

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its November 2021 Special Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (November 2021 Meeting)

Report of Reference Committee D

Janet West, MD, Chair

1 Your reference committee recommends the following consent calendar for acceptance:

2 **RECOMMENDED FOR ADOPTION**

3 1. Board of Trustees Report 17 – Distracted Driver Education and Advocacy

4 **RECOMMENDED FOR ADOPTION AS AMENDED**

5 2. Council on Science and Public Health Report 2 – Full Commitment by our AMA to
6 the Betterment and Strengthening of Public Health Systems

7 3. Council on Science and Public Health Report 3 – Physician Involvement in State
8 Regulations of Motor Vehicle Operation and/or Firearm Use by Individuals with
9 Cognitive Deficits Due to Traumatic Brain Injury

10 4. Resolution 408 – Ensuring Affordability and Equity in COVID-19 Vaccine Boosters

11 5. Resolution 410 - Affirmatively Protecting the Safety and Dignity of Physicians and
12 Medical Students as Workers

13 6. Resolution 414 – Advocacy on the US Department of Education’s Spring 2022 Title
14 IX Rule on Sexual Harassment and Assault in Education Programs

15 **RECOMMENDED FOR ADOPTION IN LIEU OF**

16 7. Resolution 411 – Addressing Public Health Disinformation

17 Resolution 412 – Health Professional Disinformation During a Public Health Crisis

Amendments

If you wish to propose an amendment to an item of business, click here: [Submit New Amendment](#)

RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 17 – Distracted Driver Education and Advocacy

RECOMMENDATION:

Recommendations in Board of Trustees Report 17 be adopted and the rest of the report filed.

HOD ACTION: Recommendations in Board of Trustees Report 17 adopted as amended and the rest of the report filed.

H-15.952, “The Dangers of Distraction While Operating Hand-Held Devices”

1. Our AMA encourages physicians to educate their patients regarding the public health risks of text messaging while operating motor vehicles or machinery distracted driving, which includes the risks of visual distraction – taking one’s eyes off the road, manual distraction – taking one’s hands off the wheel, and cognitive distraction – taking one’s mind off what he or she **they are doing.** and will advocate for state legislation prohibiting the use of handheld communication devices to text message while operating motor vehicles or machinery.

The Board of Trustees recommends that Policy H-15.952 be amended by addition and deletion to read as follows and the remainder of the report be filed.

H-15.952, “The Dangers of Distraction While Operating Hand-Held Devices”

1. Our AMA encourages physicians to educate their patients regarding the public health risks of text messaging while operating motor vehicles or machinery distracted driving, which includes the risks of visual distraction – taking one’s eyes off the road, manual distraction – taking one’s hands off the wheel, and cognitive distraction – taking one’s mind off what he or she **they are doing.** and will advocate for state legislation prohibiting the use of handheld communication devices to text message while operating motor vehicles or machinery.

2. Our AMA will: (a) endorse support legislation that would ban the use of hand-held devices while driving, as a step in the right direction towards preventing distracted driving and (b) encourage additional research to identify the most effective strategies to reduce distracted driving-related crash risks.

3. Our AMA: (a) recognizes distracted walking as a preventable hazard and encourages awareness of the hazard by physicians and the public; and (b) encourages research into the severity of distracted walking as a public health hazard as well as ways in which to prevent it.

4. Our AMA supports public education efforts regarding the dangers of distracted driving, particularly activities that take drivers’ eyes off the road, and that the use of earbuds or headphones while driving is dangerous and illegal in some states.

1 5. Our AMA: (a) supports education on the use of earbuds or headphones in both ears during
2 outdoor activities requiring auditory attention, including but not limited to biking, jogging,
3 rollerblading, skateboarding and walking; and (b) supports the use of warning labels on the
4 packaging of hand-held devices utilized with earbuds or headphones, indicating the dangers
5 of using earbuds or headphones in both ears during outdoor activities requiring auditory
6 attention, including but not limited to biking, jogging, rollerblading, skateboarding and walking.
7 6. Our AMA will: (a) make it a priority to create a national education and advocacy campaign
8 on distracted driving in collaboration with the Centers for Disease Control and Prevention and
9 other interested stakeholders; and (b) explore developing an advertising campaign on
10 distracted driving with report back to the House of Delegates at the 2019 Interim Meeting.
11 7. Our AMA will escalate the distracted driving campaign to a national level of awareness in
12 coordination with the CDC and the National Education Association to educate elementary up
13 through high school students as well as parents regarding the high-risk behavior of driving
14 while holding cell phones and the opportunity to save lives and avoid injuries, with a review of
15 steps taken and report back to the House of Delegates at the 2020 Annual Meeting.

