AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

Preliminary Document of Reference Committee on Amendments to Constitution and Bylaws

Nicole Riddle, MD, Chair

Pursuant to Policy D-600.956, adopted at the November 2021 Special Meeting, commentary submitted to the online member forums will be used to generate a preliminary document to inform the discussion at the in-person reference committee hearings.

The following items are under consideration for Reference Committee on Amendments to Constitution and Bylaws:

1. BOT Report 02 - New Specialty Organizations Representation in the House of Delegates
2. BOT Report 13 - Use of Psychiatric Advance Directives
3. BOT Report 14 - Amendment to Truth and Transparency in Pregnancy Counseling Centers, H-420.954
4. BOT Report 21 - Opposition to Requirements for Gender-Based Treatments for Athletes
5. CCB Report 01 - Clarification to the Bylaws: Delegate Representation
6. CEJA Report 01 - Short-Term Medical Service Trips
7. CEJA Report 02 - Amendment to Opinion 10.8, Collaborative Care
8. CEJA Report 03 - Amendment to E-9.3.2, Physician Responsibilities to Colleagues with Illness, Disability or Impairment
9. CEJA Report 04 - CEJA's Sunset Review of 2012 House Policies
10. Resolution 001 – Increasing Public Umbilical Cord Blood-Donations in Transplant Centers
11. Resolution 002 - Opposition to Discriminatory Treatment of Haitian Asylum Seekers
12. Resolution 003 - Gender Equity and Female Physician Work Patterns During the Pandemic
13. Resolution 004 - Recognizing LGBTQ+ Individuals as Underrepresented in Medicine
14. Resolution 005 - Supporting the Study of Reparations as a Means to Reduce Racial Inequalities
15. Resolution 006 - Combating Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism
16. Resolution 007 - Equal Access for Adoption in the LGBTQ Community
17. Resolution 008 - Student-Centered Approaches for Reforming School Disciplinary Policies
18. Resolution 009 - Privacy Protection and Prevention of Further Trauma for Victims of Distribution of Intimate Videos and Images Without Consent
19. Resolution 010 - Improving the Health and Safety of Sex Workers
20. Resolution 011 - Evaluating Scientific Journal Articles for Racial and Ethnic Bias

21. Resolution 012 – Expanding the Definition of Iatrogenic Infertility to Include Gender Affirming Interventions
22. Resolution 013 – Recognition of National Anti-Lynching Legislation as a Public Health Initiative
23. Resolution 014 – Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population
24. Resolution 015 – Increasing Mental Health Screenings by Refugee Resettlement Agencies and Improving Mental Health Outcomes for Refugee Women
25. Resolution 016 – Addressing and Banning Unjust and Invasive Medical Procedures Among Migrant Women at the Border
26. Resolution 017 – Humanitarian and Medical Aid Support to Ukraine
27. Resolution 018 – Hardship for International Medical Graduates from Russia and Belarus
28. Resolution 019 – Hardship for International Medical Graduates from Ukraine
29. Resolution 020 – Council on Ethical and Judicial Affairs Guidelines for Treating Unvaccinated Individuals
30 Resolution 021 – National Cancer Research Patient Identifier
31. Resolution 022 – Organ Transplant Equity for Persons with Disabilities
32. Resolution 023 – 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
33. Resolution 024 – Pharmaceutical Equity for Pediatric Populations
34. Resolution 025 – Use of Social Media for Product Promotion and Compensation

(1) BOARD OF TRUSTEES REPORT 02 - 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)

Online forum testimony for this report is supportive. Individual testimony supports inclusion of these new specialty groups to help strengthen the voice of members.

(2) BOARD OF TRUSTEETS REPORT 13 – 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) and

2. 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)

Online forum testimony for this report is supportive. Individual testimony notes that the report is thoughtful and important, noting the value of such advance directives and how one state medical society also supports similar directives.

(3) BOARD OF TRUSTEES REPORT 14 – AMENDMENT TO TRUTH AND TRANSPARENCY IN PREGNANCY COUNSELING CENTERS, 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~~ and

b. 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)

Online forum testimony for this report is supportive. The authors of the resolution that initiated the report find that the amendments offered in the report adequately address the original concerns of the resolution and urge support for this report.

