Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. CSI CGPH MIC Report A - Mitigating the Harms of Colorism and Skin Bleaching Agents
2. Resolution OF076 - Support for Comprehensive Safe Firearm Storage Legislation
3. Resolution OF008 - Missing and Murdered Indigenous Persons
4. Resolution OF030 - Opposing the Hospital Readmissions Reduction Program
5. CEQM CME Report A - Increase Resident Physician Pay
6. GC Report A - Advocating for Methadone Maintenance Therapy Dispensation in Community Pharmacy Settings
7. CBH CEQM Report A - Establishing and Maintaining Patient Libraries in Hospitals
8. Delegate Report A - Status of Pending MSS-Authorized Resolutions to the House of Delegates
9. CDE CMA Report A - Expanding Support for Medical Students and Physicians with Disabilities
10. CEQM Report A - Monitoring of Alternative Payment Models within Traditional Medicare

**RECOMMENDED FOR ADOPTION AS AMENDED**

12. Resolution OF015 - Increasing Access to Public Restrooms
13. Resolution OF124 - American Indian and Alaska Native Elder Care
14. Resolution OF009 - Improving Medigap Protections
15. Resolution OF068 - Insurer Accountability When Prior Authorization Harms Patients
16. Resolution OF005 - Increasing the Number of Pediatric Psychiatric Emergency Programs
17. Resolution OF007 - Reforming Medicaid Estate Recovery
18. CHIT CSI CBH Report A - Artificial Intelligence - Integrated Software Manipulation Detection
19. Resolution OF071 - Support for Paid Sick Leave
20. Resolution OF041 - Regulation of Direct-Entry Midwifery Practice
21. LGBTQ+ CGPH Report A - Addressing the Health Impacts of Discrimination and Rejection on LGBTQ Youth in Foster Care

RECOMMENDED FOR ADOPTION IN LIEU OF

22. Resolution OF027 - Addressing Pediatric Inpatient Care Access
23. Resolution OF010 - Supporting the Health of our Democracy
24. Resolution OF105 - Limiting Chronic Exposure to Toxic Heavy Metals
25. Resolution OF032 – Ensuring the Right to Vote for People Convicted of Felonies
26. Resolution OF004 - Expanding Adverse Childhood Experiences Categories
27. Resolution OF029 - Expansion of Insurance Coverage for Additional Diagnostic Testing after Abnormal Screening Mammography Result
28. Resolution OF001 - Addressing Default Proceed Sales of Firearms and ‘Stand your Ground’ Laws

RECOMMENDED FOR REFERRAL

29. Resolution OF047 - Improving Protections against Surgical Smoke Exposure in Operating Rooms
30. CME CDA Report A - Studying Effects of Online Education on Medical Education Outcomes During the COVID-19 Pandemic

RECOMMENDED FOR NOT ADOPTION

31. CHIT WIM CBH Report A - Increased Health Privacy on Mobile Apps in Light of Roe v. Wade
32. Resolution OF020 - Improving Patient Education Practices
33. Resolution OF013 - Governmental Body to Handle Discrimination in GME
34. Resolution OF012 - IHS Representation in the House of Delegates
35. Resolution OF125 - Expand Coverage of Children’s Deformities and Congenital Defects
36. Resolution OF014 - Addressing the Health Risks of Extreme Heat
37. Resolution OF052 - Improving Foreign Language Pharmaceutical Education Materials for Patients
38. Resolution OF121 - Research Classification Guidelines for Minority Groups
39. Resolution OF031 - Indian Health Service Infertility Coverage
40. Resolution OF129 - Licensed Medical Interpreters in Critical Care Settings
41. Resolution OF116 - Tribal Taxes on Commercial Tobacco Products
42. Resolution OF033 - Native American Voting Rights
43. Resolution OF132 - Early and Periodic Eye Exams for Adults
44. Resolution OF106 - Tribally Directed Precision Medicine Research
45. Resolution OF075 - Preventing Nuclear War amidst Intersecting Global Crises
46. Resolution OF037 - Improving Supplemental Nutrition Programs
47. Resolution OF028 – Cancer Care in Indian Health Services Facilities
48. Resolution OF117 - Decriminalization of the Purchasing of Sex Work
49. Resolution OF035 - Indian Health Service Youth Regional Treatment Centers
50. Resolution OF042 - Tracking by Third Party Business Associates in Medicine
51. Resolution OF084 - Public Service Loan Forgiveness Reform
52. Resolution OF064 - Protecting the Rights of Health Care Students Living With Hepatitis B
53. Resolution OF043 - Pharmaceutical White Bagging Practices
54. Resolution OF069 - Fighting Homelessness by Building More Housing
55. Resolution OF026 - Taxes on Disposable Plastic Consumer Products

RECOMMENDED FOR FILING

56. GC Report D – Archives Task Force Interim Report
57. GC Report C – Standing Committee Task Force Interim Report
59. GC Report B – MSSAI Report
RECOMMENDED FOR ADOPTION

(1) CSI CGPH MIC REPORT A - MITIGATING THE HARMS OF COLORISM AND SKIN BLEACHING AGENTS

RECOMMENDATION:

CSI CGPH MIC Report A be adopted.

Your Committee on Scientific Issues, Committee on Global & Public Health, and Minority Issues Committee recommends that the following recommendations are adopted in lieu of Resolution 019 and the remainder of this report be filed:

RESOLVED, That our AMA supports efforts to reduce the unsupervised use of skin lightening agents, especially due to colorism or social stigma, which does not limit evidence-based use by qualified clinicians; and be it further

RESOLVED, That our AMA work with the World Medical Association or other interested parties to mitigate the harms of colorism and unsupervised use of skin lightening agents.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the report is well-written and broadens the language to make the ask less prescriptive while keeping the intentions of the original resolution. Your Reference Committee recommends CSI CGPH MIC Report A be adopted.

(2) RESOLUTION OF076 – SUPPORT FOR COMPREHENSIVE SAFE FIREARM STORAGE LEGISLATION

RECOMMENDATION:

Resolution OF076 be adopted.

RESOLVED, That our AMA will amend “Prevention of Firearm Accidents in Children” H-145.990 by addition to read as follows.

Prevention of Firearm Accidents in Children H-145.990
1) Our AMA (a) supports increasing efforts to reduce pediatric firearm morbidity and mortality by encouraging its members to (i) inquire as to the presence of household firearms as a part of childproofing the home; (ii) educate patients to the dangers of firearms to children; (iii) encourage patients to educate their children and neighbors as to the dangers of firearms; and (iv)
routinely remind patients to obtain firearm safety locks, to store firearms under lock and key, and to store ammunition separately from firearms; (b) encourages state medical societies to work with other organizations to increase public education about firearm safety; (c) encourages organized medical staffs and other physician organizations, including state and local medical societies, to recommend programs for teaching firearm safety to children; and (d) supports enactment of Child Access Prevention laws and other types of comprehensive safe storage laws that are consistent with AMA policy.

2) Our AMA and all interested medical societies will (a) educate the public about: (b) best practices for firearm storage safety; (c) misconceptions families have regarding child response to encountering a firearm in the home; and (c) the need to ask other families with whom the child interacts regarding the presence and storage of firearms in other homes the child may enter.

VRC testimony was mixed. Your Reference Committee does not agree with testimony that the asks of this resolution will be addressed by the Gun Violence Task Force. The operations and advocacy efforts of the taskforce are dependent on existing AMA policy and it is not the goal of the taskforce to create additional AMA policy. Your Reference Committee agrees with testimony that this resolution is novel in its asks for laws on safe storage. Existing AMA policy largely focuses on patient education and gun violence prevention in children, but not legislative efforts as they apply to the general public. In addition, BOT Report 14 brought forth at the 2023 Interim AMA HOD Meeting asking for increased and equitable access to safe storage devices sets precedence for the legislative asks of this resolution. Your Reference Committee recommends Resolution OF076 be adopted.

(3) RESOLUTION OF008 - MISSING AND MURDERED INDIGENOUS PERSONS

RECOMMENDATION:

Resolution OF008 be adopted.

RESOLVED, That our AMA support emergency alert systems for American Indian and Alaska Native tribal members reported missing on reservations and in urban areas.

VRC testimony was broadly supportive. Your Reference Committee agrees with testimony that the ask is timely and impactful. Based on existing AMA policy on missing children (H-60.996), human trafficking (H-65.966, H-60.912, H-440.814), and violence (H-515.965, among others) we find this resolution to be within AMA purview. Specific nuances including historical bias against the AI/AN population, lack of support for those residing outside of reservations, and discoordination between law enforcement that make the ask of the resolution novel. Implementation of reporting and alert systems such
as the MIPA in Washington State have shown improved reporting and outcomes. We believe that the resolution will advance the AMA’s advocacy efforts alongside the current and ongoing developments among several federal and tribal departments and agencies. Your Reference Committee recommends Resolution OF008 be adopted.

(4) RESOLUTION OF030 - OPPOSING THE HOSPITAL READMISSIONS REDUCTION PROGRAM

RECOMMENDATION:

Resolution OF030 be **adopted**.

RESOLVED, That the AMA oppose the Hospital Readmissions Reduction Program.

VRC testimony was broadly supportive. Your Reference Committee agrees with testimony that the ask is well supported, novel, and impactful as it calls for the explicit opposition of the Hospital Readmissions Reduction Program. We recommend Resolution OF030 be adopted.

(5) CEQM CME REPORT A - INCREASE RESIDENT PHYSICIAN PAY

RECOMMENDATION:

CEQM CME Report A be **adopted**.

Your Committee on Economics and Quality in Medicine and Committee on Medical Education recommends that Resolution 045 not be adopted and the remainder of this report be filed.

VRC testimony was supportive of the recommendations in the report. Your Reference Committee agrees with testimony that existing AMA policy covers the asks of the resolution, and the current AMA policy is less prescriptive which allows for more advocacy. Your Reference Committee recommends CEQM CME Report A be adopted.

(6) GC REPORT A - ADVOCATING FOR METHADONE MAINTENANCE THERAPY DISPENSATION IN COMMUNITY PHARMACY SETTINGS

RECOMMENDATION:

GC Report A be **adopted**.

Your MSS Governing Council recommend(s) that the recommendation below be adopted in lieu of Resolution 030 and the remainder of this report be filed.
That our AMA-MSS supports federal and state efforts to allow evidence-based methadone treatment for opioid use disorder to be prescribed in the office-based setting by clinicians with appropriate expertise and dispensed in community pharmacies for patients to take at home, in order to expand access outside of Opioid Treatment Programs.

VRC testimony was limited. Your Reference Committee agrees with testimony that AMA policymaking and advocacy efforts have accomplished the asks of the resolution. We agree that the referred resolution will not elicit further advocacy efforts from the AMA and support an internal stance. Your Reference Committee recommends GC Report A be adopted.

(7) CBH CEQM REPORT A - ESTABLISHING AND MAINTAINING PATIENT LIBRARIES IN HOSPITALS

RECOMMENDATION:

CBH CEQM Report A be adopted.

Your MSS Committee on Bioethics and Humanities and MSS Committee on Economics and Quality in Medicine recommend that Resolution 083 is not adopted and the remainder of this report be filed.

VRC testimony was very supportive. Your Reference Committee agrees that the report is well-written and the AMA has existing policy on the referred resolution. Your Reference Committee recommends the recommendations of CBH CEQM Report A be adopted.

(8) DELEGATE REPORT A - STATUS OF PENDING MSS-AUTHORED RESOLUTIONS TO THE HOUSE OF DELEGATES

RECOMMENDATION:

Delegate Report A be adopted.

