

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-22)

Report of Reference Committee on Amendments to Constitution and Bylaws

Nicole Riddle, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**

4

- 5 1. Board of Trustees Report 2 – New Specialty Organizations Representation in the
6 House of Delegates
- 7 2. Board of Trustees Report 22 – Nonconsensual Audio/Video Recording at Medical
8 Encounters (Resolution 007-June-21)
- 9 3. Board of Trustees Report 23 – Specialty Society Representation in the House of
10 Delegates – Five-Year Review
- 11 4. Council on Ethical and Judicial Affairs Report 3 – Amendment to E-9.3.2,
12 Physician Responsibilities to Colleagues with Illness, Disability or Impairment
- 13 5. Council on Ethical and Judicial Affairs Report 4 – CEJA’s Sunset Review of 2012
14 House Policies
- 15 6. Resolution 002 – Opposition to Discriminatory Treatment of Haitian Asylum
16 Seekers
- 17 7. Resolution 003 – Gender Equity and Female Physician Work Patterns During the
18 Pandemic
- 19 8. Resolution 007 – Equal Access to Adoption for the LGBTQ Community
- 20 9. Resolution 018 – Hardship for International Medical Graduates from Russia and
21 Belarus
- 22 10. Resolution 019 – Hardship for International Medical Graduates from Ukraine
- 23 11. Resolution 024 – Pharmaceutical Equity for Pediatric Populations
- 24 12. Resolution 026 – Establishing Ethical Principles for Physicians Involved in
25 Private Equity Owned Practices
- 26 13. Resolution 028 – Preserving Access to Reproductive Health Services
27

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

29

- 30 14. Resolution 004 – Recognizing LGBTQ+ Individuals as Underrepresented in
31 Medicine
32

33 **RECOMMENDED FOR ADOPTION AS AMENDED**

34

- 35 15. Board of Trustees Report 13 – Use of Psychiatric Advance Directives
- 36 16. Board of Trustees Report 14 – Amendment to Truth and Transparency in
37 Pregnancy Counseling Centers, H-420.954
- 38 17. Council on Constitution and Bylaws Report 1 - Clarification to the Bylaws:
39 Delegate Representation
- 40 18. Resolution 001 – Increasing Public Umbilical Cord Blood-Donations in Transplant
41 Centers
- 42 19. Resolution 006 – Combating Natural Hair and Cultural Headwear Discrimination
43 in Medicine and Medical Professionalism

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

20 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 21 31. Resolution 014 – Healthcare Equity Through Informed Consent and a
- 22 Collaborative Healthcare Model for the Gender Diverse Population
- 23 32. Resolution 027 – Protecting Access to Abortion and Reproductive Healthcare
- 24

25 **RECOMMENDED FOR REFERRAL**

- 26
- 27 33. Board of Trustees Report 21 – Opposition to Requirements for Gender-Based
- 28 Treatments for Athletes
- 29 34. Council on Ethical and Judicial Affairs Report 1 – Short-Term Medical Service
- 30 Trips
- 31 35. Council on Ethical and Judicial Affairs Report 2 – Amendment to Opinion 10.8,
- 32 Collaborative Care
- 33 36. Resolution 005 – Supporting the Study of Reparations as a Means to Reduce
- 34 Racial Inequalities
- 35 37. Resolution 021 – National Cancer Research Patient Identifier
- 36 38. Council on Ethical and Judicial Affairs Report 5 – Pandemic Ethics and the Duty
- 37 of Care (D-130.960)
- 38

39 **RECOMMENDED FOR NOT ADOPTION**

- 40
- 41 39. Resolution 009 - Privacy Protection and Prevention of Further Trauma for Victims
- 42 of Distribution of Intimate Videos and Images Without Consent
- 43 40. Resolution 020 – Council on Ethical and Judicial Affairs Guidelines for Treating
- 44 Unvaccinated Individuals
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Amendments

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

RECOMMENDED FOR ADOPTION

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

6
7 **RECOMMENDATION:**

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

11
12 Therefore, the Board of Trustees recommends that the American Contact Dermatitis
13 Society, American Society of Regional Anesthesia and Pain Medicine, Americas Hernia
14 Society, and the Outpatient Endovascular and Interventional Society be granted
15 representation in the AMA House of Delegates and that the remainder of the report be
16 filed. (Directive to Take Action)

17
18 The report was introduced by the author, and no other testimony was heard. Your
19 reference committee recommends that Board of Trustees Report 2 be adopted and the
20 remainder of the report be filed.

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

25
26 **RECOMMENDATION:**

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

30
31 In consideration of the foregoing, your Board of Trustees recommends that Policy H-
32 315.983, "Patient Privacy and Confidentiality," be reaffirmed in lieu of Resolution 7-June-
33 21 and the remainder of this report be filed.

34
35 The report was introduced by the authors and no further testimony was heard. Your
36 reference committee recommends that BOT report 22 be adopted.

- 37
38 (3) BOARD OF TRUSTEES REPORT 23 – SPECIALTY
39 SOCIETY REPRESENTATION IN THE HOUSE OF
40 DELEGATES – FIVE-YEAR REVIEW

41
42 **RECOMMENDATION:**

43
44 **Recommendations in Board of Trustees Report 23 be**
45 **adopted and the remainder of the Report be filed.**

46
47 The Board of Trustees recommends that the following be adopted, and the remainder of
48 this report be filed:
49

- 1 1. That the Academy of Physicians in Clinical Research, American Society for
2 Reproductive Medicine, American Thoracic Society, College of American
3 Pathologists, Congress of Neurological Surgeons, International College of
4 Surgeons – US Section, Society for Cardiovascular Angiography and
5 Interventions, and the Society for Investigative Dermatology, retain representation
6 in the AMA House of Delegates. (Directive to Take Action)
7
- 8 2. Having failed to meet the requirements for continued representation in the AMA
9 House of Delegates as set forth in AMA Bylaw B-8.5, the American Society of
10 General Surgeons, American Society of Hematology, American Society of
11 Transplant Surgeons, International Society of Hair Restoration Surgery and
12 United States and Canadian Academy of Pathology be placed on probation and
13 be given one-year to work with AMA membership staff to increase their AMA
14 membership. (Directive to Take Action)
15
- 16 3. Having failed to meet the requirements for continued representation in the AMA
17 House of Delegates as set forth in AMA Bylaw B-8.5 the Eye and Contact Lens
18 Association not retain representation in the House of Delegates. (Directive to
19 Take Action)
20

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

- 24 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
25 REPORT 3 – AMENDMENT TO E-9.3.2, “PHYSICIAN
26 RESPONSIBILITIES TO COLLEAGUES WITH ILLNESS,
27 DISABILITY OR IMPAIRMENT”
28

29 **RECOMMENDATION:**
30

31 **Recommendations in Council on Ethical and Judicial**
32 **Affairs Report 3 be adopted and the remainder of the**
33 **Report be filed.**
34

35 The Council believes that a more general formulation that did not delineate specific
36 actors would better emphasize the importance of fairness whenever and by whomever
37 such assessment is sought and would help ensure that guidance remains evergreen.
38 The Council therefore proposes to amend Opinion 9.3.2 by insertion as follows:
39

40 E-9.3.2 – Physician Responsibilities to Colleagues with Illness, Disability or Impairment
41

42 Providing safe, high-quality care is fundamental to physicians’ fiduciary obligation to
43 promote patient welfare. Yet a variety of physical and mental health conditions—
44 including physical disability, medical illness, and substance use—can undermine
45 physicians’ ability to fulfill that obligation. These conditions in turn can put patients at
46 risk, compromise physicians’ relationships with patients, as well as colleagues, and
47 undermine public trust in the profession.
48

49 While some conditions may render it impossible for a physician to provide care safely,
50 with appropriate accommodations or treatment many can responsibly continue to

1 practice, or resume practice once those needs have been met. In carrying out their
2 responsibilities to colleagues, patients, and the public, physicians should strive to
3 employ a process that distinguishes conditions that are permanently incompatible with
4 the safe practice of medicine from those that are not and respond accordingly.

5
6 As individuals, physicians should:

7
8 (a) Maintain their own physical and mental health, strive for self-awareness, and
9 promote recognition of and resources to address conditions that may cause impairment.

10
11 (b) Seek assistance as needed when continuing to practice is unsafe for patients, in
12 keeping with ethics guidance on physician health and competence.

13
14 (c) Intervene with respect and compassion when a colleague is not able to practice
15 safely. Such intervention should strive to ensure that the colleague is no longer
16 endangering patients and that the individual receive appropriate evaluation and care to
17 treat any impairing conditions.

18
19 (d) Protect the interests of patients by promoting appropriate interventions when a
20 colleague continues to provide unsafe care despite efforts to dissuade them from
21 practice.

22
23 (e) Seek assistance when intervening, in keeping with institutional policies, regulatory
24 requirements, or applicable law.

25
26 Collectively, physicians should nurture a respectful, supportive professional culture by:

27
28 (f) Encouraging the development of practice environments that promote collegial mutual
29 support in the interest of patient safety.

30
31 (g) Encouraging development of inclusive training standards that enable individuals with
32 disabilities to enter the profession and have safe, successful careers.

