

Follow-Up on Implementation of Resolutions and Report Recommendations AMA House of Delegates Annual Meeting - June 2021

Report/Resolution	Title	House Action	Status
BOT Report 01-J-21	Annual Report	Filed.	For Information. No action necessary.
BOT Report 02-J-21	2020 Grants and Donations	Filed.	For Information. No action necessary.
BOT Report 03-J-21	AMA 2022 Dues	Recommendation in BOT Report 3-J-21 Adopted and the Remainder of the Report Filed.	No action required. No action necessary.
BOT Report 04-J-21	Update on Corporate Relationships	Filed.	For Information. No action necessary.
BOT Report 05-J-21	AMA Performance, Activities and Status in 2020	Filed.	For information. No action necessary.
BOT Report 06-J-21	Annual Update on Activities and Progress in Tobacco Control: March 2020 through February 2021	Filed.	For information. No action necessary.
BOT Report 07-J-21	Council on Legislation Sunset Review of 2011 House Policies	Recommendations in BOT Report 7-J-21 Adopted and the Remainder of the Report Filed.	AMA Policy Database has been updated.
BOT Report 08-J-21	Plan for Continued Progress Toward Health Equity	Filed.	For information. No action necessary.
BOT Report 09-J-21	Preservation of the Patient-Physician Relationship (Res. 703-A-19)	Recommendations in BOT Report 9-J-21 Adopted and the Remainder of the Report Filed.	No action required. No action necessary.

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BOT Report 10-J-21	Protester Protections (Res. 409-NOV-20)	Recommendations in BOT Report 10 Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated. No action necessary.
BOT Report 11-J-21	Redefining the AMA's Position on ACA and Healthcare Reform	Filed.	For information. No action necessary.
BOT Report 12-J-21	Adopting the Use of the Most Recent and Updated Edition of the AMA Guides to the Evaluation of Permanent Impairment (Res. 606-NOV-20)	Recommendations in BOT Report 12-J-21 Adopted and the Remainder of the Report Filed.	AMA Policy Database has been updated.
BOT Report 13-J-21	Amending the AMA's Medical Staff Rights and Responsibilities (Res. 710-NOV-20)	Recommendations in BOT Report 13-J-21 Adopted and the Remainder of the Report Filed.	AMA Policy Database has been updated.
BOT Report 14-J-21	Pharmaceutical Advertising in Electronic Health Records	Recommendations in BOT Report 14-J-21 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database has been updated.
BOT Report 15-J-21	Removing Sex Designation from the Public Portion of the Birth Certificate (Res. 5-I-19)	Recommendations in BOT Report 15 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
BOT Report 16-J-21	Follow-Up on Abnormal Medical Test Findings (Res. 309-I-19)	Recommendations in BOT Report 16 Adopted as Amended, Remainder of Report Filed.	Medical societies that have developed educational content regarding the communication and follow-up of abnormal and critical medical test findings to better promote patient outcomes are encouraged to reach out to the AMA so we can determine the best way for the AMA to highlight this content.
BOT Report 17-J-21	Specialty Society Representation in the House of Delegates – Five-Year Review	Recommendations in Board of Trustees Report 17 Adopted, Remainder of Report Filed	All of the societies reviewed retained their representation in the House. Contact the AMA Federation Relations office for information on the approved representation for specialty societies.

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BOT Report 18-J-21	Digital Vaccine Credential Systems and Vaccine Mandates in COVID-19	Recommendations in BOT Report 18-J-21 Adopted as Amended in Lieu of Resolution 230-J-21 and the Remainder of the Report Filed. Amendment B3 as Amended Referred for Decision.	<p>The Board considered a report from Management in response to the amendment to add a fifth clause to BOT Report 18. The amendment was offered to add a fifth clause to the BOT Report 18 recommendation that read as follows which was referred for decision:</p> <p>“[Our AMA] Recommends that vaccine credentials are not used to prevent immigration or voluntary repatriation, that vaccines be offered upon arrival in the US, and that vaccine mandates are uniformly applied regardless of citizenship.”</p> <p>Support for this amendment was mixed, and after numerous attempts to revise the wording during debate, the HOD ultimately voted to refer the amendment to the Board for decision. The sponsors and supporters of the amendment argued that vaccine credentials should not be used to prevent immigration to the United States. Some delegates raised concerns that the wording of the amendment would place more stringent vaccine requirements on individuals who enter the country for tourism or via H1-B (non-immigrant alien work) visas than on immigrants. Other delegates took the position that no individuals should be permitted to enter the United States without proof of vaccination. This amendment was not offered or discussed during the Reference Committee B hearing or HOD online forum.</p> <p>It is recommended that the following AMA policy (adopted at the June 2021 Special Meeting of the AMA House of Delegates) be amended by addition of a fifth clause to read as follows:</p> <p>COVID-19 and COVID-19 vaccines raise unique challenges. To meet these challenges, our AMA:</p> <ol style="list-style-type: none"> 1. Encourages the development of clear, strong, universal, and enforceable federal guidelines for the design and deployment of digital vaccination credentialing services (DVCS), and that before decisions are taken to implement use of vaccine credentials: <ul style="list-style-type: none"> ·vaccine is widely accessible; ·equity-centered privacy protections are in place to safeguard data collected from individuals; ·provisions are in place to ensure that vaccine credentials do not exacerbate inequities; and ·credentials address the situation of individuals for whom vaccine is medically contraindicated. 2. Recommends that decisions to mandate COVID-19 vaccination be made only: <ul style="list-style-type: none"> ·After a vaccine has received full approval from the U.S. Food and Drug Administration through a Biological Licenses Application; ·In keeping with recommendations of the Advisory Committee on Immunization Practices for use in the population subject to the mandate as approved by the Director of the Centers for Disease Control and Prevention; ·When individuals subject to the mandate have been given meaningful opportunity to

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			<p>voluntarily accept vaccination; and</p> <ul style="list-style-type: none"> Implementation of the mandate minimizes the potential to exacerbate inequities or adversely affect already marginalized or minoritized populations. <p>3. Encourages the use of well-designed education and outreach efforts to promote vaccination to protect both public health and public trust.</p> <p>4. Recommends that vaccination credentials not be provided on the basis of natural immunity or prior SARS-CoV-2 infection.</p> <p>The Board VOTED to APPROVE the amendment by addition of a fifth clause to Board Report 18 “Digital Vaccine Credential Systems and Vaccine Mandates in COVID-19” adopted at the Special Meeting of the House of Delegates in June 2021.</p> <p>5. Encourages U.S. government entities to offer vaccines, including COVID-19 vaccines, to all individuals seeking to enter the United States; encourage equitable access to vaccines developed for this and future pandemics; apply immigration requirements for COVID-19 vaccines in the same manner as other vaccines; and require adherence to CDC’s evidence-based travel guidelines and public health mitigation measures. (New HOD Policy)</p>
CCB Report 01-J-21	Bylaw Accuracy: Single Accreditation Entity for Allopathic and Osteopathic Graduate Medical Education Programs	Recommendations in CCB Report 1 Adopted, Remainder of Report Filed	AMA Bylaws amended.
CCB Report 02-J-21	AMA Women Physicians Section: Clarification of Bylaw Language	Referred.	<p>Council on Constitution and Bylaws Report 01 on this subject appears in the House of Delegates Handbook for the November 2021 Special Meeting. (Reference Committee C & B)</p> <p>HOD Action: Recommendations in CCB Report 01 Adopted. Remainder of Report Filed.</p>
CCB Report 03-J-21	Clarification to Bylaw 7.52, Cessation of Eligibility (for the Young Physicians Section)	Recommendations in CCB Report 03-J-21 Adopted and the Remainder of the Report Filed.	AMA Bylaws amended.
CCB Report 04-J-21	Terms of Service of the Resident/Fellow Members of AMA Councils	Recommendations in CCB Report 4-J-21 Adopted and the Remainder of the Report Filed.	AMA Bylaws amended.

