

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2022 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

#### Report of Reference Committee on Amendments to Constitution and Bylaws

Nicole Riddle, MD, Chair

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Your Reference Committee recommends the following consent calendar for acceptance:

#### **RECOMMENDED FOR ADOPTION**

1. Board of Trustees Report 2 – New Specialty Organizations Representation in the House of Delegates
2. Board of Trustees Report 22 – Nonconsensual Audio/Video Recording at Medical Encounters (Resolution 007-June-21)
3. Board of Trustees Report 23 – Specialty Society Representation in the House of Delegates – Five-Year Review
4. Council on Ethical and Judicial Affairs Report 3 – Amendment to E-9.3.2, Physician Responsibilities to Colleagues with Illness, Disability or Impairment
5. Council on Ethical and Judicial Affairs Report 4 – CEJA's Sunset Review of 2012 House Policies
6. Resolution 002 – Opposition to Discriminatory Treatment of Haitian Asylum Seekers
7. Resolution 003 – Gender Equity and Female Physician Work Patterns During the Pandemic
8. Resolution 007 – Equal Access to Adoption for the LGBTQ Community
9. Resolution 018 – Hardship for International Medical Graduates from Russia and Belarus
10. Resolution 019 – Hardship for International Medical Graduates from Ukraine
11. Resolution 024 – Pharmaceutical Equity for Pediatric Populations
12. Resolution 026 – Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices
13. Resolution 028 – Preserving Access to Reproductive Health Services

#### **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

14. Resolution 004 – Recognizing LGBTQ+ Individuals as Underrepresented in Medicine

#### **RECOMMENDED FOR ADOPTION AS AMENDED**

15. Board of Trustees Report 13 – Use of Psychiatric Advance Directives

- 1 16. Board of Trustees Report 14 – Amendment to Truth and Transparency in
- 2 Pregnancy Counseling Centers, H-420.954
- 3 17. Council on Constitution and Bylaws Report 1 - Clarification to the Bylaws:
- 4 Delegate Representation
- 5 18. Resolution 001 – Increasing Public Umbilical Cord Blood-Donations in Transplant
- 6 Centers
- 7 19. Resolution 006 – Combating Natural Hair and Cultural Headwear Discrimination
- 8 in Medicine and Medical Professionalism
- 9 20. Resolution 008 – Student-Centered Approaches for Reforming School
- 10 Disciplinary Policies
- 11 21. Resolution 010 – Improving the Health and Safety of Sex Workers
- 12 22. Resolution 011 – Evaluating Scientific Journal Articles for Racial and Ethnic Bias
- 13 23. Resolution 012 – Expanding the Definition of Iatrogenic Infertility to Include
- 14 Gender Affirming Interventions
- 15 24. Resolution 013 – Recognition of National Anti-Lynching Legislation as Public
- 16 Health Initiative
- 17 25. Resolution 015 – Increasing Mental Health Screenings by Refugee Resettlement
- 18 Agencies and Improving Mental Health Outcomes for Refugee Women
- 19 26. Resolution 016 – Addressing and Banning Unjust and Invasive Medical
- 20 Procedures Among Migrant Women at the Border
- 21 27. Resolution 017 – Humanitarian and Medical Aid Support to Ukraine
- 22 28. Resolution 022 – Organ Transplant Equity for Persons with Disabilities
- 23 29. Resolution 023 – Promoting and Ensuring Safe, High Quality, and Affordable
- 24 Elder Care Through Examining and Advocating for Better Regulation of and
- 25 Alternatives to the Current, Growing For-Profit Long Term Care Options
- 26 30. Resolution 025 – Use of Social Media for Product Promotion and Compensation
- 27

#### 28 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 29 31. Resolution 014 – Healthcare Equity Through Informed Consent and a
- 30 Collaborative Healthcare Model for the Gender Diverse Population
- 31 32. Resolution 027 – Protecting Access to Abortion and Reproductive Healthcare
- 32

#### 33 **RECOMMENDED FOR REFERRAL**

- 34
- 35 33. Board of Trustees Report 21 – Opposition to Requirements for Gender-Based
- 36 Treatments for Athletes
- 37 34. Council on Ethical and Judicial Affairs Report 1 – Short-Term Medical Service
- 38 Trips
- 39 35. Council on Ethical and Judicial Affairs Report 2 – Amendment to Opinion 10.8,
- 40 Collaborative Care
- 41 36. Resolution 005 – Supporting the Study of Reparations as a Means to Reduce
- 42 Racial Inequalities
- 43 37. Resolution 021 – National Cancer Research Patient Identifier
- 44 38. Council on Ethical and Judicial Affairs Report 5 – Pandemic Ethics and the Duty
- 45 of Care (D-130.960)
- 46

#### 47 **RECOMMENDED FOR NOT ADOPTION**

- 48
- 49 39. Resolution 009 - Privacy Protection and Prevention of Further Trauma for Victims
- 50 of Distribution of Intimate Videos and Images Without Consent

- 1 40. Resolution 020 – Council on Ethical and Judicial Affairs Guidelines for Treating  
2 Unvaccinated Individuals  
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10 **Amendments**

11 **If you wish to propose an amendment to an item of business, click here: [Submit](#)**  
12 **[New Amendment](#)**  
13  
14  
15

**RECOMMENDED FOR ADOPTION**

- (1) BOARD OF TRUSTEES REPORT 2 – NEW SPECIALTY  
ORGANIZATIONS REPRESENTATION IN THE HOUSE  
OF DELEGATES

**RECOMMENDATION:**

**Recommendations in Board of Trustees Report 2 be  
adopted and the remainder of the Report be filed.**

**HOD ACTION: Recommendations in Board of Trustees  
Report 2 adopted and the remainder of the Report filed.**

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)

The report was introduced by the author, and no other testimony was heard. Your reference committee recommends that Board of Trustees Report 2 be adopted and the remainder of the report be filed.

- (2) BOARD OF TRUSTEES REPORT 22 –  
NONCONSENSUAL AUDIO/VIDEO RECORDING AT  
MEDICAL ENCOUNTERS (RESOLUTION 007-JUNE-21)

**RECOMMENDATION:**

**Recommendations in Board of Trustees Report 22 be  
adopted and the remainder of the Report be filed.**

**HOD ACTION: Recommendations in Board of Trustees  
Report 22 adopted and the remainder of the Report  
filed.**

In consideration of the foregoing, your Board of Trustees recommends that Policy H-315.983, "Patient Privacy and Confidentiality," be reaffirmed in lieu of Resolution 7-June-21 and the remainder of this report be filed.

The report was introduced by the authors and no further testimony was heard. Your reference committee recommends that BOT report 22 be adopted.

(3) BOARD OF TRUSTEES REPORT 23 – SPECIALTY  
SOCIETY REPRESENTATION IN THE HOUSE OF  
DELEGATES – FIVE-YEAR REVIEW

**RECOMMENDATION:**

**Recommendations in Board of Trustees Report 23 be  
adopted and the remainder of the Report be filed.**

**HOD ACTION: Recommendations in Board of Trustees  
Report 23 adopted and the remainder of the Report  
filed.**

The Board of Trustees recommends that the following be adopted, and the remainder of  
this report be filed:

1. That the Academy of Physicians in Clinical Research, American Society for  
Reproductive Medicine, American Thoracic Society, College of American  
Pathologists, Congress of Neurological Surgeons, International College of  
Surgeons – US Section, Society for Cardiovascular Angiography and  
Interventions, and the Society for Investigative Dermatology, retain representation  
in the AMA House of Delegates. (Directive to Take Action)
2. Having failed to meet the requirements for continued representation in the AMA  
House of Delegates as set forth in AMA Bylaw B-8.5, the American Society of  
General Surgeons, American Society of Hematology, American Society of  
Transplant Surgeons, International Society of Hair Restoration Surgery and  
United States and Canadian Academy of Pathology be placed on probation and  
be given one-year to work with AMA membership staff to increase their AMA  
membership. (Directive to Take Action)
3. Having failed to meet the requirements for continued representation in the AMA  
House of Delegates as set forth in AMA Bylaw B-8.5 the Eye and Contact Lens  
Association not retain representation in the House of Delegates. (Directive to  
Take Action)

The report was introduced by the authors and no further testimony was heard. Your  
reference committee recommends that BOT report 23 be adopted.

