Abridged Handbook Document is currently laid out for letter-sized paper; change as desired.

Note: this table includes only the recommendations from reports and the resolve statements from resolutions. The table can be sorted in Word using either the “committee” column or the “item” column (or both). Alternatively, the table can be copied to a spreadsheet and manipulated there. The table includes all items of business excepting informational reports. Only the primary sponsor, usually the submitter, is listed for resolutions.

| **Cmte\*** | **Item** | **Sponsor†** | **Title** | **Recommendations or Resolves** |
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| .Con | BOT 02 | n/a | New Specialty Organizations Representation in the House of Delegates | Therefore, the Board of Trustees recommends that the American Contact Dermatitis Society, American Society of Regional Anesthesia and Pain Medicine, Americas Hernia Society, and the Outpatient Endovascular and Interventional Society be granted representation in the AMA House of Delegates and that the remainder of the report be filed. (Directive to Take Action) |
| F | BOT 04 | n/a | AMA 2023 Dues | 2023 Membership YearThe Board of Trustees recommends no change to the dues levels for 2023, that the following be adopted and that the remainder of this report be filed:Regular Members $420Physicians in Their Fourth Year of Practice $315Physicians in Their Third year of Practice $210Physicians in Their Second Year of Practice $105Physicians in Their First Year of Practice $60Physicians in Military Service $280Semi-Retired Physicians $210Fully Retired Physicians $84Physicians in Residency Training $45Medical Students $20 |
| B | BOT 09 | n/a | Council on Legislation Sunset Review of 2012 House Policies | The Board of Trustees recommends that the House of Delegates policies that are listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. |
| F | BOT 11 | n/a | Procedure for Expanding the Size or Composition of Section Governing Councils | Your Board of Trustees recommends that the following recommendations be adopted and that the remainder of this report be filed:1. That AMA Bylaws be amended to include the size and core composition (chair cycle, delegate/alternate delegate) of each section governing council. (Modify Bylaws)2. That the Council on Long Range Planning and Development develop criteria for reviewing requests to alter the size or core composition (chair cycle, delegate/alternate delegate) of section governing councils. (Directive to Take Action)3. That the Council on Long Range Planning and Development be assigned responsibility for reviewing and making recommendations to the House of Delegates as to the disposition of any request to alter the size or core composition (chair cycle, delegate/alternate delegate) of a section governing council. (Modify Bylaws) |
| .Con | BOT 13 | n/a | Use of Psychiatric Advance Directives | Your Board of Trustees recommends that the following be adopted in lieu of Resolution 1-I-19 and the remainder of this report be filed:That our AMA:1. Recognizes the potential for advance care planning to promote the autonomy of patients with mental illness; (New HOD Policy) and2. Urges the mental health community to continue to study the role of advance care planning in therapeutic relationships and the use of psychiatric advance directives to promote the interests and well-being of patients. (New HOD Policy) |
| .Con | BOT 14 | n/a | Amendment to Truth and Transparency in Pregnancy Counseling Centers, Policy H-420.954 | For the reasons discussed above, your Board of Trustees recommends that Policy H-420.954 be amended by insertion and deletion to read as follows in lieu of Resolution 8-N-21 and that the remainder of this report be filed:H-420.954, “Truth and Transparency in Pregnancy Counseling Centers”1. It is AMA’s position that any entity that represents itself as offering health-related services should uphold the standards of truthfulness, transparency, and confidentiality that govern health care professionals.2. Our AMA urges the development of effective oversight for entities offering pregnancy-related health services and counseling. 3. Our AMA ~~supports~~ advocates that any entity offering crisis pregnancy services~~disclose information~~a. truthfully describe the services they offer or for which they refer—including prenatal care, family planning, termination, or adoption services—in communications on site~~,~~ and in ~~its~~ their advertising, and before any services are provided to an individual patient; and ~~concerning medical services, contraception, termination of pregnancy or referral for such services, adoption options or referral for such services that it provides,~~b. be transparent with respect to their funding and sponsorship relationships.4. Our AMA advocates that any entity licensed to provide ~~providing~~ medical or health services to pregnant women ~~that markets medical or any clinical services~~ ~~abide by licensing and have the~~ a. ensure that care is provided by appropriately qualified, licensed personnel; ~~to do so~~ andb. abide by federal health information privacy laws.5. Our AMA urges that public funding only support programs that provide complete, medically accurate, health information to support patients’ informed, voluntary decisions. (Modify Current HOD Policy) |
| D | BOT 15 | n/a | Addressing Public Health Disinformation | The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed.1. That Policy D-440.914, “Addressing Public Health Disinformation Disseminated by Health Professionals,” be amended by addition and deletion to read as follows:Our AMA will: (1) collaborate with relevant health professional societies and other stakeholders: (a) on efforts to combat public health disinformation disseminated by health professionals in all forms of media, ~~and~~ (b) ~~to~~ address disinformation that undermines public health initiatives ~~by~~, and (c) implement a comprehensive strategy to address health-related disinformation disseminated by health professionals that includes:(1) Maintaining AMA as a trusted source of evidence-based information for physicians and patients.(2) Ensuring that evidence-based medical and public health information is accessible by engaging with publishers, research institutions and media organizations to develop best practices around paywalls and preprints to improve access to evidence-based information and analysis.(3) Addressing disinformation disseminated by health professionals via social media platforms and addressing the monetization of spreading disinformation on social media platforms.(4) Educating health professionals and the public on how to recognize disinformation as well as how it spreads.(5) Considering the role of health professional societies in serving as appropriate fact-checking entities for health-related information disseminated by various media platforms.(6) Encouraging continuing education to be available for health professionals who serve as fact-checker to help prevent the dissemination of health-related disinformation.(7) Ensuring licensing boards have the authority to take disciplinary action against health professionals for spreading health-related disinformation and affirms that all speech in which a health professional is utilizing their credentials is professional conduct and can be scrutinized by their licensing entity.(8) Ensuring specialty boards have the authority to take action against board certification for health professionals spreading health-related disinformation.(9) Encouraging state and local medical societies to engage in dispelling disinformation in their jurisdictions.~~; and (2) study disinformation disseminated by health professionals and its impact on public health and present a comprehensive strategy to address this issue with a report back at the next meeting of the House of Delegates~~. (Modify Current HOD Policy)2. That Policies D-440.914, “Addressing Public Health Disinformation Disseminated by Health Professionals, “D-440.915, “Medical and Public Health Misinformation in the Age of Social Media,” and H-460.978, “Communication Among the Research Community, the Media and the Public” be reaffirmed (Reaffirm HOD Policy). |
| F | BOT 16 | n/a | Language Proficiency Data of Physicians in the AMA Masterfile | In lieu of Resolution 613-A-19, it is recommended that our AMA continue its work with other industry stakeholders to identify best practices, including adoption of a national standard, for the collection of self-reported language proficiency and the remainder of this report be filed. |
| B | BOT 17 | n/a | Expungement, Destruction, and Sealing of Criminal Records for Legal Offenses Related to Cannabis Use or Possession | The Board recommends that the following recommendations be adopted, and the remainder of the report be filed:1. That our American Medical Association (AMA) support automatic expungement, sealing, and similar efforts regarding an arrest or conviction for a cannabis-related offense for use or possession that would be legal under subsequent state legalization of adult use or medicinal cannabis. (New HOD Policy)2. That our AMA support automatic expungement, sealing, and similar efforts regarding an arrest or conviction of a cannabis-related offense for use or possession for a minor upon the minor reaching the age of majority. (New HOD Policy)3. That our AMA inquire to the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, Federation of State Medical Boards, and other relevant medical education and licensing authorities, as to the effects of disclosure of a cannabis related offense on a medical school, residency, or licensing application. (Directive to Take Action)4. That AMA Policy D-95.960, “Public Health Impacts of Cannabis Legalization” be rescinded since this report fulfills the directive contained in the policy. (Rescind HOD Policy) |
| G | BOT 18 | n/a | Addressing Inflammatory and Untruthful Online Ratings | The Board of Trustees recommends that the following recommendation be adopted in lieu of Resolution 702-Jun-21 and the remainder of the report filed:That our American Medical Association (1) encourages physicians to take an active role in managing their online reputation in ways that can help them improve practice efficiency and patient care; (2) encourages physician practices and health care organizations to establish policies and procedures to address negative online complaints directly with patients that do not run afoul of federal and state privacy laws; and (3) will develop and publish educational material to help guide physicians and their practices in managing their online reputation, including recommendations for responding to negative patient reviews and clarification about how federal privacy laws apply to online reviews. (Directive to Take Action) |
| F | BOT 20 | n/a | Delegate Apportionment and Pending Members | Your Board of Trustees recommends that the following recommendations be adopted and the remainder of the report be filed.1. That pending members no longer be considered in apportioning delegates in the House of Delegates. (Directive to Take Action)2. That delegate apportionment for 2023 for constituent societies be based on official 2022 year-end AMA membership data as recorded by the AMA. (Directive to Take Action)3. That delegates be apportioned to constituent societies for 2023 with each society getting the greatest of the following numbers:• The number of delegates apportioned at the rate of 1 per 1000, or fraction thereof, AMA members;• The number of delegates apportioned for 2022 so long as that figure is not greater than 2 more than the number apportioned at the rate of 1 per 1000, or fraction thereof, AMA members; or• For societies that would lose more than five delegates from their 2022 apportionment, the number of delegates apportioned for 2022 plus 5.(Directive to Take Action)4. That delegate apportionment for 2024 be based on then current bylaws. (Directive to Take Action)5. That the Council on Constitution and Bylaws prepare bylaws amendments to implement these recommendations, with the report to be considered no later than the November 2022 meeting of the House of Delegates. (Directive to Take Action)6. That Policy G-600.016, “Data Used to Apportion Delegates,” be rescinded. (Rescind HOD Policy) |
| .Con | BOT 21 | n/a | Opposition to Requirements for Gender-Based Treatments for Athletes | In view of these considerations, your Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 19-A-19 and the remainder of this report be filed: 1. That our American Medical Association (AMA) oppose mandatory medical treatment or surgery for athletes with Differences of Sex Development (DSD) to be allowed to compete in alignment with their identity; (New HOD Policy)2. That our AMA oppose use of specific hormonal guidelines to determine gender classification for athletic competitions. (New HOD Policy) |
| .Con | CCB 01 | n/a | Clarification to the Bylaws: Delegate Representation | The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.**2.0.1 Composition and Representation.** The House of Delegates is composed of delegates selected by recognized constituent associations and specialty societies, and other delegates as provided in this bylaw. **2.0.1.1 Qualification of Members of the House of Delegates.** Members of the House of Delegates must be active members of the AMA and of the entity they represent.**2.8 Alternate Delegates.** Each organization represented in the House of Delegates may select an alternate delegate for each of its delegates entitled to be seated in the House of Delegates.**2.8.1 Qualifications.** Alternate delegates must be active members of the AMA and of the entity they represent.**\*\*\*****2.3 Medical Student Regional Delegates.** In addition to the delegate and alternate delegate representing the Medical Student Section, ~~regional~~ medical student regional delegates and regional alternate delegates shall be apportioned and elected as provided in this bylaw.**2.3.1 Qualifications.** Medical ~~S~~student ~~R~~regional delegates and alternate delegates must be active medical student members of the AMA. In addition, medical student regional delegates and alternate delegates must be members of their endorsing constituent association. The region in which the endorsing society is located determines the student’s region, and a medical student may serve as a regional delegate, alternate delegate or any form of substitute (pursuant to Bylaws 2.8.5 or 2.10.4) only for that region. \*\*\***2.3.3** Medical ~~S~~student ~~R~~regional delegates and alternates shall be elected by the Medical Student Section in accordance with procedures adopted by the Section. Each elected delegate and alternate delegate must receive written endorsement from ~~the~~ their constituent association ~~representing the jurisdiction within which the medical student’s educational program is located~~, in accordance with procedures adopted by the Medical Student Section and approved by the Board of Trustees. Delegates and alternate delegates shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting of the House of Delegates. Delegates and alternate delegates shall be seated at the next Annual Meeting of the House of Delegates. **2.4 Delegates from the Resident and Fellow Section.** In addition to the delegate and alternate delegate representing the Resident and Fellow Section, resident and fellow physician delegates and alternate delegates shall be apportioned and elected in a manner as provided in this bylaw.**2.4.1 Qualifications.** Delegates and alternate delegates from the Resident and Fellow Section must be active members of the Resident and Fellow Section of the AMA. In addition, resident and fellow physician delegates and alternate delegates must be members of their endorsing society or organization currently seated in the HOD.**2.4.2 Apportionment.** The apportionment of delegates from the Resident and Fellow Section is one delegate for each 2,000 active resident and fellow physician members of the AMA, as recorded by the AMA on December 31 of each year.**\*\*\*****2.4.3 Election.** Delegates and alternate delegates shall be elected by the Resident and Fellow Section in accordance with procedures adopted by the Section. Each delegate and alternate delegate must receive written endorsement from ~~his or her~~ a society or organization currently seated in the House of Delegates and ~~a constituent association or national medical specialty society,~~ in accordance with procedures adopted by the Resident and Fellow Section and approved by the Board of Trustees.**\*\*\*****2.10.8 Medical Student Seating.** Each ~~M~~medical ~~S~~student ~~R~~regional delegate shall be seated with the student’s endorsing constituent association ~~representing the jurisdiction within which such delegate’s educational program is located~~. Alternate or substitute delegates shall be assigned to the original regional delegate's seat location during the time they are seated for the original delegate.**2.10.9 Resident and Fellow Seating.** Each delegate from the Resident and Fellow Section shall be seated with the physician’s endorsing society or organization ~~constituent association or specialty society~~. In the case where a delegate has been endorsed by multiple entities ~~both a constituent association and specialty society~~, the delegate must choose, prior to the election, with which delegation the delegate wishes to be seated. Alternate or substitute delegates shall be assigned to the original delegate's seat location during the time they are seated for the original delegate. |
| F | CCB/CLRPD 01 | n/a | Joint Council Sunset Review of 2012 House Policies | The Councils on Constitution and Bylaws and Long Range Planning and Development recommend that the House of Delegates policies that are listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. |
| .Con | CEJA 01 | n/a | Short-Term Medical Service Trips | In light of these deliberations, the Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:Short-term medical service trips, which send physicians and physicians in training from wealthier countries to provide care in resource-limited settings for a period of days or weeks, have been promoted as a strategy to provide needed care to individual patients and, increasingly, as a means to address global health inequities. To the extent that such service trips also provide training and educational opportunities, they may offer benefit both to the communities that host them and the medical professionals and trainees who volunteer their time and clinical skills. By definition, short-term medical service trips take place in contexts of scarce resources and in the shadow of colonial histories. These realities define fundamental ethical responsibilities for volunteers, sponsors, and hosts to jointly prioritize activities to meet mutually agreed-on goals; navigate day-to-day collaboration across differences of culture, language, and history; and fairly allocate host and team resources in the local setting. Participants and sponsors must focus not only on enabling good health outcomes for individual patients, but on promoting justice and sustainability, minimizing burdens on host communities, and respecting persons and local cultures. Responsibly carrying out short-term medical service trips requires diligent preparation on the part of participants and sponsors in collaboration with host communities.Physicians and trainees who are involved with short-term medical service trips should ensure that the trips with which they are associated:(a) Focus prominently on promoting justice and sustainability by collaborating with the host community to define mission parameters, including identifying community needs, mission goals, and how the volunteer medical team will integrate with local health care professionals and the local health care system. In collaboration with the host community, short-term medical service trips should identify opportunities for and priority of efforts to support the community in building health care capacity. Trips that also serve secondary goals, such as providing educational opportunities for trainees, should prioritize benefits as defined by the host community over benefits to members of the volunteer medical team.(b) Seek to proactively identify and minimize burdens the trip may place on the host community, including not only direct, material costs of hosting volunteers, but on possible disruptive effects the presence of volunteers could have for local practice and practitioners as well. Sponsors and participants should ensure that team members practice only within their skill sets and experience, and that resources are available to support the success of the trip, including arranging for appropriate supervision of trainees, local mentors, translation services, and volunteers’ personal health needs as appropriate.(c) Seek to become broadly knowledgeable about the communities in which they will work and take advantage of resources to begin to cultivate the “cultural sensitivity” they will need to provide safe, respectful, patient-centered care in the context of the specific host community. Members of the volunteer medical team are expected to uphold the ethics standards of their profession and volunteers should insist that strategies are in place to address ethical dilemmas as they arise. In cases of irreducible conflict with local norms, volunteers may withdraw from care of an individual patient or from the mission after careful consideration of the effect that will have on the patient, the medical team, and the mission overall, in keeping with ethics guidance on the exercise of conscience.Sponsors of short-term medical service trips should:(d) Ensure that resources needed to meet the defined goals of the trip will be in place, particularly resources that cannot be assured locally.(e) Proactively define appropriate roles and permissible range of practice for members of the volunteer team, including the training, experience, and oversight of team members required to provide acceptable safe, high-quality care in the host setting. Team members should practice only within the limits of their training and skills in keeping with the professional standards of the sponsor’s country.(f) Put in place a mechanism to collect data on success in meeting collaboratively defined goals for the trip in keeping with recognized standards for the conduct of health services research and quality improvement activities in the sponsor’s country. |
| .Con | CEJA 02 | n/a | Amendment to Opinion 10.8, Collaborative Care | In light of the foregoing, the Council on Ethical and Judicial Affairs recommends that Opinion 10.8, Collaborative Care be amended as follows and the remainder of this report be filed:In health care, teams that collaborate effectively can enhance the quality of care for individual patients. By being prudent stewards and delivering care efficiently, teams also have the potential to expand access to care for populations of patients. Such teams are defined by their dedication to providing patient-centered care, protecting and promoting the integrity of the patient-professional ~~physician~~ relationship, sharing mutual respect and trust, communicating effectively, sharing accountability and responsibility, and upholding common ethical values as team members.Health care teams often include members of multiple health professions, including physicians, nurse practitioners, physician assistants, pharmacists, physical therapists, and care managers among others. To foster the trust essential to patient-professional relationships, all members of the team should be candid about their professional credentials, their experience, and the role they will play in the patient’s care.An effective team requires the vision and direction of an effective leader. In medicine, this means having a clinical leader who will ensure that the team as a whole functions effectively and facilitates decision-making. Physicians are uniquely situated to serve as clinical leaders. By virtue of their thorough and diverse training, experience, and knowledge, physicians have a distinctive appreciation of the breadth of health issues and treatments that enables them to synthesize the diverse professional perspectives and recommendations of the team into an appropriate, coherent plan of care for the patient.As clinical leaders within health care teams, physicians individually should:(a) Model ethical leadership by:(i) Understanding the range of their own and other team members' skills and expertise and roles in the patient's care(ii) Clearly articulating individual responsibilities and accountability(iii) Encouraging insights from other members and being open to adopting them and(iv) Mastering broad teamwork skills(b) Promote core team values of honesty, discipline, creativity, humility and curiosity and commitment to continuous improvement.(c) Help clarify expectations to support systematic, transparent decision making.(d) Encourage open discussion of ethical and clinical concerns and foster a team culture in which each member’s opinion is heard and considered and team members share accountability for decisions and outcomes.(e) Communicate appropriately with the patient and family, including being forthright when describing their profession and role, and respecting the unique relationship of patient and family as members of the team. As leaders within health care institutions, physicians individually and collectively should:(f) Advocate for the resources and support health care teams need to collaborate effectively in providing high-quality care for the patients they serve, including education about the principles of effective teamwork and training to build teamwork skills.(g) Encourage their institutions to identify and constructively address barriers to effective collaboration.(h) Promote the development and use of institutional policies and procedures, such as an institutional ethics committee or similar resource, to address constructively conflicts within teams that adversely affect patient care.(i) Promote a culture of respect, collegiality and transparency among all health care personnel. |
| .Con | CEJA 03 | n/a | Amendment to E-9.3.2, “Physician Responsibilities to Colleagues with Illness, Disability or Impairment” | The Council believes that a more general formulation that did not delineate specific actors would better emphasize the importance of fairness whenever and by whomever such assessment is sought and would help ensure that guidance remains evergreen. The Council therefore proposes to amend Opinion 9.3.2 by insertion as follows:E-9.3.2 – Physician Responsibilities to Colleagues with Illness, Disability or ImpairmentProviding safe, high-quality care is fundamental to physicians’ fiduciary obligation to promote patient welfare. Yet a variety of physical and mental health conditions—including physical disability, medical illness, and substance use—can undermine physicians’ ability to fulfill that obligation. These conditions in turn can put patients at risk, compromise physicians’ relationships with patients, as well as colleagues, and undermine public trust in the profession.While some conditions may render it impossible for a physician to provide care safely, with appropriate accommodations or treatment many can responsibly continue to practice, or resume practice once those needs have been met. In carrying out their responsibilities to colleagues, patients, and the public, physicians should strive to employ a process that distinguishes conditions that are permanently incompatible with the safe practice of medicine from those that are not and respond accordingly.As individuals, physicians should:(a) Maintain their own physical and mental health, strive for self-awareness, and promote recognition of and resources to address conditions that may cause impairment. (b) Seek assistance as needed when continuing to practice is unsafe for patients, in keeping with ethics guidance on physician health and competence.(c) Intervene with respect and compassion when a colleague is not able to practice safely. Such intervention should strive to ensure that the colleague is no longer endangering patients and that the individual receive appropriate evaluation and care to treat any impairing conditions.(d) Protect the interests of patients by promoting appropriate interventions when a colleague continues to provide unsafe care despite efforts to dissuade them from practice.(e) Seek assistance when intervening, in keeping with institutional policies, regulatory requirements, or applicable law.Collectively, physicians should nurture a respectful, supportive professional culture by:(f) Encouraging the development of practice environments that promote collegial mutual support in the interest of patient safety.(g) Encouraging development of inclusive training standards that enable individuals with disabilities to enter the profession and have safe, successful careers.(h) Eliminating stigma within the profession regarding illness and disability.(i) Advocating for supportive services, including physician health programs, and accommodations to enable physicians and physicians-in-training who require assistance to provide safe, effective care.(j) Advocating for respectful and supportive, evidence-based peer review policies and practices to ensure fair, objective, and independent assessment of potential impairment whenever and by whomever assessment is deemed appropriate to~~that will~~ ensure patient safety and practice competency. (II) |
| .Con | CEJA 04 | n/a | CEJA’s Sunset Review of 2012 House Policies | The Council on Ethical and Judicial Affairs recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action) |
| C | CME 01 | n/a | Council on Medical Education Sunset Review of 2012 House Policies | The Council on Medical Education recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action) |
| C | CME 02 | n/a | An Update on Continuing Board Certification | That our American Medical Association (AMA) amend Policy D-275.954 clauses 1, 22, and 38 by addition and deletion to read as follows:1. (1), “Continue to monitor the evolution of Continuing Board Certification (CBC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a ~~yearly~~ report to the House of Delegates regarding the CBC process when necessary as determined by the Council on Medical Education.”2. (22), “Continue to participate in the Coalition for Physician Accountability, formerly known as the National Alliance for Physician Competence forums.”3. (38), “Our AMA, through its Council on Medical Education, will continue to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development and release of new, integrated standards for continuing certification programs ~~by 2020~~ that will address the Commission’s recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency.” (Modify Current HOD Policy) |
| C | CME 03 | n/a | Onsite and Subsidized Childcare for Medical Students, Residents and Fellows | The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 304-J-21, Resolve 3, and the remainder of this report be filed:1. That our AMA recognize the unique childcare challenges faced by medical students, residents and fellows, which result from a combination of limited negotiating ability (given the matching process into residency), non-traditional work hours, extended or unpredictable shifts, and minimal autonomy in selecting their work schedules. (New HOD Policy)2. That our AMA recognize the fiscal challenges faced by medical schools and graduate medical education institutions in providing onsite and/or subsidized childcare to students and employees, including residents and fellows. (New HOD Policy)3. That our AMA encourage provision of onsite and/or subsidized childcare for medical students, residents, and fellows. (New HOD Policy)4. That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, and American Association of Colleges of Osteopathic Medicine to identify barriers to childcare for medical trainees and innovative methods and best practices for instituting on-site and/or subsidized childcare that meets the unique needs of medical students, residents, and fellows. (Directive to Take Action) |
| C | CME 04 | n/a | Protection of Terms Describing Physician Education and Practice | The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 305-J-21, Alternate Resolve 2, and the remainder of this report be filed:1. That our AMA engage with academic institutions that develop educational programs for training of non-physicians in health care careers, and their associated professional organizations, to create alternative, clarifying nomenclature in place of “resident,” “residency,” “fellow,” “fellowship” and “attending” and other related terms to reduce confusion with the public. (Directive to Take Action)2. That AMA Policy H-275.925, “Protection of the Titles ‘Doctor,’ ‘Resident’ and ‘Residency’” be amended by insertion and deletion as follows: Our AMA: (1) will advocate that all health professionals in a clinical health care setting clearly and accurately ~~identify~~ communicate to patients and relevant others their qualifications, ~~and~~ degree(s) attained, and current training status within their training program; (2) ~~and~~ develop model state legislation for implementation to this effect; ~~and (2)~~ (3) supports state legislation that would make it a felony to misrepresent oneself as a physician (MD/DO)~~.~~; and (4) will expand efforts in educational campaigns that: a) address the differential education, training and licensure/certification requirements for non-physician health professionals versus physicians (MD/DO) and b) provide clarity regarding the role that physicians (MD/DO) play in providing patient care relative to other health professionals as it relates to nomenclature, qualifications, degrees attained and current training status. (Modify Current HOD Policy) |