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CCB Report 05-J-21	AMA Bylaws – YPS Eligibility	Recommendations in CCB Report 5-J-21 Adopted and the Remainder of the Report Filed.	AMA Bylaws amended.
CCB/CLRPD Report 01-	Joint Council Sunset Review of 2011 House of Delegates Policies	Recommendations in Joint CCB / CLRPD Report 1-J-21 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.
CEJA Opinion 01-J-21	Amendment to Opinion 1.2.2, “Disruptive Behavior and Discrimination by Patients”	Filed.	
CEJA Opinion 02-J-21	Amendment to Opinion 8.7, “Routine Universal Immunization of Physicians”	Filed.	
CEJA Report 01-J-21	Sunset Review of 2011 House Policies	Adopted as Amended, Remainder of Report Filed.	AMA Policy Database has been updated.
CEJA Report 02-J-21	Short-term Medical Service Trips	Referred.	Council on Ethical and Judicial Affairs Report 01 on this subject appears in the House of Delegates Handbook for the November 2021 Special Meeting. (Reference Committee C & B) HOD Action: Recommendations in CEJA Report 1-N-21 Referred, Remainder of Report Filed.
CEJA Report 03-J-21	Amendment to Opinion E-9.3.2, “Physician Responsibilities to Impaired Colleagues”	Recommendations in CEJA Report 3 Adopted, Remainder of Report Filed	AMA Bylaws amended.
CEJA Report 04-J-21	Augumented Intelligence & the Ethics of Innovation in Medicine	Filed.	
CEJA Report 05-J-21	Judicial Function of the Council on Ethical and Judicial Affairs – Annual Report	Filed.	

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CLRPD Report 01-J-21	Demographic Characteristics of the House of Delegates and AMA Leadership	Filed.	For information. No action necessary.
CME Report 01-J-21	CME Sunset Review of 2011 House Policies	Recommendation in CME Report 1-J-21 Adopted and the Remainder of the Report Filed, with the exception of H-260.978, Salary Equity for Laboratory Personnel,” which is Reaffirmed.	AMA Policy Database has been updated. The AMA Policy Finder database was updated to reflect the actions of the adopted report, with the exception of Policy H-260.978 which was reaffirmed.
CME Report 02-J-21	Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses (Res. 311-A-19)	Recommendation in CME Report 2-J-21 Adopted as Amended and the Remainder of the Report Filed.	Recommendation 1: Letters were sent to the senior leaders of Federation of State Medical Boards, Educational Commission for Foreign Medical Graduates, National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, and American Board of Medical Specialties advocating that qualified international medical graduates have a pathway for licensure by encouraging state medical licensing boards and the member boards of the American Board of Medical Specialties to develop criteria that allow 1) completion of medical school and residency training outside the U.S., 2) extensive U.S. medical practice, and 3) evidence of good standing within the local medical community to serve as a substitute for U.S. graduate medical education requirement for physicians seeking full unrestricted licensure and board certification. The AMA Policy Finder database was updated to add new Policy D-255.977 and amend Policies H-255.988(12), H-275.934(2), H-160.949(6), and H-275.978(5). The AMA Policy Finder database was updated to add new Policy D-255.977 and amend Policies H-255.988(12), H-275.934(2), H-160.949(6), and H-275.978(5).
CME Report 03-J-21	Optimizing Match Outcomes (Res. 304-I-19)	Recommendation in CME Report 3-J-21 Adopted and the Remainder of the Report Filed.	Recommendation 2: Letters were sent to the senior leaders of Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, American Osteopathic Association, National Resident Matching Program®, and Accreditation Council for Graduate Medical Education to encourage such 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. The AMA Policy Finder database was updated to reaffirm Policies D-310.977 and D-305.967. The AMA Policy Finder database was updated to reaffirm Policies D-310.977 and D-305.967.

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CME Report 04-J-21	Study Expediting Entry of Qualified IMG Physicians to US Medical Practice	Recommendation in CME Report 4-J-21 Adopted and the Remainder of the Report Filed.	<p>Recommendation 2: Letters were sent to the senior leaders of the Educational Commission for Foreign Medical Graduates and Federation of State Medical Boards to encourage states to study existing strategies to improve policies and processes to assist IMGs with credentialing and licensure to enable them to care for patients in underserved areas.</p> <p>Recommendation 3: Letters were sent to the senior leaders of the Educational Commission for Foreign Medical Graduates and Federation of State Medical Boards to encourage the FSMB and state medical boards to evaluate the progress of programs aimed at reducing barriers to licensure—including successes, failures, and barriers to implementation.</p> <p>The AMA Policy Finder database was updated to reaffirm Policy D-255.980(1). Having been fulfilled by this report, Policy D-255.978 was rescinded.</p> <p>The AMA Policy Finder database was updated to reaffirm Policy D-255.980(1). Having been fulfilled by this report, Policy D-255.978 was rescinded.</p>
CME Report 05-J-21	Promising Practices Among Pathway Programs to Increase Diversity in Medicine	Recommendation in CME Report 5-J-21 Adopted as Amended and the Remainder of the Report Filed.	<p>On February 9, 2021, our AMA sent a letter voicing our support for S. 54, the “Strengthening America’s Health Care Readiness Act.” This legislation would provide additional funding for the National Health Service Corps (NHSC), the Nurse Corps, and establish a National Health Service Corps Emergency Service demonstration project. Additionally, this legislation will help to build a more effective and diverse pipeline for future health care providers by incorporating a 40 percent set-aside for members of groups that are historically underrepresented in health care professions, including racial and ethnic minorities and individuals from low-income urban and rural communities. In September 2021, our AMA provided verbal support for Chairman Neal’s Pathways to Practice Act of 2021 which would provide additional funding for the recruitment, education, and training of medical students willing to work in underserved communities. On September 21, 2021, our AMA provided information regarding the Public Service Loan Forgiveness (PSLF) program. The AMA urged the Department to consider the importance of the PSLF program for physician borrowers and encouraged the Department to make the PSLF program more widely available to physician borrowers as well as provide stronger communication to borrowers so they can successfully complete the PSLF program.</p> <p>In December 2021, our AMA provided verbal support and a press release supporting Rep. Cole’s bipartisan bill the “Medical Student Education Authorization Act of 2021.” This bill would authorize HRSA’s Medical Student Education program for five years. The program provides grants to public institutions of higher education to expand or support graduate education for medical students preparing to become physicians in the top quintile of states with a projected primary care provider shortage in 2025. There is a focus on rural, Tribal, and medically underserved communities, and health equity.</p>

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CMS Report 01-J-21	Council on Medical Service's Sunset Review of 2011 House Policies	Recommendations in CMS Report 1-J-21 Adopted and the Remainder of the Report Filed.	AMA Policy Database has been updated.
CMS Report 02-J-21	Continuity of Care for Patients Discharged from Hospital Settings	Recommendations in CMS Report 2-J-21 Adopted and the Remainder of the Report Filed.	<p>Our AMA recently presented to the National Committee on Vital Health Statics (NCVHS), a federal advisory committee. NCVHS is charged with making policy recommendations that advance technical standards and health information functionality to improve the nation's health care system. Along with several other administrative simplification policy recommendations, the AMA panelist specifically called on NCVHS to recommend the adoption of a transaction standard for RTPB technology that integrates with all EHRs and provides accurate information for all drug plans and patients. AMA has since submitted a follow-up comment letter to NCVHS reiterating the need for seamless RTPB technology for physicians.</p> <p>Our AMA responded to an ONC RFI seeking feedback on the adoption of technology to support electronic prior authorization. In our letter, we urged ONC to ensure EHRs are certified user technology that protects continuity of care during changes in patients' treatment and/or change in health plans. See: https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2022-3-23-Letter-to-Tripathi-re-EPA-Comments-v3.pdf</p>
CMS Report 03-J-21	Universal Basic Income Pilot Studies	Recommendations in CMS Report 3-J-21 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database has been updated.
CMS Report 04-J-21	Promoting Accountability in Prior Authorization	Recommendations in CMS Report 4-J-21 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database has been updated.
CMS Report 05-J-21	Medical Center Patient Transfer Policies	Recommendations in CMS Report 5-J-21 Adopted and the Remainder of the Report Filed.	AMA Policy Database has been updated.
CMS Report 06-J-21	Urgent Care Centers	Recommendations in CMS Report 6-J-21 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database has been updated.

