

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 001
(A-23)

Introduced by: Medical Student Section

Subject: Opposing Mandated Reporting of LGBTQ+ Status

Referred to: Reference Committee on Amendments to Constitution and Bylaws

1 Whereas, Outing is defined as “exposing someone’s lesbian, gay, bisexual, transgender or
2 gender non-binary identity to others without their permission”¹; and
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4 Whereas, Mandatory reporting can “out” LGBTQ+ individuals and those questioning their
5 sexual orientation and/or gender identity²; and
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7 Whereas, Protection of LGBTQ+ and questioning individuals from being “outed” prevents
8 additional physical safety risks, stress, mental health degradation, and discrimination^{3,4}; and
9

10 Whereas, There has been a recent wave of directives, resolutions, and laws in states such as
11 Texas and Florida that require mandated reporters, including physicians, to disclose an
12 individual’s gender identity and/or sexual orientation to outside entities^{5,6,7,8}; therefore be it
13

14 RESOLVED, That our American Medical Association amend Policy H-65.959, “Opposing
15 Mandated Reporting of People Who Question Their Gender Identity” by addition to read as
16 follows:
17

18 **Opposing Mandated Reporting of People Who Question Their**
19 **Gender Identity, H-65.959**

20 Our AMA opposes mandated reporting of individuals who identify
21 as part of the LGBTQ+ community and those who question or
22 express interest in exploring their gender identity and/or sexual
23 orientation. (Modify Current Policy)
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Fiscal Note: Minimal - less than \$1,000

Received: 3/31/23

REFERENCES

1. HRC Foundation. Human Rights Campaign. Glossary of terms. Available at: <https://www.hrc.org/resources/glossary-of-terms>. Accessed August 30, 2022.
2. Lippy C, Burk C, Hobart M. There’s no one I can trust: The impact of mandatory reporting on the help-seeking and well-being of domestic violence survivors. Seattle: National LGBTQ DV Capacity Building Learning Center, 2016. Available at: http://www.ncdsv.org/Natl-LGBTQ-DV-CBLC_There%27s+No+One+I+Can+Trust_2016.pdf. Accessed August 30, 2022.
3. National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Centers for Disease Control and Prevention. Gay and bisexual men’s health: Mental health. Available at: <https://www.cdc.gov/msmhealth/mental-health.htm>. Accessed August 30, 2022.
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5. Yurcaba J. Texas governor calls on citizens to report parents of Transgender Kids For AbuseJo. NBC News. <https://www.nbcnews.com/nbc-out/out-politics-and-policy/texas-governor-calls-citizens-report-parents-transgender-kids-abuse-rcna17455>. Published February 23, 2022. Accessed September 21, 2022.

6. Jones K. LGBTQ youth: Who decides what is age-appropriate? Close Up Washington, D.C. <https://www.closeup.org/lgbtq-youth-who-decides-what-is-age-appropriate/>. Published March 16, 2022. Accessed September 21, 2022.
7. Yang J, Joseph E. How Florida's 'don't say gay' law regulates school lessons on gender, sexual orientation. PBS News Hour. <https://www.pbs.org/newshour/show/how-floridas-dont-say-gay-law-regulates-school-lessons-on-gender-sexual-orientation>. Published March 30, 2022. Accessed September 21, 2022.
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RELEVANT AMA POLICY

Opposing Mandated Reporting of People Who Question Their Gender Identity H-65.959

Our AMA opposes mandated reporting of individuals who question or express interest in exploring their gender identity.

Citation: Res. 015, A-19;

Eliminating Health Disparities - Promoting Awareness and Education of Sexual Orientation and Gender Identity Health Issues in Medical Education H-295.878

Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues related to sexual orientation and gender identity; and (3) encourages medical education accreditation bodies to both continue to encourage and periodically reassess education on health issues related to sexual orientation and gender identity in the basic science, clinical care, and cultural competency curricula in undergraduate and graduate medical education.

Citation: Res. 323, A-05; Modified in lieu of Res. 906, I-10; Reaffirmation A-11; Reaffirmation A-12; Reaffirmation A-16; Modified: Res. 16, A-18; Modified: Res. 302, I-19;

Nondiscriminatory Policy for the Health Care Needs of LGBTQ Populations H-65.976

Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, health care workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement.

Citation: Res. 414, A-04; Modified: BOT Rep. 11, A-07; Modified: Res. 08, A-16; Modified: Res. 903, I-17;

Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

Citation: CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18;