Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. Report B: State Medical Society Representation in the AMA-YPS Assembly
2. Report C: Specialty Society Representation and Outreach

**RECOMMENDED FOR ADOPTION AS AMENDED**

3. Resolution 1: HOD Modernization
4. Resolution 2: Updating Physician Job Description for Disability Insurance
5. Resolution 3: Advocating for State GME Funding
6. Resolution 4: Parity in Military Reproductive Health Insurance Coverage for Same-Sex Couples

**RECOMMENDED FOR FILING**

RECOMMENDED FOR ADOPTION

(1) REPORT B: STATE MEDICAL SOCIETY REPRESENTATION IN THE AMA-YPS ASSEMBLY

RECOMMENDATION:

Recommendations in Report B be adopted and the remainder of the Report be filed.

FINAL ACTION: ADOPTED

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to reach out to eligible state societies that have designated less than the allotted number of representatives in the AMA-YPS Assembly.

2. The YPS Governing Council will continue to work with YPS committee members to connect with current and potential members that are part of state medical societies not represented in the AMA-YPS Assembly and encourage them to serve as liaisons to the young physicians in their society or identify someone in their society for further outreach.

3. The YPS Governing Council will continue to communicate with YPS members of state societies represented in the AMA-YPS Assembly to highlight the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS where appropriate.

No commentary was provided on the strategy to increase representation and promote active participation among state medical societies in the AMA Young Physicians Section (YPS) Assembly. Your Reference Committee recommends that Report B be adopted and the remainder of the report be filed.
(2) REPORT C: SPECIALTY SOCIETY REPRESENTATION AND OUTREACH

RECOMMENDATION:

Recommendations in Report C be adopted and the remainder of the Report be filed.

FINAL ACTION: ADOPTED

The Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will continue to work with appropriate YPS committee members and young physician members to engage with current and potential members that are part of specialty societies not represented in the AMA-YPS and encourage them to serve as liaisons to the young physicians in their society or identify someone in their society for further outreach.

2. The YPS Governing Council will continue to connect with specialty societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.

3. The YPS Governing Council will continue to reach out to specialty societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.

No comments were offered in the online forum concerning the plan to expand specialty society representation and involvement in the AMA-YPS Assembly. Your Reference Committee recommends that Report C be adopted and the remainder of the report be filed.
RECOMMENDED FOR ADOPTION AS AMENDED

(3) RESOLUTION 1: HOD MODERNIZATION

RECOMMENDATION A:

Resolution 1 be amended by addition and deletion:

RESOLVED, That our AMA immediately convene a task force [The House of Delegates (HOD) Modernization Task Force] representing HOD stakeholders, including representatives from all AMA Sections, charged with analyzing lessons learned from virtual meetings of our HOD to and determining how the process of an future in-person meetings may be updated to improve the efficiency and effectiveness of the HOD, while making efforts to maintain the central tenets of our House, including equity, democracy, and protecting minority voices, and recognizing the importance of in-person deliberations. (Directive to Take Action); and be it further

RESOLVED, That the Speakers issue updates on the HOD Modernization Task Force progress and recommendations beginning at the 2022 Interim Meeting of the AMA House of Delegates and each meeting thereafter until the Task Force has completed its work (Directive to Take Action); and be it further

RESOLVED, That this resolution be immediately forwarded for consideration at the 2022 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)

RECOMMENDATION B:

Resolution 1 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA immediately convene a task force [The House of Delegates (HOD) Modernization Task Force] representing HOD stakeholders charged with analyzing lessons learned from virtual meetings of our HOD and determining how the process of an in-person meeting may be updated to improve the efficiency and effectiveness of the HOD, while making efforts to maintain the central tenets of our House, including equity, democracy, and protecting minority voices. (Directive to Take Action)

Online forum commentary supported using the experience from virtual meetings in consideration of best practices for future in-person meetings. A particular concern raised that the meeting design should be conducive to participation by all members. Additionally, commentary called for the inclusion of members from all physician life cycles as House of Delegates (HOD) stakeholders in an effort to integrate diverse perspectives.

