Your reference committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

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

RECOMMENDED FOR ADOPTION AS AMENDED

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

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

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

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

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

RECOMMENDED FOR ADOPTION IN LIEU OF

7. Resolution 411 – Addressing Public Health Disinformation

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.

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.


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 is 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.

5. Our AMA: (a) supports education on the use of earbuds or headphones in both ears during outdoor activities requiring auditory attention, including but not limited to biking, jogging, rollerblading, skateboarding and walking; and (b) supports the use of warning labels on the packaging of hand-held devices utilizing with earbuds or headphones, indicating the dangers of using earbuds or headphones in both ears during outdoor activities requiring auditory attention, including but not limited to biking, jogging, rollerblading, skateboarding and walking.

6. Our AMA will: (a) make it a priority to create a national education and advocacy campaign on distracted driving in collaboration with the Centers for Disease Control and Prevention and other interested stakeholders; and (b) explore developing an advertising campaign on distracted driving with report back to the House of Delegates at the 2019 Interim Meeting.

7. Our AMA will escalate the distracted driving campaign to a national level of awareness in coordination with the CDC and the National Education Association to educate elementary up through high school students as well as parents regarding the high-risk behavior of driving while holding cell phones and the opportunity to save lives and avoid injuries, with a review of steps taken and report back to the House of Delegates at the 2020 Annual Meeting.

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

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

RECOMMENDATION A:

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

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

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

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

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

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

RECOMMENDATION C:

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


RECOMMENDATION D:

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

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

1. That Policy D-440.922, “Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems” be amended by addition and deletion to read as follows:
Our AMA will: (1) champion the betterment of public health by enhancing advocacy and support for programs and initiatives that strengthen public health systems, to address pandemic threats, health inequities and social determinants of health outcomes; and (2) study the most efficacious manner by which our AMA can continue to achieve its mission of the betterment of public health by recommending (2) develop an organization-wide strategy on public health including ways in which the AMA can to strengthen the health and public health system infrastructure and report back as needed on progress; (3) work with the Federation and other stakeholders to strongly support the legal authority of health officials to enact reasonable, evidence-based public health measures, including mandates, when necessary to protect the public from serious illness, injury, and death and actively oppose efforts to strip such authority from health officials; (4) advocate for (a) consistent, sustainable funding to support our public health infrastructure, (b) incentives, including loan forgiveness and debt reduction, to help strengthen the governmental public health workforce in recruiting and retaining staff, (c) public health data modernization and data governance efforts as well as efforts to promote interoperability between health care and public health; and (d) efforts to ensure equitable access to public health funding and programs. (Modify Current AMA Policy)

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

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

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

4. That AMA Policy H-440.989, “Continuation of the Commissioned Corps,” be amended by addition to read as follows:
Our AMA strongly supports the expansion and continuation of the Commissioned Corps of the US Public Health Service and recognize the need for it to be adequately funded. (Modify Current AMA Policy)


7. That our AMA amend Policy H-440.813, “Public Health Surveillance” by addition and deletion to read as follows:

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

The Council on Science and Public Health was commended for bringing forward this excellent and timely report. Your Reference Committee heard testimony in strong support of the Council’s report and its recommendations. Minor clarifying amendments were offered, that were supported by the Council, with which your Reference Committee was also in agreement. An additional amendment was proffered to support sustained and dedicated funding for specific areas of public health, including improving the policies, systems, and environments that drive negative health outcomes, and to reduce disparities. The Council testified that these recommendations, were outside of the scope of their report, which supports public health infrastructure broadly and does not get into the details of funding for specific programs and functions. Your Reference Committee agrees with the Council that this is out of scope.
Therefore, your Reference Committee recommends that Council on Science and Public Health Report 2 be adopted as amended.

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

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

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

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

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

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

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

RECOMMENDATION A:

Resolution 408 be amended by addition to read as follows:

RESOLVED, That our American Medical Association support the public purchase and cost-free distribution and administration of COVID-19 booster vaccine doses.

(New HOD Policy)

RECOMMENDATION B:

Resolution 408 be adopted as amended.

RECOMMENDATION C:


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

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

D-440.981 Appropriate Reimbursements and Carve-outs for Vaccines

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RESOLVED, That AMA policy H-440.810, “Availability of PPE,” be amended by addition to read as follows:

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

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

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

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

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

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

Resolution 410 be adopted as amended.