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CMS Report 07-J-21	Addressing Equity in Telehealth	Recommendations in CMS Report 7-J-21 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy Database has been updated.

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CMS Report 08-J-21	Licensure and Telehealth	<p>Recommendations 2-5 of CMS Report 8-J-21 Adopted, Remainder of Report Filed. Recommendation 1 Referred for Decision.</p>	<p>The Board considered a report from Management in response to Recommendation 1 of Council on Medical Service Report 8-JUN-21, Licensure and Telehealth, which was referred for decision by the House of Delegates at the June 2021 Meeting. Recommendations 2 through 5 were adopted by the House and the remainder of the report was filed.</p> <p>Council on Medical Service Report 8-JUN-21 highlighted the importance of liability coverage to licensure discussions because medical liability insurance policies vary in terms of coverage for care provided across state lines. Most insurers provide coverage for actions undertaken in any state, although the intent is to ensure coverage for one-off situations where a physician provides a limited amount of care outside the jurisdiction where they are licensed. Accordingly, it is important for physicians to check in with their insurers if they intend to treat patients in other states on a regular basis so the insurer can verify whether their coverage extends to those states. Given the complex and varied rules regarding patient compensation funds, licensure and telehealth across states, physicians should also verify that their policy satisfies applicable state legal requirements. Each of the eight states with patient compensation funds has its own unique rules regarding eligibility, surcharges and who can enroll. These states should consider the impact on the fund of telehealth use by out-of-state physicians providing continuity of care to existing patients in the fund's state. Furthermore, physicians and patient should be made aware that a state's fund may not be applicable when care using interstate telehealth is provided. The Council on Medical Service has reviewed this report and concurs with the staff's recommendations to the Board of Trustees.</p> <p>Adopting the aforementioned policy poses little to no risk to the AMA. The new policy will allow the AMA to begin its timely work with the Federation of State Medical Boards, state medical associations, and other stakeholders to encourage states to allow physicians to use telehealth to care for existing patients who happen to be in another state temporarily, ensuring continuity of care and guarding against unfettered practice of medicine across state lines.</p> <p>The Board voted to adopt the following in lieu of Recommendation 1(a-f) of Council on Medical Service Report 8-JUN-21:</p> <p>1. That our American Medical Association (AMA) work with the Federation of State Medical Boards, state medical associations and other stakeholders to encourage states to allow an out-of-state physician to use telehealth to provide continuity of care to an existing patient in the state without penalty if the following conditions are met:</p> <ul style="list-style-type: none"> a) The physician has an active license to practice medicine in a state or US territory and has not been subjected to disciplinary action. b) There is a pre-existing and ongoing physician-patient relationship. c) The physician has had an in-person visit(s) with the patient. d) The telehealth services are incident to an existing care plan or one that is being modified. e) The physician has verified that the telehealth services are covered under the physician's medical liability insurance policy that satisfies applicable state legal requirements.

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			<p>f)Telehealth use complies with Health Insurance Portability and Accountability Act privacy and security rules. (Directive to Take Action)</p> <p>2.It is the policy of the AMA that a state with a patient compensation fund should consider the impact on the fund of telehealth use by out-of-state physicians providing continuity of care to existing patients in the fund’s state. Physicians and patients should be made aware that a state’s patient compensation fund may not be applicable when care using interstate telehealth is provided. (New HOD Policy)</p>
CMS Report 09-J-21	Addressing Payment and Delivery in Rural Health	Recommendations in CMS Report 9-J-21 Adopted as Amended and the Remainder of the Report Filed.	AMA Policy database has been updated.
CSAPH Report 01-J-21	CSAPH Sunset Review of 2011 HOD Policies	Recommendations in CSAPH Report 1 Adopted, Remainder of Report Filed.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
CSAPH Report 02-J-21	Use of Drugs to Chemically Restrain Agitated Individuals Outside of Hospital Settings	Recommendations in CSAPH Report 2-J-21 Adopted as Amended, Remainder of Report Filed. Recommendation 1, Subsection 6 Referred for decision.	<p>The Board considered a report from Management in response to the AMA Council on Science and Public Health (CSAPH) report addressing Pharmacological Intervention for Agitated Individuals in the Out-of-Hospital Setting. CSAPH made several policy recommendations, some amendments were offered, and amended policy was adopted by the House of Delegates (HOD). One section of the proposed policy (#1, subsection 6) was referred for decision.</p> <p>Overall, the evidence-based review of the controversial topic from CSAPH was praised and all other subsections of the recommend policy were adopted (some with minor amendments), including the acknowledgement that current evidence does not support “excited delirium” or “excited delirium syndrome” as a medical diagnosis. The subsection of the CSAPH recommendation that was referred for decision calls for comprehensive reviews, performed by independent investigators including appropriate medical and behavioral health professionals, of law enforcement agencies and emergency medical service (EMS) agencies.</p> <p>The term “excited delirium” (ExD) is controversial and lacks a defined set of behavioral signs and symptoms used to identify a person in distress and in need of urgent medical or psychiatric help. Several media reports have recently highlighted the use of ketamine and other sedative/hypnotic agents by non-medical professionals to chemically incapacitate a person for a law enforcement purpose, and in many cases, ExD is listed as the reason for the use of a sedative/hypnotic agent. Law enforcement and EMS personnel are taught that ExD is a potentially deadly medical condition, however, deaths attributed to ExD have no consistent anatomical findings, resulting in ExD diagnosis being one of exclusion, defined by epidemiology and the subjective description of a clinical presentation. Reviews of law enforcement agencies and EMS have been called for to evaluate the prevalence of ketamine use in the field in unmonitored individuals and also to assess that training and guidelines for law enforcement and EMS have been established by supervising medical and behavioral health specialists. An article published after the completion of the CSAPH report evaluated occurrences of out-of-hospital ketamine administration from January 1, 2019 to December 31, 2019 reported to the national ESO Data Collaborative. The authors report out-of-hospital ketamine administrations in 11,291 patients; 34% of them (n=3,795) were for altered mental status/behavioral indications. Additionally, the authors note that ketamine could not be ruled out as a contributing factor in 8 deaths, representing 0.07% of those who received ketamine.</p> <p>Considering the concerns raised about combining law enforcement and EMS into the same recommendation, staff recommends splitting the groups into separate statements that detail more accurately the focus of any reviews. Maintaining independent review of each organization is still strongly recommended. The report listed AMA policies, and identified key stakeholders.</p> <p>The Board VOTED that the following alternate recommendations be ADOPTED in lieu of Recommendation 1, subsection 6 of CSAPH 2-Jun-21:</p> <p>Our American Medical Association (AMA):</p> <p>Encourages the continued use of the necessary and effective dual-response method of</p>

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			<p>communication between law enforcement and EMS to appropriately care for all patients encountered by first responders, including those patients demonstrating agitated or combative behavior;</p> <p>Calls for comprehensive, independent analysis of law enforcement agencies to:</p> <ul style="list-style-type: none"> a. Review cases labeled as “excited delirium” to determine frequency of use of the term, including prevalence of its use by race, ethnicity, gender, age, and other demographic factors; b. Assess the available training and guidelines used to prepare law enforcement first responders to respond to individuals with agitated or combative behavior, including de-escalation training; c. Assess efforts to ensure adherence to approved training on an ongoing basis. <p>Calls for comprehensive, independent analysis, performed by appropriate medical and behavioral health professionals, of EMS agencies to:</p> <ul style="list-style-type: none"> a. Review the usage of ketamine and other sedative-hypnotic medications used to sedate patients with agitated or combative behavior and correlation of the term “excited delirium” with race, ethnicity, gender, age or other demographic factors; b. Assess whether existing training and guidelines, including continuous quality improvement processes, have been properly established by supervising EMS medical directors and behavioral health specialists, to: <ul style="list-style-type: none"> i. Require appropriate monitoring of any patient who receives sedative/hypnotic and dissociative pharmacological interventions for treatment in the out-of-hospital setting; ii. Ensure proper use of ketamine and other sedative/hypnotic and dissociative pharmacological interventions under defined protocols/guidelines after appropriate education on indications, usage and complications; iii. Include an appropriate stepwise approach to the treatment of patients in the out-of-hospital setting, including de-escalation training, that provides safety to the patient and providers; and c. Assess, on an ongoing basis, that personnel are conducting themselves according to guidelines and training.

