



Specialty and Service Society (SSS)
2023 Interim Meeting of the House of Delegates

Saturday, November 11			
10 am-12 pm ET	SSS Meeting <i>Food and beverage provided</i>		Woodrow Wilson Ballroom A
10 am	Welcome/Call to Order	Adam Rubin, MD Chair, SSS Governing Council	
10:05 am	Presentation of Candidates Seeking SSS Endorsement Vice Speaker <ul style="list-style-type: none"> John H. Armstrong, MD Board of Trustees <ul style="list-style-type: none"> Melissa J. Garretson, MD Lynn Jeffers, MD, MBA Ilse Levin, DO, MPHTM Council on Legislation (Appointed Position) <ul style="list-style-type: none"> Hans Arora, MD Hilary Fairbrother, MD Council on Long Range Planning and Development (Appointed Position) <ul style="list-style-type: none"> William Golden, MD Shilpen Patel, MD Council on Medical Service (Elected Position) <ul style="list-style-type: none"> Steven Chen, MD, MBA Erick Eiting, MD, MPH 	Adam Rubin, MD Chair, SSS Governing Council	
10:25 am	Distribution of Ballots for SSS Endorsement		
10:30 am	Medicare Physician Payment Reform Update	Todd Askew Senior Vice President, Advocacy	
10:55 am	Report from the AMA Board of Trustees	Sandra Adamson Fryhofer, MD Immediate Past Chair	
11:00 am	House Business	Stuart Glassman, MD	

		Chair-elect, SSS Governing Council	
12:00 pm	Adjourn		
12:30 pm	House of Delegates Second Opening		
Sunday, November 12			
4:30-5:30 pm ET	SSS Social Hour		Magnolia 3
Monday, November 13			
7-9 am ET	SSS Meeting <i>Food and beverage provided</i>		Potomac Ballroom B
7 am	Call to Order	Adam Rubin, MD Chair, SSS Governing Council	
7:05-7:10 am	Report from Council on Medical Service	Sheila Rege, MD Chair	
7:10-7:15 am	Report from Council on Long Range Planning and Development	Gary Thal, MD Chair	
7:15-7:20 am	Report from Council on Science and Public Health	David Welsh, MD Chair	
7:20-7:25 am	Report from Council on Ethical and Judicial Affairs	David Fleming, MD Chair	
7:25-7:30 am	Report from Council on Medical Education	Krystal Tomei, MD CPH Chair-elect	
7:30-7:35 am	Report from Council on Legislation	Gary Floyd, MD Chair	
7:35-7:40 am	Report from Council on Constitution and Bylaws	Mark Bair, MD, RPh Chair	
7:45-9 am	House Business	Stuart Glassman, MD, Chair-elect, SSS Governing Council	
9 am	Adjourn		



SPECIALTY SOCIETY RESOLUTIONS

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Report/Resolution by Reference Committee	Introduced/Presented by	Title and Resolved Clause(s) or Recommendations	SSS Governing Council Recommendation	SSS Action
<u>CONSTITUTION & BYLAWS</u>				
Report 3	<ul style="list-style-type: none"> Election Task Force 2 	Report of the Election Task Force 2 <i>Recommendation 27: A maximum of four endorsements may be obtained by each candidate. These endorsements must be from organizations in which the candidate is an active and dues paying member, where applicable. Endorsements may only be obtained from a candidate's state and one specialty organization and from caucuses in which the endorsing state or specialty society is a current member. Endorsements may not be obtained from the AMA Sections, Advisory Committees, or the Specialty and Service Society. (New HOD Policy).</i>	OPPOSE Recommendation 27	OPPOSE Recommendation 27
<i>B of T Report 17-I-23 (Specialty Society Representation in the HOD—5 Year Review) will be considered in Ref Com on Amendments to Bylaws and Constitution on Saturday, November 11.</i>				



