REPORT OF THE BOARD OF TRUSTEES

B of T Report 5-I-22

Subject: Towards Diversity and Inclusion: A Global Non-discrimination Policy Statement and Benchmark for our AMA

Presented by: Sandra Adamson Fryhofer, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

BACKGROUND

At the November 2020 House of Delegates (HOD) meeting, the House of Delegates referred Resolution 602, “Towards Diversity and Inclusion: A Global Non-discrimination Policy Statement and Benchmark for our AMA.” Resolution 602, introduced by the Women Physicians Section asked that our American Medical Association (AMA):

- Adopt an overarching non-discrimination policy on the basis of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities that applies to members, employees and patients. (New HOD Policy)
- Demonstrate its commitment to complying with laws, rules or regulations against discrimination on the basis of protected characteristics. (Directive to Take Action)
- Reaffirm Policy G-600.067, “References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment.” (Reaffirm HOD Policy)
- Study the feasibility and need for a comprehensive business conduct standards policy to be fully integrated with the conflict of interest policy, and report back to the AMA House of Delegates within 18 months. (Directive to Take Action)
- Provide an update on its comprehensive diversity and inclusion strategy to the AMA House of Delegates within 24 months. (Directive to Take Action)

Resolution 602 calls upon our AMA to adopt an overarching non-discrimination policy; reaffirm current AMA policy; study the feasibility and need for a comprehensive business conduct standards policy to be fully integrated with the conflict of interest policy; and provide an update on our AMA’s comprehensive diversity and inclusion strategy.

The reference committee received testimony supportive of the intent of Resolution 602 but noted there were several amendments proffered to broaden inclusiveness, as well as to strengthen the
language contained in existing AMA policy. Still others advocated for referral of this item due to the complexity of the requests and the need to develop an integrated response.

The reference committee supported referral of this item to allow our AMA House of Delegates to receive a report back that codifies policies and activities and optimizes the language contained in an overarching non-discrimination policy.

This report: 1) describes our AMA’s commitment to human rights and health equity that would support an overarching non-discrimination policy and 2) summarizes our AMA’s existing non-discrimination policies passed by the House of Delegates.

**DISCUSSION**

The federal landscape related to discrimination is constantly evolving, so any overarching policy will need to be flexible in its wording and regularly updated.

The HOD’s policy statements on health topics serve as a cornerstone of our AMA, making clear what our AMA stands for as an organization, providing information and guidance to physicians and others about health care issues.

**AMA’s commitment to human rights and health equity**

Our AMA Policy H-65.965, “Support of Human Rights and Freedom,” provides a clear statement of our AMA’s commitment to supporting and maintaining respect for human rights. It reads as follows:

Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual’s sex, sexual orientation, gender, gender identity or transgender status, race, religion, disability, ethnic origin, national origin or age; (3) opposes any discrimination based on an individual’s sex, sexual orientation, gender identity, race, appearance, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage for appropriate hate crimes prevention legislation in accordance with our AMA’s policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.

The policy provides a key foundation in fostering equity and inclusion both within the organization and externally.

Additionally, our AMA has made a commitment to “actively work to dismantle racist and discriminatory policies and practices across all of health care.” Furthermore, “our AMA recognizes that racism in its systemic, structural, institutional, and interpersonal forms as a serious threat to public health, the advancement of health equity, and a barrier to appropriate medical care” and “supports the development of policy to combat racism and its effects” (Policy H-65.952, “Racism as a Public Health Threat”).

By establishing the AMA Center for Health Equity, our AMA has demonstrated its intention and commitment to embed health equity into the DNA of the organization and its work. As part of the
“Plan for Continued Progress Toward Health Equity” (Policy D-180.981) our AMA has made the pursuit of diversity, equity, and inclusion a key strategy to operationalize health equity. This pursuit includes a commitment to anti-racism/anti-discrimination/anti-harassment policies. Our AMA has continued to expand on our diversity and inclusion strategy as outlined in Board Report 10-A-22 about 2021 progress on the AMA’s Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity.

Existing AMA HOD non-discrimination policies

A policy scan of our AMA’s HOD non-discrimination policies identified 88 non-discrimination policies. This summary only includes policies currently published in our AMA’s PolicyFinder. Policies that were rescinded are not included. The policies are grouped below based on the nature of the protections covered by the policies. The number of policies matched to each grouping is listed below (Please see Appendix A for details):

- Non-discrimination policies – AMA (3)
- Non-discrimination policies – Constitution and Bylaws (3)
- Non-discrimination policies listed under AMA governance (3)
- General non-discrimination policies that protect all individuals (11)
- Non-discrimination policies that apply to specific populations (17)
- Non-discrimination policies that protect physicians and/or their practices (23)
- Non-discrimination policies that protect international medical graduates (IMGs) (4)
- Non-discrimination policies that protect residents (5)
- Non-discrimination policies that protect medical students (4)
- Non-discrimination policies that protect patients (14)
- Non-discrimination related to terrorism (1)

Within HOD policies, H-65.965, “Support of Human Rights and Freedom,” modified in 2022, provides the most comprehensive list of protected groups. Policy G-600.067, “References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment,” mentioned in the original resolution, was rescinded and replaced via Board Report 5-N-21 by Policy H-65.950 stating that our AMA recommends preferred terminology for protected personal characteristics to be used in AMA policies and position statements. Board Report 5-N-21 provides a summary of categories or characteristics cited by AMA policy and a sampling from other organizations.