33
34 (h) Eliminating stigma within the profession regarding illness and disability.

35
36 (i) Advocating for supportive services, including physician health programs, and
37 accommodations to enable physicians and physicians-in-training who require assistance
38 to provide safe, effective care.

39
40 (j) Advocating for respectful and supportive, evidence-based peer review policies and
41 practices to ensure fair, objective, and independent assessment of potential impairment
42 whenever and by whomever assessment is deemed appropriate to ~~that will~~ ensure patient
43 safety and practice competency. (II)

44
45 Testimony was heard in strong support of CEJA Report 3. The authors of the original
46 resolution noted that this report is much improved and is of significant benefit to
47 physicians. Testimony noted that physicians have an ethical responsibility to be self-
48 regulatory. Your reference committee recommends that CEJA Report 3 be adopted and
49 the remainder of the report be filed.

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

5 **RECOMMENDATION:**
6

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

10
11 The Council on Ethical and Judicial Affairs recommends that the House of Delegates
12 policies that are listed in the Appendix to this report be acted upon in the manner indicated
13 and the remainder of this report be filed. (Directive to Take Action)

14
15 The report was introduced by the authors and no further testimony was heard. Your
16 reference committee recommends that CEJA Report 4 be adopted and the remainder of
17 the report be filed.
18

19 (6) RESOLUTION 002 – OPPOSITION TO
20 DISCRIMINATORY TREATMENT OF HAITIAN ASYLUM
21 SEEKERS
22

23 **RECOMMENDATION:**
24

25 **Resolution 002 be adopted**
26

27 RESOLVED, That our American Medical Association oppose discrimination against
28 Haitian asylum seekers which denies them the same opportunity to attain asylum status
29 as individuals from other nations. (New HOD Policy)
30

31 Testimony was heard in general support of Resolution 002, noting that the AMA must
32 strive to mitigate threats to public health as they arise. Testimony noted that the treatment
33 of Haitian asylum seekers has been an embarrassment, that physician leaders must make
34 a statement that asylum seekers should be granted the same protections, and that it is a
35 moral obligation to oppose harm being done to asylum seekers. Your reference committee
36 recommends that Resolution 002 be adopted.
37

38 (7) RESOLUTION 003 – GENDER EQUITY AND FEMALE
39 PHYSICIAN WORK PATTERNS DURING THE
40 PANDEMIC
41

42 **RECOMMENDATION:**
43

44 **Resolution 003 be adopted.**
45

46 RESOLVED, That our American Medical Association advocate for research on
47 physician-specific data analyzing changes in work patterns and employment outcomes
48 among female physicians during the pandemic including, but not limited to,
49 understanding potential gaps in equity, indications for terminations and/or furloughs,

1 gender differences in those who had unpaid additional work hours, and issues related to
2 intersectionality (Directive to Take Action); and be it further
3 RESOLVED, That our AMA collaborate with relevant organizations to evaluate obstacles
4 affecting female physicians and medical students during the pandemic. (Directive to Take
5 Action)

6
7 Testimony was heard in strong support of Resolution 003. Supporting testimony noted
8 that the pandemic required female physicians to take on additional roles both at work and
9 at home without any additional support, and that burnout and anxiety increased during the
10 pandemic among all health care workers, and particularly among minoritized health care
11 workers and physicians in vulnerable populations. Speakers noted that equity in all areas
12 is something we strive for, and when inequities arise, it is important that they are
13 addressed. Limited testimony in opposition noted that single-parent fathers should not be
14 excluded, and while your reference committee agrees, the spirit of this resolution was to
15 address the challenges faced by female physicians during the pandemic. Your reference
16 committee recommends that Resolution 003 be adopted.

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20 (8) RESOLUTION 007 – EQUAL ACCESS TO ADOPTION
21 FOR THE LGBTQ COMMUNITY

22
23 **RECOMMENDATION:**

24
25 **Resolution 007 be adopted.**

26
27 RESOLVED, That our American Medical Association advocate for equal access to
28 adoption services for LGBTQ individuals who meet federal criteria for adoption
29 regardless of gender identity or sexual orientation (Directive to Take Action); and be it
30 further
31 RESOLVED, That our AMA encourage allocation of government funding to licensed child
32 welfare agencies that offer adoption services to all individuals or couples including those
33 with LGBTQ identity. (New HOD Policy)

34
35 Testimony was heard in unanimous support of this resolution. Testimony noted that there
36 are many children that do not get adopted in a timely fashion and move from foster care
37 to foster care and expanding access to adoption services for LGBTQ individuals could
38 help. It was noted that gender and sexual identity have no impact on an individual's ability
39 to care for a child. Testimony also noted that this resolution is consistent with ACOG policy.
40 Further testimony observed that children need both of their parents to be recognized as
41 legal guardians or are more likely to end up in foster care. Your reference committee
42 recommends that Resolution 007 be adopted.

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44

1 (9) RESOLUTION 018 – HARDSHIP FOR INTERNATIONAL
2 MEDICAL GRADUATES FROM RUSSIA AND BELARUS
3

4 **RECOMMENDATION:**
5

6 **Resolution 018 be adopted.**
7

8 RESOLVED, That our American Medical Association study the impact of the current
9 political crisis on international medical graduates with medical degrees from Russia and
10 Belarus who are already in the U.S. either in training or practicing in regards to their ability
11 to obtain primary source verification and report back during the 2022 Interim House of
12 Delegates meeting. (Directive to Take Action)

13
14 The resolution was introduced by the author and no further testimony was heard. Your
15 reference committee recommends that Resolution 018 be adopted.
16

17 (10) RESOLUTION 019 – HARDSHIP FOR INTERNATIONAL
18 MEDICAL GRADUATES FROM UKRAINE
19

20 **RECOMMENDATION:**
21

22 **Resolution 019 be adopted.**
23

24 RESOLVED, That our American Medical Association advocate with relevant stakeholders
25 that advise state medical boards to grant hardship waiver for primary source verification
26 of medical education for all licensing requirements for physicians who graduated from
27 medical schools in Ukraine until the current humanitarian crisis in Ukraine is resolved.
28 (Directive to Take Action)

29
30 The resolution was introduced by the author and no further testimony was heard. Your
31 reference committee recommends that Resolution 019 be adopted.
32

33 (11) RESOLUTION 024 – PHARMACEUTICAL EQUITY FOR
34 PEDIATRIC POPULATIONS
35

36 **RECOMMENDATION:**
37

38 **Resolution 024 be adopted.**
39

40 RESOLVED, That our American Medical Association amend Policy H-100.987,
41 “Insufficient Testing of Pharmaceutical Agents in Children,” by addition to read as
42 follows:

43 Insufficient Testing of Pharmaceutical Agents in Children H-100.987

44 1. The AMA supports the FDA's efforts to encourage the development and
45 testing of drugs in the pediatric age groups in which they are used.

46 2. The AMA supports collaboration between stakeholders, including but not limited to the
47 FDA, the American Academy of Pediatrics, and nonprofit organizations such as the
48 Institute for Advanced Clinical Trials for Children, to improve the efficiency and safety of
49 pediatric pharmaceutical trials in pursuit of pharmaceutical equity for pediatric populations.

50 (Modify Current HOD Policy)

1
2 Testimony was heard in support of Resolution 024. Testimony noted the problem of
3 insufficient clinical trials of pediatric pharmaceuticals and appreciated how the resolution
4 responds to this important problem. Individual testimony suggested also including
5 pregnant patients in the resolution, as they are also a patient population with insufficient
6 representation within clinical trials. However, this testimony is beyond the scope of the
7 current resolution which is focused on pediatrics and no other testimony voiced support
8 for expanding its scope to other patient populations. Therefore, our reference committee
9 recommends that Resolution 024 be adopted.

10
11 (12) RESOLUTION 026 – ESTABLISHING ETHICAL
12 PRINCIPLES FOR PHYSICIANS INVOLVED IN PRIVATE
13 EQUITY OWNED PRACTICES

14
15 **RECOMMENDATION:**

16
17 **Resolution 026 be adopted.**

18
19 RESOLVED, That our American Medical Association study and clarify the ethical
20 challenges and considerations regarding physician professionalism raised by the advent
21 and expansion of private equity ownership or management of physician practices and
22 report back on the status of any ethical dimensions inherent in these arrangements,
23 including consideration of the need for ethical guidelines as appropriate. Such a study
24 should evaluate the impact of private equity ownership, including but not limited to the
25 effect on the professional responsibilities and ethical priorities for physician practices
26 (Directive to Take Action).

27
28 Testimony was heard in unanimous support of Resolution 026, noting that having
29 principles outlined by the AMA will be incredibly important. Private equity can allow private
30 practice physicians to compete and has led to increased physician reimbursement.
31 Additionally, testimony noted the downsides of private equity and how it may improperly
32 interfere with the patient-physician relationship and the quality of care of patient. An
33 amendment suggested potential positive and negative impacts of private equity. However,
34 your reference committee notes that the resolution calls for evaluating the "impact" of
35 private equity, which encompasses both positive and negative aspects of the issue.
36 Testimony was also offered that this study would be useful for students and trainees.
37 Therefore, your reference committee recommends that Resolution 026 be adopted.

