DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2024 Interim 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 (I-24)

Final Report of Reference Committee on Amendments to Constitution and Bylaws

Carlos Latorre, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. BOT Report 22 – Specialty Society Representation in the House of Delegates – Five-Year Review
2. BOT Report 23 – Advocating for the Informed Consent for Access to Transgender Health
3. BOT Report 24 – Physicians Arrested for Non-Violent Crimes While Engaging in Public Protests
4. CCB Report 01 – Resolution Deadline Clarification
5. CCB Report 02 – Name Change for Reference Committee
6. CEJA Report 01 – Expanding Access to Palliative Care
7. Resolution 003 – On the Ethics of Human Lifespan Prolongation
8. Resolution 006 – Opposition to the Deceptive Relocation of Migrants and Asylum Seekers
9. Resolution 008 – Missing and Murdered Black Women and Girls
10. Resolution 010 – Development of Resources for Medical Staffs to Engage in Collective Negotiation with Hospital and Health Systems

RECOMMENDED FOR ADOPTION AS AMENDED

11. BOT Report 08 – Increasing Access to Medical Care for People Seeking Asylum
12. BOT Report 14 – Privacy Protection and Prevention of Further Trauma for Victims of Distribution of Intimate Videos and Images Without Consent
13. BOT Report 18 – Expanding Palliative Care
14. CCB Report 03 – Bylaw Amendments to Address Medical Student Leadership
15. Resolution 001 – Addressing Gender-Based Pricing Disparities
16. Resolution 002 – Anti-Doxxing Data Privacy Protection
17. Resolution 005 – Updating the American Medical Association Definition of Infertility

RECOMMENDED FOR REFERRAL

18. CEJA Report 02 – Protecting Physicians Who Engage in Contracts to Deliver Health Care Services
19. Resolution 004 – Improving Usability of Electronic Health Records for Transgender and Gender Diverse Patients
20. Resolution 007 – Supporting Diversity in Research

RECOMMENDED FOR REFERRAL FOR DECISION

21. Resolution 009 – Opposition to Creation or Enforcement of Civil Litigation, Commonly Referred to as Civil Causes of Action

RECOMMENDED FOR NOT ADOPTION

22. Resolution 011 – American Kidney Donation Legislation

If you wish to propose an amendment to an item of business, click here: Submit New Amendment

RECOMMENDED FOR ADOPTION

(1) BOT REPORT 22 - SPECIALITY SOCIETY REPRESENTATION IN THE HOUSE OF DELEGATES – FIVE-YEAR REVIEW

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 22 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in BOT Report 22 adopted and the remainder of the Report be filed.

The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed:

1. The American Academy of Allergy, Asthma & Immunology, American College of Cardiology, American College of Chest Physicians, American College of Emergency Physicians, American College of Gastroenterology, American College of Nuclear Medicine, American Medical Group Association, International Society for the Advancement of Spine Surgery, and National Association of Medical Examiners retain representation in the American Medical Association House of Delegates. (Directive to Take Action)

No testimony was heard. Your Reference Committee recommends that the report be adopted.

(2) BOT REPORT 23 - ADVOCATING FOR THE INFORMED CONSENT FOR ACCESS TO TRANSGENDER HEALTH

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 23 be adopted and remainder of the Report be filed.

HOD ACTION: Recommendations in BOT Report 23 adopted and the remainder of the Report be filed.

In light of these considerations, the Board of Trustees recommends that the following be adopted in lieu of Resolution 011-I-22, "Advocating for the Informed Consent for Access to Transgender Health Care," and the remainder of this report be filed:

1.That our AMA unambiguously supports access to and insurance coverage of medically necessary gender-affirming care but does not identify a preferred model of care for determining medical necessity. The AMA vigorously advocates for equitable payment policies, relying on the evidence-based professional guidelines and recommendations set by professional medical associations, as well as individual physician clinical judgment, on questions of appropriate clinical criteria. (New HOD Policy)

2.That Policy H-185.927, "Clarification of Medical Necessity for Treatment of Gender Dysphoria," be reaffirmed. (Reaffirm HOD Policy)

3. That Policy H-140.824, "Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population," be reaffirmed. (Reaffirm HOD Policy)

4. That Policy H-295.847, "Increasing Access to Gender-Affirming Care Through Expanded Training and Equitable Coverage," be reaffirmed. (Reaffirm HOD Policy)

5. That Policy H-185.950, "Removing Financial Barriers to Care for Transgender Patients," be amended by addition and deletion to read as follows:

Our AMA supports public and private health insurance coverage for evidence-based treatment of gender-affirming care gender dysphoria as recommended by the patient's physician. (Modify current HOD Policy)

Limited in-person testimony was heard. Testimony was in strong support with one testimony calling for referral to explore emerging data on gender affirming care for minors. Your Reference Committee recommends that the report be adopted.

