second resolve clause to codify one Division chair per division with flexibility to add additional chairs as needed; we believe the Division chair role can be accomplished by one person, and that a high volume of Division leaders may unintentionally lead to increased confusion regarding proper communication channels.

We recommend specific restructuring of the Divisions and committees in the third resolve clause to allow the MSS Assembly to comment on the proposed structure. Your Reference Committee would like to note that the structure of the Divisions and committees proposed was amended based on the standing committee feedback given during SCTF meetings and on the VRC.

We recommend amendments to the fourth resolve to clarify the role of the advisory group and the application process.

We recommend amendments to the fifth resolve clause to remove the reference to the body of the report and outline the role of IMPACT.

We recommend removal of the sixth resolve clause as it is encompassed in the proposed resolved clauses in Recommendation H.

We support the seventh resolve clause and believe the strategic planning process will help the focus of Standing Committees and prepare MSS members for higher leadership roles that use this same process.

We recommend amendments to the eighth resolve clause to specifically ask for a report back on the recall system in an I-24 report.

We recommend amendments to the ninth resolve clause to codify the implementation plan instead of referring to the body of the report.

We support the tenth resolve clause to report back on the progress of the Standing Committee restructuring and work of the new task force.

We support the eleventh resolve clause to add in a review of the Standing Committees every four years.

We recommend the addition of a new resolve clause to codify the policy functions of the Standing Committees; we believe functions a-j will be helpful to guide the work of the Standing Committees and outline their collaboration in the policy process.

We recommend the addition of a second new resolve clause to remove the instances of COLRP in the IOPs since the fourth resolve clause of this report restructures COLRP into an advisory group.

We support the twelfth resolve clause to update MSS positions based on the work of the task force.

We thank the Standing Committee Task Force for their extensive work on this report. Your Reference Committee recommends SCTF Report be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(33) RESOLUTION 004 - SUPPORTING COMMUNITY PHYSICIAN AND PARAMEDIC PARTNERSHIPS

RECOMMENDATION:

Substitute Resolution 004 be adopted in lieu of Resolution 004:

RESOLVED, that our American Medical Association support federal and state efforts to establish, expand, and provide coverage for community paramedic programs supervised by physicians especially in rural areas.

MSS ACTION: Substitute Resolution 004 adopted in lieu of Resolution 004.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support efforts to establish and expand physician-led community paramedicine programs; and be it further

RESOLVED, that our AMA support legislation, regulation and other efforts to require all health payers to cover community paramedicine services.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the resolution is novel as it addresses a niche aspect of emergency medicine. We agree with testimony to combine the asks into one clarified resolve clause. Your Reference Committee notes that the authors of the resolution are supportive of Substitute Resolution 004. Thus, your Reference Committee recommends Substitute Resolution 004 be adopted in lieu of Resolution 004.

(34) RESOLUTION 321 - HUMANISM IN ANATOMICAL MEDICAL EDUCATION

RECOMMENDATION:

Substitute Resolution 321 be adopted in lieu of Resolution 321:

RESOLVED, that our American Medical Association supports the incorporation of humanism in human anatomy education programs, including, but not limited to, time for HIPAA-compliant recognition of donor backgrounds, reflection, discussion, and feedback; and be it further

RESOLVED, that our AMA supports accommodations for learners' and donors' cultural observances surrounding the deceased when appropriate; and be it further

RESOLVED, that our AMA supports donor memorial ceremonies at centers that utilize cadaveric-based human anatomy education programs.

MSS ACTION: Substitute Resolution 321 adopted in lieu of Resolution 321.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association supports the incorporation of humanism in human anatomy education programs, including, but not limited to, curricular time for reflection, discussion, feedback, and accommodations for learners' cultural observances surrounding the deceased; donor recognition ceremonies; and HIPAA-compliant recognition of donor backgrounds with students and trainees.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to amend the resolution and separate it into three resolve clauses to improve organization and clarity. We believe the substitute resolution addresses the resolution author's asks while strengthening the language. Thus, your Reference Committee recommends Substitute Resolution 321 be adopted in lieu of Resolution 321.

(35) RESOLUTION 423 - PREVENTING HEAT RELATED ILLNESS WITH APPROPRIATE HEAT RESPONSE STANDARDS

RECOMMENDATION:

Substitute Resolution 423 be adopted in lieu of Resolution 423:

RESOLVED, that our American Medical Association supports federal, state, and local efforts to use the most updated and evidence-based heat index formulas and other relevant factors to accurately estimate heat-related morbidity and mortality, proactively issue heat alerts, and improve implementation of response plans; and be it further

RESOLVED, that our AMA supports efforts to implement and fund comprehensive heat response plans and allow Federal Emergency Management Agency funds and resources to be used for heat response.

MSS ACTION: Substitute Resolution 423 adopted in lieu of Resolution 423.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support the timely implementation of updated heat index formulas to be used by the National Weather Service to better guide Weather Forecast Offices nationwide in deploying heat alert thresholds that correspond with the onset of significant heat-attributable health burden; and be it further

RESOLVED, that our AMA support policy efforts to consider vulnerable populations in heat response plans, including where to implement heat-reducing interventions such as cooling centers, energy assistance, and changes to the built environment, such as urban greenspace.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first resolve is outside of the AMA's scope and the second resolve is covered by a pending MSS transmittal. We agree with testimony to propose language that encompasses the spirit of the resolution, is within AMA's scope, and will allow for broad advocacy on this topic. Thus, your Reference Committee recommends Substitute Resolution 423 be adopted in lieu of Resolution 423.

RECOMMENDED FOR NOT ADOPTION

(36) RESOLUTION 008 - ROUTINE PROVISION OF INFORMATION CONCERNING INSULIN COST-REDUCTION PROGRAMS

RECOMMENDATION:

Resolution 008 not be adopted.

MSS ACTION: Resolution 008 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support the implementation of routine physician-to-patient education (in the form of printed and/or digital information) regarding cost-reduction program options for insulin therapy: 1) at diagnosis, 2) annually and/or when not meeting treatment targets, 3) when complicating factors develop, and 4) when transitions in life and care occur; and be it further

RESOLVED, that our AMA support efforts by specialty societies and other relevant stakeholders to create a standardized informational resource that is: 1) written in plain language, 2) available in printed or digital format, and 3) available in several languages, such that patients can make informed decisions regarding private cost-reduction programs for insulin products.

VRC testimony was opposed to the resolution. Your Reference Committee agrees with testimony that this resolution would not result in any further AMA advocacy because existing policies H-100.964 and H-110.984 impactfully ask the AMA to support affordability of insulin for patients. Additionally, the asks of this resolution are regarding physician-patient education, which is an educational programming objective rather than an advocacy issue that is more in the purview of the AMA. Furthermore, the resolution was shared with the Endocrinology Delegation, and they have expressed interest in working with the student authors to submit the resolution to AMA HOD with appropriate language changes as they see fit. We agree with testimony that this resolution can be introduced through the relevant specialty society. Your Reference Committee recommends Resolution 008 not be adopted.

(37) RESOLUTION 020 - SUPPORT FOR EARLY DETECTION AND INTERVENTION OF JUVENILE DEPRESSION

RECOMMENDATION:

Resolution 020 not be adopted.

MSS ACTION: Resolution 020 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association amend Policy H-60.937, “Youth and Young Adult Suicide in the United States,” as follows;

“Youth and Young Adult Suicide in the United States,” H-60.937

1. Our American Medical Association recognizes child, youth and young adult suicide as a serious health concern in the US.
2. Our AMA encourages the development and dissemination of educational resources and tools for physicians, especially those more likely to encounter child, 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. Our AMA supports collaboration with federal agencies, relevant state and specialty societies, schools, public health agencies, community organizations, and other stakeholders to enhance awareness of the increase in child, 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 children, youth and young adults at risk of suicide.
4. Our AMA encourages efforts to provide children, 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. Our AMA encourages continued research to better understand suicide risk and effective prevention efforts in children, youth and young adults, especially in higher risk sub-populations such as those with a history of childhood trauma and adversity, Black, LGBTQ+, Hispanic/Latinx, Indigenous/Native Alaskan youth and young adult populations, and children in the welfare system.
6. Our AMA supports the development of novel technologies and therapeutics, along with improved utilization of existing medications to address acute suicidality and underlying risk factors in children, youth and young adults.

7. Our AMA supports research to identify evidence-based universal and targeted suicide prevention programs for implementation in middle schools and high schools.
8. Our AMA will publicly call attention to the escalating crisis in children, youth and young adult mental health in this country in the wake of the Covid-19 pandemic.
9. Our AMA will advocate at the state and national level for policies by young adults mental, emotional, and behavioral health.
10. Our AMA will advocate for comprehensive system of care including prevention, management, and crisis care to address mental and behavioral health needs for children, youth, and young adults.
11. Our AMA will advocate for a comprehensive approach to the youth, and young adult mental and behavioral health crisis when such initiatives and opportunities are consistent with AMA policy.
12. Our AMA will recommend the use of the PHQ-9 in public schools to identify those who may be impacted by Depression or other mental illness.
13. Our AMA will provide access to a list of mental health providers and/or ways to access regional mental health providers to public schools, for recommended distribution by the school to any student who tests positive on the PHQ-9.

VRC testimony was opposed to the resolution. Your Reference Committee agrees with testimony that the whereas clauses do not contain enough evidence to support the implementation of PHQ-9 screening in all public schools. Additionally, we agree with testimony that the resolution is covered under existing policy H-345.977. Thus, your Reference Committee recommends Resolution 020 not be adopted.

Improving Pediatric Mental Health Screening H-345.977
Our AMA: (1) recognizes the importance of, and supports the inclusion of, mental health (including substance use, abuse, and addiction) screening in routine pediatric physicals; (2) will work with mental health organizations and relevant primary care organizations to disseminate recommended and validated tools for eliciting and addressing mental health (including substance use, abuse, and addiction) concerns in primary care settings; and (3) recognizes the importance of developing and implementing school-based mental health programs that ensure at-risk children/adolescents access to appropriate mental health screening and treatment services and supports efforts to accomplish these objectives. [Res. 414, A-11; Appended: BOT Rep. 12, A-14; Reaffirmed: Res. 403, A-18]

(38) RESOLUTION 021 - PHYSICIAN-LED AND RURAL ACCESS TO EMERGENCY CARE

RECOMMENDATION:

Resolution 021 not be adopted.

MSS ACTION: Resolution 021 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS support access to emergency medical care led by Emergency Medicine-trained physicians, where possible, with appropriate exceptions for rural and critical access health systems where their employment is likely to further compromise the systems' financial viability; and be it further

RESOLVED, that our AMA-MSS support physician-led emergency medical care with appropriate supervision for non-physician healthcare providers, which should include on-site or immediately available physician consultation.

VRC testimony was mainly opposed to the resolution as written. Your Reference Committee agrees with testimony that the whereas clauses do not provide enough evidence for the asks of this resolution. A similar resolution was proposed at I-23, triggering an AMA Board of Trustees (BOT) report on the requirements for on-site emergency physicians that is set to reach the House of Delegates at I-24. Your Reference Committee deliberated many strategic considerations posed on the VRC and we agree with testimony that this resolution needs more time to address scope of practice and actionability. We agree with testimony that this resolution as written could have unintended consequences such as limiting access to healthcare in rural areas. Given the complexity of the issue, your Reference Committee believes we need the information from the BOT report prior to taking a stance on requirements for on-site physicians in emergency departments. Thus, your Reference Committee recommends Resolution 021 not be adopted.

(39) RESOLUTION 022 - OPPOSITION TO CAPITAL PUNISHMENT

RECOMMENDATION:

Resolution 022 not be adopted.

MSS ACTION: Resolution 022 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association oppose all forms of capital punishment.

VRC testimony was supportive of the resolution. Your Reference Committee agrees with testimony that this resolution is novel and has a strong evidence base. We do not recommend adoption of this resolution because the Minority Affairs Section submitted the same resolution to the AMA HOD A-24 Meeting. The MSS has a current internal position opposing capital punishment as seen in 270.035MSS, rendering both an external and internal ask redundant. Thus, your Reference Committee thanks the authors for their work on this resolution and recommends Resolution 022 not be adopted.

(40) RESOLUTION 023 - IMPROVING IPV SCREENING FOR PEOPLE WITH DISABILITIES

RECOMMENDATION:

Resolution 023 not be adopted.

MSS ACTION: Resolution 023 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association study the prevalence of IPV in people with disabilities, currently available screening tools for IPV in people with disabilities, and the unique IPV-related issues faced by people with disabilities; and be it further

RESOLVED, that our AMA promote research into the validation, development, and implementation of improved evidence-based IPV screening that addresses the specific forms of abuse faced by people with disabilities; and be it further

RESOLVED, that our AMA support efforts to educate physicians regarding the importance of regular IPV screening for patients with disabilities using an evidence-based and validated disability-specific screening tool.

VRC testimony was opposed to the resolution. Your Reference Committee agrees with testimony that this resolution is covered under existing policy H-515.965. Thus, we agree with testimony that this resolution will not meaningfully change AMA's advocacy efforts. Additionally, as mentioned in the whereas clauses, the Abuse Assessment Screen-Disability _AAS-D) already exists and has higher accuracy than traditional screening

tools, therefore, AMA advocacy efforts may not result in meaningful change. Your Reference Committee recommends Resolution 023 not be adopted.

Family and Intimate Partner Violence H-515.965

(1) Our AMA believes that all forms of family and intimate partner violence (IPV) are major public health issues and urges the profession, both individually and collectively, to work with other interested parties to prevent such violence and to address the needs of survivors. Physicians have a major role in lessening the prevalence, scope and severity of child maltreatment, intimate partner violence, and elder abuse, all of which fall under the rubric of family violence. To support physicians in practice, our AMA will continue to campaign against family violence and remains open to working with all interested parties to address violence in US society.

(2) Our AMA believes that all physicians should be trained in issues of family and intimate partner violence through undergraduate and graduate medical education as well as continuing professional development. The AMA, working with state, county and specialty medical societies as well as academic medical centers and other appropriate groups such as the Association of American Medical Colleges, should develop and disseminate model curricula on violence for incorporation into undergraduate and graduate medical education, and all parties should work for the rapid distribution and adoption of such curricula. These curricula should include coverage of the diagnosis, treatment, and reporting of child maltreatment, intimate partner violence, and elder abuse and provide training on interviewing techniques, risk assessment, safety planning, and procedures for linking with resources to assist survivors. Our AMA supports the inclusion of questions on family violence issues on licensure and certification tests.

(3) The prevalence of family violence is sufficiently high and its ongoing character is such that physicians, particularly physicians providing primary care, will encounter survivors on a regular basis. Persons in clinical settings are more likely to have experienced intimate partner and family violence than non-clinical populations. Thus, to improve clinical services as well as the public health, our AMA encourages physicians to: (a) Routinely inquire about the family violence histories of their patients as this knowledge is essential for effective diagnosis and care; (b) Upon identifying patients currently experiencing abuse or threats from intimates, assess and discuss safety issues with the patient before he or she leaves the office, working with the patient to develop a safety or exit plan for use in an emergency situation and making appropriate

referrals to address intervention and safety needs as a matter of course; (c) After diagnosing a violence-related problem, refer patients to appropriate medical or health care professionals and/or community-based trauma-specific resources as soon as possible; (d) Have written lists of resources available for survivors of violence, providing information on such matters as emergency shelter, medical assistance, mental health services, protective services and legal aid; (e) Screen patients for psychiatric sequelae of violence and make appropriate referrals for these conditions upon identifying a history of family or other interpersonal violence; (f) Become aware of local resources and referral sources that have expertise in dealing with trauma from IPV; (g) Be alert to men presenting with injuries suffered as a result of intimate violence because these men may require intervention as either survivors or abusers themselves; (h) Give due validation to the experience of IPV and of observed symptomatology as possible sequelae; (i) Record a patient's IPV history, observed traumata potentially linked to IPV, and referrals made; (j) Become involved in appropriate local programs designed to prevent violence and its effects at the community level.

(4) Within the larger community, our AMA:

(a) Urges hospitals, community mental health agencies, and other helping professions to develop appropriate interventions for all survivors of intimate violence. Such interventions might include individual and group counseling efforts, support groups, and shelters.

(b) Believes it is critically important that programs be available for survivors and perpetrators of intimate violence.

(c) Believes that state and county medical societies should convene or join state and local health departments, criminal justice and social service agencies, and local school boards to collaborate in the development and support of violence control and prevention activities.