(4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
REPORT 3 – AMENDMENT TO E-9.3.2, “PHYSICIAN  
RESPONSIBILITIES TO COLLEAGUES WITH ILLNESS,  
DISABILITY OR IMPAIRMENT”

**RECOMMENDATION:**

**Recommendations in Council on Ethical and Judicial  
Affairs Report 3 be adopted and the remainder of the  
Report be filed.**

**HOD ACTION: Recommendations in Council on Ethical  
and Judicial Affairs Report 3 adopted and the remainder  
of the Report filed.**

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)

Testimony was heard in strong support of CEJA Report 3. The authors of the original resolution noted that this report is much improved and is of significant benefit to physicians. Testimony noted that physicians have an ethical responsibility to be self-regulatory. Your reference committee recommends that CEJA Report 3 be adopted and the remainder of the report be filed.

(5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
REPORT 4 – CEJA’S SUNSET REVIEW OF 2012 HOUSE  
POLICIES

**RECOMMENDATION:**

**Recommendations in Council on Ethical and Judicial Affairs Report 4 be adopted and the remainder of the Report be filed.**

**HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 4 adopted and the remainder of the Report filed.**

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)

The report was introduced by the authors and no further testimony was heard. Your reference committee recommends that CEJA Report 4 be adopted and the remainder of the report be filed.

(6) RESOLUTION 002 – OPPOSITION TO  
DISCRIMINATORY TREATMENT OF HAITIAN ASYLUM  
SEEKERS

**RECOMMENDATION:**

**Resolution 002 be adopted**

**HOD ACTION: Resolution 002 adopted.**

1  
2 RESOLVED, That our American Medical Association oppose discrimination against  
3 Haitian asylum seekers which denies them the same opportunity to attain asylum status  
4 as individuals from other nations. (New HOD Policy)  
5

6 Testimony was heard in general support of Resolution 002, noting that the AMA must  
7 strive to mitigate threats to public health as they arise. Testimony noted that the treatment  
8 of Haitian asylum seekers has been an embarrassment, that physician leaders must make  
9 a statement that asylum seekers should be granted the same protections, and that it is a  
10 moral obligation to oppose harm being done to asylum seekers. Your reference committee  
11 recommends that Resolution 002 be adopted.  
12

13 (7) RESOLUTION 003 – GENDER EQUITY AND FEMALE  
14 PHYSICIAN WORK PATTERNS DURING THE  
15 PANDEMIC  
16

17 **RECOMMENDATION:**  
18

19 **Resolution 003 be adopted.**  
20

21 **HOD ACTION: Resolution 003 adopted.**  
22

23 RESOLVED, That our American Medical Association advocate for research on  
24 physician-specific data analyzing changes in work patterns and employment outcomes  
25 among female physicians during the pandemic including, but not limited to,  
26 understanding potential gaps in equity, indications for terminations and/or furloughs,  
27 gender differences in those who had unpaid additional work hours, and issues related to  
28 intersectionality (Directive to Take Action); and be it further  
29 RESOLVED, That our AMA collaborate with relevant organizations to evaluate obstacles  
30 affecting female physicians and medical students during the pandemic. (Directive to Take  
31 Action)  
32

33 Testimony was heard in strong support of Resolution 003. Supporting testimony noted  
34 that the pandemic required female physicians to take on additional roles both at work and  
35 at home without any additional support, and that burnout and anxiety increased during the  
36 pandemic among all health care workers, and particularly among minoritized health care  
37 workers and physicians in vulnerable populations. Speakers noted that equity in all areas  
38 is something we strive for, and when inequities arise, it is important that they are  
39 addressed. Limited testimony in opposition noted that single-parent fathers should not be  
40 excluded, and while your reference committee agrees, the spirit of this resolution was to  
41 address the challenges faced by female physicians during the pandemic. Your reference  
42 committee recommends that Resolution 003 be adopted.  
43  
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(8) RESOLUTION 007 – EQUAL ACCESS TO ADOPTION  
FOR THE LGBTQ COMMUNITY

**RECOMMENDATION:**

**Resolution 007 be adopted.**

**HOD ACTION: Resolution 007 adopted.**

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)

Testimony was heard in unanimous support of this resolution. Testimony noted that there are many children that do not get adopted in a timely fashion and move from foster care to foster care and expanding access to adoption services for LGBTQ individuals could help. It was noted that gender and sexual identity have no impact on an individual's ability to care for a child. Testimony also noted that this resolution is consistent with ACOG policy. Further testimony observed that children need both of their parents to be recognized as legal guardians or are more likely to end up in foster care. Your reference committee recommends that Resolution 007 be adopted.

(9) RESOLUTION 018 – HARDSHIP FOR INTERNATIONAL  
MEDICAL GRADUATES FROM RUSSIA AND BELARUS

**RECOMMENDATION:**

**Resolution 018 be adopted.**

**HOD ACTION: Resolution 018 adopted.**

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)

The resolution was introduced by the author and no further testimony was heard. Your reference committee recommends that Resolution 018 be adopted.

(10) RESOLUTION 019 – HARDSHIP FOR INTERNATIONAL  
MEDICAL GRADUATES FROM UKRAINE

**RECOMMENDATION:**

**Resolution 019 be adopted.**

**HOD ACTION: Resolution 019 adopted.**

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)

The resolution was introduced by the author and no further testimony was heard. Your reference committee recommends that Resolution 019 be adopted.

(11) RESOLUTION 024 – PHARMACEUTICAL EQUITY FOR  
PEDIATRIC POPULATIONS

**RECOMMENDATION:**

**Resolution 024 be adopted.**

**HOD ACTION: Resolution 024 adopted.**

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 1. The AMA supports the FDA's efforts to encourage the development and
- 2 testing of drugs in the pediatric age groups in which they are used.
- 3 2. The AMA supports collaboration between stakeholders, including but not limited to the
- 4 FDA, the American Academy of Pediatrics, and nonprofit organizations such as the
- 5 Institute for Advanced Clinical Trials for Children, to improve the efficiency and safety of
- 6 pediatric pharmaceutical trials in pursuit of pharmaceutical equity for pediatric populations.
- 7 (Modify Current HOD Policy)

8  
9 Testimony was heard in support of Resolution 024. Testimony noted the problem of  
10 insufficient clinical trials of pediatric pharmaceuticals and appreciated how the resolution  
11 responds to this important problem. Individual testimony suggested also including  
12 pregnant patients in the resolution, as they are also a patient population with insufficient  
13 representation within clinical trials. However, this testimony is beyond the scope of the  
14 current resolution which is focused on pediatrics and no other testimony voiced support  
15 for expanding its scope to other patient populations. Therefore, our reference committee  
16 recommends that Resolution 024 be adopted.

17  
18 (12) RESOLUTION 026 – ESTABLISHING ETHICAL  
19 PRINCIPLES FOR PHYSICIANS INVOLVED IN PRIVATE  
20 EQUITY OWNED PRACTICES

21  
22 **RECOMMENDATION:**

23  
24 **Resolution 026 be adopted.**

25  
26 **HOD ACTION: Resolution 026 adopted.**

27  
28 RESOLVED, That our American Medical Association study and clarify the ethical  
29 challenges and considerations regarding physician professionalism raised by the advent  
30 and expansion of private equity ownership or management of physician practices and  
31 report back on the status of any ethical dimensions inherent in these arrangements,  
32 including consideration of the need for ethical guidelines as appropriate. Such a study  
33 should evaluate the impact of private equity ownership, including but not limited to the  
34 effect on the professional responsibilities and ethical priorities for physician practices  
35 (Directive to Take Action).

