

JOINT COUNCIL REPORT

The following report was presented by Jerry P. Abraham, MD, MPH, Chair, Council on Constitution and Bylaws; and Michelle Berger, MD, Chair, Council on Long Range Planning and Development:

1. JOINT COUNCIL SUNSET REVIEW OF 2015 HOUSE POLICIES

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS REMAINDER OF REPORT FILED

Policy G-600.110, “Sunset Mechanism for AMA Policy,” calls for the decennial review of American Medical Association (AMA) policies to ensure that our AMA’s policy database is current, coherent, and relevant. Policy G-600.110 reads as follows, laying out the parameters for review and specifying the procedures to follow:

1. As the House of Delegates (House) adopts policies, a maximum 10-year time horizon shall exist. A policy will typically sunset after 10 years unless action is taken by the House to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset “clock,” making the reaffirmed or amended policy viable for another 10 years.
2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) retain the policy; (ii) sunset the policy; (iii) retain part of the policy; or (iv) reconcile the policy with more recent and like policy (per Policy G-600.111(4), The consolidation process permits editorial amendments for the sake of clarity, so long as the proposed changes are transparent to the House and do not change the meaning); (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing council shall provide a succinct, but cogent justification (f) The Speakers shall determine the best way for the House of Delegates to handle the sunset reports.
3. Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.
4. The AMA councils and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices.
5. The most recent policy shall be deemed to supersede contradictory past AMA policies.
6. Sunset policies will be retained in the AMA historical archives.

RECOMMENDATION

The Councils on Constitution and Bylaws and Long Range Planning and Development recommend that the House policies that are listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

APPENDIX – Recommended Actions

Policy Number	Title	Text	Recommendation
D-350.984	Reducing Discrimination in the Practice of Medicine and Health Care Education	Our American Medical Association will pursue avenues to collaborate with the American Public Health Association's National Campaign Against Racism in those areas where AMA's current activities align with the campaign.	<ol style="list-style-type: none"> 1. Retain D-350.984 as editorially amended for accuracy; 2. Consolidate D-350.984 with H-65.952 as follows: H-69.952, Racism as a Public Health Threat. <ol style="list-style-type: none"> 1. Our American Medical Association acknowledges that, although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole. 2. Our AMA recognizes racism, in its systemic, cultural, interpersonal, and other forms, as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care. 3. Our AMA encourages the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of: The causes, influences, and effects of systemic, cultural, institutional, and interpersonal racism; How to prevent and ameliorate the health effects of racism. 4. Our AMA: supports the development of policy to combat racism and its effects; encourages governmental agencies and nongovernmental organizations to increase funding for research into the epidemiology of risks and damages related to racism and how to prevent or repair them. 5. D-350.984 Our American Medical Association will pursue avenues to

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			<p><u>supports collaborating</u> collaborate with public health organizations the American Public Health Association's National Campaign Against Racism on their campaigns against racism in those areas where <u>aligned with</u> AMA's current activities <u>align with the</u> campaign.</p> <p>6. Our AMA will work to prevent and combat the influences of racism and bias in innovative health technologies.</p> <p><i>Note:</i> The APHA's Campaign Against Racism, conceived by APHA past president Dr. Camara Jones, transitioned from APHA to EqualHealth.</p>
D-445.998	Confusion Regarding Use of the Term "Doctor"	Our AMA will strongly encourage the media to <u>require</u> that the actual degree be affixed to the name of all who endorse health-related products.	Retain D-445.998. Still Relevant.
D-630.968	Donating Reimbursements to the American Medical Association Foundation	Our AMA will add verbiage to its non-staff expense form directing individuals to the AMA Foundation's website should they wish to make a contribution.	Sunset D-630.968. The action requested was accomplished. Beginning in 2015, expense reimbursement forms have included the following language, "Please consider a donation to the AMA Foundation [website and phone # provided.]"
G-615.035	Technology and the Practice of Medicine	Our AMA encourages the collaboration of existing AMA Councils and working groups on matters of new and developing technology, particularly electronic medical records (EMR) and telemedicine.	Retain. Still Relevant
G-640.005	AMA Advocacy Analysis	Our AMA Board of Trustees will provide a report to the House of Delegates at each Interim Meeting highlighting the prior year advocacy activities to include efforts, successes, challenges, and recommendations / actions to further optimize advocacy efforts.	Retain. Still Relevant.