Policy H-65.951, “Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions,”, provides guidelines for effective non-discrimination policy for healthcare, including implementation considerations.

Eight other HOD policies provide a similar list of protections, 17 policies target discrimination of very specific groups (e.g., victims of domestic violence), and seven policies used the word “discrimination” in the title of the policy but not within the body of the policy statement.

Policy H-140.837, “Policy on Conduct at AMA Meetings,” sets forth our AMA’s policy of zero tolerance for any type of harassing conduct by physicians and others attending AMA functions or meetings and defines prohibited behaviors. The policy also provides multiple reporting options available to both the targets of any harassment and witnesses to prohibited conduct, including an option to register complaints confidentially to an external vendor online or via a toll-free hotline.
Multiple HOD policies seek to influence the non-discrimination policies and/or activities of other organizations. In some (but not all) instances, the policies are membership related. Non-discrimination policies related to membership include: G-600.020, “Admission of Specialty Organizations to our AMA House,” and G-600.014, “Guidelines for Admission of Constituent Associations to our AMA House of Delegates.” Policies unrelated to membership include: D-255.995, “Discrimination Against IMGs in Classified Advertising,” and H-295.955, “Teacher-Learner Relationship in Medical Education.”

Policy H-65.988, “Organizations Which Discriminate,” also listed as a relevant AMA policy in Resolution 602, provides the organization with guidance encouraging, but not mandating, that meetings or other gatherings be held in organizational facilities that do not discriminate on the basis of race, religion, or gender and encourages its constituent societies to adopt a similar policy.

RECOMMENDATIONS

Based on a review of internal policies, the Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 602-N-20, and the remainder of this report be filed.

- That our AMA reaffirm its commitment to complying with all applicable laws, rules or regulations against discrimination on the basis of protected characteristics, including Title VII of the Civil Rights Act, The Age Discrimination in Employment Act, and the Americans with Disabilities Act, among other federal, state and local laws. (New HOD Policy)
- That our AMA provide updates on its comprehensive diversity and inclusion strategy as part of the annual Board report to the AMA House of Delegates on health equity. (Directive to Take Action)

Fiscal Note: Within current budget
APPENDIX A: AMA Non-Discrimination Policies

Note: This summary only includes policies currently published in our AMA’s PolicyFinder. Policies that were rescinded are not included.

Non-discrimination policies – AMA (3)
- **Policy on Conduct at AMA Meetings and Events** H-140.837
- **Non-discrimination Policy** H-65.983
- **Organizations Which Discriminate** H-65.988

Non-discrimination policies – Constitution and Bylaws (3)
- **Discrimination. B-1.4**
- **Resident and Fellow Section. B-7.1.4 Other Representatives to the Business Meeting**
- **Medical Student Section. B-7.3.3.4 National Medical Student Organizations.**

Non-discrimination policies listed under governance (3)
- **Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment** H-65.950
- **Admission of Specialty Organizations to our AMA House** G-600.020
- **Guidelines for Admission of Constituent Associations to our AMA House of Delegates** G-600.014

General non-discrimination policies that could potentially apply to/benefit all individuals: (11)
- **Support of Human Rights and Freedom** H-65.965
- **Reducing Discrimination in the Practice of Medicine and Health Care Education** D-350.984
- **Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions** H-65.951
- **Code of Medical Ethics 7.3.7 Safeguards in the Use of DNA Databanks**
- **Issues in Employee Drug Testing** H-95.984
- **Code of Medical Ethics 4.1.3 Third-Party Access to Genetic Information**
- **Code of Medical Ethics 11.1.1 Defining Basic Health Care**
- **Individual Health Insurance** H-165.920
- **Code of Medical Ethics 9.5.3 Accreditation**
- **Discriminatory Policies that Create Inequities in Health Care** H-65.963
- **Code of Medical Ethics 4.2.6 Cloning for Reproduction**