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<u>REFERENCE COMMITTEE B</u>				
201	<ul style="list-style-type: none"> American Association for Geriatric Psychiatry American Academy of Addiction Psychiatry American Academy of Child and Adolescent Psychiatry American Academy of Psychiatry and the Law American Psychiatric Association 	<p>Opposition to the Restriction and Criminalization of Appropriate Use of Psychotropics in Long Term Care</p> <p><i>RESOLVED, that our American Medical Association work with key partners to advocate that CMS revise the existing measure for psychotropic prescribing in nursing homes to ensure nursing home residents have access to all medically appropriate care (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA amend policy H-160.954 by insertion as follows: (1) Our AMA 14 continues to take all reasonable and necessary steps to ensure that errors in medical decision making and medical records documentation, exercised in good faith, do not become a violation of criminal law. (2) Henceforth our AMA opposes any future legislation which gives the federal, state, and local government the responsibility to define appropriate medical practice and regulate such practice through the use of criminal penalties. (Modify Current HOD Policy)</i></p>	SUPPORT	SUPPORT



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206	<ul style="list-style-type: none"> American Academy of Ophthalmology 	<p>The Influence of Large Language Models (LLMs) on Health Policy Formation and Scope of Practice</p> <p><i>RESOLVED, that our American Medical Association encourage physicians to educate our patients, the public, and policymakers about the benefits and risks of facing LLMs including GPTs for advice on health policy, information on healthcare issues influencing the legislative and regulatory process, and for information on scope of practice that may influence decisions by patients and policymakers. (New HOD Policy)</i></p>	REFER	REFER
218	<ul style="list-style-type: none"> American Academy of Child and Adolescent Psychiatry American Academy of Psychiatry and the Law American Association for Geriatric Psychiatry American Psychiatric Association 	<p>Youth Residential Treatment Program Regulation</p> <p><i>RESOLVED, that our American Medical Association advocate for the federal government to work with relevant parties to develop federal licensing standards for youth residential treatment programs (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA recognizes the need for federal licensing standards for all youth residential treatment facilities (including private and juvenile facilities) to</i></p>		



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		<i>ensure basic safety and well-being standards for youth. (New HOD Policy)</i>		
219	<ul style="list-style-type: none"> American Association of Public Health Physicians (Washington State Medical Association) 	<p>Improving Access to Post-Acute Medical Care for Patients with Substance Use Disorder (SUD)</p> <p><i>RESOLVED, that our American Medical Association advocate to ensure that patients who require a post-acute medical care setting are not discriminated against because of their history of substance use disorder (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate that our federal, state, and local governments remove barriers to opioid agonist therapy (including methadone, buprenorphine or other appropriate treatments) at skilled nursing facilities (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate that Medicare and Medicaid provide coverage for substance use and opioid use disorder treatments in skilled nursing facilities. (Directive to Take Action)</i></p>	SUPPORT	SUPPORT



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220	<ul style="list-style-type: none"> American College of Legal Medicine (Richard Wilbur, MD, JD, FCLM) 	<p>Merit-Based Process for the Selection of all Federal Administrative Law Judges</p> <p><i>RESOLVED, that our American Medical Association support the pre-2018, merit-based process 5 for the selection of all federal administrative law judges (ALJs), including the requirements that:</i></p> <p><i>1. All federal ALJ candidates must be licensed and authorized to practice law under the laws of a State, the District of Columbia, the Commonwealth of Puerto Rico, or any territorial court established under the United States Constitution throughout the ALJ selection process,</i></p> <p><i>2. All federal ALJ candidates must have a full seven (7) years of experience as a licensed attorney preparing for, participating in, and/or reviewing formal hearings or trials involving litigation and/or administrative law at the Federal, State, or local level, and</i></p> <p><i>3. All federal ALJ candidates must pass an examination, the purpose of which is to evaluate the competencies/knowledge, skills, and abilities essential to performing the work of an Administrative Law Judge.</i></p> <p><i>(New HOD Policy)</i></p>		