| C | CME 05 | n/a | Education, Training, and Credentialing of Non-Physician Health Care Providers and Their Impact on Physician Education and Training | The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolve 8 of Resolution 305-J-21 and the remainder of this report be filed:1. That our AMA support the concept that interprofessional education include a mechanism by which members of interdisciplinary teams learn about, with, and from each other; and that this education include learning about differences in the depth and breadth of their educational backgrounds, experiences, and knowledge and the impact these differences may have on patient care. (New HOD Policy)2. That our AMA support a clear mechanism for medical school and appropriate institutional leaders to intervene when undergraduate and graduate medical education is being adversely impacted by undergraduate, graduate, and postgraduate clinical training programs of non-physicians. (New HOD Policy)3. That Policies D-295.934, “Encouragement of Interprofessional Education Among Health Care Professions Students,” and D-275.979, “Non-Physician “Fellowship” Programs,” be reaffirmed. (Reaffirm HOD Policy)4. That our AMA encourage medical education regulatory bodies to review their conflict of interest and other policies related to non-physician health care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision. (Directive to Take Action)5. That Policy D-275.949, “Non-Physician Postgraduate Medical Training,” be rescinded, as having been accomplished by the writing of this report.~~Or AMA will study and report back to the House of Delegates on curriculum, accreditation requirements, accrediting bodies, and supervising boards for undergraduate, graduate and postgraduate clinical training programs for non-physicians and the impact on undergraduate and graduate medical education.~~ (Rescind HOD Policy) |
| C | CME 06 | n/a | Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents, and Fellows | The Council on Medical Education therefore recommends that the following recommendations be adopted and the remainder of this report be filed:1. That our AMA modify Policy D-155.988, “Support for the Concepts of the Choosing Wisely Program,” by addition to read as follows: (1) Our AMA supports the concepts of the American Board of Internal Medicine Foundation's Choosing Wisely program. (2) Our AMA will promote awareness of the Choosing Wisely initiative and encourage medical schools and their teaching hospitals to incorporate concepts from the campaign into their educational offerings. (Modify Current HOD Policy)2. That our AMA rescind Policy D-295.930, “Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows,” as having been fulfilled by this report. (Rescind HOD Policy) |
| G | CMS 01 | n/a | Council on Medical Service Sunset Review of 2012 House Policies | The Council on Medical Service recommends that the House of Delegates policies that are listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. |
| G | CMS 02 | n/a | Prospective Payment Model Best Practices for Independent Private Practice | The Council on Medical Service recommends that the following be adopted in lieu of Resolution 122-J-21, and the remainder of the report be filed:1. That our American Medical Association (AMA) support the consideration of prospective payment elements in the development of payment and delivery reform that are consistent with AMA principles. (New HOD Policy)2. That our AMA support the following principles to support physicians who choose to participate in prospective payment models:a. The AMA, state medical associations, and national medical specialty societies should be encouraged to continue to provide guidance and support infrastructure that allow independent physicians to join with other physicians in clinically integrated networks, independent of any hospital system.b. Prospective payment model compensation should incentivize specialty and primary care collegiality among independently practicing physicians.c. Prospective payment models should take into consideration clinical data, where appropriate, in addition to claims data. d. Governance within the model must be physician-led and autonomous. e. Physician practices should be encouraged to work with field advisors on patient attributions and a balanced mix of payers. f. Quality metrics used in the model should be clinically meaningful and developed with physician input.g. Administrative burdens, such as those related to prior authorization, should be reduced for participating physicians.(New HOD Policy)3. That our AMA reaffirm Policies H-165.844 and H-385.926, which support pluralism and the freedom of physician enterprise. (Reaffirm HOD Policy)4. That our AMA reaffirm Policy H-385.907, which supports fair and accurate risk adjustment. (Reaffirm HOD Policy)5. That our AMA reaffirm Policies H-385.913, D-478.972, D-478.995, H-478.984, H-478.980, D-480.965, H-480.946, D-480.969 and H-285.957, which collectively address the concerns raised in Resolution 122-I-21. (Reaffirm HOD Policy) |
| A | CMS 03 | n/a | Preventing Coverage Losses After the Public Health Emergency Ends | The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:1. That our American Medical Association (AMA) encourage states to facilitate transitions, including automatic transitions, from health insurance coverage for which an individual is no longer eligible to alternate health insurance coverage for which the individual is eligible, and that auto-transitions meet the following standards:a. Individuals must provide consent to the applicable state and/or federal entities to share information with the entity authorized to make coverage determinations.b. Individuals should only be auto-transitioned in health insurance coverage if they are eligible for coverage options that would be of no cost to them after the application of any subsidies.c. Individuals should have the opportunity to opt out from health insurance coverage into which they are auto-transitioned.d. Individuals should not be penalized if they are auto-transitioned into coverage for which they are not eligible.e. Individuals eligible for zero-premium marketplace coverage should be randomly assigned among the zero-premium plans with the highest actuarial values.f. There should be targeted outreach and streamlined enrollment mechanisms promoting health insurance enrollment, which could include raising awareness of the availability of premium tax credits and cost-sharing reductions, and special enrollment periods. (New HOD Policy)2. That our AMA support coordination between state agencies overseeing Medicaid, Affordable Care Act marketplaces, and workforce agencies that will help facilitate health insurance coverage transitions and maximize coverage. (New HOD Policy)3. That our AMA support federal and state monitoring of Medicaid retention and disenrollment, successful transitions to quality affordable coverage, and uninsured rates. (New HOD Policy)4. That our AMA reaffirm Policy H-290.982, which calls for states to streamline Medicaid/Children’s Health Insurance Program (CHIP) enrollment processes, use simplified enrollment forms, and undertake Medicaid/CHIP educational and outreach efforts. (Reaffirm HOD Policy)5. That our AMA reaffirm Policy H-165.855, which calls for adoption of 12-month continuous eligibility across Medicaid, CHIP, and exchange plans to limit churn and assure continuity of care. (Reaffirm HOD Policy)6. That our AMA reaffirm Policy H-165.823, which supports states and/or the federal government pursuing auto-enrollment in health insurance coverage that meets certain standards related to consent, cost, ability to opt out, and other guardrails. (Reaffirm HOD Policy) |
| A | CMS 04 | n/a | Parameters of Medicare Drug Price Negotiation | The Council on Medical Service recommends that the following be adopted in lieu of the second resolve of Alternate Resolution 113-N-21, as well as the referred amendment proffered during consideration of Alternate Resolution 113-N-21, and that the remainder of the report be filed.1. That our American Medical Association (AMA) reaffirm Policy D-330.954, which states that our AMA will support federal legislation which gives the Secretary of the Department of Health and Human Services the authority to negotiate contracts with manufacturers of covered Part D drugs; work toward eliminating Medicare prohibition on drug price negotiation; and prioritize its support for the Centers for Medicare & Medicaid Services (CMS) to negotiate pharmaceutical pricing for all applicable medications covered by CMS. (Reaffirm HOD Policy) 2. That our AMA reaffirm Policy H-110.980, which outlines principles to guide AMA support for arbitration as well as the use of international drug price averages/indices in determining domestic drug prices. (Reaffirm HOD Policy)3. That our AMA reaffirm Policy H-110.983, which advocates standards that any revised Medicare Part B Competitive Acquisition Program must meet. (Reaffirm HOD Policy)4. That our AMA encourage the development of models under the auspices of the CMS Innovation Center (CMMI) to test the impact of offering Medicare beneficiaries additional enhanced alternative health plan choices that offer lower, consistent, and predictable out-of-pocket costs for select prescription drugs. (New HOD Policy) |
| G | CMS 05 | n/a | Poverty-Level Wages and Health | The Council on Medical Service recommends that the following be adopted in lieu of Resolution 203‑N‑21 and that the remainder of the report be filed:1. That our American Medical Association (AMA) affirm that poverty is detrimental to health. (New HOD Policy)2. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include plans for adjusting the minimum wage level in the future and an explanation of how these adjustments can keep pace with inflation. (New HOD Policy)3. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should be consistent with the AMA’s commitment to speak against policies that create greater health inequities and be a voice for our most vulnerable populations who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation. (New HOD Policy)4. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should be consistent with the AMA’s principle that the highest attainable standard of health, in all its dimensions, is a basic human right and that optimizing the social determinants of health is an ethical obligation of a civil society. (New HOD Policy)5. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include an explanation of how variations in geographical cost of living have been considered. (New HOD Policy)6. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include an estimate of the policy’s impact on factors including:a. Unemployment and/or reduction in hours;b. First-time job seekers;c. Qualification for public assistance (e.g., food, housing, transportation, childcare, health care, etc.);d. Working conditions;e. Health equity, with specific focus on gender and minoritized and marginalized communities;f. Income equity;g. Local small business viability, including independent physician practices; andh. Educational and/or training opportunities. (New HOD Policy)7. That our AMA reaffirm Policy D-440.922, which states that the AMA will enhance advocacy and support for programs and initiatives that strengthen public health systems to address health inequities and the social determinants of health. (Reaffirm HOD Policy)8. That our AMA reaffirm Policy H-165.822, which encourages coverage pilots to test the impacts of addressing certain non-medical, yet critical health needs, for which sufficient data and evidence are not available, on health outcomes and health care costs. (Reaffirm HOD Policy) |
| D | CSAPH 01 | n/a | Council on Science and Public Health Sunset Review of 2012 House Policies | The Council on Science and Public Health recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action) |
| D | CSAPH 02 | n/a | Transformation of Rural Community Public Health Systems | The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed.1. That our AMA amend Policy H-465.994, “Improving Rural Health,” by addition and deletion to read as follows:1. Our AMA (a) supports continued and intensified efforts to develop and implement proposals for improving rural health care and public health, (b) urges physicians practicing in rural areas to be actively involved in these efforts, and (c) advocates widely publicizing AMA's policies and proposals for improving rural health care and public health to the profession, other concerned groups, and the public.2. Our AMA will work with other entities and organizations interested in public health to:·Encourage more research to identify the unique needs and models for delivering public health and health care services in rural communities. ·Identify and disseminate concrete examples of administrative leadership and funding structures that support and optimize local, community-based rural public health.·Develop an actionable advocacy plan to positively impact local, community-based rural public health including but not limited to the development of rural public health networks, training of current and future rural physicians and public health professionals in core public health techniques and novel funding mechanisms to support public health initiatives that are led and managed by local public health authorities. ·Advocate for adequate and sustained funding for public health staffing and programs.~~·Study efforts to optimize rural public health.~~2. That our AMA amend Policy D-440.924, “Universal Access for Essential Public Health Services” by addition and deletion to read as follows: Our AMA: (1) supports equitable access to the 10 Essential Public Health Services and the Foundational Public Health Services to protect and promote the health of all people in all communities ~~updating The Core Public Health Functions Steering Committee’s “The 10 Essential Public Health Services” to bring them in line with current and future public health practice~~; (2) encourages state, local, tribal, and territorial public health departments to pursue accreditation through the Public Health Accreditation Board (PHAB); (3) will work with appropriate stakeholders to develop a comprehensive list of minimum necessary programs and services to protect the public health of citizens in all state and local jurisdictions and ensure adequate provisions of public health, including, but not limited to clean water, functional sewage systems, access to vaccines, and other public health standards; and (4) will work with the National Association of City and County Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the Big Cities Health Coalition, the Centers for Disease Control and Prevention (CDC), and other related entities that are working to assess and assure appropriate funding levels, service capacity, and adequate infrastructure of the nation’s public health system, including for rural jurisdictions. (Amend HOD Policy)3. That our AMA reaffirm Policy H-478.980, “Increasing Access to Broadband Internet to Reduce Health Disparities.” (Reaffirm HOD Policy) |
| E | CSAPH 03 | n/a | Correcting Policy H-120.958 | That Policy H‑120.958, “Supporting Safe Medical Products as a Priority Public Health Initiative,” be amended by addition and deletion to read as follows: Our AMA will: (1) work through the United States Adopted Names (USAN) Council to adopt methodology to help prevent “look alike-sound alike” errors in giving new drugs generic names; (2) continue participation in efforts to advance the science of safety in the medication use process, including work with ~~on~~ the National Coordinating Council for Medication Error Reporting and Prevention; (3) support the FDA’s Medwatch program by working to improve physicians’ knowledge and awareness of the program and encouraging proper reporting of adverse events; (4) vigorously work to support the Drug Supply Chain and Security Act (DSCSA, Public Law 113-54), including provisions on product identification and verification, data sharing, detection and response, ~~and encourage efforts to create and expeditiously implement a national coding system for prescription medicine packaging~~ in an effort to improve patient safety; (5) participate in the work of the Healthy People 2030 initiative in the area of safe medical products especially as it relates to existing AMA policy and (~~5~~6) seek opportunities to work collaboratively with other stakeholders to provide information to individual physicians and state medical societies on the need for public health infrastructure and local consortiums to work on problems related to medical product safety. |
| F | HOD Comp Report | n/a | Report of the HOD Committee on Compensation of the Officers | 1. That there be no changes to the Officers’ compensation for the period beginning July 1, 2022 through June 30, 2023. (Directive to Take Action.)2. That the travel policy and the Board travel and expense standing rules be amended by addition, shown with underscores as follows:Transportationa. Air: AMA policy on reimbursement for domestic air travel for members of the Board is that the AMA will reimburse for coach fare only. The Presidents (President, Immediate Past President and President Elect) will each have access to an individual $5000 term allowance (July 1 to June 30) and all other Officers will each have access to $2500 term allowance (July 1 to June 30) to use for upgrades as each deems appropriate, typically when traveling on an airline with non-preferred status. The unused portion of the allowance is not subject to carry forward or use by any other Officer and remains the property of the AMA. In rare instances it is recognized that short notice assignments may require up to first class travel because of the lack of availability of coach seating, and this will be authorized when necessary by the Board Chair, prior to travel. Business Class airfare is authorized for foreign travel on AMA business. (Also see Rule IV –Invitations, B—Foreign, for policy on foreign travel). (Directive to Take Action) 3. That the remainder of the report be filed. |
| .Con | Res. 001 | Young Physicians Section | Increasing Public Umbilical Cord Blood Donations in Transplant Centers | RESOLVED, That our American Medical Association encourage all hospitals with obstetrics programs to make available to patients and reduce barriers to public (altruistic) umbilical cord blood donation (Directive to Take Action); and be it furtherRESOLVED, That our AMA encourage the availability of altruistic cord blood donations in all states. (Directive to Take Action) |
| .Con | Res. 002 | New York | Opposition to Discriminatory Treatment of Haitian Asylum Seekers | RESOLVED, That our American Medical Association oppose discrimination against Haitian asylum seekers which denies them the same opportunity to attain asylum status as individuals from other nations. (New HOD Policy) |
| .Con | Res. 003 | Women Physicians Section | Gender Equity and Female Physician Work Patterns During the Pandemic | RESOLVED, That our American Medical Association advocate for research on physician-specific data analyzing changes in work patterns and employment outcomes among female physicians during the pandemic including, but not limited to, understanding potential gaps in equity, indications for terminations and/or furloughs, gender differences in those who had unpaid additional work hours, and issues related to intersectionality (Directive to Take Action); and be it furtherRESOLVED, That our AMA collaborate with relevant organizations to evaluate obstacles affecting female physicians and medical students during the pandemic. (Directive to Take Action) |
| .Con | Res. 004 | Medical Student Section | Recognizing LGBTQ+ Individuals as Underrepresented in Medicine | RESOLVED, That our American Medical Association advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident, and provider diversity(Directive to Take Action); and be it further RESOLVED, That our AMA encourage the inclusion of sexual orientation and gender identity data in all surveys as part of standard demographic variables, including but not limited to governmental, AMA, and the Association of American Medical Colleges surveys, given respondent confidentiality and response security can be ensured (New HOD Policy); and be it further RESOLVED, That our AMA work with the Association of American Medical Colleges to disaggregate data of LGBTQ+ individuals in medicine to better understand the representation of the unique experiences within the LGBTQ+ communities and their overlap with other identities. (Directive to Take Action) |
| .Con | Res. 005 | Medical Student Section | Supporting the Study of Reparations as a Means to Reduce Racial Inequalities | RESOLVED, That our American Medical Association study potential mechanisms of national economic reparations that could improve inequities associated with institutionalized, systematic racism and report back to the House of Delegates (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the potential adoption of a policy of reparations by the AMA to support the African American community currently interfacing with, practicing within, and entering the medical field and report back to the House of Delegates (Directive to Take Action); and be it furtherRESOLVED, That our AMA support federal legislation that facilitates the study of reparations. (New HOD Policy) |
| .Con | Res. 006 | Medical Student Section | Combating Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism | RESOLVED, That our American Medical Association recognize that discrimination against natural hair/hairstyles and cultural headwear is a form of racial, ethnic and/or religious discrimination (New HOD Policy); and be it further RESOLVED, That our AMA oppose discrimination against individuals based on their hair or cultural headwear in health care settings (New HOD Policy); and be it furtherRESOLVED, That our AMA acknowledge the acceptance of natural hair/hairstyles and cultural headwear as crucial to professionalism in the standards for the health care workplace (New HOD Policy); and be it furtherRESOLVED, That our AMA encourage medical schools, residency and fellowship programs, and medical employers to create policies to oppose discrimination based on hairstyle and cultural headwear in the interview process, medical education, and the workplace. (New HOD Policy) |
| .Con | Res. 007 | Medical Student Section | Equal Access to Adoption for the LGBTQ Community | RESOLVED, That our American Medical Association advocate for equal access to adoption services for LGBTQ individuals who meet federal criteria for adoption regardless of gender identity or sexual orientation (Directive to Take Action); and be it furtherRESOLVED, That our AMA encourage allocation of government funding to licensed child welfare agencies that offer adoption services to all individuals or couples including those with LGBTQ identity. (New HOD Policy) |
| .Con | Res. 008 | Medical Student Section | Student-Centered Approaches for Reforming School Disciplinary Policies | RESOLVED, That our American Medical Association support evidence-based frameworks in K‑12 schools that focus on school-wide prevention and intervention strategies for student misbehavior (New HOD Policy); and be it furtherRESOLVED, That our AMA support the inclusion of school-based mental health professionals in the student discipline process. (New HOD Policy) |
| .Con | Res. 009 | Illinois | Privacy Protection and Prevention of Further Trauma for Victims of Distribution of Intimate Videos and Images Without Consent | RESOLVED, That our American Medical Association amend policy H-515.967, “Protection of the Privacy of Sexual Assault Victims,” by addition to read as follows:Protection of the Privacy of Sexual Assault Victims H-515.967The AMA opposes the publication or broadcast of sexual assault victims' names, addresses, images or likenesses without the explicit permission of the victim. The AMA additionally opposes the publication (including posting) or broad cast of videos, images, or recordings of any illicit activity of the assault. The AMA opposes the use of such video, images, or recordings for financial gain and/or any form of benefit by any entity. (Modify Current HOD Policy)RESOLVED, That our AMA research issues related to the distribution of intimate videos and images without consent to find ways to protect these victims to prevent further harm to their mental health and overall well-being. (Directive to Take Action) |
| .Con | Res. 010 | Medical Student Section | Improving the Health and Safety of Sex Workers | RESOLVED, That our American Medical Association recognize the adverse health outcomes of criminalizing consensual sex work (New HOD Policy); and be it furtherRESOLVED, That our AMA: 1) support legislation that decriminalizes individuals who offer sex in return for money or goods; 2) oppose legislation that decriminalizes sex buying and brothel keeping; and 3) support the expungement of criminal records of those previously convicted of sex work, including trafficking survivors (New HOD Policy); and be it further RESOLVED, That our AMA support research on the long-term health, including mental health, impacts of decriminalization of the sex trade. (New HOD Policy) |
| .Con | Res. 011 | Medical Student Section | Evaluating Scientific Journal Articles for Racial and Ethnic Bias | RESOLVED, That our American Medical Association support major journal publishers issuing guidelines for interpreting previous research which define race and ethnicity by outdated means (New HOD Policy); and be it furtherRESOLVED, That our AMA support major journal publishers implementing a screening method for future research submission concerning the incorrect use of race and ethnicity. (New HOD Policy) |
| .Con | Res. 012 | Medical Student Section | Expanding the Definition of Iatrogenic Infertility to Include Gender Affirming Interventions | RESOLVED, That our American Medical Association amend policy H-185.990, “Infertility and Fertility Preservation Insurance Coverage.” by addition to read as follows:Infertility and Fertility Preservation Insurance Coverage H-185.990It is the policy of the AMA that (1) Our AMA encourages third party payer health insurance carriers to make available insurance benefits for the diagnosis and treatment of recognized male and female infertility; (2) Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician; and (3) Our AMA encourages the inclusion of impaired fertility as a consequence of gender-affirming hormone therapy and gender-affirming surgery within legislative definitions of iatrogenic infertility. (Modify Current HOD Policy); and be it further RESOLVED, That our AMA amend policy H-185.950, “Removing Financial Barriers to Care for Transgender Patients,” by addition to read as follows:Removing Financial Barriers to Care for Transgender Patients H-185.950Our AMA supports public and private health insurance coverage for medically necessary treatment of gender dysphoria as recommended by the patient’s physician, including gender-affirming hormone therapy and gender-affirming surgery. (Modify Current HOD Policy) |
| .Con | Res. 013 | Resident and Fellow Section | Recognition of National Anti-Lynching Legislation as Public Health Initiative | RESOLVED, That our American Medical Association support national legislation that recognizes lynching and mob violence towards an individual or group of individuals as a hate crimes (New HOD Policy); and be it furtherRESOLVED, That our AMA work with relevant stakeholders to support medical students, trainees and physicians receiving education on the inter-generational health outcomes related to lynching and its impact on the health of vulnerable populations (Directive to Take Action); and be it furtherRESOLVED, That our current AMA policy H-65.965, Support of Human Rights and Freedom, be amended by addition to read as follows:Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges and responsibilities commensurate with his or ger individual capabilities and ethical character because of an individual’s sex, sexual orientation, gender, gender identity or transgender status, race, religion, disability, ethnic origin, national origin or age; (3) opposes any discrimination based on an individual’s sex, sexual orientation, gender identity, race, phenotypic appearance, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage for appropriate hate crimes prevention legislation in accordance with our AMA’s policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States (Modify Current HOD Policy); and be it further RESOLVED, That our AMA reaffirm policy H-65.952 “Racism as a Public Health Threat”. (Reaffirm HOD Policy) |
| .Con | Res. 014 | Women Physicians Section | Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population | RESOLVED, That our American Medical Association support shared decision making between gender diverse individuals, their families, their primary care physician, and a multidisciplinary team of physicians and other health care professionals including, but not limited to, those in clinical genetics, endocrinology, surgery, and behavioral health, to support informed consent and patient personal autonomy, increase access to beneficial gender affirming care treatment options and preventive care, avoid medically unnecessary surgeries, reduce long term patient dissatisfaction or regret following gender affirming treatments, and protect federal civil rights of sex, gender identity, and sexual orientation. (New HOD Policy) |
| .Con | Res. 015 | Women Physicians Section | Increasing Mental Health Screenings by Refugee Resettlement Agencies and Improving Mental Health Outcomes for Refugee Women | RESOLVED, That our American Medical Association advocate for increased research funding to create rapid, accessible, and patient centered mental health screening tools pertaining to refugee and migrant populations (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for increased funding to the National Institutes of Health for more research on evidence-based designs on delivery of mental health services to refugees and migrant populations (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for increased mental health funding to increase the number of trained mental health providers to carry out mental health screenings and treatment (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for and encourage culturally responsive mental health counseling specifically. (Directive to Take Action) |
| .Con | Res. 016 | Women Physicians Section | Addressing and Banning Unjust and Invasive Medical Procedures Among Migrant Women at the Border | RESOLVED, That our American Medical Association condemn the performance of nonconsensual, unnecessary, invasive medical procedures (Directive to Take Action); andRESOLVED, That our AMA advocate against forced sterilizations of any kind, including against migrant women in detention facilities, and advocate for appropriate associated disciplinary action (including license revocation) (Directive to Take Action); andRESOLVED, That our AMA advocate for safer medical practices and protections for migrant women. (Directive to Take Action) |
| .Con | Res. 017 | International Medical Graduate Section | Humanitarian and Medical Aid Support to Ukraine | RESOLVED, That our American Medical Association advocate for continuous support of organizations providing humanitarian missions and medical care to Ukrainian refugees in Ukraine, at the Polish-Ukrainian border, in nearby countries, and/or in the US; (Directive to Take Action) and be it further RESOLVED, That our AMA advocate for an early implementation of mental health measures and address war-related trauma and post-traumatic stress disorder when dealing with Ukrainian refugees with special attention to vulnerable populations including but not limited to young children, mothers, and pregnant women (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for educational measures to enhance the understanding of war-related trauma in war survivors and promote efforts to increase resilience in war-affected people targeting vulnerable categories of people. (Directive to Take Action) |
| .Con | Res. 018 | International Medical Graduate Section | Hardship for International Medical Graduates from Russia and Belarus | RESOLVED, That our American Medical Association study the impact of the current political crisis on international medical graduates with medical degrees from Russia and Belarus who are already in the U.S. either in training or practicing in regards to their ability to obtain primary source verification and report back during the 2022 Interim House of Delegates meeting. (Directive to Take Action) |
| .Con | Res. 019 | International Medical Graduate Section | Hardship for International Medical Graduates from Ukraine | RESOLVED, That our American Medical Association advocate with relevant stakeholders that advise state medical boards to grant hardship waiver for primary source verification of medical education for all licensing requirements for physicians who graduated from medical schools in Ukraine until the current humanitarian crisis in Ukraine is resolved. (Directive to Take Action) |
| .Con | Res. 020 | International Medical Graduate Section | Council on Ethical and Judicial Affairs Guidelines for Treating Unvaccinated Individuals | RESOLVED, That our American Medical Association and the Council on Ethical and Judicial Affairs issue new ethical guidelines for medical professionals for care of individuals who have not been vaccinated for COVID-19. (Directive to Take Action) |
| .Con | Res. 021 | Mississippi | National Cancer Research Patient Identifier | RESOLVED, That in order to increase the power of medical research, our American Medical Association propose a novel approach to linking medical information while still maintaining patient confidentiality through the creation of a National Cancer Research Identifier (NCRI) (Directive to Take Action); and be it furtherRESOLVED, That our AMA encourage the formation of an organization or organizations to oversee the NCRI process, specific functions, and engagement of interested parties to improve care for patients with cancer. (Directive to Take Action) |
| .Con | Res. 022 | Pennsylvania | Organ Transplant Equity for Persons with Disabilities | RESOLVED, That our American Medical Association support equitable inclusion of people with Intellectual and Developmental Disabilities (IDD) in eligibility for transplant surgery (New HOD Policy); and be it further RESOLVED, That our AMA support individuals with IDD having equal access to organ transplant services and protection from discrimination in rendering these services (New HOD Policy); and be it further RESOLVED, That our AMA support the goal of the Organ Procurement and Transplantation Network (OPTN) in adding disability status to their Nondiscrimination policy under the National Organ Transplant Act of 1984 (New HOD Policy); and be it further RESOLVED, That our AMA work with relevant stakeholders to distribute antidiscrimination education materials for healthcare providers related to equitable inclusion of people with IDD in eligibility for transplant surgery. (Directive to Take Action) |