With the concurrence of a vote by acclamation from your MSS Caucus, your Section Delegates recommend the following MSS resolutions be discharged from the transmittal queue:

1. Supporting Further Study of Kratom (95.025MSS), Adopted at MSS A-22
   a. Rationale: At HOD A-23, the Mississippi Delegation submitted Resolution 515, “Resolution to Regulate Kratom and Ban Over-the-Counter Sales,” which conflicted with the MSS position. The MSS worked with the Mississippi
Delegation and proposed amendments to their resolution that better reflected the MSS position. The item was debated at length, as shown in the Reference Committee E. The ultimate policy adopted (H-95.903, "Regulate Kratom and Ban Over-the-Counter Sales") was a compromise between the MSS and various parties. Although the MSS resolution was not specifically submitted, your Section Delegates consider the MSS position to have been appropriately debated at HOD.

2. Generative Augmented Intelligence as a Threat to Scientific Publications (480.031MSS), Adopted at MSS A-23

1. Rationale: At HOD A-23, Delegate Albert L. Hsu, MD submitted Resolution 247, "Assessing the Potentially Dangerous Intersection Between AI and Misinformation," the Maryland Delegation submitted Resolution 251, "Federal Government Oversight of Augmented Intelligence," and the Delegations of the American Society for Surgery of the Hand and American Association of Hand Surgery submitted Resolution 256, "Regulating Misleading AI Generated Advice to Patients." During the debate on these items, the MSS proposed our language as an amendment by addition to their language, as shown in the Report of Reference Committee B. The MSS language was adopted verbatim as clause 4 of H-480.935, "Assessing the Potentially Dangerous Intersection Between AI and Misinformation."

Your MSS Section Delegates recommend amending the following MSS stances as shown highlighted and bolded, for updated terminology and grammatical and syntactical errors. For all stances included in resolutions submitted to HOD I-23, except for the resolution in Recommendation 3, these changes were already made to the language submitted to HOD, so these updates are made to align the language in our MSS Digest with the language submitted to HOD. For the resolution in Recommendation 3, this resolution was recommended to not be considered by the Interim Meeting Resolution Committee, and the MSS Caucus voted to not extract this item for possible consideration. Since it will need to be submitted to a future HOD meeting, we propose this amendment to address syntactic confusion with the language as previously adopted by the MSS A-23 Assembly and clarify and strengthen the intent of the advocacy.

3. Opposing Pay-to-Stay Incarceration Fees (440.124MSS)

AMA-MSS will ask our AMA to collaborate with relevant stakeholders, oppose fees charged to incarcerated individuals for room and board, and advocate for federal and state efforts to repeal statutes and ordinances which permit inmates to be charged for room and board.

4. Inappropriate Use of Health Records in Criminal Proceedings (65.065MSS)

AMA-MSS will ask the AMA to encourage collaboration with relevant stakeholders parties, including state and county medical societies, The American College of Correctional Physicians, and The American Bar Association on efforts to preserve patients’ rights to privacy regarding medical care while incarcerated while ensuring appropriate use of medical records in parole and other legal proceedings to protect incarcerated individuals from punitive actions related to their medical care.
5. The Importance of Keeping Health Information Technology (HIT) Advancements Age-Friendly (480.028MSS)

AMA-MSS will ask the AMA to: (1) support the development of a standardized definition of “age-friendliness” in health information technology (HIT) advancements; and (2) encourage the appropriate stakeholders parties to identify current best practices to set expectations of HIT developers to ensure that they create devices and technology applicable to and easily accessible by older adults.

6. Allowing Exemptions to Mandatory Student Health Insurance Plans (180.029MSS)

AMA-MSS will ask the AMA to work with relevant stakeholders parties to urge medical schools to allow students and their families who qualify for and enroll in other health insurance with equal or greater coverage, including Medicaid, Children’s Health Insurance Program (CHIP), or an Affordable Care Act (ACA) Marketplace health insurance plans, to be exempt from otherwise mandatory student health insurance plans.

7. Addressing Phone and Email Scams Related to Healthcare Insurance (180.028MSS)

AMA-MSS will ask the AMA to encourage relevant stakeholders parties to educate patients and physicians on healthcare-related scams, including how to avoid and report them.

8. Estrogen as a Risk Factor for Stroke in Patients with Migraine with Aura (460.027MSS)

AMA-MSS will ask the AMA to (1) support further research regarding the role of estrogen as a risk factor for stroke and cardiovascular events at the dosages and routes found in, inclusive of but not limited to: combined oral contraceptive pills, vaginal rings, transdermal patches, hormone replacement therapy, and gender affirming hormone therapy in individuals with migraine and migraine with aura and (2) work with relevant stakeholders parties to advocate for increased resources to allow for appropriate education and assessment, when indicated, of migraine and migraine with aura consistent with current diagnostic guidelines in medical practice sites inclusive of but not limited to primary care, obstetrics and gynecology, endocrinology, neurology, and cardiology clinics.

9. Support Development of Sickle Cell Disease Comprehensive Care Centers (160.052MSS)

AMA-MSS will ask the AMA to amend H-350.973 “Sickle Cell Center Disease” by addition to read as follows:

Sickle Cell Center H-350.973
(9) supports expanding the health care and research workforce taking care of patients with sickle cell disease; and
(10) collaborate with relevant stakeholders parties to advocate for improving access to comprehensive, quality, and preventive care for individuals with sickle cell disease, to address crucial care gaps that patients with sickle cell disease face and improve both the quality of care and life for patients affected by sickle
| 10. | Advocating for Plant-Based Meat Research and Regulation (150.046MSS) | AMA-MSS will ask that our AMA works with appropriate stakeholders to support plant-based meat research funding. |
| 11. | Increasing Regulation and Labeling of Fragrances in Personal Care Products, Cosmetics, and Drugs (270.053MSS) | AMA-MSS will ask the AMA to (1) work with relevant stakeholders such as the appropriate labeling of fragrance-containing personal care products, cosmetics and drugs with warnings about possible allergic reactions or adverse events due to the fragrance, and advocates for increased categorization on in the use of a of “fragrance free” designation and (2) support increased identification of hazardous chemicals in fragrance compounds, as well as research focused on fragrance sensitivity in order to remove these allergens from products applied to one’s body. |

Your MSS Section Delegates recommend amending the following MSS stances as shown highlighted and bolded, for terminology to be inclusive of public payers that are not technically considered “health insurance programs.”

| 12. | Establishing Comprehensive Dental Benefits Under State Medicaid Programs (290.009MSS) | AMA-MSS will ask the AMA to amend Policy H-330.872, “Medicare Coverage for Dental Services” by addition and deletion as follows: |
| 13. | Support for Vision Screenings and Visual Aids for Adults Covered by Medicaid (290.010MSS) | AMA-MSS will ask the AMA to advocate that routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and any new public insurance programs payers. |
| 14. | Medicaid Hearing Coverage (180.025MSS) | AMA-MSS will ask that the AMA amend H-185.929 by addition to read as follows: |
Hearing Aid Coverage H-185.929

1. Our AMA supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.
2. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear.
3. Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services.
4. Our AMA supports coverage of hearing tests administered by a physician or physician-led team as part of Medicare’s Benefit.
5. Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.
6. Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.
7. Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss.
8. Our AMA advocates that hearing exams, hearing aids, cochlear implants and aural rehabilitative services be covered in all Medicaid programs and any new public insurance programs payers.

Your Reference Committee thanks the Section Delegates for their report and agrees with the largely editorial edits to existing MSS policy. Your Reference Committee recommends Delegate Report A be adopted.

(9) CDA CME REPORT A - EXPANDING SUPPORT FOR MEDICAL STUDENTS AND PHYSICIANS WITH DISABILITIES

RECOMMENDATION:

CDA CME Report A be adopted.

Your Committee on Disability Affairs and Committee on Medical Education recommend that the fourth resolve of Late Resolution 001 not be adopted and the remainder of this report be filed.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the referred Resolve will not lead to significant AMA efforts because the topic has been previously studied. The AMA has extensive policy and other initiatives, including work towards a Disability Advisory Group, in support of medical students and physicians with disabilities and the resolve clause is unlikely to impact advocacy efforts. Your Reference Committee recommends the recommendations of CDA CME Report A be adopted.
(10) CEQM REPORT A - MONITORING OF ALTERNATIVE PAYMENT MODELS
WITHIN TRADITIONAL MEDICARE

RECOMMENDATION:

CEQM Report A be adopted.

The MSS Committee on Economics and Quality in Medicine recommends that the following recommendation is adopted in lieu of Resolution 010 and the remainder of this report be filed.

RESOLVED, That our AMA-MSS study alternative payment models in Medicare to identify principles to guide the MSS when considering Medicare demonstration projects or their expansion, including but not limited to assessments of the demonstration program’s impact on quality, cost, patient/provider choice, and transparency for report back to the MSS Assembly by the Interim 2024 Meeting.

VRC testimony was supportive. Your Reference Committee agrees with testimony that a report back at the 2024 MSS Interim Meeting will allow time for an even more comprehensive report on the complex issue of alternative payment models, including the relatively new Maryland and AHEAD models. We agree that a thorough, well researched report will result in clear guidance for our MSS Caucus on future HOD items and support additional time for this report. Your Reference Committee recommends CEQM Report A be adopted.

(11) CEQM CDA REPORT A - ADVOCATING FOR HEALTH COVERAGE EXPANSION FOR POST COVID (LONG-COVID) CONDITIONS

RECOMMENDATION:

CEQM CDA Report A be adopted.

Your Committee on Economics and Quality in Medicine, along with the Committee on Disability Affairs, recommends that Resolution 042 not be adopted, and the remainder of this report be filed.

VRC testimony was supportive of the recommendations in the report. Your Reference Committee agrees with testimony that the original referred resolution is covered by existing AMA policy and advocacy can be pursued outside of the policymaking process. Your Reference Committee recommends CEQM CDA Report A be adopted.
(12) RESOLUTION OF015 - INCREASING ACCESS TO PUBLIC RESTROOMS

RECOMMENDATION A:

The first Resolve of Resolution OF015 be amended by addition and deletion:

RESOLVED, That our AMA support access to clean, permanent public restrooms that, at minimum, contain a toilet and sink, and are available to individuals of all backgrounds and appearances regardless of any identifying characteristics such as gender identity, appearance, employment status, or commercial status; and be it further

RECOMMENDATION B:

Resolution OF015 be adopted as amended.

RESOLVED, That our AMA support access to clean, permanent public restrooms that, at minimum, contain a toilet and sink, regardless of any identifying characteristics such as gender identity, appearance, employment status, or commercial status; and be it further

RESOLVED, That our AMA support parity in restroom access by gender identity, including increasing the number of female and gender-neutral bathrooms available in both new and existing buildings.

VRC testimony was supportive. Your Reference Committee recommends amending the first resolve clause to condense language while firmly maintaining the intended goal of equal access to public restrooms for all. Your Reference Committee supports the second resolve clause without amendments due to well-presented evidence, novelty, and impact. Thus, your Reference Committee recommends Resolution OF015 be adopted as amended.

(13) RESOLUTION OF124 - AMERICAN INDIAN AND ALASKA NATIVE ELDER CARE

RECOMMENDATION A:

The first Resolve of Resolution OF124 be amended by addition and deletion:
RESOLVED, That our AMA will collaborate with stakeholders, including, but not limited to, the National Indian Council on Aging and Association of American Indian Physicians, to identify best practices for AI/AN elder care to ensure this group is provided culturally-appropriate healthcare outside of the umbrella of the Indian Health Service; and be it further

RECOMMENDATION B:

Resolution OF124 be adopted as amended.