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CSAPH Report 03-J-21	Report on Increases in Teen and Young Adult Suicide	Recommendations in CSAPH Report 3 Adopted as Amended, except Recommendation 1 Item 11 Referred for Decision, Remainder of Report Filed.	<p>The Board considered a report from Management in response to the American Academy of Pediatrics (AAP) proposed additional recommendations to the AMA Council on Science and Public Health (CSAPH) report addressing increases in youth suicide which the House of Delegates. CSAPH made several policy recommendations, some amendments were offered, and updated policy was adopted by the House of Delegates (HOD). The AAP proposed the addition of several recommendations, including asking the AMA to support the Child and Adolescent Mental and Behavioral Health Principles of 2021 that they developed in collaboration with partner organizations. This proposed recommendation (#1, item 11, listed below) was referred for decision.</p> <p>(11) That our AMA consider supporting the Child and Adolescent Mental and Behavioral Health Principles 2021 developed by the American Academy of Pediatrics and partner organizations including AACAP, APA and Children’s Hospital Association among others, and join with these and other partner organizations in advocating for a comprehensive approach to the child and adolescent mental and behavioral health crisis. (Modify Current HOD policy)</p> <p>Whether or not the AMA should support the Child and Adolescent Mental and Behavioral Health Principles (Principles) of 2021 was debated on the floor of the HOD and ultimately referred for decision. Several delegates noted that while the Principles are important, the AMA should not include endorsement of non-AMA principles in our policy database for several reasons, including the limited lifecycle of and principles, inability of the policy database to reflect edits or updates to any principles, and the lack of AMA involvement in the creation of the Principles.</p> <p>Highlights of AMA policy related to youth suicide include recognizing teen and young adult suicide as a serious health concern (H-60.937), encouraging significant funding for suicide prevention and intervention directed toward American Indian/Alaska Native communities (D-350.988), recognizing the special risk for LGBTQ+ teens and calls for partnering with public and private organizations to help reduce suicide among these teens (H-60.927), and recognizing the importance of trauma-informed care and the impact of adverse childhood experiences (ACEs) and trauma on patient health (H-515.952). Additional policies address screen time (H-60.911) and bullying (all forms, including online) (H-60.943, H-515.959).</p> <p>The Board VOTED that Recommendation 1, Item 11 be AMENDED and that the amended Recommendation 1, Item 11 be adopted in lieu of the referred recommendation:</p> <p>Recommendation 1, Item 11 notes: 11. That our AMA advocate for a comprehensive approach to the child and adolescent mental and behavioral health crisis when such initiatives and opportunities are consistent with AMA policy. (Modify Current HOD Policy)</p>

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RES 001-J-21	Discrimination Against Physicians in Treatment with Medication for Opioid Use Disorder (MOUD)	Adopted as Amended with Change in Title.	Our AMA has advocated in public forums and to the Federation that physicians and medical students must have access to confidential care for wellness-related matters as well as impairments, including substance use disorders. AMA efforts emphasize that MOUD may be part of the treatment protocol, a decision to be made by the treating physician with the patient. AMA efforts and presentations have long emphasized that SUDs should be treated like any other chronic disease to be free of stigma and judgment. No further activity.
RES 003-J-21	Healthcare Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions	Adopted.	AMA Policy Database has been updated.
RES 004-J-21	AMA Resident/Fellow Councilor Term Limits	Adopted.	CCB Report 4-J-21 prepared in reponse to this resolution. Recommendation in CCB Report 4-J-21 Adopted. Bylaws amended.
RES 006-J-21	Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients	Adopted.	AMA Policy Database has been updated.
RES 007-J-21	Nonconsensual Audio/Video Recording at Medical Encounters	Referred.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the Annual 2022 meeting. (Reference Committee C&B) Board Report 13 on this subject appears in the handbook for the A-22 House of Delegates Meeting. (Reference Committee C&B)
RES 009-J-21	Supporting Women and Underrepresented Minorities in Overcoming Barriers to Positions of Medical Leadership and Competitive Specialties	Adopted.	A travel grant program is in development with an expected launch in 2022. Work continues on expanding outreach to the medical schools identified in Resolve 3. A travel grant program has been implemented. Seven medical students have been awarded the first round of grants (up to \$1,000) for expenses incurred at the June 2022 meeting of the House of Delegates.

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RES 015-J-21	Opposition to the Criminalization and Undue Restriction of Evidence-Based Gender-Affirming Care for Transgender and Gender-Diverse Individuals	Adopted.	AMA Policy Database has been updated.
RES 022-J-21	Maternal Levels of Care Standards of Practice	Policy H-245.971, “Home Deliveries” Reaffirmed in lieu of Resolution 022-J-21	AMA Policy Database has been updated.
RES 023-J-21	Pandemic and the Duty of Care	Adopted.	A Council on Ethical and Judicial Affairs Report on this subject will be prepared for consideration by the House of Delegates at the 2022 Annual Meeting. Council on Ethical and Judicial Affairs Report 5 on this subject appears in the handbook for the A-22 House of Delegates Meeting. (Reference Committee C&B)
RES 024-J-21	AMA Bylaws Language on AMA Young Physicians Section Governing Council Eligibility	Adopted.	CCB Report 5-J-21 prepared in reponse to this resolution. Recommendation in CCB Report 5-J-21 Adopted. Bylaws amended.
RES 105-J-21	Effects of Telehealth Coverage and Payment Parity on Health Insurance Premiums	Referred for Decision.	<p>The Board considered a report from Management in response to Resolution 105 from the June 2021 Meeting of the House of Delegates which was referred for decision. The resolution asked that the AMA conduct or commission a study on the effect that telemedicine services have had on health insurance premiums, focusing on the differences between states that had telehealth payment parity provisions in effect prior to the pandemic versus those that did not, and report back at the 2021 Interim Meeting. It contained a Fiscal Note of \$260,000 to undertake such a study.</p> <p>A commissioned study on the effect of telemedicine services on health insurance premiums would likely result in conclusions that have a wide margin of error and that would not aid in the development of AMA policy or advocacy positioning on this issue and, as such, would be a questionable use of AMA financial and staff resources. Forthcoming research based on telehealth use during, and especially after, the pandemic will yield more robust estimates and will better inform this issue.</p> <p>The Board VOTED to APPROVE that a commissioned study not be undertaken as called for in Resolution 105-JUN-21, and that the AMA continue to review the literature and include any relevant research developments on the impact of increased telemedicine utilization on health insurance premiums in future reports of the Board of Trustees or Council on Medical Service.</p>

Report/Resolution	Title	House Action	Status
RES 121-J-21	Medicaid Dialysis Policy for Undocumented Patients	Adopted as Amended.	<p>Our AMA is working with CMS to achieve this ask.</p> <p>Our AMA is working with CMS and interested state medical associations to achieve this. Specifically, our AMA sent a joint letter with the Michigan State Medical Society to the Michigan Department of Health and Human Services urging Medicaid coverage of outpatient dialysis for undocumented patients.</p>
RES 122-J-21	Developing Best Practices for Prospective Payment Models	Referred.	<p>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2022 Annual Meeting.</p> <p>Council on Medical Services Report 2 on this subject appears in the handbook for the A-22 House of Delegates Meeting. (Reference Committee G)</p>
RES 123-J-21	Medicare Eligibility at age 60	Referred, with Report Back at the November 2021 Meeting of the House of Delegates.	<p>Council of Medical Services Report 03 on this subject appears in the Delegates Handbook for the November 2021 Special Meeting. (Reference Committee A)</p> <p>HOD Action: Recommendations in CMS Report 03 Adopted as Amended, Remainder of Report Filed.</p>
RES 201-J-21	Ensuring Continued Enhanced Access to Healthcare via Telemedicine and Telephonic Communication	Alternate Resolution 201-J-21 Adopted in lieu of Resolution 201.	<p>Our AMA Advocacy BU in the process of drafting a letter to be sent out by the end of October 2021.</p> <p>Our AMA sent a letter on October 25, 2021, to the Office for Civil Rights regarding enforcement of the Health Insurance Portability and Accountability Act regulations in the context of telemedicine during the COVID-19 public health emergency. See: https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-10-25-Letter-to-Pino-on-HIPAA-Flexibility.pdf</p>
RES 206-J-21	Redefining the Definition of Harm	Adopted as Amended, in Lieu of Resolution 212-J-21.	<p>Our AMA has written to the Office for Civil Rights (OCR) and spoken to National Coordinator for Health Information Technology (ONC) about this issue multiple times. As of October, we have met with both OCR and ONC to clarify that emotional and psychological harm are encompassed in the “substantial harm” prong of HIPAA that should be better publicized to clinicians to help them comply with information blocking and HIPAA alike</p> <p>Following extensive AMA advocacy to ONC, OCR, and HHS, ONC issued guidance to physicians explaining that “substantial harm” encompasses mental and emotional harm when that information is requested by a third-party. More information in the Advocacy Update story here: https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-4-2022-national-advocacy-update#onc-issues-new-information-blocking-faq-in-response-to-ama-advocacy-around-patient-harm</p>