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39

1 (13) RESOLUTION 028 – PRESERVING ACCESS TO
2 REPRODUCTIVE HEALTH SERVICES
3

4 **RECOMMENDATION:**
5

6 **Resolution 028 be adopted.**
7

8 **RESOLVED, That our AMA:**

- 9 1. Recognizes that healthcare, including reproductive health services like
10 contraception and abortion, is a human right;
- 11 2. Opposes limitations on access to evidence-based reproductive health services,
12 including fertility treatments, contraception, and abortion;
- 13 3. Will work with interested state medical societies and medical specialty societies
14 to vigorously advocate for broad, equitable access to reproductive health
15 services, including fertility treatments, contraception, and abortion;
- 16 4. Supports shared decision-making between patients and their physicians
17 regarding reproductive healthcare;
- 18 5. Opposes any effort to undermine the basic medical principle that clinical
19 assessments, such as viability of the pregnancy and safety of the pregnant
20 person, are determinations to be made only by healthcare professionals with
21 their patients;
- 22 6. Opposes the imposition of criminal and civil penalties or other retaliatory efforts
23 against patients, patient advocates, physicians, other healthcare workers, and
24 health systems for receiving, assisting in, referring patients to, or providing
25 reproductive health services;
- 26 7. Will advocate for legal protections for patients who cross state lines to receive
27 reproductive health services, including contraception and abortion, or who
28 receive medications for contraception and abortion from across state lines, and
29 legal protections for those that provide, support, or refer patients to these
30 services;
- 31 8. Will review the AMA policy compendium and recommend policies which should
32 be amended or rescinded to reflect these core values, with report back at I-22;
33 and be it further
34

35 Testimony was heard in strong and passionate support of Resolution 028. Testimony
36 noted that the probable overruling of Roe vs. Wade this month will criminalize and restrict
37 access to abortion in many parts of the United States. Testimony noted that with Roe's
38 reversal, many physicians who offer reproductive health care could face criminal and civil
39 legal jeopardy and those physicians performing abortions in the case of ectopic
40 pregnancies and miscarriages could be charged with crimes and those physicians offering
41 abortions to patients who cross state lines could be criminally charged. Testimony strongly
42 reflected that physicians should not be criminalized for the practice of medicine and that
43 physicians are best authorities to define healthcare, not politicians or the government.
44 Testimony further noted that the AMA has long standing policy supporting access to
45 abortion care and this resolution is aligned with such policy and will help AMA leaders
46 defined against legislative inference in the practice of medicine. Testimony noted that
47 issue is larger than only reproductive health: it is about the criminalization of providing
48 health care broadly, i.e., issues of reproductive health touch on many other health related
49 matters. Limited testimony proposed that it would be better for the AMA to wait and see
50 where national policy lands and then react. Limited testimony also reflected that the AMA

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

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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.

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.**

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.

1 (16) BOARD OF TRUSTEES REPORT 14 – AMENDMENT TO
2 TRUTH AND TRANSPARENCY IN PREGNANCY
3 COUNSELING CENTERS, POLICY H-420.954
4

5 **RECOMMENDATION A:**
6

7 **Recommendation 5 Board of Trustees Report 14 be**
8 **amended by addition to read as follows:**
9

10 **5. Our AMA urges that public funding only support**
11 **programs that provide complete, non-directive,**
12 **medically accurate, health information to support**
13 **patients’ informed, voluntary decisions.** (Modify
14 Current HOD Policy)
15

16 **RECOMMENDATION B:**
17

18 **Recommendations in Board of Trustees Report 14 be**
19 **adopted as amended and the remainder of the Report**
20 **be filed.**
21

22 For the reasons discussed above, your Board of Trustees recommends that Policy H-
23 420.954 be amended by insertion and deletion to read as follows in lieu of Resolution 8-
24 N-21 and that the remainder of this report be filed:

25
26 H-420.954, “Truth and Transparency in Pregnancy Counseling Centers”
27

28 1. It is AMA’s position that any entity that represents itself as offering health-related
29 services should uphold the standards of truthfulness, transparency, and confidentiality
30 that govern health care professionals.
31

32 2. Our AMA urges the development of effective oversight for entities offering pregnancy-
33 related health services and counseling.
34

35 3. ~~Our AMA supports~~ advocates that any entity offering crisis pregnancy services
36 ~~disclose information~~

37
38 a. truthfully describe the services they offer or for which they refer—including prenatal
39 care, family planning, termination, or adoption services—in communications on site, and
40 in its their advertising, and before any services are provided to an individual patient; and
41 concerning medical services, contraception, termination of pregnancy or referral for such
42 services, adoption options or referral for such services that it provides,
43

44 b. be transparent with respect to their funding and sponsorship relationships.
45

46 4. Our AMA advocates that any entity licensed to provide ~~providing~~ medical or health
47 services to pregnant women ~~that markets medical or any clinical services abide by~~
48 ~~licensing and have the~~
49

1 a. ensure that care is provided by appropriately qualified, licensed personnel; ~~to do so~~
2 and

3
4 b. abide by federal health information privacy laws.

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

9
10 Testimony was heard in general support of Board of Trustees Report 14, noting that the
11 report urges Pregnancy Counseling Centers to provide complete and medically accurate
12 information to patients. Testimony also noted that this report made necessary
13 amendments to the original policy, and that it is important to support this report in light of
14 recent events impacting abortion rights in this country. An amendment was offered to add
15 "non-directive" before "complete" in the fifth clause, with which your reference committee
16 agreed. Limited testimony supported referral for the sake of clarity, including defining
17 "effective oversight" in clause 2, and at what funding/sponsorship levels would donors be
18 required to be disclosed in clause 3b, however your reference committee did not believe
19 referral to be reflective of testimony. Your reference committee recommends that the
20 recommendations in Board of Trustees Report 14 be adopted as amended, and the
21 remainder of the report be filed.

22
23 (17) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1
24 – CLARIFICATION TO THE BYLAWS: DELEGATE
25 REPRESENTATION

26
27 **RECOMMENDATION A:**

28
29 **Council on Constitution and Bylaws Report 1 be**
30 **amended by addition to read as follows:**

31
32 **2.4.1 Qualifications. Delegates and alternate delegates**
33 **from the Resident and Fellow Section must be active**
34 **members of the Resident and Fellow Section of the**
35 **AMA. In addition, resident and fellow physician**
36 **delegates and alternate delegates must be members of**
37 **their endorsing society or organization currently**
38 **seated in the HOD, in a capacity appropriate to their**
39 **level of training.**

40
41 **RECOMMENDATION B:**

42
43 **Recommendations in Council on Constitution and**
44 **Bylaws Report 1 be adopted as amended and the**
45 **remainder of the Report be filed.**

46
47 The Council on Constitution and Bylaws recommends that the following amendments to
48 the AMA Bylaws be adopted and that the remainder of this report be filed. Adoption
49 requires the affirmative vote of two-thirds of the members of the House of Delegates
50 present and voting.

1 **2.0.1 Composition and Representation.** The House of Delegates is composed of
2 delegates selected by recognized constituent associations and specialty societies, and
3 other delegates as provided in this bylaw.

4 **2.0.1.1 Qualification of Members of the House of Delegates.** Members of the House
5 of Delegates must be active members of the AMA and of the entity they represent.

6 **2.8 Alternate Delegates.** Each organization represented in the House of Delegates
7 may select an alternate delegate for each of its delegates entitled to be seated in the
8 House of Delegates.

9 **2.8.1 Qualifications.** Alternate delegates must be active members of the AMA and of
10 the entity they represent.

11 ***

12 **2.3 Medical Student Regional Delegates.** In addition to the delegate and alternate
13 delegate representing the Medical Student Section, ~~regional~~ medical student regional
14 delegates and regional alternate delegates shall be apportioned and elected as provided
15 in this bylaw.

16 **2.3.1 Qualifications.** Medical ~~S~~student ~~R~~regional delegates and alternate delegates
17 must be active medical student members of the AMA. In addition, medical student
18 regional delegates and alternate delegates must be members of their endorsing
19 constituent association. The region in which the endorsing society is located determines
20 the student's region, and a medical student may serve as a regional delegate, alternate
21 delegate or any form of substitute (pursuant to Bylaws 2.8.5 or 2.10.4) only for that
22 region.

23 ***

24 **2.3.3** Medical ~~S~~student ~~R~~regional delegates and alternates shall be elected by the
25 Medical Student Section in accordance with procedures adopted by the Section. Each
26 elected delegate and alternate delegate must receive written endorsement from ~~the~~ their
27 constituent association ~~representing the jurisdiction within which the medical student's~~
28 ~~educational program is located,~~ in accordance with procedures adopted by the Medical
29 Student Section and approved by the Board of Trustees. Delegates and alternate
30 delegates shall be elected at the Business Meeting of the Medical Student Section prior
31 to the Interim Meeting of the House of Delegates. Delegates and alternate delegates
32 shall be seated at the next Annual Meeting of the House of Delegates.

33 **2.4 Delegates from the Resident and Fellow Section.** In addition to the delegate and
34 alternate delegate representing the Resident and Fellow Section, resident and fellow
35 physician delegates and alternate delegates shall be apportioned and elected in a
36 manner as provided in this bylaw.