(4) BOARD OF TRUSTEES REPORT 21 – 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)

Online forum testimony for this report is supportive. Individual testimony notes that the report is timely in light of recent legislative endeavors regarding transgender medical care and is aligned with other relevant AMA policy while also responding more specifically to the issue of mandatory treatment or surgery for purposes of allowing athletes to compete.

(5) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 01 – 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.

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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.

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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.

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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.

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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.

Online forum testimony is minimal and neutral. Individual testimony expresses confusion as to the total number of MSS delegates and alternates and believes the report should more clearly express this number. The report author testifies that the report is focusing on the "general issue of representation in the AMA House of Delegates, with clarifying language regarding the medical student regional delegates and the delegates from the Resident and Fellow Section."

(6) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 01 – 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.

Online forum testimony is uniformly and strongly supportive. Several individual testimonies express that it is a good report and are supportive of the report's expressed guidelines.

(7) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 02 – 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.

Online forum testimony for this report expresses a concern that the report needs more work and clarification. Testimony expresses concern that the report shifts language from the "patient-physician relationship" to "patient-professional relationship" and that the term "professional" is ambiguous and potentially may undercut the "sacred" aspect of the patient-physician relationship and therefore demands greater clarity. With regards to the language "all health care personnel", individual testimony raises the question: "Should not the patient and family be part of the culture of respect, collegiality and transparency CEJA calls for the physician leader to foster?"

(8) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 03 – 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 Impairment

Providing 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)

Online forum testimony is strongly supportive of this report. Testimony describes the report amendments as timely and relevant and that they capture the "spirit of the changes requested in Policy D-140.952."

(9) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 04 – 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)

There is no online forum testimony for this report.

(10) RESOLUTION 001 – 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 further
RESOLVED, That our AMA encourage the availability of altruistic cord blood donations in all states. (Directive to Take Action)

Online forum testimony for this resolution is strongly supportive. Testimony notes that the AMA already has policy acknowledging "umbilical cord transplants as an alternative to bone marrow transplants" and the need for "a larger and more diverse bank", but that the AMA currently "lacks any methodology to bring this life-saving donation and treatment to fruition". Additionally, testimony reflects that the AMA Code of Ethics "already states that obstetricians should encourage women to donate to cord banks" and that this resolution helps provide the "next step in the advancement of umbilical cord transplants." Testimony further notes the current accessibility issues associated with cord blood donation and appreciate the resolution's aims in tackling this issue.

(11) RESOLUTION 002 – 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)

Online forum testimony for this resolution is largely supportive. Testimony notes that AMA already has policies "addressing refugee, asylee, and migrant health disparities" and further "in line with our ethical duty and responsibility to protect and promote the health of the public" and is aligned with the AMA's "commitment to addressing immigrant health disparities and refugee health."

(12) RESOLUTION 003 – 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 further
RESOLVED, That our AMA collaborate with relevant organizations to evaluate obstacles affecting female physicians and medical students during the pandemic. (Directive to Take Action)

Online forum testimony for this resolution is supportive. Testimony from one group notes that their section has "a number of policies affirming our opposition against gender disparities in physician salaries, professional development, and gender disparities" which are all in alignment with the values of this resolution. Additionally, some testimony reflects a desire to see the resolution go further or be broader in scope.

(13) RESOLUTION 004 – 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)

Online forum testimony is supportive along with some testimony voicing concerns. Testimony from one group reflects that the resolution is aligned with their section's goals "supporting and advocating for increased diversity" in the AMA and in the "medical profession at large." Additionally, individual testimony in opposition to this resolution finds that it supports giving a group preferential treatment and is thereby discriminatory to other groups. Testimony also expresses concern about data to support whether LGBTQ+ individuals are actually underrepresented in medicine. Individual testimony also expresses concern that data only be collected with proper privacy protections. Responding to some of these concerns, another group testifies that this resolution "is not intended to create any new groups, nor favor one group over another, but rather provide actionable groundwork" to fulfil existing AMA policy.

(14) RESOLUTION 005 – 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 further

RESOLVED, 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 further

RESOLVED, That our AMA support federal legislation that facilitates the study of reparations. (New HOD Policy)

Online testimony for this resolution was uniformly and strongly supportive. Multiple testimony notes that this resolution only asks for the AMA to study the issue and "does not call for the AMA to support reparations". Testimony notes that this resolution "gives our AMA the opportunity to lend a powerful voice, at an extremely timely and important juncture, towards true health equity."