16
17 Your Reference Committee heard testimony in unanimous support of Board of Trustees
18 Report 17. Testimony supported broadening the types of distracted driving referenced in AMA
19 policy and streamlining the directives adopted at previous meetings to give the AMA flexibility
20 in implementation. Therefore, your Reference Committee recommends that Board of Trustees
21 Report 17 be adopted.

1 RECOMMENDED FOR ADOPTION AS AMENDED

2

3 (2) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT
4 2 – FULL COMMITMENT BY OUR AMA TO THE
5 BETTERMENT AND STRENGTHENING OF PUBLIC
6 HEALTH SYSTEMS

7 RECOMMENDATION A:

8

9
10 Recommendation 1 in Council on Science and Public
11 Health Report 2 be amended by addition and deletion to
12 read as follows:

13
14 1. That Policy D-440.922, “Full Commitment by our
15 AMA to the Betterment and Strengthening of Public
16 Health Systems” be amended by addition and deletion
17 to read as follows:

18
19 Our AMA will: (1) champion the betterment of public
20 health by enhancing advocacy and support for
21 programs and initiatives that strengthen public health
22 systems, to address pandemic threats, health
23 inequities and social determinants of health outcomes;
24 and (2) ~~study the most efficacious manner by which~~
25 ~~our AMA can continue to achieve its mission of the~~
26 ~~betterment of public health by recommending~~ (2)
27 ~~develop an organization-wide strategy on public health~~
28 ~~including ways in which the AMA can~~ to strengthen
29 the health and public health system infrastructure and
30 ~~and report back regularly as needed on progress;~~ (3) work
31 ~~with the Federation and other stakeholders to strongly~~
32 ~~support the legal authority of health officials to enact~~
33 ~~reasonable, evidence-based public health measures,~~
34 ~~including mandates, when necessary to protect the~~
35 ~~public from serious illness, injury, and death and~~
36 ~~actively oppose efforts to strip such authority from~~
37 ~~health officials;~~ (4) advocate for (a) consistent,
38 sustainable funding to support our public health
39 infrastructure, (b) incentives, including loan
40 forgiveness and debt reduction, to help strengthen the
41 governmental public health workforce in recruiting and
42 retaining staff, (c) public health data modernization
43 and data governance efforts as well as efforts to
44 promote interoperability between health care and
45 public health; and (d) efforts to ensure equitable
46 access to public health funding and programs. (Modify
47 Current AMA Policy)

1 **RECOMMENDATION B:**

2
3 **Recommendation 2 in Council on Science and Public**
4 **Health Report 2 be amended by addition and deletion to**
5 **read as follows:**

6
7 **2. That Policy H-440.960, “Organized Medicine and**
8 **Public Health Collaboration” be amended by addition**
9 **and deletion to read as follows:**

10
11 Our AMA (1) encourages medical societies to establish
12 liaison committees through which physicians in private
13 practice and officials in public health can explore
14 issues and mutual concerns involving public health
15 activities and private practice; (2) seeks increased
16 dialogue, interchange, and cooperation among national
17 organizations representing public health professionals,
18 including representatives from governmental public
19 health, and those representing physicians in private
20 practice, or those employed in health systems, and
21 employed in academic medicine, and working in other
22 clinical settings.