37 **2.4.1 Qualifications.** Delegates and alternate delegates from the Resident and Fellow
38 Section must be active members of the Resident and Fellow Section of the AMA. In
39 addition, resident and fellow physician delegates and alternate delegates must be
40 members of their endorsing society or organization currently seated in the HOD.

41 **2.4.2 Apportionment.** The apportionment of delegates from the Resident and Fellow
42 Section is one delegate for each 2,000 active resident and fellow physician members of
43 the AMA, as recorded by the AMA on December 31 of each year.

44 ***

45 **2.4.3 Election.** Delegates and alternate delegates shall be elected by the Resident and
46 Fellow Section in accordance with procedures adopted by the Section. Each delegate
47 and alternate delegate must receive written endorsement from ~~his or her~~ a society or
48 organization currently seated in the House of Delegates and a constituent association or
49 ~~national medical specialty society,~~ in accordance with procedures adopted by the
50 Resident and Fellow Section and approved by the Board of Trustees.

1 ***

2 **2.10.8 Medical Student Seating.** Each ~~M~~medical ~~S~~student ~~R~~regional delegate shall be
3 seated with the student's endorsing constituent association representing the jurisdiction
4 within which such delegate's educational program is located. Alternate or substitute
5 delegates shall be assigned to the original regional delegate's seat location during the
6 time they are seated for the original delegate.

7 **2.10.9 Resident and Fellow Seating.** Each delegate from the Resident and Fellow
8 Section shall be seated with the physician's endorsing society or organization ~~constituent~~
9 ~~association or specialty society~~. In the case where a delegate has been endorsed by
10 multiple entities both a constituent association and specialty society, the delegate must
11 choose, prior to the election, with which delegation the delegate wishes to be seated.
12 Alternate or substitute delegates shall be assigned to the original delegate's seat location
13 during the time they are seated for the original delegate.

14
15 Testimony was heard in unanimous support of CCB Report 1. An amendment was offered
16 to section 2.4.1 to clarify that the resident delegate must be a member of their supporting
17 society, appropriate to their level of training. This was felt to better clarify that membership
18 in some societies may be different from a "full member" for those who are currently in
19 training. The Council testified in support of the amendment. Your reference committee
20 recommends that CCB Report 1 be adopted as amended and the remainder of the report
21 be filed.

22
23 (18) RESOLUTION 001 – INCREASING PUBLIC UMBILICAL
24 CORD BLOOD DONATIONS IN TRANSPLANT CENTERS

25
26 **RECOMMENDATION A:**

27
28 **Resolution 001 be amended by addition of a third**
29 **Resolve to read as follows:**

30
31 **RESOLVED, That our AMA encourage access to public**
32 **cord banking and the creation of public cord blood**
33 **banks to support altruistic cord blood**
34 **donation. (Directive to take action)**

35
36 **RECOMMENDATION B:**

37
38 **Resolution 001 be adopted as amended.**

39
40 **RESOLVED,** That our American Medical Association encourage all hospitals with
41 obstetrics programs to make available to patients and reduce barriers to public
42 (altruistic) umbilical cord blood donation (Directive to Take Action); and be it further
43 **RESOLVED,** That our AMA encourage the availability of altruistic cord blood donations in
44 all states. (Directive to Take Action)

45
46 Testimony was heard in support of Resolution 001. Increased umbilical cord blood
47 donation will increase access to this life-saving procedure, which typically requires no
48 matching, but for which there is limited access. Limited testimony supported referral of the
49 first Resolved clause, suggesting that the emphasis is misplaced, since some hospitals
50 do not have the capability to make umbilical cord blood donation on site, and that it would

1 be preferable to reframe that clause to focus on making available access to public
2 umbilical cord banks, but your reference committee believes that the amendment offered
3 addresses that issue. Your reference committee recommends that resolution 001 be
4 adopted as amended.

5
6
7 (19) RESOLUTION 006 – COMBATING NATURAL HAIR AND
8 CULTURAL HEADWEAR DISCRIMINATION IN
9 MEDICINE AND MEDICAL PROFESSIONALISM

10
11 **RECOMMENDATION A:**

12
13 **Amended by the addition of a fifth resolve to read as follows:**

14
15 **RESOLVED, that our AMA encourage healthcare**
16 **institutions to provide adequate protective equipment**
17 **in accordance with appropriate patient safety for**
18 **healthcare workers with natural hair/hairstyles or**
19 **cultural headwear.**

20
21 **RECOMMENDATION B:**

22
23 **Resolution 006 be adopted as amended.**

24
25 RESOLVED, That our American Medical Association recognize that discrimination
26 against natural hair/hairstyles and cultural headwear is a form of racial, ethnic and/or
27 religious discrimination (New HOD Policy); and be it further
28 RESOLVED, That our AMA oppose discrimination against individuals based on their hair
29 or cultural headwear in health care settings (New HOD Policy); and be it further
30 RESOLVED, That our AMA acknowledge the acceptance of natural hair/hairstyles and
31 cultural headwear as crucial to professionalism in the standards for the health care
32 workplace (New HOD Policy); and be it further
33 RESOLVED, That our AMA encourage medical schools, residency and fellowship
34 programs, and medical employers to create policies to oppose discrimination based on
35 hairstyle and cultural headwear in the interview process, medical education, and the
36 workplace. (New HOD Policy)

37
38 Testimony was heard in unanimous support of Resolution 006, noting that this policy is
39 about professionalism and what professionals should look like, and that a person's hair or
40 headwear has no bearing on professionalism. Testimony noted that we should end the
41 notion that hairstyles and headpieces, particularly those that are prominent in communities
42 of color, are unprofessional. Speakers noted that this resolution aligns the AMA with other
43 organizations, including the American Academy of Pediatrics. An amendment was offered
44 by Great Lakes to put the onus on healthcare institutions to provide adequate protective
45 equipment in accordance with appropriate patient safety. Further testimony noted that the
46 belief that one should have to take on Euro-centric features in order to be viewed as
47 professional needs to be eliminated. Your reference committee recommends that
48 Resolution 006 be adopted as amended.

49

1 (20) RESOLUTION 008 – STUDENT-CENTERED
2 APPROACHES FOR REFORMING SCHOOL
3 DISCIPLINARY POLICIES
4

5 **RECOMMENDATION A:**
6

7 **That the second resolve of Resolution 008 be amended**
8 **by addition and deletion to read as follows:**
9

10 **RESOLVED, That our AMA support the ~~inclusion of~~**
11 **consultation with school-based mental health**
12 **professionals in the student discipline process. (New**
13 **HOD Policy)**
14

15 **RECOMMENDATION B:**
16

17 **Resolution 008 be adopted as amended.**
18

19 RESOLVED, That our American Medical Association support evidence-based
20 frameworks in K-12 schools that focus on school-wide prevention and intervention
21 strategies for student misbehavior (New HOD Policy); and be it further
22 RESOLVED, That our AMA support the inclusion of school-based mental health
23 professionals in the student discipline process. (New HOD Policy)
24

25 Testimony was heard in general support of Resolution 008. An amendment was offered
26 to the second Resolve clause. Testimony highlighted taking a disciplinary role could
27 compromise mental health treatment efforts. Testimony asks to consider racial and
28 disability bias in adoption of this measure. Therefore, your reference committee
29 recommends that Resolution 008 be adopted as amended
30
31

1 (21) RESOLUTION 010 – IMPROVING THE HEALTH AND
2 SAFETY OF SEX WORKERS
3

4 **RECOMMENDATION A:**
5

6 **The first resolve in Resolution 010 be amended by**
7 **addition and deletion to read as follows:**
8

9 **RESOLVED, That our American Medical Association**
10 **recognize the adverse health outcomes of criminalizing**
11 **consensual sex work individuals who offer sex in return**
12 **for money, goods or other considerations (New HOD**
13 **Policy)**
14

15 **RECOMMENDATION B:**
16

17 **The second resolve be amended by addition and**
18 **deletion to read as follows:**
19

20 **RESOLVED, That our AMA: 1) support legislation that**
21 **decriminalizes individuals who offer sex in return for**
22 **money, ~~or~~ goods, or other considerations; 2) oppose**
23 **legislation that decriminalizes the purchase of sex**
24 **services, buying as well as ownership and operation of**
25 **and brothels keeping and other entities that provide**
26 **such services; and 3) support the expungement of**
27 **criminal records of those previously convicted of sex**
28 **work, including trafficking survivors (New HOD**
29 **Policy); and be it further**
30

31
32 **RECOMMENDATION C:**
33

34 **Resolution 010 be adopted as amended.**
35

36
37 **RECOMMENDATION D:**
38

39 **The title of Resolution 010 be changed to:**
40

41 **IMPROVING THE HEALTH AND SAFETY OF**
42 **INDIVIDUALS WHO OFFER SEX IN RETURN FOR**
43 **MONEY, GOODS OR OTHER CONSIDERATIONS**
44

45 **RESOLVED, That our American Medical Association recognize the adverse health**
46 **outcomes of criminalizing consensual sex work (New HOD Policy); and be it further**
47 **RESOLVED, That our AMA: 1) support legislation that decriminalizes individuals who**
48 **offer sex in return for money or goods; 2) oppose legislation that decriminalizes sex**
49 **buying and brothel keeping; and 3) support the expungement of criminal records of**

1 those previously convicted of sex work, including trafficking survivors (New HOD Policy);
2 and be it further
3 RESOLVED, That our AMA support research on the long-term health, including mental
4 health, impacts of decriminalization of the sex trade. (New HOD Policy)
5

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

18 (22) RESOLUTION 011 – EVALUATING SCIENTIFIC
19 JOURNAL ARTICLES FOR RACIAL AND ETHNIC BIAS
20

21 **RECOMMENDATION A:**
22

23 **The first resolve in Resolution 011 be amended by**
24 **deletion to read as follows:**
25

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

31 **RECOMMENDATION B:**
32

33 **Resolution 011 be adopted as amended.**
34

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

42 Testimony was heard in general support of Resolution 011, noting that structural racism
43 has caused inequities not only in research, but in outcomes as well. Maintaining a
44 standard in the way we communicate research is essential. An amendment was offered
45 to add an additional Resolve clause, that AMA should encourage JAMA to create
46 guidelines for interpretating previous research which defines race and ethnicity by
47 outdated means. Your reference committee notes that the AMA and JAMA are completely
48 separate for editorial purposes. Additionally, the resolution, as proffered, asks the AMA
49 to encourage major journals to make such guidelines making this amendment redundant.