(3) BOT REPORT 24 - PHYSICIANS ARRESTED FOR NON-VIOLENT CRIMES WHILE ENGAGED IN PUBLIC PROTESTS

RECOMMENDATION:

Your Reference Committee recommends that Board of Trustees Report 24 be adopted and remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 24 adopted and the remainder of the report filed.

The Board of Trustees recommends that Res 009 be adopted as amended and the remainder of the report be filed:

That our AMA advocate to appropriate credentialing organizations and payers – including the Federation of State Medical Boards, state and territorial licensing boards, hospital and hospital system accrediting boards, and organizations that compensate physicians for provision of healthcare goods and services – that ~~misdemeanor or felony~~ arrests of physicians for nonviolent civil disobedience occurring while ~~as a result of~~ exercising their First Amendment rights of protest ~~through nonviolent civil disobedience~~ should not be deemed germane to the ability to safely and effectively practice medicine. (Directive to Take Action)

Limited in-person testimony was heard in unanimous support. Your Reference Committee recommends that the report be adopted.

(4) CCB REPORT 01 RESOLUTION DEADLINE CLARIFICATION

RECOMMENDATION:

Your Reference Committee recommends that CCB Report 01 be <u>adopted</u> and the remainder of the Report be <u>filed.</u>

HOD ACTION: Recommendations in CCB Report 01 <u>adopted</u> and the remainder of the Report <u>filed.</u>

The Council on Constitution and Bylaws recommends that the following recommendation be adopted, and that the balance of the report be filed. Adoption requires the affirmative vote of two thirds of the members of the House of Delegates present and voting following a one-day layover.

1) That our AMA Bylaws be amended by insertion and deletion as follows:

2.11.3 Introduction of Business.

2.11.3.1 Resolutions.

<u>2.11.3.1.1 On-Time Resolutions.</u> To be considered as regular business, each resolution must be introduced by a delegate or organization represented in the House of Delegates and must have been submitted to the AMA not later than 45 days prior to the commencement of the meeting at which it is to be considered, with the following exception~~s~~.

2.11.3.1.1.<u>1</u> AMA Sections. Resolutions presented from ~~the business~~ meetings of the AMA Sections <u>convened prior to the coinciding House of Delegates meeting but after the 45 day on-time deadline</u> may be presented for consideration by the House of Delegates <u>upon adoption by the Section</u> and no later than the <u>commencement</u> ~~recess~~ of the House of Delegates opening session to be accepted as regular business. Section ~~R~~<u>r</u>esolutions presented after the <u>commencement</u> ~~recess~~ of the opening session of the House of Delegates will be accepted in accordance with Bylaw 2.11.3.1.3.

2.11.3.1.2 Late Resolutions. Late resolutions may be presented by a delegate or organization represented in the House of Delegates any time after the 45-day resolution deadline until the commencement of the opening session of the House of Delegates, and will be accepted as business of the House of Delegates only upon two-thirds vote of delegates present and voting.

2.11.3.1.3 Emergency Resolutions. Resolutions of an emergency nature may be presented by a delegate any time after the commencement of the opening session of the House of Delegates. Emergency resolutions will be accepted as business only upon a three-fourths vote of delegates present and voting, and if accepted shall be ~~presented to~~ considered by the House of Delegates without ~~consideration~~ deliberation by a reference committee. ~~A simple majority vote of the delegates present and voting shall be required for adoption.~~

(Modify Bylaws)

Online testimony was in general support. In-person testimony was heard in unanimous support. Your Reference Committee recommends that the report be adopted.

(5) CCB REPORT 02 - NAME CHANGE FOR REFERENCE COMMITTEE

RECOMMENDATION:

Your Reference Committee recommends that CCB Report 02 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in CCB Report 02 adopted and the remainder of the Report filed.