(5) With respect to issues of reporting, our AMA strongly supports mandatory reporting of suspected or actual child maltreatment and urges state societies to support legislation mandating physician reporting of elderly abuse in states where such legislation does not currently exist. At the same time, our AMA oppose the adoption of mandatory reporting laws for physicians treating competent, non-elderly adult survivors of intimate partner violence if the required reports identify survivors. Such laws violate basic tenets of medical ethics. If and where mandatory reporting statutes dealing with competent adults are adopted, the AMA believes the laws must incorporate provisions that: (a) do not require the inclusion of

survivors' identities; (b) allow competent adult survivors to opt out of the reporting system if identifiers are required; (c) provide that reports be made to public health agencies for surveillance purposes only; (d) contain a sunset mechanism; and (e) evaluate the efficacy of those laws. State societies are encouraged to ensure that all mandatory reporting laws contain adequate protections for the reporting physician and to educate physicians on the particulars of the laws in their states.

(6) Substance abuse and family violence are clearly connected. For this reason, our AMA believes that:

(a) Given the association between alcohol and family violence, physicians should be alert for the presence of one behavior given a diagnosis of the other. Thus, a physician with patients with alcohol problems should screen for family violence, while physicians with patients presenting with problems of physical or sexual abuse should screen for alcohol use.

(b) Physicians should avoid the assumption that if they treat the problem of alcohol or substance use and abuse they also will be treating and possibly preventing family violence.

(c) Physicians should be alert to the association, especially among female patients, between current alcohol or drug problems and a history of physical, emotional, or sexual abuse. The association is strong enough to warrant complete screening for past or present physical, emotional, or sexual abuse among patients who present with alcohol or drug problems.

(d) Physicians should be informed about the possible pharmacological link between amphetamine use and human violent behavior. The suggestive evidence about barbiturates and amphetamines and violence should be followed up with more research on the possible causal connection between these drugs and violent behavior.

(e) The notion that alcohol and controlled drugs cause violent behavior is pervasive among physicians and other health care providers. Training programs for physicians should be developed that are based on empirical data and sound theoretical formulations about the relationships among alcohol, drug use, and violence. [CSA Rep. 7, I-00; Reaffirmed: CSAPH Rep. 2, I-09; Modified: CSAPH Rep. 01, A-19]

(41) RESOLUTION 203 - ACCESS TO HEALTHCARE FOR TRANSGENDER AND GENDER DIVERSE INCARCERATED PEOPLE

RECOMMENDATION:

Resolution 203 not be adopted.

MSS ACTION: Resolution 203 adopted as amended.

RESOLVED, that our American Medical Association advocate for readily accessible gender affirming care to meet the distinct healthcare needs of transgender and gender diverse individuals who are incarcerated, including but not limited to ~~evaluations for~~ gender-affirming surgical procedures and the continuation or initiation of hormone therapy without disruption or delay.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association advocate for readily accessible gender affirming care to meet the distinct healthcare needs of transgender and gender diverse individuals who are incarcerated, including but not limited to gender-affirming surgical procedures and the continuation or initiation of hormone therapy without disruption or delay.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association advocate for readily accessible gender affirming care to meet the distinct healthcare needs of transgender and gender diverse individuals who are incarcerated, including but not limited to evaluations for gender-affirming surgical procedures and the continuation or initiation of hormone therapy without disruption or delay.

VRC testimony was opposed to the resolution. Your Reference Committee agrees with testimony that the AMA has strong policy supporting access to Gender Affirming Care and the resolution will not change AMA advocacy efforts. We agree with testimony that this resolution is covered under H-185.927, H-430.982, and H-430.986. Your Reference Committee recommends Resolution 203 not be adopted.

Clarification of Evidence-Based Gender-Affirming Care
Our American Medical Association recognizes that medical and surgical treatments for gender dysphoria and gender incongruence, as determined by shared decision making between the patient and physician, are medically necessary as outlined by generally-accepted standards of medical and surgical practice.
Our AMA will work with state and specialty societies and other interested stakeholders to: advocate for federal, state, and local

laws and policies to protect access to evidence-based care for gender dysphoria and gender incongruence; oppose laws and policies that criminalize, prohibit or otherwise impede the provision of evidence-based, gender-affirming care, including laws and policies that penalize parents and guardians who support minors seeking and/or receiving gender-affirming care; support protections against violence and criminal, civil, and professional liability for physicians and institutions that provide evidence-based, gender affirming care and patients who seek and/or receive such care, as well as their parents and guardians; and communicate with stakeholders and regulatory bodies about the importance of gender-affirming care for patients with gender dysphoria and gender incongruence.

Our AMA will advocate for equitable, evidence-based coverage of gender-affirming care by health insurance providers, including public and private insurers. [Res. 05, A-16; Modified: Res. 015, A-21; Modified: Res. 223, A-23; Appended: Res. 304, A-23]

Appropriate Placement of Transgender Prisoners H-430.982

1. Our AMA supports the ability of transgender prisoners to be placed in facilities, if they so choose, that are reflective of their affirmed gender status, regardless of the prisoner's genitalia, chromosomal make-up, hormonal treatment, or non-, pre-, or post-operative status.

2. Our AMA supports that the facilities housing transgender prisoners shall not be a form of administrative segregation or solitary confinement. [BOT Rep. 24, A-18]

Health Care While Incarcerated H-430.986

Our American Medical Association advocates for adequate payment to health care providers, including primary care and mental health, and addiction treatment professionals, to encourage improved access to comprehensive physical and behavioral health care services to juveniles and adults throughout the incarceration process from intake to re-entry into the community.

Our AMA advocates and requires a smooth transition including partnerships and information sharing between correctional systems, community health systems and state insurance programs to provide access to a continuum of health care services for juveniles and adults in the correctional system, including correctional settings having sufficient resources to assist incarcerated persons' timely access to mental health, drug and residential rehabilitation facilities upon release.

Our AMA encourages state Medicaid agencies to accept and process Medicaid applications from juveniles and adults who are incarcerated.

Our AMA encourages state Medicaid agencies to work with their local departments of corrections, prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid at the time of their incarceration to apply and receive an eligibility determination for Medicaid.

Our AMA advocates for states to suspend rather than terminate Medicaid eligibility of juveniles and adults upon intake into the criminal legal system and throughout the incarceration process, and to reinstate coverage when the individual transitions back into the community.

Our AMA advocates for Congress to repeal the “inmate exclusion” of the 1965 Social Security Act that bars the use of federal Medicaid matching funds from covering healthcare services in jails and prisons.

Our AMA advocates for Congress and the Centers for Medicare & Medicaid Services (CMS) to revise the Medicare statute and rescind related regulations that prevent payment for medical care furnished to a Medicare beneficiary who is incarcerated or in custody at the time the services are delivered.

Our AMA advocates for necessary programs and staff training to address the distinctive health care needs of women and adolescent females who are incarcerated, including gynecological care and obstetrics care for individuals who are pregnant or postpartum.

Our AMA will collaborate with state medical societies, relevant medical specialty societies, and federal regulators to emphasize the importance of hygiene and health literacy information sessions, as well as information sessions on the science of addiction, evidence-based addiction treatment including medications, and related stigma reduction, for both individuals who are incarcerated and staff in correctional facilities.

Our AMA supports:

linkage of those incarcerated to community clinics upon release in order to accelerate access to comprehensive health care, including mental health and substance use disorder services, and improve health outcomes among this vulnerable patient population, as well as adequate funding;

the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community;

the provision of longitudinal care from state supported social workers, to perform foundational check-ins that not only assess mental health but also develop lifestyle plans with newly released people; and

collaboration with community-based organizations and integrated models of care that support formerly incarcerated people with regard to their health care, safety, and social determinant of health needs, including employment, education, and housing.

Our AMA advocates for the continuation of federal funding for health insurance benefits, including Medicaid, Medicare, and the Children's Health Insurance Program, for otherwise eligible individuals in pre-trial detention.

Our AMA advocates for the prohibition of the use of co-payments to access healthcare services in correctional facilities.

Our AMA encourages the following qualifications for the Director and Assistant Director of the Health Services Division within the Federal Bureau of Prisons:

MD or DO, or an international equivalent degree with at least five years of clinical experience at a Bureau of Prisons medical facility or a community clinical setting;

knowledge of health disparities among Black, American Indian and Alaska Native, and people of color, including the pathophysiological basis of the disease process and the social determinants of health that affect disparities; and

knowledge of the health disparities among individuals who are involved with the criminal justice system.

Our AMA will collaborate with interested parties to promote the highest quality of health care and oversight for those who are involved in the criminal justice system by advocating for health administrators and executive staff to possess credentials and experience comparable to individuals in the community in similar professional roles. [CMS Rep. 02, I-16; Appended: Res. 417, A-19; Appended: Res. 420, A-19; Modified: Res. 216, I-19; Modified: Res. 503, A-21; Reaffirmed: Res. 229, A-21; Modified: Res. 127, A-22; Appended: Res. 244, A-23; Appended: Res. 429, A-23]

(42) RESOLUTION 213 - UNDOCUMENTED WORKER PROTECTIONS

RECOMMENDATION:

Resolution 213 <u>not be adopted.</u>

MSS ACTION: Resolution 213 <u>adopted as amended.</u>

RESOLVED, that our AMA-MSS study potential health-related interventions aimed at reducing the rates of abuse present in the undocumented worker community~~support awareness of abuse in undocumented workers and the development of health-related interventions, such as occupational safety trainings and provisions of workplace safety equipment~~; and be it further

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS study potential health-related interventions aimed at reducing the rates of abuse present in the undocumented worker community; and be it further

RESOLVED, that our AMA-MSS support Medicare expansion to undocumented workers through removal of immigration status as eligibility criteria.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS support awareness of abuse in undocumented workers and the development of health-related interventions, such as occupational safety trainings and provisions of workplace safety equipment; and be it further

RESOLVED, that our AMA-MSS support Medicare expansion to undocumented workers through removal of immigration status as eligibility criteria.

VRC testimony was split between support and opposition to the resolution as written. Your Reference Committee agrees with testimony that the evidence presented in the whereas clauses is not enough to support the asks of the resolution. We agree with testimony that the first resolve clause is not actionable as supporting awareness is not a clear advocacy effort. Additionally, the second resolve clause is unlikely to result in meaningful advocacy at this time. Your Reference Committee recommends Resolution 213 not be adopted.

(43) RESOLUTION 308 - EXPANDING MEDICAL EDUCATION ACCESS AND SUPPORT FOR FIRST-GENERATION STUDENTS

RECOMMENDATION:

Resolution 308 not be adopted.

MSS ACTION: Resolution 308 referred.

RESOLVED, that our American Medical Association collaborate with appropriate stakeholders, such as the AAMC, to increase population-specific supportive measures for first-generation students throughout medical school; and be it further

RESOLVED, that our AMA amend Policy H-200.951, “Strategies for Enhancing Diversity in the Physician Workforce,” as follows:

Strategies for Enhancing Diversity in the Physician Workforce, H-200.951

Our AMA: (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin, ~~and~~ rurality, and first-generation status; (2) commends the Institute of Medicine (now known as the National Academies of Sciences, Engineering, and Medicine) for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; (3) encourages the development of evidence-informed programs to build role models among academic leadership and faculty for the mentorship of students, residents, and fellows underrepresented in medicine and in specific specialties; (4) encourages physicians to engage in their communities to guide, support, and mentor high school and undergraduate students with a calling to medicine; (5) encourages medical schools, health care institutions, managed care and other appropriate groups to adopt and utilize activities that bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this goal; and (6) continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of marginalized patient populations.

VRC testimony was opposed to the resolution. Your Reference Committee appreciates the spirit of the resolution, but we agree with testimony that the first resolve clause is covered under existing policy H-200.951 and would not result in intended additional advocacy. We agree with testimony on the second resolve clause that opening up previously passed AMA policy to amendments and discussion given current DEI controversies may result in unintended consequences. Your Reference Committee

further reviewed the late testimony provided by the authorship team, and while we appreciate the efforts by the authors to strengthen this resolution, we do not believe that the new ask was supported by the whereas clauses. Thus, your Reference Committee recommends Resolution 308 not be adopted.

Strategies for Enhancing Diversity in the Physician Workforce H-200.951
Our AMA: (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin, and rurality; (2) commends the Institute of Medicine (now known as the National Academies of Sciences, Engineering, and Medicine) for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; (3) encourages the development of evidence-informed programs to build role models among academic leadership and faculty for the mentorship of students, residents, and fellows underrepresented in medicine and in specific specialties; (4) encourages physicians to engage in their communities to guide, support, and mentor high school and undergraduate students with a calling to medicine; (5) encourages medical schools, health care institutions, managed care and other appropriate groups to adopt and utilize activities that bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this goal; and (6) continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of marginalized patient populations. [CME Rep. 1, I-06; Reaffirmed: CME Rep. 7, A-08; Reaffirmed: CCB/CLRPD Rep. 4, A-13; Modified: CME Rep. 01, A-16; Reaffirmation A-16; Modified: Res. 009, A-21; Modified: CME Rep. 5, A-21]

(44) RESOLUTION 311 - PARITY FOR DO AND MD GRADUATING SENIORS THROUGH REPORTING TOTAL NUMBER OF DO AND MD APPLICANTS INTERVIEWED AND RANKED BY EACH RESIDENCY PROGRAM

RECOMMENDATION:

Resolution 311 not be adopted.

MSS ACTION: Resolution 311 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association partner with Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, American Osteopathic Association, American Association of Colleges of Osteopathic Medicine, and other appropriate stakeholders to require all residency programs to report the number of DO and MD applicants they interview and rank as part of the NRMP Annual Report.

VRC testimony was opposed to the resolution. Your Reference Committee agrees with testimony that this resolution is covered under existing policy D-310.977. Since the resolution is not novel, we agree that the resolution will not result in meaningful advocacy. Your Reference Committee recommends Resolution 311 not be adopted.

National Resident Matching Program Reform D-310.977
Our AMA:
(1) will work with the National Resident Matching Program (NRMP) to develop and distribute educational programs to better inform applicants about the NRMP matching process, including the existing NRMP waiver and violations review policies;
(2) will actively participate in the evaluation of, and provide timely comments about, all proposals to modify the NRMP Match;
(3) will request that the NRMP explore the possibility of including the Osteopathic Match in the NRMP Match;
(4) will continue to review the NRMP's policies and procedures and make recommendations for improvements as the need arises, to include making the conditions of the Match agreement more transparent while assuring the confidentiality of the match;
(5) will work with the Accreditation Council for Graduate Medical Education (ACGME) and other appropriate agencies to assure that the terms of employment for resident physicians are fair and equitable and reflect the unique and extensive amount of education and experience acquired by physicians;
(6) does not support the current the "All-In" policy for the Main Residency Match to the extent that it eliminates flexibility within the match process;
(7) will work with the NRMP, and other residency match programs, in revising Match policy, including the secondary match or scramble

process to create more standardized rules for all candidates including application timelines and requirements;

(8) will work with the NRMP and other external bodies to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicants;

(9) encourages the National Resident Matching Program to study and publish the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas;

(10) will work with the NRMP and ACGME to evaluate the challenges in moving from a time-based education framework toward a competency-based system, including: a) analysis of time-based implications of the ACGME milestones for residency programs; b) the impact on the NRMP and entry into residency programs if medical education programs offer variable time lengths based on acquisition of competencies; c) the impact on financial aid for medical students with variable time lengths of medical education programs; d) the implications for interprofessional education and rewarding teamwork; and e) the implications for residents and students who achieve milestones earlier or later than their peers;

(11) will work with the Association of American Medical Colleges (AAMC), American Osteopathic Association (AOA), American Association of Colleges of Osteopathic Medicine (AACOM), and National Resident Matching Program (NRMP) to evaluate the current available data or propose new studies that would help us learn how many students graduating from US medical schools each year do not enter into a US residency program; how many never enter into a US residency program; whether there is disproportionate impact on individuals of minority racial and ethnic groups; and what careers are pursued by those with an MD or DO degree who do not enter residency programs;

(12) will work with the AAMC, AOA, AACOM and appropriate licensing boards to study whether US medical school graduates and international medical graduates who do not enter residency programs may be able to serve unmet national health care needs;

(13) will work with the AAMC, AOA, AACOM and the NRMP to evaluate the feasibility of a national tracking system for US medical students who do not initially match into a categorical residency program;

(14) will discuss with the National Resident Matching Program, Association of American Medical Colleges, American Osteopathic Association, Liaison Committee on Medical Education,

Accreditation Council for Graduate Medical Education, and other interested bodies potential pathways for reengagement in medicine following an unsuccessful match and report back on the results of those discussions;

(15) encourages the Association of American Medical Colleges to work with U.S. medical schools to identify best practices, including career counseling, used by medical schools to facilitate successful matches for medical school seniors, and reduce the number who do not match;

(16) supports the movement toward a unified and standardized residency application and match system for all non-military residencies;

(17) encourages the Educational Commission for Foreign Medical Graduates (ECFMG) and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Resident Matching Program and are therefore unable to get a residency or practice medicine;

(18) encourages the AAMC, AACOM, NRMP, and other key stakeholders to jointly create a no-fee, easily accessible clearinghouse of reliable and valid advice and tools for residency program applicants seeking cost-effective methods for applying to and successfully matching into residency; and

(19) will work with appropriate stakeholders to study options for improving transparency in the resident application process. [CME Rep. 4, A-05; Appended: Res. 330, A-11; Appended: Res. 920, I-11; Appended: Res. 311, A-14; Appended: Res. 312, A-14; Appended: Res. 304, A-15; Appended: CME Rep. 03, A-16; Reaffirmation: A-16; Appended: CME Rep. 06, A-17; Appended: Res. 306, A-17; Modified: Speakers Rep. 01, A-17; Appended: CME Rep. 3, A-21; Modified: CME Rep. 1, A-22; Appended: Res. 328, A-22]

(45) RESOLUTION 313 - OPPOSITION TO MEDICAL SCHOOL ADMISSIONS PREFERENCE FOR CHILDREN OF DONORS AND FACULTY

RECOMMENDATION:

Resolution 313 not be adopted.