1 Therefore, your reference committee recommends that Resolution 011 be adopted as
2 amended.

3
4 (23) RESOLUTION 012 – EXPANDING THE DEFINITION OF
5 IATROGENIC INFERTILITY TO INCLUDE GENDER
6 AFFIRMING INTERVENTIONS

7
8 **RECOMMENDATION A:**

9
10 **The first resolve in Resolution 012 be amended by**
11 **addition to read as follows:**

12
13 **RESOLVED, That our American Medical Association**
14 **amend policy H-185.990, “Infertility and Fertility**
15 **Preservation Insurance Coverage.” by addition to read**
16 **as follows:**

17
18 **Infertility and Fertility Preservation Insurance Coverage**
19 **H-185.990**

20
21 **It is the policy of the AMA that (1) Our AMA encourages**
22 **third party payer health insurance carriers to make**
23 **available insurance benefits for the diagnosis and**
24 **treatment of recognized male and female infertility; (2)**
25 **Our AMA supports payment for fertility preservation**
26 **therapy services by all payers when iatrogenic infertility**
27 **may be caused directly or indirectly by necessary**
28 **medical treatments as determined by a licensed**
29 **physician, and will lobby for appropriate federal**
30 **legislation requiring payment for fertility preservation**
31 **therapy services by all payers when iatrogenic infertility**
32 **may be caused directly or indirectly by necessary**
33 **medical treatments as determined by a licensed**
34 **physician; and (3) Our AMA encourages the inclusion**
35 **of impaired fertility as a consequence of gender-**
36 **affirming hormone therapy and gender-affirming**
37 **surgery within legislative definitions of iatrogenic**
38 **infertility, and supports access to fertility preservation**
39 **services for those affected. (Modify Current HOD**
40 **Policy); and be it further**

41
42 **RECOMMENDATION B:**

43
44 **That Policy H-185-950 be reaffirmed in lieu of the**
45 **second resolve of Resolution 12.**

46
47
48 **RECOMMENDATION C:**
49

1 **Resolution 012 be adopted as amended.**

2
3 RESOLVED, That our American Medical Association amend policy H-185.990, “Infertility
4 and Fertility Preservation Insurance Coverage.” by addition to read as follows:

5 Infertility and Fertility Preservation Insurance Coverage H-185.990

6 It is the policy of the AMA that (1) Our AMA encourages third party payer health
7 insurance carriers to make available insurance benefits for the diagnosis and treatment
8 of recognized male and female infertility; (2) Our AMA supports payment for fertility
9 preservation therapy services by all payers when iatrogenic infertility may be caused
10 directly or indirectly by necessary medical treatments as determined by a licensed
11 physician, and will lobby for appropriate federal legislation requiring payment for fertility
12 preservation therapy services by all payers when iatrogenic infertility may be caused
13 directly or indirectly by necessary medical treatments as determined by a licensed
14 physician; and (3) Our AMA encourages the inclusion of impaired fertility as a
15 consequence of gender-affirming hormone therapy and gender-affirming surgery within
16 legislative definitions of iatrogenic infertility. (Modify Current HOD Policy); and be it
17 further

18 RESOLVED, That our AMA amend policy H-185.950, “Removing Financial Barriers to
19 Care for Transgender Patients,” by addition to read as follows:

20 Removing Financial Barriers to Care for Transgender Patients H-185.950

21 Our AMA supports public and private health insurance coverage for medically necessary
22 treatment of gender dysphoria as recommended by the patient’s physician, including
23 gender-affirming hormone therapy and gender-affirming surgery. (Modify Current HOD
24 Policy)

25
26 An amendment was offered to the first Resolve clause, adding “And support access to
27 fertility preservation services to those affected.” Testimony expressed hesitancy around
28 the term “medically necessary,” noting that the term has been weaponized against patients
29 seeking gender-affirming therapy. Further testimony supported the amendment striking
30 the words medically necessary. Testimony also supported striking the second Resolve
31 clause and reaffirming policy H-185.950. Therefore, your reference committee
32 recommends that Resolution 012 be adopted as amended.
33
34

1 (24) RESOLUTION 013 – RECOGNITION OF NATIONAL
2 ANTI-LYNCHING LEGISLATION AS PUBLIC HEALTH
3 INITIATIVE
4

5 **RECOMMENDATION A:**
6

7 **The third Resolve in Resolution 013 be amended by**
8 **deletion to read as follows:**
9

10 **RESOLVED, That our current AMA policy H-65.965,**
11 **Support of Human Rights and Freedom, be amended**
12 **by addition to read as follows:**
13

14 **Our AMA: (1) continues to support the dignity of the**
15 **individual, human rights and the sanctity of human**
16 **life, (2) reaffirms its long-standing policy that there is**
17 **no basis for the denial to any human being of equal**
18 **rights, privileges and responsibilities commensurate**
19 **with his or her individual capabilities and ethical**
20 **character because of an individual’s sex, sexual**
21 **orientation, gender, gender identity or transgender**
22 **status, race, religion, disability, ethnic origin, national**
23 **origin or age; (3) opposes any discrimination based on**
24 **an individual’s sex, sexual orientation, gender identity,**
25 **race, phenotypic appearance, religion, disability,**
26 **ethnic origin, national origin or age and any other such**
27 **reprehensible policies; (4) recognizes that hate crimes**
28 **pose a significant threat to the public health and social**
29 **welfare of the citizens of the United States, urges**
30 **expedient passage for appropriate hate crimes**
31 **prevention legislation in accordance with our AMA’s**
32 **policy through letters to members of Congress; and**
33 **registers support for hate crimes prevention**
34 **legislation, via letter, to the President of the United**
35 **States (Modify Current HOD Policy); and be it further**
36

37 **RECOMMENDATION B:**
38

39 **Resolution 013 be adopted as amended.**
40

41 RESOLVED, That our American Medical Association support national legislation that
42 recognizes lynching and mob violence towards an individual or group of individuals as
43 hate crimes (New HOD Policy); and be it further
44 RESOLVED, That our AMA work with relevant stakeholders to support medical students,
45 trainees and physicians receiving education on the inter-generational health outcomes
46 related to lynching and its impact on the health of vulnerable populations (Directive to
47 Take Action); and be it further
48 RESOLVED, That our current AMA policy H-65.965, Support of Human Rights and
49 Freedom, be amended by addition to read as follows:

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

17
18 Limited testimony was heard in support of Resolution 013. Testimony against the first
19 Resolve clause noted federal legislation has already been passed on this issue: therefore,
20 asking for national legislation is unnecessary. However, your reference committee
21 believes that policy supporting national legislation is appropriate, even in light of recently
22 passed legislation and having a strong policy in place can help with future legislative
23 advocacy. Additional testimony reflected that the word "phenotypic" may cause confusion
24 as it could be construed as endorsing some genetic basis or bias. Elimination of the word
25 avoids any confusion and broadens the scope and the author of the resolution supports
26 this change. Therefore, your reference committee recommends Resolution 013 be
27 adopted as amended.

28
29
30

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

1 RESOLVED, That our American Medical Association advocate for increased research
2 funding to create rapid, accessible, and patient centered mental health screening tools
3 pertaining to refugee and migrant populations (Directive to Take Action); and be it further
4 RESOLVED, That our AMA advocate for increased funding to the National Institutes of
5 Health for more research on evidence-based designs on delivery of mental health
6 services to refugees and migrant populations (Directive to Take Action); and be it further
7 RESOLVED, That our AMA advocate for increased mental health funding to increase the
8 number of trained mental health providers to carry out mental health screenings and
9 treatment (Directive to Take Action); and be it further
10 RESOLVED, That our AMA advocate for and encourage culturally responsive mental
11 health counseling specifically. (Directive to Take Action)

12
13 Testimony was heard in general support of the resolution. The authors opposed an
14 amendment offered to remove the term refugees, noting that while all populations need
15 mental health screenings, the goal of this resolution is to address the issues specifically
16 for refugees, who often lack mental health screening tools. An amendment was offered
17 with language that helps clarify and strengthen the resolution. Therefore, your reference
18 committee recommends that Resolution 015 be adopted as amended.