36  
37 Testimony was heard in unanimous support of Resolution 026, noting that having  
38 principles outlined by the AMA will be incredibly important. Private equity can allow private  
39 practice physicians to compete and has led to increased physician reimbursement.  
40 Additionally, testimony noted the downsides of private equity and how it may improperly  
41 interfere with the patient-physician relationship and the quality of care of patient. An  
42 amendment suggested potential positive and negative impacts of private equity. However,  
43 your reference committee notes that the resolution calls for evaluating the "impact" of  
44 private equity, which encompasses both positive and negative aspects of the issue.  
45 Testimony was also offered that this study would be useful for students and trainees.  
46 Therefore, your reference committee recommends that Resolution 026 be adopted.

(13) RESOLUTION 028 – PRESERVING ACCESS TO  
REPRODUCTIVE HEALTH SERVICES

**RECOMMENDATION:**

**Resolution 028 be adopted.**

**HOD ACTION: Resolution 028 adopted.**

**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; and be it further

Testimony was heard in strong and passionate support of Resolution 028. Testimony noted that the probable overruling of Roe vs. Wade this month will criminalize and restrict access to abortion in many parts of the United States. Testimony noted that with Roe's reversal, many physicians who offer reproductive health care could face criminal and civil legal jeopardy and those physicians performing abortions in the case of ectopic pregnancies and miscarriages could be charged with crimes and those physicians offering abortions to patients who cross state lines could be criminally charged. Testimony strongly reflected that physicians should not be criminalized for the practice of medicine and that physicians are best authorities to define healthcare, not politicians or the government. Testimony further noted that the AMA has long standing policy supporting access to abortion care and this resolution is aligned with such policy and will help AMA leaders defined against legislative inference in the practice of medicine. Testimony noted that issue is larger than only reproductive health: it is about the criminalization of providing health care broadly, i.e., issues of reproductive health touch on many other health related

1 matters. Limited testimony proposed that it would be better for the AMA to wait and see  
2 where national policy lands and then react. Limited testimony also reflected that the AMA  
3 has already been advocating on this issue, noting the AMA's amicus brief before the  
4 Supreme Court and that this policy is unnecessary. However, testimony noted that many  
5 laws have already been passed that are already limiting access to health care and are  
6 putting physicians at risk. The problem carries immediate risk with its impact clearly  
7 unfolding in the present. Limited testimony was heard in favor of referral of the first  
8 Resolve, noting that such a statement supports healthcare as a human right. Responding  
9 testimony noted that the first resolve clause is congruent with AMA policy as the AMA has  
10 already passed policy supporting health care as human right reflected in H-65.960.  
11 Another statement in favor of referral noted that the resolution mixes two separate issues:  
12 women's health and the criminalization of physicians. It would better to separate and  
13 addressed independently with further study. However, the balance of testimony reflected  
14 that the AMA cannot wait to take a strong stand on these issues. Your reference committee  
15 recommends that Resolution 028 be adopted.

**Recommended for Adoption with Change in Title**

(14) RESOLUTION 004 – RECOGNIZING LGBTQ+ INDIVIDUALS AS UNDERREPRESENTED IN MEDICINE

**RECOMMENDATION A:**

The title of Resolution 004 be changed to:

**ENCOURAGING LGBTQ+ REPRESENTATION IN MEDICINE**

**RECOMMENDATION B:**

Resolution 004 be adopted with change in title.

**HOD ACTION: Resolution 004 adopted with change in title.**

**ENCOURAGING LGBTQ+ REPRESENTATION 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)

Testimony was heard in strong support of the resolution. Testimony noted that there is not adequate data on LGBTQ+ representation in medicine and that gathering further data on the issue is necessary. Passionate testimony noted how important it is for some LGBTQ+ patients to have patient-physician concordance in order to further strengthen the patient-physician and quality of care, thus underscoring the need to encourage and better understand the representation of LGBTQ+ physicians in the medical profession. Testimony noted that underrepresented is an official title in medicine and cannot be used without adequate data to support the designation and therefore an amendment was offered to change the title. Your reference committee recommends that Resolution 004 be adopted with a change in title.

## Recommended for Adoption as Amended

### (15) BOARD OF TRUSTEES REPORT 13 – USE OF PSYCHIATRIC ADVANCE DIRECTIVES

#### RECOMMENDATION A:

**Recommendation 2 in Board of Trustees Report 13 be  
amended by addition to read as follows:**

**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, and support efforts to increase awareness and  
appropriate utilization of psychiatric advance  
directives. (New HOD Policy)**

#### RECOMMENDATION B:

**Board of Trustees Report 13 be adopted as amended  
and the remainder of the Report be filed.**

**HOD ACTION: Board of Trustees Report 13 adopted as  
amended and the remainder of the Report filed.**

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)

Limited testimony was heard in support of Board of Trustees Report 13. An amendment  
was proffered to remove the study of the role of advance care planning in favor of  
supporting efforts to increase awareness and utilization of psychiatric advance directives.  
Your reference committee found that keeping the resolve urging study, along with  
awareness, best captures the reflected supportive testimony. Therefore, your Reference  
Committee recommends that Board of Trustees Report 13 be adopted as amended.

(16) BOARD OF TRUSTEES REPORT 14 – AMENDMENT TO  
TRUTH AND TRANSPARENCY IN PREGNANCY  
COUNSELING CENTERS, POLICY H-420.954

**RECOMMENDATION A:**

**Recommendation 5 Board of Trustees Report 14 be  
amended by addition to read as follows:**

**5. Our AMA urges that public funding only support  
programs that provide complete, non-directive,  
medically accurate, health information to support  
patients' informed, voluntary decisions. (Modify  
Current HOD Policy)**

**RECOMMENDATION B:**

**Recommendations in Board of Trustees Report 14 be  
adopted as amended and the remainder of the Report  
be filed.**

**HOD ACTION: Recommendations in Board of Trustees  
Report 14 adopted as amended and the remainder of the  
Report filed.**

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.**

1 4. Our AMA advocates that any entity licensed to provide ~~providing~~ medical or health  
2 services to pregnant women that ~~markets medical or any clinical services abide by~~  
3 ~~licensing and have the~~

4  
5 a. ensure that care is provided by appropriately qualified, licensed personnel; ~~to do so~~  
6 and

7  
8 b. abide by federal health information privacy laws.  
9

10 5. Our AMA urges that public funding only support programs that provide complete,  
11 medically accurate, health information to support patients' informed, voluntary decisions.  
12 (Modify Current HOD Policy)

13  
14 Testimony was heard in general support of Board of Trustees Report 14, noting that the  
15 report urges Pregnancy Counseling Centers to provide complete and medically accurate  
16 information to patients. Testimony also noted that this report made necessary  
17 amendments to the original policy, and that it is important to support this report in light of  
18 recent events impacting abortion rights in this country. An amendment was offered to add  
19 "non-directive" before "complete" in the fifth clause, with which your reference committee  
20 agreed. Limited testimony supported referral for the sake of clarity, including defining  
21 "effective oversight" in clause 2, and at what funding/sponsorship levels would donors be  
22 required to be disclosed in clause 3b, however your reference committee did not believe  
23 referral to be reflective of testimony. Your reference committee recommends that the  
24 recommendations in Board of Trustees Report 14 be adopted as amended, and the  
25 remainder of the report be filed.  
26

27 (17) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1  
28 – CLARIFICATION TO THE BYLAWS: DELEGATE  
29 REPRESENTATION  
30

31 **RECOMMENDATION A:**  
32

33 **Council on Constitution and Bylaws Report 1 be**  
34 **amended by addition to read as follows:**  
35

36 **2.4.1 Qualifications. Delegates and alternate delegates**  
37 **from the Resident and Fellow Section must be active**  
38 **members of the Resident and Fellow Section of the**  
39 **AMA. In addition, resident and fellow physician**  
40 **delegates and alternate delegates must be members of**  
41 **their endorsing society or organization currently**  
42 **seated in the HOD, in a capacity appropriate to their**  
43 **level of training.**  
44

45 **RECOMMENDATION B:**  
46

47 **Recommendations in Council on Constitution and**  
48 **Bylaws Report 1 be adopted as amended and the**  
49 **remainder of the Report be filed.**  
50

**HOD ACTION: Recommendations in Council on  
Constitution and Bylaws Report 1 adopted as amended  
and the remainder of the Report filed.**

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.