MSS ACTION: Resolution 313 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association recognize that relation to donors may be one reason, among many, for an applicant to express interest in a particular school, but otherwise oppose consideration of donor relations in the evaluation of medical school applicants due to its discriminatory impact on the diversity of the physician workforce; and be it further

RESOLVED, that our AMA work with the Association of American Medical Colleges (AAMC) and American Association of Colleges of Osteopathic Medicine (AACOM) to deemphasize the consideration of donor relation status in medical school admissions; and be it further

RESOLVED, that our AMA work with AAMC, AACOM, or other relevant stakeholders to investigate the prevalence and impacts of faculty relation status in medical school admissions.

VRC testimony was mainly opposed to the resolution as written. We agree with testimony that there is not a clear delineation between donor status and legacy status. Your Reference Committee discussed that donor status and legacy status may be two distinct entities but may also be related in certain instances. Your Reference Committee agrees with testimony that the resolution is covered under existing policy H-295.845. Since H-295.845 was recently adopted at A-23, we do not believe the introduction of more policy will result in meaningful AMA advocacy efforts at this time. Thus, your Reference Committee recommends Resolution 313 not be adopted.

> Against Legacy Preferences as a Factor in Medical School Admissions H-295.845
> Our American Medical Association recognizes that legacy status may be one of many stated reasons an applicant may offer for interest in a particular medical school, but opposes the use of questions about legacy status in the medical school application process due to their discriminatory impact. [Res. 309, A-23]

(46) RESOLUTION 315 - REMOVING HEADSHOT REQUIREMENTS FROM MEDICAL SCHOOL, RESIDENCY, AND FELLOWSHIP APPLICATIONS

RECOMMENDATION:

Resolution 315 <u>not be adopted.</u>

MSS ACTION: Resolution 315 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support discontinuing the headshot requirement from all medical school, residency program, and fellowship applications, and be it further

RESOLVED, that our AMA support blinding selection committees to all applicant's photographs prior to granting interviews in instances where discontinuation of headshot requirements proves unattainable.

VRC testimony was mainly opposed to the resolution as written. The Reference Committee agrees with concerns that the resolution lacks sufficient evidence to support the resolve clauses. Additionally, we agree with testimony that the resolution does not address unintended consequences of the resolve clauses as written. Thus, your Reference Committee recommends Resolution 315 not be adopted.

(47) RESOLUTION 402 – STUDYING THE EFFECTS OF PLANT-BASED MEAT

RECOMMENDATION:

Resolution 402 not be adopted.

MSS ACTION: Resolution 402 adopted as amended.

RESOLVED, that our AMA-MSS edit the pending transmittal titled "Support for Research on the Nutritional and Other Impacts of Plant-Based Meat" as follows:

RESOLVED, that our American Medical Association study and report back with policy recommendations on the health and climate-related effects of consuming ~~work with appropriate parties to support~~ plant-based and lab-grown meat ~~research funding~~.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS edit the pending transmittal titled "Support for Research on the Nutritional and Other Impacts of Plant-Based Meat" as follows:

That our American Medical Association study and report back with policy recommendations on the health- and climate- related effects of consuming ~~work with appropriate parties to support~~ plant-based and lab-grown meat ~~research funding~~.

ORIGINAL LANGUAGE:

RESOLVED, that our AMA-MSS edit the pending transmittal titled "Support for Research on the Nutritional and Other Impacts of Plant-Based Meat" as follows:

> "RESOLVED, that our American Medical Association study the health-related effects of consuming ~~work with appropriate parties to support~~ plant-based and lab-grown meat ~~research funding~~."

VRC testimony was split. Your Reference Committee agrees with testimony that the MSS A-22 report titled "Advocating for Plant-Based Meat Research and Regulation," which performed a literature review on plant-based meat, concluded that there was limited data available on this subject. Therefore, we believe requesting an AMA study is not the appropriate advocacy avenue on this subject. We believe the AMA should work with appropriate stakeholders to support research bodies in their efforts on plant-based meat data collection. Your Reference Committee recommends Resolution 402 not be adopted.

(48) RESOLUTION 403 – IMPROVING CHILD DISCIPLINARY EDUCATION FOR CAREGIVERS

RECOMMENDATION:

Resolution 403 not be adopted.

MSS ACTION: Resolution 403 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association collaborate with the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, Centers for Disease Control, and other relevant organizations to develop novel culturally-concordant "how-to-discipline children" educational resources and programs that are centralized online in multiple languages to be offered to caregivers by the 6 month well child visit without cost; and be it further

RESOLVED, that our AMA work with the relevant specialty societies to develop a standardized CME training on AMA Ed Hub for residents and physicians.

VRC testimony was opposed to the resolution as written. The Reference Committee agrees with testimony that the resolution is covered under H-515.995, and therefore will not meaningfully impact AMA advocacy efforts. Your Reference Committee recommends Resolution 403 not be adopted.

(49) RESOLUTION 404 – SUPPORT FOR STANDARDIZED PERIODIC HEARING SCREENINGS IN PRIMARY SCHOOLS

RECOMMENDATION:

Resolution 404 not be adopted.

MSS ACTION: Resolution 404 not adopted.

ORIGINAL LANGUAGE:

RESOLVED, that our American Medical Association support periodic hearing screenings in children based on evidence-based guidelines, including a national recommendation for the development of standardized periodic hearing screenings in primary schools with appropriate referral to a physician for a comprehensive audiologic evaluation.

VRC testimony was opposed to the resolution as written. The Reference Committee agrees with testimony that the whereas clauses do not establish a strong evidence base. We agree with testimony that the asks of the resolution will not significantly changes AMA's advocacy efforts. The American Academy of Pediatrics already has detailed guidelines regarding hearing screenings in children, and expanding these recommendations would be within the purview of specialty societies. Your Reference Committee recommends Resolution 404 not be adopted.

(50) CME CDA REPORT A – STUDYING EFFECTS OF ONLINE EDUCATION ON MEDICAL EDUCATION OUTCOMES DURING COVID-19 PANDEMIC

RECOMMENDATION:

CME CDA Report A not be adopted.

MSS ACTION: Substitute CME CDA Report A adopted in lieu of CME CDA Report A.

FINAL LANGUAGE:

RESOLVED that our American Medical Association promote a systems approach to student well-being and support research into the impact (beneficial or deleterious) of various educational structures and processes including but not limited to the use of third-party resources, distance learning upon learner well-being and self-efficacy.

ORIGINAL LANGUAGE:

Your Committee on Medical Education and Committee on Disability Affairs recommend that the following recommendations are adopted in lieu of and the remainder of this report is filed:

RESOLVED, that our AMA study the impact of curricular structure including distance learning and third-party educational resources in undergraduate medical education on knowledge- and behavioral-based core competencies of medical education and student mental health.

VRC testimony was mixed. The Reference Committee agrees with testimony that an AMA study on this topic is not impactful. We agree with testimony that the asks of the resolution will not significantly change AMA's advocacy efforts by asking the AMA to do a literature review. Your Reference Committee discussed amendments proposed on the VRC in length, but ultimately decided on our recommendation to not adopt due to the existence of ChangeMedEd and their experimental and innovative work and ongoing studies on undergraduate medical education. We feel that AMA policy on this issue would not result in a meaningful outcome or addition to the work that is already underway. Your Reference Committee recommends CME CDA Report A not be adopted.

(51) WIM COLA LGBTQ+ REPORT A – ADDRESSING GENDER-BASED DISPARITIES ON HEALTH-RELATED CONSUMERGOODS (THE PINK TAX)

RECOMMENDATION:

WIM COLA LGBTQ+ Report A not be adopted.

MSS ACTION: WIM COLA LGBTQ+ Report A adopted.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support federal and state efforts to minimize gender-based pricing disparities.

ORIGINAL LANGUAGE:

Your Women in Medicine Committee, Committee on Legislation & Advocacy, and Committee on LGBTQ+ Affairs, recommend(s) that the following recommendation is adopted in lieu of Resolution 049 and the remainder of this report be filed:

RESOLVED, that our American Medical Association support federal and state efforts to minimize gender-based pricing disparities.

VRC testimony was supportive. However, while this report provided further gender disparities in consumer goods, the Reference Committee agrees that the questions of scope and feasibility posed to the Standing Committees were not addressed in this report. Additionally, the single ask resulting from this report is too broad and the body of the report has provided little substantive evidence for the effectiveness of the ask. Your Reference Committee recommends WIM COLA LGBTQ+ Report not be adopted.

RECOMMENDED FOR FILING

(52) GC REPORT B – MSS ACTION ITEM UPDATE REPORT

RECOMMENDATION:

GC Report B be filed.

MSS ACTION: GC Report B filed.

ORIGINAL LANGUAGE:

Your MSS Governing Council recommends GC Report B be filed.

The Reference Committee thanks the MSS Governing Council for a comprehensive report on the status of MSS Action Items submitted since the MSS Interim 2023 Meeting. Your Reference Committee recommends GC Report B be filed.

(53) SD REPORT B – POLICY PROCEEDINGS OF THE INTERIM 2023 HOUSE OF DELEGATES MEETING

RECOMMENDATION:

SD Report B be filed.

MSS ACTION: SD Report B filed.

ORIGINAL LANGUAGE:

Your Section Delegates recommend GC Report B be filed.

The Reference Committee thanks the MSS Section Delegates for a comprehensive report on the actions of the MSS Interim 2023 Meeting. Your Reference Committee recommends SD Report B be filed.

AMERICAN MEDICAL ASSOCIATION MEDICAL STUDENT SECTION
(Interim 2024)

Report of the Medical Student Section Reference Committee

Alec Calac and Andrew Norton, Co-Chairs

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Resolution 507 - Advancing Menopause Research and Care
2. CEQM COLA Report - Insurer Accountability When Prior Authorization Harms Patients
3. CME Report - Increased Access and Support for First-Generation College Students

RECOMMENDED FOR ADOPTION AS AMENDED

4. Resolution 001 – Military Deception as a Threat to Physician Ethics
5. Resolution 108 - Improving Choice, Competition, and Affordability in the ACA Marketplaces
6. Resolution 201 - Protecting In-Person Prison Visitations to Reduce Recidivism
7. Resolution 202 - Codification of the Chevron Deference Doctrine
8. Resolution 206 - Supporting Aged-Out Foster Youth with Mental Health and Psychotropic Needs
9. Resolution 303 - Improvements to Burnout Prevention Programs
10. Resolution 307 - Distribution of Resident Seats Commensurate with Shortages
11. Resolution 309 - Addressing Misuse of Professionalism Standards in Medical Training
12. Resolution 401 - Support for Changing Standards for Minors Working in Agriculture
13. Resolution 411 - Regulation and Oversight of the Troubled Teen Industry
14. Resolution 502 - Increased Cybersecurity Standards for Healthcare Entities
15. Resolution 504 - Healthcare Provider Data Privacy Protection
16. Resolution 601 - MSS Caucus Endorsements
17. Resolution 602 - MSS Study of Assembly Representation
18. CGPH MIC Report - Reducing the Harmful Impacts of Immigration Status on Health

RECOMMENDED FOR ADOPTION IN LIEU OF

19. Resolution 010 - Transparency on Comparative Effectiveness in Direct-to-Consumer Advertising

20. Resolution 104 - Healthcare in Tribal Jails
21. Resolution 404 - Promoting Child Welfare and Communication Rights in Immigration Detention
22. Resolution 406 - Advocating for Universal Summer Electronic Benefit Transfer Program for Children (SEBTC)
23. Resolution 407 - Standardizing Safety Requirements for Rideshare-Based Non-Emergency Medical Transportation
24. CEQM Report - MSS Position on Alternative Payment Models

RECOMMENDED FOR REFERRAL

25. Resolution 203 - Preventing Drug-Facilitated Sexual Assault in Drinking Establishments

RECOMMENDED FOR NOT ADOPTION

26. Resolution 002 - Improving Pelvic Floor Physical Therapy Access for Pregnancy
27. Resolution 006 - Immigrant Healthcare System Education
28. Resolution 008 - Parental Involvement Mandates in Reproductive Health
29. Resolution 205 - Sexual Health Education Confidentiality and Disparities among Adolescents
30. Resolution 207 - Supporting and Protecting Equity in LGBTQ+ Parentage and Assisted Reproduction
31. Resolution 208 - Addressing the Harms of Weight Bias, Stigma, and Discrimination
32. Resolution 209 - Timely Prenatal Appointments in Incarcerated Populations
33. Resolution 301 - Support for Innovative Medical School Pathways
34. Resolution 302 - Abolition of Organic Chemistry, General Chemistry, Physics, and Calculus for Pre-Med Admission
35. Resolution 304 - Improve Clinical Relevance to Standardized Exams
36. Resolution 305 - Support for Medical School Applicants With Alternative Undergraduate Degrees
37. Resolution 306 - Overemphasis on Research in Trainee Selection
38. Resolution 312 - Providing Wellness Days on Recognized Federal Holidays
39. Resolution 319 - Specifying Qualifications for Teaching Disability in Medical Education
40. Resolution 413 - Promoting the Use and Efficacy of Ultraviolet Protective Clothing
41. Resolution 416 - Allergen Labeling for Spices and Herbs
42. Resolution 501 - Increasing Utilization of Point-of-Care Ultrasound in Hospital Settings
43. Resolution 503 - Emergency Preparedness in EHR Downtime and Healthcare Technology Disruptions

44. Resolution 509 - Opposing Unwarranted NIH Research Institute Restructuring

RECOMMENDED FOR FILING

45. ATF Report – Archives Task Force Interim 2024 Report
46. SCTF Report – Standing Committee Task Force I-24 Report
47. SD Report – Delegate Report A

RECOMMENDED FOR ADOPTION

(1) RESOLUTION 507 - ADVANCING MENOPAUSE RESEARCH AND CARE

RECOMMENDATION:

Resolution 507 be adopted.

MSS ACTION: Resolution 507 adopted.

RESOLVED, that our AMA-MSS advocates for increased funding for biomedical and public health research on perimenopause, menopause, and related chronic conditions; and be it further

RESOLVED, that our AMA-MSS supports expanded training opportunities for medical students, residents, and other health professions trainees to improve care, treatment, and management services for perimenopause, menopause, and related chronic conditions; and be it further

RESOLVED, that our AMA-MSS supports efforts to increase awareness and education relating to menopause, mid-life women's health and related care, treatment, and preventative services.

VRC testimony was supportive. Your Reference Committee agrees with testimony to support the MSS establishing an internal position to support this resolution coming through the Women's Physician Section for the 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Resolution 507 be adopted.

(2) CEQM COLA REPORT - INSURER ACCOUNTABILITY WHEN PRIOR AUTHORIZATION HARMS PATIENTS

RECOMMENDATION:

CEQM COLA Report be adopted.