Your Reference Committee concurs that equity and accessibility for all members is significant. Further, your Reference Committee wishes to note that Resolution 610-A-22, Making AMA Meetings Accessible, calls for the AMA to investigate ways to allow meaningful participation by all members.
Hence, your Reference Committee proffered an amendment to elevate the concerns noted in the online forum and support timely consideration of this issue. Your Reference Committee recommends that Resolution 1 be adopted as amended.

(4) RESOLUTION 2: UPDATING PHYSICIAN JOB DESCRIPTION FOR DISABILITY INSURANCE

RECOMMENDATION A:

The first Resolve in Resolution 2 be deleted:

RESOLVED, That our AMA will work with appropriate stakeholders, including specialty societies and insurance industry experts, to develop job description templates that can be used by insurance carriers and physicians to ensure their disability policies are robust and will protect them if a coverage trigger occurs (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 2 be amended by addition and deletion:

RESOLVED, That our AMA will work with appropriate stakeholders, including specialty societies, and insurance industry experts, study the most effective approach to developing specialty-specific job descriptions that reflect the true physical and cognitive demands of each given specialty for, and can be used in the Occupational Information System under development by the Social Security Administration so as to ensure that physician disability policies are robust and protective if a coverage trigger occurs. (Directive to Take Action)

RECOMMENDATION C:

Resolution 2 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA will work with appropriate stakeholders, including specialty societies and insurance industry experts, to develop job description templates that can be used by insurance carriers and physicians to ensure their disability policies are robust and will protect them if a coverage trigger occurs (Directive to Take Action); and be it further

RESOLVED, That our AMA will work with appropriate stakeholders, including specialty societies, and insurance industry experts, to develop specialty specific job descriptions that reflect the true physical and cognitive demands of a given specialty, and can be used in the Occupational Information System under development by the Social Security Administration. (Directive to Take Action)
Wide-ranging commentary on developing physician job descriptions for disability insurance was shared. Many comments were supportive of collaborative efforts that allow physicians to provide input for job descriptions. However, there were concerns that listing specialty-specific responsibilities in these descriptions may lead to unintended consequences such as significant job duties being unaccounted for and the risk of narrowed insurance coverage.

Your Reference Committee believes that the complexities of this issue warrant further study to ensure that all aspects are properly addressed. Therefore, your Reference Committee recommends that Resolution 2 be adopted as amended.

(5) RESOLUTION 3: ADVOCATING FOR STATE GME FUNDING

RECOMMENDATION A:

The first Resolve in Resolution 3 be amended by addition and deletion:

RESOLVED, That our AMA collect and publicize information best practice examples of on state-funded Graduate Medical Education positions and develop model state legislation where appropriate. (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 3 be deleted:

RESOLVED, That our AMA work with state medical societies and other interested organizations to advocate for state funding of Graduate Medical Education positions. (Directive to Take Action)

RECOMMENDATION C:

Resolution 3 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA collect and publicize information on state-funded Graduate Medical Education positions (Directive to Take Action); and be it further

RESOLVED, That our AMA work with state medical societies and other interested organizations to advocate for state funding of Graduate Medical Education positions. (Directive to Take Action)

Online forum comments in support of the first Resolve identified the benefits of highlighting information to support advocacy for state-funded Graduate Medical Education (GME) positions. Additionally, examples of various state legislative efforts to fund GME slots were shared in the online forum. Dissenting commentary noted that significant resources could be required to collect this information and maintain timely publication.

Concerning the second Resolve, commentary noted that existing AMA policy (e.g., The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education D-305.967) addresses advocacy for state funding of GME positions. Your Reference Committee believes existing resources, including model state legislation, can be
disseminated using the AMA webpage as appropriate. Further, your Reference Committee concurs that sufficient AMA policy exists, and the second Resolve is not necessary. Therefore, your Reference Committee recommends that Resolution 2 be adopted as amended.