Report/Resolution	Title	House Action	Status
RES 210-J-21	Ransomware and Electronic Health Records	Adopted as Amended.	<p>On July 9, 2021, our AMA sent a letter to the National Institute of Standards and Technology (NIST) noting that the physician community has been inundated by increasing cyber-attacks and urging it to coordinate with HHS to ensure its resources include meaningful guidance to physicians.</p> <p>Our AMA has created additional guidance for physicians to understand what free and low-cost resources are available to them to bolster their cyber hygiene. See: https://www.ama-assn.org/system/files/ama-resource-cybersecurity-services.pdf</p>
RES 212-J-21	ONC's Information Blocking Regulations	Resolution 206-J-21 Adopted as Amended, in Lieu of Resolution 212-J-21.	See Res. 206-J-21.
RES 213-J-21	CMMI Payment Reform Models	Adopted.	<p>The AMA President-elect met twice with CMMI leadership to advance AMA policy opposing mandatory CMMI demonstration projects and supporting CMMI testing of innovative voluntary models designed with input from specialty societies and practicing physicians, including those recommended by the Physician-focused Payment Model Technical Advisory Committee. Physician leaders from several specialty societies joined AMA in one of these two meetings. Our AMA also advocated this policy in written comments on the proposed 2022 Medicare physician payment regulation, as well as in response to the proposed radiation oncology model in the 2022 Medicare outpatient payment regulation.</p> <p>RES 213-J-21 – CMMI Payment Reform Models</p> <p>CMMI's "strategy refresh" includes several changes that have been recommended by our AMA, including CMMI plans to:</p> <ul style="list-style-type: none"> •Make APM parameters, requirements, and other critical details as transparent and easily understandable as possible for participants; •Reduce administrative burdens from APM participation requirements; •Make available and increase uptake of actionable data, learning collaboratives, and payment and regulatory flexibilities to participants, especially those treating the underserved; •Improve testing and analysis of benchmarks and risk adjustment methods; •Deepen and sustain outreach and solicitation of input from patient and physician groups; •Explore model tests for specialty care payment models; and •Identify ways to align or integrate episode payment models with accountable care models. <p>In addition, CMMI is seeking public comments on further delaying the radiation oncology model and establishing a new participation period.</p>

Report/Resolution	Title	House Action	Status
RES 215-J-21	Exemptions to Work Requirements and Eligibility Expansions in Public Assistance Programs	Adopted as Amended.	AMA Policy Database has been updated.
RES 216-J-21	Opposition to Federal Ban on SNAP Benefits for Persons Convicted of Drug Related Felonies	Adopted.	AMA Policy Database has been updated.
RES 217-J-21	Quality of School Lunch Program to Advocate for the Expansion and Sustainability of Nutritional Assistance Programs During COVID-19	Adopted.	AMA Policy Database has been updated.
RES 218-J-21	Advocating for Alternatives to Immigrant Detention Centers that Respect Human Dignity	Adopted as Amended with Change in Title in lieu of Resolution 218.	<p>On July 15, 2021, our AMA sent a letter urging the U.S Department of Homeland Security (DHS) and U.S. Customs and Border Protection (CBP) to preferentially use Alternative to Detention (ATD) programs that respect the human dignity of immigrants, migrants, and asylum seekers who are in the custody of federal agencies. On October 19, 2021, our AMA sent a letter commenting on the Procedures for Credible Fear Screening and Consideration of Asylum, Withholding of Removal, and Convention Against Torture (CAT) Protection Claims by Asylum Officers proposed rule. In part our AMA applauded the proposal to increase the use of parole in the immigration system.</p> <p>No further activity.</p>
RES 219-J-21	Oppose Tracking of People Who Purchase Naloxone	Adopted as Amended.	<p>Our AMA continues to promote policies, including state guidance from Colorado and Massachusetts, for example, that advise insurance carriers that they are prohibited from taking adverse actions against enrollees or prospective enrollees based on the existence of a prescription for naloxone. The AMA also continues to publicly urge naloxone product manufacturers to make their products OTC, including comments from AMA Board Chair Bobby Mukkamala, MD, in an October FDA public hearing.</p> <p>Our AMA model state legislation would prohibit such actions. Our AMA sent letters to all naloxone manufacturers urging that they make their products OTC. AMA also sent a letter to ONDCP urging their support as well as making this request directly to ONDCP Director Rahul Gupta, MD.</p>

Report/Resolution	Title	House Action	Status
RES 226-J-21	Interest-Based Debt Burden on Medical Students and Residents	Adopted as Amended.	<p>On July 1, 2021, our AMA send a letter supporting H.R. 4122, the “Resident Education Deferred Interest (REDI) Act,” which would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. On September 21, 2021, our AMA wrote a letter providing information regarding the Public Service Loan Forgiveness (PSLF) program. The AMA urged the Department to consider the importance of the PSLF program for physician borrowers and encouraged the Department to make the PSLF program more widely available to physician borrowers as well as provide stronger communication to borrowers so they can successfully complete the PSLF program.</p> <p>On February 18, 2022, our AMA sent a letter supporting S. 3658, the “Resident Education Deferred Interest (REDI) Act,” which would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.</p>
RES 227-J-21	Audio-Only Telehealth for Risk Adjusted Payment Models	Adopted as Amended.	<p>Our AMA provided extensive written comments on the need to continue Medicare payment for audio-only telehealth services long after the COVID-19 public health emergency. AMA noted that this coverage is needed because many patients, including those in minoritized and marginalized communities, lack access to the high-speed internet service necessary for audio-video telehealth, and even those who have such service may not know how or be comfortable utilizing audio-video telehealth. AMA comments also provided examples illustrating that audio-only visits are full visits and are comparable in content and quality to both audio-video and in-person visits, especially when patients can provide information from at-home weight, blood pressure, and blood sugar readings. AMA is continuing to gather information from medical groups participating in Medicare Advantage regarding their experiences with diagnosis information obtained from audio-only visits to inform forthcoming CMS regulations that may address Medicare Advantage risk adjustment.</p> <p>In February 2022, our AMA sent a letter to CMS urging that the CPT codes for telephone visits be added to Category 3 of the Medicare Telehealth List, which would provide interim coverage through the end of 2023. In March 2022, within comments on the 2023 Medicare Advantage proposed rule, our AMA advocated that diagnoses coded for audio-only telehealth encounters be included in the risk adjusted payment models used in the MA program.</p>
RES 228-J-21	COVID-19 Vaccination Rollout to Emergency Departments and 33 Urgent Care Facilities	Adopted as Amended. Policies D-440.921 and H-440.875 reaffirmed.	<p>Our AMA has continued to speak to the White House COVID Response Team of the need to include emergency departments and urgent care facilities in vaccine distribution.</p> <p>No further activity.</p>
RES 229-J-21	Classification and Surveillance of Maternal Mortality	Adopted as Amended. Policies D-420.993, H-430.986, H-315.983, and H-60.909.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 232-J-21	Preventing Inappropriate use of Patient Protected Medical Information in the Vaccination Process	Adopted as Amended.	<p>Our AMA is in the process of drafting a letter to be sent out by the end of October 2021 on this topic.</p> <p>Our AMA sent a letter on October 28, 2021, to HHS and CDC. A response from the Centers for Disease Control and Prevention was received and there has been no further action at this time.</p>
RES 233-J-21	Non-Physician Title Misappropriation	Adopted.	<p>Our AMA hosted a “Title Misappropriation Summit” in conjunction with the American Society of Anesthesiologists with over 50 attendees representing state and specialty societies. AMA is creating a state advocacy strategy on how to deal with title misappropriation issues as they arise in the state legislative & regulatory arenas, and this includes the recent AAPA decision to change their title yet again, this time to “physician associate.” AMA has also incorporated the use of the title “physician” in its Truth in Advertising campaign and communicated with its federation partners related to the use of the title “physician” for MDs/DOs.</p> <p>Our AMA held a webinar with the federation on AAPA’s efforts to change their title, title misappropriation and our TIA efforts more broadly.</p>
RES 304-J-21	Decreasing Financial Burdens on Residents and Fellows	Resolves 1 and 2 Adopted as Amended. Resolve 3 Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the Annual 2022 meeting.</p> <p>Council on Medical Education Report 3 on this subject appears in the Delegates Handbook for the A-22 House of Delegates Meeting. (Reference Committee C)</p>
RES 305-J-21	Non-Physician Post-Graduate Medical Training	Adopted as Amended. Alternate Resolve 2 and Resolve 8 Referred.	<p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the Annual 2022 meeting.</p> <p>Council on Medical Education Report 4 on this subject appears in the Delegates Handbook for the A-22 House of Delegates Meeting. (Reference Committee C)</p>
RES 308-J-21	Rescind USMLE Step 2 CS and COMLEX Level 2 PE Examination Requirement for Medical Licensure	Policy D-295.988 Reaffirmed in lieu of Resolution 308.	AMA Policy Database has been updated.
RES 309-J-21	Supporting Child Care for Health Care Professionals	Adopted as Amended with Change in Title.	<p>MMX was assigned to implement. Med Ed has assisted by leading planning meetings with MMX staff, to include drafting agendas and background information on the resolution and offering recommendations.</p> <p>The AMA Policy Finder database was updated to add new Policy D-200.974. The AMA Policy Finder database was updated to add new Policy D-200.974.</p> <p>This item is superseded by Resolution 304-J-21, which made a similar ask and was referred for report back at A-22. In its preparation of the report, the Council on Medical Education engaged interested stakeholders, as directed by Resolution 309.</p>