MSS ACTION: CEQM COLA Report adopted.

Your Committee on Legislation and Advocacy (COLA) and Committee on Economics and Quality of Medicine (CEQM) recommend(s) that Resolution OF068 not be adopted and the remainder of this report be filed.

VRC testimony was supportive. Your Reference Committee agrees that the original referred resolution is covered by existing AMA policy D-320.974. Your Reference Committee recommends CEQM COLA Report A be adopted.

(3) CME REPORT - INCREASED ACCESS AND SUPPORT FOR FIRST-GENERATION COLLEGE STUDENTS

RECOMMENDATION:

CME Report be adopted.

MSS ACTION: CME Report adopted.

Your Committee on Medical Education recommends that Resolution 308 “Expanding Medical Education Access and Support for First-Generation Students” not be adopted and the remainder of this report be filed.

VRC testimony was supportive. Your Reference Committee agrees with testimony that existing AMA policy H-200.951 covers the asks of the original referred resolution. Your Reference Committee recommends CME Report be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(4) RESOLUTION 001 - MILITARY DECEPTION AS A THREAT TO PHYSICIAN ETHICS

RECOMMENDATION A:

The first Resolve of Resolution 001 be amended by deletion:

RESOLVED, that our American Medical Association opposes the deceptive use of medical, public health, and humanitarian aid for secret or ulterior motives ~~by~~ government and ~~military entities~~, including to gather national security intelligence or gain leverage in an armed conflict.

RECOMMENDATION B:

Resolution 001 be adopted as amended.

MSS ACTION: Resolution 001 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association opposes the deceptive use of medical, public health, and humanitarian aid for secret or ulterior motives by government and military entities including to gather national security intelligence or gain leverage in an armed conflict.

RESOLVED, that our American Medical Association opposes the deceptive use of medical, public health, and humanitarian aid for secret or ulterior motives by military entities, including to gather national security intelligence or gain leverage in an armed conflict.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the resolution addresses a gap in the Code of Ethics and further addresses the pressing issue that military deception undermines the trust in healthcare as an institution. We agree with testimony to broaden the asks of the resolution by removing the specific reference to "military entities." Additionally, we agree that this deletion will strengthen the resolution and broaden the ask to address those that oversee military efforts. The Reference Committee recommends Resolution 001 be adopted as amended.

(5) RESOLUTION 108 - IMPROVING CHOICE, COMPETITION, AND AFFORDABILITY IN THE ACA MARKETPLACES

RECOMMENDATION A:

The first Resolve of Resolution 108 be amended by addition and deletion:

RESOLVED, that our American Medical Association ~~support study the following proposals for~~ expanding choice and competition on ACA Marketplaces~~, including by with policy recommendations~~:

1. **Allowing ACA premium tax credits to be applied to the entire premium for qualifying Marketplace health plans, including ~~the portion of the premium attributable to benefits those~~ that are not considered Essential Health Benefits; and**
2. ~~**Automatically placing leftover ACA premium tax credits into a Health Savings Account when a selected plan's premium is lower than the premium tax credit. Improving the benchmark plan on the ACA marketplaces from the second-lowest cost silver plan to at least the second-lowest cost gold plan.**~~ **Deposit any leftover ACA premium tax credits (i.e. when a selected plan's premium is lower than the premium tax credit) into an account for patients to use on health expenses.**

; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 108 be amended by deletion:

~~**RESOLVED, that our AMA support improving the benchmark plan on the ACA Marketplaces from the second-lowest cost silver plan to at least the second-lowest cost gold plan.**~~

RECOMMENDATION C:

Resolution 108 be adopted as amended.

MSS ACTION: Resolution 108 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support expanding choice and competition on ACA Marketplaces, including by:
1. Allowing ACA premium tax credits to be applied to the entire premium for qualifying Marketplace health plans, including the

portion of the premium attributable to benefits that are not considered Essential Health Benefits; and
2. Deposit any leftover ACA premium tax credits (i.e., when a selected plan's premium is lower than the premium tax credit) into an account for patients to use on health expenses; and be it further

RESOLVED, that our AMA support improving the benchmark plan on the ACA Marketplaces from the second-lowest cost silver plan to at least the second-lowest cost gold plan.

RESOLVED, that our American Medical Association support expanding choice and competition on ACA Marketplaces, including by:

1. Allowing ACA premium tax credits to be applied to the entire premium for qualifying Marketplace health plans, including the portion of the premium attributable to benefits that are not considered Essential Health Benefits; and
2. Automatically placing leftover ACA premium tax credits into a Health Savings Account when a selected plan's premium is lower than the premium tax credit.

; and be it further

RESOLVED, that our AMA support improving the benchmark plan on the ACA Marketplaces from the second-lowest cost silver plan to at least the second-lowest cost gold plan.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution needs more evidence to support the asks. We agree with testimony that the resolution should be studied to ensure appropriate and strong language that leads to actionable advocacy efforts. The AMA is currently working on enhancing expansion of ACA subsidies to increase access for individuals. The addition of a study of this resolution could bolster those current efforts and, ultimately, increase advocacy efforts on this topic. Your Reference Committee agrees that the second resolve clause should be included in the study because changing the rankings could have unintended consequences. Your Reference Committee recommends Resolution 108 be adopted as amended.

(6) RESOLUTION 201 - PROTECTING IN-PERSON PRISON VISITATIONS TO REDUCE RECIDIVISM

RECOMMENDATION A:

Resolution 201 be <u>amended by addition and deletion:</u>

RESOLVED, that our American Medical Association support <u>local, state, and</u> federal <u>efforts</u> ~~and state policies~~ that protect and improve accessibility

to in-person ~~prison~~ visitations at correctional facilities ~~as a way~~ to reduce recidivism.

RECOMMENDATION B:

Resolution 201 be adopted as amended.

MSS ACTION: Resolution 201 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support local, state, and federal efforts that protect and improve accessibility to in-person visitations at correctional facilities to reduce recidivism.

RESOLVED, that our American Medical Association support federal and state policies that protect and improve accessibility to in-person prison visitations as a way to reduce recidivism.

VRC testimony was supportive. Your Reference Committee agrees with testimony to change the level of efforts the resolution asks for in order to broaden the possible advocacy routes. Additionally, we agree with amendments to expand the resolution to cover visitations at all correctional facilities. Your Reference Committee recommends Resolution 201 be adopted as amended.

(7) RESOLUTION 202 - CODIFICATION OF THE CHEVRON DEFERENCE DOCTRINE

RECOMMENDATION A:

Resolution 202 be amended by addition of a new Resolve:

RESOLVED, that our AMA-MSS immediately forward this resolution to the 2024 Interim Meeting of the AMA House of Delegates.

RECOMMENDATION B:

Resolution 202 be adopted as amended.

MSS ACTION: Resolution 202 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support codification of the Chevron deference doctrine at the federal and state levels, which would: (1) generally leave reasonable interpretation of ambiguous regulatory statutes to the purview of the executive branch, including agencies comprised of scientific and medical experts evaluating robust evidence and (2) generally prioritize legislative oversight and modification of ambiguous regulatory statutes and agency rules, instead of deferring to the judicial branch for this function; and be it further

RESOLVED, that our AMA-MSS immediately forward this resolution to the 2024 Interim Meeting of the AMA House of Delegates.

RESOLVED, that our American Medical Association support codification of the Chevron deference doctrine at the federal and state levels, which would: (1) generally leave reasonable interpretation of ambiguous regulatory statutes to the purview of the executive branch, including agencies comprised of scientific and medical experts evaluating robust evidence and (2) generally prioritize legislative oversight and modification of ambiguous regulatory statutes and agency rules, instead of deferring to the judicial branch for this function.

VRC testimony was supportive. Your Reference Committee agrees with testimony that this resolution is timely and actionable based on current events. Additionally, we agree with testimony that this resolution is within the scope of the AMA due to the impact Chevron has on regulatory frameworks. Your Reference Committee agrees with testimony to forward this resolution immediately to the 2024 Interim Meeting of the AMA House of Delegates Meeting. Your Reference Committee recommends Resolution 202 be adopted as amended.

(8) RESOLUTION 206 - SUPPORTING AGED-OUT FOSTER YOUTH WITH MENTAL HEALTH AND PSYCHOTROPIC NEEDS

RECOMMENDATION A:

The first Resolve of Resolution 206 be amended by deletion:

RESOLVED, that our AMA supports federal and state initiatives aimed at increasing funding and enhancing accessibility to services designed to help youths as they transition out of foster care~~, such as the John Chafee program~~; especially for youths requiring mental health support and access to psychotropic medications.

RECOMMENDATION B:

Resolution 206 be adopted as amended.

MSS ACTION: Resolution 206 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA supports federal and state initiatives aimed at increasing funding and enhancing accessibility to services designed to help youths as they transition out of foster care; especially for youths requiring mental health support and access to psychotropic medications.

RESOLVED, that our AMA supports federal and state initiatives aimed at increasing funding and enhancing accessibility to services designed to help youths as they transition out of foster care, such as the John Chafee program; especially for youths requiring mental health support and access to psychotropic medications.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to strike the specific reference to the John Chafee program to keep the policy broad and actionable. Your Reference Committee recommends Resolution 206 be adopted as amended.

(9) RESOLUTION 303 - IMPROVEMENTS TO BURNOUT PREVENTION PROGRAMS

RECOMMENDATION A:

The first Resolve of Resolution 303 be amended by addition:

RESOLVED, that our American Medical Association discourage physician, resident/fellow, and medical student burnout prevention programs which impose inflexible requirements, mandatory assignments, or punitive measures, except where required by law; and

RECOMMENDATION B:

Resolution 303 be amended by addition of a new Resolve:

RESOLVED, that our AMA supports the implementation of evidence-based evaluation strategies in the ChangeMedEd Initiative for the ongoing assessment and improvement of burnout prevention programs.

RECOMMENDATION C:

Resolution 303 be adopted as amended.

MSS ACTION: Resolution 303 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association discourage physician, resident/fellow, and medical student burnout prevention programs which impose inflexible requirements, mandatory assignments, or punitive measures, except where required by law; and be it further

RESOLVED, that our AMA support evidence-based burnout prevention programs that:
a) prioritize personal time for participants;
b) facilitate voluntary participation in activities relating to personal values, leisure, hobbies, group and peer engagement, and self-care; and
c) are integrated directly into medical school and residency program curricula, and;
D) provide multiple options to complete any expectations or activities flexibly; and be it further

RESOLVED, that our AMA supports the implementation of evidence-based evaluation strategies in the ChangeMedEd Initiative for the ongoing assessment and improvement of burnout prevention programs.

RESOLVED, that our American Medical Association discourage physician, resident/fellow, and medical student burnout prevention programs which impose inflexible requirements, mandatory assignments, or punitive measures; and be it further

RESOLVED, that our AMA support evidence-based burnout prevention programs that:
a) prioritize personal time for participants;
b) facilitate voluntary participation in activities relating to personal values, leisure, hobbies, group and peer engagement, and self-care; and
c) are integrated directly into medical school and residency program curricula, and;
D) provide multiple options to complete any expectations or activities flexibly.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the first resolve should be amended to clarify that this resolution is not commenting on legally required programs such as psychotherapy required of physicians

charged with substance misuse. Additionally, we agree with testimony to add a new resolve clause to ask for continued study in order to bolster the currently lacking available evidence of burn-out prevention program effectiveness. Your Reference Committee recommends Resolution 303 be adopted as amended.

(10) RESOLUTION 307 - DISTRIBUTION OF RESIDENT SEATS COMMENSURATE WITH SHORTAGES

RECOMMENDATION A:

The second Resolve of Resolution 307 be amended by deletion:

~~**RESOLVED, that our AMA support increasing the number of available preliminary and transition year residency positions; and be it further**~~

RECOMMENDATION B:

The third Resolve of Resolution 307 be amended by deletion:

~~**RESOLVED, that our AMA support that a preliminary year resident entering a full residency be eligible for GME funds for the duration of their program comparable to their peers; and be it further**~~

RECOMMENDATION C:

The fourth Resolve of Resolution 307 be amended by deletion:

RESOLVED, that our AMA-MSS amend MSS Position 200.003MSS, "AMA Opposition to Primary Care Quotas," by addition and deletion as follows; and be it further

200.003MSS Primary Care and Psychiatry Workforce AMA Opposition to Primary Care Quotas

AMA-MSS ~~will ask the AMA to: (1) strongly oppose primary care quota systems; (2) oppose efforts by federal and state governments that would arbitrarily further control specialties for which medical students may qualify; and (3) continue to support and promote the identification of and funding for incentives to~~ supports funds and incentives to increase the number of ~~primary care~~ physicians in primary care ~~(general internal medicine, family medicine, preventive medicine, pediatrics, and obstetrics and gynecology)~~ and psychiatry.

RECOMMENDATION D:

The fifth Resolve of Resolution 307 be amended by deletion:

RESOLVED, that our AMA-MSS amend MSS Position 200.006MSS, "National Physician Workforce Planning," by addition and deletion as follows:
200.006MSS National Body to Allocate Residency Positions ~~Physician Workforce Planning~~
AMA-MSS supports the implementation of a ~~will ask the AMA to support the concept that the Council on Graduate Medical Education and/or any equivalent~~ national ~~workforce planning~~ body to work with the Centers for Medicare and Medicaid Services to decide the number of federally funded residency positions offered, including considerations based on specialty, geographic are and rural status, patient need, ~~allocate residency positions based on patient need~~ and health equity considerations and that this body includes voting members who are medical students, residents, fellows, and attending physicians ~~should be solely advisory in nature and be appointed in a manner that ensures bipartisan representation, including adequate physician representation~~.

RECOMMENDATION E:

Resolution 307 be adopted as amended.

MSS ACTION: Resolution 307 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support preferential distribution of residency seats to general internal medicine, family medicine, preventive medicine, pediatrics, obstetrics and gynecology, and psychiatry, commensurate with their relative need and expected shortages; and be it further

RESOLVED, that our AMA-MSS amend MSS Position 200.003MSS, "AMA Opposition to Primary Care Quotas," by addition and deletion as follows; and be it further
200.003MSS Primary Care and Psychiatry Workforce AMA Opposition to Primary Care Quotas
AMA-MSS ~~will ask the AMA to: (1) strongly oppose primary care quota systems; (2) oppose efforts by federal and state governments that would arbitrarily further control specialties for which medical students may qualify; and (3) continue to support and promote the identification of and funding for incentives to~~ supports funds and

incentives to increase the number of physicians in primary care ~~(general internal medicine, family medicine, preventive medicine, pediatrics, and obstetrics and gynecology)~~ and psychiatry.

RESOLVED, that our AMA-MSS amend MSS Position 200.006MSS, "National Physician Workforce Planning," by addition and deletion as follows:

200.006MSS National Body to Allocate Residency Positions ~~Physician Workforce Planning~~

AMA-MSS supports the implementation of a ~~will ask the AMA to support the concept that the Council on Graduate Medical Education and/or any equivalent~~ national ~~workforce planning~~ body to work with the Centers for Medicare and Medicaid Services to decide the number of federally funded residency positions offered, including considerations based on specialty, geographic are and rural status, patient need, and health equity considerations and that this body includes voting members who are medical students, residents, fellows, and attending physicians ~~should be solely advisory in nature and be appointed in a manner that ensures bipartisan representation, including adequate physician representation~~.

RESOLVED, that our American Medical Association support preferential distribution of residency seats to general internal medicine, family medicine, preventive medicine, pediatrics, obstetrics and gynecology, and psychiatry, commensurate with their relative need and expected shortages; and be it further

RESOLVED, that our AMA support increasing the number of available preliminary and transition year residency positions; and be it further

RESOLVED, that our AMA support that a preliminary year resident entering a full residency be eligible for GME funds for the duration of their program comparable to their peers; and be it further

RESOLVED, that our AMA-MSS amend MSS Position 200.003MSS, "AMA Opposition to Primary Care Quotas," by addition and deletion as follows; and be it further

200.003MSS Primary Care and Psychiatry Workforce AMA Opposition to Primary Care Quotas

AMA-MSS ~~will ask the AMA to: (1) strongly oppose primary care quota systems; (2) oppose efforts by federal and state governments that would arbitrarily further control specialties for which medical students may qualify; and (3) continue to support and promote the identification of and funding for incentives to~~ supports funds and incentives to increase the number of ~~primary care~~ physicians in primary care (general internal

medicine, family medicine, preventive medicine, pediatrics, and obstetrics and gynecology) and psychiatry.