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222	<ul style="list-style-type: none"> Association for Clinical Oncology College of American Pathologists 	<p>Expansion of Remote Digital Laboratory Access Under CLIA</p> <p><i>RESOLVED, that our American Medical Association advocate to the Centers for Medicare and Medicaid Services that post-Public Health Emergency enforcement discretion of Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations C.F.R. §§ 493.35(a), 30 493.43(a), and 493.55(a)(2) that requires laboratories to file a separate application for each laboratory location unless it meets a regulatory exception, be clarified to include all qualified physicians under CLIA, to review digital data, digital results, and digital images at a remote location under the primary location CLIA certificate. (Directive to Take Action)</i></p>	SUPPORT	SUPPORT
223	<ul style="list-style-type: none"> Association for Clinical Oncology 	<p>Initial Consultation for Clinical Trials Under Medicare Advantage</p> <p><i>RESOLVED, that our American Medical Association amend policy H-460.882, "Coverage of Routine Costs in Clinical Trials by Medicare Advantage Organizations," by addition to read as follows: 4. Our AMA advocate that the Centers for Medicare and Medicaid Services allow out-of network</i></p>	SUPPORT	SUPPORT



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		<i>referral of patients with Medicare Advantage for the purpose of consultation for enrollment in a clinical trial, and that these consultations be considered administratively as participation in a clinical trial. (Modify Current HOD Policy)</i>		
224	<ul style="list-style-type: none"> Association for Clinical Oncology 	ERISA Preemption of State Laws Regulating Pharmacy Benefit Managers <i>RESOLVED, that our American Medical Association study enacted state pharmacy benefit management (PBM) legislation and create a model bill that would avoid the Employment Retirement Income Security Act of 1974 (ERISA) preemption. (Directive to Take Action)</i>		SUPPORT original resolution NOTE: ASCO motion to support additional resolved failed to pass during SSS virtual meeting on Nov 5.
REFERENCE COMMITTEE C				
305	<ul style="list-style-type: none"> American Association of Public Health Physicians 	Addressing Burnout and Physician Shortages for Public Health <i>RESOLVED, that our American Medical Association vigorously advocate for expanded training opportunities within residency programs, encompassing both preventive</i>	SUPPORT	SUPPORT



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		<p><i>medicine residencies and public health physician training, in addition to advocating for increased funding and heightened federal support to address the repercussions of natural disasters (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA steadfastly supports the allocation of state and national funds aimed at fortifying the roles of public health physicians, including Public Health and General Preventive Medicine Residency programs in multiple federal Public Health agencies (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA unequivocally calls for the reinstatement of the CDC Preventive Medicine Residency program or Fellowship, as the CDC is the nation's premier public health agency. (New HOD Policy)</i></p>		



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<u>REFERENCE COMMITTEE</u> J				
804	<ul style="list-style-type: none"> AMDA – The Society for Post-Acute and Long-Term Care Medicine 	<p>Required Clinical Qualifications in Determining Medical Diagnoses and Medical Necessity</p> <p><i>RESOLVED, that our American Medical Association advocate for a change to existing public and private processes including Utilization Management, Prior Authorization, Medicare and Medicaid audits, Medicare and State Public Health surveys of clinical care settings, to only allow clinicians with adequate and commensurate training, scope of practice, and licensure to determine accuracy of medical diagnoses and assess medical necessity. (Directive to Take Action)</i></p>	SUPPORT	SUPPORT
817	<ul style="list-style-type: none"> American Academy of Pediatrics 	<p>Expanding AMA Payment Reform Work and Advocacy to Medicaid and other non-Medicare Payment Modules for Pediatric Healthcare and Specialty Populations</p> <p><i>RESOLVED, That our American Medical Association examine and report back on demonstration projects, carve outs, and adjustments for pediatric patients and</i></p>	SUPPORT	SUPPORT



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		<p><i>services provided to pediatric patients within the payment reform arena (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, That our AMA extend ongoing payment reform research, education, and advocacy to address the needs of specialties and patient populations not served by current CMMI models or other Medicare-focused payment reform efforts (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, That our AMA support and work with medical specialty societies who are developing alternative payment models for pediatric healthcare (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, That our AMA consider improved Medicaid payment rates to be a priority given the critical impact these payment rates have on patient care and patient access to care. (New HOD Policy)</i></p>		
821	<ul style="list-style-type: none"> American College of Physicians American Academy of Family Physicians (Florida Medical Association) 	Modernizing the AMA/Specialty Society RVS Update Committee (RUC) Processes	REFER	REFER