RESOLVED, That our AMA will collaborate with stakeholders, including, but not limited to, the National Indian Council on Aging and Association of American Indian Physicians, to identify best practices for AI/AN elder care to ensure this group is provided culturally-appropriate healthcare outside of the umbrella of the Indian Health Service; and be it further

RESOLVED, That our AMA-MSS amend “American Indian and Alaska Native Language Revitalization and Elder Care” 160.051MSS by addition and deletion as follows:

American Indian and Alaska Native Language Revitalization and Elder Care 160.051MSS
AMA-MSS will ask the AMA to recognize that access to language concordant services for AI/AN patients will require targeted investment as Indigenous languages in North America are threatened due to a complex history of removal and assimilation by state and federal actors; and will ask the AMA to support federal-tribal funding opportunities for American Indian and Alaska Native language revitalization efforts, especially those that increase health information resources and access to language-concordant health care services for American Indian and Alaska Native elders living on or near tribal lands.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the resolution is novel and actionable. We recommend amending the first Resolve to update terminology. Your Reference Committee recommends Resolution OF124 be adopted as amended.

(14) RESOLUTION OF009 - IMPROVING MEDIGAP PROTECTIONS

RECOMMENDATION A:

The second Resolve of Resolution OF009 be amended by addition and deletion:
RESOLVED, That our AMA advocates for the extension of modified community rating regulations to Medigap supplemental insurance plans, similarly to those enacted under the Affordable Care Act for commercial insurance plans, to Medigap supplemental insurance plans; and be it further

RECOMMENDATION B:

The third Resolve of Resolution OF009 be amended by addition and deletion:

RESOLVED, That our AMA supports efforts to expand access to Medigap policies to all individuals under 65 years of age with disabilities or end-stage renal disease who qualify for Medicare benefits, and be it further

RECOMMENDATION C:

Resolution OF009 be adopted as amended.

RESOLVED, That our AMA support annual open enrollment periods and guaranteed lifetime enrollment eligibility for Medigap plans; and be it further

RESOLVED, That our AMA advocate for the extension of modified community rating regulations, similar to those enacted under the Affordable Care Act for commercial insurance plans, to Medigap supplemental insurance plans; and be it further

RESOLVED, That our AMA support efforts to expand access to Medigap policies to individuals under 65 years of age with disabilities or end-stage renal disease who qualify for Medicare benefits, and be it further

RESOLVED, That our AMA support efforts to improve the affordability of Medigap supplemental insurance for lower income Medicare beneficiaries.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to reword the second Resolve for clarity and amend the third Resolve to broaden the language and support the possibility of future eligibility expansion. Your Reference Committee recommends Resolution OF009 be adopted as amended.

(15) RESOLUTION OF068 - INSURER ACCOUNTABILITY WHEN PRIOR AUTHORIZATION HARMS PATIENTS

RECOMMENDATION A:

The first Resolve of Resolution OF068 be amended by addition and deletion:
RESOLVED, That our AMA-MSS amend Policy 120.012MSS by addition and deletion as follows:

Prior Authorization Reform 120.012MSS
AMA-MSS supports prescription prior authorization reform that prioritizes timely response guidelines, disclosure of medications requiring prior authorization to physicians, transparency in denial of prior authorization requests or rescission of authorization, portability of prior authorization, and exceptions for urgent care access, and increased legal accountability of insurers and other payers when prior authorization leads to patient harm, including but not limited to the prohibition of mandatory predispute arbitration and limitation on class action clauses in beneficiary contracts.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that an internal stance will strengthen the MSS’ stance on prior authorization.
insurer and payer accountability. Your Reference Committee expressed concerns regarding what legal accountability would look like in this setting. We recommend further study on legal accountability to establish a MSS stance when prior authorization leads to patient harm. An MSS Committee Report may seek to answer (1) Does the broader literature support alternative prior authorization reform strategies? and (2) What is understood by 'legal' liability? Your Reference Committee recommends Resolution OF068 be adopted as amended.

(16) RESOLUTION OF005 - INCREASING THE NUMBER OF PEDIATRIC PSYCHIATRIC EMERGENCY PROGRAMS

RECOMMENDATION A:

The first Resolve of Resolution OF005 be amended by addition and deletion:

RESOLVED, That our AMA-MSS support collaborating with interested parties relevant stakeholders to support the development of Pediatric Psychiatric Emergency Programs across the country through state legislation and funding support.

RECOMMENDATION B:

Resolution OF005 be adopted as amended.

RESOLVED, That our AMA collaborate with relevant stakeholders to support the development of Pediatric Psychiatric Emergency Programs across the country through state legislation and funding support.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to make the resolution internal due to a collaboration with a relevant specialty society that will result in the delegation submitting the resolution to an upcoming AMA HOD Meeting. We agree with testimony that an internal stance will allow the MSS to support the resolution when it is submitted to the HOD meeting. Additionally, your Reference Committee agrees with testimony to strike “through state legislation and funding support” to allow for broader support on the anticipated external resolution and any future related HOD Items of Business. Thus, your Reference Committee recommends Resolution OF005 be adopted as amended.

(17) RESOLUTION OF007 - REFORMING MEDICAID ESTATE RECOVERY

RECOMMENDATION A:
The first Resolve of Resolution OF007 be amended by deletion:

RESOLVED, That our AMA oppose requiring states to impose liens on or seek adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid; and be it further

RECOMMENDATION B:

The second Resolve of Resolution OF007 be amended by addition and deletion:

RESOLVED, That our AMA oppose federal or state efforts to imposing liens on or seeking adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid.

RECOMMENDATION C:

Resolution OF007 be adopted as amended.

RESOLVED, That our AMA oppose requiring states to impose liens on or seek adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid; and be it further

RESOLVED, That our AMA oppose imposing liens on or seeking adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to strike the first resolve and clarify that the ask of the second resolve covers the state and federal levels. We agree with testimony that this resolution is novel because it addresses predatory estate recovery practices that disproportionately target those of lower socioeconomic status, not otherwise mentioned in AMA policy. Thus, your Reference Committee recommends Resolution OF007 be adopted as amended.

RECOMMENDATION A:

The Recommendation of Resolution CHIT CSI CBH Report A be amended by addition and deletion:
That our AMA supports the creation of a nationally collaborative database of manipulated images from retracted publications to provide a test bank for researchers developing artificial augmented intelligence-integrated image screening tools.

RECOMMENDATION B:

CHIT CSI CBH Report A be adopted as amended with a change in title to read as follows:

AUGMENTED INTELLIGENCE - INTEGRATED SOFTWARE MANIPULATION DETECTION

Your Committee on Health Information Technology, Committee on Scientific Issues, and Committee on Bioethics & Humanities recommend that the following recommendations are adopted in lieu of Resolution 058 and the remainder of this report be filed:

1. That our AMA supports the creation of a nationally collaborative database of manipulated images from retracted publications to provide a test bank for researchers developing artificial intelligence-integrated image screening tools.

VRC testimony was supportive. Your Reference Committee agrees with testimony that this report is well-written and feasible as it addresses a gap in current AMA policy. We recommended adopting as amended with a title change given that the AMA uses augmented intelligence in policy rather than artificial intelligence to keep physicians as the center entity and AI as a tool. Your Reference Committee recommends CHIT CSI CBH Report A be adopted as amended with a title change.

(19) RESOLUTION OF071 - SUPPORT FOR PAID SICK LEAVE

RECOMMENDATION A:

The first Resolve of Resolution OF071 be amended by addition and deletion:

RESOLVED, That our AMA amend Policy H-440.823 by addition and deletion as follows:

Paid Sick Leave H-440.823
Our AMA: (1) recognizes the public health benefits of paid sick leave and other discretionary paid time off; (2) supports employer policies that allow employees to accrue paid time off and to use such time to care for themselves or a family member; and (3) supports
employer policies that provide employees with unpaid sick days to use to care for themselves or a family member where providing paid leave is overly burdensome; and (4) advocates for federal and state policies that guarantee protected employee access to protected paid sick leave.

RECOMMENDATION B:

Resolution OF071 be adopted as amended.

RESOLVED, That our AMA amend Policy H-440.823 by addition and deletion as follows:

Resolu

Paid Sick Leave H-440.823
Our AMA: (1) recognizes the public health benefits of paid sick leave and other discretionary paid time off; (2) supports employer policies that allow employees to accrue paid time off and to use such time to care for themselves or a family member; and (3) supports employer policies that provide employees with unpaid sick days to use to care for themselves or a family member where providing paid leave is overly burdensome; and (4) advocates for federal and state policies that guarantee protected employee access to paid sick leave.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that moving the word “protected” clarifies the support of “protected sick leave” as defined in the Whereas clauses. Due to inaction on this issue by previous Congresses, multiple re-introductions of the Healthy Families act, and a currently divided House and Senate, we do not see a need for the addition of an immediate forwarding clause as proffered on the MSS Virtual Reference Committee. Your Reference Committee recommends Resolution OF071 be adopted as amended.

(20) RESOLUTION OF041 - REGULATION OF DIRECT-ENTRY MIDWIFERY PRACTICE

RECOMMENDATION A:

The first Resolve of Resolution OF041 be amended by addition and deletion:

RESOLVED, That our AMA-MSS support legislative and regulatory mechanisms for the licensing of all credentialled midwives as endorsed by appropriate specialty societies such as the American College of Obstetrics and Gynecologists who meet the International Confederation of Midwives Global Education Standards to ensure appropriate regulatory oversight of
both nurse-midwifery practice and direct-entry midwifery practice and
to increase access to qualified and licensed midwives practicing in
community-based settings.

RECOMMENDATION B:

Resolution OF041 be adopted as amended.

RESOLVED, That our AMA-MSS support legislative and regulatory mechanisms for the
licensing of all credentialled midwives who meet the International Confederation of
Midwives Global Education Standards to ensure appropriate regulatory oversight of both
nurse-midwifery practice and direct-entry midwifery practice and increase access to
qualified and licensed midwives practicing in community-based settings.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the
MSS should defer to specialty societies such as the American College of Obstetricians
and Gynecologists on licensing of midwives; we recommend an amendment to broaden
and clarify the language. We appreciate that ACOG supports International Confederation
of Midwives Global Education globally and supports higher-trained Certified Nurse
Midwives and Certified Midwives in the United States. While expanding opportunities for
CM and CNM training could be explored, it was not a focus of this resolution and was not
addressed by your Reference Committee. We agree with testimony to establish an internal
stance on this issue to guide the MSS’ position on this issue if introduced by another
delegation in the AMA House of Delegates in the future. Your Reference Committee
recommends Resolution OF041 be adopted as amended.

LGBTQ+ CGPH REPORT A - ADDRESSING THE HEALTH IMPACTS OF
DISCRIMINATION AND REJECTION ON LGBTQ YOUTH IN FOSTER CARE

RECOMMENDATION A:

The second Recommendation of Resolution LGBTQ+ CGPH Report A be amended by addition and deletion:

RESOLVED, That our AMA supports efforts by the Department of Health
and Human Services and other appropriate stakeholders to establish a
reporting requirements mechanism for the collection of anonymized and
aggregated sexual orientation and gender identity data in the Foster Care
Analysis and Reporting System only when strong privacy protections exist;
and be it further

RECOMMENDATION B:
The third Recommendation of Resolution LGBTQ+ CGPH Report A be amended by addition and deletion:

RESOLVED, That our AMA encourages child welfare agencies to implement practices, policies, and regulations that: (a) provide training to child welfare professionals, social workers, and foster caregivers on how to establish safe, stable, and affirming care placements for LGBTQ+ youth; (b) adopt programs to prevent and reduce violence against LGBTQ+ youth in foster care; (c) improve recruitment of foster families that are affirming of LGBTQ+ youth; and (d) allow gender diverse youth to be placed in residential foster homes that best align with their gender identity.