| .Con | Res. 023 | Oregon | Promoting and Ensuring Safe, High Quality, and Affordable Elder Care Through Examining and Advocating for Better Regulation of and Alternatives to the Current, Growing For-Profit Long Term Care Options | RESOLVED, That our American Medical Association advocate for business models in long term care for the elderly which incentivize and promote the ethical use of resources to maximize care quality, staff and resident safety, and resident quality of life, and which hold patients’ interests as paramount over maximizing profit (Directive to Take Action); and be it furtherRESOLVED, That our AMA, in collaboration with other stakeholders, advocate for further research into alternatives to current options for long term care to promote the highest quality and value long term care services and supports (LTSS) models as well as functions and structures which best support these models for care. (Directive to Take Action) |
| .Con | Res. 024 | Michigan | Pharmaceutical Equity for Pediatric Populations | RESOLVED, That our American Medical Association amend Policy H-100.987, “Insufficient Testing of Pharmaceutical Agents in Children,” by addition to read as follows: Insufficient Testing of Pharmaceutical Agents in Children H-100.9871. The AMA supports the FDA's efforts to encourage the development and testing of drugs in the pediatric age groups in which they are used. 2. The AMA supports collaboration between stakeholders, including but not limited to the FDA, the American Academy of Pediatrics, and nonprofit organizations such as the Institute for Advanced Clinical Trials for Children, to improve the efficiency and safety of pediatric pharmaceutical trials in pursuit of pharmaceutical equity for pediatric populations.(Modify Current HOD Policy) |
| .Con | Res. 025 | Medical Student Section | Use of Social Media for Product Promotion and Compensation | RESOLVED, That our American Medical Association study the ethical issues of medical students, residents, fellows, and physicians endorsing non-health related products through social and mainstream media for personal or financial gain. (Directive to Take Action) |
| .Con | Res. 026 | Integrated Physician Practice Section | Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices | RESOLVED, That our American Medical Association study and clarify the ethical challenges and considerations regarding physician professionalism raised by the advent and expansion of private equity ownership or management of physician practices and report back on the status of any ethical dimensions inherent in these arrangements, including consideration of the need for ethical guidelines as appropriate. Such a study should evaluate the impact of private equity ownership, including but not limited to the effect on the professional responsibilities and ethical priorities for physician practices (Directive to Take Action). |
| .Con | Res. 027 | Medical Student Section | Protecting Access to Abortion and Reproductive Healthcare | RESOLVED, That our AMA amends policy H-100.948, “Ending the Risk Evaluation and Mitigation Strategy (REMS) Policy on Mifepristone (Mifeprex),” by addition and deletion as follows: **~~Ending the Risk Evaluation and Mitigation Strategy (REMS) Policy on~~ Supporting Access to Mifepristone (Mifeprex), H-100.948**Our AMA will support mifepristone availability for reproductive health indications, including via telemedicine, telehealth, and at retail pharmacies ~~efforts urging the Food and Drug Administration to lift the Risk Evaluation and Mitigation Strategy on mifepristone~~. (Modify Current HOD Policy) RESOLVED, That our AMA amends policy H-5.980, “Oppose the Criminalization of Self-Induced Abortion,” by addition and deletion as follows: **Oppose the Criminalization of ~~Self-Induced~~ Abortion, H-5.980**Our AMA: (1) opposes the criminalization of self-~~induced~~ managed abortion and the criminalization of patients who access abortions as it increases patients’ medical risks and deters patients from seeking medically necessary services; and (2) will advocate against any legislative efforts to criminalize self-~~induced~~ managed abortion and the criminalization of patients who access abortions; and (3) will oppose efforts to enforce criminal and civil penalties or other retaliatory efforts against these patients and requirements that physicians function as agents of law enforcement – gathering evidence for prosecution rather than as a provider of treatment. (Modify Current HOD Policy) |
| .Con | Res. 028 | Resident and Fellow Section | Preserving Access to Reproductive Health Services | RESOLVED, That our AMA:(1) Recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right;(2) Opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion;(3) Will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion;(4) Supports shared decision-making between patients and their physicians regarding reproductive healthcare;(5) Opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients;(6) Opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services;(7) Will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; (8) Will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at I-22. |
| A | Res. 101 | Young Physicians Section | Fertility Preservation Benefits for Active-Duty Military Personnel | RESOLVED, That our American Medical Association work with interested organizations to encourage TRICARE to cover fertility preservation procedures (cryopreservation of sperm, oocytes, or embryos) for medical indications, for active-duty military personnel and other individuals covered by TRICARE (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with interested organizations to encourage TRICARE to cover gamete preservation prior to deployment for active-duty military personnel (Directive to Take Action); and be it furtherRESOLVED, That our AMA report back on this issue at the 2023 Annual Meeting of the AMA House of Delegates. (Directive to Take Action) |
| A | Res. 102  | New York | Bundling Physician Fees with Hospital Fees | RESOLVED, That our American Medical Association oppose bundling of physician payments with hospital payments, unless the physician has agreed to such an arrangement in advance. (New HOD Policy) |
| A | Res. 103 | New York | COBRA for College Students | RESOLVED, That our American Medical Association call for legislation similar to COBRA to allow college students to continue their healthcare coverage, at their own expense, for up to 18 months after graduation or other termination of enrollment. (Directive to Take Action) |
| A | Res. 104 | New York | Consumer Operated and Oriented Plans (CO-OPs) as a Public Option for Health Care Financing | RESOLVED, That our American Medical Association study options to improve the performance of Consumer Operated and Oriented Plans (CO-OPs) as a potential public option to improve competition in the health insurance marketplace and to improve the value of health care to patients (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with the National Alliance of State Health Co-Ops to request that Congress and the US Department of Health and Human Services reestablish funding for new health insurance co-operatives. (Directive to Take Action) |
| A | Res. 105 | New York | Health Insurance that Fairly Compensates Physicians | RESOLVED. That our American Medical Association advocate for insurance plans to adequately compensate physicians so that they are able to remain in practice independent of hospital employment. (Directive to Take Action) |
| A | Res. 106 | New York | Hospice Recertification for Non-Cancer Diagnosis | RESOLVED, That our American Medical Association request that the Centers for Medicare & Medicaid Services allow automatic reinstatement for hospice if a patient survives for more than 6 months with a non-cancer diagnosis and that prognosis remains terminal. (Directive to Take Action) |
| A | Res. 107 | New York | Medicaid Tax Benefits | RESOLVED, That our American Medical Association advocate for legislation that would allow physicians who take care of Medicaid or uninsured patients to receive some financial benefit through a tax deduction such as (a) a reduced rate of overall taxation or (b) the ability to use the unpaid charges for such patients as a tax deduction. (Directive to Take Action) |
| A | Res. 108 | New York | Payment for Regadenoson (Lexiscan) | RESOLVED, That our American Medical Association petition the Centers for Medicare and Medicaid Services to investigate the disparity between the cost of medical agents and the reimbursement by insurance companies and develop a solution so physicians are not financially harmed when providing medical agents. (Directive to Take Action) |
| A | Res. 109 | New York | Piloting the Use of Financial Incentives to Reduce Unnecessary Emergency Room Visits | RESOLVED, That our American Medical Association study and report on the positive and negative experiences of programs in various states that provide Medicaid beneficiaries with incentives for choosing alternative sites of care when it is appropriate to their symptoms and/or condition instead of hospital emergency departments. (Directive to Take Action) |
| A | Res. 110 | New York | Private Payor Payment Integrity | RESOLVED, That our American Medical Association advocate for private insurers to require, at a minimum, to pay for diagnosis and treatment options that are covered by government payers such as Medicare (Directive to Take Action); and be it furtherRESOLVED, That our AMA seek to ensure by legislative or regulatory means that private insurers shall not be allowed to deny payment for treatment options as “experimental and/or investigational” when they are covered under the government plans; such coverage shall extend to managed Medicaid, Workers' Compensation plans, and auto liability insurance companies. (Directive to Take Action) |
| A | Res. 111 | American Academy of Physical Medicine and Rehabilitation | Bundled Payments and Medically Necessary Care | RESOLVED, That our American Medical Association advocate that coverage rules for Medicaid “Episodes of Care” be carefully reviewed to ensure that they do not incentivize limiting medically necessary services for patients to allow better reimbursement for recipients of the bundled payment (Directive to Take Action); and be it further RESOLVED, That our AMA study the issue of “Bundled Payments and Medically Necessary Care” with a report back to the AMA House of Delegates to explore the unintended long-term consequences on health care expenditures, physician reimbursement, and patient outcomes (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate that functional improvement be a key target outcome for bundled payments. (Directive to Take Action) |
| A | Res. 112 | Maryland | Support for Easy Enrollment Federal Legislation | RESOLVED, That our American Medical Association advocate for the federal legislation known as the Easy Enrollment in Health Care Act to allow Americans to receive health care information and enroll in healthcare coverage through their federal tax returns. (Directive to Take Action) |
| A | Res. 113 | Senior Physicians Section | Prevention of Hearing Loss-Associated-Cognitive-Impairment through Earlier Recognition and Remediation | RESOLVED, That our American Medical Association promote awareness of hearing impairment as a potential contributor to the development of cognitive impairment in later life, to physicians as well as to the public (Directive to Take Action); and be it furtherRESOLVED, That our AMA promote, and encourage other stakeholders, including public, private, and professional organizations and relevant governmental agencies, to promote the conduct and acceleration of research into specific patterns and degrees of hearing loss to determine those most linked to cognitive impairment and amenable to correction (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for increased hearing screening, and expanding all avenues for third party coverage for effective hearing loss remediation beginning in mid-life or whenever detected, especially when such loss is shown conclusively to contribute significantly to the development of, or to magnify the functional deficits of cognitive impairment, and/or to limit the capacity of individuals for independent living. (Directive to Take Action) |
| A | Res. 114 | Senior Physicians Section | Oral Healthcare IS Healthcare | RESOLVED, That our American Medical Association reaffirm that dental and oral health are integral components of basic health care and maintenance regardless of age (Reaffirm HOD Policy); and be it furtherRESOLVED, That our AMA, through the Center for Health Equity, highlight the substantial contribution of dental and oral healthcare disparities to health inequity as well as to social and economic disparities (Directive to Take Action); and be it furtherRESOLVED, That our AMA support ongoing research, legislative actions and administrative efforts to promote access to and adequate coverage by public and private payers for preventative and therapeutic dental services as integral parts of overall health maintenance to all populations (New HOD Policy); and be it furtherRESOLVED, That our AMA work with other organizations to explore avenues to promote efforts to expand Medicare benefits to include preventative and therapeutic dental services, without additional decreases in Medicare Part B Reimbursements. (Directive to Take Action) |
| A | Res. 115 | Illinois | Support for Universal Internet Access | RESOLVED, That our American Medical Association recognize that internet access is a social determinant of health (New HOD Policy); and be it furtherRESOLVED, That our AMA support universal access to broadband home internet (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate for legislation to reduce barriers and increase access to broadband internet, including federal, state, and local funding of broadband internet to reduce price, the establishment of automatic applications for recipients of Medicaid or other assistance programs, and increasing the number of devices and streams covered per household. (Directive to Take Action)  |
| A | Res. 116 | Medical Student Section | Reimbursement of School-Based Health Centers | RESOLVED, That our American Medical Association amend Policy H-60.921, “School-Based and School-Linked Health Centers,” by addition and deletion to read as follows:**School-Based and School-Linked Health Centers, H-60.921****1.** Our AMA supports ~~the concept of adequately equipped and staffed~~ the implementation, maintenance, and equitable expansion of school-based or school-linked health centers (SBHCs) for the comprehensive management of conditions of childhood and adolescence.2. Our AMA recognizes that school-based health centers increase access to care in underserved child and adolescent populations. 3. Our AMA supports identifying school-based health centers in claims data from Medicaid and other payers for research and quality improvement purposes.4. Our AMA supports efforts to extend Medicaid reimbursement to school-based health centers at the state and federal level, including, but not limited to the recognition of school-based health centers as a provider under Medicaid. (Modify Current HOD Policy) |
| A | Res. 117 | Medical Student Section | Expanding Medicaid Transportation to Include Healthy Grocery Destinations | RESOLVED, That our American Medical Association: (1) support the implementation and expansion of transportation services for accessing healthy grocery options; and (2) advocate for inclusion of supermarkets, food banks and pantries, and local farmers markets as destinations offered by Medicaid transportation at the federal level; and (3) support efforts to extend Medicaid reimbursement to non-emergent medical transportation for healthy grocery destinations. (Directive to Take Action) |
| A | Res. 118 | Medical Student Section, Endocrine Society | Caps on Insulin Co-Payments for Patients with Insurance | RESOLVED, That our American Medical Association amend Policy H-110.984, “Insulin Affordability,” by addition to read as follows: Insulin Affordability H-110.984Our AMA will: (1) encourage the Federal Trade Commission (FTC) and the Department of Justice to monitor insulin pricing and market competition and take enforcement actions as appropriate; ~~and~~ (2) support initiatives, including those by national medical specialty societies, that provide physician education regarding the cost-effectiveness of insulin therapies~~.~~; and (3) support state and national efforts to limit the copayments insured patients pay per month for prescribed insulin. (Modify Current HOD Policy) |
| A | Res. 119 | Medical Student Section | Medicare Coverage of Dental, Vision, and Hearing Services | RESOLVED, That our American Medical Association support Medicare coverage of preventive dental care, including dental cleanings and x-rays, and restorative services, including fillings, extractions, and dentures (New HOD Policy); and be it furtherRESOLVED, That our AMA support Medicare coverage of routine eye examinations and visual aids, including eyeglasses and contact lenses (New HOD Policy); and be it furtherRESOLVED, That our American Medical Association amend Policy H-185.929, “Hearing Aid Coverage,” by addition to read as follows:Hearing Aid Coverage H-185.9291. Our AMA supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.2. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear.3. Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services.4. Our AMA supports coverage of hearing tests administered by a physician or physician-led team, aural rehabilitative services, and hearing aids as part of Medicare's Benefit.5. Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.6. Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.7. Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss. (Modify Current HOD Policy) |
| A | Res. 120 | American Thoracic Society | Expanding Coverage for and Access to Pulmonary Rehabilitation | RESOLVED, That our American Medical Association advocate for insurance coverage for and access to pulmonary rehabilitation for any patient with chronic lung disease or chronic shortness of breath. (Directive to Take Action) |
| A | Res. 121 | Society of Critical Care Medicine | Increase Funding, Research and Education for Post-Intensive Care Syndrome | RESOLVED, That our American Medical Association support the development of an ICD-10 code or family of codes to recognize Post-Intensive Care Syndrome (PICS) (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate for legislation to provide funding for research and treatment of PICS, including for those cases related to COVID-19. (Directive to Take Action) |
| A | Res. 122 | Michigan | Medicaid Expansion | RESOLVED, That our American Medical Association continue to advocate strongly for expansion of the Medicaid program to all states and reaffirm existing policies D-290.979, H‑290.965 and H-165.823 (Directive to Take Action); and be it furtherRESOLVED, That our AMA produce informational brochures and other communications that can be distributed by health care professionals to inform the public of the importance of expanded health insurance coverage to all. (Directive to Take Action) |
| A | Res. 123 | Illinois | Advocating for All Payer Coverage of Cosmetic Treatment for Survivors of Domestic Abuse and Intimate Partner Violence | RESOLVED, That our American Medical Association urge all payers to consider aesthetic treatments for physical lesions sustained from injuries of domestic and intimate partner violence as restorative treatments (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with relevant stakeholders such as medical specialty societies, third party payers, the Centers for Medicare and Medicaid Service, and other national stakeholders as deemed appropriate to require third party payers to include reimbursement for necessary aesthetic service for the treatment of physical injury sustained along with medically necessary restorative care for victims of domestic abuse. (Directive to Take Action) |
| A | Res. 124 | Illinois | To Require Insurance Companies Make the “Coverage Year” and the “Deductible Year” Simultaneous for Their Policies | RESOLVED, That our American Medical Association advocate and support legislation to require all commercial insurance carriers to align their policies such that a policy holder’s “deductible year” and “coverage year” be the same time period for all policies. (Directive to Take Action) |
| A | Res. 125 | Senior Physicians Section | Education, Forewarning and Disclosure regarding Consequences of Changing Medicare Plans | RESOLVED, That our American Medical Association amend policy H-330.870, “Transparency of Costs to Patients for Their Prescription Medications Under Medicare Part D and Medicare Advantage Plans,”by addition and deletion to read as follows: Our AMA will: (1) advocate for provision of transparent print and audio/video patient educational resources to patients and families in multiple languages from health care systems and from Medicare - directly accessible - by consumers and families, explaining clearly the different benefits, as well as the varied, programmatic and other out-of-pocket costs for their medications under Medicare, Medicare Supplemental and Medicare Advantage plans ~~on their personal costs for their medications under Medicare and Medicare Advantage plans--both printed and online video--which health care systems could provide to patients and which consumers could access directly~~; and (2) advocate for printed and audio/video patient educational resources regarding personal costs, changes in benefits and provider panels that may be incurred when switching (voluntarily or otherwise) between Medicare, Medical Supplemental and Medicare Advantage or other plans, including additional information regarding federal and state health insurance assistance programs that patients and consumers could access directly; and (~~2~~3) ~~support~~advocate for increased funding for federal and state health insurance assistance programs and educate physicians, hospitals, and patients about the availability of and access to ~~these~~ such programs. (Modify Current HOD Policy) |
| A | Res. 126 | Idaho | Providing Recommended Vaccines Under Medicare Parts B And C | RESOLVED, That our American Medical Association support the expansion of coverage of all Advisory Committee for Immunization Practices (ACIP) recommended immunizations for routine use as a covered benefit by all public and private health plans (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate to the Centers for Medicare and Medicaid Services (CMS), and Congress if necessary, for expanded coverage of all ACIP recommended immunizations for routine use to be a covered benefit without patient cost under Medicare parts B and C for Medicare beneficiaries. (Directive to Take Action) |
| A | Res. 127 | Michigan | Continuity of Care Upon Release from Correctional Systems | RESOLVED, That our AMA amend policy AMA policy H-430.986, “Health Care While Incarcerated,” by addition to read as follows: 1. Our AMA 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. 2. 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. 3. Our AMA encourages state Medicaid agencies to accept and process Medicaid applications from juveniles and adults who are incarcerated. 4. 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. 5. 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. 6. 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. 7.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. 8. 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. 9. 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. 10. Our AMA supports: (a) 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; and (b) the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community; and (c) 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 to support their employment, education, housing, healthcare, and safety. 11. 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. 12. Our AMA advocates for the prohibition of the use of co-payments to access healthcare services in correctional facilities. (Modify Current HOD Policy) |
| A | Res. 128 | New England | Improving Access to Vaccinations for Patients | RESOLVED, That our American Medical Association encourage all payors, including the Centers for Medicare and Medicaid Services, to fully cover the cost of product, handling and administration, without cost sharing, all vaccines recommended by the Centers for Disease Control and Prevention, at patient’s preferred site of care including when administered in the physician office. (Directive to Take Action) |
| B | Res. 201 | Resident and Fellow Section | The Impact of Midlevel Providers on Medical Education | RESOLVED, That our American Medical Association study, using surveys among other tools that protect identities, how commonly bias against physician-led healthcare is experienced within undergraduate medical education and graduate medical education, interprofessional learning and team building work and publish these findings in peer-reviewed journals (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to ensure all physician undergraduate and graduate training programs recognize and teach physicians that they are the leaders of the healthcare team and are adequately equipped to diagnose and treat patients independently only because of the intensive, regulated, and standardized education they receive (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the harms and benefits of establishing mandatory postgraduate clinical training for nurse practitioners and physician assistants prior to working within a specialty or subspecialty field (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the harms and benefits of establishing national requirements for structured and regulated continued education for nurse practitioners and physician assistants in order to maintain licensure to practice. (Directive to Take Action) |
| B | Res. 202 | New York | AMA Position on All Payer Database Creation | RESOLVED, That our American Medical Association advocate that any All Payer Database should also provide true payments that hospitals are making to their employed physicians, not just the amount of payment that the insurer is making on the physician’s behalf to the hospital. (Directive to Take Action) |
| B | Res. 203 | New York | Ban the Gay/Trans (LGBTQ+) Panic Defense | RESOLVED, That our American Medical Association seek a federal law banning the use of the so-called “gay or trans (LGBTQ+) panic” defense in homicide, manslaughter, physical or sexual assault cases (Directive to Take Action); and be it furtherRESOLVED, That our AMA develop draft legislation, an issue brief and talking points on the topic of so called “gay or trans (LGBTQ+) panic” defense, that can be used by the AMA in seeking federal legislation, and can be used and adapted by state and specialty medical societies, other allies, and stakeholders when seeking state legislation to ban the use of so-called “gay or trans (LGBTQ+) panic” defense to mitigate personal responsibility for violent crimes such as assault, rape, manslaughter, or homicide. (Directive to Take Action) |
| B | Res. 204 | New York | Insurance Claims Data | RESOLVED, That our American Medical Association seek legislation and regulation to promote open sharing of de-identified health insurance claims data. (Directive to Take Action) |
| B | Res. 205 | New York | Insurers and Vertical Integration | RESOLVED, That our American Medical Association seek legislation and regulation to prevent health payers (except non-profit HMO’s) from owning or operating other entities in the health care supply chain. (Directive to Take Action) |
| B | Res. 206 | New York | Medicare Advantage Plan Mandates | RESOLVED, That our American Medical Association advocate for federal legislation to ensure that no person should be mandated to change from traditional Medicare to Medicare Advantage plans. (Directive to Take Action) |
| B | Res. 207 | New York | Physician Tax Fairness | RESOLVED, That our American Medical Association lobby that physicians be excluded from being considered a specified service business as defined by the Internal Revenue Service. (Directive to Take Action) |
| B | Res. 208 | New York | Prohibit Ghost Guns | RESOLVED, That our American Medical Association support state and federal legislation and regulation that would subject homemade weapons to the same regulations and licensing requirements as traditional weapons. (New HOD Policy) |
| B | Res. 209 | Medical Student Section | Supporting Collection of Data on Medical Repatriation | RESOLVED, That our American Medical Association ask the Department of Health and Human Services to collect and de-identify any and all instances of medical repatriations from the United States to other countries by medical centers to further identify the harms of this practice (Directive to Take Action); and be it furtherRESOLVED, That our AMA denounce the practice of forced medical repatriation. (New HOD Policy) |
| B | Res. 210 | Medical Student Section | Reducing the Prevalence of Sexual Assault by Testing Sexual Assault Evidence Kits | RESOLVED, That our American Medical Association amend Policy H-80.999, “Sexual Assault Survivors,” by addition to read 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, 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 limitations (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 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. 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. 5. Our AMA will advocate at the state and federal level for (a) the immediate processing of all “backlogged” and new sexual assault examination kits; and (b) additional funding to facilitate the immediate testing of sexual assault evidence kits. (Modify Current HOD Policy)  |
| B | Res. 211 | American Academy of Neurology | Repeal or Modification of the Medicare Appropriate Use Criteria (AUC) Program | RESOLVED, That our American Medical Association Policy H-320.940, “Medicare’s Appropriate Use Criteria Program,” be amended by addition and deletion to read as follows: Our AMA will ~~continue to~~ advocate to Congress for ~~delay the effective date~~ either the full repeal of the Medicare Appropriate Use Criteria (AUC) Program or legislative modifications to the program in such a manner that ~~until the Centers for Medicare & Medicaid Services (CMS) can~~ adequately addresses technical and workflow challenges, ~~with its implementation and any interaction between~~ maximizes alignment with the Quality Payment Program (QPP), and ~~the use of advanced diagnostic imaging appropriate use criteria.~~ creates provider flexibility for the consultation of AUC or advanced diagnostic imaging guidelines using a mechanism best suited for their practice, specialty and workflow. (Modify Current HOD Policy) |
| B | Res. 212 | Michigan | Medication for Opioid Use Disorder in Physician Health Programs | RESOLVED, That our American Medical Association reaffirm policy H-95.913, “Discrimination Against Physicians in Treatment with Medication for Opioid Use Disorders” (Reaffirm HOD Policy); and be it furtherRESOLVED, That our AMA modify policy D-405.990, “Educating Physicians About Physician Health Programs and Advocating for Standards,” by addition to read as follows:Our AMA will: (1) work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory; (2) continue to collaborate with relevant organizations on activities that address physician health and wellness; (3) in conjunction with the FSPHP, develop model state legislation and/or legislative guidelines addressing the design and implementation of physician health programs including, but not limited to, the allowance for safe-haven or non-reporting of physicians to a licensing board, and/or acceptance of Physician Health Program compliance as an alternative to disciplinary action when public safety is not at risk, and especially for any physicians who voluntarily self-report their physical, mental, and substance use disorders and engage with a Physician Health Program and who successfully complete the terms of participation; (4) work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training; (5) continue to work with and support FSPHP efforts already underway to design and implement the physician health program review process, Performance Enhancement and Effectiveness Review (PEER™), to improve accountability, consistency and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project; and(6) continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options. (Modify Current HOD Policy) |
| B | Res. 213 | Michigan | Resentencing for Individuals Convicted of Marijuana-Based Offenses | RESOLVED, That our American Medical Association adopt policy supporting the expungement, destruction, or sealing of criminal records for marijuana offenses that would now be considered legal (New HOD Policy); and be it furtherRESOLVED, That our AMA adopt policy supporting the elimination of violations or other penalties for persons under parole, probation, pre-trial, or other state or local criminal supervision for a marijuana offense that would now be considered legal. (New HOD Policy) |
| B | Res. 214 | Ohio | Eliminating Unfunded or Unproven Mandates and Regulations | RESOLVED, That our American Medical Association advocate for policies that allow for physician judgment and documented medical decision-making to supersede government regulation--including the utilization of Augmented Intelligence--in instances of disputes in patient care (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for policies that require “proof of concept,” in the form of independently demonstrated quality improvement, prior to the implementation of any government, insurance company or other third party mandate or regulation on patient care and the physician-patient relationship (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for policies requiring government, insurance company or other third party entities to fully fund any mandates or regulations imposed on patient care and the physician-patient relationship. (Directive to Take Action) |