23 **RECOMMENDATION C:**

24
25 **Recommendation 5 in Council on Science and Public**
26 **Health Report 2 be amended by addition and deletion to**
27 **read as follows:**

28
29 5. That our AMA reaffirm Policies D-305.964, “Support
30 for the Epidemic Intelligence Service (EIS) Program and
31 Preventive Medicine Residency Expansion,” and D-
32 295.327, “Integrating Content Related to Public Health
33 and Preventive Medicine Across the Medical Education
34 Continuum,” and D-305.974 “Funding for Preventive
35 Medicine Residencies.” (Reaffirm Current AMA Policy)

36
37 **RECOMMENDATION D:**

38
39 **Recommendations in Council on Science and Public**
40 **Health Report 2 be adopted as amended and the**
41 **remainder of the report be filed.**

42
43 **HOD ACTION: Recommendations in Council on**
44 **Science and Public Health Report 2 adopted as**
45 **amended and the remainder of the report filed.**

46
47 The Council on Science and Public Health recommends that the following be adopted, and
48 the remainder of the report be filed:

1 1. That Policy D-440.922, "Full Commitment by our AMA to the Betterment and
2 Strengthening of Public Health Systems" be amended by addition and deletion to read as
3 follows:

4 Our AMA will: (1) champion the betterment of public health by enhancing advocacy and
5 support for programs and initiatives that strengthen public health systems, to address
6 pandemic threats, health inequities and social determinants of health outcomes; and (2)
7 ~~study the most efficacious manner by which our AMA can continue to achieve its mission of~~
8 ~~the betterment of public health by recommending~~ (2) develop an organization-wide strategy
9 on public health including ways in which the AMA can to strengthen the health and public
10 health system infrastructure and report back as needed on progress; (3) work with the
11 Federation and other stakeholders to strongly support the legal authority of health officials to
12 enact reasonable, evidence-based public health measures, including mandates, when
13 necessary to protect the public from serious illness, injury, and death and actively oppose
14 efforts to strip such authority from health officials; (4) advocate for (a) consistent, sustainable
15 funding to support our public health infrastructure, (b) incentives, including loan forgiveness
16 and debt reduction, to help strengthen the governmental public health workforce in recruiting
17 and retaining staff, (c) public health data modernization and data governance efforts as well
18 as efforts to promote interoperability between health care and public health; and (d) efforts
19 to ensure equitable access to public health funding and programs. (Modify Current AMA
20 Policy)

21
22 2. That Policy H-440.960, "Organized Medicine and Public Health Collaboration" be
23 amended by addition and deletion to read as follows:

24 Our AMA (1) encourages medical societies to establish liaison committees through which
25 physicians in private practice and officials in public health can explore issues and mutual
26 concerns involving public health activities and private practice; (2) seeks increased dialogue,
27 interchange, and cooperation among national organizations representing public health
28 professionals, including representatives from governmental public health, and those
29 representing physicians in private practice or those employed in health systems and in
30 academic medicine (3) actively supports promoting and contributing to increased attention to
31 public health issues in its programs in medical science and education; (4) continues to
32 support the providing of medical care to poor and indigent persons through the private
33 sector and the financing of this care through an improved Medicaid program; (5) encourages
34 public health agencies to focus on assessment of problems, assurance of
35 healthy living conditions, policy development, and other related activities; and (6) encourages
36 physicians in private practice and those in public health to work cooperatively,
37 striving to ensure better health for each person and an improved community as enjoined in
38 the Principles of Medical Ethics; and (6) encourages state and local health agencies to
39 communicate directly with physicians licensed in their jurisdiction about the status of the
40 population's health, the health needs of the community, and opportunities to collectively
41 strengthen and improve the health of the public. (Modify Current AMA Policy)

42
43 3. That AMA Policy H-440.912, "Federal Block Grants and Public Health" which calls on
44 the AMA to collaborate with national public health organizations to explore ways in which
45 public health and clinical medicine can become better integrated and urges Congress and
46 responsible federal agencies to: (a) establish set-asides or stable funding to states and
47 localities for essential public health programs and services, (b) provide for flexibility in
48 funding but ensure that states and localities are held accountable for the appropriate use of
49 the funds; be reaffirmed. (Reaffirm Current AMA Policy)

1
2 4. That AMA Policy H-440.989, "Continuation of the Commissioned Corps," be amended
3 by addition to read as follows:
4

5 Our AMA strongly supports the expansion and continuation of the Commissioned Corps of
6 the US Public Health Service and recognize the need for it to be adequately funded. (Modify
7 Current AMA Policy)

8
9 5. That our AMA reaffirm Policies D-305.964, "Support for the Epidemic Intelligence
10 Service (EIS) Program and Preventive Medicine Residency Expansion," and D-295.327,
11 "Integrating Content Related to Public Health and Preventive Medicine Across the Medical
12 Education Continuum." (Reaffirm Current AMA Policy)

