AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 010
(A-24)

Introduced by: Medical Student Section

Subject: Supporting the Health of Our Democracy

Referred to: Reference Committee on Amendments to Constitution and Bylaws

Whereas, our American Medical Association “acknowledges voting is a social determinant of health and significantly contributes to the analyses of other social determinants of health as a key metric”; and

Whereas, our AMA “recognizes that gerrymandering which disenfranchises individuals/communities limits access to health care, including but not limited to the expansion of comprehensive medical insurance coverage, and negatively impacts health outcomes”; and

Whereas, our AMA “will collaborate with appropriate stakeholders and provide resources to firmly establish a relationship between voter participation and health outcomes”; and

Whereas, the Association of American Medical Colleges (AAMC) supports medical schools and teaching hospitals facilitating nonpartisan voter registration efforts; and

Whereas, a growing body of research demonstrates the relationship between the political determinants of health (including voter rates, government participation, and policy engagement) and other social determinants, including how votes lost to morbidity and mortality in underrepresented populations impact electoral and policy outcomes; and

Whereas, lower voter rates among elderly patients, patients with disabilities, patients who are socially isolated, and low-income patients are associated with poor reported health, and increased voter rates are associated with healthier lifestyle behaviors and improved mental health, even when controlling for income inequality; and

Whereas, health facilities’ nonpartisan voter registration efforts demonstrate improved civic engagement and are protected by the National Voter Registration Act and IRS code; and

Whereas, emergency absentee ballot access for people experiencing or managing medical emergencies is variable across states, with only 23 offering coverage for patients’ relatives and only 17 extending protections to healthcare workers; and

Whereas, physician voter rates are lower than the general public, often due to work conflicts, although rates are higher in states with universal mail ballots; and

Whereas, President Biden’s Executive Order on Promoting Access to Voting strongly encourages federal agencies, including Veterans Health Administration (VHA) and Indian Health Service sites to seek designation as voter registration sites; and
Whereas, other federal health and social programs such as the VHA, Medicaid, and SNAP/WIC offer voter registration services, and the Health Resources and Services Administration even offers guidance for Federally Qualified Health Centers to organize such efforts\textsuperscript{12,18-19}; and

Whereas, civic engagement efforts are limited at Indian Health Service, Tribal, and Urban Indian Health Programs, which are crucial interfaces with Native American patients and Tribal governments\textsuperscript{20-21}; and

Whereas, gerrymandering disenfranchises voters, especially voters of color and low-income voters, resulting in electoral outcomes that do not accurately reflect popular votes and subsequent governments who often limit ballot access once in power\textsuperscript{22-24}; and

Whereas, increased gerrymandering and barriers to ballot access are associated with lower life expectancies, obstruction of Medicaid expansion, and perpetuation of systemic racial health inequities, especially among Black, Latine, and Native American populations\textsuperscript{3,23-24}; and

Whereas, the primary solution to gerrymandering is the creation of independent, nonpartisan redistricting commissions, so if our AMA recognizes that gerrymandering is a threat to health outcomes, then we should support solutions to mitigate this problem\textsuperscript{25}; therefore be it

RESOLVED, that our American Medical Association support efforts to engage physicians and other healthcare workers in nonpartisan voter registration efforts in healthcare settings, including emergency absentee ballot procedures for qualifying patients, visitors, and healthcare workers (New HOD Policy); and be it further

RESOLVED, that our AMA support the use of independent, nonpartisan commissions to draw districts for both federal and state elections. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000

Received: 4/24/2024

REFERENCES

RELEVANT AMA Policy

Support for Safe and Equitable Access to Voting H-440.805
1. Our AMA supports measures to facilitate safe and equitable access to voting as a harm-reduction strategy to safeguard public health and mitigate unnecessary risk of infectious disease transmission by measures including but not limited to: (a) extending polling hours; (b) increasing the number of polling locations; (c) extending early voting periods; (d) mail-in ballot postage that is free or prepaid by the government; (e) adequate resourcing of the United States Postal Service and election operational procedures; (f) improved access to drop off locations for mail-in or early ballots; and (g) use of a P.O. box for voter registration.
2. Our AMA opposes requirements for voters to stipulate a reason in order to receive a ballot by mail and other constraints for eligible voters to vote-by-mail.
3. Our AMA: (a) acknowledges voting is a social determinant of health and significantly contributes to the analyses of other social determinants of health as a key metric; (b) recognizes that gerrymandering which disenfranchises individuals/communities limits access to health care, including but not limited to the expansion of comprehensive medical insurance coverage, and negatively impacts health outcomes; and (c) will collaborate with appropriate stakeholders and provide resources to firmly establish a relationship between voter participation and health outcomes.

Medical Student, Resident/Fellow, and Physician Voting in Federal, State and Local Elections D-65.982
Our AMA will: (1) study the rate of voter turnout in physicians, residents, fellows, and medical students in federal and state elections without regard to political party affiliation or voting record, as a step towards understanding political participation in the medical community; and (2) work with appropriate stakeholders to ensure that medical students, residents, fellows and physicians are allowed time to vote without penalty on Election Days.