RECOMMENDATION C:

LGBTQ+ CGPH Report A be adopted as amended.

Your Committee on Health Information Technology, Committee on Scientific Issues, and Your Committee on LGBTQ+ Affairs and Committee on Global and Public Health recommend that the following recommendations are adopted in lieu of Resolution 065 and the remainder of this report be filed:

1. That our AMA collaborates with state medical societies and other appropriate stakeholders to support policies on federal and state levels that establish nondiscrimination protections within the foster care system on the basis of sexual orientation and gender identity; and be it further

2. That our AMA supports efforts by the Department of Health and Human Services and other appropriate stakeholders to establish reporting requirements for the collection of anonymized and aggregated sexual orientation and gender identity data in the Foster Care Analysis and Reporting System only when strong privacy protections exist; and be it further

3. That our AMA encourages child welfare agencies to implement practices, policies, and regulations that: (a) provide training to child welfare professionals, social workers, and foster caregivers on how to establish safe, stable, and affirming care placements for LGBTQ youth; (b) adopt programs to prevent and reduce violence against LGBTQ youth in foster care; (c) improve recruitment of foster families that are affirming of LGBTQ youth; and (d) allow gender diverse youth to be placed in residential foster homes that best align with their gender identity.

VRC testimony was supportive with amendments. Your Reference Committee agrees with the recommendations proffered and recommends amendments to clarify language. Your Reference Committee recommends LGBTQ+ CGPH Report A be adopted as amended.
RECOMMENDED FOR ADOPTION IN LIEU OF

(22) RESOLUTION OF027 - ADDRESSING PEDIATRIC INPATIENT CARE ACCESS

RECOMMENDATION:

Substitute Resolution OF027 be adopted in lieu of Resolution OF027:

RESOLVED, That our AMA-MSS support efforts to improve pediatric payment, continuity of care, and network adequacy and address the harms of consolidation and regionalization, including but not limited to: (1) improved Medicaid payment rates; (2) additional funds and grants to ensure sustainable finances for pediatric care; (3) access to inpatient and outpatient pediatric care and pediatric specialists by all payers, while alleviating barriers to care; (4) collaborations with sectors such as schools and foster care systems; and (5) use of digital infrastructure for coordination of care.

RESOLVED, That our AMA support the federal and state-level development and implementation of legislative, regulatory, financial, and other efforts to offset the harms of regionalizing pediatric inpatient care, emphasizing the unique challenges faced by pediatric hospitals, units, providers, and patients to provide accessible pediatric inpatient care for all children; and be it further

RESOLVED, That our AMA support the creation, implementation, and evaluation of national pediatric network adequacy standards to ensure that all federally financed provider networks include at least 1 pediatric hospital in their geographic service area, even if found out of state; and be it further

RESOLVED, That our AMA support adequate pediatric provider payment parity such that comparable services between adult and pediatric providers are compensated similarly and that Medicaid reimbursement rates for pediatric inpatient providers match that of Medicare reimbursement rates for comparable services; and be it further

RESOLVED, That our AMA work with relevant stakeholders to study the effectiveness of interventions, including but not limited to pediatric alternative payment models, coverage of transportation or other barriers to accessing regionalized care, and state-level digital cross-sector care coordination, to develop national recommendations that aim to alleviate barriers to accessing regionalized inpatient pediatric care; and be it further

RESOLVED, That our AMA support the creation of appropriate crisis guidelines, including financial infrastructure and supports, to ensure the functioning of children’s hospitals and provision of necessary care during surges of pediatric inpatient care needs.
VRC testimony was mixed. Your Reference Committee agrees with testimony that an internal stance is the appropriate avenue for this policy given that a delegation submitted a similar item to the 2023 AMA Interim HOD Meeting. We agree with testimony that the internal language should be broadened to support multiple efforts in pediatric health finance, while also being cognizant of current MSS efforts aimed at providing more context and direction for how the MSS should align itself in matters relating to alternative payments for health services. Your Reference Committee recommends Substitute Resolution OF027 be adopted in lieu of Resolution OF027.

(23) RESOLUTION OF010 - SUPPORTING THE HEALTH OF OUR DEMOCRACY

RECOMMENDATION:

Substitute Resolution OF010 be adopted in lieu of Resolution OF010:

RESOLVED, That our AMA 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; and be it further

RESOLVED, That our AMA support the use of independent, nonpartisan commissions to draw districts for both federal and state elections.

RESOLVED, That our AMA encourage its members to engage in and help facilitate nonpartisan voter registration efforts for patients in healthcare settings; and be it further,

RESOLVED, That our AMA support efforts familiarizing its members with information on emergency absentee ballot resources at healthcare facilities to share with qualifying patients, families, and healthcare workers; and be it further,

RESOLVED, That our AMA support existing efforts to create independent, nonpartisan commissions to draw state and federal level electoral districts.

VRC testimony was supportive of the spirit of the resolution. Your Reference Committee agrees with testimony that the first and second resolve clauses can be condensed into one ask: the substitute first resolve clause. We further agree with recommendations to broaden the scope of the third resolved clause into substitute resolved clause two. We determined this resolution to be within AMA purview due to relevant healthcare ties including (1) physician and healthcare worker engagement and (2) negative impacts of gerrymandering on medically underserved communities. Thus, your Reference Committee recommends Substitute Resolution OF010 be adopted in lieu of Resolution OF010.
RESOLUTION OF105 - LIMITING CHRONIC EXPOSURE TO TOXIC HEAVY METALS

RECOMMENDATION:

Substitute Resolution OF105 be adopted in lieu of Resolution OF105:

RESOLVED, That our AMA urge governmental agencies to establish and enforce limits for identified hazardous pollutants and heavy metals in our food, water, soil, and air; and be it further

RESOLVED, That our AMA support efforts to monitor and educate individuals on (a) the chronic effects of exposure to toxic heavy metals including at levels below regulation limits, and (b) the burden of toxicity in communities, especially near urban, Superfund, and industrial sites.

RESOLVED, That our AMA work with government agencies and medical societies to educate physicians about the health impacts of chronic THMs exposure at levels below current regulatory limits, including increased CVD risk, potential for blood and urine screening, as well as the socioeconomic disparities in exposure to environmental hazards to encourage informed clinical decision-making; and be it further

RESOLVED, That our AMA support legal and regulatory changes that allow governmental agencies to establish and enforce limits for cadmium, chromium, mercury, lead, and arsenic in our food, soil, air, and water; and be it further

RESOLVED, That our AMA support legislation that educates at-risk individuals about the effects of chronic heavy metal exposure; and be it further

RESOLVED, That our AMA support increased efforts by federal agencies for monitoring (a) the chronic effects of exposure to THMs including at levels below regulation limits (b) the burden of toxicity in communities, especially near urban, superfund, and industrial sites.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the first and third Resolves are covered under existing AMA policies H-135.996 & H-135.949. We agree with testimony to amend the language of the second and fourth Resolves to broaden the resolution. Your Reference Committee believes that this language supports the spirit of this resolution while providing feasible goals for the AMA to direct their advocacy efforts. Your Reference Committee recommends Substitute Resolution OF105 be adopted in lieu of Resolution OF105.
RESOLUTION OF032 - ENSURING THE RIGHT TO VOTE FOR PEOPLE CONVICTED OF FELONIES

RECOMMENDATION:

Substitute Resolution OF032 be adopted in lieu of Resolution OF032:

RESOLVED, That our AMA support the continuation and restoration of voting rights for citizens currently or formerly incarcerated, support efforts ensuring their ability to exercise their vote during and after incarceration, and oppose efforts to restrict their voting rights.

RESOLVED, That our AMA oppose any legislation that impedes upon the right to vote of persons convicted of felonies; and be it further

RESOLVED, That our AMA support efforts that grant suffrage to all citizens who have been convicted of a felony.

VRC testimony was uniformly in support. Your Reference Committee agrees with testimony that the resolution is well-written and addresses a novel issue. We agree with testimony to improve the language and consolidate the original resolution into one Resolve. Your Reference Committee recommends Substitute Resolution OF032 be adopted in lieu of Resolution OF032.

(26) RESOLUTION OF004 - EXPANDING ADVERSE CHILDHOOD EXPERIENCES CATEGORIES

RECOMMENDATION:

Substitute Resolution OF004 be adopted in lieu of Resolution OF004:

RESOLVED, That our AMA-MSS support collaboration with the CDC and other relevant parties to advocate for the addition of witnessing violence, experiencing discrimination, living in an unsafe neighborhood, experiencing bullying, placement in foster care, migration-related trauma, and living in poverty, and any additional categories as needed and justified by scientific evidence to the currently existing Adverse Childhood Experiences (ACEs) categories for the purposes of continuing to improve research into the health impacts of ACEs and how to mitigate them; and be it further

RESOLVED, That our AMA-MSS support working with the CDC and other relevant parties to advocate for resources to expand research into ACEs and
efforts to operationalize those findings into effective and evidence-based clinical and public health interventions; and be it further

RESOLVED, That our AMA-MSS support the establishment of a national ACEs response team grant to dedicate federal resources to supporting prevention and early intervention efforts aimed at diminishing the impacts ACEs have on the developing child.

RESOLVED, That our AMA a) collaborate with the Centers for Disease Control and other relevant stakeholders to advocate for the addition of witnessing violence, discrimination, an unsafe neighborhood, bullying, living in foster care, migration-related trauma, and poverty to the preexisting Adverse Childhood Experiences categories and questionnaires, and b) continue collaborating with the Centers for Disease Control to ensure that traumatic experiences identified in the future are added to Adverse Childhood Experiences categories; and be it further

RESOLVED, That our AMA advocate for the creation of distinct Z-codes for 1-3 Adverse Childhood Experiences and 4+ Adverse Childhood Experiences.

VRC testimony was supportive of the resolution with amendments. Your Reference Committee agrees with testimony to take an internal MSS stance due to a collaboration with a relevant specialty society that resulted in the submission of Draft Resolution 914 for consideration at this 2023 AMA HOD Interim Meeting. Thus, your Reference Committee recommends Substitute Resolution OF004 be adopted in lieu of Resolution OF004.

(27) RESOLUTION OF029 - EXPANSION OF INSURANCE COVERAGE FOR ADDITIONAL DIAGNOSTIC TESTING AFTER ABNORMAL SCREENING MAMMOGRAPHY RESULT

RECOMMENDATION:

Substitute Resolution OF029 be adopted in lieu of Resolution OF029:

RESOLVED, That our AMA-MSS supports efforts to improve public and private insurance coverage for breast cancer surveillance and diagnostic methods for all individuals at risk including, but not limited to, screening mammography, follow-up diagnostic testing, and genetic consultation and testing when indicated.

RESOLVED, That our AMA amend “Screening Mammography” H-525.993 by addition and deletion as follows:

Screening Mammography H-525.993
Our AMA:
a. recognizes the mortality reduction benefit of screening mammography and supports its use as a tool to detect breast cancer.
b. recognizes that as with all medical screening procedures there are small, but not inconsequential associated risks including false positive and false negative results and overdiagnosis.
c. favors participation in and support of the efforts of professional, voluntary, and government organizations to educate physicians and the public regarding the value of screening mammography in reducing breast cancer mortality, as well as its limitations.
d. advocates remaining alert to new epidemiological findings regarding screening mammography and encourages the periodic reconsideration of these recommendations as more epidemiological data become available.
e. believes that beginning at the age of 40 years, all individuals at risk, women should be eligible for screening mammography.
f. encourages physicians to regularly discuss with their individual patients the benefits and risks of screening mammography, and whether screening is appropriate for each clinical situation given that the balance of benefits and risks will be viewed differently by each patient.
g. encourages physicians to inquire about and update each patient's family history to detect red flags for hereditary cancer and to consider other risk factors for breast cancer, so that recommendations for screening will be appropriate.
h. supports public and private payer insurance coverage for screening mammography and follow-up testing after an abnormal screening result.
i. supports seeking common recommendations with other organizations, informed and respectful dialogue as guideline-making groups address the similarities and differences among their respective recommendations, and adherence to standards that ensure guidelines are unbiased, valid and trustworthy.
j. reiterates its longstanding position that all medical care decisions should occur only after thoughtful deliberation between patients and physicians.