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H-140.840	Filming Patients for News or Entertainment	American Medical Association policy is that efforts to disguise a patient (such as blurring the face, changing the voice, or any other technique) do not substitute for the need to obtain consent, as outlined in AMA Ethical Opinion E-5.045, for publication of any material related to the treatment of a patient.	Retain H-140.840 as editorially amended for accuracy as follows: H.140.840, Filming Patients for News or Entertainment. American Medical Association policy is that efforts to disguise a patient (such as blurring the face, changing the voice, or any other technique) do not substitute for the need to obtain consent, as outlined in <u>the AMA Code of Medical Ethics Ethical Opinion-E-3.1.4, Audio or Visual Recording of Patients for Public Education E-5.045</u> , for publication of any material related to the treatment of a patient. <i>Note:</i> When the AMA <u>Code of Medical Ethics</u> was modernized in 2016, Opinion #s changed.
H-140.997	Patient Advocacy	Our AMA believes that physicians are the primary patient advocates, are not rationers of medical care, and will continue to utilize diagnostic and therapeutic measures and facilities in the best interest of the individual patient.	Retain H-140.997. Still Relevant.
H-175.972	Plea Bargaining and Immunity from Prosecution	Our AMA opposes the use of harassment and coercive plea bargaining by prosecutors to pressure physicians.	Retain Policy H-175.972. Still Relevant.
H-265.990	Expert Witness Affirmation	AMA policy is that all physicians, serving as expert witnesses in medical liability litigation, voluntarily sign an expert witness affirmation explicitly stating that they will adhere to the AMA's principles guiding expert witness testimony.	Sunset. This policy dates back to 2004; AMA legal counsel notes that once such an affirmation is signed, it is likely discoverable and would be an opening for opposing counsel to question the credibility of the witness. Conceivably, it might also disqualify the witness. <i>Note:</i> AMA has more recent policy related to expert witnesses, including <u>H-265.992</u> , Expert Witness Testimony, <u>H-265.994</u> , Expert Witness Testimony, and <u>H-265.995</u> , Guidelines for Expert Witness. The <u>AMA Code of Medical Ethics</u> also addresses expert witness testimony.
H-40.966	Military Medical Policies Affecting Transgender Individuals	Our American Medical Association affirms that there is no medically valid reason to exclude transgender individuals from	Retain Policy H-40.960. Still Relevant.

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		service in the US military and affirms transgender service members be provided care as determined by patient and physician according to the same medical standards that apply to non-transgender personnel.	
H-480.988	Allocation of Privileges to Use Health Care Technologies	The AMA (1) affirms the need for the Association and specialty societies to enhance their leadership role in providing guidance on the training, experience and knowledge necessary for the application of specific health care technologies; (2) urges physicians to continue to ensure that, for every patient, technologies will be utilized in the safest and most effective manner by health care professionals; and (3) asserts that licensure of physicians by states must be based on scientific and clinical criteria.	Retain Policy H-480.988. Still Relevant.
H-520.995	Nuclear Weapons Reduction	The AMA supports continued efforts to publicize its position that there is no adequate medical response to nuclear war.	1. Retain Policy H-520.995; 2. Consolidate with Policy H-520.999 into a single comprehensive policy as follows: H-520.999, Opposition to Nuclear War. (1). The AMA recognizes the catastrophic dangers to all life in the event of nuclear war and supports efforts for the prevention of such a nuclear holocaust. H-520.995, Opposition to Nuclear War Nuclear Weapons Reduction. (2) The AMA supports continued efforts to publicize its position that there is no adequate medical response to nuclear war.
H-520.996	Arms Reduction	The AMA encourages the President and Congress to continue the process of bilateral and verifiable nuclear arms reduction.	1. Retain Policy H-520.996; 2. Consolidate with H-520.994 and H-520.988 into a single comprehensive policy as follows: H-520.996, Arms Reduction. (1) H-520.994, Nuclear Test Ban. The AMA acknowledges the threat from nuclear weapons to the health of the people of the world and favors the establishment of a mutual, verifiable, and comprehensive nuclear test ban. (2) H-520.988, Abolition of Nuclear Weapons and Other Weapons of Mass and Indiscriminate Destruction. The AMA