| B | Res. 215 | American College of Cardiology | Transforming Professional Licensure to the 21st Century | RESOLVED, That our American Medical Association address the issue of state licensure in a comprehensive manner including studying the best mechanisms to ensure interstate licensure for practitioners practicing in multiple states, optimizing state licensure practices to allow for seamless telemedicine practice across state lines, and addressing long delays in practitioners obtaining state licensures which lead to delays in medical care (Directive to Take Action); and be it further RESOLVED, That our AMA research the feasibility of convening a meeting of appropriate stakeholders, including but not limited to state medical boards, medical specialty societies, state medical societies, payers, organizations representing non-physician medical professionals, Centers for Medicare and Medicaid Services-approved accrediting agencies, and patients to develop recommendations to modernize the state medical licensure system including creating mechanisms for multi-state licensure, streamlining the process of obtaining medical licensure, and facilitate practice across state lines (Directive to Take Action); and be it further RESOLVED, That our AMA report back on these recommendations by the 2022 Interim Meeting. (Directive to Take Action) |
| B | Res. 216 | Medical Student Section | Advocating for the Elimination of Hepatitis C Treatment Restrictions | RESOLVED, That our American Medical Association amend policy H-440.845, “Advocacy for Hepatitis C Virus Education, Prevention, Screening and Treatment,” by addition to read as follows:Our AMA will: (1) encourage the adoption of birth year-based screening practices for hepatitis C, in alignment with Centers for Disease Control and Prevention (CDC) recommendations; (2) encourage the CDC, Indian Health Service (IHS), and state Departments of Public Health to develop and coordinate Hepatitis C Virus infection educational and prevention efforts; (3) support hepatitis C virus (HCV) prevention, screening, and treatment programs that are targeted toward maximum public health benefit; (4) advocate, in collaboration with state and specialty medical societies, as well as patient advocacy groups, for the elimination of sobriety requirements, fibrosis restrictions, and prescriber restrictions for coverage of HCV treatment by public and private payors; (5~~4~~) support programs aimed at training providers in the treatment and management of patients infected with HCV; (6~~5~~) support adequate funding by, and negotiation for affordable pricing for HCV antiviral treatments between the government, insurance companies, and other third party payers, so that all Americans for whom HCV treatment would have a substantial proven benefit will be able to receive this treatment; (7~~6~~) recognize correctional physicians, and physicians in other public health settings, as key stakeholders in the development of HCV treatment guidelines; (8~~7~~) encourage equitable reimbursement for those providing treatment; (9) encourage the allocation of targeted funding to increase HCV treatment for IHS patients insured by plans subject to HCV treatment restrictions. (Modify Current HOD Policy) |
| B | Res. 217 | Resident and Fellow Section | Preserving the Practice of Medicine | RESOLVED, That our American Medical Association oppose mandates from employers to supervise non-physician providers as a condition for physician employment and in physician employment contracts (New HOD Policy); and be it furtherRESOLVED, That our AMA work with relevant regulatory agencies to ensure physicians are notified in writing when their license is being used to “supervise” non-physician providers (Directive to Take Action); and be it furtherRESOLVED, That our AMA conduct a systematic study to collect and analyze publicly available physician supervision data from all sources to determine how many allied health professionals are being supervised by physicians in fields which are not a core part of those physicians’ completed residencies and fellowships (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the impact scope-of practice advocacy by physicians has had on physician employment and termination (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the views of patients on physician and non-physician care to identify best practices in educating the general population on the value of physician-led care, and study the utility of a physician-reported database to track and report institutions that replace physicians with non-physician providers in order to aid patients in seeking physician-led medical care (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with relevant stakeholders to commission an independent study comparing medical care provided by physician-led health care teams vs. care provided by unsupervised non-physician providers, which reports on the quality of health outcomes, cost effectiveness, and access to necessary medical care, and to publish the findings in a peer-reviewed medical journal. (Directive to Take Action) |
| B | Res. 218 | American Association of Physicians of Indian Origin | Expedited Immigrant Green Card Visa for J-1 Visa Waiver Physicians Serving in Underserved Areas | RESOLVED, That our American Medical Association lobby US Congress and the US Administration that the J-1 visa waiver physicians serving in underserved areas be given highest priority in visa conversion to green cards upon completion of their service commitment obligation and be exempted from per country limitation of H-1 to green card visa conversion. (Directive to Take Action) |
| B | Res. 219 | American College of Emergency Physicians | Due Process and Independent Contractors | RESOLVED, That our American Medical Association develop a model state legislative template and principles for federal legislation in order to protect physicians from corporate, workplace, and/or employer retaliation when reporting safety, harassment, or fraud concerns at the places of work (licensed health care institution) or in the government, which includes independent and third-party contractors providing patient services at said facilities. (Directive to Take Action) |
| B | Res. 220 | Aerospace Medical Association | Vital Nature of Board-Certified Physicians in Aerospace Medicine | RESOLVED, That our American Medical Association recognize the unique contributions and advanced qualifications of aerospace medicine professionals, and specifically oppose any and all efforts to remove, reduce or replace aerospace medicine physician leadership in civilian, corporate or government aerospace medicine programs and aircrew healthcare support teams; (Directive to Take Action) and be it furtherRESOLVED, That our AMA advocate for compliance with international agreements, to include advocating against other mid-level provider scope of practice expansions that threaten the safety, health, and well-being of aircrew, patients, support personnel and the flying public. (Directive to Take Action) |
| B | Res. 221 | Women Physicians Section | Strategies to Mitigate Racial and Ethnic Disparities in Maternal and Fetal Morbidity and Mortality at the Grassroots Level | RESOLVED, That our American Medical Association advocate for institutional and departmental policies that promote awareness and transparency in defining the criteria for identifying and mitigating gaps in health equity in Maternal Fetal outcome measures affecting racial and minority U.S. population (Directive to Take Action); and be it furtherRESOLVED, That our AMA engage with relevant stakeholders to initiate a similar awareness campaign for public health education and health prevention at the grassroots level in the communities, and advocate Medicaid and affordable insurance coverage for ancillary support services. (Directive to Take Action) |
| B | Res. 222 | Mississippi | To Study the Economic Impact of Mid-Level Provider Employment in the United States of America | RESOLVED, That our American Medical Association encourage and support studies sponsored by relevant state and federal agencies to determine the economic impact of mid-level unsupervised practice on American consumers (Directive to Take Action); and further be itRESOLVED, That our AMA develop model state legislation that opposes enactment of legislation and reversal of such legislation, if present, that would authorize the independent practice of medicine by any individual who is not a physician. (Directive to Take Action) |
| B | Res. 223 | American Academy of Dermatology | National Drug Shortages of Lidocaine and Saline Preparations | RESOLVED, That our American Medical Association work with national specialty societies and other relevant stakeholders to draft a letter to the FDA calling for direct and prompt actions to alleviate current national shortages of lidocaine and normal saline preparations (Directive to Take Action); and be it furtherRESOLVED, That our AMA amend existing HOD policy H-100.956 on National Drug Shortages by addition and deletion to read as follows: “8. Our AMA supports the view that wholesalers should routinely institute a transparent allocation-based system for distribution of drugs in short supply that does not discriminate against small, independent or new medical practices or those with less purchasing power ~~that attempts to fairly distribute drugs in short supply based on remaining inventory and considering the customer’s purchase history~~.” (Modify Current HOD Policy) |
| B | Res. 224 | AMDA – The Society for Post-Acute and Long-Term Care Medicine | HPSA and MUA Designation for SNFs | RESOLVED, That our American Medical Association advocate for legislative action directing the United States Department of Health and Human Services to designate all skilled nursing facilities, irrespective of their geographic location, as health professional shortage areas and/or medically underserved areas to facilitate recruitment and retention of health professionals using the usual and customary support made available for such designations. (Directive to Take Action) |
| B | Res. 225 | AMDA – The Society for Post-Acute and Long-Term Care Medicine | Public Listing of Medical Directors for Nursing Facilities | RESOLVED, That our American Medical Association advocate for the Centers for Medicare & Medicaid Services to promote health care transparency and consumer access to quality health care by hosting a public listing of medical directors of all nursing facilities (NFs) in the country. (Directive to Take Action) |
| B | Res. 226 | Association for Clinical Oncology | Coverage for Clinical Trial Ancillary Costs | RESOLVED, that our American Medical Association amend Policy H-460.965, Viability of Clinical Research Coverages and Reimbursement, as follows “…(11) legislation and regulatory reform should be supported that establish program integrity/fraud and abuse safe harbors that permit sponsors to cover co-pays/coinsurance/ deductibles, ~~and~~ otherwise not covered clinical care, and non-clinical ancillary costs in the context of nationally approved clinical trials (Modify Current HOD Policy); and be it further RESOLVED, That our AMA actively advocate for federal and state legislation that would allow coverage of non-clinical ancillary costs by sponsors of clinical trials. (Directive to Take Action) |
| B | Res. 227 | Louisiana | Supporting Improvements to Patient Data Privacy | RESOLVED, That our American Medical Association support legislation to strengthen patient data privacy protections by making health information collected or stored on smartphones and similar consumer devices subject to the same privacy protections as standard medical records. (New HOD Policy) |
| B | Res. 228 | Michigan | Expanded Child Tax Credit | RESOLVED, That our American Medical Association actively support the American Families Plan of 2021 and/or similar policies that aim to institute a permanent, expanded child tax credit at the federal level. (Directive to Take Action) |
| B | Res. 229 | Michigan | Expedited Immigrant Green Card for J-1 Visa Waiver Physicians Serving in Underserved Areas | RESOLVED, That our American Medical Association lobby U.S. Congress and the U.S. Administration that the J-1 visa waiver physicians serving in underserved areas be given highest priority in visa conversion to green cards upon completion of their service commitment obligation and be exempted from the per country limitation of H-1B to green card visa conversion**.**  (Directive to Take Action) |
| B | Res. 230 | Medical Student Section | Advancing the Role of Outdoor Recreation in Public Health | RESOLVED, That our American Medical Association encourage federal, state and local governments to create new and maintain existing public lands and outdoor spaces for the purposes of outdoor recreation; (Directive to Take Action) and be it furtherRESOLVED, That our AMA work with the Centers for Disease Control and Prevention, National Institute of Environmental Health Science, National Recreation and Park Association, and other relevant stakeholders to encourage continued research on the clinical uses of outdoor recreation therapy. (Directive to Take Action) |
| B | Res. 231 | Medical Student Section | Amending Policy H-155.955: Increasing Accessibility to Incontinence Products to include Diaper Tax Exemption | RESOLVED, That our AMA amend Policy H-155.955, “Increasing Accessibility to Incontinence Products,” by addition and deletion to read as follows:Increasing Accessibility to Incontinence Products H-155.955Our AMA supports increased access to affordable incontinence products~~.~~, the removal of sales tax on child and adult diapers, including single-use and reusable diapers, and the inclusion of child diapers as qualified medical expenses for Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), and Flexible Spending Accounts (FSAs). (Modify Current HOD Policy) |
| B | Res. 232 | Medical Student Section | Expansion of Epinephrine Entity Stocking Legislation | RESOLVED, That our AMA support the adoption of laws that allow state-authorized entities to permit the storage of auto-injectable epinephrine for use in case of an emergency. (New HOD Policy)  |
| B | Res. 233 | Medical Student Section | Support for Warning Labels on Firearm Ammunition Packaging | RESOLVED, That our AMA support legislation requiring 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. (Directive to Take Action) |
| B | Res. 234 | Medical Student Section | Updating Policy on Immigration Laws, Rules, Legislation, and Health Disparities | RESOLVED, That our AMA, in order to prioritize the unique health needs of immigrants, asylees, refugees, and migrant workers during national crises, such as a pandemic:(1) oppose the slowing or halting of the release of individuals and families that are currently part of the immigration process; and(2) oppose continual detention when the health of these groups is at risk and supports releasing immigrants on recognizance, community support, bonding, or a formal monitoring program during national crises that impose a health risk; and(3) support the extension or reauthorization of visas that were valid prior to a national crisis if the crisis causes the halting of immigration processing; and (4) oppose utilizing public health concerns to deny of significantly hinder eligibility for asylum status to immigrants, refugees, or migrant workers without a viable, medically sound alternative solution; (New HOD Policy) and be it furtherRESOLVED, That our AMA support discontinuation of the use of non-medically necessary dental and bone forensics to assess an immigrant’s age. (Directive to Take Action) |
| B | Res. 235 | Ohio | Improving the Veterans Health Administration Referrals for Veterans for Care outside the VA System | RESOLVED, The our American Medical Association advocate for reform of the veterans’ health administration to provide timely and complete payment for veterans’ care received outside the VA system and accurate and efficient management of travel reimbursement for that care. (Directive to Take Action) |
| B | Res. 236 | Ohio | Out-of-Network Care | RESOLVED, That our American Medical Association amend, by substitution, AMA Policy H‑285.904, “Out-of-Network Care,” item H, to read as follows:~~H. Mediation should be permitted in those instances where a physician’s unique background or skills (e.g. the Gould Criteria) are not accounted for within a minimum coverage standard.~~H. Mediation and/or Independent Dispute Resolution (IDR) should be permitted in all circumstances as an option or alternative to come to payment resolution between insurers and providers. (Modify Current HOD Policy) |
| B | Res. 237 | Ohio | Prescription Drug Dispensing Policies | RESOLVED, That our American Medical Association work with pharmacy benefit managers to eliminate financial incentives for patients to receive a supply of medication greater than prescribed (Directive to Take Action); and be it furtherRESOLVED, That our AMA create model state legislation that would restrict dispensing medication quantities greater than prescribed (Directive to Take Action); and be it furtherRESOLVED,That our AMA support any legislation that would remove financial barriers favoring dispensing quantities of medication greater than prescribed. (New HOD Policy) |
| B | Res. 238 | Texas | COVID-19 Economic Injury Disaster Loan (EIDL) Forgiveness for Physician Groups of Five or Fewer Physicians | RESOLVED, That our American Medical Association advocate for Economic Injury Disaster Loan (EIDL) forgiveness for physician groups of five or fewer physicians for loans of less than $150,000 granted by the Small Business Administration by whatever mechanism is available, with no stipulations based on productivity or profit/loss reports to receive this forgiveness. (Directive to Take Action) |
| B | Res. 239 | Idaho | Virtual Services When Patients Are Away From Their Medical Home | RESOLVED, That our American Medical Association support Medicare coverage of virtual continuity of care follow-up services for patients within the physician’s established medical home when the patient has an established relationship with the provider and such care is not prohibited by the state in which the patient is geographically situated at the time of service (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate with the Centers for Medicare and Medicaid Services (CMS), and Congress if necessary, to cover virtual continuity follow-up care services provided by a patient’s established medical home or usual source of care, as if they were in person, even if the patient is temporarily located outside of the region or state of their medical home. (Directive to Take Action) |
| B | Res. 240 | Carl S. Wehri, MD, Delegate | Physician Payment Reform & Equity (PPR & E) | RESOLVED, That our American Medical Association define Physician Payment Reform and Equity (PPR & E) as “improvement in physician payment by Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates” (Directive to Take Action); and be it further RESOLVED, That our AMA place PPR & E as the single highest advocacy priority of our organization (Directive to Take Action); and be it furtherRESOLVED, That our AMA use every resource at its disposal (including but not limited to elective, legislative, regulatory, and lobbying efforts) to advocate for an immediate increase in Medicare physician payments to help cover the expense of office practice (Directive to Take Action); and be it furtherRESOLVED, That in addition to an immediate increase in Medicare physician payments, our AMA advocate for a statutory annual update in such payments that would equal or exceed the Medicare Economic Index or the Consumer Price Index, whichever is most advantageous in covering the continuously inflating costs of running an office practice (Directive to Take Action); and be it furtherRESOLVED, That our AMA establish a Task Force appointed by the Board of Trustees to outline a specific set of steps that are needed to accomplish the goals of PPR & E and report back to the HOD at the 2022 Interim Meeting regarding that plan (Directive to Take Action); and be it furtherRESOLVED, That our AMA Board of Trustees report back to the HOD at each subsequent meeting regarding their progress on meeting the goals of PPR & E, until PPR & E is accomplished. (Directive to Take Action) |
| B | Res. 241 | Missouri | Unmatched Graduate Physician Workforce | RESOLVED, That our American Medical Association work with state societies to support these unmatched graduate physicians through their legislators and regulators to allow these physicians to work in underserved areas, in primary care, only in collaboration with a licensed physician (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with appropriate parties and the Centers for Medicare and Medicaid Services to reimburse for services rendered by these graduating physicians working in their collaborative practices as do private insurers and state Medicaid programs (Directive to Take Action); and be it furtherRESOLVED, That the AMA allow these graduating physicians, working in collaboration with a licensed physician, to become members of an AMA subgroup (Directive to Take Action); and be it furtherRESOLVED, That our AMA oppose any effort by these graduating physicians working in collaboration with licensed physicians, to become independent licensed physicians without satisfactorily completing formal residency training. (Directive to Take Action) |
| B | Res. 242 | American Association of Neurological Surgeons | Public Awareness and Advocacy Campaign to Reform the Medicare Physician Payment System | RESOLVED, That our American Medical Association immediately launch and sustain a well-funded comprehensive public awareness and advocacy campaign, that includes paid advertising, social and earned media, and patient and physician grassroots, to prevent/mitigate future Medicare payment cuts and lay the groundwork to pass federal legislation that reforms the current Medicare physician payment system by incorporating annual inflation updates, eliminating/replacing or revising budget neutrality requirements, offering a variety of payment models and incentives to promote value-based care and safeguarding access to high-quality care by advancing health equity and reducing disparities. (Directive to Take Action) |
| B | Res. 243 | Ohio | Appropriate Physician Payment for Office-Based Services | RESOLVED, That our American Medical Association advocate for improvement in physician payment by Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates to account for increased costs of running a medical practice. (Directive to Take Action) |
| B | Res. 244 | Ohio | Prohibit Reversal of Prior Authorization | RESOLVED, That once the physician’s office has received prior authorization for testing, a procedure, or a medication, the insurance company should not be permitted to refuse payment for that test or procedure or medication unless the patient is no longer insured by that company at the time the test or procedure is done or the medication is given; and be it further RESOLVED, That a health insuring corporation or utilization review organization that authorizes a proposed admission, treatment, or health care service by a participating provider based upon the complete and accurate submission of all necessary information relative to an eligible enrollee should not retroactively deny this authorization if the provider renders the health care service in good faith and pursuant to the authorization and all of the terms and conditions of the provider’s contract with the health insuring corporation, and be it further RESOLVED, That our American Medical Association seek federal legislation/rules to prohibit denial of payment by a Medicare Advantage plan for a previously prior approved medication, procedure, or test unless the patient is no longer insured by that company at the time of service (Directive to Take Action); and be it further RESOLVED, That our AMA redistribute its model legislation on retrospective denial of payment to all state societies, especially those who have not already passed such legislation. (Directive to Take Action) |
| B | Res. 245 | New England | Definition and Encouragement of the Appropriate Use of the Word “Physician” | RESOLVED, That our American Medical Association independently, or in coordination with any other appropriate medical organizations that have similar policy regarding the use of the term “physician,” develop and implement a sustained and wide-reaching public relations campaign to utilize the term “physician” and discontinue use of the term “provider.” (Directive to Take Action) |
| B | Res. 246 | Medical Student Section | Further Action to Respond to the Gun Violence Public Health Crisis | RESOLVED, Our American Medical Association 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. (Directive to Take Action) |
| B | Res. 247 | Medical Student Section | Recognizing Child Poverty and the Racial Wealth Gap as Public Health Issues and Extending the Child Tax Credit for Low-Income Families | RESOLVED, That our AMA recognize child poverty as a public health issue and a crucial social determinant of health across the life course; and be it furtherRESOLVED, That our AMA recognize that the disproportionate concentration of child poverty and generational wealth gaps experienced by Black, American Indian or Alaska Native, and Hispanic families are a consequence of structural racism and a barrier to achieving racial health equity; and be it further RESOLVED, That our AMA advocate for fully refundable expanded child tax credit payments and other evidence-based cash assistance programs to alleviate child poverty, ameliorate the racial wealth gap, and advance health equity for low-income U.S. residents. |
| B | Res. 248 | Organized Medical Staff Section | Promoting Proper Oversight and Reimbursement for Specialty Physician Extenders and Non-Physician Practitioners | RESOLVED, That our American Medical Association work with state medical boards to improve oversight and coordination of the work done with physician extenders and non-physician practitioners (Directive to Take Action); and be it furtherRESOLVED, That our AMA adopt the position that Boards of Medical Examiners or its equivalent in each state should have oversight of cases involving specialty care as boards with oversight over physician extenders and non-physician practitioners do not have the training to oversee specialty care (New HOD Policy); and be it furtherRESOLVED, That our AMA adopt the position that in each state the Board of Medical Examiners or its equivalent should have oversight over physician extenders and non-physician practitioners if billing independently or in independent practice as their respective oversights boards do not have experience providing accurate oversight for specialty care (New HOD Policy). |
| B | Res. 249 | Organized Medical Staff Section | Clarification of Healthcare Physician Identification: Consumer Truth & Transparency | RESOLVED, That our American Medical Association advocate for legislation that would establish clear legal definitions for use of words or terms “physician,” “surgeon,” “medical doctor,” “doctor of osteopathy,” “M.D.” , “D.O.,” or any other allopathic or osteopathic medical specialist (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate “Truth & Transparency” legislation that would combat medical title misappropriation; that such legislation would require non-physician healthcare practitioners to clearly and accurately state their level of training, credentials, licensing board, and practice qualifications in all professional interactions with patients including hospital and other health care facility identifications, as well as in advertising and marketing materials; and that such legislation would prohibit non-physician healthcare practitioners from using any identifying terms (i.e. doctor, -ologist) that can mislead the public. (Directive to Take Action) |
| B | Res. 250 | Organized Medical Staff Section | Opposition to Criminalization of Physicians’ Medical Practice | RESOLVED, That our American Medical Association affirm that government and other third-party interference in evidence-based medical care compromises the physician-patient relationship and may undermine the provision of quality healthcare (Directive to Take Action); and be it furtherRESOLVED, That our AMA oppose any government regulation or legislative action which would criminalize physicians for providing evidence-based medical care within the accepted standard of care according to the scope of a physician’s training and professional judgment. (New HOD Policy) |
| B | Res. 251 | Organized Medical Staff Section | Physician Medical License Use in Clinical Supervision | RESOLVED, That our American Medical Association work with relevant regulatory agencies to ensure physicians receive written notification when their license is being used to document “supervision” of non-physician practitioners (Directive to Take Action); and be it furtherRESOLVED, That our AMA oppose mandatory physician supervision of non-physician practitioners as a condition for physician employment (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate for the right of physicians to deny participation in “supervision” of any non-physician practitioner with whom they have concerns for patient safety and/or clinical care (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate that physicians be able to report unsafe care provided by non-physician practitioners to the appropriate regulatory board with whistleblower protections for the physician and their employment (Directive to Take Action). |
| B | Res. 252 | Resident and Fellow Section | The Criminalization of Health Care Decision Making and Practice | RESOLVED, That Policy H-160.946, “The Criminalization of Health Care Decision Making” be amended by addition and deletion with a change in title to read as follows:The Criminalization of Health Care Decision Making and Practice H-160.946That our~~The~~ AMA: (1) opposes the attempted criminalization of health care decision-making, practice, malpractice, and medical errors, including medication errors related to electronic medical record or other system errors, ~~especially~~ as ~~represented by the current trend toward criminalization of malpractice;~~ it interferes with appropriate decision making and is a disservice to the American public; ~~and~~(2) actively update and promote ~~will develop~~ model state legislation properly defining criminal conduct and prohibiting the criminalization of health care decision-making and practice, including cases involving allegations of medical malpractice and medical errors~~,~~; and (3) implement an appropriate action plan for all components of the Federation to educate opinion leaders, elected officials and the media regarding the detrimental effects on health care resulting from the criminalization of health care decision-making, practice, malpractice, and medical errors. (Modify Current HOD Policy); and be it furtherRESOLVED, That our AMA study the increasing criminalization of health care decision-making, practice, malpractice, and medical errors with report back on our advocacy to oppose this trend (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the ramifications of trying all health care decision-making, practice, malpractice, and medical error cases in health courts instead of criminal courts (Directive to Take Action); and be it furtherRESOLVED, That our AMA reaffirm policies H-120.921, H-160.954, H-375.984, H-375.997, and H-435.950. (Reaffirm HOD Policy) |
| B | Res. 253 | Private Practice Physicians Section | Physician Payment Reform and Equity | RESOLVED, That our American Medical Association define Physician Payment Reform and Equity (PPR & E) as “improvement in physician payment be Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates” (New HOD Policy); and be it furtherRESOLVED, That our AMA place Physician Payment Reform & Equity as the advocacy priority of our organization (Directive to Take Action); and be it furtherRESOLVED, That our AMA use multiple resources, including but not limited to elective, legislative, regulatory, and lobbying efforts, to advocate for an immediate increase in Medicare physician payments to help cover the expense of office practices (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for a statutory annual update in such payments that would equal or exceed the Medicare Economic Index or the Consumer Price Index, whichever is most advantageous in covering the continuously inflating costs of running an office practice (Directive to Take Action); and be it furtherRESOLVED, That our AMA establish a Task Force appointed by the Board of Trustees to outline a specific set of steps that are needed to accomplish the goals of Physician Payment Reform & Equity and report back to the HOD at each subsequent Annual meeting regarding their progress on meeting the goals of Physician Payment Reform & Equity (PPR&E) until PPR&E is accomplished. (Directive to Take Action) |
| B | Res. 254 | Private Practice Physicians Section | Stakeholder Engagement in Medicare Administrative Contractor Policy Processes | RESOLVED, That our American Medical Association opposes Medicare Administrative Contractors (MACs) using Local Coverage Articles (LCAs) that could have the effect of restricting coverage or access without providing data and evidentiary review or without issuing associated Local Coverage Determinations (LCDs) and following required stakeholder processes (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate and work with the Centers for Medicare and Medicaid Services (CMS) to ensure no LCAs that could have the effect of restricting coverage or access are issued by MACs without the MAC providing public data, decision criteria, and evidentiary review and allowing comment, or without an associated LCD and the required LCD stakeholder review and input process, through the modernization requirement of the 21st Century Cures Act (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate to CMS that the agency immediately invalidate any LCAs that are identified as potentially restricting coverage or access and that were issued without the MACs providing public data, decision criteria, and evidentiary review, or that were issues without an associated LCD and the required stakeholder processes, and that CMS require MACs to restart those processes taking any such proposed changes through CLDs and associated requirements for stakeholder engagement, public data, and evidentiary review (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate that Congress and the Department of Health and Human Services consider clarifying language that reinstates a role for local Carrier Advisory Committees in review processes going forward, addressing unintended outcomes of changes in the 21st Century Cures Act that allowed local CACs to be left without a voice or purpose (Directive to Take Action) |