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		<p><i>RESOLVED, that our American Medical Association encourage the AMA/Specialty Society RVS Update Committee (RUC) to modernize the RUC's processes and implement the following principles:</i></p> <p><i>1. Data-Driven Decision Making: Enhance the data used in making recommendations by shifting from almost exclusive reliance on surveys of physicians and others who perform services to broader use of evidence-based data and metadata (e.g., procedure 1 time from operating logs, hospital length of stay data, and other extant data sources) that permit assessment of resource use and the relative value of physician and other qualified healthcare professional services comprehensively. This can ensure that data is reliable, verifiable, and can be accurately compared to or integrated with other important databases.</i></p> <p><i>2. Collaboration and Transparency: Seek collaboration with healthcare data experts, stakeholders, and relevant organizations to maintain transparent data collection and analysis methodologies.</i></p> <p><i>3. Continuous Review and Adaptation: Expand and enhance its system for continuous review and adaptation of relative value determinations beyond its Relativity</i></p>		



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		<p><i>Assessment Workgroup and other current strategies (e.g., New Technology/New Services list) to stay aligned with evolving healthcare practices and technologies.</i></p> <p><i>4. Equity and Access: Work with the Current Procedural Terminology Editorial Panel and others, as appropriate, to identify the impact that factors related to healthcare equity and access have on the resources used to provide the services of physicians and other qualified healthcare professionals and how to account for those resources in the description and subsequent valuation of those services.</i></p> <p><i>5. Broader Engagement: Actively engage with other parties to gather input and ensure that relative value determinations align with the broader healthcare community's goals and values.</i></p> <p><i>6. Education and Training: Invest in the education and training of its members, AMA and specialty society staff, and other participants (e.g., specialty society RUC advisors) to build expertise in evidence-based data analysis and metadata utilization.</i></p> <p><i>7. Timely Implementation: Invest the necessary resources and establish a clear timeline for the implementation of these modernization efforts, with regular progress self-assessments and adjustments as needed (Directive to Take Action); and be it further</i></p>		



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		<i>RESOLVED, that our AMA provide an informational report back to the House of Delegates at the 2025 annual meeting on the RUC process and modernizations efforts. (Directive to take Action)</i>		
<u>REFERENCE COMMITTEE K</u>				
901	<ul style="list-style-type: none"> American College of Occupational and Environmental Medicine Aerospace Medicine Association (Arizona Medical Association) 	<p>Silicosis from Work with Engineered Stone</p> <p><i>RESOLVED, That our American Medical Association should encourage physicians, including occupational health physicians, pulmonologists, radiologists, pathologists, and other health-care professionals, to report all diagnosed or suspected cases of silicosis in accordance with National Institute for Occupational Safety and Health (NIOSH) guidance (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, That our AMA should advocate for the establishment of preventive measures to reduce exposure of workers to silica levels above the OSHA permissible exposure level (PEL) for respirable crystalline silica, which is a time-weighted average (TWA) of 50 micrograms per</i></p>	SUPPORT	SUPPORT



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		<p><i>cubic meter ($\mu\text{g}/\text{m}^3$ 29) of air (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, That our AMA should advocate for the establishment of a registry of cases of silicosis to be maintained for workers diagnosed with silicosis resulting from engineered stonework or from other causes, either by state Departments of Public Health or their Division of Occupational Safety and Health (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, That our AMA should advocate for the establishment of state funds to compensate workers who have been diagnosed with silicosis resulting from their work with silica, to recognize the progression and the need for increasing levels of compensation over time (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, That our AMA recommends that State Medical Associations should take action with respect to the prevention of silicosis and to the recognition and compensation of affected workers in their states. (New HOD Policy)</i></p>		



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914	<ul style="list-style-type: none"> American Academy of Pediatrics American Academy of Child & Adolescent Psychiatry 	<p>Adverse Childhood Experiences</p> <p><i>RESOLVED, that our American Medical Association collaborate with the Centers for Disease Control and Prevention (CDC) and other relevant interested 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 (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA work with the CDC and other relevant interested 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 (Directive to Take Action); and be it further</i></p>	SUPPORT	SUPPORT