Policy Number	Title	Text	Recommendation
			supports the elimination by all nations of nuclear weapons and other weapons of mass and indiscriminate destruction. (3) The AMA encourages the President and Congress to continue the process of bilateral and verifiable nuclear arms reduction.
H-65.966	Physicians Response to Victims of Human Trafficking	<p>1. Our AMA encourages its Member Groups and Sections, as well as the Federation of Medicine, to raise awareness about human trafficking and inform physicians about the resources available to aid them in identifying and serving victims of human trafficking.</p> <p>Physicians should be aware of the definition of human trafficking and of resources available to help them identify and address the needs of victims.</p> <p>The US Department of State defines human trafficking as an activity in which someone obtains or holds a person in compelled service. The term covers forced labor and forced child labor, sex trafficking, including child sex trafficking, debt bondage, and child soldiers, among other forms of enslavement. Although it's difficult to know just how extensive the problem of human trafficking is, it's estimated that hundreds of thousands of individuals may be trafficked every year worldwide, the majority of whom are women and/or children.</p> <p>The Polaris Project - In addition to offering services directly to victims of trafficking through offices in Washington, DC and New Jersey and advocating for state and federal policy, the Polaris Project:</p> <ul style="list-style-type: none"> - Operates a 24-hour National Human Trafficking Hotline - Maintains the National Human Trafficking Resource Center, which provides <ul style="list-style-type: none"> a. An assessment tool for health care professionals 	<p>1. Retain H-65.966.</p> <p>2. Sunset D-170.992, Human Trafficking / Slavery Awareness (as it is superseded by more current policy;</p> <p>3. Consolidate H-65.966 and H-440.814 into a single comprehensive Policy as follows:</p> <p>H-65.966, Physicians Response to Victims of Human Trafficking.</p> <p>1. Our AMA encourages its Member Groups and Sections members, as well as the Federation of Medicine, to raise awareness about human trafficking and inform physicians about the resources available to aid them in identifying and serving victims of human trafficking.</p> <p>Physicians should be aware of the definition of human trafficking and of resources available to help them identify and address the needs of victims.</p> <p>The US Department of State defines human trafficking as an activity in which someone obtains or holds a person in compelled service. The term covers forced labor and forced child labor, sex trafficking, including child sex trafficking, debt bondage, and child soldiers, among other forms of enslavement. Although it's difficult to know just how extensive the problem of human trafficking is, it's estimated that hundreds of thousands of individuals may be trafficked every year worldwide, the majority of whom are women and/or children.</p> <p>The Polaris Project - In addition to offering services directly to victims of trafficking through offices in Washington, DC and New Jersey and advocating for state and federal policy, the Polaris Project:</p>