19
20 (26) RESOLUTION 016 – ADDRESSING AND BANNING
21 UNJUST AND INVASIVE MEDICAL PROCEDURES
22 AMONG MIGRANT WOMEN AT THE BORDER

23
24 **RECOMMENDATION A:**

25
26 **The first resolve of Resolution 016 be amended by**
27 **deletion to read as follows:**

28
29 **RESOLVED, That our American Medical Association**
30 **condemn the performance of nonconsensual,**
31 **~~unnecessary~~, invasive medical procedures (Directive**
32 **to Take Action); and**

33
34
35 **RECOMMENDATION B:**

36
37 **Resolution 016 be adopted as amended.**

38
39
40 **RECOMMENDATION C:**

41
42 **The title of Resolution 016 be changed:**

43
44 **ADDRESSING AND BANNING NONCONSENSUAL**
45 **MEDICAL PROCEDURES AMONG MIGRANT WOMEN**
46 **AT THE BORDER**

47
48

1 RESOLVED, That our American Medical Association condemn the performance of
2 nonconsensual, unnecessary, invasive medical procedures (Directive to Take Action);
3 and
4 RESOLVED, That our AMA advocate against forced sterilizations of any kind, including
5 against migrant women in detention facilities, and advocate for appropriate associated
6 disciplinary action (including license revocation) (Directive to Take Action); and
7 RESOLVED, That our AMA advocate for safer medical practices and protections for
8 migrant women. (Directive to Take Action)

9
10 Testimony was heard in general support of Resolution 016. An amendment was proposed
11 to eliminate the word “unnecessary,” as the term is vague and could be misused. The
12 authors agreed with the proposed amendment. Testimony also noted that bodily autonomy
13 and informed consent should be minimum standards in all healthcare settings, and that all
14 practitioners should abide by medically indicated, evidence-based care. Additionally, your
15 reference committee recommends eliminating the word “invasive” from the title, as the
16 word is ambiguous and limiting in scope. Your reference committee recommends that
17 Resolution 016 be adopted as amended.

18
19 (27) RESOLUTION 017 – HUMANITARIAN AND MEDICAL
20 AID SUPPORT TO UKRAINE

21
22 **RECOMMENDATION A:**

23
24 **The second resolve in Resolution 017 be amended by**
25 **addition and deletion to read as follows:**

26
27 **RESOLVED, That our AMA advocate for an early**
28 **implementation of mental health measures, including**
29 **suicide prevention efforts, and address war-related**
30 **trauma and post-traumatic stress disorder when**
31 **dealing with Ukrainian refugees with special attention**
32 **to vulnerable populations including but not limited to**
33 **young children, mothers, ~~and pregnant women~~, and the**
34 **elderly (Directive to Take Action);**

35
36 **Recommendation B:**

37
38 **The third resolve in Resolution 017 be amended by**
39 **addition and deletion to read as follows:**

40
41 **RESOLVED, That our AMA advocate for educational**
42 **measures to enhance the understanding of war-related**
43 **trauma in war survivors and promote broad protective**
44 **factors (e.g., financial, employment, housing, and food**
45 **stability) that can improve adjustment and outcomes**
46 **for efforts to increase resilience in war-affected people,**
47 **particularly when applied to ~~targeting~~—vulnerable**
48 **categories of people. (Directive to Take Action)**
49

1 **RECOMMENDATION C:**

2
3 **Resolution 017 be adopted as amended.**

4
5 RESOLVED, That our American Medical Association advocate for continuous support of
6 organizations providing humanitarian missions and medical care to Ukrainian refugees in
7 Ukraine, at the Polish-Ukrainian border, in nearby countries, and/or in the US; (Directive
8 to Take Action) and be it further

9 RESOLVED, That our AMA advocate for an early implementation of mental health
10 measures and address war-related trauma and post-traumatic stress disorder when
11 dealing with Ukrainian refugees with special attention to vulnerable populations including
12 but not limited to young children, mothers, and pregnant women (Directive to Take
13 Action); and be it further

14 RESOLVED, That our AMA advocate for educational measures to enhance the
15 understanding of war-related trauma in war survivors and promote efforts to increase
16 resilience in war-affected people targeting vulnerable categories of people. (Directive to
17 Take Action)

18
19 Testimony was heard in strong support of this resolution. Amendments were offered
20 suggesting clarifying and precise language. Your reference committee find these
21 amendments strengthen the resolution and recommends that Resolution 017 be adopted
22 as amended.

23
24 **(28) RESOLUTION 022 – ORGAN TRANSPLANT EQUITY**
25 **FOR PERSONS WITH DISABILITIES**

26
27 **RECOMMENDATION A:**

28
29 **The second resolve in Resolution 022 be amended by**
30 **addition to read as follows:**

31
32 **RESOLVED, That our AMA support individuals with IDD**
33 **who can fulfill transplant center protocols having equal**
34 **access to organ transplant services and protection**
35 **from discrimination in rendering these services (New**
36 **HOD Policy); and be it further**

37
38 **RECOMMENDATION B:**

39
40 **Resolution 022 be adopted as amended.**

41
42 RESOLVED, That our American Medical Association support equitable inclusion of
43 people with Intellectual and Developmental Disabilities (IDD) in eligibility for transplant
44 surgery (New HOD Policy); and be it further

45 RESOLVED, That our AMA support individuals with IDD having equal access to organ
46 transplant services and protection from discrimination in rendering these services (New
47 HOD Policy); and be it further

48 RESOLVED, That our AMA support the goal of the Organ Procurement and
49 Transplantation Network (OPTN) in adding disability status to their Nondiscrimination

1 policy under the National Organ Transplant Act of 1984 (New HOD Policy); and be it
2 further
3 RESOLVED, That our AMA work with relevant stakeholders to distribute antidiscrimination
4 education materials for healthcare providers related to equitable inclusion of people with
5 IDD in eligibility for transplant surgery. (Directive to Take Action)
6

7 Limited testimony was heard in support of the resolution. An amendment was offered to
8 the second Resolve clause adding the words with IDD “who can fulfill transplant center
9 protocols,” which was viewed as friendly. Additional amendments were offered, which
10 recommended the addition of two new resolve clauses, however they did not receive
11 significant discussion at the hearing and therefore your reference committee declines to
12 add them. Your reference committee recommends that Resolution 022 be adopted as
13 amendment.
14

15 (29) RESOLUTION 023 – PROMOTING AND ENSURING
16 SAFE, HIGH QUALITY, AND AFFORDABLE ELDER
17 CARE THROUGH EXAMINING AND ADVOCATING FOR
18 BETTER REGULATION OF AND ALTERNATIVES TO
19 THE CURRENT, GROWING FOR-PROFIT LONG TERM
20 CARE OPTIONS
21

22 **RECOMMENDATION A:**

23
24 **The second resolve in Resolution 023 be amended by**
25 **addition to read as follows:**
26

27 **RESOLVED, That our AMA, in collaboration with other**
28 **stakeholders, including major payers, advocate for**
29 **further research into alternatives to current options for**
30 **long term care to promote the highest quality and value**
31 **long term care services and supports (LTSS) models as**
32 **well as functions and structures which best support**
33 **these models for care. (Directive to Take Action)**
34

35
36 **RECOMMENDATION B:**

37
38 **Resolution 023 be adopted as amended.**
39

40 RESOLVED, That our American Medical Association advocate for business models in
41 long term care for the elderly which incentivize and promote the ethical use of resources
42 to maximize care quality, staff and resident safety, and resident quality of life, and which
43 hold patients’ interests as paramount over maximizing profit (Directive to Take Action);
44 and be it further
45 RESOLVED, That our AMA, in collaboration with other stakeholders, advocate for further
46 research into alternatives to current options for long term care to promote the highest
47 quality and value long term care services and supports (LTSS) models as well as functions
48 and structures which best support these models for care. (Directive to Take Action)
49

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

4
5 (30) RESOLUTION 025 – USE OF SOCIAL MEDIA FOR
6 PRODUCT PROMOTION AND COMPENSATION

7
8 **RECOMMENDATION A:**

9
10 **Resolution 025 be amended by deletion to read as follows:**

11
12 **RESOLVED, That our American Medical Association**
13 **study the ethical issues of medical students, residents,**
14 **fellows, and physicians endorsing ~~non-health-related~~**
15 **products through social and mainstream media for**
16 **personal or financial gain. (Directive to Take Action)**

17
18 **RECOMMENDATION B:**

19
20 **Resolution 025 be adopted as amended.**

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

26
27 Resolution 025 was introduced by the author, and no further testimony was heard. Your
28 reference committee recommends the removal of “non-health” to help broaden the scope
29 of the proposed study and explore various facets of this timely and important issue. Your
30 reference committee recommends that Resolution 025 be adopted as amended
31

RECOMMENDED FOR ADOPTION IN LIEU OF

1
2
3 (31) RESOLUTION 014 – HEALTHCARE EQUITY THROUGH
4 INFORMED CONSENT AND A COLLABORATIVE
5 HEALTHCARE MODEL FOR THE GENDER DIVERSE
6 POPULATION