1 **2.4.2 Apportionment.** The apportionment of delegates from the Resident and Fellow  
2 Section is one delegate for each 2,000 active resident and fellow physician members of  
3 the AMA, as recorded by the AMA on December 31 of each year.

4 \*\*\*

5 **2.4.3 Election.** Delegates and alternate delegates shall be elected by the Resident and  
6 Fellow Section in accordance with procedures adopted by the Section. Each delegate  
7 and alternate delegate must receive written endorsement from ~~his or her~~ a society or  
8 organization currently seated in the House of Delegates and a constituent association or  
9 national medical specialty society, in accordance with procedures adopted by the  
10 Resident and Fellow Section and approved by the Board of Trustees.

11 \*\*\*

12 **2.10.8 Medical Student Seating.** Each ~~M~~medical ~~S~~student ~~R~~regional delegate shall be  
13 seated with the student's endorsing constituent association representing the jurisdiction  
14 within which such delegate's educational program is located. Alternate or substitute  
15 delegates shall be assigned to the original regional delegate's seat location during the  
16 time they are seated for the original delegate.

17 **2.10.9 Resident and Fellow Seating.** Each delegate from the Resident and Fellow  
18 Section shall be seated with the physician's endorsing society or organization ~~constituent~~  
19 ~~association or specialty society~~. In the case where a delegate has been endorsed by  
20 multiple entities both a constituent association and specialty society, the delegate must  
21 choose, prior to the election, with which delegation the delegate wishes to be seated.  
22 Alternate or substitute delegates shall be assigned to the original delegate's seat location  
23 during the time they are seated for the original delegate.

24  
25 Testimony was heard in unanimous support of CCB Report 1. An amendment was offered  
26 to section 2.4.1 to clarify that the resident delegate must be a member of their supporting  
27 society, appropriate to their level of training. This was felt to better clarify that membership  
28 in some societies may be different from a "full member" for those who are currently in  
29 training. The Council testified in support of the amendment. Your reference committee  
30 recommends that CCB Report 1 be adopted as amended and the remainder of the report  
31 be filed.

32  
33 (18) RESOLUTION 001 – INCREASING PUBLIC UMBILICAL  
34 CORD BLOOD DONATIONS IN TRANSPLANT CENTERS

35  
36 **RECOMMENDATION A:**

37  
38 **Resolution 001 be amended by addition of a third**  
39 **Resolve to read as follows:**

40  
41 **RESOLVED, That our AMA encourage access to public**  
42 **cord banking and the creation of public cord blood**  
43 **banks to support altruistic cord blood**  
44 **donation.** (Directive to take action)

45  
46 **RECOMMENDATION B:**

47  
48 **Resolution 001 be adopted as amended.**  
49

**HOD ACTION: Resolution 001 adopted as amended and  
resolve 1 of Resolution 001 referred.**

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)

Testimony was heard in support of Resolution 001. Increased umbilical cord blood donation will increase access to this life-saving procedure, which typically requires no matching, but for which there is limited access. Limited testimony supported referral of the first Resolved clause, suggesting that the emphasis is misplaced, since some hospitals do not have the capability to make umbilical cord blood donation on site, and that it would be preferable to reframe that clause to focus on making available access to public umbilical cord banks, but your reference committee believes that the amendment offered addresses that issue. Your reference committee recommends that resolution 001 be adopted as amended.

(19) RESOLUTION 006 – COMBATING NATURAL HAIR AND  
CULTURAL HEADWEAR DISCRIMINATION IN  
MEDICINE AND MEDICAL PROFESSIONALISM

**RECOMMENDATION A:**

Amended by the addition of a fifth resolve to read as follows:

**RESOLVED, that our AMA encourage healthcare  
institutions to provide adequate protective equipment  
in accordance with appropriate patient safety for  
healthcare workers with natural hair/hairstyles or  
cultural headwear.**

**RECOMMENDATION B:**

Resolution 006 be adopted as amended.

**HOD ACTION: Resolution 006 adopted as amended.**

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

1 hairstyle and cultural headwear in the interview process, medical education, and the  
2 workplace. (New HOD Policy)

3  
4 Testimony was heard in unanimous support of Resolution 006, noting that this policy is  
5 about professionalism and what professionals should look like, and that a person's hair or  
6 headwear has no bearing on professionalism. Testimony noted that we should end the  
7 notion that hairstyles and headpieces, particularly those that are prominent in communities  
8 of color, are unprofessional. Speakers noted that this resolution aligns the AMA with other  
9 organizations, including the American Academy of Pediatrics. An amendment was offered  
10 by Great Lakes to put the onus on healthcare institutions to provide adequate protective  
11 equipment in accordance with appropriate patient safety. Further testimony noted that the  
12 belief that one should have to take on Euro-centric features in order to be viewed as  
13 professional needs to be eliminated. Your reference committee recommends that  
14 Resolution 006 be adopted as amended.

15  
16 (20) RESOLUTION 008 – STUDENT-CENTERED  
17 APPROACHES FOR REFORMING SCHOOL  
18 DISCIPLINARY POLICIES

19  
20 **RECOMMENDATION A:**

21  
22 **That the second resolve of Resolution 008 be amended**  
23 **by addition and deletion to read as follows:**

24  
25 **RESOLVED, That our AMA support the ~~inclusion of~~**  
26 **consultation with school-based mental health**  
27 **professionals in the student discipline process. (New**  
28 **HOD Policy)**

29  
30 **RECOMMENDATION B:**

31  
32 **Resolution 008 be adopted as amended.**

33  
34 **HOD ACTION: Resolution 008 adopted as amended.**

35  
36 RESOLVED, That our American Medical Association support evidence-based  
37 frameworks in K-12 schools that focus on school-wide prevention and intervention  
38 strategies for student misbehavior (New HOD Policy); and be it further  
39 RESOLVED, That our AMA support the inclusion of school-based mental health  
40 professionals in the student discipline process. (New HOD Policy)

41  
42 Testimony was heard in general support of Resolution 008. An amendment was offered  
43 to the second Resolve clause. Testimony highlighted taking a disciplinary role could  
44 compromise mental health treatment efforts. Testimony asks to consider racial and  
45 disability bias in adoption of this measure. Therefore, your reference committee  
46 recommends that Resolution 008 be adopted as amended

(21) RESOLUTION 010 – IMPROVING THE HEALTH AND  
SAFETY OF SEX WORKERS

**RECOMMENDATION A:**

The first resolve in Resolution 010 be amended by addition and deletion to read as follows:

**RESOLVED**, That our American Medical Association recognize the adverse health outcomes of criminalizing consensual sex work individuals who offer sex in return for money, goods or other considerations (New HOD Policy)

**RECOMMENDATION B:**

The second resolve be amended by addition and deletion to read as follows:

**RESOLVED**, That our AMA: 1) support legislation that decriminalizes individuals who offer sex in return for money, or goods, or other considerations; 2) oppose legislation that decriminalizes the purchase of sex services, buying as well as ownership and operation of and brothels keeping and other entities that provide such services; 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

**RECOMMENDATION C:**

Resolution 010 be adopted as amended.