(15) RESOLUTION 006 – 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 further
RESOLVED, 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 further
RESOLVED, 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)

Online forum testimony for this resolution is largely supportive. Testimony explains that the resolution "builds upon recent update to AMA anti-discrimination policies" and addresses an important gap. The author of the resolution testifies that "as the workplace becomes increasingly diverse, residency program leadership should encourage trainees to bring their 'whole selves' to work" and further testimony argues that the AMA should "take a stand and protect attendings, trainees, medical students from this form of discrimination." Additionally, limited testimony notes that there should be clarification that "hair or head gear will not cause sterility problems in operating and/or procedure rooms" or "interfere while working with MRI."

(16) RESOLUTION 007 – EQUAL ACCESS FOR ADOPTION IN 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 further
RESOLVED, 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)

Online forum testimony for this resolution is strongly supportive. Testimony was uniformly positive and notes the importance of the issue that there should be no discrimination. The resolution authors testify AMA already has policy aligned with the goals of this resolution and that "we need to support equal access to adoption for members of this LGBTQ community to improve equality and the outcomes of children within the foster-care system."

(17) RESOLUTION 008 – 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 further
RESOLVED, That our AMA support the inclusion of school-based mental health professionals in the student discipline process. (New HOD Policy)

Online forum testimony for this resolution is supportive. The resolution authors note this resolution encourages interventions that "would advance health equity, since school-related arrests and juvenile justice referrals disproportionately target Black students, Latinx students, and students with physical or mental disabilities." The authors further note that this resolution "focuses on interventions that can help prevent student misbehavior and prioritize children's behavioral and mental health outcomes."

(18) RESOLUTION 009 – 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-515.967
The AMA opposes the publication or broadcast of sexual assault victims' names, addresses, <u>images</u> or likenesses without the explicit permission of the victim. <u>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.</u> (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)

There is no online forum testimony for this resolution.

(19) RESOLUTION 010 – 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 further
RESOLVED, 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)

Online forum testimony for this resolution is supportive. The resolution authors testify that “there is strong evidence demonstrating that the criminalization of sex work is harmful to the health and well-being of sex workers” and that it is “our job to help cultivate better health conditions for all people.”

(20) RESOLUTION 011 – 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 further
RESOLVED, 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)

Online forum testimony for this resolution is mixed and outlines concerns. Several individual testimonies note that, while the intent of the language is important, the language is vague and “lack direction in process for achieving the goals”, and that such vagueness opens up the possibility for censorship. The authors of the resolution testify that “research in medicine has historically used race and ethnicity inconsistently and inaccurately contributing to disparities in medical care and adverse health impacts” and that “as the basis of evidence-based guidelines, major journal publications have a duty to be critical of inappropriate or misuse of race and ethnicity in research when evaluating submissions in order to promote consistency and equity in healthcare.”

(21) RESOLUTION 012 – 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-185.990

It 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-185.950

Our 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)

Online forum testimony for this resolution is mixed. One group testified that the AMA currently does not have policy on gender affirming care and that "this topic is important enough that it should not be dealt with piecemeal" and that a comprehensive report should first be developed that also analyzes the issue of gender affirming care. The report authors testify that the resolution "revisions align with existing MSS and AMA policy calling for the removal of barriers to care, including fertility preservation care, for transgender individuals and would work to cultivate the delivery of equitable healthcare to diverse patient populations."

(22) RESOLUTION 013 – RECOGNITION OF NATIONAL ANTI-LYNCHING LEGISLATION AS A 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 further

RESOLVED, 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 further

RESOLVED, 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)

Online forum testimony for this resolution is strongly supportive. The authors testify that "the overall goal of this resolution is to ask physicians, trainees and medical students to receive education on such harms of lynching and the intergenerational impact it leaves on health of individuals and communities." Further testimony states that "the impacts of lynching on generational trauma are steep and requires acknowledgement as part of our antiracism framework. Moreover, it is imperative that our organization recognize lynching and other acts of mob violence as hate crimes, lending our voices to the national conversation." Additionally, there is some criticism of the use of the language "phenotypic appearance" in the resolution and the authors of the resolution testify in support of removal of this language.

(23) RESOLUTION 014 – 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)

Online forum testimony for this resolution is strongly supportive. Testimony notes that the resolution helps further informed consent and patient autonomy and that the "AMA has supported methods to increase access to gender-affirming care and protect patient autonomy in the past" and such support is aligned with the goals of this resolution.