7
8 **RECOMMENDATION:**

9
10 **That Alternate Resolution 014 be adopted in lieu of**
11 **Resolution 14**

12
13 **Resolved, that our American Medical Association**
14 **supports shared decision making between gender**
15 **diverse individuals, their health care team, and, where**
16 **applicable, their families and caregivers.**

17
18 **Resolved, that our American Medical Association**
19 **supports treatment models for gender diverse people**
20 **that promotes informed consent, personal autonomy,**
21 **increased access for gender affirming treatments and**
22 **eliminates unnecessary third party involvement**
23 **outside of the physician-patient relationship in the**
24 **decision making process.**

25
26 RESOLVED, That our American Medical Association support shared decision making
27 between gender diverse individuals, their families, their primary care physician, and a
28 multidisciplinary team of physicians and other health care professionals including, but not
29 limited to, those in clinical genetics, endocrinology, surgery, and behavioral health, to
30 support informed consent and patient personal autonomy, increase access to beneficial
31 gender affirming care treatment options and preventive care, avoid medically unnecessary
32 surgeries, reduce long term patient dissatisfaction or regret following gender affirming
33 treatments, and protect federal civil rights of sex, gender identity, and sexual orientation.
34 (New HOD Policy)

35
36 The authors introduced the resolution and expressed support for a proposed amendment.
37 That amendment replaced the current Resolve with two alternate Resolve clauses and
38 addressed concerns regarding the conflation between DSD and trans patients. Care for
39 trans patients and DSD patients can be very different and often opposed. Further
40 testimony noted that the subject is important and complex and recommended referral to
41 make sure the language is handled properly. Your references committee believes that the
42 language of the alternate resolution addresses those concerns and recommends
43 adoptions of Alternate Resolution 14 in lieu of the original Resolution 014.
44

1
2 (32) RESOLUTION 027 – PROTECTING ACCESS TO
3 ABORTION AND REPRODUCTIVE HEALTHCARE
4

5 **RECOMMENDATION A:**
6

7 **The first resolve in Resolution 027 be amended by**
8 **addition to read as follows:**
9

10 **~~Ending the Risk Evaluation and Mitigation Strategy~~**
11 **~~(REMS) Policy on Supporting Access to Mifepristone~~**
12 **~~(Mifeprex), H-100.948~~**
13

14 **Our AMA will support mifepristone availability for**
15 **reproductive health indications, including via**
16 **telemedicine, telehealth, and at retail pharmacies and**
17 **continue efforts urging the Food and Drug**
18 **Administration to lift the Risk Evaluation and**
19 **Mitigation Strategy on mifepristone.** (Modify Current
20 HOD Policy)
21

22 **RECOMMENDATION B:**
23

24 **Resolution 027 be adopted as amended.**
25

26 RESOLVED, That our AMA amends policy H-100.948, “Ending the Risk Evaluation and
27 Mitigation Strategy (REMS) Policy on Mifepristone (Mifeprex),” by addition and deletion
28 as follows:
29

30 **~~Ending the Risk Evaluation and Mitigation Strategy (REMS) Policy on Supporting~~**
31 **~~Access to Mifepristone (Mifeprex), H-100.948~~**
32

33 **Our AMA will support mifepristone availability for reproductive health indications,**
34 **including via telemedicine, telehealth, and at retail pharmacies** ~~efforts urging the Food~~
35 ~~and Drug Administration to lift the Risk Evaluation and Mitigation Strategy on~~
36 ~~mifepristone.~~ (Modify Current HOD Policy)
37

38 RESOLVED, That our AMA amends policy H-5.980, “Oppose the Criminalization of Self
39 Induced Abortion,” by addition and deletion as follows:
40

41 **Oppose the Criminalization of Self-Induced Abortion, H-5.980**
42

43 **Our AMA: (1) opposes the criminalization of self-induced managed abortion and the**
44 **criminalization of patients who access abortions as it increases patients’ medical risks**
45 **and deters patients from seeking medically necessary services; and (2) will advocate**
46 **against any legislative efforts to criminalize self-induced managed abortion and the**
47 **criminalization of patients who access abortions; and (3) will oppose efforts to enforce**
48 **criminal and civil penalties or other retaliatory efforts against these patients and**
49 **requirements that physicians function as agents of law enforcement – gathering**

1 evidence for prosecution rather than as a provider of treatment. (Modify Current HOD
2 Policy)
3

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

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.

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.

1 (34) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 1 – SHORT-TERM MEDICAL SERVICE TRIPS
3

4 **RECOMMENDATION:**
5

6 **Recommendations in Council on Ethical and Judicial**
7 **Affairs Report 1 be referred.**
8

9 In light of these deliberations, the Council on Ethical and Judicial Affairs recommends
10 that the following be adopted and the remainder of this report be filed:
11

12 Short-term medical service trips, which send physicians and physicians in training from
13 wealthier countries to provide care in resource-limited settings for a period of days or
14 weeks, have been promoted as a strategy to provide needed care to individual patients
15 and, increasingly, as a means to address global health inequities. To the extent that
16 such service trips also provide training and educational opportunities, they may offer
17 benefit both to the communities that host them and the medical professionals and
18 trainees who volunteer their time and clinical skills.
19

20 By definition, short-term medical service trips take place in contexts of scarce resources
21 and in the shadow of colonial histories. These realities define fundamental ethical
22 responsibilities for volunteers, sponsors, and hosts to jointly prioritize activities to meet
23 mutually agreed-on goals; navigate day-to-day collaboration across differences of
24 culture, language, and history; and fairly allocate host and team resources in the local
25 setting. Participants and sponsors must focus not only on enabling good health
26 outcomes for individual patients, but on promoting justice and sustainability, minimizing
27 burdens on host communities, and respecting persons and local cultures. Responsibly
28 carrying out short-term medical service trips requires diligent preparation on the part of
29 participants and sponsors in collaboration with host communities.
30

31 Physicians and trainees who are involved with short-term medical service trips should
32 ensure that the trips with which they are associated:
33

34 (a) Focus prominently on promoting justice and sustainability by collaborating with the
35 host community to define mission parameters, including identifying community needs,
36 mission goals, and how the volunteer medical team will integrate with local health care
37 professionals and the local health care system. In collaboration with the host community,
38 short-term medical service trips should identify opportunities for and priority of efforts to
39 support the community in building health care capacity. Trips that also serve secondary
40 goals, such as providing educational opportunities for trainees, should prioritize benefits
41 as defined by the host community over benefits to members of the volunteer medical
42 team.
43

44 (b) Seek to proactively identify and minimize burdens the trip may place on the host
45 community, including not only direct, material costs of hosting volunteers, but on
46 possible disruptive effects the presence of volunteers could have for local practice and
47 practitioners as well. Sponsors and participants should ensure that team members
48 practice only within their skill sets and experience, and that resources are available to
49 support the success of the trip, including arranging for appropriate supervision of

1 trainees, local mentors, translation services, and volunteers' personal health needs as
2 appropriate.

3
4 (c) Seek to become broadly knowledgeable about the communities in which they will
5 work and take advantage of resources to begin to cultivate the "cultural sensitivity" they
6 will need to provide safe, respectful, patient-centered care in the context of the specific
7 host community. Members of the volunteer medical team are expected to uphold the
8 ethics standards of their profession and volunteers should insist that strategies are in
9 place to address ethical dilemmas as they arise. In cases of irreducible conflict with local
10 norms, volunteers may withdraw from care of an individual patient or from the mission
11 after careful consideration of the effect that will have on the patient, the medical team,
12 and the mission overall, in keeping with ethics guidance on the exercise of conscience.

13
14 Sponsors of short-term medical service trips should:

15
16 (d) Ensure that resources needed to meet the defined goals of the trip will be in place,
17 particularly resources that cannot be assured locally.

18
19 (e) Proactively define appropriate roles and permissible range of practice for members of
20 the volunteer team, including the training, experience, and oversight of team members
21 required to provide acceptable safe, high-quality care in the host setting. Team members
22 should practice only within the limits of their training and skills in keeping with the
23 professional standards of the sponsor's country.

24
25 (f) Put in place a mechanism to collect data on success in meeting collaboratively defined
26 goals for the trip in keeping with recognized standards for the conduct of health services
27 research and quality improvement activities in the sponsor's country.

28
29 Limited testimony noted that while the report is much improved, a number of issues
30 remained including the need to address minimizing burdens to host, noting that care can
31 do more harm than good, e.g., medication errors, side effects and complications.
32 Testimony noted that the term cultural sensitivity is outdated and has been replaced by
33 cultural humility. Testimony further noted that the report did not have adequate discussion
34 regarding cost-effectiveness, state stakeholders, about positive and negative impacts,
35 about people practicing beyond their expertise, and continuity of care. Your reference
36 committee recommends that CEJA Report 1 be referred.