**RECOMMENDATION D:**

The title of Resolution 010 be changed to:

**IMPROVING THE HEALTH AND SAFETY OF  
INDIVIDUALS WHO OFFER SEX IN RETURN FOR  
MONEY, GOODS OR OTHER CONSIDERATIONS**

**HOD ACTION:** Resolution 010 adopted as amended with a change in title.

**IMPROVING THE HEALTH AND SAFETY OF  
INDIVIDUALS WHO OFFER SEX IN RETURN FOR  
MONEY, GOODS OR OTHER CONSIDERATIONS**

1 RESOLVED, That our American Medical Association recognize the adverse health  
2 outcomes of criminalizing consensual sex work (New HOD Policy); and be it further  
3 RESOLVED, That our AMA: 1) support legislation that decriminalizes individuals who  
4 offer sex in return for money or goods; 2) oppose legislation that decriminalizes sex  
5 buying and brothel keeping; and 3) support the expungement of criminal records of  
6 those previously convicted of sex work, including trafficking survivors (New HOD Policy);  
7 and be it further  
8 RESOLVED, That our AMA support research on the long-term health, including mental  
9 health, impacts of decriminalization of the sex trade. (New HOD Policy)

10  
11 The resolution was introduced by the authors, who also expressed support for the  
12 amendments offered by the AAFP, which the authors believe clarify and improve the  
13 original language. Testimony was heard in general support of the resolution. Another  
14 amendment suggested changing the term “consensual sex work” to “people who sell sex,”  
15 which is person first language. Subsequent testimony supported the proposed  
16 amendments. Other testimony expressed concern about part 2 of the second Resolve  
17 clause dealing with sex buying and brothel keeping, which the speaker noted to be a  
18 separate and complex issue, but your reference committee believes that component to be  
19 aligned with the spirit of the resolution. Your reference committee recommends  
20 amendments to make the language more precise and recommends that Resolution 010  
21 be adopted as amended.

22  
23 (22) RESOLUTION 011 – EVALUATING SCIENTIFIC  
24 JOURNAL ARTICLES FOR RACIAL AND ETHNIC BIAS

25  
26 **RECOMMENDATION A:**

27  
28 **The first resolve in Resolution 011 be amended by**  
29 **deletion to read as follows:**

30  
31 **That our American Medical Association support major**  
32 **journal publishers issuing guidelines for interpreting**  
33 **~~previous~~ research which define race and ethnicity by**  
34 **outdated means (New HOD Policy); and be it further**

35  
36 **RECOMMENDATION B:**

37  
38 **Resolution 011 be adopted as amended.**

39  
40 **HOD ACTION: Resolution 011 adopted as amended.**

41  
42 RESOLVED, That our American Medical Association support major journal publishers  
43 issuing guidelines for interpreting previous research which define race and ethnicity by  
44 outdated means (New HOD Policy); and be it further  
45 RESOLVED, That our AMA support major journal publishers implementing a screening  
46 method for future research submission concerning the incorrect use of race and ethnicity.  
47 (New HOD Policy)

48  
49 Testimony was heard in general support of Resolution 011, noting that structural racism  
50 has caused inequities not only in research, but in outcomes as well. Maintaining a

1 standard in the way we communicate research is essential. An amendment was offered  
2 to add an additional Resolve clause, that AMA should encourage JAMA to create  
3 guidelines for interpreting previous research which defines race and ethnicity by  
4 outdated means. Your reference committee notes that the AMA and JAMA are completely  
5 separate for editorial purposes. Additionally, the resolution, as proffered, asks the AMA  
6 to encourage major journals to make such guidelines making this amendment redundant.  
7 Therefore, your reference committee recommends that Resolution 011 be adopted as  
8 amended.

9  
10 (23) RESOLUTION 012 – EXPANDING THE DEFINITION OF  
11 IATROGENIC INFERTILITY TO INCLUDE GENDER  
12 AFFIRMING INTERVENTIONS  
13

14 **RECOMMENDATION A:**

15  
16 The first resolve in Resolution 012 be amended by  
17 addition to read as follows:

18  
19 **RESOLVED**, That our American Medical Association  
20 amend policy H-185.990, “Infertility and Fertility  
21 Preservation Insurance Coverage.” by addition to read  
22 as follows:

23  
24 **Infertility and Fertility Preservation Insurance Coverage**  
25 **H-185.990**

26  
27 It is the policy of the AMA that (1) Our AMA encourages  
28 third party payer health insurance carriers to make  
29 available insurance benefits for the diagnosis and  
30 treatment of recognized male and female infertility; (2)  
31 Our AMA supports payment for fertility preservation  
32 therapy services by all payers when iatrogenic infertility  
33 may be caused directly or indirectly by necessary  
34 medical treatments as determined by a licensed  
35 physician, and will lobby for appropriate federal  
36 legislation requiring payment for fertility preservation  
37 therapy services by all payers when iatrogenic infertility  
38 may be caused directly or indirectly by necessary  
39 medical treatments as determined by a licensed  
40 physician; and (3) Our AMA encourages the inclusion  
41 of impaired fertility as a consequence of gender-  
42 affirming hormone therapy and gender-affirming  
43 surgery within legislative definitions of iatrogenic  
44 infertility, and supports access to fertility preservation  
45 services for those affected. (Modify Current HOD  
46 Policy); and be it further

**RECOMMENDATION B:**

That Policy H-185-950 be reaffirmed in lieu of the second resolve of Resolution 12.

**RECOMMENDATION C:**

Resolution 012 be adopted as amended.

**HOD ACTION: Resolution 012 adopted as amended.**

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)

An amendment was offered to the first Resolve clause, adding "And support access to fertility preservation services to those affected." Testimony expressed hesitancy around the term "medically necessary," noting that the term has been weaponized against patients seeking gender-affirming therapy. Further testimony supported the amendment striking the words medically necessary. Testimony also supported striking the second Resolve clause and reaffirming policy H-185.950. Therefore, your reference committee recommends that Resolution 012 be adopted as amended.

(24) RESOLUTION 013 – RECOGNITION OF NATIONAL  
ANTI-LYNCHING LEGISLATION AS PUBLIC HEALTH  
INITIATIVE

**RECOMMENDATION A:**

The third Resolve in Resolution 013 be amended by deletion to read as follows:

**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 her 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

**RECOMMENDATION B:**

Resolution 013 be adopted as amended.

**HOD ACTION:** Resolution 013 adopted as amended.

RESOLVED, That our American Medical Association support national legislation that recognizes lynching and mob violence towards an individual or group of individuals as 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

1 RESOLVED, That our current AMA policy H-65.965, Support of Human Rights and  
2 Freedom, be amended by addition to read as follows:  
3 Our AMA: (1) continues to support the dignity of the individual, human rights and the  
4 sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the  
5 denial to any human being of equal rights, privileges and responsibilities commensurate  
6 with his or her individual capabilities and ethical character because of an individual's  
7 sex, sexual orientation, gender, gender identity or transgender status, race, religion,  
8 disability, ethnic origin, national origin or age; (3) opposes any discrimination based on  
9 an individual's sex, sexual orientation, gender identity, race, phenotypic appearance,  
10 religion, disability, ethnic origin, national origin or age and any other such reprehensible  
11 policies; (4) recognizes that hate crimes pose a significant threat to the public health and  
12 social welfare of the citizens of the United States, urges expedient passage for  
13 appropriate hate crimes prevention legislation in accordance with our AMA's policy  
14 through letters to members of Congress; and registers support for hate crimes  
15 prevention legislation, via letter, to the President of the United States (Modify Current  
16 HOD Policy); and be it further  
17 RESOLVED, That our AMA reaffirm policy H-65.952 "Racism as a Public Health Threat".  
18 (Reaffirm HOD Policy)

19  
20 Limited testimony was heard in support of Resolution 013. Testimony against the first  
21 Resolve clause noted federal legislation has already been passed on this issue: therefore,  
22 asking for national legislation is unnecessary. However, your reference committee  
23 believes that policy supporting national legislation is appropriate, even in light of recently  
24 passed legislation and having a strong policy in place can help with future legislative  
25 advocacy. Additional testimony reflected that the word "phenotypic" may cause confusion  
26 as it could be construed as endorsing some genetic basis or bias. Elimination of the word  
27 avoids any confusion and broadens the scope and the author of the resolution supports  
28 this change. Therefore, your reference committee recommends Resolution 013 be  
29 adopted as amended.