; and be it further

RESOLVED, That our AMA amend “Mammography Screening for Breast Cancer” D-525.998 by addition and deletion as follows:

In order to assure timely access to breast cancer screening for all individuals at risk, women, our AMA shall advocate for legislation that ensures adequate funding for mammography services and follow-up testing after an abnormal screening result.

VRC testimony was mixed. Your Reference Committee agrees with testimony sharing concerns that the MSS should not bring forward resolutions that relevant specialty
societies have concerns about and opposition towards. We agree with the spirit of the resolution and recommend an MSS stance to support coverage for breast cancer surveillance and diagnostic methods for all individuals at risk. Your Reference Committee recommends Substitute Resolution OF029 be adopted in lieu of Resolution OF029.

(28) RESOLUTION OF001 - ADDRESSING DEFAULT PROCEED SALES OF FIREARMS AND 'STAND YOUR GROUND' LAWS

RECOMMENDATION:

Substitute Resolution OF001 be adopted in lieu of Resolution OF001:

RESOLVED, That our AMA amend “Firearm Availability H-145.996” by addition as follows:

Firearm Availability H-145.996
1. Our AMA: (a) advocates a waiting period and background check for all firearm purchasers; (b) encourages legislation that enforces a waiting period and background check for all firearm purchasers; (c) opposes firearm sales to individuals for whom a background check has not been completed; (d) opposes destruction of any incomplete background checks for firearm sales; (e) advocates for public annual reporting by relevant agencies on inappropriate firearm sales, including number of default proceed sales; number of firearms retrieved from individuals after these sales through criminal investigations, across state lines, or other means; and average time passed between background check completion and retrieval; (f) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.
2. Our AMA supports requiring the licensing/permitting of firearms-owners and purchasers, including the completion of a required safety course, and registration of all firearms.
3. Our AMA supports “gun violence restraining orders” for individuals arrested or convicted of domestic violence or stalking, and supports extreme risk
protection orders, commonly known as “red-flag” laws, for individuals who have demonstrated significant signs of potential violence. In supporting restraining orders and “red-flag” laws, we also support the importance of due process so that individuals can petition for their rights to be restored.

; and be it further

RESOLVED, That our AMA-MSS support efforts to restrict the use of deadly force by firearm under "Stand Your Ground" laws when it can be reasonably avoided.

RESOLVED, That our AMA oppose firearm sales to individuals for whom a background check has been requested but not completed, also known as default proceed sales; and be it further

RESOLVED, That our AMA advocate for public annual reporting by relevant agencies on inappropriate firearm sales, including number of default proceed sales; number of firearms retrieved from individuals after these sales through criminal investigations, across state lines, or other means; and average time passed between background check completion and retrieval; and be it further

RESOLVED, That our AMA oppose destruction of any incomplete background checks for firearm sales; and be it further

RESOLVED, That our AMA-MSS support efforts to restrict the inappropriate use of deadly force by firearm under "Stand Your Ground" laws when it can be reasonably avoided.

VRC testimony was supportive of the spirit of the resolution. Your Reference Committee recommends writing resolve clauses 1-3 as amendments to existing AMA policy in an effort to address concerns of reaffirmation. For the fourth resolve clause, we agree with testimony that the deletion of "inappropriate" strengthens the clause due to subjectivity of the term and its deletion will retain clear guidance for our MSS Caucus in HOD. Thus, your Reference Committee recommends Substitute Resolution OF001 be adopted in lieu of Resolution OF001.
RECOMMENDED FOR REFERRAL

(29) RESOLUTION OF047 - IMPROVING PROTECTIONS AGAINST SURGICAL SMOKE EXPOSURE IN OPERATING ROOMS

RECOMMENDATION:

Resolution OF047 be referred.

RESOLVED, That our AMA support state and federal efforts to limit surgical smoke exposure in operating rooms.

VRC testimony was supportive of the spirit of the resolution. Your Reference Committee agrees with testimony that smoke exposure in operating rooms is an important issue, but the evidence presented is insufficient and misleading. We agree national advocacy efforts are not proven to be more beneficial than hospital and operating room-specific advocacy and safety efforts. Your Reference Committee recommends referral of Resolution OF047 to address the following concerns: (1) a few references are outdated some evidence presented was not supported by the cited sources, (2) the ask is not actionable at the state and federal levels as written, and (3) need for standardization of “smoke free” protocols in surgery settings. Your Reference Committee recommends Resolution OF047 be referred.

(30) CME CDA REPORT A - STUDYING EFFECTS OF ONLINE EDUCATION ON MEDICAL EDUCATION OUTCOMES DURING THE COVID-19 PANDEMIC

RECOMMENDATION:

CME CDA Report A be referred.

RESOLVED, That our AMA support state and federal efforts to limit surgical smoke exposure in operating rooms.

Your Committees on Medical Education and Disability Affairs recommends that the following recommendations adopted in lieu of Resolution 025 and the remainder of this report is filed:

1. RESOLVED, That our AMA recommends that accrediting bodies and licensing authorities consider adjustments to requirements and timelines for medical education and training to account for the disruptions caused by the COVID-19 pandemic and ensure that all medical students can meet their educational and licensure goals.
2. RESOLVED, That our AMA collaborates with medical associations and educational institutions to develop and advocate for policies that comprehensively address the effects of exclusive online learning, lack of social interaction and feelings of disconnect stemming from the COVID-19 pandemic on medical education, mental health, professionalism and patient care.

3. RESOLVED, That our AMA emphasizes the need for medical schools and residency programs to prioritize the mental health and self-efficacy of medical students, recognizing that the circumstances of the COVID-19 pandemic necessitate unique and immediate support systems, comprehensive mental health resources, and counseling services.

4. RESOLVED, That our AMA to actively and persistently communicate the provisions of this resolution to all relevant stakeholders, including medical schools, residency programs, accrediting bodies, and government agencies, to drive prompt and comprehensive actions that mitigate the adverse effects of the COVID-19 pandemic on medical students' mental health and self-efficacy.

VRC testimony was opposed. Your Reference Committee agrees with testimony that the recommendations lack sufficient evidence to support the asks. We recommend that CME CDA Report A be referred to (1) widen the scope beyond COVID-19 and (2) investigate long distance learning, which is distinct from COVID-19 online learning. Your Reference Committee recommends CME CDA Report A be referred.
RECOMMENDED FOR NOT ADOPTION

(31) CHIT WIM CBH REPORT A – INCREASED HEALTH PRIVACY ON MOBILE APPS IN LIGHT OF ROE V. WADE

RECOMMENDATION:

CHIT WIM CBH Report A not be adopted.

Your Committee on Health Information and Technology, Women in Medicine Committee, and Committee on Bioethics and Humanities recommends that the following recommendations are adopted in lieu of Resolution 007 and the remainder of this report be filed.

RESOLVED, that AMA Policy H-480.943 be amended by addition and deletion as follows:

Integration Addressing of Mobile Health Applications and Devices into Practice H-480.943

1. Our AMA supports the establishment of coverage, payment and financial incentive mechanisms to support the use of mobile applications (mobile apps) mhealth and associated devices, trackers and sensors by patients, physicians and other providers that: (a) support the establishment or continuation of a valid patient-physician relationship; (b) have a high-quality clinical evidence base to support their use in order to ensure mhealth safety and effectiveness; (c) follow evidence-based practice guidelines, especially those developed and produced by national medical specialty societies and based on systematic reviews, to ensure patient safety, quality of care and positive health outcomes; (d) support care delivery that is patient-centered, promotes care coordination and facilitates team-based communication; (e) support data portability and interoperability in order to promote care coordination through medical home and accountable care models; (f) abide by state licensure laws and state medical practice laws and requirements in the state in which the patient receives services facilitated by the app; (g) require that physicians and other health practitioners delivering services through the app be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state’s medical board; and (h) ensure that the delivery of any services via
the app be consistent with state scope of practice laws.

2. Our AMA supports that mobile mHealth apps and associated devices, trackers and sensors must abide by applicable laws addressing the privacy and security of patients' medical and/or personally identifying information.

3. Our AMA encourages the mobile app industry and other relevant stakeholders to conduct industry-wide outreach and provide necessary educational materials to patients to promote increased awareness of the varying levels of privacy and security of their information and data afforded by mobile mHealth apps, and how their information and data can potentially be collected and used, including period tracking apps that could be used to identify pregnancies.

4. Our AMA encourages the mobile mHealth app community to work with the AMA, national medical specialty societies, and other interested physician groups to develop app transparency principles, including the provision of a standard privacy notice to patients if apps collect, store and/or transmit protected health information and/or personally identifying information.

5. Our AMA encourages physicians to consult with qualified legal counsel if unsure of whether an mobile mHealth app meets Health Insurance Portability and Accountability Act standards and also inquire about any applicable state privacy and security laws.

6. Our AMA encourages physicians to alert patients to the potential privacy and security risks of any mobile mHealth apps that he or she prescribes, recommends, or discuss with patients and document the patient's understanding of such risks.

7. Our AMA supports further development of research and evidence regarding the impact that mobile mHealth apps have on quality, costs, patient safety and patient privacy.

8. Our AMA encourages national medical specialty societies to develop guidelines for the integration of mobile mHealth apps and associated devices into care delivery.

VRC testimony was mixed. Your Reference Committee agrees with testimony that policy D-315.968 passed at the 2023 Annual AMA HOD Meeting covers the recommendation of this report. We agree with testimony that the recommendation of this report is no longer novel. Your Reference Committee recommends CHIT WIM CBH Report A not be adopted.
RESOLUTION OF020 - IMPROVING PATIENT EDUCATION PRACTICES

RECOMMENDATION:

Resolution OF020 not be adopted.

RESOLVED, That our AMA will amend "Health Literacy" H-160.931 by addition and deletion as follows

Our AMA:
(1) recognizes that limited patient literacy is a barrier to effective medical diagnosis and treatment;
(2) will engage in collaborative efforts with interested parties, including but not limited to the Centers for Disease Control, The National Institute of Health, the Agency for Healthcare Research and Quality, specialty societies, hospital systems, and healthcare organizations, to assess and enhance best practices in delivering patient education, ultimately aimed at enhancing disease management and alleviating healthcare burdens;
(2)—(3) encourages the development of literacy appropriate, culturally diverse health-related patient education materials for distribution in the outpatient and inpatient setting;
(3)—(4) will work with members of the Federation and other relevant medical and nonmedical organizations to make the health care community aware that approximately one fourth of the adult population has limited literacy and difficulty understanding both oral and written health care information;
(4)—(5) encourages the development of undergraduate, graduate, and continuing medical education programs that train physicians to communicate with patients who have limited literacy skills;
(5)—(6) encourages all third party payers to compensate physicians for formal patient education programs directed at individuals with limited literacy skills;
(6)—(7) encourages the US Department of Education to include questions regarding health status, health behaviors, and difficulties communicating with health care professionals in all future National Assessment of Adult Literacy studies;
(7)—(8) encourages the allocation of federal and private funds for research on health literacy and evidence-based patient education practices;
(8)—(9) recommends all healthcare institutions adopt a health literacy policy, inclusive of patient education training for members of the patient care team, with the primary goal of enhancing provider healthcare professional communication and educational approaches to the patient visit;
(9)—(10) recommends all healthcare and pharmaceutical institutions adopt the USP prescription standards and provide prescription instructions in the patient’s preferred language when available and appropriate; and
(10)—(11) encourages the development of low-cost community- and health system resources, supports state legislation and considers annual initiatives focused on improving health literacy.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the amendments proposed to existing policy will not change AMA’s advocacy efforts. We agree with testimony that relevant stakeholders are working to address this implementation issue of patient education and current AMA advocacy efforts sufficiently address the asks of this resolution. Your Reference Committee recommends OF020 not be adopted.