(6) RESOLUTION 4: PARITY IN MILITARY REPRODUCTIVE HEALTH INSURANCE COVERAGE FOR SAME-SEX COUPLES

RECOMMENDATION A:

The first Resolve in Resolution 4 be amended by addition and deletion:

RESOLVED, That our AMA support expansion of reproductive health insurance coverage to all active-duty service members who are single women or same-sex couples and veterans eligible for medical care regardless of marital status, gender or sexual orientation. (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 4 be deleted:

RESOLVED, That our AMA support expansion of reproductive health insurance coverage to veterans who are single women or same-sex couples. (Directive to Take Action)

RECOMMENDATION C:

The title of Resolution 4 be changed to read as follows:

Parity in Military Reproductive Health Insurance Coverage for Same-Sex Couples All Service Members and Veterans

RECOMMENDATION D:

Resolution 4 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA support expansion of reproductive health insurance coverage to active-duty service members who are single women or same-sex couples (Directive to Take Action); and be it further

RESOLVED, That our AMA support expansion of reproductive health insurance coverage to veterans who are single women or same-sex couples. (Directive to Take Action).

Although this resolution focused on a specific patient population, there was concern that such restrictive language could unintentionally hinder advocacy efforts for expanding reproductive health insurance coverage for all. Your Reference Committee proffered an amendment to integrate inclusive language that supports access to care and equitable coverage for all active-duty service members and veterans. Therefore, your Reference Committee recommends that Resolution 4 be adopted as amended.
RECOMMENDED FOR FILING

(7) REPORT A: GOVERNING COUNCIL ACTIVITIES/ACTION

PLAN UPDATE

RECOMMENDATION:

Report A be filed.

FINAL ACTION: FILED

Report A provides a compilation of activities accomplished by the AMA-YPS since the June 2021 Assembly meeting. Updates on AMA-YPS objectives are organized under four main categories: focus; communications; leadership development; and AMA-YPS active participation. Limited, but supportive, commentary was provided during the online forum. Therefore, your Reference Committee recommends that Report A be filed.

(8) REPORT D: AMA-YPS FINANCE REPORT

RECOMMENDATION:

Report D be filed.

FINAL ACTION: FILED

Pursuant to the adoption of Resolution 3-I-04, “AMA-YPS Yearly Finance Report,” the AMA-YPS Governing Council (GC) presents an overview of the AMA-YPS annual budget. The AMA-YPS budget is based upon the AMA’s annual budgeting process, which must receive final approval from the AMA’s Board of Trustees. Therefore, the AMA-YPS GC does not directly set, control, or oversee the AMA-YPS budget. Report D is informational and does not include recommendations. No commentary was provided during the online forum. Your Reference Committee recommends that Report D be filed.

(9) REPORT E: AMA-YPS INVOLVEMENT IN ADVOCACY AND POLICY EFFORTS

RECOMMENDATION:

Report E be filed.

FINAL ACTION: FILED

The purpose of this informational report is to present a high-level overview of AMA national and state advocacy efforts, opportunities for young physician participation in health care advocacy, and AMA-YPS policy accomplishments. No commentary was provided during the online forum. Therefore, your Reference Committee recommends that Report E be filed.
REPORT F: PROMOTING LEADERSHIP DEVELOPMENT
OF YOUNG PHYSICIANS

RECOMMENDATION:

Report F be filed.

FINAL ACTION: FILED

The AMA-YPS GC, in collaboration with the Strategy and Leadership Committee, solicited section member input on slotted seats for young physicians on the AMA Councils. Member responses are summarized in this informational report. No comments were provided in the online forum, and your Reference Committee recommends that Report F be filed.
This concludes the report of the AMA-YPS Reference Committee. I would like to thank Luke Barré, MD; Tracey Henry, MD; Samuel Mathis, MD; and Jennifer Stall, MD.

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