Non-discrimination policies that apply to specific populations (17)
- **Federal Drug Policy in the United States** H-95.981
- **Nondiscriminatory Policy for the Health Care Needs of LGBTQ Populations** H-65.976
- **Insurance Discrimination Against Victims of Domestic Violence** H-185.976
- **Racial and Ethnic Disparities in Health Care** H-350.974
- **Reducing Inequities and Improving Access to Insurance for Maternal Health Care** H-185.917
- **Retirement and Hiring Practices** H-25.996
- **Nondiscriminatory Policy for the Health Care Needs of LGBTQ Populations** D-65.996
- **Health Care Disparities in Same-Sex Partner Households** H-65.973
- **Code of Medical Ethics 4.2.1 Assisted Reproductive Technology**
- **Code of Medical Ethics 4.2.3 Therapeutic Donor Insemination**
• Removing Financial Barriers to Living Organ Donation H-370.965
• Organ Transplant Equity for Persons with Disabilities D-370.980
• Ensuring the Best In-School Care for Children with Diabetes H-60.932
• Improving Screening and Treatment Guidelines for Intimate Partner Violence (IPV) Against Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Other Individuals (LGBTQ) D-515.980
• Juvenile Justice System Reform H-60.919
• Opposition to Discriminatory Treatment of Haitian Asylum Seekers H-350.951
• Parental Leave H-405.954

Non-discrimination policies that protect physicians and/or their practices (23)

• Advocacy for Physicians with Disabilities D-90.991
• Principles for Advancing Gender Equity in Medicine H-65.961
• Code of Medical Ethics 9.5.5 Gender Discrimination in Medicine
• Women in Organized Medicine H-525.998
• Volume Discrimination Against Physicians H-180.963
• Notification to Patients of Charge Amounts Prior to Service as Per Omnibus Reconciliation Act of 1986 H-390.962
• Discrimination of Women Physicians in Hospital Locker Facilities H-525.981
• Discrimination Against Physicians by Health Care Plans H-285.985
• Amend the Patient Protection and Affordable Care Act (PPACA) H-165.833
• Redefining AMA's Position on ACA and Healthcare Reform D-165.938
• Averting a Collision Course Between New Federal Law and Existing State Scope of Practice Laws H-35.968
• Protection of Medical Staff Members' Personal Proprietary Financial Information H-225.955
• PRO Readmission Review H-340.989
• Medical Specialty Board Certification Standards H-275.926
• Intrusion by Hospitals into the Private Practice of Medicine H-240.979
• Equal Payment for Services H-385.945
• Hospitals Limited to Participating Physicians H-390.971
• Code of Medical Ethics 5.7 Physician-Assisted Suicide
• AMA Principles for Physician Employment H-225.950
• Limitation of Physicians' Fees H-380.997
• Patient Protection and Clinical Privileges H-230.989
• Discrimination Against Physicians in Treatment with Medication for Opioid Use Disorders (MOUD) H-95.913
• Combating Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism H-65.949

Non-discrimination policies that protect IMGs (4)

• Unfair Discrimination Against International Medical Graduates H-255.978
• AMA Principles on International Medical Graduates H-255.988
• Abolish Discrimination in Licensure of IMGs H-255.966
• Discrimination Against IMGs in Classified Advertising D-255.995
Non-discrimination policies that protect residents (5)

- Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Gender Identity, Age, Race, National Origin and Religion During the Residency and Fellowship Application Process H-310.919
- Eliminating Religious Discrimination from Residency Programs H-310.923
- Gender-Based Questioning in Residency Interviews H-310.976
- Discrimination Against Resident Candidates Based on Graduate Medical Education Medicare Funding H-305.971
- Non-discrimination Toward Residency Applicants H-295.969

Non-discrimination policies that protect medical students (4)

- Equal Fees for Osteopathic and Allopathic Medical Students H-295.876
- Underrepresented Student Access to US Medical Schools H-350.960
- Teacher-Learner Relationship In Medical Education H-295.955
- Principles of and Actions to Address Primary Care Workforce H-200.949

Non-discrimination policies that protect patients (14)

- Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits Under the Affordable Care Act D-185.981
- Genetic Discrimination and the Genetic Information Non-discrimination Act H-65.969
- Consumer Genetic Testing and Privacy D-315.970
- Discrimination and Criminalization Based on HIV Seropositivity H-20.914
- Patient Privacy and Confidentiality H-315.983
- Addressing Discriminatory Health Plan Exclusions or Problematic Benefit Substitutions for Essential Health Benefits Under the Affordable Care Act H-185.925
- Fifty Percent Copayment Requirement for Codes 290-310 Mental Disorders H-345.986
- Non-discrimination in Health Care Benefits H-185.986
- Gender Rating and Discrimination Based on Prior Cesarean Section H-180.950
- Discrimination Against Patients by Medical Students H-295.865
- Discriminatory Payment Polices D-70.969
- The Impact of Pharmacy Benefit Managers on Patients and Physicians D-110.987
- Code of Medical Ethics 1.1.7 Physician Exercise of Conscience
- Assistants at Surgery H-385.969

Non-discrimination related to terrorism (1)

- Non-discrimination in Responding to Terrorism H-65.978