37
38

1 (35) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 2 – AMENDMENT TO OPINION 10.8,
3 COLLABORATIVE CARE
4

5 **RECOMMENDATION:**
6

7 **Recommendations in Council on Ethical and Judicial**
8 **Affairs Report 2 be referred.**
9

10 In light of the foregoing, the Council on Ethical and Judicial Affairs recommends that
11 Opinion 10.8, Collaborative Care be amended as follows and the remainder of this report
12 be filed:
13

14 In health care, teams that collaborate effectively can enhance the quality of care for
15 individual patients. By being prudent stewards and delivering care efficiently, teams also
16 have the potential to expand access to care for populations of patients. Such teams are
17 defined by their dedication to providing patient-centered care, protecting and promoting
18 the integrity of the patient-professional ~~physician~~ relationship, sharing mutual respect
19 and trust, communicating effectively, sharing accountability and responsibility, and
20 upholding common ethical values as team members.
21

22 Health care teams often include members of multiple health professions, including
23 physicians, nurse practitioners, physician assistants, pharmacists, physical therapists,
24 and care managers among others. To foster the trust essential to patient-professional
25 relationships, all members of the team should be candid about their professional
26 credentials, their experience, and the role they will play in the patient's care.
27

28 An effective team requires the vision and direction of an effective leader. In medicine,
29 this means having a clinical leader who will ensure that the team as a whole functions
30 effectively and facilitates decision-making. Physicians are uniquely situated to serve as
31 clinical leaders. By virtue of their thorough and diverse training, experience, and
32 knowledge, physicians have a distinctive appreciation of the breadth of health issues
33 and treatments that enables them to synthesize the diverse professional perspectives
34 and recommendations of the team into an appropriate, coherent plan of care for the
35 patient.
36

37 As clinical leaders within health care teams, physicians individually should:
38

39 (a) Model ethical leadership by:
40

41 (i) Understanding the range of their own and other team members' skills and expertise
42 and roles in the patient's care

43 (ii) Clearly articulating individual responsibilities and accountability

44 (iii) Encouraging insights from other members and being open to adopting them and

45 (iv) Mastering broad teamwork skills
46

47 (b) Promote core team values of honesty, discipline, creativity, humility and curiosity
48 and commitment to continuous improvement.
49

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

1
2 (d) Encourage open discussion of ethical and clinical concerns and foster a team culture
3 in which each member's opinion is heard and considered and team members share
4 accountability for decisions and outcomes.

5
6 (e) Communicate appropriately with the patient and family, including being forthright
7 when describing their profession and role, and respecting the unique relationship of
8 patient and family as members of the team.

9
10 As leaders within health care institutions, physicians individually and collectively should:

11
12 (f) Advocate for the resources and support health care teams need to collaborate
13 effectively in providing high-quality care for the patients they serve, including education
14 about the principles of effective teamwork and training to build teamwork skills.

15
16 (g) Encourage their institutions to identify and constructively address barriers to
17 effective collaboration.

18
19 (h) Promote the development and use of institutional policies and procedures, such as
20 an institutional ethics committee or similar resource, to address constructively conflicts
21 within teams that adversely affect patient care.

22
23 (i) Promote a culture of respect, collegiality and transparency among all health care
24 personnel.

25
26 Testimony supported much of the report, but concerns were expressed about the change
27 from patient-physician relationship to patient-professional relationship, which speakers
28 noted is a unique relationship that needs to be protected. Limited testimony supported the
29 report as written, noting that the report addresses not only physicians, but other
30 professionals on the team and the relationships they should have with patients. Your
31 reference committee recommends that CEJA Report 2 be referred.
32

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

4
5 **RECOMMENDATION:**

6
7 **Resolution 005 be referred.**

8
9 RESOLVED, That our American Medical Association study potential mechanisms of
10 national economic reparations that could improve inequities associated with
11 institutionalized, systematic racism and report back to the House of Delegates (Directive
12 to Take Action); and be it further
13 RESOLVED, That our AMA study the potential adoption of a policy of reparations by the
14 AMA to support the African American community currently interfacing with, practicing
15 within, and entering the medical field and report back to the House of Delegates
16 (Directive to Take Action); and be it further
17 RESOLVED, That our AMA support federal legislation that facilitates the study of
18 reparations. (New HOD Policy)

19
20 Testimony was heard in general support of Resolution 005. Supporting testimony noted
21 that the Center for Health Equity has shown where the AMA has stood over the years, and
22 where we need to make amends for past wrongs. Further testimony also noted that this
23 resolution is about reparative justice. Testimony noted that the issue of national
24 reparations is outside the scope of our AMA. However, recognizing and taking steps to
25 make reparations for prior racist actions taken by the AMA should be addressed.
26 Testimony noted that national reparations could have beneficial effects on the nation's
27 health. Limited testimony was heard in support of referral, noting that actions being
28 requested should be accomplished by federal legislation. Additionally, your reference
29 committee notes that the call for supporting federal legislation is quite broad and in need of
30 better clarity. Therefore, your reference committee recommend that this resolution be
31 referred.

32
33
34

1 (37) RESOLUTION 021 – NATIONAL CANCER RESEARCH
2 PATIENT IDENTIFIER
3

4 **RECOMMENDATION:**
5

6 **Resolution 021 be referred.**
7

8 RESOLVED, That in order to increase the power of medical research, our American
9 Medical Association propose a novel approach to linking medical information while still
10 maintaining patient confidentiality through the creation of a National Cancer Research
11 Identifier (NCRI) (Directive to Take Action); and be it further
12 RESOLVED, That our AMA encourage the formation of an organization or organizations
13 to oversee the NCRI process, specific functions, and engagement of interested parties to
14 improve care for patients with cancer. (Directive to Take Action)
15

16 Testimony was strongly in support of referral. The resolution's author testified in support
17 of referral, noted that the issue may be best evaluated by a council. Testimony noted the
18 complexity of the issue; i.e., a national patient identifier may exclude some people from
19 clinical trials, may dissuade some people with privacy concerns from joining trials, may
20 put undue burdens (e.g., further EHR responsibilities) on some physicians, and it may
21 implicate privacy, trust, and surveillance concerns. Testimony also noted concern about
22 what organizations would be involved in overseeing the NCRI process. Testimony further
23 questioned why the resolution should be limited to cancer rather than be broader in scope.
24 Considering testimony reflecting the complexity of the issue and the need for greater
25 evaluation, your reference committee recommends that Resolution 021 be referred.
26

27 (38) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
28 REPORT 5 – PANDEMIC ETHICS AND THE DUTY OF
29 CARE (D-130.960)
30

31 **RECOMMENDATION:**
32

33 **Council on Ethical and Judicial Affairs Report 5 be**
34 **referred.**
35

36 Testimony in favor of referral to the report noted that the report recognizes a gap in the
37 Code of Medical Ethics, but does not address that gap. Testimony asks CEJA to consider
38 modifying the Code of Medical Ethics to address that gap. Therefore, your reference
39 committee recommends that Council on Ethical Judicial Affairs Report 5 be referred.
40
41
42
43

Recommended for Not Adoption

1
2
3
4 (39) RESOLUTION 009 – PRIVACY PROTECTION AND
5 PREVENTION OF FURTHER TRAUMA FOR VICTIMS OF
6 DISTRIBUTION OF INTIMATE VIDEOS AND IMAGES
7 WITHOUT CONSENT

8
9 **RECOMMENDATION:**

10
11 **Resolution 009 be not be adopted.**

12
13 RESOLVED, That our American Medical Association amend policy H-515.967,
14 "Protection of the Privacy of Sexual Assault Victims," by addition to read as follows:
15 Protection of the Privacy of Sexual Assault Victims H-515.967
16 The AMA opposes the publication or broadcast of sexual assault victims' names,
17 addresses, images or likenesses without the explicit permission of the victim. The AMA
18 additionally opposes the publication (including posting) or broad cast of videos, images,
19 or recordings of any illicit activity of the assault. The AMA opposes the use of such
20 video, images, or recordings for financial gain and/or any form of benefit by any entity.
21 (Modify Current HOD Policy)

22
23 RESOLVED, That our AMA research issues related to the distribution of intimate videos
24 and images without consent to find ways to protect these victims to prevent further harm
25 to their mental health and overall well-being. (Directive to Take Action)

26
27 No testimony was heard during live testimony or on the online forum for this resolution.
28 Therefore, your reference committee recommends that Resolution 009 not be adopted.

29
30
31 (40) RESOLUTION 020 – COUNCIL ON ETHICAL AND
32 JUDICIAL AFFAIRS GUIDELINES FOR TREATING
33 UNVACCINATED INDIVIDUALS

34
35 **RECOMMENDATION:**

36
37 **Resolution 020 not be adopted.**

38
39 RESOLVED, That our American Medical Association and the Council on Ethical and
40 Judicial Affairs issue new ethical guidelines for medical professionals for care
41 of individuals who have not been vaccinated for COVID-19. (Directive to Take Action)

42
43 Testimony was heard in opposition to this resolution, noting that CEJA has already
44 provided tremendous guidance throughout the pandemic, and as COVID continues to
45 evolve, there is no way to know whether current vaccinations will be effective against
46 future COVID variants. Testimony also noted that this resolution asks for very specific
47 guidance from CEJA, which is unnecessary. Your reference committee recommends that
48 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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Association

Po-Yin Samuel Huang, MD
California Medical

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

Richard Labasky, MD, MBA
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Nicole Riddle, MD
US and Canadian Academy of Pathology
Chair