(33) RESOLUTION OF013 – GOVERNMENTAL BODY TO HANDLE DISCRIMINATION IN GME

RECOMMENDATION:

Resolution OF013 not be adopted.

RESOLVED, That our AMA support the creation of a new graduate medical education governing body to field, investigate, and resolve complaints of discrimination in ACGME-accredited residency and fellowship programs; and be it further
RESOLVED, That our AMA urge the Accreditation Council for Graduate Medical Education to develop, assess, and respond to measures addressing trainee harassment and discrimination before reaccreditation of residency and fellowship programs.

VRC testimony was largely in opposition to the resolution. Your Reference Committee agrees with testimony that there is not sufficient evidence to prove the efficacy of the resolution’s asks. Additionally, we agree with testimony sharing concerns of the feasibility and unintended consequences of this resolution. There were also concerns of the MSS being the inappropriate party to bring this forward without sufficient support or insight from more applicable sections and parties. Your Reference Committee recommends Resolution OF013 not be adopted.

(34) RESOLUTION OF012 - IHS REPRESENTATION IN THE HOUSE OF DELEGATES

RECOMMENDATION:

Resolution OF012 not be adopted.
RESOLVED, The AMA amend B-2.6 Other Delegates by addition as follows:

Each of the following is entitled to a delegate: AMA Sections; the Surgeons General of the United States Army, United States Navy, United States Air Force, and United States Public Health Service; the Chief Medical Director of the Department of Veterans Affairs; the Chief Medical Officer of the Indian Health Service; the National Medical Association; the American Medical Women's Association; the American Osteopathic Association; and professional interest medical associations granted representation in the House of Delegates.

2.6.1 Certification. The president or other authorized individual of each entity shall certify to the AMA their respective delegate and alternate delegate. Certification must occur 30 days prior to the Annual or Interim Meeting.

2.6.2 Term. Delegates from these entities shall be selected for 2-year terms and shall assume office on the date set by the entity. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

2.6.3 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

VRC testimony was supportive of the spirit of the resolution. The Reference Committee agrees with testimony that an MSS resolution is not the appropriate avenue because (1) the IHS operates under the umbrella of the Public Health Service (PHS), which already has representation in the HOD, (2) the National Indian Health Board (NIHB) has observership status in the HOD, but the role often goes unfilled or underutilized, and (3) based on feedback from the appropriate parties, requests for representation in the AMA are better suited coming directly from the organizations seeking representation, and in this case we do not know if the ask is supported by the IHS leadership that would be closely involved in this process of representation in the AMA. Your Reference Committee also would like to note that only two out of seven regions in the MSS supported this avenue of change and have concerns with utilizing extensive MSS resources for an item that is not strongly supported by the MSS as a whole. As mentioned, your Reference Committee believes that having this request come directly from relevant IHS parties is a more efficient course of action. Thus, your Reference Committee recommends Resolution OF012 not be adopted.

(35) RESOLUTION OF125 –EXPAND COVERAGE OF CHILDREN’S DEFORMITIES AND CONGENITAL DEFECTS

RECOMMENDATION:

Resolution OF125 not be adopted.
RESOLVED, That our AMA recognize the need to provide comprehensive coverage of treatment of congenital deformities such that both appearance and function are restored by amending Policy H-185.967 “Coverage of Children’s Deformities, Disfigurement and Congenital Defects” by addition and deletion as follows:

Coverage of Children's Deformities, Disfigurement and Congenital Defects H-185.967

1. The AMA declares: (a) that treatment of a minor child's congenital or developmental deformity or disorder due to trauma or malignant disease should be covered by all insurers; (b) that such coverage shall include complete reconstructive treatment which, in the opinion of the treating physician, is medically necessary to return the patient to a more normal appearance (even if the procedure does not materially affect the function of the body part being treated); and (c) that such insurability should be portable, i.e., not denied as a pre-existing condition if the patient's insurance coverage changes before treatment has been either initiated or completed.

2. Our AMA will advocate for appropriate funding for comprehensive dental coverage (including dental implants) for children with orofacial clefting including ongoing, multidisciplinary care that extends beyond initial reconstructive surgery.

VRC testimony was opposed to the resolution. Your Reference Committee agrees with testimony that the resolution does not have sufficient evidence to prove an issue. We agree that the amendments to H-185.967 are not novel and would not result in change in AMA advocacy nor would they be useful and novel as internal policy. Your Reference Committee recommends Resolution OF125 not be adopted.

RESOLUTION OF014 - ADDRESSING THE HEALTH RISKS OF EXTREME HEAT

RECOMMENDATION:

Resolution OF014 not be adopted.

RESOLVED, That our AMA support equitable maintenance and implementation of greenspaces and tree cover in urban communities, with particular attention to communities of color; and be it further

RESOLVED, That our AMA support the development and implementation of comprehensive heat response plans to protect public health during extreme heat waves; and be it further
RESOLVED, That our AMA support funding for subsidizing energy costs and air conditioning units for low-income households to maintain safe temperatures during periods of extreme temperature; and be it further

RESOLVED, That our AMA support the implementation and enforcement of state and federal temperature standards in prisons, jails, and detention centers, including the implementation of air conditioning in areas that experience dangerously high temperatures.

VRC testimony was mixed. Your Reference Committee agrees with testimony that resolve clauses 1-3 are reaffirmation of existing AMA policy and, while novel and impactful, the fourth resolve clause does not have enough research presented in this resolution to support the ask. We believe that resolve one is covered by H-135.939, resolve two is covered by D-130.974, and resolve three is covered by H-135.938. Thus, your Reference Committee recommends Resolution OF014 not be adopted.

RESOLUTION OF052 – IMPROVING FOREIGN LANGUAGE PHARMACEUTICAL EDUCATION MATERIALS FOR PATIENTS

RECOMMENDATION:

Resolution OF052 not be adopted.

RESOLVED, That our AMA support state and federal policies to enhance the quality and accessibility of non-English language patient education materials by pharmaceutical companies; and be it further

RESOLVED, That our AMA support the creation and dissemination of uncomplicated and properly translated foreign language patient education materials by medical institutions including pharmaceutical companies; and be it further

RESOLVED, That our AMA support further research into the current accessibility of standardized materials accommodating limited English proficiency patients and its impact on their care.

VRC testimony was broadly opposed to the resolution. Your Reference Committee agrees with testimony that the asks are covered by existing AMA policies H-160.931, H-160.902, H-160.924, and H-373.993. We support the spirit of the resolution; however, we agree with testimony that the resolution will not change AMA’s advocacy efforts. Your Reference Committee recommends Resolution OF052 not be adopted.

RESOLUTION OF121 – RESEARCH CLASSIFICATION GUIDELINES FOR MINORITY GROUPS

RECOMMENDATION:
Resolution OF121 not be adopted.

RESOLVED, That our AMA recognize the Arab American population as an understudied and distinct health demographic by supporting comprehensive, integrative, and individualized research endeavors to address the distinctive health needs and concerns of Arab-American communities by:

1. Acknowledging the challenges posed by classification as Caucasian and/or MENA, xenophobia and structural inequities that impact the health of Arab American and immigrants, emphasizing the importance of equity and justice in health research and care delivery;
2. Classifying Arab American and immigrant patients as an underrepresented group in medicine;
3. Supporting the development of culturally sensitive outreach for Arab American and immigrant clinical trial participation, involving community leaders and physicians familiar with cultural nuances; and
4. Supporting transparency in reporting Arab American and immigrant health research findings, fostering a comprehensive understanding of their healthcare needs.

RESOLVED, That our AMA support the development of a refined and culturally sensitive approach to classifying Arab Americans, guided by countries of origin and linguistic criteria, distinct from existing categories (Caucasian and/or MENA), in order to facilitate accurate data collection and research findings.

VRC testimony was opposed to the resolution as written. Your Reference Committee agrees with testimony that the resolution is covered under existing AMA policy H-460.924, H-460.911, and D-350.979. We agree with testimony that the AMA is advocating for this issue and recently sent a comment letter to the Office of Management and Budget which addresses race and ethnicity statistical standards. Your Reference Committee recommends Resolution OF121 not be adopted.

(39) RESOLUTION OF031 – INDIAN HEALTH SERVICE INFERTILITY COVERAGE

RECOMMENDATION:

Resolution OF031 not be adopted.

RESOLVED, That our AMA-MSS amend “National Fertility Coverage Mandate” 180.023MSS by addition as follows:

180.023MSS National Fertility Coverage Mandate
AMA-MSS will ask that our AMA amend Policy H-185.990, “Infertility and Fertility Preservation Insurance Coverage” by addition and deletion to read as follows:

1. Our AMA encourages third party payer health insurance carriers to make available insurance benefits that ensure insurance coverage by all payers for the diagnosis and treatment of recognized male and female infertility.

2. Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician.

3. Our AMA will study feasibility of insurance coverage for fertility preservation for reasons other than iatrogenic infertility.

4. Our AMA will work with interested organizations to encourage the Indian Health Service to cover infertility diagnostics and treatment for patients seen by or referred through an Indian Health Service, Tribal, or Urban Indian Health Program.

AMA-MSS will ask the AMA to support the review of services defined to be experimental or excluded for payment by the Indian Health Service and for the appropriate bodies to make evidence-based recommendations for updated health services coverage.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the amendment to H-185.990 is covered by existing AMA policy H-350.976 which supports the federal provision of funds to support needed health services for the AI/AN population. We agree with testimony that while the second Resolve has potential to be impactful, the evidence presented in this resolution is not sufficient to stand alone. Your Reference Committee recommends Resolution OF031 not be adopted.

 Resolution OF129 – LICENSED MEDICAL INTERPRETERS IN CRITICAL CARE SETTINGS

 **RECOMMENDATION:**

Resolution OF129 **not be adopted.**

RESOLVED, That our AMA amend Policy H-160.924 “Use of Language Interpreters in the Context of the Patient-Physician Relationship” by addition as follows:

Use of Language Interpreters in the Context of the Patient-Physician Relationship H-160.924
1. AMA policy is that: (a) further research is necessary on how the use of interpreters—both those who are trained and those who are not—impacts patient care; (b) treating physicians shall respect and assist the patients’ choices whether to involve capable family members or friends to provide language assistance that is culturally sensitive and competent, with or without an interpreter who is competent and culturally sensitive; (c) physicians continue to be resourceful in their use of other appropriate means that can help facilitate communication—including print materials, digital and other electronic or telecommunication services with the understanding, however, of these tools’ limitations—to aid Limited English Proficiency (LEP) patients’ involvement in meaningful decisions about their care; and (d) physicians cannot be expected to provide and fund these translation services for their patients, as the Department of Health and Human Services’ policy guidance currently requires; when trained medical interpreters are needed, the costs of their services shall be paid directly to the interpreters by patients and/or third party payers and physicians shall not be required to participate in payment arrangements.

