

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 4
(Assigned by HOD)
(A-25)

Introduced by: Senior Physicians Section

Subject: Guaranteeing Timely Delivery and Accessibility of Federal Health Data

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, a memorandum was issued on January 21, 2025 to all thirteen Operating Divisions
2 within the U.S. Dept. of Health & Human Services including the Food and Drug Administration,
3 the Centers for Disease Control and Prevention, the Center for Medicare & Medicaid Services
4 (CMS) and the National Institutes of Health, as well as other lesser-known health agencies¹; and
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6 Whereas, the CDC (Centers for Disease Control and Prevention) and the NIH (National
7 Institutes of Health) had an almost three-month embargo imposed on data, which delayed
8 physicians' access to essential information needed to provide timely and effective patient care;
9 and

10 Whereas, lack of access to vital health data undermines the integrity and training of physicians,
11 hindering their ability to provide optimal care to patients; and

12 Whereas, the CDC was established to minimize potential health risks while ensuring
13 continuous, unrestricted access to critical data for both scientists and the general public; and

14 Whereas, tracking emerging infectious disease trends — including and not limited to those such
15 as malaria, Zika, Chagas, tuberculosis, syphilis, H5N1 influenza virus (aka bird flu), gonorrhea
16 and chlamydia — provides invaluable insights into how diseases spread, identifies vulnerable
17 populations, and helps assess the effectiveness of prevention measures or treatments²; and

18 Whereas, judicial mandates and executive orders that directly delay or restrict access to
19 important health data directly conflict with medical ethics, as they force physicians to wait for
20 potentially harmful outcomes; therefore be it

21 RESOLVED, that our American Medical Association (AMA) advocate for the immediate removal
22 of restrictions on the CDC, NIH and other pertinent federal agencies' to disseminate critical
23 health information, as withholding such critical information from physicians impedes their ability
24 to deliver the highest standard of care and exposes all patients who are receiving care to less
25 than optimal outcomes (Directive to Take Action); and be it further

26 RESOLVED, that our AMA promote the recognition of the CDC, NIH, and other federal agencies
27 in their efforts to minimize the risks of emerging infections, beginning this year and continuing
28 into the future. (Directive to Take Action)

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30 Fiscal Note: (Assigned by HOD)

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32 Received:

REFERENCES

1. Memorandum, January 21, 2025, U.S. Department of Health & Human Services, "Immediate Pause on Issuing Documents and Public Communications ~ ACTION;" Retrieved February 17, 2025, <https://www.documentcloud.org/documents/25502931-acting-hhs-secretary-communications-memo-1-21-25/?mode=document>
2. Associated Press (February 11, 2025). Judge Tells Agencies To Restore Webpages and Data Removed After Trump's Executive Order. Retrieved February 17, 2025, <https://apnews.com/article/trump-cdc-fda-doctors-for-america-5263fc6b6cbc723ca0c86c4460d02f33>
3. Centers for Disease Control and Prevention (CDC). (n.d.). Tracking trends in disease incidence provides valuable data to understand how diseases spread, identify at-risk populations, and evaluate the effectiveness of prevention programs or treatments. Retrieved February 17, 2025, <https://www.cdc.gov>

RELEVANT AMA POLICY

H-440.813 Public Health Surveillance

1. Our American Medical Association recognizes public health surveillance as a core public health function that is essential to inform decision making, identify underlying causes and etiologies, and respond to acute, chronic, and emerging health threats.
2. Our AMA recognizes the important role that physicians play in public health surveillance through reporting diseases and conditions to public health authorities.
3. Our AMA encourages state legislatures to engage relevant state and national medical specialty societies as well as public health agencies when proposing mandatory reporting requirements to ensure they are based on scientific evidence and meet the needs of population health.
4. Our AMA recognizes the need for increased federal, state, and local funding to modernize our nation's public health data systems to improve the quality and timeliness of data.
5. Our AMA supports the CDC's data modernization initiative, including electronic case reporting, which alleviates the burden of case reporting on physicians through the automatic generation and transmission of case reports from electronic health records to public health agencies for review and action in accordance with applicable health care privacy and public health reporting laws.
6. Our AMA will advocate for incentives for physicians to upgrade their EHR systems to support electronic case reporting as well as incentives to submit case reports that are timely and complete.
7. Our AMA will share updates with physicians and medical societies on public health surveillance and the progress made toward implementing electronic case reporting.
8. Our AMA will advocate for increased federal coordination and funding to support the modernization and standardization of public health surveillance systems data collection by the Centers for Disease Control and Prevention and state and local health departments.
9. Our AMA supports data standardization that provides for minimum national standards, while preserving the ability of states and other entities to exceed national standards based on local needs and/or the presence of unexpected urgent situations.

[CSAPH Rep. 1, I-19; Reaffirmed: Res. 219, A-21; Appended: Alt. Res. 402, A-21; Modified: CSAPH Rep. 2, I-21]

H-440.847 Pandemic Preparedness

In order to prepare for a pandemic, our American Medical Association:

1. urges the Department of Health and Human Services Emergency Care Coordination Center, in collaboration with the leadership of the Centers for Disease Control and Prevention (CDC), state and local health departments, and the national organizations representing them, to urgently assess the shortfall in funding, staffing, supplies, vaccine, drug, and data management capacity to prepare for and respond to a pandemic or other serious public health emergency.
2. urges Congress and the Administration to work to ensure adequate funding and other

resources: (a) for the CDC, the National Institutes of Health (NIH), the Strategic National Stockpile and other appropriate federal agencies, to support the maintenance of and the implementation of an expanded capacity to produce the necessary vaccines, anti- microbial drugs, medical supplies, and personal protective equipment, and to continue development of the nation's capacity to rapidly manufacture the necessary supplies needed to protect, treat, test and vaccinate the entire population and care for large numbers of seriously ill people, without overreliance on unreliable international sources of production; and (b) to bolster the infrastructure and capacity of state and local health departments to effectively prepare for and respond to a pandemic or other serious public health emergency.

3. encourages states to maintain medical and personal protective equipment stockpiles sufficient for effective preparedness and to respond to a pandemic or other major public health emergency.

4. urges the federal government to meet treaty and trust obligations by adequately sourcing medical and personal protective equipment directly to tribal communities and the Indian Health Service for effective preparedness and to respond to a pandemic or other major public emergency.

5. urges the CDC to develop and disseminate electronic instructional resources on procedures to follow in an epidemic, pandemic, or other serious public health emergency, which are tailored to the needs of health care personnel in direct patient care settings;

6. supports the position that:

a. relevant national and state agencies (such as the CDC, NIH, and the state departments of health) continue to plan and test distribution activities in advance of a public health emergency, to assure that physicians, nurses, other health care personnel, and first responders having direct patient contact, receive any appropriate vaccination or medical countermeasure in a timely and efficient manner, in order to reassure them that they will have first priority in the event of such a pandemic.

b. such agencies should publicize now, in advance of any such pandemic, what the plan will be to provide immunization to health care providers.

7. will monitor progress in developing a contingency plan that addresses future vaccine production or distribution problems and in developing a plan to respond to a pandemic in the United States.

8. will encourage state and federal efforts to locate the manufacturing of goods used in healthcare and healthcare facilities in the United States.

9. will support federal efforts to encourage the purchase of domestically produced personal protective equipment.

[CSAPH Rep. 5, I-12; Reaffirmation A-15; Modified: Res. 415, A-21; Reaffirmed: CSAPH Rep. 1, I-22; Appended: Res. 924, I-22]