Report/Resolution	Title	House Action	Status
RES 310-J-21	Unreasonable Fees Charged by the ABMS Member Boards	Adopted as Amended with Change in Title.	<p>A letter was sent to the senior leadership of the American Board of Medical Specialties to work with ABMS and its member boards to reduce financial burdens for physicians holding multiple certificates who are actively participating in continuing certification through an ABMS member board, by developing opportunities for reciprocity for certification requirements as well as consideration of reduced or waived fee structures.</p> <p>The AMA Policy Finder database was updated to append adopted language The AMA Policy Finder database was updated to append adopted language to Policy D-275.954.</p>
RES 311-J-21	Student Loan Forgiveness	Policy H-305.925 Reaffirmed in lieu of Resolution 311.	<p>AMA Policy Database has been updated.</p> <p>The Council on Medical Education submitted CME-04-N-21 “Medical Student Debt and Career Choice” which incorporated reasons for denial and transparency of the Public Health Services Student Loan Forgiveness program. More information can be found on the next page under CME 04-N-21.</p> <p>The AMA Policy Finder database was updated to reaffirm Policy H-305.925.</p>

Report/Resolution	Title	House Action	Status
RES 314-J-21	Standard Procedure for Accommodations in USMLE and NBME Exams	Referred for Decision.	<p>The Board considered a report from Management on Resolution 314-J-21 which was referred for decision at the June 2021 Special Meeting of the House of Delegates (HOD). Resolution 314, sponsored by the Medical Student Section, asked the AMA to: (1) collaborate with medical licensing organizations to facilitate a timely accommodations applications process; and (2) in conjunction with the National Board of Medical Examiners, develop a plan to reduce the amount of proof required for approving accommodations to lower the burden of cost and time to medical students with disabilities.</p> <p>The intent of Resolution 314 aligns with the AMA’s greater policy goal of creating an equitable and accessible work environment for physicians. It is therefore recommended that the AMA adopt the recommendations to lower barriers to accommodations for USMLE testing. The substance of the recommendations in this report follows the testing prescription in the ADA and the Civil Rights Division’s associated rules. This policy could also serve a model for providing necessary accommodations to those who may not meet the ADA criteria for qualified disability, such as individuals who are lactating.</p> <p>The central issue involved in making accommodations for examinees with disabilities is balancing fairness and compassion for the affected individual with the obligations of the profession to ensure that clinicians are able to practice safely. Possible risk in ethics to the AMA posed by Resolution 314 is reputational in nature. The recommendations in this report best reconcile the competing ethical responsibilities at stake. They offer clear, actionable policy to support the resolution’s intended goal of reducing burden for medical students seeking accommodations in taking the USMLE.</p> <p>The Board VOTED to APPROVE that in lieu of Resolution 314-J-21, the American Medical Association:</p> <ol style="list-style-type: none"> 1. Collaborate with the National Board of Medical Examiners (NBME) and the National Board of Osteopathic Medical Examiners (NBOME) to facilitate a timely accommodations application. 2. Recommend adherence to the Americans with Disability Act (ADA) recommendations in section 36.309 that requires the documentation requested by a testing entity to evaluate a request for testing accommodations be both reasonable and limited to only the information needed to determine the nature of an examinee’s disability and their need for the requested testing accommodations, as noted by the Civil Rights Division of the Department of Justice in their 2014 interpretation of this ADA provision. 3. Collaborate with key stakeholders to raise awareness regarding the process for applying and preparing for examinations, inclusive of requests for accommodations.

Report/Resolution	Title	House Action	Status
RES 318-J-21	The Impact of Private Equity on Graduate Medical Education	Adopted as Amended with Report Back to the HOD.	A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the Interim 2022 meeting.
RES 319-J-21	The Effect of the COVID-19 Pandemic on Graduate Medical Education	Adopted as Amended.	<p>Resolve 1: A letter was sent to the senior leaders of the Accreditation Council for Graduate Medical Education indicating that the AMA work with relevant stakeholders to advocate for equitable compensation and benefits for residents and fellows who are redeployed to fulfill service needs that may be outside the scope of their specialty training.</p> <p>Resolve 2: Letters were sent to the senior leaders of Accreditation Council for Graduate Medical Education and American Board of Medical Specialties to urge ACGME and specialty boards to consider reducing replacing minimums on case numbers and clinic visits with revised more holistic measures to recognize resident/fellow learning, indicate readiness for graduation and board certification eligibility, especially given the drastic educational barriers confronted during the COVID-19 pandemic.</p> <p>The AMA Policy Finder database was updated to add new Policy D-310.946. The AMA Policy Finder database was updated to add new Policy D-310.946.</p>
RES 401-J-21	Universal Access for Essential Public Health Services	Resolve 1 Referred with Report Back at the next HOD meeting. Resolve 2 Referred.	<p>Council on Science and Public Health Report 02 will appear in the Delegates Handbook for the November 2021 Special Meeting. (Reference Committee D)</p> <p>HOD Action: Recommendations in CSAPH Report Report 2 Referred. Remainder of Report Filed.</p>
RES 402-J-21	Modernization and Standardization of Public Health Surveillance Systems	Policy H-440.813, "Public Health Surveillance," Reaffirmed.	<p>Our AMA joined a sign-on letter in April 2021 to Congressional leaders urging them to appropriate at least \$250 million in Fiscal Year (FY) 2022 towards the public health Data Modernization Initiative (DMI) at the Centers for Disease Control and Prevention (CDC). As one component of this, AMA Substance Use and Pain Care Task Force updated its recommendation in support of modernization and standardization of public health data and surveillance as follows: "Particular emphasis must be placed on collecting adequate, standardized data to eliminate inequities for historically marginalized and minoritized populations. Additional work must be done to address the increased complexity of access and treatment to SUD care as a result of the nation's growing polysubstance use, overdose and death epidemic." See https://end-overdose-epidemic.org/recommendations/collect-better-data/</p> <p>No further activity.</p>