RECOMMENDATION E:

That the title of Resolution 410 be changed to read as follows:

AFFIRMATIVELY PROTECTING THE SAFETY AND DIGNITY OF PHYSICIANS AND TRAINEES AS WORKERS

RESOLVED, That our AMA review reports of unsafe working conditions and unfair retaliation for public expression of safety concerns on the part of physicians and trainees and consider methods to provide logistical and legal support to such aggrieved parties; and be it further
RESOLVED, That our AMA develop and distribute specific guidelines on how physicians and trainees may make public comments on working conditions and legal options to promote workplace safety (e.g. filing formal OSHA complaints), as well as other workplace protection issues as appropriate; and be it further

RESOLVED, That AMA policy H-440.810 be amended by addition to read as follows:
1. Our AMA affirms that the medical staff of each health care institution should be integrally involved in disaster planning, strategy and tactical management of ongoing crises.
2. Our AMA supports evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions.
3. Our AMA will AMA advocate that it is the responsibility of health care facilities to provide sufficient personal protective equipment (PPE) for all employees and staff, as well as trainees and contractors working in such facilities, in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need.
4. Our AMA supports physicians and health care professionals and other workers in health care facilities in being permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided personal protective equipment (PPE) without penalty.
5. Our AMA supports a physician’s right to participate in public commentary addressing the adequacy of clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of patients and physicians during a pandemic or natural disaster; resident physicians and medical students must have the right to participate in public commentary addressing the adequacy of resources for their own safety in such conditions.
6. Our AMA will work with the HHS Office of the Assistant Secretary for Preparedness and Response to gain an understanding of the PPE supply chain and ensure the adequacy of the Strategic National Stockpile for public health emergencies.
7. Our AMA encourages the diversification of personal protective equipment design to better fit all body types, cultural expressions and practices among healthcare personnel.; and be it further

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

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

Your Reference Committee heard limited, but supportive testimony on Resolution 410. It was noted in testimony that this issue will remain complex because more physicians are employed by health systems and therefore are less likely to be able to speak freely. It was noted that the fifth Resolve statement did not include fellows and should be broadened. Your Reference Committee felt it would be appropriate to use the language physicians and trainees throughout for consistency and has suggested amendments accordingly. Your Reference Committee also thought it would be more appropriate for the AMA to issue guidance on this issue rather than guidelines. Therefore, Your Reference Committee recommends that Resolution 410 be adopted as amended with a change in title.
(6) RESOLUTION 414 – ADVOCACY ON THE US DEPARTMENT OF EDUCATION’S SPRING 2022 TITLE IX RULE ON SEXUAL HARASSMENT AND ASSAULT IN EDUCATION PROGRAMS

RECOMMENDATION A:

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

RESOLVED, That our AMA communicate with relevant stakeholders to release a statement and advocate that the US Department of Education in support of their efforts to 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, in line with current AMA policy.

RECOMMENDATION B:

Resolution 414 be 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.

Your Reference Committee heard testimony in support of the intent of this resolution. The Council on Legislation noted that the Department of Education is already working on replacing the 2020 Title IX rule and held five days of public hearings in June to gather feedback on the current regulations and what should or should not be changed. As a result, the Council on Legislation recommends that the Resolve statement be amended so the AMA is not calling on the Department of Education to do something we already know they are working on. Your Reference Committee agrees, but we acknowledge that the AMA should communicate that they are supportive of current efforts to evaluate the Title IX rules of 2020 as the AMA has multiple policies regarding Title IX rules including a zero-tolerance policy for any type of harassment. Therefore, your Reference Committee recommends that Resolution 414 be adopted as amended.
(7) RESOLUTION 411 – ADDRESSING PUBLIC HEALTH DISINFORMATION
RESOLUTION 412 - HEALTH PROFESSIONAL DISINFORMATION DURING A PUBLIC HEALTH CRISIS

RECOMMENDATION A:

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

ADDRESSING PUBLIC HEALTH DISINFORMATION DISSEMINATED BY HEALTH PROFESSIONALS

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

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

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

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

Your Reference Committee heard testimony in overwhelming support of Resolutions 411 and 412, urging the AMA to take a strong stance on disinformation. It was noted that a small number of physicians are stealing the credibility of our profession and they are using their professional license to validate the disinformation they are spreading, which has seriously undermined public health efforts. The Board of Trustees testified that a comprehensive approach to addressing disinformation is needed, and they would be open to studying this issue. Testimony highlighted the impact disinformation is having on health outcomes beyond COVID-19. The importance of addressing the use of social media and other online platforms to disseminate disinformation was also mentioned. Given the urgent nature of this issue, your Reference Committee agrees that a study on disinformation disseminated by health professionals as well as the development of a comprehensive strategy to address this issue is needed with a report back to the House of Delegates at our next meeting. Therefore, your Reference Committee recommends that Alternate Resolution 411 be adopted in lieu of 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.

Jack Gatti  Eddie Patton, Jr., MD  
Maryland  Texas

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Oklahoma  Louisiana

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Janet West, MD, Chair  
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