30  
31  
32

- 1 (25) RESOLUTION 015 – INCREASING MENTAL HEALTH  
2 SCREENINGS BY REFUGEE RESETTLEMENT  
3 AGENCIES AND IMPROVING MENTAL HEALTH  
4 OUTCOMES FOR REFUGEE WOMEN  
5

6 **RECOMMENDATION A:**  
7

8 That the second resolve of Resolution 015 be amended by addition and  
9 deletion to read as follows:  
10

11 **RESOLVED**, That our American Medical Association  
12 advocate for increased research funding to evaluate  
13 the validity, efficacy, and implementation challenges of  
14 existing mental health screening tools for refugee and  
15 migrant populations and, if necessary, create rapid  
16 brief, accessible, clinically-validated, culturally-  
17 sensitive, and patient centered mental health  
18 screening tools for pertaining to refugee and migrant  
19 populations (Directive to Take Action); and be it  
20 further  
21

22 **RECOMMENDATION B:**  
23

24 That the third resolve of Resolution 015 be amended  
25 by addition and deletion to read as follows:  
26

27 **RESOLVED**, That our AMA advocate for increased  
28 funding ~~to the National Institutes of Health~~ for more  
29 research on evidence-based ~~designs on delivery of~~  
30 mental health services to refugees and migrant  
31 populations and the sex and gender factors that could  
32 increase the risk for mental disorders in refugee  
33 women and girls who experience sexual violence  
34 (Directive to Take Action); and be it further  
35

36 **RECOMMENDATION C:**  
37

38 That the fourth resolve of Resolution 015 be amended  
39 by addition to read as follows:  
40

41 **RESOLVED**, That our AMA advocate for increased  
42 mental health training support and service delivery  
43 funding to increase the number of trained mental  
44 health providers to carry out mental health screenings  
45 and treatment (Directive to Take Action);  
46

47 **RECOMMENDATION D:**  
48

49 Resolution 015 be adopted as amended.  
50

**HOD ACTION: Resolution 015 adopted as amended.**

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)

Testimony was heard in general support of the resolution. The authors opposed an amendment offered to remove the term refugees, noting that while all populations need mental health screenings, the goal of this resolution is to address the issues specifically for refugees, who often lack mental health screening tools. An amendment was offered with language that helps clarify and strengthen the resolution. Therefore, your reference committee recommends that Resolution 015 be adopted as amended.

(26) RESOLUTION 016 – ADDRESSING AND BANNING  
UNJUST AND INVASIVE MEDICAL PROCEDURES  
AMONG MIGRANT WOMEN AT THE BORDER

**RECOMMENDATION A:**

The first resolve of Resolution 016 be amended by deletion to read as follows:

RESOLVED, That our American Medical Association condemn the performance of nonconsensual, ~~unnecessary~~, invasive medical procedures (Directive to Take Action); and

**RECOMMENDATION B:**

Resolution 016 be adopted as amended.

**RECOMMENDATION C:**

The title of Resolution 016 be changed:

ADDRESSING AND BANNING NONCONSENSUAL  
MEDICAL PROCEDURES AMONG MIGRANT WOMEN  
AT THE BORDER

**HOD ACTION: Resolution 016 adopted as amended with change in title.**

**ADDRESSING AND BANNING NONCONSENSUAL  
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)

Testimony was heard in general support of Resolution 016. An amendment was proposed to eliminate the word “unnecessary,” as the term is vague and could be misused. The authors agreed with the proposed amendment. Testimony also noted 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. Additionally, your reference committee recommends eliminating the word “invasive” from the title, as the word is ambiguous and limiting in scope. Your reference committee recommends that Resolution 016 be adopted as amended.

(27) **RESOLUTION 017 – HUMANITARIAN AND MEDICAL  
AID SUPPORT TO UKRAINE**

**RECOMMENDATION A:**

**The second resolve in Resolution 017 be amended by addition and deletion to read as follows:**

**RESOLVED, That our AMA advocate for an early implementation of mental health measures, including suicide prevention efforts, 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, and the elderly (Directive to Take Action);**

**Recommendation B:**

**The third resolve in Resolution 017 be amended by addition and deletion to read as follows:**

**RESOLVED, That our AMA advocate for educational measures to enhance the understanding of war-related trauma in war survivors and promote broad protective**

**factors (e.g., financial, employment, housing, and food stability) that can improve adjustment and outcomes for efforts to increase resilience in war-affected people, particularly when applied to targeting—vulnerable categories of people. (Directive to Take Action)**

**RECOMMENDATION C:**

**Resolution 017 be adopted as amended.**

**HOD ACTION: Resolution 017 adopted as amended.**

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)

Testimony was heard in strong support of this resolution. Amendments were offered suggesting clarifying and precise language. Your reference committee find these amendments strengthen the resolution and recommends that Resolution 017 be adopted as amended.

**(28) RESOLUTION 022 – ORGAN TRANSPLANT EQUITY  
FOR PERSONS WITH DISABILITIES**

**RECOMMENDATION A:**

**The second resolve in Resolution 022 be amended by addition to read as follows:**

**RESOLVED, That our AMA support individuals with IDD who can fulfill transplant center protocols having equal access to organ transplant services and protection from discrimination in rendering these services (New HOD Policy); and be it further**

**RECOMMENDATION B:**

**Resolution 022 be adopted as amended.**

**HOD ACTION: Resolution 022 adopted as amended.**

1  
2 RESOLVED, That our American Medical Association support equitable inclusion of  
3 people with Intellectual and Developmental Disabilities (IDD) in eligibility for transplant  
4 surgery (New HOD Policy); and be it further  
5 RESOLVED, That our AMA support individuals with IDD having equal access to organ  
6 transplant services and protection from discrimination in rendering these services (New  
7 HOD Policy); and be it further  
8 RESOLVED, That our AMA support the goal of the Organ Procurement and  
9 Transplantation Network (OPTN) in adding disability status to their Nondiscrimination  
10 policy under the National Organ Transplant Act of 1984 (New HOD Policy); and be it  
11 further  
12 RESOLVED, That our AMA work with relevant stakeholders to distribute antidiscrimination  
13 education materials for healthcare providers related to equitable inclusion of people with  
14 IDD in eligibility for transplant surgery. (Directive to Take Action)

15  
16 Limited testimony was heard in support of the resolution. An amendment was offered to  
17 the second Resolve clause adding the words with IDD “who can fulfill transplant center  
18 protocols,” which was viewed as friendly. Additional amendments were offered, which  
19 recommended the addition of two new resolve clauses, however they did not receive  
20 significant discussion at the hearing and therefore your reference committee declines to  
21 add them. Your reference committee recommends that Resolution 022 be adopted as  
22 amendment.