The Council on Constitution and Bylaws recommends that the following recommendation be adopted and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover:

1) That our AMA Bylaws be amended by insertion and deletion as follows:

2.13 Committees of the House of Delegates.

2.13.1 Reference Committees of the House of Delegates.

2.13.1.1 Ethics and ~~Amendments to the Constitution and~~ Bylaws. All ~~proposed amendments to the Constitution or Bylaws, and~~ matters pertaining to ethics, the Principles of Medical Ethics of the AMA and to the AMA Constitution and Bylaws shall be referred to this committee.

(Modify Bylaws)

Online testimony was in unanimous support. No in-person testimony was heard. Your Reference Committee recommends that the report be adopted.

(6) CEJA REPORT 01 - EXPANDING ACCESS TO PALLIATIVE CARE

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 01 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in CEJA Report 01 adopted and the remainder of the Report be filed.

Given both the AMA Policy and CEJA's historical support of addressing the palliative needs of patients and the duty of clinicians to provide optimal palliative care to patients, it is recommended that the *Code of Medical Ethics* be amended to include a new opinion on Palliative Care.

Physicians have clinical ethical responsibilities to address the pain and suffering occasioned by illness and injury and to respect their patients as whole persons. These duties require physicians to assure the provision of effective palliative care whenever a patient is experiencing serious, chronic, complex, or critical illness, regardless of prognosis. Palliative care is sound medical treatment that includes the comprehensive management and coordination of care for pain and other distressing symptoms including physical, psychological, intellectual, social, spiritual, and existential distress from serious illness. Evaluation and treatment are patient-centered but with an additional focus on the needs, values, beliefs, and culture of patients and those who love and care for them in decision-making accordingly.

Palliative care is widely acknowledged to be appropriate for patients who are close to death, but persons who have chronic, progressive, and/or eventually fatal illnesses often have symptoms and experience suffering early in the disease course. The clinical ethical responsibilities to address symptoms and suffering may therefore sometimes entail a need for palliative care before the terminal phase of disease. Moreover, the duty to respect patients as whole persons should lead physicians to encourage patients with chronic, progressive, and/or eventually fatal conditions to identify surrogate medical decision makers, given the likelihood of a loss of decisional capacity during medical treatment.

When caring for patients' physicians should:

(a) Integrate palliative care into treatment.

(b) Seek and/or provide palliative care, as necessary, for the management of symptoms and suffering occasioned by any serious illness or condition, at any stage, and at any age throughout the course of illness.
(c) Offer palliative care simultaneously with disease modifying interventions, including attempts for cure or remission.
(d) Be aware of, and where needed, engage palliative care expertise in care.

Physician as a profession should:

(e) Advocate that palliative care be accessible for all patients, as necessary, for the management of symptoms and suffering occasioned by any serious illness or condition, at any stage, and at any age throughout the course of illness.
(New Policy)

The majority of online testimony was in strong support and a minority asked for a minor clarification. In-person testimony was in general support. CEJA testified in person that they agreed with the minor clarification proffered during online testimony and that this clarification had been addressed in the report. Your Reference Committee recommends that the report be adopted.

(7) RESOLUTION 003 - ON THE ETHICS OF HUMAN LIFESPAN PROLONGATION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 003 be <u>adopted.</u>

HOD ACTION: Resolution 003 <u>adopted.</u>

RESOLVED, that our American Medical Association undertake an evaluation of the ethics of extension of the human lifespan, currently considered to be 120 years, with the goal of providing guidance and/or guidelines for clinical practice, research and potential regulatory challenges. (Directive to Take Action)

The majority of online testimony was in support. In-person testimony was provided by the author of the resolution to clarify language based on the online testimony. Your Reference Committee recommends that the resolution be adopted.

(8) RESOLUTION 006 - OPPOSITION TO THE DECEPTIVE RELOCATION OF MIGRANTS AND ASYLUM SEEKERS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 006 be <u>adopted.</u>

HOD ACTION: Resolution 006 <u>adopted.</u>

RESOLVED, that our American Medical Association oppose the relocation of migrants and asylum-seekers by state or federal authorities without timely and appropriate resources to meet travelers' needs, especially when deceptive or coercive practices are used (New HOD Policy); and be it further

RESOLVED, that our AMA support state and federal efforts to protect the health and safety of traveling migrants and asylum-seekers and investigate possible abuse and human rights violations. (New HOD Policy)

Online testimony was mixed, with a slight majority of testimony in support. Extensive in-person testimony was heard in general support. Testimony in support noted that the resolution highlights a pressing need and is within the AMA's purview. Testimony in opposition explained that the resolution was political in nature and inflammatory. Your Reference Committee recommends that the report be adopted.