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		<p>b. Online training in recognizing and responding to human trafficking in a health care context</p> <p>c. Speakers and materials for in-person training</p> <p>d. Links to local resources across the country</p> <p>The Rescue & Restore Campaign - The Department of Health and Human Services is designated under the Trafficking Victims Protection Act to assist victims of trafficking. Administered through the Office of Refugee Settlement, the Department's Rescue & Restore campaign provides tools for law enforcement personnel, social service organizations, and health care professionals.</p> <p>2. Our AMA will help encourage the education of physicians about human trafficking and how to report cases of suspected human trafficking to appropriate authorities to provide a conduit to resources to address the victim's medical, legal and social needs.</p>	<p>Operates a 24-hour National Human Trafficking Hotline</p> <p>Maintains the National Human Trafficking Resource Center, which provides</p> <p>a. An assessment tool for health-care professionals</p> <p>b. Online training in recognizing and responding to human trafficking in a health care context</p> <p>c. Speakers and materials for in-person training</p> <p>d. Links to local resources across the country</p> <p>The Rescue & Restore Campaign - The Department of Health and Human Services is designated under the Trafficking Victims Protection Act to assist victims of trafficking. Administered through the Office of Refugee Settlement, the Department's Rescue & Restore campaign provides tools for law enforcement personnel, social service organizations, and health care professionals.</p> <p>2. Our AMA will help encourage the education of physicians about human trafficking and how to report cases of suspected human trafficking to appropriate authorities to provide a conduit to resources to address the victim's medical, legal and social needs.</p> <p><u>3. H-440.814, Distribution and Display of Human Trafficking Aid Information in Public Places</u></p> <p>1. Our AMA policy is that readily visible signs, notices, posters, placards, and other readily available educational materials providing information about reporting human trafficking activities or providing assistance to victims and survivors be permitted in local clinics, emergency departments, or other medical settings.</p> <p>4. 2. Our AMA, through its website or internet presence, will provide downloadable materials displaying the National Human Trafficking Hotline number to aid in displaying such information in local clinics, emergency departments, or other medical settings</p>

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			<p>and advocate that other recognized medical professional organizations do the same.</p> <p>5. 3-Our AMA urges the federal government to make changes in laws to advocate for the broad posting of the National Human Trafficking Hotline number in areas such as local clinics, emergency departments, and other medical settings.</p> <p>Note: US Department of State website includes definitions/details about what specific bureaus are doing to support this policy issue. The definition of human trafficking continues to evolve.</p> <p>The AMA Code of Medical Ethics offers physicians guidance on their obligation to take appropriate action.</p> <p>AMA's website provides additional resources.</p>
H-65.997	Human Rights	Our AMA endorses the World Medical Association's Declaration of Tokyo which are guidelines for medical doctors concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment.	Sunset. Duplicative of Policy H.65.991 (see below).
H-65.981	Human Rights and Health Professionals	The AMA opposes torture in any country for any reason; urges appropriate support for victims of torture; condemns the persecution of physicians and other health care personnel who treat torture victims.	<ol style="list-style-type: none"> 1. Retain. 2. Consolidate with H-65.991 into a single comprehensive policy (see below)
H-65.991	Persecution of Physicians for Political Reasons and Participation by Doctors in Violations of Human Rights	The AMA (1) reiterates its endorsement of the 1975 World Medical Association Declaration of Tokyo which provides guidelines for physicians in cases of torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment; (2) opposes participation by physicians in the torture or inhuman treatment or punishment of individuals in relation to detention and imprisonment; and (3) expresses its	<ol style="list-style-type: none"> 1. Retain. 2. Consolidate with H-65.981 as editorially amended as follows: <p>H-65.981, Human Rights and Health Professionals.</p> <p><u>1.</u> The AMA opposes torture in any country for any reason; urges appropriate support for victims of torture; condemns the persecution of physicians and other health care personnel who treat torture victims.</p> <p><u>2.</u> H-65.991 The AMA (1) reiterates its endorsement of the 1975 World</p>

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		<p>sympathy to those physicians who have been subject to imprisonment or torture because of their humanitarian efforts to improve the health of their patients.</p>	<p>Medical Association Declaration of Tokyo: <u>Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment</u>, which provides guidelines for physicians in cases of torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment; (2) opposes participation by physicians in the torture or other forms of cruel, inhuman or degrading procedures on detainees or prisoners, inhuman treatment or punishment of individuals in relation to detention and imprisonment; and (3) The AMA expresses its sympathy to those physicians who have been subject to imprisonment or torture because of their humanitarian efforts to improve the health of their patients.</p> <p><i>Note:</i> Link to <u>WMA Declaration of Tokyo: Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment</u> (which has been amended several times since 1975).</p> <p>The <u>AMA Code of Medical Ethics</u> also addresses this issue.</p>