23  
24 (29) RESOLUTION 023 – PROMOTING AND ENSURING  
25 SAFE, HIGH QUALITY, AND AFFORDABLE ELDER  
26 CARE THROUGH EXAMINING AND ADVOCATING FOR  
27 BETTER REGULATION OF AND ALTERNATIVES TO  
28 THE CURRENT, GROWING FOR-PROFIT LONG TERM  
29 CARE OPTIONS

30  
31 **RECOMMENDATION A:**

32  
33 **The second resolve in Resolution 023 be amended by**  
34 **addition to read as follows:**

35  
36 **RESOLVED, That our AMA, in collaboration with other**  
37 **stakeholders, including major payers, advocate for**  
38 **further research into alternatives to current options for**  
39 **long term care to promote the highest quality and value**  
40 **long term care services and supports (LTSS) models as**  
41 **well as functions and structures which best support**  
42 **these models for care. (Directive to Take Action)**

43  
44  
45 **RECOMMENDATION B:**

46  
47 **Resolution 023 be adopted as amended.**

48  
49 **HOD ACTION: Resolution 023 adopted as amended.**  
50

1 RESOLVED, That our American Medical Association advocate for business models in  
2 long term care for the elderly which incentivize and promote the ethical use of resources  
3 to maximize care quality, staff and resident safety, and resident quality of life, and which  
4 hold patients' interests as paramount over maximizing profit (Directive to Take Action);  
5 and be it further  
6 RESOLVED, That our AMA, in collaboration with other stakeholders, advocate for further  
7 research into alternatives to current options for long term care to promote the highest  
8 quality and value long term care services and supports (LTSS) models as well as functions  
9 and structures which best support these models for care. (Directive to Take Action)

10  
11 Testimony was heard in unanimous support of Resolution 023. An amendment was  
12 offered and agreed to by the authors. Your reference committee recommends that  
13 Resolution 023 be adopted as amended.

14  
15 (30) RESOLUTION 025 – USE OF SOCIAL MEDIA FOR  
16 PRODUCT PROMOTION AND COMPENSATION

17  
18 **RECOMMENDATION A:**

19  
20 **Resolution 025 be amended by deletion to read as follows:**

21  
22 **RESOLVED, That our American Medical Association**  
23 **study the ethical issues of medical students, residents,**  
24 **fellows, and physicians endorsing ~~non-health related~~**  
25 **products through social and mainstream media for**  
26 **personal or financial gain. (Directive to Take Action)**

27  
28 **RECOMMENDATION B:**

29  
30 **Resolution 025 be adopted as amended.**

31  
32 **HOD ACTION: Resolution 025 is referred.**

33  
34 RESOLVED, That our American Medical Association study the ethical issues of medical  
35 students, residents, fellows, and physicians endorsing non-health related products  
36 through social and mainstream media for personal or financial gain. (Directive to Take  
37 Action)

38  
39 Resolution 025 was introduced by the author, and no further testimony was heard. Your  
40 reference committee recommends the removal of “non-health” to help broaden the scope  
41 of the proposed study and explore various facets of this timely and important issue. Your  
42 reference committee recommends that Resolution 025 be adopted as amended  
43

**RECOMMENDED FOR ADOPTION IN LIEU OF**

(31) RESOLUTION 014 – HEALTHCARE EQUITY THROUGH  
INFORMED CONSENT AND A COLLABORATIVE  
HEALTHCARE MODEL FOR THE GENDER DIVERSE  
POPULATION

**RECOMMENDATION:**

**That Alternate Resolution 014 be adopted in lieu of  
Resolution 14**

**Resolved, that our American Medical Association  
supports shared decision making between gender  
diverse individuals, their health care team, and, where  
applicable, their families and caregivers.**

**Resolved, that our American Medical Association  
supports treatment models for gender diverse people  
that promotes informed consent, personal autonomy,  
increased access for gender affirming treatments and  
eliminates unnecessary third party involvement  
outside of the physician-patient relationship in the  
decision making process.**

**HOD ACTION: Alternate Resolution 014 adopted in lieu of  
Resolution 14**

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)

The authors introduced the resolution and expressed support for a proposed amendment. That amendment replaced the current Resolve with two alternate Resolve clauses and addressed concerns regarding the conflation between DSD and trans patients. Care for trans patients and DSD patients can be very different and often opposed. Further testimony noted that the subject is important and complex and recommended referral to make sure the language is handled properly. Your references committee believes that the language of the alternate resolution addresses those concerns and recommends adoptions of Alternate Resolution 14 in lieu of the original Resolution 014.

(32) RESOLUTION 027 – PROTECTING ACCESS TO  
ABORTION AND REPRODUCTIVE HEALTHCARE

**RECOMMENDATION A:**

The first resolve in Resolution 027 be amended by addition to read 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 and continue efforts urging the Food and Drug Administration to lift the Risk Evaluation and Mitigation Strategy on mifepristone. (Modify Current HOD Policy)

**RECOMMENDATION B:**

Resolution 027 be adopted as amended.

**HOD ACTION: Resolution 027 adopted as amended.**

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

1 requirements that physicians function as agents of law enforcement – gathering  
2 evidence for prosecution rather than as a provider of treatment. (Modify Current HOD  
3 Policy)  
4

5 Testimony was heard in unanimous support of the goal of the resolution. An amendment  
6 was proffered to retain of the portion of the first resolve that struck efforts to urge the FDA  
7 to lift the Risk Evaluation and Mitigation Strategy (REMS) on mifepristone, because REMS  
8 still exists but are temporally suspended due to the pandemic. Further testimony was  
9 heard in support of this amendment. Testimony noted that reproductive rights are under  
10 attack and physicians should not be criminalized for providing reproductive services. It  
11 was noted that this resolution maintains AMA policy but updates it to reflect current FDA  
12 recommendations and supports AMA policy opposing punitive measures against pregnant  
13 people. Your reference committee recommends that Resolution 027 be adopted as  
14 amended.  
15  
16  
17  
18

**Recommended for Referral**

- (33) BOARD OF TRUSTEES REPORT 21 – OPPOSITION TO  
REQUIREMENTS FOR GENDER-BASED TREATMENTS  
FOR ATHLETES

**RECOMMENDATION:**

**Recommendations in Board of Trustees Report 21 be  
referred.**

**HOD ACTION: Recommendations in Board of Trustees  
Report 21 referred.**

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)

The authors of the report stated that as a result of testimony in the online forum, the Board  
would accept referral to address certain issues within the report. Further testimony was  
heard in support of the report as written, noting that athletes, particularly female athletes,  
may be subjected to unnecessary medical examinations and inappropriate medical  
interventions. Further testimony expressed the desire for definitions in the report, including  
DSD, women with differences of sexual development, and female athletes. An amendment  
was offered, and subsequent testimony was heard in support, that would add the words  
“examination, testing, or” before hormonal guidelines. The amendment from will be offered  
to the Board of Trustees for consideration. Therefore your reference committee  
recommend that Board of Trustees of Report 21 be referred.

(34) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
REPORT 1 – SHORT-TERM MEDICAL SERVICE TRIPS

**RECOMMENDATION:**

**Recommendations in Council on Ethical and Judicial  
Affairs Report 1 be referred.**

**HOD ACTION: Recommendations in Council on Ethical and  
Judicial Affairs Report 1 referred.**

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

1 practice only within their skill sets and experience, and that resources are available to  
2 support the success of the trip, including arranging for appropriate supervision of  
3 trainees, local mentors, translation services, and volunteers' personal health needs as  
4 appropriate.

5  
6 (c) Seek to become broadly knowledgeable about the communities in which they will  
7 work and take advantage of resources to begin to cultivate the "cultural sensitivity" they  
8 will need to provide safe, respectful, patient-centered care in the context of the specific  
9 host community. Members of the volunteer medical team are expected to uphold the  
10 ethics standards of their profession and volunteers should insist that strategies are in  
11 place to address ethical dilemmas as they arise. In cases of irreducible conflict with local  
12 norms, volunteers may withdraw from care of an individual patient or from the mission  
13 after careful consideration of the effect that will have on the patient, the medical team,  
14 and the mission overall, in keeping with ethics guidance on the exercise of conscience.