| C | Res. 301 | New York | Medical Education Debt Cancellation in the Face of a Physician Shortage During the COVID-19 Pandemic | RESOLVED, That our American Medical Association study the issue of medical education debt cancellation and consider the opportunities for integration of this into a broader solution addressing debt for all medical students, physicians in training, and early career physicians. (Directive to Take Action)  |
| C | Res. 302 | Resident and Fellow Section | Resident and Fellow Access to Fertility Preservation | RESOLVED, That our American Medical Association support education for residents and fellows regarding the natural course of female fertility in relation to the timing of medical education, and the option of fertility preservation and infertility treatment (New HOD Policy); and be it further RESOLVED, That our AMA advocate inclusion of insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs (Directive to Take Action); and be it furtherRESOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including the need to attend medical visits to complete the oocyte preservation process and to administer medications in a time-sensitive fashion. (New HOD Policy) |
| C | Res. 303 | Women Physicians Section | Fatigue Mitigation Respite for Faculty and Residents | RESOLVED, That our American Medical Association make available resources to institutions and physicians that support self-care and fatigue mitigation, help protect physician health and well-being, and model appropriate health promoting behaviors (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for policies that support fatigue mitigation programs, which include, but are not limited to, quiet places to rest and funding for alternative transport including return to work for vehicle recovery at a later time for all medical staff who feel unsafe driving due to fatigue after working. (Directive to Take Action) |
| C | Res. 304 | Resident and Fellow Section | Organizational Accountability to Resident and Fellow Trainees | RESOLVED, That our American Medical Association work with relevant stakeholders to: (1) determine which organizations or governmental entities are best suited for being permanently responsible for resident and fellow interests without conflicts of interests; (2) determine how organizations can be held accountable for fulfilling their duties to protect the rights and wellbeing of resident and fellow trainees as detailed in the Residents and Fellows’ Bill of Rights; (3) determine methods of advocating for residents and fellows that are timely and effective without jeopardizing trainees’ current and future employability; (4) study and report back by the 2023 Annual Meeting on how such an organization may be created, in the event that no organizations or entities are identified that meet the above criteria; and (5) determine transparent methods to communicate available residency positions to displaced residents. (Directive to Take Action) |
| C | Res. 305 | Resident and Fellow Section | Reducing Overall Fees and Making Costs for Licensing, Exam Fees, Application Fees, etc., Equitable for IMGS | RESOLVED, That our American Medical Association work with all relevant stakeholders to reduce application, exam, licensing fees and related financial burdens for international medical graduates (IMGs) to ensure cost equity with US MD and DO trainees (Directive to Take Action); and be it furtherRESOLVED, That our AMA amend current policy H-255.966, “Abolish Discrimination in Licensure of IMGs,” by addition to read as follows:2. Our AMA will continue to work with the FSMB to encourage parity in licensure requirements, and associated costs, for all physicians, whether U.S. medical school graduates or international medical graduates. (Modify Current HOD Policy) |
| C | Res. 306 | Illinois | Creating a More Accurate Accounting of Medical Education Financial Costs | RESOLVED, That our American Medical Association study the costs of medical education, taking into account medical student tuition and accrued loan interest, to come up with a more accurate description of medical education financial costs. (Directive to Take Action) |
| C | Res. 307 | Illinois | Parental Leave and Planning Resources for Medical Students | RESOLVED, That our American Medical Association encourage medical schools to create comprehensive informative resources that promote a culture that is supportive of their students who are parents, including information and policies on parental leave and relevant make up work, options to preserve fertility, breastfeeding, accommodations during pregnancy, and resources for childcare that span the institution and the surrounding area (New HOD Policy); and be it furtherRESOLVED, That our AMA encourage medical schools to give students a minimum of 6 weeks of parental leave without academic or disciplinary penalties that would delay anticipated graduation based on time of matriculation (New HOD Policy); and be it furtherRESOLVED, That our AMA encourage that medical schools formulate, and make readily available, plans for each year of schooling such that parental leave may be flexibly incorporated into the curriculum (New HOD Policy); and be it furtherRESOLVED, That our AMA urge medical schools to adopt policy that will prevent parties involved in medical training (including but not limited to residency programs, administration, fellowships, away rotations, physician evaluators, and research opportunities) from discriminating against students who take family/parental leave (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate for medical schools to make resources and policies regarding family leave and parenthood transparent and openly accessible to prospective and current students. (Directive to Take Action) |
| C | Res. 308 | Medical Student Section | University Land Grant Status in Medical School Admissions | RESOLVED, That our American Medical Association work with the Association of American Medical Colleges, Liaison Committee on Medical Education, Association of American Indian Physicians, and Association of Native American Medical Students to design and promulgate medical school admissions recommendations in line with the federal trust responsibility (Directive to Take Action); and be it further RESOLVED, That our AMA amend Policy H-350.981, “AMA Support of American Indian Health Career Opportunities,” by addition to read as follows:AMA Support of American Indian Health Career Opportunities H-350.981AMA policy on American Indian health career opportunities is as follows: (1) Our AMA, and other national, state, specialty, and county medical societies recommend special programs for the recruitment and training of American Indians in health careers at all levels and urge that these be expanded.(2) Our AMA support the inclusion of American Indians in established medical training programs in numbers adequate to meet their needs. Such training programs for American Indians should be operated for a sufficient period of time to ensure a continuous supply of physicians and other health professionals. These efforts should include, but are not limited to, priority consideration of applicants who self-identify as American Indian or Alaska Native and can provide some form of affiliation with an American Indian or Alaska Native tribe in the United States, and robust mentorship programs that support the successful advancement of these trainees.(3) Our AMA utilize its resources to create a better awareness among physicians and other health providers of the special problems and needs of American Indians and that particular emphasis be placed on the need for stronger clinical exposure and a greater number of health professionals to work among the American Indian population.(4) Our AMA continue to support the concept of American Indian self-determination as imperative to the success of American Indian programs, and recognize that enduring acceptable solutions to American Indian health problems can only result from program and project beneficiaries having initial and continued contributions in planning and program operations.(5) Our AMA acknowledges long-standing federal precedent that membership or lineal descent from an enrolled member in a federally recognized tribe is distinct from racial identification as American Indian or Alaska Native and should be considered in medical school admissions even when restrictions on race-conscious admissions policies are in effect.(6) Our AMA will engage with the Association of Native American Medical Students and Association of American Indian Physicians to design and disseminate American Indian and Alaska Native medical education curricula that prepares trainees to serve AI-AN communities. (Modify Current HOD Policy) |
| C | Res. 309 | Medical Student Section | Decreasing Bias in Evaluations of Medical Student Performance | RESOLVED, That our American Medical Association work with appropriate stakeholders, such as the Liaison Committee on Medical Education and the Commission on Osteopathic College Accreditation to support: 1) increased diversity and implementation of implicit bias training to individuals responsible for assessing medical students’ performance, including the evaluation of professionalism and investigating and ruling upon disciplinary matters involving medical students; and 2) that all reviews of medical student professionalism and academic performance be conducted in a blinded manner when doing such does not interfere with appropriate scoring (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the impact of two-interval clinical clerkship grading systems on residency application outcomes and clinical performance during residency. (Directive to Take Action) |
| C | Res. 310 | Medical Student Section | Support for Standardized Interpreter Training | RESOLVED, That our American Medical Association recognize the importance of using medical interpreters as a means of improving quality of care provided to patients with Limited English Proficiency (LEP) including patients with sensory impairments (New HOD Policy); andRESOLVED, That our AMA encourage physicians and physicians in training to improve interpreter-use skills and increase education through publicly available resources such as the American Association of Medical College’s “Guidelines for Use of Medical Interpreter Services” (New HOD Policy); and be it furtherRESOLVED, That our AMA work with the Commission for Medical Interpreter Education, National Hispanic Medical Association, National Council of Asian Pacific Islander Physicians, National Medical Association, Association of American Indian Physicians, and other relevant stakeholders to develop a cohesive Continuing Medical Education module offered through the AMA Ed Hub for physicians to effectively and appropriately use interpreter services to ensure optimal patient care. (Directive to Take Action) |
| C | Res. 311 | Illinois | Discontinue State Licensure Requirement for COMLEX Level 2 PE | RESOLVED, That our American Medical Association advocate to remove COMLEX Level 2 PE as a requirement for state medical licensure for graduates of accredited U.S. and Canadian osteopathic medical schools, and encourage state medical societies to do the same for their state licensure bodies. (Directive to Take Action) |
| C | Res. 312 | Illinois | Reduce Financial Burden to Medical Students of Medical Licensure Examinations | RESOLVED, That our American Medical Association advocate for medical licensure examinations and related study, practice examinations, and examination preparatory materials released by the National Board of Medical Examiners and the National Board of Osteopathic Medical Examiners to be available at a cost that does not exceed the reasonable cost of providing the examination and examination preparatory materials. (Directive to Take Action) |
| C | Res. 313 | Illinois | Decreasing Medical Student Debt and Increasing Transparency in Cost of Medical School Attendance | RESOLVED, That our American Medical Association work with Congress and related bodies to make it a priority to reduce the costs of medical school tuition incurred by graduates of U.S. medical schools, without sacrificing current educational quality (Directive to Take Action); and be it furtherRESOLVED, That our AMA encourage the written transparent disclosure by U.S. medical schools of the overall cost of attendance, including but not limited to, cost of living; educational materials not provided by the school, such as exam preparatory materials from outside companies; examination fees; interview and residency application costs; and other related costs incurred by students over the duration of their education (New HOD Policy); and be it furtherRESOLVED, That our AMA encourage the written transparent disclosure of all scholarships provided by an institution, including disclosure of allocation criteria and duration (New HOD Policy); and be it furtherRESOLVED, That our AMA encourage U.S. medical schools to provide written, transparent information about how medical school tuition dollars are allocated across the medical school budget. (New HOD Policy) |
| C | Res. 314 | Medical Student Section | Support for Institutional Policies for Personal Days for Undergraduate Medical Students | RESOLVED, That our American Medical Association encourage medical schools to accept flexible uses for excused absences from clinical clerkships (New HOD Policy); and be it furtherRESOLVED, That our AMA support a clearly defined number of easily accessible personal days for medical students per academic year, which should be explained to students at the beginning of each academic year and a subset of which should be granted without requiring an explanation on the part of the students. (New HOD Policy) |
| C | Res. 315 | Medical Student Section | Modifying Eligibility Criteria for the Association of American Medical Colleges’ Financial Assistance Program | RESOLVED, That our American Medical Association encourage the Association of American Medical Colleges to conduct a study of the financial impact of the current Fee Assistance Program policy to medical school applicants. (New HOD Policy) |
| C | Res. 316 | Illinois | Providing Transparent and Accurate Data Regarding Students and Faculty at Medical Schools | RESOLVED, That our American Medical Association work with the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to encourage their respective accredited medical schools to make publicly available without charge transparent and accurately reported race and ethnicity demographic data regarding students and faculty. (Directive to Take Action) |
| C | Res. 317 | Illinois | Medical Student, Resident and Fellow Suicide Reporting | RESOLVED, That our American Medical Association amend Policy D-345.983 by addition to read as follows:Study of Medical Student, Resident, and Physician Suicide D-345.983Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; ~~and~~ (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and addiction, and suicide among physicians, residents, and medical students~~.~~ ; (5) work with appropriate stakeholders to develop a standardized reporting mechanism for the confidential collection of pertinent suicide information of trainees in medical schools, residency, and fellowship programs, along with current wellness initiatives, to inform and promote meaningful interventions at these institutions; and (6) create a publicly accessible database that stratifies medical institutions based on relative rate of trainee suicide over a period of time, in order to raise awareness and promote the implementation of initiatives to prevent medical trainee suicide, while maintaining confidentiality of the deceased. (Modify Current HOD Policy) |
| C | Res. 318 | Oklahoma | CME for Preceptorship | RESOLVED, That our American Medical Association study formulating a plan, in collaboration with other interested bodies, to award AMA Category 1 credits to physicians who serve as preceptors and teach medical students, residents, fellows, and other allied health professional students training in Liaison Committee on Medical Education/Accreditation Council for Graduate Medical Education accredited institutions (Directive to Take Action); and be it furtherRESOLVED, That our AMA devise a method of converting those credits awarded by other organizations into AMA recognized credits for the purpose of CME. (Directive to Take Action) |
| C | Res. 319 | AMDA – The Society for Post-Acute and Long-Term Care Medicine | Senior Living Community Training for Medical Students and Residents | RESOLVED, That our American Medical Association advocate to require training of medical students and residents in senior living communities (to include nursing homes and assisted living facilities) during their primary care rotations (internal medicine, family medicine and geriatric medicine). (Directive to Take Action) |
| C | Res. 320 | Michigan | Tuition Cost Transparency | RESOLVED, That our American Medical Association collaborate with organizations such as the Association of American Medical Colleges in creating transparency in tuition costs of undergraduate medical education institutions (Directive to Take Action); and be it further RESOLVED, That our AMA work with other national organizations to improve the affordability of medical education. (Directive to Take Action) |
| C | Res. 321 | Michigan | Improving and Standardizing Pregnancy and Lactation Accommodations for Medical Board Examinations | RESOLVED, That our American Medical Association support and advocate for the implementation of 60 minutes of additional, scheduled break time for medical students and residents who have pregnancy complications and/or lactation needs for all NBME administered examinations, consistent with American Board of Internal Medicine accommodations (New HOD Policy); and be it furtherRESOLVED, That our AMA support and advocate for the addition of pregnancy comfort aids, including but not limited to, ginger teas, saltines, wastebaskets, and antiemetics, to the USMLE pre-approved list of Personal Item Exemptions (PIEs) permitted in the secure testing area for pregnant individuals**.** (New HOD Policy)  |
| C | Res. 322 | Michigan | Standards in Cultural Humility Training within Medical Education | RESOLVED, That our AMA amend policy H-295.897, “Enhancing the Cultural Competence of Physicians,” by addition to read as follows:Enhancing the Cultural Competence of Physicians H-295.8971. Our AMA continues to inform medical schools and residency program directors about activities and resources related to assisting physicians in providing culturally competent care to patients throughout their life span and encourage them to include the topic of culturally effective health care in their curricula.2. Our AMA continues to support research into the need for and effectiveness of training in cultural competence and cultural humility, using existing mechanisms such as the annual medical education surveys.3. Our AMA will assist physicians in obtaining information about and/or training in culturally effective health care through dissemination of currently available resources from the AMA and other relevant organizations.4. Our AMA encourages training opportunities for students and residents, as members of the physician-led team, to learn cultural competency from community health workers, when this exposure can be integrated into existing rotation and service assignments.5. Our AMA supports initiatives for medical schools to incorporate diversity in their Standardized Patient programs as a means of combining knowledge of health disparities and practice of cultural competence with clinical skills.6. Our AMA will encourage the inclusion of peer-facilitated intergroup dialogue in medical education programs nationwide.7. Our AMA supports the development of national standards for cultural humility training in the medical school curricula. (Modify Current HOD Policy) |
| C | Res. 323 | Medical Student Section | Cultural Leave for American Indian Trainees | RESOLVED, That our AMA amend H-310.923, Eliminating Religious Discrimination from Residency Programs, by addition as follows:Eliminating Religious and Cultural Discrimination from Residency and Fellowship Programs and Medical Schools H-310.923 Our AMA encourages residency programs, fellowship programs, and medical schools to: (1) ~~make an effort to accommodate~~ Allow ~~residents'~~ trainees to take leave and attend religious and cultural holidays and observances, including those practiced by American Indians and Alaskan Natives, provided that patient care and the rights of other ~~residents~~ trainees are not compromised; and (2) explicitly inform applicants and entrants about their policies and procedures related to accommodation for religious and cultural holidays and observances; (Modify Current HOD Policy) and be it furtherRESOLVED, That our AMA work with the Association of American Indian Physicians, Association of Native American Medical Students, and other appropriate stakeholders to design model cultural leave policies for undergraduate and graduate medical education programs and healthcare employers. (Directive to Take Action) |
| C | Res. 324 | Medical Student Section | Sexual Harassment Accreditation Standards for Medical Training Programs | RESOLVED, That our AMA encourage the LCME and ACGME to create a standard for accreditation that includes sexual harassment training, policies, and repercussions for sexual harassment in undergraduate and graduate medical programs; (Directive to Take Action) and be it furtherRESOLVED, That our AMA encourage the LCME and ACGME to assess: 1) medical trainees’ perception of institutional culture regarding sexual harassment and preventative trainings and 2) sexual harassment prevalence, reporting, investigation of allegations, and Title IX resource utilization in order to recommend best practices. (Directive to Take Action) |
| C | Res. 325 | Medical Student Section | Single Licensing Exam Series for Osteopathic and Allopathic Medical Students | RESOLVED, That our AMA encourage the development of a single licensing examination series for all medical students attending a medical school accredited by the Liaison Committee on Medical Education (LCME) or the Commission on Osteopathic College Accreditation (COCA), with a separate, additional osteopathic-specific subject test for osteopathic medical students. (Directive to Take Action) |
| C | Res. 326 | Medical Student Section | Standardized Wellness Initiative Reporting | RESOLVED, That our American Medical Association amend D-345.983, “Study of Medical Student, Resident, and Physician Suicide,” by addition to read as follows:D-345.983 – STUDY OF MEDICAL STUDENT, RESIDENT, AND PHYSICIAN SUICIDEOur AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; ~~and~~ (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and addiction, and suicide among physicians, residents, and medical students~~.~~ ; and (5) work with appropriate stakeholders to explore the viability of developing a standardized reporting mechanism for the collection of current wellness initiatives that institutions have in place, to inform and promote meaningful mental health and wellness interventions in these populations. (Modify Current HOD Policy) |
| C | Res. 327 | New Jersey | Leadership Training Must Become an Integral Part of Medical Education | RESOLVED, That our American Medical Association study the extent of the impact of AMA Policy D-295.316, “Management and Leadership for Physicians,” on elective curriculum and provide a report at the interim meeting (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for the implementation of concrete steps to incorporate leadership training as an integral part of the core curriculum of medical school education, post-graduate training, and for practicing physicians. |
| C | Res. 328 | Ohio | Increasing Transparency of the Resident Physician Application Process | RESOLVED, That our American Medical Association, and interested stakeholders, study options for improving transparency in the resident application process. (Directive to Take Action) |
| C | Res. 329 | Texas | Use of the Terms “Residency” and “Fellowship” by Health Professions Outside of Medicine | RESOLVED, That our American Medical Association hold a national discussion about the historical value and current nature of the terms “residency” and “fellowship” to describe physician postgraduate training and address the ramifications of nonphysician clinician groups using similar nomenclature that can confuse the general public. (Directive to Take Action) |
| D | Res. 401 | New York | Air Quality and the Protection of Citizen Health | RESOLVED, That our American Medical Association review the Environmental Protection Agency’s guidelines for monitoring the air quality which is emitted from smokestacks, taking into consideration the risks to citizens living downwind of smokestacks (Directive to Take Action); and be it furtherRESOLVED, That our AMA develop a report based on a review of the EPA’s guidelines for monitoring air quality emitted from smokestacks ensuring that recommendations to protect the public’s health are included in the report. (Directive to Take Action) |
| D | Res. 402 | New York | Support for Impairment Research | RESOLVED, That our American Medical Association study the impairment of drivers and other operators of mechanized vehicles by substances, fatigue, medical or mental health conditions, and that this report include whether there are office or hospital-based methods to efficiently and effectively assess impairment of drivers with recommendations for further research that may be needed. (Directive to Take Action) |
| D | Res. 403 | Women Physicians Section | Addressing Maternal Discrimination and Support for Flexible Family Leave | RESOLVED, That our American Medical Association encourage key stakeholders to implement policies and programs that help protect against maternal discrimination and promote work-life integration for physician parents, which should encompass prenatal care, parental leave, and flexibility for childcare (Directive to Take Action); and be it furtherRESOLVED, That our AMA urge key stakeholders to include physicians and frontline workers in legislation that provides protections and considerations for paid parental leave for issues of health and childcare. (Directive to Take Action) |
| D | Res. 404 | American Academy of Child and Adolescent Psychiatry | Weapons in Correctional Healthcare Settings | RESOLVED, That our American Medical Association advocate that physicians not be required to carry or use weapons in correctional facilities where they provide clinical care (Directive to Take Action); and be it furtherRESOLVED, That our AMA study and make recommendations regarding the presence of weapons in correctional healthcare facilities. (Directive to Take Action) |
| D | Res. 405 | Medical Student Section | Universal Childcare and Preschool | RESOLVED, That our American Medical Association advocate for universal access to high-quality and affordable childcare and preschool. (Directive to Take Action) |
| D | Res. 406 | American Association of Public Health Physicians | COVID-19 Preventive Measures for Correctional Facilities: AMA Policy Position | RESOLVED, That our American Medical Association advocate for all employees working in a correctional facility to be up to date with vaccinations against COVID-19, unless there is a valid medical contraindication/religious exception (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for all employees not up to date with vaccination for COVID-19 to be COVID rapid tested each time they enter a correctional facility (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for correctional facility policies that require non-employed, non-residents (e.g. visitors, contractors, etc.) to either show evidence of being up to date for COVID-19 or show proof of negative COVID test completed within 24 hours prior to each entry into a correctional facility (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate that all people inside a correctional facility wear an appropriate mask at all times, except while eating or drinking or at a safe (6 ft.) distance from anyone else if local transmission rate is above low risk as determined by the Centers for Disease Control and Prevention (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate that correctional facilities be able to request and receive all necessary funding for the above endemic COVID-19 vaccination and testing. (Directive to Take Action) |
| D | Res. 407 | American Thoracic Society | Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections | RESOLVED, That our American Medical Association study best practices for interactions between hospitals, clinicians, and members of law enforcement or correctional agencies to ensure that patients in custody of such law enforcement or correctional agencies (including patients without decision-making capacity), their surrogates, and the health care providers caring for them are provided the autonomy and privacy protections afforded to them by law and in concordance with professional ethical standards and report its findings to the AMA House of Delegates by the 2023 Annual Meeting. (Directive to Take Action) |
| D | Res. 408 | Illinois | Supporting Increased Research on Implementation of Nonviolent De‑escalation Training and Mental Illness Awareness in Law Enforcement | RESOLVED, That our American Medical Association support increased research on non-violent de-escalation tactics for law enforcement encounters with the mentally ill (New HOD Policy); and be it further RESOLVED, That our AMA support research of fatal encounters with law enforcement and the prevention thereof. (New HOD Policy) |
| D | Res. 409 | Illinois | Increasing HPV Vaccination Rates in Rural Communities | RESOLVED, That our American Medical Association advocate for increased HPV vaccination access and education in rural communities. (Directive to Take Action) |
| D | Res. 410 | Illinois | Increasing Education for School Staff to Recognize Prodromal Symptoms of Schizophrenia in Teens and Young Adults to Increase Early Intervention | RESOLVED, That our American Medical Association work with the American Psychiatric Association and other entities to support research of establishing education programs to teach high school and university staff to recognize the early prodromal symptoms of schizophrenia to increase early intervention. (Directive to Take Action) |
| D | Res. 411 | Michigan | Anonymous Prescribing Option for Expedited Partner Therapy | RESOLVED, That our American Medical Association work with electronic medical record vendors to create an anonymous prescribing option for the purpose of expedited partner therapy. (Directive to Take Action) |
| D | Res. 412 | Medical Student Section | Advocating for the Amendment of Chronic Nuisance Ordinances | RESOLVED, That our American Medical Association advocate for amendments to chronic nuisance ordinances that ensure calls made for safety or emergency services are not counted towards nuisance designations (Directive to Take Action); and be it furtherRESOLVED, That our AMA support initiatives to (a) gather data on chronic nuisance ordinance enforcement and (b) make that data publicly available to enable easier identification of disparities. (New HOD Policy) |
| D | Res. 413 | Medical Student Section | Expansion on Comprehensive Sexual Health Education | RESOLVED, That our American Medical Association amend Policy H-170.968, “Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools,” by addition and deletion to read as follows:(1) ~~Recognizes that the primary responsibility for family life education is in the home, and additionally~~ ~~s~~ Supports the concept of a ~~complementary~~ family life and sexuality education program in the schools at all levels, at local option and direction;(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms dental dams, and other barrier protection methods available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of LGBTQ+ ~~gay, lesbian, and bisexual~~ youth; (f) appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; (g) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; (h) are part of an overall health education program; and (i) include culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils;(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;(7) Supports federal funding of comprehensive sex education programs that stress the importance of ~~abstinence in~~ preventing unwanted teenage pregnancy and sexually transmitted infections via comprehensive education, ~~and also teach about~~ including contraceptive choices, abstinence, and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and(10) Encourages physicians and all interested parties to ~~conduct research and~~ develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate. (Modify Current HOD Policy) |
| D | Res. 414 | Resident and Fellow Section | Improvement of Care and Resource Allocation for Homeless Persons in the Global Pandemic | RESOLVED, That our American Medical Association support training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties (New HOD Policy); and be it furtherRESOLVED, That our AMA support the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals (New HOD Policy); and be it furtherRESOLVED, That our AMA reaffirm existing policies H-160.903, “Eradicating Homelessness,” and H-345.975, “Maintaining Mental Health Services by States” (Reaffirm HOD Policy); and be it furtherRESOLVED, That our AMA reaffirm existing policy H-160.978, “The Mentally Ill Homeless,” with a title change “Housing Insecure Individuals with Mental Illness”. (Reaffirm HOD Policy) |
| D | Res. 415 | Obesity Medicine Association | Creation of an Obesity Task Force | RESOLVED, That our American Medical Association create an obesity task force to evaluate and disseminate relevant scientific evidence to healthcare clinicians, other providers and the public (Directive to Take Action); and be it furtherRESOLVED, That the obesity task force address issues including but not limited to: - Promotion of awareness amongst practicing physicians and trainees that obesity is a treatable chronic disease along with evidence-based treatment options.- Advocacy efforts at the state and federal level to impact the disease obesity.- Health disparities, stigma and bias affecting people with obesity.- Lack of insurance coverage for evidence-based treatments including intensive lifestyle intervention, anti-obesity pharmacotherapy and bariatric and metabolic surgery.- Increasing obesity rates in children, adolescents and adults.- Drivers of obesity including lack of healthful food choices, over-exposure to obesogenic foods and food marketing practices. (Directive to Take Action) |