RESOLVED, that our AMA-MSS amend MSS Position 200.006MSS, "National Physician Workforce Planning," by addition and deletion as follows:

200.006MSS National Body to Allocate Residency Positions ~~Physician Workforce Planning~~

AMA-MSS supports the implementation of a ~~will ask the AMA to support the concept that the Council on Graduate Medical Education and/or any equivalent~~ national ~~workforce planning~~ body to allocate residency positions based on patient need and health equity considerations and that this body includes voting members who are medical students, residents, fellows, and attending physicians ~~should be solely advisory in nature and be appointed in a manner that ensures bipartisan representation, including adequate physician representation~~.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to delete resolve clauses two and three due to insufficient evidence and relevance as presented in the resolution. We agree with testimony to remove the examples of primary care in the fourth resolve clause to be less prescriptive in case the definition evolves. We additionally agree with testimony to amend the fifth resolve clause to be more actionable. Your Reference Committee recommends Resolution 307 be adopted as amended.

(11) RESOLUTION 309 - ADDRESSING MISUSE OF PROFESSIONALISM STANDARDS IN MEDICAL TRAINING

RECOMMENDATION A:

The first Resolve of Resolution 309 be amended by addition and deletion:

RESOLVED, that our American Medical Association ~~acknowledges~~ supports regular institutional review, including review by DEI offices or other appropriate entities, of professionalism policies in medical school and residency programs, ~~that professionalism standards are not fixed but rather dynamic and constantly evolving with shifts in society, and advocates that institutions have their standards periodically reevaluated to~~ ensureing that they ~~remain culturally relevant and equitable and~~ do not lead to discriminatory practices; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 309 be amended by deletion:

~~**RESOLVED, that our AMA encourages medical schools to work with diverse and representative institutional stakeholders, including institutional DEI offices, to (i) study the influence of bias in the content and implementation of professionalism policies, particularly in cases involving students from underrepresented backgrounds, and (ii) write and apply professionalism policies in an equitable and inclusive manner which respects the diversity of race, religion, culture, sexual orientation, and gender identity of students; and be it further**~~

RECOMMENDATION C:

The third Resolve of Resolution 309 be amended by addition and deletion:

RESOLVED, that our AMA supports the ACGME, ~~and~~ the AAMC, and AACOM to establish guidelines for residency programs and medical school professionalism policies ~~which require the creation of clear and equitable standards~~ that encourage institutions to outline actions that constitute a violation~~do not (i) make reference to appropriateness, reasonability, or suitability, (ii) make reference to unarticulated standards of the medical profession, and (iii) circularly reference the notion of professionalism~~; and be it further

RECOMMENDATION D:

The fourth Resolve of Resolution 309 be amended by addition and deletion:

RESOLVED, that our AMA advocates for AAMC, ~~and~~ ACGME, and AACOM to support measures that prevent medical schools and residency programs from using professionalism violations as a means to stop student advocacy measures; and be it further

RECOMMENDATION E:

The fifth Resolve of Resolution 309 be amended by deletion:

~~**RESOLVED, that our AMA collaborates with the ACGME and the AAMC to ensure that (i) there is consistency in application of professionalism policies, (ii) institutions' responses to professionalism concerns are commensurate with the seriousness of the concern, and (iii) all institutions uphold the already existing LCME process which allows students to report concerns, present their case before actions are taken, and appeal decisions where appropriate.**~~

RECOMMENDATION F:

Resolution 309 be adopted as amended.

MSS ACTION: Resolution 309 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association supports regular institutional review, including review by DEI offices or other appropriate entities, of professionalism policies in medical school and residency programs, ensuring that they do not lead to discriminatory practices; and be it further

RESOLVED, that our AMA supports the ACGME, the AAMC, and AACOM to establish guidelines for residency programs and medical school professionalism policies that encourage institutions to outline actions that constitute a violation and be it further

RESOLVED, that our AMA advocates for AAMC, ACGME, and AACOM to support measures that prevent medical schools and residency programs from using professionalism violations as a means to stop student advocacy measures.

RESOLVED, that our American Medical Association acknowledges that professionalism standards are not fixed but rather dynamic and constantly evolving with shifts in society, and advocates that institutions have their standards periodically reevaluated to ensure that they remain culturally relevant and equitable and do not lead to discriminatory practices; and be it further

RESOLVED, that our AMA encourages medical schools to work with diverse and representative institutional stakeholders, including institutional DEI offices, to (i) study the influence of bias in the content and implementation of professionalism policies, particularly in cases involving students from underrepresented backgrounds, and (ii) write and apply professionalism policies in an equitable and inclusive manner which respects the diversity of race, religion, culture, sexual orientation, and gender identity of students; and be it further

RESOLVED, that our AMA supports the ACGME and the AAMC to establish guidelines for medical school professionalism policies which require the creation of clear and equitable standards that do not (i) make reference to appropriateness, reasonability, or suitability, (ii) make reference to unarticulated standards of the medical profession, and (iii) circularly reference the notion of professionalism; and be it further

RESOLVED, that our AMA advocates for AAMC and ACGME to support measures that prevent medical schools and residency programs from using professionalism violations as a means to stop student advocacy measures; and be it further

RESOLVED, that our AMA collaborates with the ACGME and the AAMC to ensure that (i) there is consistency in application of professionalism policies, (ii) institutions' responses to professionalism concerns are commensurate with the seriousness of the concern, and (iii) all institutions uphold the already existing LCME process which allows students to report concerns, present their case before actions are taken, and appeal decisions where appropriate.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that language can be clarified to improve actionability and decrease redundancies.

The amendments to the first resolve clause made parts of the second resolve clause redundant. The last part of the second resolve clause that carry a sentiment of making policies equitable, inclusive, and unbiased are already covered under current policy that ask the AMA to fight bias, H-65.951.

The addition of AACOM in the third resolve clause is intended to ensure that osteopathic medicine institutions are also covered by this resolution and the addition of "residency programs" is intended to broaden the ask to include residency programs consistently across all clauses. For the second half of R3, we feel asking schools to specify what constitutes a violation is more succinct than listing the problematic terms that should not be included in institutional professionalism policy.

In the fourth resolve clause, adding AACOM ensures osteopathic medicine institutions are covered by this resolution.

The fifth resolve clause is recommended to be removed due to redundancy with the amended first Resolve clause and no change in current advocacy.

Thus, your Reference Committee recommends Resolution 309 be adopted as amended.

(12) RESOLUTION 401 - SUPPORT FOR CHANGING STANDARDS FOR MINORS WORKING IN AGRICULTURE

RECOMMENDATION A:

The first Resolve of Resolution 401 be <u>amended by addition and deletion:</u>

RESOLVED, that our American Medical Association strongly supports federal and state efforts to ensure that child labor protections uniformly apply to children working in agriculture, including raising the minimum age of employment, work hour restrictions, and extending workplace health and safety standards against exposures to ~~dangerous pesticides~~ hazardous substances and unsafe equipment.

RECOMMENDATION B:

Resolution 401 be adopted as amended.

MSS ACTION: Resolution 401 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association strongly supports federal and state efforts to ensure that child labor protections uniformly apply to children working in agriculture, including raising the minimum age of employment, work hour restrictions, and extending workplace health and safety standards against exposures to hazardous substances and unsafe equipment.

RESOLVED, that our American Medical Association strongly supports federal and state efforts to ensure that child labor protections uniformly apply to children working in agriculture, including raising the minimum age of employment, work hour restrictions, and extending workplace health and safety standards against exposures to dangerous pesticides and unsafe equipment.

VRC testimony was supportive of the resolution. Your Reference Committee agrees with testimony to broaden the ask of the resolution to “hazardous substances” as a more general term. There was concern on VRC regarding the effects of this policy on family farms, but your Reference Committee agreed that these policies should apply to all underaged persons who work on farms. Your Reference Committee recommends Resolution 401 be adopted as amended.

(13) RESOLUTION 411 - REGULATION AND OVERSIGHT OF THE TROUBLED TEEN INDUSTRY

RECOMMENDATION A:

The first Resolve of Resolution 411 be amended by addition and deletion:

RESOLVED, that our that our AMA amends "Youth Residential Treatment Program Regulation (H-60.896) by addition and deletion as follows:

Youth Residential and Other Treatment Program Regulation

1. Our American Medical Association recognizes the need for licensing standards for all youth residential treatment facilities (including private and juvenile facilities) as well as other treatment facilities (including wilderness therapy programs and other programs aimed at treating behavioral and mental health issues in youths) to ensure basic safety and well-being standards for youth.

2. Our AMA supports recommendations including, but not limited to, patient placement criteria and clinical practice guidelines, as developed by of nonprofit health care medical associations and specialty societies, as the standard for regulating youth residential treatment and other relevant youth programs.

3. Our AMA opposes the use of any non-evidence-based therapies and abusive measures in Youth Residential and Other Treatment Programs and supports that only appropriately qualified and certified child and adolescent medical and mental health professionals provide services to participants, and support oversight and review by licensed physicians, mental health professionals, and any other appropriate healthcare professionals ~~and participant access to physicians (especially psychiatrists) and other healthcare professionals (especially mental health professionals).~~

~~4. Our AMA supports increasing reporting and transparency regarding the number of children placed in for-profit and state-run residential facilities, disaggregated by placement location, demographic data, incident reports and law enforcement referrals, and funding source(s) and amount in a publically available, centralized database.~~

~~5. Our AMA supports federal, state, local, territorial and tribal efforts that facilitate uniform standards for preventing child abuse in residential facilities~~

4. Our AMA supports efforts to improve information sharing between states on promising practices for preventing and addressing maltreatment in residential facilities.

RECOMMENDATION B:

Resolution 411 be adopted as amended.

MSS ACTION: Resolution 411 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our that our AMA amends "Youth Residential Treatment Program Regulation (H-60.896) by addition as follows:

Youth Residential and Other Treatment Program Regulation

1. Our American Medical Association recognizes the need for licensing standards for all youth residential treatment facilities (including private and juvenile facilities) as well as other treatment facilities (including wilderness therapy programs and other programs aimed at treating behavioral and mental health issues in youths) to ensure basic safety and well-being standards for youth.

2. Our AMA supports recommendations including, but not limited to, patient placement criteria and clinical practice guidelines, as developed by of nonprofit health care medical associations and specialty societies, as the standard for regulating youth residential treatment and other relevant youth programs.

3. Our AMA opposes the use of any non-evidence-based therapies and abusive measures in Youth Residential and Other Treatment Programs and supports that only appropriately qualified and certified child and adolescent medical and mental health professionals provide services to participants, and support oversight and review by licensed physicians, mental health professionals, and any other appropriate healthcare professionals

4. Our AMA supports efforts to improve information sharing between states on promising practices for preventing and addressing maltreatment in residential facilities.

RESOLVED, that our that our AMA amends "Youth Residential Treatment Program Regulation (H-60.896) by addition and deletion as follows:

Youth Residential and Other Treatment Program Regulation

1. Our American Medical Association recognizes the need for licensing standards for all youth residential treatment facilities (including private and juvenile facilities) as well as other treatment facilities (including wilderness therapy programs and other programs aimed at treating behavioral and mental health issues in youths) to ensure basic safety and well-being standards for youth.

2. Our AMA supports recommendations including, but not limited to, patient placement criteria and clinical practice guidelines, as developed by of nonprofit health care medical associations and specialty societies, as the standard for regulating youth residential treatment and other relevant youth programs.

3. Our AMA opposes the use of any non-evidence-based therapies and abusive measures in Youth Residential and Other Treatment Programs and supports that only appropriately qualified professionals provide services to participants, and support oversight and review by and participant access to physicians (especially psychiatrists) and other healthcare professionals (especially mental health professionals).

4. Our AMA supports increasing reporting and transparency regarding the number of

children placed in for-profit and state-run residential facilities, disaggregated by placement location, demographic data, incident reports and law enforcement referrals, and funding source(s) and amount in a publicly available, centralized database. 5. Our AMA supports federal, state, local, territorial and tribal efforts that facilitate uniform standards for preventing child abuse in residential facilities

VRC testimony was supportive with amendments. Your Reference Committee agrees with author testimony that residential treatment facilities and wilderness programs are not currently covered by AMA policy. Your Reference Committee additionally agrees with testimony that changes to the third subpoint will improve the ask and ensure that appropriate healthcare professionals are present. We also agree with testimony that the fourth and fifth subpoints are too restrictive and agree with testimony to remove these resolve clauses. We recommend an additional subpoint to address state efforts as recommended by testimony. Your Reference Committee recommends Resolution 411 be adopted as amended.

(14) RESOLUTION 502 - INCREASED CYBERSECURITY STANDARDS FOR HEALTHCARE ENTITIES

RECOMMENDATION A:

The first Resolve of Resolution 502 be amended by deletion:

RESOLVED, that our American Medical Association support the establishment of minimum cybersecurity standards~~, including, but not limited to, the use of multi-factor authentication, timely updates, and encryption~~ for HIPAA covered entities.

RECOMMENDATION B:

Resolution 502 be adopted as amended.

MSS ACTION: Resolution 502 adopted.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support the establishment of minimum cybersecurity standards, including, but not limited to, the use of multi-factor authentication, timely updates, and encryption for HIPAA covered entities.

RESOLVED, that our American Medical Association support the establishment of minimum cybersecurity standards, including, but not limited to, the use of multi-factor authentication, timely updates, and encryption for HIPAA covered entities.

VRC testimony was supportive. Your Reference Committee agrees with concerns regarding what the cybersecurity standards would be and if all healthcare practices would be able to uphold these requirements. We recommend eliminating the suggested methods of cybersecurity in the resolve clause to allow the AMA to support cybersecurity standards in general while also allowing the appropriate regulating bodies to determine what the cybersecurity standards should be. Your Reference Committee recommends Resolution 502 be adopted as amended.

(15) RESOLUTION 504 - HEALTHCARE PROVIDER DATA PRIVACY PROTECTION

RECOMMENDATION A:

The first Resolve of Resolution 504 be amended by addition and deletion:

RESOLVED, that our ~~American Medical Association~~ AMA-MSS support physicians and healthcare providers who experience doxxing, and support nondiscrimination and privacy protection for employees, and the availability of resources on doxxing; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 504 be amended by addition:

RESOLVED, that our AMA-MSS support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information; and be it further

RECOMMENDATION C:

The third Resolve of Resolution 504 be amended by addition:

RESOLVED, that our AMA-MSS support institutions, employers, and state medical societies in providing legal resources and support to individuals affected by doxxing and prophylactically prevent doxxing through training and education on the issue.

RECOMMENDATION D:

Resolution 504 be adopted as amended.

MSS ACTION: Resolution 504 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS support physicians and healthcare providers who experience doxxing, and support nondiscrimination and privacy protection for employees, and the availability of resources on doxxing; and be it further

RESOLVED, that our AMA-MSS support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information; and be it further

RESOLVED, that our AMA-MSS support institutions, employers, and state medical societies in providing legal resources and support to individuals affected by doxxing and prophylactically prevent doxxing through training and education on the issue.

RESOLVED, that our American Medical Association support physicians and healthcare providers who experience doxxing, and support nondiscrimination and privacy protection for employees, and the availability of resources on doxxing; and be it further

RESOLVED, that our AMA support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information; and be it further

RESOLVED, that our AMA support institutions, employers, and state medical societies in providing legal resources and support to individuals affected by doxxing and prophylactically prevent doxxing through training and education on the issue.

VRC testimony was supportive. Your Reference Committee agrees with testimony to make the resolution an internal MSS position because this resolution is being introduced by the Women's Physician Section at the 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Resolution 504 be adopted as amended.

(16) RESOLUTION 601 - MSS CAUCUS ENDORSEMENTS

RECOMMENDATION A:

The first Resolve of Resolution 601 be amended by addition:

RESOLVED, that our AMA-MSS amend MSS Position 645.033MSS, "Additional MSS Caucus Operations" be amended by addition as follows by the MSS Governing Council and Assembly:
3. The MSS Caucus can decide by a ⅔ vote in any given election cycle whether it wants to offer the opportunity to seek an MSS endorsement to candidates for elections in the AMA House of Delegates, and this vote shall apply to all candidates in all elections for that cycle. Once a candidate for an election in the AMA House of Delegates confirms they are seeking an MSS endorsement, the MSS Caucus can endorse that candidate by a ⅔ up or down vote specific for that candidate. The number of endorsements given for a race shall not exceed the number of open seats. If more candidates surpass the 2/3 threshold than there are open seats, available endorsements will be given to the candidates receiving the highest vote percentage. ~~Non-voting members of Caucus are entitled to attend these meetings, such as NMSO Liaisons, and may testify during these proceedings, but are unable to make a motion or vote.~~ The MSS Caucus may also withdraw an endorsement of a candidate by a ⅔ vote.