(9) RESOLUTION 008 - MISSING AND MURDERED BLACK WOMEN AND GIRLS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 008 be <u>adopted.</u>

HOD ACTION: Resolution 008 <u>adopted.</u>

RESOLVED, that our American Medical Association advocate that the United States Department of Justice collect data on missing persons and homicide cases involving Black women and girls, including the total number of cases, the rate at which the cases are solved, the length of time the cases remain open, and a comparison to similar cases involving different demographic groups (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for the United States Department of Justice, legislators, and other stakeholders to collect data on Amber Alerts, including the total number of Amber Alerts issued, aggregated by the child's race and sex (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage state medical societies to work with legislators, advocates, and other stakeholders to establish equity in policy and practices related to missing and murdered black women and girls. (New HOD Policy)

The majority of online testimony was in support. In-person testimony was heard in unanimous support. Your Reference Committee recommends that the resolution be adopted.

(10) RESOLUTION 010 - DEVELOPMENT OF RESOURCES FOR MEDICAL STAFFS TO ENGAGE IN COLLECTIVE NEGOTIATION WITH HOSPITAL AND HEALTH SYSTEMS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 010 be <u>adopted.</u>

HOD ACTION: Resolution 010 <u>adopted.</u>

RESOLVED, that our American Medical Association develop and distribute comprehensive materials to enable medical staffs to become effective agents for collective negotiation with hospitals and health systems (Directive to Take Action); and be it further

RESOLVED, that our AMA allocate appropriate resources and support to assist medical staffs in understanding their rights, the negotiation process, and strategies for successful collective action (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for policies at the state and federal levels that support the rights of medical staffs to engage in collective negotiation with hospital systems (Directive to Take Action).

In-person testimony was in nearly unanimous support. Limited testimony in opposition called for referral for further study due to legal and financial concerns. Your Reference Committee recommends that Resolution 010 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(11) BOT REPORT 08 - INCREASING ACCESS TO MEDICAL CARE FOR PEOPLE SEEKING ASYLUM

RECOMMENDATION A:

That provision 8 of policy H-350.957 in BOT Report 08 be amended by addition as follows:

8. Our AMA encourages provision of resources to assist people seeking asylum, including social and legal services.

RECOMMENDATION B:

That BOT Report 08 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 08 adopted as amended and the remainder of the report filed.

The AMA recognizes that there are many facets to the legal U.S. immigration system, including medical evaluation. Asylum seekers are in need of care and assistance, and medical students, trainees, and physicians should play a role in this medical care. The AMA supports opportunities for interested physicians to gain further education and training to care for these patients.

The Board of Trustees therefore recommends that the following recommendations be adopted and the remainder of this report be filed.

That Policy H-350.957 be amended by addition and deletion to read as follows:

3. Our AMA ~~will~~ calls for asylum seekers to receive medically-appropriate care, including vaccinations, in a patient centered, language and culturally appropriate way upon presentation for asylum regardless of country of origin.
4. Our AMA supports efforts to train physicians to conduct medical and psychiatric forensic evaluations for asylum seekers.
5. Our AMA supports medical education that addresses the challenges of life-altering events experienced by asylum seekers.

6. Our AMA urges physicians to provide medically-appropriate care for asylum seekers.
7. Our AMA encourages physicians to seek out organizations or agencies in need of physicians to provide these services.
8. Our AMA encourages provision of resources to assist people seeking asylum.

Online testimony supported the amendments proffered by your Reference Committee in the Preliminary Report. Online testimony was in near unanimous support; the original authors of the resolution proffered an amendment to better address unique needs and barriers to health care that asylum seekers face. In-person testimony was heard in unanimous support. Your Reference Committee recommends that the report be adopted as amended.