Report/Resolution	Title	House Action	Status
RES 403-J-21	Confronting Obesity as a Key Contributor to Maternal Mortality, Racial Disparity, Death from Covid-19, Unaffordable Health Care Cost while Restoring Health in America	Referred for Decision.	<p>The Board considered a report from Management in response to Resolution 403 which asked, “that our American Medical Association advocate for a National Task Force to be led by the medical profession along with other stakeholders to confront the epidemic of obesity primarily among minority women, prior to, during and after pregnancy, thereby reducing maternal mortality & morbidity rates, racial disparity in access to care, death from COVID-19 infection and healthcare costs while restoring health in our nation with report back at the 2021 Interim Meeting and beyond. (Directive to Take Action). This resolution was introduced by the New Jersey Delegation. Several additional stakeholders exist within the Federation that were supportive of this resolution, including the Obesity Medicine Association, the American Society for Metabolic and Bariatric Surgery, and the Endocrine Section Council. The American College of Obstetrics and Gynecology is interested in this from the perspective of addressing maternal mortality and morbidity rates but recognized this is more complicated than addressing obesity.</p> <p>Given the confusion around this resolution; the existing work the AMA is already doing to address chronic disease, maternal morbidity and mortality and the COVID-19 pandemic; and the fiscal note for this resolution; it was recommended that Resolution 403 not be adopted. It should also be noted that AMA already has a number of policies in place calling for collaboration to address the obesity epidemic and could act in accordance with those policies as necessary without adopting an additional directive to form a task force with required reports back to the House of Delegates in November of 2021 and beyond. AMA policy recognizes obesity as a major public health problem and calls on the AMA to work with appropriate federal agencies, medical specialty societies, and public health organizations to educate physicians about the prevention and management of overweight and obesity (H-150.953). AMA policy also recognizes that racial and ethnic disparities exist in the prevalence of obesity and recommends that physicians use culturally responsive care to improve the treatment and management of obesity and diet-related diseases in minority populations; (H-150.944, H-440.902).</p> <p>There are several directives in place that call on the AMA to “assume a leadership role” in collaborating with other organization to finance a comprehensive national program for the study, prevention, and treatment of obesity (D-440.954) and collaborate with appropriate agencies and organizations to commission a multidisciplinary task force to review the public health impact of obesity and recommend measures to better recognize and treat obesity as a chronic disease (D-440.980). AMA policy also addresses disparities in maternal mortality (D-420.993).</p> <p>The Board VOTED that existing Directive D-440.980 be AMENDED to read as follows in lieu of Resolution 403:</p> <p>Recognizing and Taking Action in Response to the Obesity Crisis D-440.980 Our AMA will: (1) advocate for the creation of a multidisciplinary federal task force, including representation from the medical profession, to review the public health impact of obesity and recommend measures to: (1) better recognize and treat obesity as a chronic disease and (2) confront the epidemic of obesity and its root causes, particularly among populations with disproportionately high incidence.</p>

Report/Resolution	Title	House Action	Status
RES 406-J-21	Addressing Underlying Health Conditions Associated with Risk for Severe Covid-19	Adopted as Amended with Change in Title.	<p>Our AMA has discussed with officials in various federal agencies the need to ensure that COVID-19 communications urge patients with underlying health conditions and COVID-19 to consult with their physician to determine appropriate treatment. Our AMA has also notified its Federation partners of its desire to work with any interested partners in advocating, at the state level, for laws and regulations to urge patients with underlying health conditions and COVID-19 to consult with their physician to determine appropriate treatment.</p> <p>No further activity.</p>
RES 407-J-21	Impact of SARS-CoV-2 Pandemic on Post-Acute Care Services and Long-Term Care and Residential Facilities	Adopted as Amended.	<p>A message has been sent to the Federation to identify medical societies that are working on the issue of emergency/disaster planning for post-acute care and long-term care facilities to inform opportunities for collaboration and possible policy recommendations.</p>
RES 410-J-21	Call for Increased Funding, Research and Education for Post Viral Syndromes	Alternate Resolution 410 Adopted as Amended in lieu of Resolutions 410 and 413 with Change in Title.	<p>Our AMA is working with members of Congress to advocate that appropriate funding is authorized and appropriated for research, prevention, control, and treatment of post viral syndromes and long-term sequelae associated with viral infections, such as COVID-19.</p> <p>Since the first US case of COVID-19 was identified on January 21, 2020, our AMA has focused on creating best-in-class, up-to-date resources, content, and social media marketing targeting physicians, resident physicians, and medical students as part of our COVID-19 Response Strategy. This strategy has resulted in a record 20 million users accessing our AMA website in 2020.</p> <p>In addition to vaccination-related content, COVID-19 long haul is a trending topic with more than 200,000 AMA website users accessing this content since April 2021. Our AMA has published more than 21 news articles on COVID-19 long haul (e.g., COVID long-haulers: Questions patients have about symptoms, What doctors wish patients knew about long COVID). The collection of content can be accessed at https://www.ama-assn.org/topics/covid-19-long-haulers.</p> <p>Going forward, our AMA will continue to publish content on this topic to increase awareness of learning opportunities on post viral syndromes and long-term sequelae associated with viral infection, such as COVID-19.</p>
RES 411-J-21	Use of Masks by Individuals to Reduce the Spread of Respiratory Pathogens	Adopted as Amended with Change in Title.	<p>The AMA has continued to provide updated information on evidence-based public health measures and infection control guidance throughout the pandemic. This information is posted on the AMA's COVID resource center and has been disseminated via AMA news stories and social media platforms.</p>

Report/Resolution	Title	House Action	Status
RES 413-J-21	Call for Increased Funding and Research for Post Viral Syndromes	Alternate Resolution 410 Adopted as Amended in lieu of Resolutions 410 and 413 with Change in Title.	See Res. 410-J-21.
RES 414-J-21	Call for Improved Personal Protective Equipment Design and Fitting	Adopted as Amended.	<p>Following the adoption of Res. 414, the AMA issued a press release encouraging the diversification of PPE design to better fit all body types, as well as cultural expressions and practices among health care personnel. The release noted that well-fitted PPE is necessary to protect health care personnel and patients from exposure to infectious disease.</p> <p>In September, the AMA issued a news story highlighting how ill-fitting PPE contributes to added stress for women physician.</p> <p>The AMA has discussed the issue with the CDC. We have also drafted letters to some of the largest PPE manufacturers - 3M, Honeywell, Kimberly Clark, - as well as the International Safety Equipment Association calling on them to improve diversification of personal protective equipment design to better fit all body types, cultural expressions, and practices among health care personnel.</p> <p>The AMA, through our work the CDC's Project Firstline initiative, is developing a podcast episode on PPE diversification, equity considerations, and the need for innovation in this space.</p>
RES 415-J-21	Amending H-440.847 to Call For National Government and States to Maintain Personal Protective Equipment and Medical Supply Stockpiles	Adopted as Amended.	AMA Policy Database has been updated.
RES 417-J-21	Amendment to Food Environments and Challenges and Challenges Accessing Healthy Food, H-150.925	Adopted.	AMA Policy Database has been updated.
RES 420-J-21	Impact of Social Networking Services on the Health of Adolescents	Policy D-478.965 Adopted as Amended.	AMA Policy Database has been updated.