RECOMMENDATION B:

Resolution 601 be adopted as amended.

MSS ACTION: Resolution 601 adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS amend MSS Position 645.033MSS, "Additional MSS Caucus Operations" be amended by addition as follows by the MSS Governing Council and Assembly:
3. The MSS Caucus can decide by a ⅔ vote in any given election cycle whether it wants to offer the opportunity to seek an MSS endorsement to candidates for elections in the AMA House of Delegates, and this vote shall apply to all candidates in all elections for that cycle. Once a candidate for an election in the AMA House of Delegates confirms they are seeking an MSS endorsement, the MSS Caucus can endorse that candidate by a ⅔ up or down vote specific for that candidate. The number of endorsements given for a race shall not exceed the number of open seats. If more candidates surpass the 2/3 threshold than there are open seats, available endorsements will be given to the candidates receiving the highest vote percentage. The MSS Caucus may also withdraw an endorsement of a candidate by a ⅔ vote.

RESOLVED, that our AMA-MSS amend MSS Position 645.033MSS, "Additional MSS Caucus Operations" be amended by addition as follows by the MSS Governing Council and Assembly:

3. The MSS Caucus can decide by a ⅔ vote in any given election cycle whether it wants to offer the opportunity to seek an MSS endorsement to candidates for elections in the AMA House of Delegates, and this vote shall apply to all candidates in all elections for that cycle. Once a candidate for an election in the AMA House of Delegates confirms they are seeking an MSS endorsement, the MSS Caucus can endorse that candidate by a ⅔ vote. The MSS Caucus may also withdraw an endorsement of a candidate by a ⅔ vote.

VRC testimony was mixed between supportive and supportive with amendments. Your Reference Committee agrees with amendments to address the testimony brought forth about the number of endorsements that can be offered and the potential of over-endorsing. We agree with testimony to clarify the resolution and ensure that we pass language that gives the MSS a clear framework for the endorsement process. Your Reference Committee recommends Resolution 601 be adopted as amended.

(17) RESOLUTION 602 - MSS STUDY OF ASSEMBLY REPRESENTATION

RECOMMENDATION A:

The first Resolve of Resolution 602 be amended by addition:

RESOLVED, that our AMA-MSS form a task force to study possible approaches to amend AMA Bylaws regarding delegate representation in the MSS Assembly to:

a. change the definition of satellite campuses to address disproportionate overrepresentation of some medical schools; and
b. adjust the threshold at which a medical school is granted more than 1 voting delegate and 1 alternate delegate.

RECOMMENDATION B:

Resolution 602 be adopted as amended.

MSS ACTION: Resolution 602 adopted.

RESOLVED, that our AMA-MSS study possible approaches to amend AMA Bylaws regarding delegate representation in the MSS Assembly to:

a) change the definition of satellite campuses to address disproportionate overrepresentation of some medical schools; and

b) adjust the threshold at which a medical school is granted more than 1 voting delegate and 1 alternate delegate.

VRC testimony was supportive. Your Reference Committee agrees with testimony that this study is important to conduct in order to provide a strong process for managing MSS Assembly representation. We discussed the formation of a task force to address this resolution so that different student leaders in the MSS can be involved in this study. Your Reference Committee recommends Resolution 602 be adopted as amended.

(18) CGPH MIC REPORT - REDUCING THE HARMFUL IMPACTS OF IMMIGRATION STATUS ON HEALTH

RECOMMENDATION A:

The first Resolve of CGPH MIC Report be amended by deletion:

~~**RESOLVED, that our American Medical Association supports increased pathways for migrants and undocumented immigrants to appropriately apply for asylum, work visas for industries dependent on migrants and undocumented workers, and other legal mechanisms, including increasing the number and physical sites of appointments offered for interviewing for asylum; and be it further**~~

RECOMMENDATION B:

The second Resolve of CGPH MIC Report be amended by addition and deletion:

RESOLVED, that our AMA support ~~the protection of~~ protecting the human right to seek asylum; and be it further

RECOMMENDATION C:

The third Resolve of CGPH MIC Report be amended by deletion:

RESOLVED, that our AMA support pathways to citizenship for ~~all~~ undocumented immigrants who entered the US as minors, including DACA recipients and Dreamers; and be it further

RECOMMENDATION D:

The fourth Resolve of CGPH MIC Report be amended by deletion:

RESOLVED, that our AMA support family reunification pathways for children and ~~certain~~ adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the U.S.; and be it further

RECOMMENDATION E:

The fifth Resolve of CGPH MIC Report be amended by addition and deletion:

RESOLVED, that our AMA ~~MSS~~ support deferral of deportation ~~(and if applicable, employment authorization, driver's licenses, and identification documents)~~ for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, and relatives of people with documented or DACA status~~, and people without violent felonies~~; and be it further

RECOMMENDATION F:

The sixth Resolve of CGPH MIC Report be amended by addition:

RESOLVED, that our AMA ~~MSS~~ support federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates; and be it further

RECOMMENDATION G:

The seventh Resolve of CGPH MIC Report be amended by deletion:

~~**RESOLVED, that our AMA join a coalition of organizations working to support immigrant rights and health, such as Refugee Council USA, to establish collaborations with partners and amplify our advocacy on these issues.**~~

RECOMMENDATION H:

CGPH MIC Report be adopted as amended.

MSS ACTION: CGPH MIC Report adopted as amended.

FINAL LANGUAGE:

RESOLVED, that our AMA support protecting the human right to seek asylum; and be it further

RESOLVED, that our AMA support pathways to citizenship for undocumented immigrants who entered the US as minors, including DACA recipients and Dreamers; and be it further

RESOLVED, that our AMA support family reunification pathways for children and adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the U.S.; and be it further

RESOLVED, that our AMA support deferral of deportation (and if applicable, employment authorization, driver's licenses, and identification documents) for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, and relatives of people with documented or DACA status, and people without violent felonies; and be it further

RESOLVED, that our AMA support federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates.

Your Committee on Global & Public Health (CGPH) and Minority Issues Committee (MIC) recommend that the following recommendations are adopted in lieu of Resolution 213 and the remainder of this report be filed:

RESOLVED, that our American Medical Association supports increased pathways for migrants and undocumented immigrants to appropriately apply for asylum, work visas for industries dependent on migrants and undocumented workers, and other legal mechanisms, including increasing the number and physical sites of appointments offered for interviewing for asylum; and be it further

RESOLVED, that our AMA support the protection of the human right to seek asylum; and be it further

RESOLVED, that our AMA support pathways to citizenship for all undocumented immigrants who entered the US as minors, including DACA recipients and Dreamers; and be it further

RESOLVED, that our AMA support family reunification pathways for children and certain adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the U.S.; and be it further

RESOLVED, that our AMA support deferral of deportation (and if applicable, employment authorization, driver's licenses, and identification documents) for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, relatives of people with documented or DACA status, and people without violent felonies; and be it further

RESOLVED, that our AMA support federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates; and be it further

RESOLVED, that our AMA join a coalition of organizations working to support immigrant rights and health, such as Refugee Council USA, to establish collaborations with partners and amplify our advocacy on these issues.

VRC testimony was supportive. Your Reference Committee agrees that the first resolve clause may have unintended consequences and needs refinement in order to be an actionable AMA ask. We agree with testimony to clarify resolve clauses two, three, and four by enacting minor amendments. Your Reference Committee agrees with testimony that the fifth and sixth resolve clauses should be made internal MSS positions because the Resident and Fellows Section is bringing forth a resolution addressing these asks at the 2024 Interim Meeting of the AMA House of Delegates. We considered late testimony and ultimately concluded to maintain our recommendation based on the information and time we were afforded. We recommend the seventh resolve clauses be amended by deletion in agreement with testimony that the ask is prescriptive and premature. Your Reference Committee recommends CGPH MIC Report be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(19) RESOLUTION 010 - TRANSPARENCY ON COMPARATIVE EFFECTIVENESS IN DIRECT-TO-CONSUMER ADVERTISING

RECOMMENDATION:

Substitute Resolution 010 be adopted in lieu of Resolution 010:

RESOLVED, that our AMA supports the designation of an appropriate government health agency, such as the Agency for Healthcare Research and Quality (AHRQ), to:

- **a) review data on diagnostic and treatment modalities, prioritizing evidence from randomized controlled clinical trials;**
- **b) evaluate their comparative effectiveness when compared to existing standard of care and other benefits such as convenience, formulation, and route of administration;**
- **c) require that any corporate advertisements for a modality include agency-approved information on comparative effectiveness.**

MSS ACTION: Substitute Resolution 010 be adopted in lieu of Resolution 010.

FINAL LANGUAGE:

RESOLVED, that our AMA supports the designation of an appropriate government health agency, such as the Agency for Healthcare Research and Quality (AHRQ), to:

- **a) review data on diagnostic and treatment modalities, prioritizing evidence from randomized controlled clinical trials;**
- **b) evaluate their comparative effectiveness when compared to existing standard of care and other benefits such as convenience, formulation, and route of administration;**
- **c) require that any corporate advertisements for a modality include agency-approved information on comparative effectiveness.**

RESOLVED, that our American Medical Association supports designating an existing health agency, such as the Agency for Healthcare Research and Quality (AHRQ), to determine added clinical benefit and comparative effectiveness of new drugs coming to the market, prioritizing evidence from randomized clinical trials; and be it further

RESOLVED, that our AMA amends Policy H-105.988, "Direct-to-Consumer Advertising (DTCA) of Prescription Drugs and Implantable Devices," as follows
Direct-to-Consumer Advertising (DTCA) of Prescription Drugs and Implantable Devices, H-105.988

2. That until such a ban is in place, our American Medical Association opposes product-claim DTCA that does not satisfy the following guidelines:

g. The advertisement should ~~not~~ make claims regarding comparative effectiveness and added clinical benefit ~~claims~~ for the product versus other prescription drug or implantable medical device products; ~~however~~, the advertisement should also include information about the availability of alternative non-drug or non-operative management options such as diet and lifestyle changes, where appropriate, for the disease, disorder, or condition.

VRC testimony was supportive of amendments. Your Reference Committee agrees with VRC testimony that rewriting the resolve clauses would increase the feasibility and actionability of the resolution. We offer a substitute resolution to adopt in lieu of the original resolution that limits redundancies and does not open up existing HOD policy to further changes. Your Reference Committee recommends Alternate Resolution 010 be adopted in lieu of Resolution 010.

(20) RESOLUTION 104 - HEALTHCARE IN TRIBAL JAILS

RECOMMENDATION:

Substitute Resolution 104 be adopted in lieu of Resolution 104:

RESOLVED, that our AMA-MSS strongly supports carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections being designated as Health Professional Shortage Areas and the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities; and be it further

RESOLVED, that our AMA-MSS will advocate for the development, staffing, and operation of sustainable, on-site medical and behavioral health services for incarcerated American Indian and Alaska Native persons; and be it finally

RESOLVED, that our AMA-MSS strongly supports routine audits and inspection of facilities managed by the Bureau of Indian Affairs Division of Correction, ensuring that these facilities abide by all standards and guidelines outlined by the National Commission on Correctional Health Care.

MSS ACTION: Substitute Resolution 104 be adopted in lieu of Resolution 104.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS strongly supports carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections being designated as Health Professional Shortage Areas and the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities; and be it further

RESOLVED, that our AMA-MSS will advocate for the development, staffing, and operation of sustainable, on-site medical and behavioral health services for incarcerated American Indian and Alaska Native persons; and be it finally

RESOLVED, that our AMA-MSS strongly supports routine audits and inspection of facilities managed by the Bureau of Indian Affairs Division of Correction, ensuring that these facilities abide by all standards and guidelines outlined by the National Commission on Correctional Health Care.

RESOLVED, that our American Medical Association strongly supports:
(a) carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections being designated as Health Professional Shortage Areas.
(b) the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities
(c) federal consultation with tribal governments to estimate and promote funding needs for sustainable development, staffing, and operation of on-site medical and behavioral health services for incarcerated American Indian and Alaska Native persons.

VRC testimony was supportive of this resolution. Your Reference Committee agrees with testimony that this resolution is most actionable as an internal MSS position. The American Association of Public Health Physicians is bringing forth a resolution to the 2024 Interim Meeting of the AMA House of Delegates that covers the asks of this resolution. Thus, we agree with testimony to amend this resolution to an internal position and support the AAPHP resolution coming forth at this 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Substitute Resolution 104 be adopted in lieu of Resolution 104.

(21) RESOLUTION 404 - PROMOTING CHILD WELFARE AND COMMUNICATION RIGHTS IN IMMIGRATION DETENTION

RECOMMENDATION:

Substitute Resolution 404 be adopted in lieu of Resolution 404:

RESOLVED, that our American Medical Association ~~supports~~advocate for the implementation of evidence-based, child-centered, and trauma-informed policies across all detention centers, ensuring detained minors have access to developmentally appropriate socioemotional care, including physical contact, and for all detained people, free, unfettered communication access including ~~and~~ regular in-person communication, phone calls, and letters~~.with family members and support networks.~~

RESOLVED, Our AMA support efforts to address and mitigate concerns and accusations of child abuse and neglect in detention centers.

MSS ACTION: Resolution 404 adopted as amended.

RESOLVED, that our American Medical Association advocate for the implementation of evidence-based, child-centered, and trauma-informed policies across all detention centers, ensuring detained minors have access to developmentally appropriate socioemotional care, including physical contact, and for all detained people, free, unfettered communication access including regular in-person communication, phone calls, and letters.

RESOLVED, that our AMA support efforts to address and mitigate concerns and accusations of child abuse and neglect in detention centers.

RESOLVED, that our American Medical Association support all actions, policies, and conditions that permit detained children to engage in activities including, but not limited to play, nurturing physical contact such as hugging, and other developmentally appropriate socioemotional behaviors and interactions among all children and families who are detained in the custody of federal agencies, specifically Immigration and Customs Enforcement and Office of Refugee Resettlement; be it further

RESOLVED, that our AMA support access to free, unfettered communication access for detained individuals, including but not limited to phone calls, video calls, and letters; and be it further

RESOLVED, that our AMA oppose all policies, legislation, and practices that limit appropriate physical contact and play among detained children, as well as, unfettered communication access for detained individuals; and be it further

RESOLVED, that our AMA will advocate for Immigration and Customs Enforcement and Office of Refugee Resettlement centers to:

a. Implement policies and practices that are child-friendly and culturally sensitive, trauma-informed, and inclusive of children with special needs.
b. Advocate that all concerns and accusations of child abuse or neglect in detention centers be reported and investigated.
c. Advocate for the development of accountability mechanisms to ensure that detention facilities uphold and implement a child-friendly, culturally sensitive, trauma-informed, and inclusive environment, monitored and reviewed in all the facilities.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that this resolution addresses a gap in AMA policy but should be amended in order to consolidate similar ideas in resolve clauses. We agree with testimony to amend by consolidating the resolve clauses and broadening the language to allow for impact across detention contexts. Your Reference Committee recommends adopting Substitute Resolution 404 in lieu of Resolution 404.

(22) RESOLUTION 406 - ADVOCATING FOR UNIVERSAL SUMMER ELECTRONIC BENEFIT TRANSFER PROGRAM FOR CHILDREN (SEBTC)

RECOMMENDATION:

Substitute Resolution 406 be adopted in lieu of Resolution 406:

RESOLVED, that our American Medical Association will ~~support appropriate advocacy efforts at all levels of government~~support federal and state efforts to reduce childhood food insecurity, including expansion of the Summer Electronic Benefits Transfer for Children Program.

MSS ACTION: Substitute Resolution 406 adopted in lieu of Resolution 406.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association will support federal and state efforts to reduce childhood food insecurity, including expansion of the Summer Electronic Benefits Transfer for Children Program.