| D | Res. 416 | Oklahoma | School Resource Officer Violence De-Escalation Training and Certification | RESOLVED, That our American Medical Association highly recommend mandatory conflict de‑escalation training for all school resource officers (New HOD Policy); and be it further RESOLVED, That our AMA actively advocate to the National Association of School Resource Officers to develop a program for certification of School Resource Officers including but not limited to violence de-escalation training requirements, expiration date, renewal continuing education requirements and a revocation procedure in the rare event of misconduct. (Directive to Take Action) |
| D | Res. 417 | Oklahoma | Tobacco Control | RESOLVED, That American Medical Association policy H-490.913, “Smoke-Free and Vape-Free Environments and Workplaces,” be amended by addition and deletion to read as follows:On the issue of the health effects of environmental tobacco smoke (ETS), passive smoke, and vape aerosol exposure in the workplace and other public facilities, our AMA: (1)(a) supports classification of ETS as a known human carcinogen, and (b) concludes that passive smoke exposure is associated with increased risk of sudden infant death syndrome and of cardiovascular disease, and (c) encourages physicians and medical societies to take a leadership role in defending the health of the public from ETS risks and from political assaults by the tobacco industry, and and (d) encourages the concept of establishing smoke-free and vape-free campuses for business, labor, education, and government, and (2) (a) honors companies and governmental workplaces that go smoke-free and vape-free, and (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking and vaping in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking and vaping in the workplace, and (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking and vaping around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces, and and (d) will update draft model state legislation to prohibit smoking and vaping in public places and businesses, which would include language that would prohibit preemption of stronger local laws. (3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free and vape-free schools and eliminating smoking and vaping in public places and businesses and on any public transportation, and (ii) enlist the aid of county medical societies in local anti-smoking and anti-vaping campaigns, and and (iii) through an advisory to state, county, and local medical societies, urge county medical societies to join or to increase their commitment to local and state anti-smoking and anti-vaping coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking and anti-vaping control measures, and (b) urges all restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free and vape-free environment, and (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free and vape-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children, and (d) encourages state or local legislation or regulations that prohibit smoking and vaping in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others, and (e) urges eliminating cigarette, pipe and cigar smoking and vaping in any indoor area where children live or play, or where another person's health could be adversely affected through passive smoking inhalation, and (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking or non-vaping ordinance is introduced and to become directly involved in community tobacco control activities, and and (g) will report annually to its membership about significant anti-smoking and anti-vaping efforts in the prohibition of smoking and vaping in open and closed stadia, and (4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking and no vaping policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking and vaping in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts, and (5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking, vaping, and use of tobacco products in, or on the campuses of, hospitals, health care institutions, retail health clinics, and educational institutions, including medical schools, and (6) will work with the Department of Defense to explore ways to encourage a smoke-free and vape-free environment in the military through the use of mechanisms such as health education, smoking and vaping cessation programs, and the elimination of discounted prices for tobacco products in military resale facilities, and (7) ~~encourages and supports~~ collaborates with local and state medical societies and tobacco control coalitions to work with (a) Native American casino and tribal leadership to voluntarily prohibit smoking and vaping in their casinos, and (b) legislators and the gaming industry to support the prohibition of smoking and vaping in all casinos and gaming venues. (Modify Current HOD Policy) |
| D | Res. 418 | Oklahoma | Lung Cancer Screening Awareness | RESOLVED, That our American Medical Association empower the American public with knowledge through an education campaign to raise awareness of lung cancer screening with low-dose CT scans in high-risk patients to improve screening rates and decrease the leading cause of cancer death in the United States. (Directive to Take Action) |
| D | Res. 419 | Illinois | Advocating for the Utilization of Police and Mental Health Care Co-Response Teams for 911 Mental Health Emergency Calls | RESOLVED, That our American Medical Association support efforts to increase the use of co‑response (police and mental health worker) teams for non-violent mental health-related 911 calls. (New HOD Policy) |
| D | Res. 420 | California | Declaring Climate Change a Public Health Crisis | RESOLVED, That our American Medical Association declare climate change a public health crisis that threatens the health and well-being of all individuals (Directive to Take Action); and be it further RESOLVED, That our AMA protect patients by advocating for policies that: (1) limit global warming to no more than 1.5 degrees Celsius, (2) reduce US greenhouse gas emissions, and (3) achieve a reduced-emissions economy (Directive to Take Action); and be it furtherRESOLVED, That our AMA develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. (Directive to Take Action) |
| D | Res. 421 | Pennsylvania | Screening for HPV-Related Anal Cancer | RESOLVED, That our American Medical Association support advocacy efforts to implement screening for anal cancer for high-risk populations (New HOD Policy); and be it furtherRESOLVED, That our AMA support national medical specialty organizations and other stakeholders in developing guidelines for interpretation, follow up, and management of anal cancer screening results. (New HOD Policy) |
| D | Res. 422 | Minority Affairs Section, National Medical Association | Voting as a Social Determinant of Health | RESOLVED, That our American Medical Association acknowledge voting is a social determinant of health and significantly contributes to the analyses of other social determinants of health as a key metric (New HOD Policy); and be it furtherRESOLVED, That our AMA recognize gerrymandering as a partisan effort that functions in part to limit access to health care, including but not limited to the expansion of comprehensive medical insurance coverage, and negatively impacts health outcomes (New HOD Policy); and be it furtherRESOLVED, That our AMA collaborate with appropriate stakeholders and provide resources to firmly establish a relationship between voter participation and health outcomes. (Directive to Take Action) |
| D | Res. 423 | American Academy of Child and Adolescent Psychiatry | Awareness Campaign for 988 National Suicide Prevention Lifeline | RESOLVED, That our American Medical Association utilize their existing communications channels to educate the physician community and the public on the new 9-8-8 program. (Directive to Take Action) |
| D | Res. 424 | Maryland | Physician Interventions Addressing Environmental Health and Justice | RESOLVED, That our American Medical Association amend policy H-135.938, “Global Climate Change and Human Health,” by addition to read as follows:Our AMA:1. Supports the findings of the Intergovernmental Panel on Climate Change's fourth assessment report and concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor.2. Supports educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.4. Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently, and that the AMA's Center for Public Health Preparedness and Disaster Response assist in this effort.6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training. (Modify Current HOD Policy) |
| D | Res. 425 | Garretson, Delegate | Mental Health Crisis | RESOLVED, That our American Medical Association work expediently with all interested national medical organizations, national mental health organizations, and appropriate federal government entities to convene a federally-sponsored blue ribbon panel and develop a widely disseminated report on mental health treatment availability and suicide prevention in order to:1) Improve suicide prevention efforts, through support, payment and insurance coverage for mental and behavioral health and suicide prevention services, including, but not limited to, the National Suicide Prevention Lifeline;2) Increase access to affordable and effective mental health care through expanding and diversifying the mental and behavioral health workforce;3) Expand research into the disparities in youth suicide prevention;4) Address disparities in suicide risk and rate through education, policies and development of suicide prevention programs that are culturally and linguistically appropriate;5) Develop and support resources and programs that foster and strengthen healthy mental health development; and 6) Develop best practices for minimizing emergency department delays in obtaining appropriate mental health care for patients who are in mental health crisis. (Directive to Take Action) |
| D | Res. 426 | Michigan | Mental Health First Aid Training | RESOLVED, That our American Medical Association support physician acquisition of emergency mental health response skills by promoting education courses for physicians, fellows, residents, and medical students including, but not limited to, mental health first aid training (Directive to Take Action); and be it further RESOLVED, That our AMA reaffirm AMA Policy D-345.994 and H-345.984. (Reaffirm HOD Policy) |
| D | Res. 427 | Michigan | Pictorial Health Warnings on Alcoholic Beverages | RESOLVED, That our AMA amend Policy H-30.940, “AMA Policy Consolidation: Labeling Advertising, and Promotion of Alcoholic Beverages,” by addition to read as follows:AMA Policy Consolidation: Labeling Advertising, and Promotion of Alcoholic Beverages H-30.940(1.) (a) Supports accurate and appropriate labeling disclosing the alcohol content of all beverages, including so-called "nonalcoholic" beer and other substances as well, including over-the-counter and prescription medications, with removal of "nonalcoholic" from the label of any substance containing any alcohol; (b) supports efforts to educate the public and consumers about the alcohol content of so-called "nonalcoholic" beverages and other substances, including medications, especially as related to consumption by minors; (c) urges the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and other appropriate federal regulatory agencies to continue to reject proposals by the alcoholic beverage industry for authorization to place beneficial health claims for its products on container labels; and (d) urges the development of federal legislation to require nutritional labels on alcoholic beverages in accordance with the Nutritional Labeling and Education Act. (2.) (a) Expresses its strong disapproval of any consumption of "nonalcoholic beer" by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underaged use of alcohol; (b) recommends that health education labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising (with the messages focusing on the hazards of alcohol consumption by specific population groups especially at risk, such as pregnant women, as well as the dangers of irresponsible use to all sectors of the populace); ~~and~~ (c) recommends that the alcohol beverage industry be encouraged to accurately label all product containers as to ingredients, preservatives, and ethanol content (by percent, rather than by proof); and (d) advocates that the alcohol beverage industry be required to include pictorial health warnings on alcoholic beverages. (3.) Actively supports and will work for a total statutory prohibition of advertising of all alcoholic beverages except for inside retail or wholesale outlets. Pursuant to that goal, our AMA (a) supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse; (b) opposes the use of the radio and television to promote drinking; (c) will work with state and local medical societies to support the elimination of advertising of alcoholic beverages from all mass transit systems; (d) urges college and university authorities to bar alcoholic beverage companies from sponsoring athletic events, music concerts, cultural events, and parties on school campuses, and from advertising their products or their logo in school publications; and (e) urges its constituent state associations to support state legislation to bar the promotion of alcoholic beverage consumption on school campuses and in advertising in school publications.(4.) (a) Urges producers and distributors of alcoholic beverages to discontinue advertising directed toward youth, such as promotions on high school and college campuses; (b) urges advertisers and broadcasters to cooperate in eliminating television program content that depicts the irresponsible use of alcohol without showing its adverse consequences (examples of such use include driving after drinking, drinking while pregnant, or drinking to enhance performance or win social acceptance); (c) supports continued warnings against the irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include in their advertising specific warnings against driving after drinking; and (d) commends those automobile and alcoholic beverage companies that have advertised against driving while under the influence of alcohol. (Modify Current HOD Policy); and be it furtherRESOLVED, That our AMA advocate for the implementation of pictorial health warnings on alcoholic beverages**.**  (Directive to Take Action) |
| D | Res. 428 | Medical Student Section | Amending H-90.968 to Expand Policy on Medical Care of Persons with Disabilities | RESOLVED, That, in order to address the shared healthcare barriers of people with disabilities and the need for curricula in medical education on the care and treatment of people with a range of disabilities, our American Medical Association amend by addition and deletion H‑90.968 “Medical Care of Persons with Developmental Disabilities” to include those with a broad range of disabilities while retaining goals specific to the needs of those with developmental disabilities:Medical Care of Persons with ~~Developmental~~ Disabilities, H‑90.9681. Our AMA encourages: (a) clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with ~~developmental~~ disabilities including but not limited to physical, sensory, developmental, intellectual, learning, and psychiatric disabilities and chronic illnesses; (b) medical schools and graduate medical education programs to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with ~~Developmental D~~disabilities; (c) medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental disabilities, to improve quality in clinical care; (d) education of physicians on how to provide and/or advocate for ~~quality,~~ developmentally appropriate and accessible medical, social and living support for patients with ~~developmental~~ disabilities so as to improve health outcomes; (e) medical schools and residency programs to encourage faculty and trainees to appreciate the opportunities for exploring diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound ~~developmental~~ disabilities and multiple co-morbid medical conditions in any setting; (f) medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for the ~~developmentally~~ disabled; and (g) cooperation among physicians, health & human services professionals, and a wide variety of adults with ~~developmental~~ disabilities to implement priorities and quality improvements for the care of persons with ~~developmental~~ disabilities. 2. Our AMA seeks: (a) legislation to increase the funds available for training physicians in the care of individuals with ~~intellectual~~ disabilities~~/developmentally disabled individuals~~, and to increase the reimbursement for the health care of these individuals; and (b) insurance industry and government reimbursement that reflects the true cost of health care of individuals with ~~intellectual~~ disabilities~~/developmentally disabled individuals~~. 3. Our AMA entreats health care professionals, parents, and others participating in decision-making to be guided by the following principles: (a) All people with ~~developmental~~ disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives; and (b) An individual’s medical condition and welfare must be the basis of any medical decision. Our AMA advocates for the highest quality medical care for persons with profound ~~developmental~~ disabilities; encourages support for health care facilities whose primary mission is to meet the health care needs of persons with profound ~~developmental~~ disabilities; and informs physicians that when they are presented with an opportunity to care for patients with profound ~~developmental~~ disabilities, that there are resources available to them. ~~4. Our AMA will continue to work with medical schools and their accrediting/licensing bodies to encourage disability related competencies/objectives in medical school curricula so that medical professionals are able to effectively communicate with patients and colleagues with disabilities, and are able to provide the most clinically competent and compassionate care for patients with disabilities.~~ 4. Our AMA will collaborate with appropriate stakeholders to create a model general curriculum/objective that (a) incorporates critical disability studies; and (b) includes people with disabilities as patient instructors in formal training sessions and preclinical and clinical instruction. 5. Our AMA recognizes the importance of managing the health of children and adults with developmental and intellectual disabilities as a part of overall patient care for the entire community. 6. Our AMA supports efforts to educate physicians on health management of children and adults with intellectual and developmental disabilities, as well as the consequences of poor health management on mental and physical health for people with intellectual and developmental disabilities. 7. Our AMA encourages the Liaison Committee on Medical Education, Commission of Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement a curriculum on the care and treatment of people with a range of ~~developmental~~ disabilities. 8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with a range of ~~developmental~~ disabilities. 9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing programs that focus on the care and treatment of people with a range of ~~developmental~~ disabilities. 10. Our AMA will advocate that the Health Resources and Services Administration include persons with ~~intellectual and developmental~~ disabilities ~~(IDD)~~ as a medically underserved population. 11. Specific to people with developmental and intellectual disabilities, a uniquely underserved population, our AMA encourages: (a) medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental and intellectual disabilities, to improve quality in clinical education; (b) medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for individuals with developmental and intellectual disabilities; and (c) cooperation among physicians, health and human services professionals, and a wide variety of adults with intellectual and developmental disabilities to implement priorities and quality improvements for the care of persons with intellectual and developmental disabilities.(Modify Current HOD Policy) |
| D | Res. 429 | Medical Student Section | Increasing Awareness and Reducing Consumption of Food and Drink of Poor Nutritional Quality | RESOLVED, That our American Medical Association advocate for the end of tax subsidies for advertisements that promote among children the consumption of food and drink of poor nutritional quality, as defined by appropriate nutritional guiding principles (Directive to Take Action); and be it furtherRESOLVED, That our AMA amend H-150.927, “Strategies to Reduce the Consumption of Beverages with Added Sweeteners” by addition to read as follows:H-150.927 – STRATEGIES TO REDUCE THE CONSUMPTION OF FOOD AND BEVERAGES WITH ADDED SWEETENERSOur AMA: (1) acknowledges the adverse health impacts of sugar- sweetened beverage (SSB) consumption and food products with added sugars, and support evidence-based strategies to reduce the consumption of SSBs and food products with added sugars, including but not limited to, excise taxes on SSBs and food products with added sugars, removing options to purchase SSBs and food products with added sugars in primary and secondary schools, the use of warning labels to inform consumers about the health consequences of SSB consumption and food products with added sugars, and the use of plain packaging; (2) encourages continued research into strategies that may be effective in limiting SSB consumption and food products with added sugars, such as controlling portion sizes; limiting options to purchase or access SSBs and food products with added sugars in early childcare settings, workplaces, and public venues; restrictions on marketing SSBs and food products with added sugars to children; and changes to the agricultural subsidies system; (3) encourages hospitals and medical facilities to offer healthier beverages, such as water, unflavored milk, coffee, and unsweetened tea, for purchase in place of SSBs and apply calorie counts for beverages in vending machines to be visible next to the price; ~~and~~ (4) encourages physicians to (a) counsel their patients about the health consequences of SSB consumption and food products with added sugars and replacing SSBs and food products with added sugars with healthier beverage and food choices, as recommended by professional society clinical guidelines; and (b) work with local school districts to promote healthy beverage and food choices for students; and (5) recommends that taxes on food and beverage products with added sugars be enacted in such a way that the economic burden is borne by companies and not by individuals and families with limited access to food alternatives; and (6) supports that any excise taxes are reinvested in community programs promoting health. (Modify Current HOD Policy) |
| D | Res. 430 | Medical Student Section | Longitudinal Capacity-Building to Address Climate Action and Justice | RESOLVED, That our American Medical Association: (1) Declare climate change an urgent public health emergency that threatens the health and well-being of all individuals; (2) Aggressively advocate for prompt passage of legislation and policies that limit global warming to no more than 1.5 degrees Celsius over pre-industrial levels and address the health and social impacts of climate change through rapid reduction in greenhouse gas emissions aimed at carbon neutrality by 2050, rapid implementation and incentivization of clean energy solutions, and significant investments in climate resilience through a climate justice lens; (3) Study opportunities for local, state, and federal policy interventions and advocacy to proactively respond to the emerging climate health crisis and advance climate justice with report back to the House of Delegates; and (4) Consider the establishment of a longitudinal task force or organizational unit within the AMA to coordinate and strengthen efforts toward advocacy for an equitable and inclusive transition to a net-zero carbon society by 2050, with report back to the House of Delegates. (Directive to Take Action) |
| D | Res. 431 | Medical Student Section | Protections for Incarcerated Mothers and Infants in the Perinatal Period | RESOLVED, That our American Medical Association encourage research efforts to characterize the health needs for pregnant inmates, including efforts that utilize data acquisition directly from pregnant inmates (Directive to Take Action); and be it further RESOLVED, That our AMA support legislation requiring all correctional facilities, including those that are privately-owned, to collect and report pregnancy-related healthcare statistics with transparency in the data collection process (Directive to Take Action); and be it further RESOLVED, That our AMA oppose the immediate separation of infants from incarcerated pregnant individuals post-partum; (Directive to Take Action) and be it further RESOLVED, That our AMA support solutions, such as community-based programs, which allow infants and incarcerated postpartum individuals to remain together (Directive to Take Action); and be it furtherRESOLVED, That our AMA amend policy H-430.990 by addition to read as follows:Bonding Programs for Women Prisoners and their Newborn Children H-430.990Because there are insufficient data at this time to draw conclusions about the long-term effects of prison nursery programs on mothers and their children, the AMA supports and encourages further research on the impact of infant bonding programs on incarcerated women and their children. However, since there are established benefits of breast milk for infants and breast milk expression for mothers, the AMA advocates for policy and legislation that extends the right to breastfeed and/or pump and store breast milk to include incarcerated mothers. The AMA recognizes the prevalence of mental health and substance abuse problems among incarcerated women and continues to support access to appropriate services for women in prisons. The AMA recognizes that a large majority of incarcerated females who may not have developed appropriate parenting skills are mothers of children under the age of 18. The AMA encourages correctional facilities to provide parenting skills and breastfeeding/breast pumping training to all female inmates in preparation for their release from prison and return to their children. The AMA supports and encourages further investigation into the long-term effects of prison nurseries on mothers and their children. (Modify Current HOD Policy) |
| D | Res. 432 | Medical Student Section | Recognizing Loneliness as a Public Health Issue | RESOLVED, That our American Medical Association release a statement identifying loneliness as a public health issue with consequences for physical and mental health (Directive to Take Action;) and be it furtherRESOLVED, That our AMA support evidence-based efforts to combat loneliness. (New HOD Policy) |
| D | Res. 433 | Medical Student Section | Support for Democracy | RESOLVED, That our American Medical Association unequivocally support the democratic process, wherein representatives are regularly chosen through free and fair elections, as essential for maximizing the health and well-being of all Americans (New HOD Policy); and be it furtherRESOLVED, That our AMA strongly oppose attempts to subvert the democratic process (Directive to Take Action); and be it furtherRESOLVED, That our AMA assert that every candidate for political office and every officeholder in the public trust must support the democratic process and never take steps or support steps by others to subvert it. (Directive to Take Action) |
| D | Res. 434 | Medical Student Section | Support for Pediatric Siblings of Chronically Ill Children | RESOLVED, That our American Medical Association support programs and resources that improve the mental health, physical health, and social support of pediatric siblings of chronically ill pediatric patients. (Directive to Take Action) |
| D | Res. 435 | Medical Student Section | Support Removal of BMI as a Standard Measure in Medicine and Recognizing Culturally-Diverse and Varied Presentations of Eating Disorders | RESOLVED, That our American Medical Association recognize the significant limitations and potential harms associated with the widespread use of body mass index (BMI) in clinical settings and supports its use only in a limited screening capacity when used in conjunction with other more valid measures of health and wellness (Directive to Take Action); and be it furtherRESOLVED, That our AMA support the use of validated, easily obtained alternatives to BMI (such as relative fat mass, body adiposity index, and the body volume index) for estimating risk of weight-related disease (New HOD Policy); and be it furtherRESOLVED, That our AMA amend policy H-440.866, “The Clinical Utility of Measuring Body Mass Index and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity,” by addition and deletion to read as follows:The Clinical Utility of Measuring ~~Body Mass Index~~ Weight, Adiposity, and Waist Circumference in the Diagnosis and Management of Adult Overweight and Obesity, H‑440.866Our AMA supports:(1) greater emphasis in physician educational programs on the risk differences ~~among ethnic and age~~ within and between demographic groups at varying weights and levels of adiposity ~~BMI~~ and the importance of monitoring waist circumference in all individuals ~~with BMIs below 35 kg/m2~~;(2) additional research on the efficacy of screening for overweight and obesity, using different indicators, in improving various clinical outcomes across populations, including morbidity, mortality, mental health, and prevention of further weight gain; and(3) more research on the efficacy of screening and interventions by physicians to promote healthy lifestyle behaviors, including healthy diets and regular physical activity, in all of their patients to improve health and minimize disease risks. (Modify Current HOD Policy); and be it furtherRESOLVED, That our AMA amend policy H-150.965, by addition to read as follows in order to support increased recognition of disordered eating behaviors in minority populations and culturally appropriate interventions: H-150.965 – EATING DISORDERSThe AMA (1) adopts the position that overemphasis of bodily thinness is as deleterious to one’s physical and mental health as obesity; (2) asks its members to help their patients avoid obsessions with dieting and to develop balanced, individualized approaches to finding the body weight that is best for each of them; (3) encourages training of all school-based physicians, counselors, coaches, trainers, teachers and nurses to recognize unhealthy eating, binge-eating, dieting, and weight restrictive behaviors in adolescents and to offer education and appropriate referral of adolescents and their families for culturally-informed interventional counseling; and (4) participates in this effort by consulting with appropriate and culturally informed educational and counseling materials pertaining to unhealthy eating, binge-eating*,* dieting, and weight restrictive behaviors. (Modify Current HOD Policy) |
| D | Res. 436 | Medical Student Section | Training and Reimbursement for Firearm Safety Counseling | RESOLVED, That our American Medical Association support the inclusion of gun violence epidemiology and evidence-based firearm-related injury prevention education in medical school curricula (Directive to Take Action); and be it furtherRESOLVED, That our AMA amend Policy H-145.976, “Firearm Safety Counseling in Physician-Led Health Care Teams,” by addition to read as follows:Firearm Safety Counseling in Physician-Led Health Care Teams, H-145.9761. Our AMA: (a) will oppose any restrictions on physicians' and other members of the physician-led health care team's ability to inquire and talk about firearm safety issues and risks with their patients; (b) will oppose any law restricting physicians' and other members of the physician-led health care team's discussions with patients and their families about firearms as an intrusion into medical privacy; and (c) encourages dissemination of educational materials related to firearm safety to be used in undergraduate medical education.2. Our AMA will work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related injury or death, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties.3. Our AMA will support the development of reimbursement structures that incentivize physicians to counsel patients on firearm-related injury risk and prevention. (Modify Current HOD Policy) |
| D | Res. 437 | New England | Air Pollution and COVID: A Call to Tighten Regulatory Standards for Particulate Matter | RESOLVED, That our American Medical Association AMA advocate for stronger federal particulate matter air quality standards than currently in place and improved enforcement that will better protect the public’s health. (Directive to Take Action) |
| D | Res. 438 | New England | Informing Physicians, Health Care Providers, and the Public of the Health Dangers of Fossil-Fuel Derived Hydrogen | RESOLVED, That our American Medical Association recognize the health, safety, and climate risks of current methods of producing fossil fuel-derived hydrogen and the dangers of adding hydrogen to natural gas (HP) (New HOD Policy); and be it furtherRESOLVED, That our AMA educate its members, and, to the extent possible, health care professionals and the public, about the health, safety, and climate risks of current methods of producing fossil fuel-derived hydrogen and the dangers of adding hydrogen to natural gas (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate to appropriate government agencies such as the EPA and the Department of Energy, and federal legislative bodies, regarding the health, safety and climate risks of current methods of producing fossil fuel derived hydrogen and the dangers of adding hydrogen to natural gas. (Directive to Take Action) |
| D | Res. 439 | New England | Informing Physicians, Health Care Providers, and the Public That Cooking with a Gas Stove Increases Household Air Pollution and the Risk of Childhood Asthma | RESOLVED, That our American Medical Association recognize the association between the use of gas stoves, indoor nitrogen dioxide levels and asthma (New HOD Policy); and be it furtherRESOLVED, That our AMA inform its members and, to the extent possible, health care providers, the public, and relevant organizations that use of a gas stove increases household air pollution and the risk of childhood asthma and asthma severity; which can be mitigated by reducing the use of the gas cooking stove, using adequate ventilation, and/or using an appropriate air filter (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for innovative programs to assist with mitigation of cost to encourage the transition from gas stoves to electric stoves in an equitable manner. (Directive to Take Action) |