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		<i>RESOLVED, that our AMA support the establishment of a national ACEs response team grant to dedicate federal resources towards supporting prevention and early intervention efforts aimed at diminishing the impacts ACEs have on the developing child. (New HOD Policy)</i>		
915	<ul style="list-style-type: none"> American Academy of Child and Adolescent Psychiatry American Academy of Psychiatry and the Law American Association for Geriatric Psychiatry American Psychiatric Association 	<p>Social Media Impact on Youth Mental Health</p> <p><i>RESOLVED, that our American Medical Association work with relevant parties to develop guidelines for age-appropriate content and access and to develop age-appropriate digital literacy training to precede social media engagement among children and adolescents (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA amend policy D-478.965 by insertion as follows: (4) advocates for and support media and social networking services addressing and developing safeguards for users, including protections for youth online privacy, effective controls allowing youth and caregivers to manage screentime content and access, and to develop age-appropriate digital literacy training (Modify Current HOD Policy); and be it further</i></p>	SUPPORT	SUPPORT



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		<i>RESOLVED, that our AMA advocate that the federal government requires social media companies to share relevant data for further independent research on social media's effect on youth mental health and fund future federal research on the potential benefits and harms of social media use on youth mental health. (Directive to Take Action)</i>		
916	<ul style="list-style-type: none"> American Association of Public Health Physicians (Washington State Medical Association) 	<p>Elimination of Buprenorphine Dose Limits</p> <p><i>RESOLVED, that our American Medical Association support flexibility in dosing of buprenorphine by elimination of non-evidence-based dose limits imposed by clinics, health systems, pharmacies and insurance carriers (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the elimination of non-evidence-based buprenorphine dose limits imposed by the United States Food and Drug Administration, clinics, health systems, pharmacies, and insurance carriers. (Directive to Take Action)</i></p>	SUPPORT	SUPPORT
922	<ul style="list-style-type: none"> American Association of Neurological Surgeons 	Prescription Drug Shortages and Pharmacy Inventories	SUPPORT	SUPPORT



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<i>(Not yet reviewed for consideration by the Resolution Committee)</i>	<ul style="list-style-type: none"> Congress of Neurological Surgeons (California Medical Association) 	<p><i>RESOLVED, that our American Medical Association work with the pharmacy industry to develop and implement a mechanism to transfer prescriptions without requiring a new prescription (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for legislation and/or regulations permitting pharmacies to transfer prescriptions to other pharmacies when prescription medications are unavailable at the original pharmacy or the patient requests the prescription be transferred. (Directive to Take Action)</i></p>		
923	<ul style="list-style-type: none"> American Society for Reproductive Medicine 	Eliminating Eligibility Criteria for Sperm Donors Based on Sexual Orientation	SUPPORT	SUPPORT

NOTE: An American Association of Neuromuscular & Electrodiagnostic Medicine resolution (**#226, Reference Committee B**) submitted on Nov 4, **Delay Imminent Proposed Changes to U.S. Census Questions Regarding Disability**, will be discussed at in-person SSS meeting. *(Not yet reviewed for consideration by the Resolution Committee.)*



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NON SPECIALTY RESOLUTION CONSIDERATION REQUESTS

Resolution	Introduced/Presented by	Title and Resolved Clause(s)	SSS Review Requested by	SSS Action
006	<ul style="list-style-type: none"> Medical Student Section 	<p>Inappropriate Use of Health Records in Criminal Proceedings</p> <p><i>RESOLVED, that our American Medical Association encourage collaboration with relevant 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. (New HOD Policy)</i></p>	American College of Correctional Physicians	SUPPORT
202	<ul style="list-style-type: none"> Medical Student Section 	<p>Protecting the Health of Patients Incarcerated in For-Profit Prisons</p> <p><i>RESOLVED, that our American Medical Association advocate against the use of for-profit prisons (Directive to Take Action); and be it further</i></p>	American College of Correctional Physicians	<p>OPPOSE Resolved 1</p> <p>SUPPORT Resolved 2</p>