15  
16 Sponsors of short-term medical service trips should:

17  
18 (d) Ensure that resources needed to meet the defined goals of the trip will be in place,  
19 particularly resources that cannot be assured locally.

20  
21 (e) Proactively define appropriate roles and permissible range of practice for members of  
22 the volunteer team, including the training, experience, and oversight of team members  
23 required to provide acceptable safe, high-quality care in the host setting. Team members  
24 should practice only within the limits of their training and skills in keeping with the  
25 professional standards of the sponsor's country.

26  
27 (f) Put in place a mechanism to collect data on success in meeting collaboratively defined  
28 goals for the trip in keeping with recognized standards for the conduct of health services  
29 research and quality improvement activities in the sponsor's country.

30  
31 Limited testimony noted that while the report is much improved, a number of issues  
32 remained including the need to address minimizing burdens to host, noting that care can  
33 do more harm than good, e.g., medication errors, side effects and complications.  
34 Testimony noted that the term cultural sensitivity is outdated and has been replaced by  
35 cultural humility. Testimony further noted that the report did not have adequate discussion  
36 regarding cost-effectiveness, state stakeholders, about positive and negative impacts,  
37 about people practicing beyond their expertise, and continuity of care. Your reference  
38 committee recommends that CEJA Report 1 be referred.

(35) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
REPORT 2 – AMENDMENT TO OPINION 10.8,  
COLLABORATIVE CARE

**RECOMMENDATION:**

**Recommendations in Council on Ethical and Judicial  
Affairs Report 2 be referred.**

**HOD ACTION: Recommendations in Council on Ethical and  
Judicial Affairs Report 2 referred.**

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

1 (b) Promote core team values of honesty, discipline, creativity, humility and curiosity  
2 and commitment to continuous improvement.

3  
4 (c) Help clarify expectations to support systematic, transparent decision making.

5  
6 (d) Encourage open discussion of ethical and clinical concerns and foster a team culture  
7 in which each member's opinion is heard and considered and team members share  
8 accountability for decisions and outcomes.

9  
10 (e) Communicate appropriately with the patient and family, including being forthright  
11 when describing their profession and role, and respecting the unique relationship of  
12 patient and family as members of the team.

13  
14 As leaders within health care institutions, physicians individually and collectively should:

15  
16 (f) Advocate for the resources and support health care teams need to collaborate  
17 effectively in providing high-quality care for the patients they serve, including education  
18 about the principles of effective teamwork and training to build teamwork skills.

19  
20 (g) Encourage their institutions to identify and constructively address barriers to  
21 effective collaboration.

22  
23 (h) Promote the development and use of institutional policies and procedures, such as  
24 an institutional ethics committee or similar resource, to address constructively conflicts  
25 within teams that adversely affect patient care.

26  
27 (i) Promote a culture of respect, collegiality and transparency among all health care  
28 personnel.

29  
30 Testimony supported much of the report, but concerns were expressed about the change  
31 from patient-physician relationship to patient-professional relationship, which speakers  
32 noted is a unique relationship that needs to be protected. Limited testimony supported the  
33 report as written, noting that the report addresses not only physicians, but other  
34 professionals on the team and the relationships they should have with patients. Your  
35 reference committee recommends that CEJA Report 2 be referred.

36

(36) RESOLUTION 005 – SUPPORTING THE STUDY OF  
REPARATIONS AS A MEANS TO REDUCE RACIAL  
INEQUALITIES

**RECOMMENDATION:**

**Resolution 005 be referred.**

**HOD ACTION: Resolution 005 referred.**

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)

Testimony was heard in general support of Resolution 005. Supporting testimony noted that the Center for Health Equity has shown where the AMA has stood over the years, and where we need to make amends for past wrongs. Further testimony also noted that this resolution is about reparative justice. Testimony noted that the issue of national reparations is outside the scope of our AMA. However, recognizing and taking steps to make reparations for prior racist actions taken by the AMA should be addressed. Testimony noted that national reparations could have beneficial effects on the nation's health. Limited testimony was heard in support of referral, noting that actions being requested should be accomplished by federal legislation. Additionally, your reference committee notes that the call for supporting federal legislation is quite broad and in need of better clarity. Therefore, your reference committee recommend that this resolution be referred.

(37) RESOLUTION 021 – NATIONAL CANCER RESEARCH  
PATIENT IDENTIFIER

**RECOMMENDATION:**

**Resolution 021 be referred.**

**HOD ACTION: Resolution 021 referred.**

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)

Testimony was strongly in support of referral. The resolution's author testified in support of referral, noted that the issue may be best evaluated by a council. Testimony noted the complexity of the issue; i.e., a national patient identifier may exclude some people from clinical trials, may dissuade some people with privacy concerns from joining trials, may put undue burdens (e.g., further EHR responsibilities) on some physicians, and it may implicate privacy, trust, and surveillance concerns. Testimony also noted concern about what organizations would be involved in overseeing the NCRI process. Testimony further questioned why the resolution should be limited to cancer rather than be broader in scope. Considering testimony reflecting the complexity of the issue and the need for greater evaluation, your reference committee recommends that Resolution 021 be referred.

(38) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
REPORT 5 – PANDEMIC ETHICS AND THE DUTY OF  
CARE (D-130.960)

**RECOMMENDATION:**

**Council on Ethical and Judicial Affairs Report 5 be  
referred.**

**HOD ACTION: Council on Ethical and Judicial Affairs  
Report 5 referred.**

Testimony in favor of referral to the report noted that the report recognizes a gap in the Code of Medical Ethics, but does not address that gap. Testimony asks CEJA to consider modifying the Code of Medical Ethics to address that gap. Therefore, your reference committee recommends that Council on Ethical Judicial Affairs Report 5 be referred.

## Recommended for Not Adoption

- (39) RESOLUTION 009 – PRIVACY PROTECTION AND  
PREVENTION OF FURTHER TRAUMA FOR VICTIMS OF  
DISTRIBUTION OF INTIMATE VIDEOS AND IMAGES  
WITHOUT CONSENT

### RECOMMENDATION:

Resolution 009 be not be adopted.

HOD ACTION: Resolution 009 adopted.

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, 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)

No testimony was heard during live testimony or on the online forum for this resolution. Therefore, your reference committee recommends that Resolution 009 not be adopted.

- (40) RESOLUTION 020 – COUNCIL ON ETHICAL AND  
JUDICIAL AFFAIRS GUIDELINES FOR TREATING  
UNVACCINATED INDIVIDUALS

### RECOMMENDATION:

Resolution 020 not be adopted.

HOD ACTION: Resolution 020 not adopted.

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)

Testimony was heard in opposition to this resolution, noting that CEJA has already provided tremendous guidance throughout the pandemic, and as COVID continues to evolve, there is no way to know whether current vaccinations will be effective against

- 1 future COVID variants. Testimony also noted that this resolution asks for very specific
- 2 guidance from CEJA, which is unnecessary. Your reference committee recommends that
- 3 Resolution 020 not be adopted.

Mister Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Dr. Sara Coffey, Dr. Peter Rheinstein, Dr. Ted Jones, Dr. Po-Yin Samuel Huang, Dr. Alan Hartford, Dr. Richard Labasky, and all those who testified before the committee.

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Sara Coffey, DO  
America Psychiatric Association  
Association

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Po-Yin Samuel Huang, MD  
California Medical

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Peter Rheinstein, MD, JD, MS  
Academy of Physicians in Clinical Research  
Society

---

Alan Hartford, MD, PhD  
New Hampshire Medical

---

Theodore Jones, MD  
Michigan State Medical Society

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Richard Labasky, MD, MBA  
Utah Medical Association

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Nicole Riddle, MD  
US and Canadian Academy of Pathology  
Chair