(12) BOT REPORT 14 - PRIVACY PROTECTION AND PREVENTION OF FURTHER TRAUMA FOR VICTIMS OF DISTRIBUTION OF INTIMATE VIDEOS AND IMAGES WITHOUT CONSENT

RECOMMENDATION A:

Your Reference Committee recommends that BOT Report 14 be amended by addition as follows:

That our American Medical Association (AMA) encourage the development of public and private sector initiatives to prevent and address image-based sexual violence or abuse. (New HOD Policy)

RECOMMENDATION B:

That BOT Report 14 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 14 adopted as amended and the remainder of the report filed.

The Board of Trustees recommends that the following be adopted and the remainder of the report be filed:

1. That our American Medical Association (AMA) encourage the development of public and private sector initiatives to prevent and address image-based sexual violence. (New HOD Policy)

2. That Policy D-515.975 be rescinded as having been accomplished by this report.

Online testimony was in unanimous support. The majority of in-person testimony was in support with limited opposition. Testimony in support noted that the report provides a good first step in addressing a growing problem. Testimony in opposition noted that the definitions were ambiguous. Proffered amendments suggested minor language changes for clarity. Your Reference Committee recommends that the report be adopted as amended.

(13) BOT REPORT 18 - EXPANDING PALLIATIVE CARE

RECOMMENDATION A:

That recommendation provision 2 in BOT Report 18 be amended by addition and deletion as follows:

(2) recognizes that palliative care is the comprehensive management and coordination of care for pain and other distressing symptoms, including physical, psychological, intellectual, social, psychosocial, spiritual, and the existential consequences of a serious illness, which improves the quality of life of patients and their families/caregivers, and that generalist and subspecialist palliative care evaluation and ~~that palliative care~~ treatments are patient-centered and family-oriented~~.~~, emphasizing shared decision-making according to the needs, values, beliefs, and culture or cultures of the patient and their family or chosen family

RECOMMENDATION B:

That recommendation provision 4 in BOT Report 18 be amended by addition and deletion as follows:

(4) recognizes that palliative care can be offered alongside curative or life-prolonging treatments at any stage of illness, whereas hospice is a specific type of palliative care, typically reserved for individuals with a prognosis of six months or less ~~who have chosen to forego most life-prolonging therapies, whereas palliative can be offered alongside curative or life-prolonging treatments at any stage of illness~~.

RECOMMENDATION C:

That BOT Report 18 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations of BOT Report 18 adopted as amended and the remainder of the report filed.

In light of these considerations, the Board of Trustees Report 18 reaffirms H-295.825, Palliative Care and End-of-Life Care; H-70.915, Good Palliative Care; D-295.969, Geriatric and Palliative Care Training for Physicians; and recommends that alternate Resolution 722, "Expanding Protection of End-of-Life Care," be adopted in lieu of Resolution 722 and this report be titled "Expanding Palliative Care" and the remainder of this report be filed:

Our American Medical Association:

(1) recognizes that access to palliative care, including hospice, is a human right.

(2) recognizes that palliative care is the comprehensive management and coordination of care for pain and other distressing symptoms, including physical, psychological, intellectual, social, psychosocial, spiritual, and the existential consequences of a serious illness, which improves the quality of life of patients and their families/caregivers and that palliative care evaluation and that palliative care treatments are patient-centered and family-oriented., emphasizing shared decision-making according to the needs, values, beliefs, and culture or cultures of the patient and their family or chosen family.

(3) recognizes that palliative care can be offered in all care settings through a collaborative team approach involving all disciplines (e.g., physicians, nurses, social workers, spiritual care providers, therapists, pharmacists) and should be available at any stage of a serious illness from birth to advanced age and may be offered simultaneously with disease modifying interventions.

(4) recognizes that hospice is a specific type of palliative care, reserved for individuals with a prognosis of six months or less who have chosen to forego most life-prolonging therapies, whereas palliative can be offered alongside curative or life-prolonging treatments at any stage of illness.

(5) recognizes that palliative care differs from physician assisted suicide in that palliative care does not intentionally cause death. In fact, palliative treatments that relieve symptom distress have been shown in numerous studies to prolong life.

(6) will work with interested state medical societies and medical specialty societies and vigorously advocate for broad, equitable access to palliative care, including hospice, to ensure that all populations, particularly those from underserved or marginalized communities have access to these essential services.

(7) opposes the imposition of criminal and civil penalties or other retaliatory efforts against physicians for assisting in, referring patients to, or providing palliative care services, including hospice.