2. Our AMA recognizes the importance of using medical interpreters as a means of improving quality of care provided to patients with LEP including patients with sensory impairments.

3. Our AMA recognizes the emerging disparity of medical interpreters to meet the increasing demand of medically trained language interpreters as required by law, specifically in critical care settings.

4. Our AMA supports the collaboration with relevant stakeholders, including medical institutions, professional organizations, and government agencies, to forewarn about the impending shortage of language services for all patients, regardless of their linguistic backgrounds.

VRC testimony was largely in opposition to the resolution. Your Reference Committee agrees with testimony that the amendments to H-169.924 do not meaningfully change AMA advocacy. Additionally, there is an MSS transmittal (Resolution 811) sent to the 2023 AMA House of Delegates Interim Meeting on medical interpreters that would largely cover any advocacy suggested by this resolution. Your Reference Committee recommends Resolution OF129 not be adopted.

RESOLUTION OF116 – TRIBAL TAXES ON COMMERCIAL TOBACCO PRODUCTS

RECOMMENDATION:

Resolution OF116 not be adopted.

RESOLVED, That our AMA encourage tribal nations to consider sales restrictions and the imposition of excise taxes on the sale of commercial tobacco products on their lands and to use those funds for community-directed tobacco cessation programs.
VRC testimony was mixed. Your Reference Committee agrees with testimony that the ask of this resolution is covered by existing AMA policy H-495.982 and will not change AMA advocacy efforts. Your Reference Committee recommends Resolution OF116 not be adopted.

(42) RESOLUTION OF033 – NATIVE AMERICAN VOTING RIGHTS

RECOMMENDATION:

Resolution OF033 not be adopted.

RESOLVED, That our AMA support Indian Health Service, Tribal, and Urban Indian Health Programs becoming designated voter registration sites to promote nonpartisan civic engagement among the American Indian and Alaska Native population.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the ask is covered under existing AMA policy H-440.805. We agree with testimony that the resolution will not significantly change AMA’s advocacy efforts on voter registration. Additionally, 69.1% of the voting age population in the US is registered to vote, which indicates that AI/AN voter registration rates are actually higher than the general U.S. population according to sources cited within the Whereas clauses. Your Reference Committee recommends Resolution OF033 not be adopted.

(43) RESOLUTION OF132 – EARLY AND PERIODIC EYE EXAMS FOR ADULTS

RECOMMENDATION:

Resolution OF132 not be adopted.

RESOLVED, That our AMA amend policy “Eye Exams for the Elderly” H-25.990 by addition and deletion as follows:

Eye Exams for the Elderly and Adults H-25.990

Our AMA (1) encourages the development of programs and/or outreach efforts to support periodic eye examinations for elderly patients and adults who suffer from chronic systemic conditions that increase their likelihood of developing eye disease as well as a baseline eye examination for all adults aged 40 and above; and (2) encourages physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings; and (3) supports coverage benefits in public and private health plans for a baseline eye examination in adults aged 40 or above.
VRC testimony was mixed. Your Reference Committee agrees with testimony that the asks of the resolution are outside the scope of the AMA and the purview of the MSS. We agree with testimony that this resolution does not have a strong evidence-base presented in the Whereas clauses as there is no data presented to establish an insurance coverage gap for the population this resolution aims to support. In particular, Medicaid insurance coverage is not discussed, only Medicare coverage. Your Reference Committee recommends Resolution OF132 not be adopted.

44 RESOLUTION OF106 – TRIBALLY DIRECTED PRECISION MEDICINE RESEARCH

RECOMMENDATION:

Resolution OF106 not be adopted.

RESOLVED, That our AMA support clinical funding supplements to The National Institutes of Health, The U.S. Food and Drug Administration, and The Indian Health Service to promote greater participation of the Indian Health Service, Tribal, and Urban Indian Health Programs in clinical research; and be it further

RESOLVED, That our AMA will incorporate recommendations from the 2022 White House Office of Science Technology and Policy Guidance on Indigenous Knowledge into existing and upcoming funding opportunities sponsored by the AMA, where appropriate.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first Resolve is not novel and is covered by existing AMA policy H-460.911 and D-460.968. We agree with testimony that the second Resolve is not supported by the Whereas clauses and is overly prescriptive. Your Reference Committee recommends Resolution OF106 not be adopted.

45 RESOLUTION OF075 – PREVENTING NUCLEAR WAR AMIDST INTERSECTING GLOBAL CRISES

RECOMMENDATION:

Resolution OF075 not be adopted.

RESOLVED, That our AMA-MSS will immediately send this resolution to AMA HOD; and be it further

RESOLVED, That our AMA recognize the health harms and rights violations caused by nuclear weapons research and development, testing, and usage by nuclear armed states—including the United States—on a global hibakusha, non-human life, and the planet; and be it further
RESOLVED, That our AMA recognize that health harms and rights violations of the nuclear weapons life cycle have disproportionately impacted vulnerable, indigenous, and historically marginalized communities and will support policies to mitigate and prevent such harms; and be it further

RESOLVED, That our AMA amend Policy H-520.996, “Arms Reduction” to read as follows:

U.S. Leadership towards Nuclear Weapons Abolition Arms Reduction H-520.996

The AMA encourages recognizes the United States’ role in normalizing nuclear weapons and will urge the President and Congress to meet their unique social responsibility to end the Atomic Age by leading the effort for continue the process of multilateral, and verifiable, and timebound elimination of nuclear weapons arms abolition

; and be it further

RESOLVED, That our AMA will support actionable policies for reducing the risk of nuclear war, including but not limited to:

1. Ending the sole authority of a United States President to launch nuclear weapons without legally binding checks and balances, and
2. Adoption by the United States of an unconditional no first nuclear use policy, and
3. Removing United States intercontinental ballistic missiles from high alert status, and
4. Reducing the financing of United States nuclear weapons enhancement alongside reallocation of funds to address the climate crisis and other drivers of health inequity.

VRC testimony was broadly opposed to the resolution. Your Reference Committee agrees with testimony that the first Resolve is not supported by evidence, the second Resolve is covered under existing AMA policy D-440.972, the third Resolve does not change AMA advocacy efforts, the fourth Resolve is covered under existing AMA policy H-520.988, and the fifth Resolve is overly prescriptive. Your Reference Committee recommends Resolution 075 not be adopted.

(46) RESOLUTION OF037 – IMPROVING SUPPLEMENTAL NUTRITION PROGRAMS

RECOMMENDATION:

Resolution OF037 not be adopted.

RESOLVED, That our AMA support regulatory and legal reforms to expand eligibility for USDA Food Assistance for state and federally-recognized American Indian and Alaska Native Tribes and Villages to include American Indian and Alaska Native tribal members and their descendants residing in urban areas.
VRC testimony was mixed. Your Reference Committee agrees with testimony that the Food Distribution Program on Indian Reservations (FDPIR) was specifically created because those living on tribal reservations could not access SNAP offices or authorized food stores. We also share the concern of feasibility because the following questions are not addressed in the resolution: (1) what urban areas are included in the expanded eligibility that are not currently eligible for SNAP benefits and (2) the FDPIR program ships food directly to Indian reservations; if expanding to cities where the population is dispersed, how would resources be distributed? Your Reference Committee recommends Resolution OF037 not be adopted.

(47) RESOLUTION OF028 - CANCER CARE IN INDIAN HEALTH SERVICES FACILITIES

RECOMMENDATION:

Resolution OF028 not be adopted.

RESOLVED, That our AMA encourage the federal government to continue enhancing and developing alternative pathways for American Indian and Alaska Native patients to seek the full spectrum of cancer care outside of the established Indian Health Service system if the Indian Health system cannot provide adequate or timely cancer care; and be it further

RESOLVED, That our AMA will advocate strongly: a) that the President of the United States take immediate action to provide timely access to cancer care for Tribal members utilizing the healthcare sector outside the Indian Health Service until the Indian Health Service can provide this care; and b) that Congress act rapidly to enact a bipartisan long term solution for timely access to entitled cancer care for eligible Tribal members.

VRC testimony was mainly supportive of the spirit of the resolution with some amendments. Your Reference Committee agrees with testimony that the second Resolve is not supported by evidence, is not feasible, and we note that the resolved clause mimics policy that was passed in 2014 utilizing outdated language that will not add to current advocacy efforts by the AMA. We believe sufficient advocacy is possible on the first resolved clause due to coverage by H-350.977 and H-350.976. Thus, your Reference Committee recommends Resolution OF028 not be adopted.

(48) RESOLUTION OF117 – DECRIMINALIZATION OF THE PURCHASING OF SEX WORK

RECOMMENDATION:

Resolution OF117 not be adopted.
RESOLVED, That our AMA amend “Improving the Health and Safety of Individuals Who Offer Sex in Return for Money, Goods or Other Considerations” H-65.948 by addition and deletion as follows:

Improving the Health and Safety of Individuals Who Offer Sex in Return for Money, Goods or Other Considerations H-65.948

1. Our AMA recognizes the adverse health outcomes of criminalizing individuals who offer sex in return for money, goods or other considerations.
2. Our AMA: (a) supports legislation that decriminalizes individuals who offer sex in return for money, goods, or other considerations; (b) opposes legislation that decriminalizes the purchase of consensual sex services as well as the ownership and operation of brothels and other entities that provide such services; and (c) supports the expungement of criminal records of those previously convicted of sex work, including trafficking survivors.
3. Our AMA supports research on the long-term health, including mental health, impacts of decriminalization of the sex trade.

VRC testimony was mixed with a majority of testimony in opposition to the resolution as written. Your Reference Committee agrees with testimony that the resolution has potential adverse consequences that are not sufficiently accounted for. Your Reference Committee would like to reference MSS CGPH Report A, I-19, which details the positive and negative evidence of the MSS resolution that led to H-65.948. We agree with testimony that the historical context of this AMA policy is extensive, and we do not believe there is sufficient new evidence since the 2019 report to support the resolution. Your Reference Committee recommends Resolution OF117 not be adopted.

(49) RESOLUTION OF035 – INDIAN HEALTH SERVICE YOUTH REGIONAL TREATMENT CENTERS

RECOMMENDATION:

Resolution OF035 not be adopted.

RESOLVED, That our AMA support expansion of Indian Health Service Youth Regional Treatment Centers (YRTCs) to provide comprehensive care for American Indian and Alaska Native adolescents; and be it further

RESOLVED, That our AMA support increased funding to Indian Health Service, Tribal, and Urban Indian Health Programs to implement mental health crisis response services and community-directed grant programs promoting cultural identification and access to high quality, holistic behavioral health care services to American Indian and Alaska Native youth and adolescents until additional Indian Health Service Youth Regional Treatment Centers are constructed; and be it finally
RESOLVED, The AMA, with interested stakeholders, offer education to its physician members on the availability of Indian Health Service Youth Regional Treatment Centers and to offer prompt referral to American Indian and Alaska Native youth and adolescents with co-morbid substance use and mental health diagnoses to Indian Health Service Youth Regional Treatment Centers when appropriate.

VRC testimony was mixed. Your Reference Committee agrees with testimony that there is not sufficient evidence in the Whereas clauses to support the Resolves. We share concerns that the issue is not adequately established, and the efficacy of the solution is not evidence-based. Additionally, the asks of the resolution are covered by existing policies H-350.976, D-350.988, H-60.981, H-95.922, H-95.978, H-345.981, H-160.963, H-60.955, and H-170.972. Your Reference Committee recommends that Resolution OF035 not be adopted.

(50) RESOLUTION OF042 – TRACKING BY THIRD-PARTY BUSINESS ASSOCIATES IN MEDICINE

RECOMMENDATION:

Resolution OF042 not be adopted.