RESOLVED, that our American Medical Association will advocate for all states to adopt programs that reduce childhood food insecurity, including but not limited to the Summer Electronic Benefits Transfer for Children program; and be it further

RESOLVED, that our American Medical Association will support advocacy efforts from state medical societies engaging in efforts to reduce childhood food insecurity in their respective state; and be it further

RESOLVED, that our American Medical Association-Medical Student Section include the aforementioned resolved clauses in HOD transmittal 13, "Support of Universal School Meals for School Age Children."

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to amend the resolution to increase actionability. We agree with testimony that the resolution should be amended to increase the potential for advocacy efforts. Given that we are past the transmittal deadline for I-24 and information provided to the Reference Committee by staff that the MSS Caucus voted against the language provided in the third resolve, we believe it is best to send resolves one and two at a later time, as appropriate. Your Reference Committee recommends Substitute Resolution 406 be adopted in lieu of Resolution 406.

(23) RESOLUTION 407 - STANDARDIZING SAFETY REQUIREMENTS FOR RIDESHARE-BASED NON-EMERGENCY MEDICAL TRANSPORTATION

RECOMMENDATION:

Substitute Resolution 407 be adopted in lieu of Resolution 407:

RESOLVED, that our American Medical Association study and report back with recommendations on appropriate ~~the feasibility and ideal~~ minimum safety requirements/certifications (e.g., vehicle, BLS, HIPAA~~) of using~~ for non-emergency medical transportation (NEMT) and rideshare-based non-emergency medical transportation (RB-NEMT)~~ for insurer-covered NEMT~~.

MSS ACTION: Substitute Resolution 407 adopted in lieu of Resolution 407.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association study and report back with recommendations on appropriate minimum safety requirements/certifications (e.g., vehicle, BLS, HIPAA) for non-emergency medical transportation (NEMT) and rideshare-based non-emergency medical transportation (RB-NEMT).

RESOLVED, that our American Medical Association support efforts to use rideshare-based non-emergency medical transportation (RB-NEMT) for insurer-covered NEMT and reduce inefficiencies and patient barriers in NEMT systems; and be it further

RESOLVED, that our AMA support minimum safety requirements for RB-NEMT drivers, including but not limited to criminal background checks, initial drug testing, CPR/BLS certification, HIPAA training, and vehicle safety and accessibility inspections.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the resolution lacks adequate evidence to support the asks. Your Reference Committee recommends Substitute Resolution 407 be adopted in lieu of Resolution 407.

(24) CEQM REPORT - MSS POSITION ON ALTERNATIVE PAYMENT MODELS

RECOMMENDATION:

Substitute CEQM Report be adopted in lieu of CEQM Report:

RESOLVED, that our AMA-MSS supports continued exploration of different alternative payment models approaches under the statutory authority of CMMI in a demonstration capacity only; and be it further

RESOLVED, that our AMA-MSS encourages the use of evaluation mechanisms which ensure that alternative payment models evaluation is not corrupted by methodological difficulties, notably selection bias;and be it further

RESOLVED, that our AMA-MSS opposes alternative payment models in Medicare that reduce quality of care, harm affordability for patients, or unduly restrict patient choice; and be it further

RESOLVED, that our AMA-MSS support continued monitoring of alternative payment models in Medicare to ensure they do not have unintended adverse effects; and be if further

RESOLVED, that our AMA-MSS supports alternative payment models in Medicare that 1) improve the quality of care for patients and/or 2) improve affordability, reduce costs, expand choices for patients, or improve transparency without compromising quality of care.

MSS ACTION: Substitute CEQM Report adopted in lieu of CEQM Report.

FINAL LANGUAGE:

RESOLVED, that our AMA-MSS supports continued exploration of different alternative payment models approaches under the statutory authority of CMMI in a demonstration capacity only; and be it further

RESOLVED, that our AMA-MSS encourages the use of evaluation mechanisms which ensure that alternative payment models evaluation is not corrupted by methodological difficulties, notably selection bias;and be it further

RESOLVED, that our AMA-MSS opposes alternative payment models in Medicare that reduce quality of care, harm affordability for patients, or unduly restrict patient choice; and be it further

RESOLVED, that our AMA-MSS support continued monitoring of alternative payment models in Medicare to ensure they do not have unintended adverse effects; and be if further

RESOLVED, that our AMA-MSS supports alternative payment models in Medicare that 1) improve the quality of care for patients and/or 2) improve affordability, reduce costs, expand choices for patients, or improve transparency without compromising quality of care.

RESOLVED, that our AMA-MSS amend 160.046MSS Monitoring of Alternative Payment Models within Traditional Medicare as follows:

AMA-MSS asked ~~will ask~~ the AMA to (1) monitor the Accountable Care Organization Realizing Equity, Access and Community Health (ACO-REACH) program for its impacts on patients and physicians in Traditional Medicare, including the quality and cost of healthcare and patient/provider choice, and report back to the House of Delegates on the impact of the ACO-REACH demonstration program annually until its conclusion; (~~2)~~ ~~advocate against any Medicare demonstration project that denies or limits coverage or benefits that beneficiaries would otherwise receive in Traditional Medicare;~~ and (3) develop educational materials for physicians regarding the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) program to help physicians understand the implications of their employers participation in this program and to help physicians determine whether participation in the program is in the best interests of themselves and their patients. ~~(4) AMA-MSS study alternative payment models in Medicare to identify principles to guide the MSS when considering Medicare demonstration projects or their expansion, including but not limited to assessments of~~

~~the demonstration program's impact on quality, cost, patient/provider choice, and transparency for report back to the MSS Assembly by the Interim 2024 Meeting.~~

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to outline specific guidelines in the report recommendations. Your Reference Committee recommends Substitute CEQM Report be adopted in lieu of CEQM Report.

RECOMMENDED FOR REFERRAL

(25) RESOLUTION 203 - PREVENTING DRUG-FACILITATED SEXUAL ASSAULT IN DRINKING ESTABLISHMENTS

RECOMMENDATION:

Resolution 203 be referred.

MSS ACTION: Resolution 203 adopted.

RESOLVED, that our AMA support federal, state, and local efforts to prevent drug-facilitated sexual assault, including provision of drug detection equipment in establishments that sell alcohol and through public education campaigns.

VRC testimony was supportive of the spirit of the resolution. Your Reference Committee agrees with testimony that the resolution addresses an important issue, but the resolution is not actionable as written. We agree with testimony that the implementation of this resolution is not clear and could benefit from further study. We discussed support for increased availability of these drug detection devices/materials; however, we decided that there is not enough data to support a position on this resolution at this time. Your Reference Committee recommends that this resolution be studied by an AMA-MSS Standing Committee to gather further evidence and data collection on efforts such as the California law for testing in certain bars/drinking establishments. We would recommend that the resolution be studied to address concerns of feasibility, pricing, data from states with laws, and implementation. Your Reference Committee recommends Resolution 203 be referred.

RECOMMENDED FOR NOT ADOPTION

(26) RESOLUTION 002 - IMPROVING PELVIC FLOOR PHYSICAL THERAPY ACCESS FOR PREGNANCY

RECOMMENDATION:

Resolution 002 not be adopted.

MSS ACTION: Resolution 002 adopted as amended.

RESOLVED, that our American Medical Association supports expanding Medicaid and CHIP to cover timely access to comprehensive pelvic floor physical therapy during the antepartum and postpartum period in all health care facilities; and be it further

RESOLVED, that our AMA supports efforts to improve educating providers and peripartum people on the risk factors of pelvic floor dysfunction during childbirth and the benefits and indications of pelvic floor physical therapy.

FINAL LANGUAGE:

RESOLVED, our AMA supports expanding Medicaid and CHIP to cover timely access to comprehensive pelvic floor physical therapy during the antepartum and postpartum period in all health care facilities; and be it further

RESOLVED, that our AMA supports efforts to improve educating providers and peripartum people on the risk factors of pelvic floor dysfunction during childbirth and the benefits and indications of pelvic floor physical therapy.

RESOLVED, that our American Medical Association supports expanding Medicaid and CHIP to cover comprehensive pelvic floor physical therapy during the antepartum and postpartum period; and be it further

RESOLVED, that our AMA supports efforts to improve educating providers and peripartum people on the risk factors of pelvic floor dysfunction during childbirth and the benefits and indications of pelvic floor physical therapy.

VRC testimony was mixed. The Reference Committee agrees with concerns that the resolution is covered by existing policy. We agree with testimony that the second resolve

clause is better accomplished through advocacy efforts and not additional policy. Thus, your Reference Committee recommends Resolution 002 not be adopted.

(27) RESOLUTION 006 - IMMIGRANT HEALTHCARE SYSTEM EDUCATION

RECOMMENDATION:

Resolution 006 not be adopted.

MSS ACTION: Resolution 006 not adopted.

RESOLVED, that our American Medical Association will include educational modules, within platforms such as AMA Ed Hub, on immigrants' struggles with barriers to accessing and understanding the U.S. healthcare system to promote positive clinical outcomes; and be it further

RESOLVED, that our AMA will encourage medical schools to incorporate opportunities for students to address and explore the barriers that immigrant and refugee patients face when navigating health care through the implementation of standardized clinical experiences and community partnerships with local resettlement agencies and non-profit organizations serving immigrant and refugee populations; and be it further

RESOLVED, that our AMA will collaborate with immigration and refugee services such as USCIS, the Department of Homeland Security, local consulates, resettlement agencies, and cultural centers to provide detailed information and resources to immigrants and refugees about procuring healthcare and understanding the administrative intricacies of the healthcare system; and be it further

RESOLVED, that our AMA will support relevant organizations/subcommittees in the development, amplification, and distribution of accessible online resources that describe navigation of the US healthcare system and allow for community collaboration to find solutions based on others' experiences in formats such as:

a) the distribution of an online forum for patients to pose questions and work collaboratively,
b) the creation of resource guides tailored to specific patient populations,
c) the integration of patient advocacy tools into existing healthcare platforms.

VRC testimony was mixed. The Reference Committee agrees with testimony that the resolution is covered by existing policy and suggests alternative routes of advocacy such as the submission of a MSS Action Item. We additionally agree that the resolution is prescriptive in nature and that some of the asks are not feasible. Your Reference Committee recommends Resolution 006 not be adopted.

(28) RESOLUTION 008 - PARENTAL INVOLVEMENT MANDATES IN REPRODUCTIVE HEALTH

RECOMMENDATION:

Resolution 008 not be adopted.

MSS ACTION: Resolution 008 not adopted.

RESOLVED, that our American Medical Association oppose legislative mandates for parental or legal guardian consent or notification for minors to request or receive sexual and reproductive health services, including abortion care.

VRC testimony was mixed. Your Reference Committee supports the spirit of the resolution; however, we agree with testimony that this resolution is covered by existing AMA policy E-2.2.3 and D-5.996. Your Reference Committee recommends Resolution 008 not be adopted.

(29) RESOLUTION 205 - SEXUAL HEALTH EDUCATION CONFIDENTIALITY AND DISPARITIES AMONG ADOLESCENTS

RECOMMENDATION:

Resolution 205 not be adopted.

MSS ACTION: Resolution 205 not adopted.

RESOLVED, that our AMA opposes policies that force educators to disclose the gender identity or sexual orientation of their students; and be it further

RESOLVED, that our AMA supports local, state, and federal programs that address disparities in sexual health education by race, ethnicity, and sexual and gender identity.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution is broadly covered under existing policy and does not have enough evidence to support the asks of the resolution. We agree with testimony that this resolution is covered under existing policy. Your Reference Committee recommends that Resolution 205 not be adopted.

(30) RESOLUTION 207 - SUPPORTING AND PROTECTING EQUITY IN LGBTQ+ PARENTAGE AND ASSISTED REPRODUCTION

RECOMMENDATION:

Resolution 207 not be adopted.

MSS ACTION: Resolution 207 adopted as amended.

~~**RESOLVED, that our American Medical Association supports the recognition of the legal parent-child relationship as the source of many rights and protections for children and as important to child stability and well-being; and be it further**~~

RESOLVED, that our AMA-MSS supports ensuring there are mechanisms to secure parentage for all children regardless of the marital status, gender, or sexual orientation of their parents or the circumstances of a child's birth, including children born through assisted reproduction and surrogacy; and be it further

RESOLVED, that our AMA-MSS supports equity in expansion of mechanisms to secure parentage for individuals using any method of assisted reproduction including but not limited to, voluntary acknowledgement of parentage forms with gender inclusive terminology; and be it further

RESOLVED, that our AMA-MSS ~~advocates for~~ supports all states to develop and make available a voluntary acknowledgment of parentage form for children born through assisted reproduction, including gamete donation.

FINAL LANGUAGE:

RESOLVED, That our AMA-MSS supports ensuring there are mechanisms to secure parentage for all children regardless of the marital status, gender, or sexual orientation of their parents or the circumstances of a child's birth, including children born through assisted reproduction and surrogacy; and be it further

RESOLVED, That our AMA-MSS supports equity in expansion of mechanisms to secure parentage for individuals using any method of assisted reproduction including but not limited to, voluntary acknowledgement of parentage forms with gender inclusive terminology; and be it further

RESOLVED, That our AMA-MSS supports all states to develop and make available a voluntary acknowledgment of parentage form for

children born through assisted reproduction, including gamete donation.

RESOLVED, that our American Medical Association supports the recognition of the legal parent-child relationship as the source of many rights and protections for children and as important to child stability and well-being; and be it further

RESOLVED, that our AMA supports ensuring there are mechanisms to secure parentage for all children regardless of the marital status, gender, or sexual orientation of their parents or the circumstances of a child's birth, including children born through assisted reproduction and surrogacy; and be it further

RESOLVED, that our AMA supports equity in expansion of mechanisms to secure parentage for individuals using any method of assisted reproduction including but not limited to, voluntary acknowledgement of parentage forms with gender inclusive terminology; and be it further

RESOLVED, that our AMA advocates for all states to develop and make available a voluntary acknowledgment of parentage form for children born through assisted reproduction, including gamete donation.

VRC testimony was mixed. Your Reference Committee supports the spirit of the resolution's efforts to protect LGBTQ+ parentage rights; however, we agree with concerns from relevant specialty societies. We agree with testimony that the language needs to be reworked in order to address concerns before being brought forward as a resolution. Additionally, we agree with testimony that it is too premature to adopt this language as an internal MSS position due to language concerns. Your Reference Committee recommends Resolution 207 not be adopted.

(31) RESOLUTION 208 - ADDRESSING THE HARMS OF WEIGHT BIAS, STIGMA, AND DISCRIMINATION

RECOMMENDATION:

Resolution 208 not be adopted.

MSS ACTION: Resolution 208 not adopted.

RESOLVED, that our AMA-MSS recognizes that weight bias, stigma, and discrimination are pervasive in the healthcare system and lead to worsened, inequitable quality of care and health outcomes; and be it further

RESOLVED, that our AMA supports educating physicians and physicians-in-training on the harms of weight bias, stigma, and discrimination, including by incorporating these topics into existing institutional implicit bias trainings; and be it further

RESOLVED, that our AMA supports the use of size-accessible medical and diagnostic equipment such that patients of all sizes can receive adequate and accurate care as well as the display of medical imagery in healthcare offices and spaces that promotes size inclusivity and discourages weight stigma; and be it further

RESOLVED, that our AMA supports weight-neutral approaches to care as alternative, evidence-based approaches to healthcare delivery.

VRC testimony was mixed. Your Reference Committee agrees with the spirit of the resolution; however, we agree with testimony that the resolution is covered by existing policy and would not meaningfully change AMA's advocacy efforts. We agree with testimony that the AMA is already heavily involved in advocacy directed toward making healthcare less judgmental towards all body weights. Your Reference Committee agrees with testimony that this resolution is covered by H-65.951, H-440.821, and H-440.821. Your Reference Committee recommends Resolution 208 not be adopted.

(32) RESOLUTION 209 - TIMELY PRENATAL APPOINTMENTS IN INCARCERATED POPULATIONS

RECOMMENDATION:

Resolution 209 not be adopted.

MSS ACTION: Resolution 209 not adopted.

RESOLVED, that our American Medical Association supports the provision of timely and appropriate prenatal appointments for incarcerated individuals, in alignment with established national guidelines, by recommending standardized implementation protocols across all correctional facilities.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution will not meaningfully change AMA's advocacy efforts. We agree with testimony that the resolution is covered by existing policy and the asks of the resolution can be accomplished through further advocacy efforts such as submitting a MSSAI or bolstering state efforts. Your Reference Committee recommends Resolution 209 not be adopted.