13
14 6. That our AMA reaffirm Policy H-440.89, "Support of the National Laboratory Response
15 Network," and Policy D-460.971, "Genome Analysis and Variant Identification." (Reaffirm
16 Current AMA Policy)

17
18 7. That our AMA amend Policy H-440.813, "Public Health Surveillance" by addition and
19 deletion to read as follows:
20

21 Our AMA: (1) recognizes public health surveillance as a core public health function that is
22 essential to inform decision making, identify underlying causes and etiologies, and respond
23 to acute, chronic, and emerging health threats; (2) recognizes the important role that
24 physicians play in public health surveillance through reporting diseases and conditions to
25 public health authorities; (3) encourages state legislatures to engage relevant state and
26 national medical specialty societies as well as public health agencies when proposing
27 mandatory reporting requirements to ensure they are based on scientific evidence and meet
28 the needs of population health; (4) recognizes the need for increased federal, state, and local
29 funding to modernize our nation's public health data systems to improve the quality and
30 timeliness of data; (5) supports the CDC's data modernization initiative, including electronic
31 case reporting, which alleviates the burden of case reporting on physicians through the
32 automatic generation and transmission of case reports from electronic health records to public
33 health agencies for review and action in accordance with applicable health care privacy and
34 public health reporting laws; (6) will advocate for incentives for physicians to upgrade their
35 EHR systems to support electronic case reporting as well as incentives to submit case reports
36 that are timely and complete; (67) will share updates with physicians and medical societies
37 on public health surveillance and the progress made toward implementing electronic case
38 reporting; (78) will advocate for increased federal coordination and funding to support the
39 modernization and standardization of public health surveillance systems data collection by the
40 Centers for Disease Control and Prevention and state and local health departments; and (89)
41 supports data standardization that provides for minimum national standards, while preserving
42 the ability of states and other entities to exceed national standards based on local needs
43 and/or the presence of unexpected urgent situations. (Modify Current AMA Policy) (Directive
44 to Take Action)

45
46 The Council on Science and Public Health was commended for bringing forward this excellent
47 and timely report. Your Reference Committee heard testimony in strong support of the
48 Council's report and its recommendations. Minor clarifying amendments were offered, that
49 were supported by the Council, with which your Reference Committee was also in agreement.
50 An additional amendment was proffered to support sustained and dedicated funding for
51 specific areas of public health, including improving the policies, systems, and environments

1 that drive negative health outcomes, and to reduce disparities. The Council testified that these
2 recommendations, were outside of the scope of their report, which supports public health
3 infrastructure broadly and does not get into the details of funding for specific programs and
4 functions. Your Reference Committee agrees with the Council that this is out of scope.
5 Therefore, your Reference Committee recommends that Council on Science and Public
6 Health Report 2 be adopted as amended.

7
8 (3) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 3 –
9 PHYSICIAN INVOLVEMENT IN STATE REGULATIONS OF
10 MOTOR VEHICLE OPERATION AND/OR FIREARM USE BY
11 INDIVIDUALS WITH COGNITIVE DEFICITS DUE TO
12 TRAUMATIC BRAIN INJURY

13
14 **RECOMMENDATION A:**

15
16 The First Recommendation in Council on Science and
17 Public Health Report 3 be amended by addition and
18 deletion to read as follows:

19
20 Our AMA encourages the National Institutes of Health
21 and other funders to expand research on cognitive
22 impairment, including traumatic brain injury (TBI), as a
23 risk factor for harm to self or others that may impact
24 driving and/or firearm ownership, and the role of the
25 physician in preventing decreasing risk of morbidity
26 and mortality (New HOD Policy).

27
28 **RECOMMENDATION B:**

29
30 That Council on Science and Public Health Report 3 be
31 adopted as amended and the remainder of the report be
32 filed.

33
34 HOD ACTION: That Council on Science and
35 Public Health Report 3 adopted as amended and
36 the remainder of the report filed.