RESOLVED, That our AMA support state and federal policies that promote the transparent labeling of all third-party business associate that handles tracking information on both user authenticated and non-user authenticated pages on both hospital and clinic websites; and be it further

RESOLVED, That our AMA support state and federal policies that allow for the disclosure and deletion of personal information collected on users and used for marketing collected from non-user authenticated web pages on both hospital and clinic webpages at the request of the affected user.

VRC testimony was mixed. Your Reference Committee agrees with testimony that we have existing AMA policy to lead our advocacy efforts and this resolution is overly prescriptive. We agree with the spirit of patient data privacy, but we agree that policy H-315.983 and D-478.996 cover the asks of this resolution. Your Reference Committee recommends Resolution OF042 not be adopted.

(51) RESOLUTION OF084 – PUBLIC SERVICE LOAN FORGIVENESS REFORM

RECOMMENDATION:

Resolution OF084 not be adopted.

RESOLVED, That our AMA amend “Indian Health Service” H-350.977 by addition and deletion as follows:
Indian Health Service H-350.977

The policy of the AMA is to support efforts in Congress to enable the Indian Health Service to meet its obligation to bring American Indian health up to the general population level. The AMA specifically recommends: (1) Indian Population: (a) In current education programs, and in the expansion of educational activities suggested below, special consideration be given to involving the American Indian and Alaska native population in training for the various health professions, in the expectation that such professionals, if provided with adequate professional resources, facilities, and income, will be more likely to serve the tribal areas permanently; (b) Exploration with American Indian leaders of the possibility of increased numbers of nonfederal American Indian health centers, under tribal sponsorship, to expand the American Indian role in its own health care; (c) Increased involvement of private practitioners and facilities in American Indian care, through such mechanisms as agreements with tribal leaders or Indian Health Service contracts, as well as normal private practice relationships; and (d) Improvement in transportation to make access to existing private care easier for the American Indian population.

(2) Federal Facilities: Based on the distribution of the eligible population, transportation facilities and roads, and the availability of alternative nonfederal resources, the AMA recommends that those Indian Health Service facilities currently necessary for American Indian care be identified and that an immediate construction and modernization program be initiated to bring these facilities up to current standards of practice and accreditation.

(3) Personnel Manpower: (a) Compensation scales for Indian Health Service physicians be increased to a level competitive with other Federal agencies and nongovernmental service; (b) Consideration should be given to increased compensation for specialty and primary care service in remote areas; (c) In conjunction with improvement of Service facilities, efforts should be made to establish closer ties with teaching centers and other federal health agencies, thus increasing both the available staffing and the level of professional expertise available for consultation; (d) Allied health professional staffing of Service facilities should be maintained at a level appropriate to the special needs of the population served without detracting from physician compensation; (e) Continuing education opportunities should be provided for those health professionals serving these communities, and especially those in remote areas, and, increased peer contact, both to maintain the quality of care and to avert professional isolation and burnout; and (f) Consideration should be given to a federal statement of policy supporting continuation of the Public Health
Service to reduce the great uncertainty now felt by many career officers of
the corps.
(4) Medical Societies: In those states where Indian Health Service facilities
are located, and in counties containing or adjacent to Service facilities, that
the appropriate medical societies should explore the possibility of
increased formal liaison with local Indian Health Service physicians.
Increased support from organized medicine for improvement of health care
provided under their direction, including professional consultation and
involvement in society activities should be pursued.
(5) Our AMA also support the removal of any requirement for competitive
bidding in the Indian Health Service that compromises proper care for the
American Indian population.
(6) Our AMA will advocate that the Indian Health Service (IHS) establish
an Office of Academic Affiliations responsible for coordinating partnerships
with LCME- and COCA-accredited medical schools and ACGME-
accredited residency programs.
(7) Our AMA will encourage the development of funding streams to
promote rotations and learning opportunities at Indian Health Service,
Tribal, and Urban Indian Health Programs.
(8) Our AMA will call for an immediate change in the Public Service Loan
Forgiveness Program to allow physicians to receive immediate loan
forgiveness when they practice in an Indian Health Service, Tribal, or Urban
Indian Health Program.

VRC testimony was mixed. Though your Reference Committee supports the spirit of the
resolution, we agree with testimony that there are existing loan repayment plans for IHS
physicians. Additionally, the language of the current AMA policy this resolution is seeking
to amend supports extending the Public Service Loan Forgiveness to the IHS. We also
agree that the amendments proposed would not significantly change existing AMA
advocacy. Your Reference Committee also had concerns regarding the language of the
eighth clause asking for the AMA to call for immediate change in the Public Service Loan
Forgiveness Program. We agree that the evidence presented does not support the
efficacy of the resolution. Your Reference Committee recommends Resolution OF084 not
be adopted.

(52) RESOLUTION OF064 – PROTECTING THE RIGHTS OF HEALTH CARE
STUDENTS LIVING WITH HEPATITIS B

RECOMMENDATION:

Resolution OF064 not be adopted.
RESOLVED, That our AMA support efforts by health professions schools to develop ADA-compliant anti-discrimination policies based on disability that explicitly include and provide reasonable accommodations for persons with hepatitis B; and be it further

RESOLVED, That our AMA support efforts at health professions schools to educate faculty, staff, and students about the rights and protections of individuals with disabilities under the ADA.

VRC testimony was broadly opposed to the resolution. Your Reference Committee agrees with testimony that the resolution does not have a strong evidence-base and will not change AMA’s advocacy efforts. We agree with testimony that the asks are covered under existing AMA policies H-90.968, H-65.946, D-90.990, and D-90.992. Your Reference Committee recommends Resolution OF064 not be adopted.

(53) RESOLUTION OF043 – PHARMACEUTICAL WHITE BAGGING PRACTICES

RECOMMENDATION:

Resolution OF043 not be adopted.

RESOLVED, That our AMA affirm that "white bagged" (specialty pharmacy-distributed, physician-administered) pharmaceuticals only be accepted for administration after verification of proper handling of medications; and be it further

RESOLVED, That our AMA affirm that any “white bagging” policy must protect the physician’s ability to adjust drug dose immediately based on real-time laboratory or clinical findings to enable appropriate clinical care without delay and protect patient safety; and be it further

RESOLVED, That our AMA will work with relevant stakeholders to develop model legislation for states aiming to better protect the clinical efficacy of specialty pharmaceuticals, patient safety, and physician autonomy under “white bagging” policies.

VRC testimony was mixed. Your Reference Committee agrees with concerns that there is not enough evidence to support that the AMA outright oppose “white bagging” practices. “White bagging” is an incredibly nuanced and understudied issue, and your Reference Committee shares concerns that it is not currently appropriate for the AMA to hold a strong stance on this issue. We agree with testimony that the AMA has taken a position on the proven negative effects relating to the practice of “white bagging” through advocacy efforts and specifically a letter sent in April 2022 to the Federal Trade Commission. Your Reference Committee recommends Resolution OF043 not be adopted.

(54) RESOLUTION OF069 – FIGHTING HOMELESSNESS BY BUILDING MORE HOUSING

RECOMMENDATION:
Resolution OF069 not be adopted.

RESOLVED, That our AMA support legislative, regulatory, and national advocacy efforts to increase access to housing, including but not limited to: the construction of new market-rate and affordable housing, reduction of local zoning and land use regulations, and reduction of state and federal regulatory burdens that restrict the housing supply.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution is broadly covered by existing AMA policy H-160.903 clause 9 and will not elicit further advocacy efforts. Your Reference Committee recommends Resolution OF069 not be adopted.

(55) RESOLUTION OF026 - TAXES ON DISPOSABLE PLASTIC CONSUMER PRODUCTS

RECOMMENDATION:

Resolution OF026 not be adopted.

RESOLVED, That our AMA support taxes and limitations on the use of single-use plastic consumer products at the federal, state, and local level.

VRC testimony was mainly opposed to the resolution. Your Reference Committee agrees with concerns that the resolution lacks sufficient evidence that plastics have an impact on health, and therefore, cannot justify robust AMA advocacy in this issue, in addition to the concern that the resolution may more significantly impact those of lower socioeconomic status. Your Reference Committee also expresses concern with the variability of the asks of this resolution in regard to all plastics, and is concerned about the unintended consequences that may arise should the AMA advocate for taxes and limitations on single-use plastic as a whole. The MSS currently has a pending transmittal for research into plastic consumption/microplastics that should answer concerns regarding the effect of microplastics on health and this resolution would be seen as contradictory. Thus, your Reference Committee recommends Resolution OF026 not be adopted.
RECOMMENDED FOR FILING

(56) GC REPORT D – ARCHIVES TASK FORCE INTERIM REPORT

RECOMMENDATION:

GC Report D be filed.

Your MSS Governing Council recommends GC Report D be filed.

The Reference Committee thanks the authors for composing this Informational Report and encourages professional discourse and feedback via the [attached form](#). We look forward to discussions of this item and its subsequent Final Report at A-24. No VRC testimony was available for consideration. Your Reference Committee appreciates that development of the Archives will provide improved accessibility to historical context of items and consolidate other items centrally. We have heard the following concerns: the diagram provided is misleading in that any item may be extracted from the Reference Committee Report for consideration by the Assembly, not just items slated for ‘Not Adopt.’ Additional clarity is needed on the diagram on the use of ‘Chapter Delegate’ in our MSS Assembly versus ‘HOD Delegate’ which we elect for our states and Regions as we do not want the two Delegate roles to be conflated in the context of MSS functions. Please make the diagram a full page for accessibility on the final Report. On policy archives, we strongly support conversion of pdf documents to the spreadsheet linked in the Report. We ask the Task Force to continue consideration of the longevity and logistics of the archives. We ask the Task Force to consider incorporation of the final HOD amended language as a separate tab in addition to HOD outcome. Your Reference Committee supports ongoing discussions to guide the Archives Task Force’s upcoming A-24 Report. Filing this Report would allow this Report to be saved as historical context. Regardless of the filing of this Report, the Archives Task Force will continue its work based on membership feedback. Your Reference Committee recommends GC Report D be filed.

(57) GC REPORT C – STANDING COMMITTEE TASK FORCE INTERIM REPORT

RECOMMENDATION:

GC Report C be filed.

Your MSS Standing Committee Task Force recommends that this report be filed.

The Reference Committee thanks the authors for composing this Informational Report and encourages professional discourse and feedback via the [attached form](#). We look forward to discussions of this item and its subsequent Final Report at A-24. No VRC testimony
was available for consideration. We look forward to section engagement and collaboration with the Standing Committee Task Force as they continue composing their report for consideration at MSS A-24 Assembly. We strongly encourage membership engagement with the Task Force both through feedback on the form and other dedicated conversation sessions. Filing this report would allow this report to be saved as historical context and fills an obligation as outlined in the Resolve that ordered this Task Force formation. Regardless of the filing of this report, the Standing Committee Task Force will continue its work based on membership feedback. Your Reference Committee recommends GC Report C be filed.

(58) DELEGATE REPORT B – POLICY PROCEEDINGS OF THE ANNUAL 2023 HOUSE OF DELEGATES MEETING

RECOMMENDATION:

Delegate Report B be filed.

Your Section Delegates recommend Delegate Report B be filed. Your Reference Committee thanks the Section Delegates for their informational report. Your Reference Committee recommends Delegate Report B be filed.

(59) GC REPORT B – MSSAI UPDATE

RECOMMENDATION:

GC Report B be filed.

Your MSS Governing Council recommends GC Report B be filed. The Reference Committee thanks the MSS Governing Council for their report on MSSAIs since the 2023 MSS Annual Meeting. Your Reference Committee recommends GC Report B be filed.