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		<i>RESOLVED, that our AMA advocate for for-profit prisons, public prisons with privatized medical services, and detention centers to be held to the same standards as prisons with public medical services, especially with respect to oversight, reporting of health-related outcomes, and quality of healthcare. (Directive to Take Action)</i>		
207	<ul style="list-style-type: none"> Michigan State Medical Society 	<p>On-Site Physician Requirement for Emergency Departments</p> <p><i>RESOLVED, that our American Medical Association develop model state legislation and support federal and state legislation or regulation requiring all facilities that imply the provision of emergency medical care have the real-time, on-site presence of a physician, and on-site supervision of non-physician practitioners (e.g., physician assistants and advanced practice nurses) by a licensed physician with training and experience in emergency medical care whose primary duty is dedicated to patients seeking emergency medical care in that emergency department. (Directive to Take Action)</i></p>	American College of Emergency Physicians	SUPPORT
215	<ul style="list-style-type: none"> Medical Student Section 	<p>A Public Health-Centered Criminal Justice System</p>	American College of Correctional Physicians	Motion to support failed to pass during SSS



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		<p><i>RESOLVED, that our American Medical Association support legislation that reduces the negative health impacts of incarceration by:</i></p> <ul style="list-style-type: none"><i>a. advocating for decreasing the magnitude of penalties, including the length of prison sentences, to create a criminal justice model focused on citizen safety and improved public health outcomes and rehabilitative practices rather than retribution,</i><i>b. advocating for legislation and regulations that reduce the number of people placed in prison conditions, such as preventing people who were formerly incarcerated from being sent back to prison without justifiable cause, and</i><i>c. supporting the continual review of sentences for people at various time points of their sentence to enable early release of people who are incarcerated but unlikely to pose a risk to society (Directive to Take Action); and be it further</i> <p><i>RESOLVED, that our AMA (1) recognize the inefficacy of mandatory minimums and three-strike rules and the negative consequences of resultant longer prison sentences to the health of incarcerated individuals, and (2) support legislation that reduces or eliminates mandatory</i></p>		<p>virtual meeting on Nov 5</p>
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		<i>minimums and three-strike rules. (New HOD Policy)</i>		
904	<ul style="list-style-type: none"> Medical Student Section 	<p>Universal Return-to-Play Protocols</p> <p><i>RESOLVED, that our American Medical Association encourage interested parties to: (a) establish a standard, universal protocol for return-to-play recovery for collegiate and professional athletes; (b) promote additional evidence-based studies on the effectiveness of a universal protocol for evaluation and post-injury management course at the collegiate and professional level; (c) support national and state efforts to minimize the consequences of inadequate recovery windows for collegiate and professional athletes. (New HOD Policy)</i></p>	American Academy of Orthopaedic Surgeons	<p>SUPPORT substitute resolved:</p> <p>"RESOLVED, that our AMA encourage evidence-based studies regarding post-injury management protocols and return to play criteria that can help guide physicians who are caring for injured athletes."</p>



SPECIALTY SOCIETY RESOLUTIONS

2023 Interim Meeting of the House of Delegates

<p>918 (Not yet reviewed for consideration by the Resolution Committee)</p>	<ul style="list-style-type: none"> New England 	<p>Condemning the Universal Shackling of Every Incarcerated Patient in Hospitals</p> <p><i>RESOLVED, that our American Medical Association condemns the practice of universally shackling every patient who is involved with the justice system while they receive care in hospitals and outpatient health care settings (New HOD Policy); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate for the universal assessment of every individual who is involved with the justice system who presents for care, by medical and security staff in collaboration with correctional officers, to determine whether shackles are necessary or may be harmful, and, if restraint is deemed necessary, that the least restrictive alternative to shackling with metal cuffs is used when appropriate (Directive to Take Action); and be it further</i></p> <p><i>RESOLVED, that our AMA advocate nationally for the end of universal shackling, to protect human and patient rights, improve patient health outcomes, and reduce moral injury among physicians. (Directive to Take Action)</i></p>	<p>American College of Correctional Physicians</p>	<p>Postpone discussion until in-person SSS meeting</p>
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