37
38 The First Recommendation in Council on
39 Science and Public Health Report 3 be amended
40 by addition and deletion to read as follows:

41
42 Our AMA encourages the National Institutes of
43 Health and other funders to expand research on
44 cognitive impairment, including traumatic brain
45 injury (TBI), as a risk factor for harm to self or
46 others that may impact driving and/or firearm
47 ownership, and the role of the physicians in
48 policy advocacy and counseling patients so as
49 to decrease the preventing decreasing risk of
50 morbidity and mortality (New HOD Policy).

1 The Council on Science and Public Health recommends that the following be adopted, and
2 the remainder of the report be filed:

4 1. Our AMA encourages research on cognitive impairment, including traumatic brain injury
5 (TBI), as a risk factor for driving and/or firearm ownership, and the role of the physician in
6 preventing morbidity and mortality (New HOD Policy).

8 2. That Policy H-15.995, "Medical Advisory Boards in Driver Licensing," advocating for
9 state governments to create and maintain medical advisory boards to oversee driver
10 licensing, be reaffirmed. (Reaffirm Current HOD Policy)

12 3. That Policy H-145.972, "Firearms and High-Risk Individuals," which advocates for ERPO
13 laws and protocols for removing firearms from those deemed to be high-risk in the wake of a
14 petition from concerned parties, be reaffirmed. (Reaffirm Current HOD Policy)

16 4. That Policy H-145.970, "Violence Prevention," calling upon state and federal
17 government entities to strengthen and promote the use of the NICS background check
18 system, be reaffirmed. (Reaffirm Current HOD Policy)

21 Your Reference Committee heard testimony in support of the Council's report and
22 recommendations. An amendment was offered to add in specific funders, including the
23 National Institutes of Health, and to note that the risk factors to be examined were specifically
24 risk to self or to others. The Council supported these amendments. Another amendment was
25 offered regarding removing the role of physicians in preventing morbidity and mortality. Your
26 Reference Committee understands the intent of this amendment but recognizes that this
27 report was focused specifically on physician involvement in these issues. Your Reference
28 Committee does think that modifying the language to clarify the physician's role as decreasing
29 risk of morbidity or mortality, rather than preventing it would be appropriate. Therefore, your
30 Reference Committee recommends that Council on Science and Public Health Report 3 be
31 adopted as amended.

32 (4) RESOLUTION 408 – ENSURING AFFORDABILITY AND
33 EQUITY IN COVID-19 VACCINE BOOSTERS

36 **RECOMMENDATION A:**

38 **Resolution 408 be amended by addition to read as
39 follows:**

41 **RESOLVED, That our American Medical Association
42 support the public purchase and cost-free distribution
43 and administration of COVID-19 booster vaccine doses.
44 (New HOD Policy)**

46 **RECOMMENDATION B:**

48 **Resolution 408 be adopted as amended.**

50 **RECOMMENDATION C:**

1 **Policy D-440.981, "Appropriate Reimbursements and**
2 **Carve-outs for Vaccines" be reaffirmed.**

3
4 **HOD ACTION: Resolution 408 adopted as**
5 **amended with Policy D-440.981, "Appropriate**
6 **Reimbursements and Carve-outs for Vaccines"**
7 **reaffirmed.**

8
9 **RESOLVED, That our American Medical Association support the public purchase and cost-**
10 **free distribution of COVID-19 booster vaccine doses. (New HOD Policy)**

11
12 Your Reference Committee heard testimony in strong support of this resolution. While COVID-
13 19 booster doses are currently available free of charge in the United States, testimony noted
14 that we do not yet know how many COVID-19 booster doses will be needed, particularly with
15 the possibility of emerging variants. Your Reference Committee also heard support for
16 amending the Resolve statement to ensure it also address the cost-free administration of the
17 vaccine for patients. Your Reference Committee concurs with that amendment, which would
18 help ensure continued availability of COVID-19 booster doses in a manner that is equitable
19 across the country. Testimony also raised the issue of reimbursement for administration of
20 the COVID-19 vaccines. Your Reference Committee felt that this was out of scope but noted
21 that existing policy broadly addresses reimbursement for vaccines. We recommend adopting
22 Resolution 408 as amended and reaffirming existing policy.