(24) RESOLUTION 015 – 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 further
RESOLVED, 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 further
RESOLVED, 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 further
RESOLVED, That our AMA advocate for and encourage culturally responsive mental health counseling specifically. (Directive to Take Action)

Online forum testimony for this resolution is supportive. One group testifies that their section has a number of “number of policies addressing refugee, asylee, and migrant health disparities which are in alignment with the policies proposed in this resolution, and we appreciate the authors' work on this topic.” Individual testimony shares a desire to see this resolution broadened in scope beyond only refugees and migrants.

(25) RESOLUTION 016 – 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); and
RESOLVED, 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); and
RESOLVED, That our AMA advocate for safer medical practices and protections for migrant women. (Directive to Take Action)

Online testimony for this resolution is supportive and offer some amendment for clarification. Testimony is uniformly supportive for the spirit and intent of the resolution. Testimony notes that “bodily autonomy and informed consent should be minimum standards in all healthcare settings, and that all practitioners should abide by medically indicated, evidence-based care. Several amendments have been offered to improve the clarity of this resolution.

(26) RESOLUTION 017 – 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)

Online testimony for this resolution is minimal and specifies strong support.

(27) RESOLUTION 018 – 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)

Online forum testimony for this resolution is supportive. Testimony notes that they "appreciate the sponsors for bringing attention to this issue that medical graduates from Russia and Belarus may be facing, and are curious to learn how many of our trainees are affected by this political crisis."

(28) RESOLUTION 019 – 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)

Online forum testimony is strongly supportive. Testimony notes that "there are several physicians who have matched in upcoming residency slots but cannot get primary source verification as many of the Hospitals have been bombed."

(29) RESOLUTION 020 – 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)

Online testimony for this resolution is mixed. Testimony from one group notes that they oppose the resolution "as being unnecessary and not helpful", highlighting the current ethical guidance of Opinion 8.3 – Physicians Responsibilities in Disaster Response and Preparedness", which states that "physicians first and primary obligation is to provide care for those in need, even in the face of greater than usual risk to their own safety, health or life". The resolution's authors testify that more specific ethical guidelines are needed, namely ethical guidelines that speak specifically to the issue of physician refusal to care for patients who have not been vaccinated for COVID. The authors testify that such ethical guidelines would carry greater weight than policy statements from the AMA.

(30) RESOLUTION 021 – 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 further
RESOLVED, 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)

Online forum testimony is not supportive. Testimony reflects concerns that the data in today's world is not secure, so that patient confidentiality is always at risk. Additional, testimony notes that the endeavor to oversee the NCRI process is so complex that it should be led by the AMA and not other organizations. Testimony also notes that the resolution should be opposed until more groundwork is completed, as outstanding issues - like hacking and lack of a tested implementation plan – remain.

(31) RESOLUTION 022 – 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)

Online forum testimony for this resolution was mixed. While some testimony expresses support, other testimony recommends referral. Testimony supporting referral argue that the resolution should also "include discussion of blood and marrow transplantation" while also noting that the "post-transplant regimens are highly complex" and that "antidiscrimination rules need to be paired with reimbursement reform so that transplant centers are not penalized for potentially worse outcomes in these higher-risk patients." Additional testimony in opposition states "that these donated organs must be available to any individual processing or having reliable guardians possessing the ability to follow the protocols of after transplant care from follow-up visits".

(32) RESOLUTION 023 – 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 further

RESOLVED, 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)

Online forum testimony for this resolution is supportive. Individual testimony notes that it is "very timely". Additional testimony supporting the resolution notes concern "about for profit entities who are in business to maximize stockholder profits, rather than give appropriate care to patients."

(33) RESOLUTION 024 – 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-100.987

1. 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)

There is no online forum testimony for this resolution.

(34) RESOLUTION 025 - 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)

Online forum testimony for this resolution is mixed. Individual testimony find that “ask is far too broad” as “many professionals use social media to promote their approach to care or promote products that are within the broad array of "acceptable" alternatives for conditions that are challenging to treat.” The authors of the resolution testify that in the context of social-medial influencing, “the financial conflict of interest may lead to the promotion of non-evidence backed products and has the potential to decrease the trust patients have in the medical profession”, and hence believe that “the AMA should get in front of this new ethical dilemma.”

This concludes the Preliminary Document of the Reference Committee on Amendments to Constitution and Bylaws.

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