| D | Res. 440 | Integrated Physician Practice Section | Addressing Social Determinants of Health through Health IT | RESOLVED, That our American Medical Association advocate for data interoperability between physicians’ practices, public health, vaccine registries, community-based organizations, and other related social care organizations to promote coordination across the spectrum of care, while maintaining appropriate patient privacy (Directive to Take Action); and be it furtherRESOLVED, That the AMA adopt the position that electronic health records should integrate and display information on social determinants of health and social risk so that such information is actionable by physicians to intervene and mitigate the impacts of social factors on health outcomes (Directive to Take Action). |
| D | Res. 441 | Medical Student Section | Addressing Adverse Effects of Active Shooter Drills on Children's Health | RESOLVED, That our American Medical Association support that all school systems conduct evidence-based active shooter drills in a trauma-informed manner that a. is cognizant of children's physical and mental wellness,b. considers prior experiences that might affect children's response to a simulation,c. avoids creating additional traumatic experiences for children, andd. provides support for students who may be adversely affected (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with relevant stakeholders to raise awareness of ways to conduct active shooter drills that are safe for children and age-appropriate. (Directive to Take Action) |
| D | Res. 442 | Medical Student Section | Opposing the Censorship of Sexuality and Gender Identity Discussions in Public Schools | RESOLVED, That our American Medical Association oppose censorship of LGBTQIA+ topics and opposes any policies that limit discussion or restrict mention of sexuality, sexual orientation, and gender identity in schools or educational curricula (Directive to Take Action); and be it furtherRESOLVED, That our AMA support policies that ensure an inclusive, well-rounded educational environment free from censorship of discussions surrounding sexual orientation, sexuality, and gender identity in public schools. (Directive to Take Action) |
| D | Res. 443 | Medical Student Section | Addressing the Longitudinal Healthcare Needs of American Indian Children in Foster Care | RESOLVED, The AMA recognize the Indian Child Welfare Act of 1978 as the gold standard in child welfare legislation (New HOD Policy); and be it furtherRESOLVED, The AMA support federal legislation preventing the removal of American Indian and Alaska Native children from their homes by public and private agencies without cause (New HOD Policy); and be it furtherRESOLVED, The AMA work with local and state medical societies and other relevant stakeholders to support legislation preventing the removal of American Indian and Alaska Native children from their homes by public and private agencies without cause (Directive to Take Action); and be it furtherRESOLVED, The AMA support state and federal funding opportunities for American Indian and Alaska Native child welfare systems. (New HOD Policy) |
| E | Res. 501 | Young Physicians Section | Marketing Guardrails for the “Over-Medicalization” of Cannabis Use | RESOLVED, That our American Medical Association send a formal letter to the Food and Drug Administration and Federal Trade Commission requesting more direct oversight of the marketing of cannabis for medical use. (Directive to Take Action) |
| E | Res. 502 | New York | Ensuring Correct Drug Dispensing | RESOLVED, That our American Medical Association request that the United States Food and Drug Administration work with the pharmaceutical and pharmacy industries to facilitate the ability of pharmacies to ensure that a color photo of a prescribed medication and its dosage is attached to the sales receipt to ensure that the drug dispensed is that which has been prescribed. (Directive to Take Action) |
| E | Res. 503 | New York | Pharmacy Benefit Managers and Drug Shortages | RESOLVED, That our American Medical Association conduct a study which will investigate the role pharmacy benefit managers play in drug shortages. (Directive to Take Action) |
| E | Res. 504 | New York | Scientific Studies Which Support Legislative Agendas | RESOLVED, That our American Medical Association continue and expand its efforts to work with allied groups, health care policy influencers such as think tanks, and entities that can produce high quality scientific evidence, to help generate support for the AMA’s key advocacy goals. (Directive to Take Action) |
| E | Res. 505 | Illinois | CBD Oil Use and the Marketing of CBD Oil | RESOLVED, That our American Medical Association support banning the advertising of cannabidiol (CBD) as a component of marijuana in places that children frequent (New HOD Policy); and be it furtherRESOLVED, That our AMA support legislation to prohibit companies from selling CBD products if they make any unproven health and therapeutic claims, and to require companies to include a Food and Drug Administration-approved warning on CBD product labels. (New HOD Policy) |
| E | Res. 506 | Illinois | Drug Manufacturing Safety | RESOLVED, That our American Medical Association support efforts to ensure that the U.S. Food and Drug Administration (FDA) resumes safety testing for all drug manufacturing facilities on a frequent and rigorous basis, as done in the past (Directive to Take Action); and be it furtherRESOLVED, That our AMA call for the FDA to reaffirm the safety of the manufacture of drugs and the adequacy of volume in the pipeline. (Directive to Take Action) |
| E | Res. 507 | Illinois | Federal Initiative to Treat Cannabis Dependence | RESOLVED, That our American Medical Association urge the National Institutes of Health to award appropriate incentive grants to universities, pharmaceutical companies and other capable entities to develop treatment options for cannabis dependence; and that the cost of these grants be financed by taxes on those who profit from selling cannabis. (New HOD Policy) |
| E | Res. 508 | Illinois | Supplemental Resources for Inflight Medical Kit | RESOLVED, That our American Medical Association advocate for U.S. passenger airlines to carry standard pulse oximeters, automated blood pressure cuffs and blood glucose monitoring devices in their emergency medical kits. (Directive to Take Action) |
| E | Res. 509 | Illinois | Regulation and Control of Self-Service Labs | RESOLVED, That our American Medical Association study issues with patient-directed self-service testing, including the accreditation and licensing of laboratories that sell self-ordered tests and physician liability related to non-physician-ordered tests. (Directive to Take Action) |
| E | Res. 510 | Colorado | Evidence-Based Deferral Periods for MSM Corneas and Tissue Donors | RESOLVED, That our American Medical Association amend current policy H-50.973, “Blood Donor Deferral Criteria,” by addition and deletion as follows: Blood and Tissue Donor Deferral CriteriaOur AMA: (1) supports the use of rational, scientifically-based ~~blood and tissue donation~~ deferral periods for donation of blood, corneas, and other tissues that are fairly and consistently applied to donors according to their individual risk; (2) opposes all policies on deferral of blood and tissue donations that are not based on evidence; (3) supports a blood and tissue donation deferral period for those determined to be at risk for transmission of HIV that is representative of current HIV testing technology; and (4) supports research into individual risk assessment criteria for blood and tissue donation (Modify Current HOD Policy); and be it further RESOLVED, That our AMA continue to lobby the United States Food and Drug Administration to use modern medical knowledge to revise its decades-old deferral criteria for MSM donors of corneas and other tissues. (Directive to Take Action) |
| E | Res. 511 | Illinois | Over the Counter (OTC) Hormonal Birth Control | RESOLVED, That our American Medical Association recommend elimination of the requirement for a physician’s prescription to purchase birth control pills (BCP) and over the counter (OTC) hormonal contraceptives and allow OTC purchase (New HOD Policy); and be it further RESOLVED, That our AMA advocate for the revocation of Food and Drug Administration and/or Congressional regulations requiring a prescription for OTC hormonal BCP. (Directive to Take Action) |
| E | Res. 512 | Mississippi | Scheduling and Banning the Sale of Tianeptine in the United States | RESOLVED, That our American Medical Association advocate to schedule Tianeptine as Schedule II whilst supporting research into the safety and efficacy of the substance (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate to ban the sale of Tianeptine directly to the public. (Directive to Take Action) |
| E | Res. 513 | Oklahoma | Education for Patients on Opiate Replacement Therapy | RESOLVED, That our American Medical Association amend Policy D-95.987, “Prevention of Opioid Overdose,” by addition to read as follows:1. Our AMA: (a) recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society alike and reaffirms its support for the compassionate treatment of patients with a SUD and people who use drugs; (b) urges that community-based programs offering naloxone and other opioid overdose and drug safety and prevention services continue to be implemented in order to further develop best practices in this area; (c) encourages the education of health care workers and people who use drugs about the use of naloxone and other harm reduction measures in preventing opioid and other drug-related overdose fatalities; and (d) will continue to monitor the progress of such initiatives and respond as appropriate.2. Our AMA will: (a) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of a drug-related overdose; and (b) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug-related overdose.3. Our AMA will support the development and implementation of appropriate education programs for persons receiving treatment for a SUD or in recovery from a SUD and their friends/families that address harm reduction measures.4. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the use of “drug paraphernalia” designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies.5. Our AMA implement an education program for patients on opiate replacement therapy and their family/caregivers to increase understanding of their increased risk of death with concurrent opiate maintenance therapy and the onset of a serious respiratory illness such as SARS-CoV-2. (Modify Current HOD Policy) |
| E | Res. 514 | Oklahoma | Oppose Petition to the DEA and FDA on Gabapentin | RESOLVED, That our American Medical Association actively oppose the placement of (a) gabapentin (2-[1-(aminomethyl) cyclohexyl] acetic acid), including its salts, and all products containing gabapentin (including the brand name products Gralise and Neurontin) and (b) gabapentin enacarbil (1-{[({(1RS)-1-[(2- methylpropanoyl)oxy]ethoxy} carbonyl)amino]methyl} cyclohexyl) acetic acid), including its salts, (including the brand name product Horizant) into schedule V of the Controlled Substances Act (Directive to Take Action); and be it furtherRESOLVED, That our AMA submit a timely letter to the Commissioner of the U.S. Food and Drug Administration for the proceedings assigned docket number FDA-2022-P-0149 in opposition to placement of gabapentin and gabapentin enacarbil into the schedule V of the Controlled Substance Act. (Directive to Take Action) |
| E | Res. 515 | Senior Physicians Section | Reducing Polypharmacy as a Significant Contributor to Senior Morbidity | RESOLVED, That our American Medical Association work with other organizations e.g., AARP, other medical specialty societies, PhRMA, and pharmacists to educate patients about the significant effects of all medications and most supplements, and to encourage physicians to teach patients to bring all medications and supplements or accurate, updated lists including current dosage to each encounter (Directive to Take Action); and be it further RESOLVED, That our AMA along with other appropriate organizations encourage physicians and ancillary staff if available to initiate discussions with patients on improving their medical care through the use of only the minimal number of medications (including prescribed or over-the-counter, including vitamins and supplements) needed to optimize their health (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with other stakeholders and EHR vendors to address the continuing problem of inaccuracies in medication reconciliation and propagation of such inaccuracies in electronic health records, and to include non-prescription medicines in medication compatibility screens. (Directive to Take Action) |
| E | Res. 516 | Undersea and Hyperbaric Medical Society | Oppose “Mild Hyperbaric” Facilities from Delivering Unsupported Clinical Treatments | RESOLVED, That our American Medical Association oppose the operation of “mild hyperbaric facilities” unless and until effective treatments can be delivered in safe facilities with appropriately trained staff including physician supervision and prescription and only when the intervention has scientific support or rationale. (New HOD Policy) |
| E | Res. 517 | Undersea and Hyperbaric Medical Society | Safeguard the Public from Widespread Unsafe Use of “Mild Hyperbaric Oxygen Therapy” | RESOLVED, That our American Medical Association oppose the operation of unsafe “Mild Hyperbaric Facilities” (New HOD Policy); and be it furtherRESOLVED, That our AMA work with the U.S. Food and Drug Administration and other regulatory bodies to close these facilities until and unless they adopt and adhere to all established safety regulations, adhere to the established principles of the practice of hyperbaric oxygen under the prescription and oversight of a licensed and trained physician, and ensure that staff are appropriately trained and adherent to applicable safety regulations. (Directive to Take Action)  |
| E | Res. 518 | American College of Obstetricians and Gynecologists | Over-the-Counter Access to Oral Contraceptives | RESOLVED, That our American Medical Association amends policy D-75.995, “Over-the-Counter Access to Oral Contraceptives,” by addition and deletion to read as follows:Our AMA:1. Encourages ~~manufacturers of oral contraceptives to submit the required application and supporting evidence to~~the US Food and Drug Administration ~~for the Agency to consider approving a~~ to swiftly review and approve a switch in status from prescription to over-the-counter for ~~such products~~ oral contraceptives, without age restriction.2. Encourages the continued study of issues relevant to over-the-counter access for oral contraceptives. 3. Will work with expert stakeholders to advocate for the availability of hormonal contraception as an over-the-counter medication. (Modify Current HOD Policy) |
| E | Res. 519 | Association for Clinical Oncology | Advanced Research Projects Agency for Health (ARPA-H) | RESOLVED, That our American Medical Association urge Congress and the Administration to ensure that while providing adequate funding for the promising research conducted at Advanced Research Projects Agency for Health (ARPA-H), it also provides robust annual baseline increases in appropriations for other research agencies, centers, and institutes, including, but not limited to, the NIH and NCI. (Directive to Take Action) |
| E | Res. 520 | Medical Student Section | Addressing Informal Milk Sharing | RESOLVED, That our AMA discourage the practice of informal milk sharing when said practice does not rise to health and safety standards comparable to those of milk banks, including but not limited to screening of donors and/or milk pasteurization (New HOD Policy); and be it furtherRESOLVED, That our AMA encourage breast milk donation to regulated human milk banks instead of via informal means (Directive to Take Action); and be it furtherRESOLVED, That our AMA support further research into the status of milk donation in the U.S. and how rates of donation for regulated human milk banks may be improved. (New HOD Policy) |
| E | Res. 521 | Medical Student Section | Encouraging Brain and Other Tissue Donation for Research and Educational Purposes | RESOLVED, That our AMA support the production and distribution of educational materials regarding the importance of postmortem tissue donation for the purposes of medical research and education; (Directive to Take Action) and be it furtherRESOLVED, That our AMA encourage the inclusion of additional information and consent options for brain and other tissue donation for research purposes on appropriate donor documents; (Directive to Take Action) and be it furtherRESOLVED, That our AMA encourage all persons to consider consenting to tissue donation including brain tissue for research purposes; (Directive to Take Action) and be it furtherRESOLVED, That our AMA encourage efforts to facilitate recovery of postmortem tissue including brain tissue for research and education purposes. (Directive to Take Action) |
| E | Res. 522 | Medical Student Section | Encouraging Research of Testosterone and Pharmacological Therapies for Post-Menopausal Individuals with Decreased Libido | RESOLVED, That our AMA encourage expansion of research on the use of testosterone therapy and other pharmacological interventions in treatment of decreased libido in postmenopausal individuals. (Directive to Take Action) |
| E | Res. 523 | Medical Student Section | Improving Research Standards, Approval Processes, and Post-Market Surveillance Standards for Medical Devices | RESOLVED, That our AMA support improvements to the Food and Drug Administration 510(k) exception to ensure the safety and efficacy of medical devices to: (a) make more stringent guidelines for which devices can qualify for the 510(k) exceptions; (b) mandate all 510(k) devices demonstrate equivalent or improved safety and effectiveness compared to market devices for the same clinical purpose; (Directive to Take Action) and be it furtherRESOLVED, That our AMA support stronger post-market surveillance requirements of medical devices, including but not limited to (a): conditional approval of devices until sufficient post-market surveillance data determining device safety can be collected, followed by confirmatory trials, and (b) a publicly available summary of medical devices approved under expedited programs along with associated clinical trial data and list of reported adverse events; (Directive to Take Action) and be it furtherRESOLVED, That our AMA amend policy H-100.992 to include medical devices by addition to read as follows:FDA, H-100.9921. Our AMA reaffirms its support for the principles that:(a) an FDA decision to approve a new drug or medical device, to withdraw a drug or medical device's approval, or to change the indications for use of a drug or medical device must be based on sound scientific and medical evidence derived from controlled trials, real-world data (RWD) fit for regulatory purpose, and/or postmarket incident reports as provided by statute; (b) this evidence should be evaluated by the FDA, in consultation with its Advisory Committees and expert extramural advisory bodies; and (c) any risk/benefit analysis or relative safety or efficacy judgments should not be grounds for limiting access to or indications for use of a drug or medical device unless the weight of the evidence from clinical trials, RWD fit for regulatory purpose, and post market reports shows that the drug or medical device is unsafe and/or ineffective for its labeled indications. (Modify Current HOD Policy) |
| E | Res. 524 | Medical Student Section | Increasing Access to Traumatic Brain Injury Resources in Primary Care Settings | RESOLVED, That our American Medical Association recognize disparities in the care for traumatic brain injuries, and acknowledge non-athletic traumatic brain injuries as a significant cause of morbidity and mortality, particularly for ethnic minorities and victims of domestic violence; (New HOD Policy) and be it further RESOLVED, That our AMA support increased access to traumatic brain injury resources in primary care settings which advocate for early intervention, encourage follow-up retention of patients for post-injury rehabilitation, and improved patient quality of life. (New HOD Policy) |
| E | Res. 525 | Medical Student Section | Reforming the FDA Accelerated Approval Process | RESOLVED, Our American Medical Association support mechanisms to address issues in the Food & Drug Administration (FDA)’s Accelerated Approval process, including but not limited to: efforts to ameliorate delays in post-marketing confirmatory study timelines, the creation of expiration dates for accelerated approvals, protocols for the withdrawal of approvals when post-marketing studies fail, justifications for the use of surrogate endpoints used to demonstrate clinical benefit, and special considerations for certain diseases (New HOD Policy) ; and be it furtherRESOLVED, That our AMA support specific solutions to issues in the FDA’s Accelerated Approval process if backed by evidence that such solutions would not adversely impact the likelihood of investment in novel drug development. (New HOD Policy) |
| E | Res. 526 | Medical Student Section | Adoption of Accessible Medical Diagnostic Equipment Standards | RESOLVED, That our American Medical Association support the enforcement of proposed federal accessibility standards for medical diagnostic equipment, as well as tax incentives and deductions that help physicians implement these standards. (New HOD Policy) |
| F | Res. 601 | New York | Development of Resources on End of Life Care | RESOLVED, That our American Medical Association develop educational resources for physicians, allied health professionals and patients on end of life care (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with all stakeholders to develop proper quality metrics to evaluate and improve palliative and hospice care. (Directive to Take Action) |
| F | Res. 602 | New York | Report on the Preservation of Independent Medical Practice | RESOLVED, That our American Medical Association issue a report every two years communicating their efforts to support independent medical practices. (Directive to Take Action) |
| F | Res. 603 | New York | September 11th as a National Holiday | RESOLVED, That our American Medical Association support and recognize September 11th as an annual day of observance to remember and recognize all who died and who continue to suffer health consequences from the events of 9/11, to honor first- and all responders from around the country, and to recognize and forever remind us of the unity our country experienced on 9/11/01 and the months that followed. (New HOD Policy) |
| F | Res. 604 | New York | UN International Radionuclide Therapy Day Recognition | RESOLVED, That our American Medical Association support the efforts of the American College of Nuclear Medicine to create and introduce a United Nations General Assembly (UNGA) Resolution for the creation of a new International Day of recognition with the suggested name of “International Radionuclide Therapy Day.” (Directive to Take Action) |
| F | Res. 605 | Resident and Fellow Section | Fulfilling Medicine’s Social Contract with Humanity in the Face of the Climate Health Crisis | RESOLVED, That our American Medical Association reaffirm Policy H-135.949, “Support of Clean Air and Reduction in Power Plant Emissions,” (Reaffirm HOD Policy); and be it furtherRESOLVED, That our AMA establish a climate crisis campaign that will distribute evidence-based information on the relationship between climate change and human health, determine high-yield advocacy and leadership opportunities for physicians, and centralize our AMA’s efforts towards environmental justice and an equitable transition to a net-zero carbon society by 2050. (Directive to Take Action) |
| F | Res. 606 | Michigan | Financial Impact and Fiscal Transparency of the American Medical Association Current Procedural Terminology® System | RESOLVED, That our American Medical Association survey physicians about and study the impact of the 2021 CPT® Evaluation and Management coding reform on physicians, among all specialties, in private and employed practices and report the findings and any recommendations at the November 2022 meeting of the House of Delegates. (Directive to Take Action) |
| F | Res. 607 | American Association of Public Health Physicians | AMA Urges Health and Life Insurers of Divest From Investments in Fossil Fuels | RESOLVED, That our American Medical Association declare that climate change is an urgent public health emergency, and calls upon all governments, organizations, and individuals to work to avert catastrophe (New HOD Policy); and be it furtherRESOLVED, That our AMA urge all health and life insurance companies, including those that provide insurance for medical, dental, and long-term care, to work in a timely, incremental, and fiscally responsible manner to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels (New HOD Policy); and be it furtherRESOLVED, That our AMA send letters to the nineteen largest health or life insurance companies in the United States to inform them of AMA policies concerned with climate change and with fossil fuel divestments, and urging these companies to divest. (Directive to Take Action) |
| F | Res. 608 | Resident and Fellow Section | Transparency of Resolution Fiscal Notes | RESOLVED, That our American Medical Association amend current policy G-600.061, “Guidelines for Drafting a Resolution or Report,” by addition and deletion to read as follows:(d) A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of ~~the~~ any proposed ~~policy, program,~~ study or directive to take action shall be generated and published by AMA staff in consultation with the sponsor~~.~~ prior to its acceptance as business of the AMA House of Delegates. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications must be included in the AMA House of Delegates Handbook to justify each fiscal note~~. When the resolution or report is estimated to have a resource implication of $50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers~~ (such as travel, consulting fees, meeting costs, or mailing). No resolution or report that proposes ~~policies, programs,~~ studies or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy. (Modify Current HOD Policy) |
| F | Res. 609 | Georgia | Surveillance Management System for Organized Medicine Policies and Reports | RESOLVED, That our American Medical Association develop a prioritization matrix across both global and reference committee specific areas of interest (Directive to Take Action); and be it furtherRESOLVED, That our AMA develop a web-based surveillance management system, with pre‑defined primary and/or secondary metrics, for resolutions and reports passed by their respective governance body (Directive to Take Action); and be it furtherRESOLVED, That our AMA share previously approved metrics and results from the surveillance management system at intervals deemed most appropriate to the state and local membership of organized medicine, including where and when appropriate to their patients. (Directive to Take Action) |
| F | Res. 610 | Senior Physicians Section | Making AMA Meetings Accessible | RESOLVED, That all future American Medical Association meetings be structured to provide accommodations for members who are able to physically attend, but who need assistance in order to meaningfully participate (Directive to Take Action); and be it further RESOLVED, That our AMA investigate ways of allowing meaningful participation in all meetings of the AMA by members who are limited in their ability to physically attend meetings (Directive to Take Action); and be it further RESOLVED, That our AMA revisit our criteria for selection of hotels and other venues for the HOD in order to facilitate maximum participation by members with disabilities (Directive to Take Action); and be it further RESOLVED, That our AMA report back to the HOD by no later than the 2023 Annual Meeting with a plan on how to maximize HOD meeting participation for members with disabilities. (Directive to Take Action) |
| F | Res. 611 | Minority Affairs Section | Continuing Equity Education | RESOLVED, That our American Medical Association establish an Open Forum on Health Equity, to be held annually at a House of Delegates Meeting, for members to directly engage in educational discourse and strengthen organizational capacity to advance and operationalize equity. (Directive to Take Action) |
| F | Res. 612 | Minority Affairs Section | Identifying Strategies for Accurate Disclosure and Reporting of Racial and Ethnic Data Across the Medical Education Continuum and Physician Workforce | RESOLVED, That our American Medical Association adopt racial and ethnic demographic data collection practices that allow self-identification of designation of one or more racial categories (Directive to Take Action); and be if furtherRESOLVED, That our AMA report demographic physician workforce data in mutually exclusive categories of race and ethnicity whereby Latino, Hispanic, and Other Spanish ethnicity and Middle Eastern North African ethnicity are categories, irrespective of race (Directive to Take Action); and be if furtherRESOLVED, That our AMA adopt racial and ethnic physician workforce demographic data reporting practices that permit disaggregation of individuals who have chosen multiple categories of race so as to distinguish each category of individuals' demographics as alone or in combination with any other racial and ethnic category (Directive to Take Action); and be it further RESOLVED, That our AMA collaborate with AAMC, ACGME, AACOM, AOA, NBME, NBOME, NRMP, FSBM, CMSS, ABMS, HRSA, OMB, NIH, ECFMG, and all other appropriate stakeholders, including minority physician organizations, and relevant federal agencies to develop standardized processes and identify strategies to improve the accurate collection, disclosure and reporting of racial and ethnic data across the medical education continuum and physician workforce. (Directive to Take Action) |
| F | Res. 613 | California | Timing of Board Report on Resolution 605 from N-21 Regarding a Permanent Resolution Committee | RESOLVED, That the Report of the Board of Trustees regarding Resolution 605 from N-21 be presented to the American Medical Association House of Delegates with recommendation(s) for the House of Delegates to be voted upon at the 2022 Interim Meeting. (Directive to Take Action) |
| F | Res. 614 | Albert L. Hsu, MD, Delegate | Allowing Virtual Interviews on Non-Holiday Weekends for Candidates for AMA Office | RESOLVED, That our AMA amend policy G-610.020, “Rules for AMA Elections,” by addition and deletion to read as follows: Interviews may be conducted only during a window designated by the Speaker beginning on the Thursday evening of a non-holiday weekend at least two weeks but not more than 4 weeks prior to the scheduled Opening Session of the House of Delegates meeting at which elections will take place and must be concluded by that following Sunday ~~(four days later)~~. (Modify Current HOD Policy) |
| F | Res. 615 | Medical Student Section | Anti-Harassment Training | RESOLVED, That our American Medical Association require all members elected and appointed to national and regional AMA leadership positions to complete AMA Code of Conduct and anti-harassment training, with continued evaluation of the training for effectiveness in reducing harassment within the AMA; (Directive to Take Action) and be it furtherRESOLVED, That our AMA work with the Women Physician Section, American Medical Women’s Association, GLMA: Health Professionals Advancing LGBTQ Equality, and other stakeholders to identify an appropriate, evidence-based anti-harassment and sexual harassment prevention training to administer to leadership. (Directive to Take Action) |
| F | Res. 616 | Medical Student Section | Medical Student, Resident/Fellow, and Physician Voting in Federal, State and Local Elections | RESOLVED, That our AMA study the rate of voter turnout in physicians, residents, fellows, and medical students in federal, state, and local elections without regard to political party affiliation or voting record, as a step towards understanding political participation in the medical community; (Directive to Take Action) and be it furtherRESOLVED, That our AMA work with appropriate stakeholders to guarantee a full day off on Election Days at medical schools. (Directive to Take Action)  |
| F | Res. 617 | Medical Student Section | Study a Need-Based Scholarship to Encourage Medical Student Participation in the AMA | RESOLVED, That our American Medical Association will explore mechanisms to mitigate costs associated with medical student participation at national, in-person AMA conferences. (Directive to Take Action) |
| F | Res. 618 | Oklahoma | Extending the Delegate Apportionment Freeze During COVID-19 Pandemic | RESOLVED, That our American Medical Association extend the current delegate apportionment freeze for losing a delegate from a state medical or specialty society until the end of 2023. (Directive to Take Action) |