23
24 D-440.981 Appropriate Reimbursements and Carve-outs for Vaccines
25 Our AMA will: (1) continue to work with the Centers for Medicare and Medicaid
26 Services (CMS) and provide comment on the Medicare Program payment policy
27 for vaccine services; (2) continue to pursue adequate reimbursement for
28 vaccines and their administration from all public and private payers; (3) encourage
29 health plans to recognize that physicians incur costs associated with the procurement,
30 storage and administration of vaccines that may be beyond the average wholesale
31 price of any one particular vaccine; (4) seek legislation mandating that health
32 insurance companies in applicable states either adequately pay for vaccines
33 recommended by the Advisory Committee on Immunization Practices, or clearly state
34 in large bold font in their notices to patients and businesses that they do not follow the
35 federal advisory body on vaccine recommendations, the Advisory Committee on
36 Immunization Practices; and (5) advocate that a physician's office can bill Medicare
37 for all vaccines administered to Medicare beneficiaries and that the patient shall only
38 pay the applicable copay to prevent fragmentation of care.

39
40 (5) RESOLUTION 410 – AFFIRMATIVELY PROTECTING THE
41 SAFETY AND DIGNITY OF PHYSICIANS AND MEDICAL
42 STUDENTS AS WORKERS

43
44 **RECOMMENDATION A:**

45
46 **That the second Resolve of Resolution 410 be amended by**
47 **addition and deletion to read as follows:**

48
49 **RESOLVED, That our AMA develop and distribute specific**
50 **guidelines guidance on how physicians and trainees may**
51 **make public comments on working conditions and legal**

1 options to promote workplace safety (e.g. filing formal
2 OSHA complaints), as well as other workplace protection
3 issues as appropriate; and be it further

4

5 **RECOMMENDATION B:**

6

7 **That the third Resolve of Resolution 410 be amended by**
8 **addition and deletion to read as follows:**

9

10 **RESOLVED**, That AMA policy H-440.810, "Availability
11 of PPE," be amended by addition to read as follows:

12 1. Our AMA affirms that the medical staff of each
13 health care institution should be integrally involved in
14 disaster planning, strategy and tactical management of
15 ongoing crises.

16 2. Our AMA supports evidence-based standards and
17 national guidelines for PPE use, reuse, and
18 appropriate cleaning/decontamination during surge
19 conditions.

20 3. Our AMA will advocate that it is the responsibility of
21 health care facilities to provide sufficient personal
22 protective equipment (PPE) for all employees and
23 staff, as well as trainees and contractors working in
24 such facilities, in the event of a pandemic, natural
25 disaster, or other surge in patient volume or PPE need.

26 4. Our AMA supports physicians and health care
27 professionals and other workers in health care
28 facilities in being permitted to use their professional
29 judgement and augment institution-provided PPE with
30 additional, appropriately decontaminated, personally-
31 provided personal protective equipment (PPE) without
32 penalty.

33 5. Our AMA supports a the rights of physician's and
34 trainees right to participate in public commentary
35 addressing the adequacy of clinical resources and/or
36 health and environmental safety conditions necessary
37 to provide appropriate and safe care of patients and
38 physicians during a pandemic or natural disaster;
39 resident physicians and medical students must have
40 the right to participate in public commentary
41 addressing the adequacy of resources for their own
42 safety in such conditions.

43 6. Our AMA will work with the HHS Office of the
44 Assistant Secretary for Preparedness and Response to
45 gain an understanding of the PPE supply chain and
46 ensure the adequacy of the Strategic National
47 Stockpile for public health emergencies.

48 7. Our AMA encourages the diversification of personal
49 protective equipment design to better fit all body
50 types, cultural expressions and practices among
51 healthcare personnel (Modify Current HOD Policy);

1 **RECOMMENDATION C:**

2
3 **That the fifth Resolve of Resolution 410 be amended by**
4 **addition and deletion to read as follows:**

5
6 **RESOLVED, That our AMA support legislation and other**
7 **policies protecting physicians and ~~medical students~~**
8 **trainees from violence and unsafe working conditions.**

9
10 **RECOMMENDATION D:**

11
12 **Resolution 410 be adopted as amended.**

13
14 **RECOMMENDATION E:**

15
16 **That the title of Resolution 410 be changed to read as**
17 **follows:**

18
19 **AFFIRMATIVELY PROTECTING THE SAFETY AND**
20 **DIGNITY OF PHYSICIANS AND TRAINEES AS**
21 **WORKERS**

22
23 **HOD ACTION: Resolution 410 adopted as**
24 **amended with a change in title to read:**