(33) RESOLUTION 301 - SUPPORT FOR INNOVATIVE MEDICAL SCHOOL PATHWAYS

RECOMMENDATION:

Resolution 301 not be adopted.

MSS ACTION: Substitute Resolution 301 adopted in lieu of Resolutions 301, 302, 304, and 305.

FINAL LANGUAGE:

RESOLVED, that our AMA collaborate with AMA's ChangeMedEd Initiative to study the following topics and report back with recommendations on ways to innovate the structure, content, and timing of medical education:

- **a) Expansion of three-year pathways and pathways prioritizing residency seats for students entering primary care, OBGYN, psychiatry, and practice in under-resourced, rural, and IHS areas;**
- **b) Re-evaluation of premedical prerequisites for clinical readiness (including organic chemistry, calculus, and calculus-based physics versus high-school physics) and expectation of a bachelor's degree for medical school;**
- **c) Medical school acceptance of prerequisite credit earned in high school or community college or via placement/test-out examinations, to prevent pressure to repeat coursework;**
- **d) Options to shorten preclinical education to better reflect clinical readiness and emphasize clinical exposure, including external asynchronous study aids, placement/test-out examinations, and completion of preclinical education prior to medical school;**
- **e) Possibility of merging the MCAT and USMLE Step 1/COMLEX Level 1;**
- **f) Changes to standardized exams to better reflect clinical readiness, including adjusting frequency of questions based on their proportional relevance to clinical knowledge expected for a general medical degree, while still including content on less common concepts.**

RESOLVED, that our American Medical Association support the following efforts to innovate undergraduate medical education:

a) accelerated three-year pathways;

b) pathways that prioritize residency positions for students entering primary care, OBGYN, psychiatry, and practice in under-resourced and rural areas (including the Indian Health Service);
c) pathways that emphasize clinical exposure and shorten preclinical education, including via the use of virtual/asynchronous resources (as informed by student perspectives) in lieu of live lectures;
d) efforts to promote the above pathways to underrepresented populations.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the asks of the resolution are not adequately supported by evidence. Additionally, we agree that the resolution is broadly covered by existing AMA policy. Your Reference Committee notes that the AMA is pursuing advocacy efforts on medical education policy reform and that the asks of this resolution need more data in order to support. Your Reference Committee discussed referral of this item, but for the reasons listed above, we do not believe that the language of the asks is strong enough to refer to study. Your Reference Committee recommends Resolution 301 not be adopted.

(34) RESOLUTION 302 - ABOLITION OF ORGANIC CHEMISTRY, GENERAL CHEMISTRY, PHYSICS, AND CALCULUS FOR PRE-MED ADMISSION

RECOMMENDATION:

Resolution 302 not be adopted.

MSS ACTION: Substitute Resolution 301 adopted in lieu of Resolutions 301, 302, 304, and 305.

RESOLVED, that our American Medical Association support the removal of organic chemistry, physics, and calculus as prerequisite college coursework for medical school applicants and support that any remaining premedical prerequisites be relevant to readiness for clinical practice as a physician; and be it further

RESOLVED, that our AMA supports the ability to fulfill premedical prerequisites via college credit earned in high school or community college (including Advanced Placement and dual enrollment programs) without stigma, to prevent pressure on premedical applicants to repeat previously completed coursework.

VRC testimony was opposed. Your Reference Committee agrees with testimony that the resolution lacks adequate evidence to support the asks. We agree with testimony that there is no clear evidence to support the removal of these specific courses and their disproportionate effect on students of a lower socioeconomic status. Additionally, we agree with testimony that these asks do not fall under the purview of the AMA. Your Reference Committee considered referral, but for the reasons listed above we do not

believe that referral is appropriate. Your Reference Committee recommends Resolution 302 not be adopted.

(35) RESOLUTION 304 - IMPROVE CLINICAL RELEVANCE TO STANDARDIZED EXAMS

RECOMMENDATION:

Resolution 304 not be adopted.

MSS ACTION: Substitute Resolution 301 adopted in lieu of Resolutions 301, 302, 304, and 305.

RESOLVED, that our American Medical Association support efforts and work with relevant entities, such as NBME and NBOME, to:

a) improve the clinical relevance of national standardized examinations for medical students,
b) remove questions that do not reflect readiness for clinical practice, and
c) adjust frequency of questions based on their proportional relevance to general clinical knowledge expected for a medical degree and competence in diagnosing and managing conditions, while still including a minimum number of questions for rarer conditions and basic science concepts.

VRC testimony was opposed. Your Reference Committee agrees with testimony that in the setting of encroaching scope, rare diseases and pre-clinical education is a way to differentiate the educational systems seen in other medically-affiliated professions who focus education on more common pathologies and emphasize practice-based learning. Additionally, in the setting of recent changes to Step 1 and Level 1 and the lack of evidence to prove the effectiveness of the proposed solution, there is little motivation for NBME or NBOME to further reform standardized testing and advocacy efforts towards reform may be better served with state medical boards and FSMB. Your Reference Committee also discussed referral of this item, but for the reasons listed above do not believe that referral is appropriate. Your Reference Committee recommends Resolution 304 not be adopted.

(36) RESOLUTION 305 - SUPPORT FOR MEDICAL SCHOOL APPLICANTS WITH ALTERNATIVE UNDERGRADUATE DEGREES

RECOMMENDATION:

Resolution 305 not be adopted.

MSS ACTION: Substitute Resolution 301 adopted in lieu of Resolutions 301, 302, 304, and 305.

RESOLVED, that our American Medical Association work with relevant parties to support removal of the expectation of a bachelor's degree for medical school admission, provided other prerequisite criteria are satisfied, and support holistic consideration of applicants without bachelor's degrees.

VRC testimony was opposed. Your Reference Committee agrees with testimony that there is a lack of evidence supporting that undergraduate degrees are a barrier to medical school admissions. Based on the author's evidence, we do not believe that further study on this subject will yield significant results. Your Reference Committee recommends Resolution 305 not be adopted.

(37) RESOLUTION 306 - OVEREMPHASIS ON RESEARCH IN TRAINEE SELECTION

RECOMMENDATION:

Resolution 306 not be adopted.

MSS ACTION: Resolution 306 adopted as amended.

RESOLVED, that our American Medical Association support efforts and work with relevant parties to:

~~**a. improve the holistic and equitable consideration of research, advocacy, service, teaching mentorship, and other non-research domains in medical school and residency/fellowship selection alongside research; and**~~

a. Improve residency/fellowship application services to allow applicants to differentiate between non-research domains of experience such as advocacy and service, as separate categories in addition to research experiences

b. reduce the emphasis on the quantity of research expectations for applicants; and

~~**c. allow applicants without significant research experience to showcase the domains that most align with their experiences and career goals.**~~

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support efforts and work with relevant parties to:

a) Improve residency/fellowship application services to allow applicants to differentiate between non-research domains of experience such as advocacy and service, as well as research experiences; and
b) reduce the emphasis on the quantity of research expectations for applicants.

RESOLVED, that our American Medical Association support efforts and work with relevant parties to:

a) improve the holistic and equitable consideration of research, advocacy, service, teaching mentorship, and other non-research domains in medical school and residency/fellowship selection alongside research; and
b) reduce the emphasis on research expectations for applicants; and
c) allow applicants without significant research experience to showcase the domains that most align with their experiences and career goals.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the asks of this resolution are covered under existing AMA policy and current efforts. We agree with testimony that the AMA has existing policy to promote holistic review and does not need further policy on this topic. We agree that further advocacy efforts can be pursued with the existing AMA policy. Your Reference Committee recommends Resolution 306 not be adopted.

(38) RESOLUTION 312 - PROVIDING WELLNESS DAYS ON RECOGNIZED FEDERAL HOLIDAYS

RECOMMENDATION:

Resolution 312 not be adopted.

MSS ACTION: Resolution 312 not adopted.

RESOLVED, that our American Medical Association encourage the AAMC to work with appropriate parties to create time-off policies that provide medical students with wellness days free from any required commitments on recognized federal holidays.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the asks of this resolution are covered under existing AMA policy H-310.923, D-310.968, among others. Your Reference Committee recommends Resolution 312 not be adopted.

(39) RESOLUTION 319 - SPECIFYING QUALIFICATIONS FOR TEACHING DISABILITY IN MEDICAL EDUCATION

RECOMMENDATION:

Resolution 319 not be adopted.

MSS ACTION: Resolution 319 not adopted.

RESOLVED, that our AMA amend policy H-90.968, "Medical Care of Persons with Disabilities," as follows
4 b. encourages the recruitment of teachers of disability in medicine that have qualifications such as formal degrees or training in disability studies, prior experience in the field, collaboration with those who do have formal training, or lived experience as a person with disabilities.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution lacks evidence to support the asks. We found the asks to be prescriptive in nature and are unsure of their feasibility. We agree with testimony that the resolution authors should pursue additional advocacy efforts in lieu of creating additional policy. Your Reference Committee recommends Resolution 319 not be adopted.

(40) RESOLUTION 413 - PROMOTING THE USE AND EFFICACY OF ULTRAVIOLET PROTECTIVE CLOTHING

RECOMMENDATION:

Resolution 413 not be adopted.

MSS ACTION: Resolution 413 not adopted.

RESOLVED, that our American Medical Association support efforts to promote the development of ultraviolet protective (UVP) clothing that provides protection against both UVA and UVB rays, including standardized labeling of UPF (ultraviolet protection factor) ratings, so consumers can understand the level of protection offered by these products; and be it further

RESOLVED, that our AMA advocate for the recognition of UVP clothing as an equally effective method of sun protection alongside broad-spectrum sunscreen, encouraging innovation and public awareness campaigns to highlight its role in comprehensive sun safety strategies.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution would not meaningfully change AMA advocacy in this area. Additionally, we recommend this resolution not be adopted because there is insufficient evidence showing that UVP clothing is "equally effective" to sunscreen, and possible conflicts

between the AMA and industry. Your Reference Committee recommends Resolution 413 not be adopted.

(41) RESOLUTION 416 - ALLERGEN LABELING FOR SPICES AND HERBS

RECOMMENDATION:

Resolution 416 not be adopted.

MSS ACTION: Substitute Resolution 416 adopted in lieu of Resolution 416.

FINAL LANGUAGE:

RESOLVED, that our AMA support requirements for transparent disclosure of individual ingredients in aggregate categories, such as "spices and herbs," and regular FDA evaluation of labeling exemptions.

RESOLVED, that our American Medical Association supports efforts to require specific and transparent disclosure of individual ingredients included under aggregate categories, such as "spices and herbs", and be it further

RESOLVED, that our AMA urges the Food and Drug Administration to regularly evaluate their lists of spices and herbs exempted from labeling requirements through the use of emerging scientific evidence of cross-reactivity and evolving allergens, and require their explicit disclosure when appropriate.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution lacks the evidence-base to support the asks. Additionally, we want to point out that a resolution similar to this will be brought forth at the 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Resolution 416 not be adopted.

(42) RESOLUTION 501 - INCREASING UTILIZATION OF POINT-OF-CARE ULTRASOUND IN HOSPITAL SETTINGS

RECOMMENDATION:

Resolution 501 not be adopted.

MSS ACTION: Resolution 501 not adopted.

RESOLVED, that our American Medical Association will support increased insurance reimbursement for inpatient use of point of care ultrasound (POCUS) in an effort to increase its utilization in the inpatient setting; and be it further

RESOLVED, that our AMA will work with relevant stakeholders to study barriers to POCUS utilization and advocate for increased POCUS utilization in the inpatient setting.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first resolve clause is covered under existing policy and the second resolve clause would be best suited to come forward through a relevant specialty society. Your Reference Committee recommends Resolution 501 not be adopted.

(43) RESOLUTION 503 - EMERGENCY PREPAREDNESS IN EHR DOWNTIME AND HEALTHCARE TECHNOLOGY DISRUPTIONS

RECOMMENDATION:

Resolution 503 not be adopted.

MSS ACTION: Substitute Resolution 503 be referred in lieu of Resolution 503.

FINAL LANGUAGE:
Refer
RESOLVED, that our AMA support indemnity or other liability protections for healthcare providers who become the victim of technology failures.

RESOLVED, that our American Medical Association support emergency preparedness for unexpected downtime and software disruptions, and support guidelines for how to prevent mass technology outages such as through downtime drills, priority identification protocols, and manual documentation trainings; and be it further

RESOLVED, that our AMA amend Policy D-315.977, “Indemnity for Breaches in Electronic Health Record Cybersecurity,” as follows
Indemnity for Breaches in Electronic Health Record Cybersecurity, D-315.977
Our AMA will advocate for indemnity or other liability protections for physicians whose electronic health record data and other electronic medical systems become the victim of security compromises or unintended technology failures, regardless of intent.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first resolve clause is covered by existing AMA policy D-478.971. Your Reference Committee also felt that the second resolve clause was covered under existing policy D-

478.982 and H-478.993. After discussion of the proposed amendments, we felt that there is no meaningful change to AMA advocacy efforts by the additions proposed in the second resolve clause. Your Reference Committee recommends Resolution 503 not be adopted.

(44) RESOLUTION 509 - OPPOSING UNWARRANTED NIH RESEARCH INSTITUTE RESTRUCTURING

RECOMMENDATION:

Resolution 509 not be adopted.

MSS ACTION: Substitute Resolution 509 adopted in lieu of Resolution 509.

FINAL LANGUAGE:

RESOLVED, that our American Medical Association support efforts to promote the inclusion of direct input from allopathic and osteopathic physicians and the scientific community, particularly researchers and academics, in decisions pertaining to the restructuring of the NIH.

RESOLVED, that our American Medical Association oppose efforts to decrease NIH funding overall or restructure the NIH without direct supporting input from the physician and scientific communities, particularly researchers and academics.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution is already covered by existing AMA policy H-150.921. Your Reference Committee recommends Resolution 509 not be adopted.

RECOMMENDED FOR FILING

(45) ATF REPORT – ARCHIVES TASK FORCE INTERIM 2024 REPORT

RECOMMENDATION:

ATF Report be filed.

MSS ACTION: ATF Report filed.

Your Archives Task Force recommends that no action be taken at this time and the remainder of this report be filed.

The Reference Committee thanks the Archives Task Force for the report on task force updates. We appreciate testimony on the VRC and would point the task force to those comments for future efforts. Regarding the collaboration with JAMA, your Reference Committee would like to acknowledge the need for standing committee reports and resolutions that pass the HOD to be more easily accessible to external parties, such as residency program directors. However, we urge caution in assigning DOI numbers to advocacy items, as these items may or may not reflect the official position of the AMA. It's essential to strike a balance that preserves their novelty and quality, while also acknowledging that these items undergo an internal evaluation process.

(46) SCTF REPORT – STANDING COMMITTEE TASK FORCE INTERIM 2024 REPORT

RECOMMENDATION:

SCTF Report be filed.

MSS ACTION: SCTF Report filed.

Your MSS Governing Council recommends that this report be filed.

The Reference Committee thanks the MSS Governing Council for the report on the Standing Committee Task Force updates. We appreciate testimony on the VRC and would point the task force to those comments for future efforts, as follows. Of note, VRC testimony suggested having a standardized recall process for the sake of consistency, although the proposed Standing Committee recall process may be too cumbersome and in need of simplifying. In terms of the Standing Committee leadership application, VRC testimony suggested that the application timeline should not compete with the General Council or MSS Delegation application timeline. In regards to sub-committees, it was

suggested that forming sub-committees remain up to the discretion and need of each Standing Committee. VRC testimony suggested a meeting among all Standing Committee leadership where the Governing Council explains the expectations of the Strategic Plan before the smaller meetings between GC and each Standing Committee's leadership where they delineate that Strategic Plan. Finally, VRC testimony recommended additions to the description of the Committee on Medical Education. Your Reference Committee recommends SCTF Report be filed.

(47) SD REPORT – SECTION DELEGATE REPORT: POLICY PROCEEDINGS OF THE ANNUAL 2024 AMA HOUSE OF DELEGATES MEETING

RECOMMENDATION:

SD Report be filed.

MSS ACTION: SD Report filed.

Your MSS Section Delegates recommend the adoption of the recommendations for MSS positions outlined in Appendices A and B of this report and the remainder of the report be filed.

The Reference Committee thanks the Section Delegates for a comprehensive report on the policy proceedings from the 2024 Annual Meeting of the AMA House of Delegates. Your Reference Committee recommends SD Report A be filed.