(New HOD Policy)

Online testimony was generally in support, with amendments proffered for clarity and to highlight the importance of both generalist and subspecialist palliative care treatments. In-person testimony was heard in general support of the report as amended by your Reference Committee in the Preliminary Report. Limited in-person testimony highlighted that physician assisted suicide is beyond the scope of this report. Your Reference Committee recommends that the report be adopted as amended.

(14) CCB REPORT 03 - BYLAW AMENDMENTS TO ADDRESS MEDICAL STUDENT LEADERSHIP

RECOMMENDATION A:

That CCB Report 03 section 7.7.3.1 be amended by deletion as follows:

7.7.3.1 Section Representatives on the Governing Council. If a representative of the ~~Medical Student~~

~~Section,~~ Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of the respective section. If a representative of the Medical Student Section graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past ~~until~~ the completion of the Annual Meeting following graduation.

RECOMMENDATION B:

That CCB Report 03 section 7.10.3.1 be amended by deletion as follows:

7.10.3.1 Section Representatives on the Governing Council. If a representative of the ~~Medical Student Section,~~ Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of the respective section. If any representative of the Medical Student Section graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past ~~until~~ the completion of the Annual Meeting following graduation.

RECOMMENDATION C:

That CCB Report 03 section 7.12.2.3 be amended by addition as follows:

7.12.2.3 If any ~~medical student,~~ resident/fellow or young physician member of the governing council ceases to meet the criteria for membership in the section they represent within 90 days prior to the Annual Meeting they will be permitted to continue to serve in their position until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of their section. If any medical student member graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation.

RECOMMENDATION D:

That CCB Report 03 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in CCB Report 03 adopted as amended and the remainder of the report filed.

The Council on Constitution and Bylaws recommends that the following recommendation be adopted; that Policy D-605.985 be rescinded; and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover:

1) That our AMA Bylaws be amended by insertion and deletion as follow:

3 Officers

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3.5.6 Medical Student Trustee. The Medical Student Section shall elect the medical student trustee annually. The medical student trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, intra-Board elections or other elections, appointments or nominations conducted by the Board of Trustees.

3.5.6.1 Term. The medical student trustee shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting for a term of one year beginning at the close of the next Annual Meeting and concluding at the close of the second Annual Meeting following the meeting at which the trustee was elected.

3.5.6.2 Re-election. The medical student trustee shall be eligible for re-election as long as the trustee remains eligible for medical student membership in AMA.

3.5.6.3 Cessation of Enrollment. The term of the medical student trustee shall terminate and the position shall be declared vacant if the medical student trustee should cease to be eligible for medical student membership in the AMA by virtue of the termination of the trustee's enrollment in an educational program. If the medical student trustee graduates from an educational program during their term, ~~within 90 days prior to an Annual Meeting~~, the trustee shall be permitted to continue to serve on the Board of Trustees for up to 200 days after graduation but not extending past the Annual Meeting following graduation. ~~until completion of the Annual Meeting.~~

6 Councils

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6.11 Term of Resident/Fellow Physician or Medical Student Member. A resident/fellow physician ~~or medical student member~~ of a Council who completes residency or fellowship ~~or who graduates from an educational program within 90 days prior to an Annual Meeting~~ shall be permitted to serve on the Council until the completion of the Annual Meeting following completion. A medical student member of a Council who graduates from an educational program during their term ~~within 90 days prior to an Annual Meeting~~ shall be permitted to serve on the Council for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation. Service on a Council as a resident/fellow physician and/or medical student member shall not be counted in determining maximum Council tenure.

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7 Sections

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7.3 Medical Student Section. The Medical Student Section is a fixed Section.
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7.3.1 Membership. All active medical student members of the AMA shall be members of the Medical Student Section.

7.3.2 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.3.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If the officer or member graduates from an educational program during their term ~~within 90 days prior to an Annual Meeting~~, the officer or member shall be permitted to continue to serve in office for up to 200 days after graduation but not extending past ~~until the completion of~~ the Annual Meeting following graduation.