25
26 **AFFIRMATIVELY PROTECTING THE SAFETY**
27 **AND DIGNITY OF PHYSICIANS AND TRAINEES**
28 **AS WORKERS**

29
30 RESOLVED, That our AMA review reports of unsafe working conditions and unfair
31 retaliation for public expression of safety concerns on the part of physicians and trainees
32 and consider methods to provide logistical and legal support to such aggrieved parties; and
33 be it further

34
35 RESOLVED, That our AMA develop and distribute specific guidelines on how physicians
36 and trainees may make public comments on working conditions and legal options to
37 promote workplace safety (e.g. filing formal OSHA complaints), as well as other workplace
38 protection issues as appropriate; and be it further

39
40 RESOLVED, That AMA policy H-440.810 be amended by addition to read as follows:
41 1. Our AMA affirms that the medical staff of each health care institution should be integrally
42 involved in disaster planning, strategy and tactical management of ongoing crises.
43 2. Our AMA supports evidence-based standards and national guidelines for PPE use, reuse,
44 and appropriate cleaning/decontamination during surge conditions.
45 3. Our AMA will AMA advocate that it is the responsibility of health care facilities to provide
46 sufficient personal protective equipment (PPE) for all employees and staff, as well as
47 trainees and contractors working in such facilities, in the event of a pandemic, natural
48 disaster, or other surge in patient volume or PPE need.
49 4. Our AMA supports physicians and health care professionals and other workers in health
50 care facilities in being permitted to use their professional judgement and augment institution-

1 provided PPE with additional, appropriately decontaminated, personally-provided personal
2 protective equipment (PPE) without penalty.
3 5. Our AMA supports a physician's right to participate in public commentary addressing the
4 adequacy of clinical resources and/or health and environmental safety conditions necessary
5 to provide appropriate and safe care of patients and physicians during a pandemic or natural
6 disaster; resident physicians and medical students must have the right to participate in
7 public commentary addressing the adequacy of resources for their own safety in such
8 conditions.

9 6. Our AMA will work with the HHS Office of the Assistant Secretary for Preparedness and
10 Response to gain an understanding of the PPE supply chain and ensure the adequacy of
11 the Strategic National Stockpile for public health emergencies.

12 7. Our AMA encourages the diversification of personal protective equipment design to better
13 fit all body types, cultural expressions and practices among healthcare personnel.; and be it
14 further

15
16 RESOLVED, That our AMA support the inclusion of health care workers in workplace
17 protections and programs generally applicable to employees in other sectors, barring
18 extenuating circumstances and evidence-based reasoning supporting otherwise; and be it
19 further

20
21 RESOLVED, That our AMA support legislation and other policies protecting physicians and
22 medical students from violence and unsafe working conditions.

23
24 Your Reference Committee heard limited, but supportive testimony on Resolution 410. It was
25 noted in testimony that this issue will remain complex because more physicians are employed
26 by health systems and therefore are less likely to be able to speak freely. It was noted that
27 the fifth Resolve statement did not include fellows and should be broadened. Your Reference
28 Committee felt it would be appropriate to use the language physicians and trainees throughout
29 for consistency and has suggested amendments accordingly. Your Reference Committee also
30 thought it would be more appropriate for the AMA to issue guidance on this issue rather than
31 guidelines. Therefore, Your Reference Committee recommends that Resolution 410 be
32 adopted as amended with a change in title.

33
34 (6) RESOLUTION 414 – ADVOCACY ON THE US
35 DEPARTMENT OF EDUCATION'S SPRING 2022 TITLE
36 IX RULE ON SEXUAL HARASSMENT AND ASSAULT IN
37 EDUCATION PROGRAMS

38
39 **RECOMMENDATION A:**

40
41 Resolution 414 be amended by addition and deletion to
42 read as follows:

43
44 RESOLVED, That our AMA communicate work with
45 relevant stakeholders to release a statement and
46 advocate that the US Department of Education in
47 support of their efforts to replace reconsider their 2020
48 Title IX rule on sexual harassment and assault in
49 educational settings, including undergraduate and
50 graduate medical education, with a and encourage
51 development of a comprehensive rule that preserves

1 the safety and wellbeing of all people affected by sexual
2 assault, in line with current AMA policy.