| F | Res. 619 | Texas | Focus and Priority for the AMA House of Delegates | RESOLVED, That the Resolutions Committee be formed as a standing committee of the house, the purpose of which is to review and prioritize all submitted resolutions to be acted upon at the annual and interim meetings of the AMA House of Delegates (Directive to Take Action); and be it furtherRESOLVED, That the membership of the Resolutions Committee be composed of one Medical Student Section (MSS) member, one Resident and Fellow Section (RFS) member, and one Young Physicians Section (YPS) member, all appointed by the speakers through nominations of the MSS, RFS, and YPS respectively; six regional members appointed by the speakers through nominations from the regional caucuses; six specialty members appointed by the speakers through nominations from the specialty caucuses; three section members appointed by the speakers through nominations from sections other than the MSS, RFS, and YPS; and one past president appointed by the speakers (Directive to Take Action); and be it furtherRESOLVED, That the members of the Resolutions Committee serve staggered two-year terms except for the past president and the MSS and RFS members, who shall serve a one-year term (Directive to Take Action); and be it furtherRESOLVED, That members of the Resolutions Committee cannot serve more than four years consecutively (Directive to Take Action); and be it furtherRESOLVED, That if a Resolutions Committee member is unable or unwilling to complete his or her term, the speakers will replace that member with someone from a similar member group in consultation with that group the next year, and the new member will complete the unfulfilled term (Directive to Take Action); and be it further RESOLVED, That each member of the Resolutions Committee confidentially rank resolutions using a 0-to-5 scale (0 – not a priority to 5 – top priority) based on scope (the number of physicians affected), urgency (the urgency of the resolution and the impact of not acting), appropriateness (whether AMA is the appropriate organization to lead on the issue), efficacy (whether an AMA stance would have a positive impact), history (whether the resolution has been submitted previously and not accepted), and existing policy (whether an AMA policy already effectively covers the issue). Resolutions would not have to meet all of these parameters nor would these parameters have to be considered equally (Directive to Take Action); and be it further RESOLVED, That the composite (or average) score of all members of the Resolutions Committee be used to numerically rank the proposed resolutions. No resolution with a composite average score of less than 2 would be recommended for consideration. The Resolutions Committee would further determine the cutoff score above which resolutions would be considered by the house based on the available time for reference committee and house discussion, and the list of resolutions ranked available for consideration would be titled “Resolutions Recommended to be Heard by the HOD” (Directive to Take Action); and be it furtherRESOLVED, That the Resolutions Committee also make recommendations on all resolutions submitted recommending reaffirmation of established AMA policy and create a list titled “Resolutions Recommended for Reaffirmation,” with both lists presented to the house for acceptance (Directive to Take Action); and be it furtherRESOLVED, That the membership of the Resolutions Committee be published on the AMA website with a notice that the appointed members should not be contacted, lobbied, or coerced; any such activity must be reported to the AMA Grievance Committee for investigation; and should the alleged violations be valid, disciplinary action of the offending person will follow (Directive to Take Action); and be it furtherRESOLVED, That the bylaws be amended to add the Resolution Committee as a standing Committee with the defined charge, composition, and functions as defined above for all AMA HOD meetings effective Interim 2022. (Directive to Take Action) |
| F | Res. 620 | Ohio | Review of Health Insurance Companies and Their Subsidiaries’ Business Practices | RESOLVED, That our American Medical Association conduct a review of the business practices of health insurance companies in order to identify potential fraudulent and unfair activities. (Directive to Take Action) |
| F | Res. 621 | American College of Obstetricians and Gynecologists | Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted | RESOLVED, That our American Medical Association convene a task force of appropriate AMA councils and interested state and medical specialty societies, in conjunction with the AMA Center for Health Equity, and in consultation with relevant organizations, practices, government bodies, and impacted communities (Directive to Take Action); and be it further RESOLVED, That this task force guide organized medicine’s response to bans and restrictions on abortion, prepare for widespread criminalization of other evidence-based care, implement relevant AMA policies, and identify and create implementation-focused practice and advocacy resources on issues including but not limited to: a) Health equity impact, including monitoring and evaluating the consequences of abortion bans and restrictions for public health and the physician workforce and including making actionable recommendations to mitigate harm, with a focus on the disproportionate impact on under-resourced, marginalized, and minoritized communities,b) Practice management, including developing recommendations and educational materials for addressing reimbursement, uncompensated care, interstate licensure, and provision of care, including telehealth and care provided across state lines; c) Training, including collaborating with interested medical schools, residency and fellowship programs, academic centers, and clinicians to mitigate radically diminished training opportunities;d) Privacy protections, including best practice support for maintaining medical records privacy and confidentiality, including under HIPAA, for strengthening physician, patient, and clinic security measures, and countering law enforcement reporting requirements;e) Patient triage and care coordination, including identifying and publicizing resources for physicians and patients to connect with referrals, practical support, and legal assistance;f) Coordinating implementation of pertinent AMA policies, including any actions to protect against civil, criminal, and professional liability and retaliation, including criminalizing and penalizing physicians for referring patients to the care they need; andg) Anticipation and preparation, including assessing information and resource gaps and creating a blueprint for preventing or mitigating bans on other appropriate health care, such as gender affirming care, contraceptive care, sterilization, infertility care, and management of ectopic pregnancy and spontaneous pregnancy loss and pregnancy complications. (Directive to Take Action) |
| F | Res. 622 | Young Physicians Section | HOD Modernization | RESOLVED, That our American Medical Association immediately convene a task force [The House of Delegates (HOD) Modernization Task Force] representing HOD stakeholders, including representatives from all AMA Sections, charged with analyzing lessons learned from virtual meetings of our HOD to determine how future in-person meetings may be updated to improve the efficiency and effectiveness of the HOD, while making efforts to maintain the central tenets of our House, including equity, democracy, protecting minority voices, and recognizing the importance of in-person deliberations (Directive to Take Action); and be it furtherRESOLVED, That the Speakers issue updates on the HOD Modernization Task Force progress and recommendations beginning at the 2022 Interim Meeting of the AMA House of Delegates and each meeting thereafter until the Task Force has completed its work. (Directive to Take Action) |
| F | Res. 623 | Organized Medical Staff Section | Virtual Attendance at AMA Meetings | RESOLVED, That our American Medical Association expand the format of Section meetings to include official participation via virtual, as well as in-person, attendance at Section Meetings, with procedures to include voting as well as testimony and educational presentations, and ensure equity and full access to meaningful interaction of those accredited but not physically present starting at the Interim 2022 Meeting (Directive to Take Action); and be it furtherRESOLVED, That our AMA study the experience of Sections that include virtual participation in business meetings with voting privileges, with the goal of expanding House of Delegates meetings to include virtual participation with those privileges as an option to in-person attendance at its meeting and reference committees, and report back to the HOD by Interim 2023. (Directive to Take Action) |
| F | Res. 624 | Organized Medical Staff Section | Creation of United Nations “Dr. Saul Hertz Theranostic Nuclear Medicine” International Day | RESOLVED, That our American Medical Association advocate and participate with the United States Mission to the United Nations to create and introduce a United Nations General Assembly Resolution for the creation of a new United Nations International Day of recognition, marking March 31 as: “Dr. Saul Hertz Theranostic Nuclear Medicine Day,” commemorating the day the first patient was treated with therapeutic radionuclide therapy on that day in 1941, marking the advent of theranostic medicine. (Directive to Take Action) |
| F | Res. 625 | Medical Student Section | AMA Funding of Political Candidates who Oppose Research-Backed Firearm Regulations | RESOLVED, That our AMA amend policy G-640.020 as follows: G-640.020 – POLITICAL ACTION COMMITTEES AND CONTRIBUTIONSOur AMA: (1) Believes that better-informed and more active citizens will result in better legislators, better government, and better health care; (2) Encourages AMA members to participate personally in the campaign of their choice and strongly supports physician/family leadership in the campaign process; (3) Opposes legislative initiatives that improperly limit individual and collective participation in the democratic process; (4) Supports AMPAC’s policy to adhere to a no Rigid Litmus Test policy in its assessment and support of political candidates; (5) Encourages AMPAC to continue to consider the legislative agenda of our AMA and the recommendations of state medical PACs in its decisions; (6) Urges members of the House to reaffirm their commitment to the growth of AMPAC and the state medical PACs; (7) Will continue to work through its constituent societies to achieve a 100 percent rate of contribution to AMPAC by members; ~~and~~ (8) Calls upon all candidates for public office to refuse contributions from tobacco companies and their subsidiaries; and (9) Calls upon all candidates for public office to refuse contributions from any organization that opposes public health measures to reduce firearm violence. (Modify Current HOD Policy)  |
| G | Res. 701 | Private Practice Physician Section | Appeals and Denials – CPT Codes for Fair Compensation | RESOLVED, That our American Medical Association support the creation of CPT codes for consideration by the CPT*®*  Editorial Panel to provide adequate compensation for administrative work involved in successfully appealing denials of services (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials, that reflect the actual time expended by physicians and healthcare practices to advocate on behalf of patients, appeal denials, and to comply with insurer and legal requirements and that compensate physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it furtherRESOLVED, That our AMA support the creation of CPT codes for consideration by the CPT Editorial Panel for primary, secondary, and tertiary appeals to independent review organizations (IROs), state and federal regulators, and ERISA plan appeals, including codes for appeals, reconsiderations, and other forms of appeals of adverse determination (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for fair compensation based on CPT codes for appeal of denied services in any model legislation and as a basis for all advocacy for prior authorization reforms. (Directive to Take Action) |
| G | Res. 702 | Private Practice Physician Section | Health System Consolidation | RESOLVED, That our American Medical Association undertake an annual report assessing nationwide health system and hospital consolidation in order to assist policymakers and the federal government in assessing healthcare consolidation for the benefit of patients and physicians who face an existential threat from healthcare consolidation. (Directive to Take Action) |
| G | Res. 703 | Maryland | Mandating Reporting of All Antipsychotic Drug Use in Nursing Home Residents | RESOLVED, That American Medical Association Policy D-120.951, “Appropriate Use of Antipsychotic Medications in Nursing Home Patients,” be amended by addition and deletion to read as follows:Our AMA will: (1) meet with the Centers for Medicare & Medicaid Services (CMS) for a determination that acknowledges that antipsychotics can be an appropriate treatment for dementia-related psychosis if non-pharmacologic approaches have failed and will ask CMS to cease and desist in issuing citations or financial penalties for medically necessary and appropriate use of antipsychotics for the treatment of dementia-related psychosis; ~~and~~ (2) ask CMS to discontinue the use of antipsychotic medication as a factor contributing to the Nursing Home Compare rankings, unless the data utilized is limited to medically inappropriate administration of these medications; and (3) ask CMS to require the reporting of all antipsychotic drugs used and the diagnoses for which they are prescribed. (Modify Current HOD Policy) |
| G | Res. 704 | New York | Employed Physician Contracts | RESOLVED, That our American Medical Association advocate in support of all employed physicians receiving all rights and due process protections afforded all other members of the medical staff. (New HOD Policy) |
| G | Res. 705 | New York | Fifteen Month Lab Standing Orders | RESOLVED, That our American Medical Association advocate the Centers for Medicare and Medicaid Services to allow standing laboratory orders to be active for fifteen (15) months. (Directive to Take Action) |
| G | Res. 706 | New York | Government Imposed Volume Requirements for Credentialing | RESOLVED, That our American Medical Association create guidelines and standards for evaluation of government-imposed volume requirements for credentialing that would include at least the following considerations: (a) the evidence for that volume requirement;(b) how many current practitioners meet that volume requirement;(c) how difficult it would be to meet that volume requirement;(d) the consequences to that practitioner of not meeting that volume requirement;(e) the consequences to the hospital and the community of losing the services of the practitioners who can’t meet that volume requirement; and(f) whether volumes of similar procedures could also reasonably be used to satisfy such a requirement. (Directive to Take Action) |
| G | Res. 707 | New York | Insurance Coverage for Scalp Cooling (Cold Cap) Therapy | RESOLVED, That our American Medical Association advocate for and seek through legislation and/or regulation, universal insurance coverage for Scalp Cooling (Cold Cap) Therapy (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with consumer and advocacy groups to challenge insurers on medical necessity denials for Scalp Cooling (Cold Cap) Therapy and encourage appeals to independent third-party reviewers. (Directive to Take Action) |
| G | Res. 708 | New York | Physician Burnout is an OSHA Issue | RESOLVED, That our American Medical Association seek legislation/regulation to add physician burnout as a Repetitive Strain (Stress) Injury and subject to Occupational Safety and Health Administration (OSHA) oversight. (Directive to Take Action) |
| G | Res. 709 | New York | Physician Well-Being as an Indicator of Health System Quality | RESOLVED, That our American Medical Association support policies that acknowledge physician well-being is both a driver and an indicator of hospital and health system quality (New HOD Policy); and be it further RESOLVED, That our AMA promote dialogue between key stakeholders (physician groups, health-system decision makers, payers, and the general public) about the components needed in such a quality-indicator system to best measure physician and organizational wellness (Directive to Take Action); and be it furtherRESOLVED, That our AMA (with appropriate resources) develop the expertise to be available to assist in the implementations of effective interventions in situations of suboptimal physician wellness. (Directive to Take Action) |
| G | Res. 710 | New York | Prior Authorization – CPT Codes for Fair Compensation | RESOLVED, That our American Medical Association include in any model legislation and as a basis for all advocacy, fair compensation based on CPT codes for appeal of wrongfully denied services, including those for prior authorization reforms and that CPT codes must fully reflect the aggregated time and effort expended by physician practices (Directive to Take Action); and be it furtherRESOLVED, That our AMA evaluate and propose a CPT code for consideration by the CPT® Editorial Panel to account for administrative work involved in prior authorizations that reflects the actual time expended by physician practices to advocate on behalf of patients and to comply with insurer requirements (Directive to Take Action); and be it furtherRESOLVED, That our AMA evaluate and propose a CPT code for consideration by the CPT® Editorial Panel to account for administrative work that reflects the actual time expended by physician practices and their billing vendors involved in successfully appealing wrongful pre-and post-service denials. (Directive to Take Action) |
| G | Res. 711 | New York | Reducing Prior Authorization Burden | RESOLVED, That our American Medical Association seek regulation or legislation that:- restricts insurance companies from requiring prior authorizations for generic medications;- contains disincentives for insurers demanding unnecessary prior authorizations, including payments to physicians’ practices for inappropriate prior authorizations;- requires payment be made to the physician practice for services related to prior authorization when those services do not coincide with a visit; and- ensures a requirement for an independent external review organization to review disputes involving prior authorizations and require insurer payments be made to the practice when the review organization agrees with the physician practice. (Directive to Take Action) |
| G | Res. 712 | New York | The Quadruple Aim – Promoting Improvement in the Physician Experience of Providing Care | RESOLVED, That to the *Triple Aim* which was established by Dr. Berwick and the Institute of Healthcare Improvement, our American Medical Association adopt a fourth goal: namely the goal of improving physicians' experience in providing care. (Directive to Take Action) |
| G | Res. 713 | Private Practice Physician Section | Enforcement of Administrative Simplification Requirements - CMS | RESOLVED, That our American Medical Association take the position that the failure by the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction to effectively enforce the HIPAA administrative simplification requirements as required by the law and its failure to impose financial penalties for non-compliance by health plans is clearly unacceptable (New HOD Policy); and be it furtherRESOLVED, That our AMA take the position that the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction practices of closing complaints without further investigation and ignoring overwhelming evidence that contradicts health plan assertions is also unacceptable (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate for enhanced enforcement of the HIPAA Administrative Simplification requirements for health plans. (Directive to Take Action) |
| G | Res. 714 | Organized Medical Staff Section | Prior Authorization Reform for Specialty Medications | RESOLVED, That our American Medical Association encourage Congress and the President to issue a moratorium on the specialty medicine prior authorization process for one year to allow further study (New HOD Policy); and be it further RESOLVED, That our AMA work with other stakeholders to encourage pharmaceutical companies and other entities that offer assistance programs to increase eligibility for their assistance programs. (Directive to Take Action) |
| G | Res. 715 | Private Practice Physician Section | Prior Authorization – CPT Codes for Fair Compensation | RESOLVED, That our American Medical Association support the creation of CPT codes to provide adequate compensation for administrative work involved in prior authorizations, including pre-certifications and prior notifications, that reflects the actual time expended by physicians and healthcare practices to advocate on behalf of patients and to comply with insurer requirements and that compensates physicians fully for the time, effort, and legal risks inherent in such work (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate for CPT codes to be developed for prior authorizations to fully reflect the aggregated time and effort involved in prior authorization, including multiple contracts, wait time on the phone, chat, or other platforms preferred by payers or their agents, among other costs to physician practice (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate for fair compensation based on CPT codes for prior authorization in any model legislation and as a basis for all advocacy for prior authorization reforms. (Directive to Take Action) |
| G | Res. 716 | Organized Medical Staff Section | Discharge Summary Reform | RESOLVED, That our American Medical Association coordinate with the American Hospital Association with input from the Centers for Medicare & Medicaid Services and other professional organizations as appropriate to revive the concise discharge summary that existed prior to electronic medical records for the sake of much improved patient care and safety (Directive to Take Action); and be it furtherRESOLVED, That our AMA internally develop a model hospital discharge summary in such a manner as to be concise but informational, include to promote excellent, safe patient care and improve coordinated discharge planning. This model use shall be promoted to our AMA and Federation of Medicine colleagues. (Directive to Take Action) |
| G | Res. 717 | Resident and Fellow Section | Expanding the AMA’s Study on the Economic Impact of COVID-19 | RESOLVED, That our American Medical Association work with relevant organizations and stakeholders to study the economic impact and long-term recovery of the COVID-19 pandemic on healthcare institutions in order to identify and better understand which groups of physicians, patients and organizations may have been disproportionately affected by the financial burdens of the COVID-19 pandemic (Directive to Take Action); and be it furtherRESOLVED, That our AMA work with relevant organizations and stakeholders to study the overall economic impact of office closures, cancellations of elective surgeries and interruptions in patient care, as well as the economic impact of utilizing telemedicine for an increasing percentage of patient care. (Directive to Take Action) |
| G | Res. 718 | Illinois | Degradation of Medical Records | RESOLVED, That our American Medical Association publish available data about the amount of time physicians spend on data entry versus direct patient care, in order to inform patients, insurers, and prospective primary care physicians about the real expectations of the medical profession. (Directive to Take Action) |
| G | Res. 719 | Ohio | System Wide Prior and Post-Authorization Delays and Effects on Patient Care Access | RESOLVED, That our American Medical Association encourage and advocate health care insurers and Medicare/Medicaid Products to ensure that the systems of communication for prior authorization include: live personnel access, simplification of website navigation, immediate response with confirmation number of submission and an expedient decision for authorizations. (Directive to Take Action) |
| G | Res. 720 | Illinois | Mitigating the Negative Impact of Step Therapy Policies and Nonmedical Switching of Prescription Drugs on Patient Safety | RESOLVED, That our American Medical Association adopt policy supporting the recommendations of the American College of Physicians with respect to insurance step therapy and nonmedical drug switching policies, including:• All step therapy and medication switching policies should aim to minimize care disruption, harm, side effects and risks to the patient. • All step therapy and nonmedical drug switching policies should be designed with patients at the center, while accounting for unique needs and preferences.• All step therapy and nonmedical drug switching protocols should be designed with input from frontline physicians and community pharmacists; feature transparent, minimally burdensome processes that consider the expertise of a patient’s physician; and include a timely appeals process.• Data concerning the effectiveness and potential adverse consequences of step therapy and nonmedical drug switching programs should be made transparent to the public and studies by policymakers. Alternative strategies to address the rising cost of prescription drugs that do not inhibit patient access to medications should be explored. (New HOD Policy) |
| G | Res. 721 | Resident and Fellow Section | Amend AMA Policy H-215.981, “Corporate Practice of Medicine” | RESOLVED, That our American Medical Association amend policy H-215.981, “Corporate Practice of Medicine,” by addition to read as follows:4. Our AMA acknowledges that the corporate practice of medicine has led to the erosion of the physician-patient relationship, erosion of physician-driven care and created a conflict of interest between profit and training the next generation of physicians. (Modify Current HOD Policy) |
| G | Res. 722 | Oklahoma | Eliminating Claims Data for Measuring Physician and Hospital Quality | RESOLVED, That our American Medical Association collaborate with the Centers for Medicare and Medicaid Services (CMS) and other appropriate stakeholders to ensure physician and hospital quality measures are based on the delivery of care in accordance with established best practices (Directive to Take Action); and be it furtherRESOLVED, That our AMA collaborate with CMS and other stakeholders to eliminate the use of claims data for measuring physician and hospital quality. (Directive to Take Action)  |
| G | Res. 723 | American Medical Women’s Association | Physician Burnout | RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and The Joint Commission to assure that clinician, including physician, wellbeing is a component of standards for hospital certification (Directive to Take Action); and be if furtherRESOLVED, That our AMA work with hospitals and other stakeholders to determine areas of focus on clinician wellbeing, to include the removal of intrusive questions regarding clinician physical or mental health or related treatments on initial or renewal hospital credentialing applications. (Directive to Take Action) |
| G | Res. 724 | Texas | Ensuring Medical Practice Viability Through Reallocation of Insurance Savings During the COVID-19 Pandemic | RESOVLED, That our American Medical Association continue to advocate for and educate members about practice viability issues (Directive to Take Action); andRESOLVED, That our AMA work with private payers to encourage them to pass along savings generated during the pandemic to patients (Directive to Take Action); andRESOLVED, That our AMA advocate that all plans follow medical loss ratio requirements and, as appropriate and with particular mindfulness of the public health emergency, issue rebates to patients (Directive to Take Action); andRESOLVED, That our AMA urge health plans to offer practices per-patient-per-month fees for innovative practice models to improve practice sustainability. (Directive to Take Action)  |
| G | Res. 725 | Texas | Compensation to Physicians for Authorizations and Preauthorizations | RESOLVED, That the American Medical Association support legislation that requires insurance and managed care companies, including companies managing governmental insurance plans (“payers”), to compensate physicians for the time physicians and their staff spend on authorization and preauthorization procedures. Such legislation is recommended to include the following: Compensation shall be paid in full by payers to physicians without deductible, coinsurance, or copayment billable to patients; thus, patients will not bear the burden for such processes imposed by payers. Physicians shall bill payers for time spent by physicians and their staff in performing such tasks at a rate commensurate with that of the most highly trained professionals. Payers shall pay physicians promptly upon receiving such a bill with significant interest penalties assessed for delay in payment. Billable services for authorization and preauthorization include, but are not limited to, time spent filling out forms, making telephone calls (including time spent negotiating phone trees and hold time), documenting in the patient’s medical record, communicating with the patient, altering treatment plans (such as changing medications to comply with formularies), printing, copying, and faxing. (Directive to Take Action) |
| G | Res. 726 | Texas | Payment for the Cost of Electronic Prescription of Controlled Substances and Compensation for Time Spent Engaging State Prescription Monitoring Programs | RESOLVED, That our American Medical Association advocate for appropriate physician payment through the resource-based relative value scale to cover the expense of technology required to electronically prescribe controlled substances (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate for appropriate physician payment to cover the extra time and expense to query state prescription monitoring programs as required by law. (Directive to Take Action) |
| G | Res. 727 | Texas | Utilization Review, Medical Necessity Determination, Prior Authorization Decisions | RESOLVED, That the American Medical Association advocate for implementation of a federal version of Texas’ “gold card” law (House Bill 3459), which aims to curb onerous prior authorization practices by many state-regulated health insurers and health maintenance organizations (Directive to Take Action); and be it furtherRESOLVED, That our AMA House of Delegates adopt a similar policy to Texas’s “gold card” law (House Bill 3459) (Directive to Take Action); and be it furtherRESOLVED, That the American Medical Association request that the Council on Ethical and Judicial Affairs devise ethical opinions similar to the Texas Medical Association’s Board of Councilors’ opinions regarding medical necessity determination and utilization review. (Directive to Take Action) |
| G | Res. 728 | Organized Medical Staff Section | Maintaining an Open and Equitable Hospital Work Environment for Specialists | RESOLVED, That our American Medical Association take the position that there should be equal visibility of and access to inpatient consults for credentialed and privileged community /independent specialty physicians as well as for hospital-employed specialty physicians (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate that hospitals engage community/independent specialty physicians available on the medical staff for observation, inpatient, and emergency department coverage and that the parties negotiate mutually satisfactory payment terms and service agreements for such service (Directive to Take Action) |
| G | Res. 729 | Organized Medical Staff Section | Protecting Physician Wellbeing on Board Certification Applications | RESOLVED, That our American Medical Association work with the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), and the National Board of Physicians and Surgeons (NBPS) and their constituent boards to assure that physicians wellbeing is a primary concern (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate that the ABMS, AOA, and NBPS constituent boards’ focus on physician wellbeing be demonstrated by the removal of intrusive questions regarding physician physical or mental health (including substance misuse) or related treatments on board certification applications (Directive to Take Action); and be it furtherRESOLVED, That our AMA advocate that any questions on ABMS, AOA, and NBPS constituent board certification applications related to physician health be limited to only inquiries about current impairment (Directive to Take Action) |
| G | Res. 730 | Private Practice Physicians Section | Maintaining an Open and Equitable Hospital Work Environment for Specialists | RESOLVED, That our American Medical Association support equal promotion of, and access to inpatient consults for, credentialed and privileged community /independent specialty physicians on par with hospital-employed specialty physicians (New HOD Policy); and be it furtherRESOLVED, That our AMA advocate that hospitals support having community/independent and employed specialty physicians if credentialled available for observation, inpatient, and emergency department coverage thus ensuring that physician referrals and consults be based on physician and patient choice (Directive to Take Action). |
| G | Res. 731 | Private Practice Physicians Section | Prior Authorization – Patient Autonomy | RESOLVED, That our American Medical Association will advocate that patients should be given access to an electronic prior authorization system by their health plans with the ability to monitor the electronic prior authorization process in any model legislation and as a basis for all advocacy for prior authorization reforms (Directive to Take Action) |
| G | Res. 732 | Private Practice Physicians Section | Advocacy of Private Practice Options for Healthcare Operations in Large Corporations | RESOLVED, That our American Medical Association study the best method to create pilot programs which advance the advocacy of private practice and small business medicine within the rapidly growing area of internal healthcare within Fortune 500 corporations in American with a report back at Annual 2023 (Directive to Take Action); and be it furtherRESOLVED, That our AMA use proposals for the advocacy of small business medicine and private practice models in healthcare as a pilot project in the development of advocacy programs within major leading corporations like Amazon and Walmart which are currently entering the healthcare service market with internalized models of healthcare in the complete absence of more diverse private practice (small business) options (Directive to Take Action); and be it furtherRESOLVED, That our AMA prioritize advocacy efforts that emphasize small private practice utilization within the investment and business efforts of Fortune 500 corporations that are currently seeking to enter into the healthcare industry. (Directive to Take Action). |

† Only the first organization is listed for those resolutions sponsored by multiple entities