Report/Resolution	Title	House Action	Status
RES 421-J-21	Medical and Public Health Misinformation in the Age of Social Media	Adopted as Amended with Change in Title. Resolve 6 Referred for Decision.	<p>The Board considered a report from Management in response to the sixth resolve clause of Resolution 421. The sixth resolve reads as follows: RESOLVED, That our American Medical Association study and consider public advocacy of modifications to Section 230(c) of the Communications Decency Act, Part 2, Clause A, as follows: any action voluntarily taken in good faith to restrict access to or availability of material that the provider or user considers to be obscene, lewd, lascivious, excessively violent, harassing, pose risk to public health, or be otherwise objectionable, whether or not such material is constitutionally protected. (Directive to Take Action)</p> <p>During the June 2021 Special Meeting, the AMA House of Delegates (HOD) adopted the first five resolve clauses of Resolution 421, with amendments. Resolution 421 addresses the accurate dissemination of medical and public health information across the internet, including information from social medical, news agencies, and public health organizations. However, during the Reference Committee hearing the Council on Science and Public Health recommended that the sixth resolve clause (see above) be referred for decision due to the complexity surrounding establishing and implementing a public health exception to the Communications Decency Act. Additionally, testimony was heard concerning the intricacy of the Communications Decency Act and the reference committee ultimately agreed with the Council on Science and Public Health and referred the sixth resolve clause for decision.</p> <p>The Communications Decency Act provides liability protection for hosts of websites (including social media companies) by ensuring that they will not be held liable for the content that users post on their forums.</p> <p>During the June 2021 Special Meeting, the AMA adopted comprehensive policy that allows for strong advocacy surrounding the dissemination of medical and public health information. The resolve adopted from Resolution 421 “Medical and Public Health Misinformation in the Age Of Social Media” directs the AMA to engage with social media companies to enhance content monitoring, augment recommendation engines focused on false information, integrate verified health information, redesign algorithms, and establish relationships to ensure that accurate health information is circulated. As such, management believes that our current policy is sufficiently comprehensive for the AMA to effectively advocate and work with social media companies to moderate misinformation that poses a risk to public health. Additionally, management is of the opinion that the sixth resolve is unnecessary and would have no material effect on the current application of Section 230(c). Section 230(c) already allows social media companies to voluntarily take action to, in good faith, restrict access to or availability of material that the provider considers to be “otherwise objectionable.”</p> <p>Given the legal uncertainty, and the potential negative consequences, the AMA would have greater impact by focusing on existing policy and building relationships with media platforms and hosts to inform and influence the removal of any information that poses a risk to public health.</p>

Report/Resolution	Title	House Action	Status
RES 503-J-21	Access to Evidence-Based Addiction Treatment in Correctional Facilities	Adopted as Amended.	<p>The Board VOTED that the sixth resolve of Resolution 421 NOT BE ADOPTED.</p> <p>Our AMA has consistently advocated for increasing access to MOUD for individuals in justice-involved settings, including jails, prisons, parole, probation and diversion programs. This includes advocacy for women who are pregnant, post-partum and parenting. Legislative and regulatory advocacy includes support for implementing plans of safe care, working with relevant medical societies to coordinate activities at the state and federal levels in support of maternal health and reducing health inequities. Our AMA Substance Use and Pain Care Task Force also updated its recommendations for the issues raised by this resolution as follows: “Particular emphasis must be placed on ensuring protections for justice-involved individuals and for youth, peripartum, pregnant, postpartum and parenting individuals. This includes working to keep families together safely and eliminating health inequities that disproportionately harm marginalized and minoritized communities.” See https://end-overdose-epidemic.org/recommendations/remove-treatment-barriers/ Our AMA advocacy also has included outreach to medical societies and others in support of ensuring community-based treatment for individuals leaving a justice-involved setting, and supporting screening upon entry to a justice-involved setting. Many of these issues were the subject of an AMA-Manatt Health national webinar featuring leading medical, legal and policy experts. See https://www.manatt.com/insights/webinars/improving-access-to-sud-treatment-in-justice-invol. In a July 2021 letter, our AMA also urged the White House Office of National Drug Control Policy in its 2022 drug strategy to “commit to providing MOUD to any individual who is incarcerated, on probation or parole, or in any other justice-involved setting within the Administration’s jurisdiction.” Our AMA is communicating with the Administration to advocate for the continuation of federal funding for health insurance benefits for otherwise eligible individuals in pre-trial detention and to prohibit co-payments to access health care services in correctional facilities.</p>
RES 601-J-21	\$100 Member Annual Dues Payment through 2023	Not Adopted.	

Report/Resolution	Title	House Action	Status
RES 602-J-21	Timely Promotion and Assistance in Advance Care Planning and Advance Directives	Adopted as Amended.	Resolves 2, 3 and 5 - AMA Policy Database Updated. The subject of Resolution 602-J-21 was addressed in the following AMA media: News article https://www.ama-assn.org/delivering-care/patient-support-advocacy/advance-directives-doctors-should-be-role-models-patients Press release https://www.ama-assn.org/press-center/press-releases/ama-encourages-advance-care-planning Video interview https://www.ama-assn.org/delivering-care/population-care/living-wills-and-advance-directives-dan-morhaim-md Podcast https://podcasts.apple.com/us/podcast/living-wills-and-advanced-directives-with-dan-morhaim-md/id1428853046?i=1000557586656
RES 608-J-21	Promoting Equitable Resource Distribution Globally in Response to the COVID-19 Pandemic	Alternate Resolution 608-J-21 Adopted in lieu of Resolutions 608, 609, 610, and 611.	
RES 609-J-21	COVID-19 Crisis in Asia	Alternate Resolution 608-J-21 Adopted in lieu of Resolutions 608, 609, 610, and 611.	See Res. 608-J-21.
RES 610-J-21	Promoting Equity in Global Vaccine Distribution	Alternate Resolution 608-J-21 Adopted in lieu of Resolutions 608, 609, 610, and 611.	See Res. 608-J-21.
RES 611-J-21	Covid-19 Crisis in India	Alternate Resolution 608-J-21 Adopted in lieu of Resolutions 608, 609, 610, and 611.	See Res. 608-J-21.
RES 702-J-21	Addressing Inflammatory and Untruthful Online Ratings	Referred.	A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the Annual 2022 meeting. (Reference Committee G) Board of Trustees Report 18 on this subject appears in the Delegates Handbook for the A-22 House of Delegates Meeting. (Reference Committee G)

Report/Resolution	Title	House Action	Status
RES 706-J-21	Prevent Medicare Advantage Plans from Limiting Care	Adopted as Amended.	<p>Our AMA is seeking to have new federal policies established in forthcoming CMS regulations on Medicare Advantage stating that the same treatment and authorization guidelines must be followed for both fee-for-service Medicare and Medicare Advantage patients, especially admission policies for inpatient rehabilitation facilities. AMA is also advocating to CMS that Medicare Advantage plans be prohibited from utilizing proprietary criteria to supersede the professional judgment of the patient's physician when determining patient eligibility for procedures and admissions.</p> <p>In March 2022, AMA recommendations were outlined in detail in response to a Request for Information on prior authorization for hospital transfers to post-acute care settings, including inpatient rehabilitation facilities, that was included in the 2023 Medicare Advantage proposed rule. Our AMA urged CMS to regulate MA plans so that the same treatment and authorization guidelines are followed for both fee-for-service Medicare and MA patients, including admission to inpatient rehabilitation facilities, and stated that proprietary criteria must not be allowed to supersede the professional judgment of the patient's physician when determining Medicare and MA patient eligibility for procedures and admissions.</p>
RES 707-J-21	Financial Incentives for Patients to Switch Treatments	Adopted as Amended.	<p>Our AMA is developing model language to prevent payers' use of financial incentives to encourage patients to switch treatment. Staff will be distributing the language, once finalized, to the state medical associations and national policy making organizations, encouraging consideration by state legislatures.</p> <p>No further activity.</p>
RES 711-J-21	Opposition to Elimination of "Incident-To" Billing for Non-Physician Practitioners	Adopted.	<p>AMA sent a letter to UnitedHealthcare (UHC) in June requesting that its policy prohibiting incident-to billing be rescinded. UHC responded by announcing that it was rescinding the policy and would reprocess any claims paid at a reduced rate.</p> <p>No further activity.</p>
Speakers Report 02-J-21	Report of the Election Task Force	<p>Recommendation 35 Adopted as Amended</p> <p>Recommendation 16 Referred</p> <p>Recommendation 32 Not Adopted</p> <p>Recommendations 1-15, 17-31, 33-34, 36-41 Adopted.</p>	<p>Speakers Report 1-N-21 on this subject will appear in the Delegates Handbook for the November 2021 Special HOD Meeting.</p> <p>HOD Action: Recommendations in Speakers Report 01-N-21 Adopted as Amended, Remainder of Report Filed.</p>