4 RECOMMENDATION B:

6 Resolution 414 be adopted as amended.

HOD ACTION: Resolution 414 adopted as
amended

RESOLVED, That our AMA work with relevant stakeholders to release a statement and advocate that the US Department of Education replace their 2020 Title IX rule on sexual harassment and assault in educational settings, including undergraduate and graduate medical education, with a comprehensive rule that preserves the safety and wellbeing of all people affected by sexual assault.

17 Your Reference Committee heard testimony in support of the intent of this resolution. The
18 Council on Legislation noted that the Department of Education is already working on replacing
19 the 2020 Title IX rule and held five days of public hearings in June to gather feedback on the
20 current regulations and what should or should not be changed. As a result, the Council on
21 Legislation recommends that the Resolve statement be amended so the AMA is not calling
22 on the Department of Education to do something we already know they are working on. Your
23 Reference Committee agrees, but we acknowledge that the AMA should communicate that
24 they are supportive of current efforts to evaluate the Title IX rules of 2020 as the AMA has
25 multiple policies regarding Title IX rules including a zero-tolerance policy for any type of
26 harassment. Therefore, your Reference Committee recommends that Resolution 414 be
27 adopted as amended.

1 RECOMMENDED FOR ADOPTION IN LIEU OF 2

3 (7) RESOLUTION 411 – ADDRESSING PUBLIC HEALTH
4 DISINFORMATION
5 RESOLUTION 412 - HEALTH PROFESSIONAL
6 DISINFORMATION DURING A PUBLIC HEALTH CRISIS
7

8 RECOMMENDATION A:
9

10 Alternate Resolution 411 be adopted in lieu of
11 Resolutions 411 and 412.

12 **ADDRESSING PUBLIC HEALTH DISINFORMATION
13 DISSEMINATED BY HEALTH PROFESSIONALS**
14

16 **RESOLVED**, That our AMA collaborate with relevant
17 health professional societies and other stakeholders:
18 (1) on efforts to combat public health disinformation
19 disseminated by health professionals in all forms of
20 media and (2) to address disinformation that
21 undermines public health initiatives. (Directive to Take
22 Action), and be it further

24 **RESOLVED**, That our AMA study disinformation
25 disseminated by health professionals and its impact on
26 public health and present a comprehensive strategy to
27 address this issue with a report back at the next
28 meeting of the House of Delegates. (Directive to Take
29 Action)

31 **HOD ACTION: Alternate Resolution 411 adopted**
32 in lieu of Resolutions 411 and 412.

34 **RESOLVED**, That our AMA collaborate with relevant stakeholders on efforts to combat public
35 health disinformation on all forms of media. (Directive to Take Action)

37 **RESOLVED**, That our AMA work with health professional societies to address disinformation
38 that undermines public health initiatives. (Directive to Take Action)

40 Your Reference Committee heard testimony in overwhelming support of Resolutions 411 and
41 412, urging the AMA to take a strong stance on disinformation. It was noted that a small
42 number of physicians are stealing the credibility of our profession and they are using their
43 professional license to validate the disinformation they are spreading, which has seriously
44 undermined public health efforts. The Board of Trustees testified that a comprehensive
45 approach to addressing disinformation is needed, and they would be open to studying this
46 issue. Testimony highlighted the impact disinformation is having on health outcomes beyond
47 COVID-19. The importance of addressing the use of social media and other online platforms
48 to disseminate disinformation was also mentioned. Given the urgent nature of this issue, your
49 Reference Committee agrees that a study on disinformation disseminated by health
50 professionals as well as the development of a comprehensive strategy to address this issue

1 is needed with a report back to the House of Delegates at our next meeting. Therefore, your
2 Reference Committee recommends that Alternate Resolution 411 be adopted in lieu of
3 Resolutions 411 and 412.

Madam Speaker, this concludes the report of Reference Committee D. I would like to thank Jack Gatti, Woody Jenkins, MD, Sarah Marsicek, MD, Eddie Patton, Jr., MD, Donald Posner, MD, Donald J. Swikert, MD, and all those who testified before the Committee as well as our AMA staff, Andrea Garcia, Mary Soliman, and Rebecca Benson.

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