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7.7 Minority Affairs Section. The Minority Affairs Section is a delineated Section.
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7.7.3.1 Section Representatives on the Governing Council. If a representative of the ~~Medical Student Section,~~ Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of the respective section. If a representative of the Medical Student Section graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past until the completion of the Annual Meeting following graduation.
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7.10 Women Physicians Section. The Women Physicians Section is a delineated Section.
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7.10.3.1 Section Representatives on the Governing Council. If a representative of the ~~Medical Student Section,~~ Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of the respective section. If any representative of the Medical Student Section graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past until the completion of the Annual Meeting following graduation.
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7.12 LGBTQ+ Section. The LGBTQ+ Section is a delineated Section.
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7.12.2.3 If any ~~medical student,~~ resident/fellow or young physician member of the governing council ceases to meet the criteria for membership in the section they

represent within 90 days prior to the Annual Meeting they will be permitted to continue to serve in their position until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of their section. If any medical student member graduates from an educational program during their governing council term, such medical student shall be permitted to serve in office for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation.

(Modify Bylaws)

The majority of online testimony was in support, with amendments proffered for clarity and consistency of language. In-person testimony was heard in unanimous support as amended by your Reference Committee in the Preliminary Report. Your Reference Committee recommends that the report be adopted as amended.

(15) RESOLUTION 001 - ADDRESSING GENDER-BASED PRICING DISPARITIES

RECOMMENDATION A:

That the resolve of Resolution 001 be amended by addition as follows:

RESOLVED, that our American Medical Association support federal and state efforts to minimize gender-based pricing disparities, especially in healthcare services and products. (New HOD Policy)

RECOMMENDATION B:

That Resolution 001 be adopted as amended.

HOD ACTION: Resolution 001 adopted as amended.

RESOLVED, that our American Medical Association support federal and state efforts to minimize gender-based pricing disparities in healthcare services and products. (New HOD Policy)

Online testimony was in unanimous support of the resolution, with an amendment proffered to highlight the fact that gender-based pricing disparities are not relegated to health care services and products alone. In-person testimony was heard in near unanimous support of the resolution as amended by your Reference Committee in the Preliminary Report. Your Reference Committee recommends that the resolution be adopted as amended.

(16) RESOLUTION 002 - ANTI-DOXXING DATA PRIVACY PROTECTION

RECOMMENDATION A:

That the first resolve of Resolution 002 be amended by addition and deletion as follows:

RESOLVED, that our American Medical Association support all physicians and medical students ~~healthcare providers, that provide reproductive and gender-affirming care~~ who experience doxxing, support nondiscrimination and privacy protection for employees, and availability of resources on doxxing (New HOD Policy); and be it further

RECOMMENDATION B:

That the second resolve of Resolution 002 be amended by addition and deletion as follows:

RESOLVED, that our AMA work with partners to support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information for all physicians and medical students ~~who provide reproductive and gender-affirming care~~ (Directive to Take Action); and be it further

RECOMMENDATION C:

That the third resolve of Resolution 002 be amended by addition and deletion as follows:

RESOLVED, that our AMA encourage institutions, employers, and state medical societies to provide educational and legal resources ~~and~~ as well as support for all physicians and medical students ~~who provide reproductive and gender-affirming care~~ who are affected by doxxing (New HOD Policy); and be it further

RECOMMENDATION D:

That Resolution 002 be adopted as amended.

HOD ACTION: Resolution 002 adopted as amended.

RESOLVED, that our American Medical Association support physicians and healthcare providers that provide reproductive and gender-affirming care who experience doxxing, support nondiscrimination and privacy protection for employees, and availability of resources on doxing (New HOD Policy); and be it further

RESOLVED, that our AMA work with partners to support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information for physicians who provide reproductive and gender-affirming care (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage institutions, employers, and state medical societies to provide legal resources and support for physicians who provide reproductive and gender-affirming care who are affected by doxing (New HOD Policy); and be it further

RESOLVED, that our AMA encourage institutions, employers, and medical societies to provide training and education on the issue of doxxing. (New HOD Policy)

Online testimony was in unanimous support of the resolution. The majority of in-person testimony was in favor of the resolution as amended in the Preliminary Report, with near unanimous support that the resolution also be amended to broaden the scope and apply to all physicians. Additionally, in-person testimony requested an amendment to include medical students and access to educational resources for physicians. Your Reference Committee recommends that the resolution be adopted as amended.

(17) RESOLUTION 005 - UPDATING THE AMERICAN MEDICAL ASSOCIATION DEFINITION OF INFERTILITY

RECOMMENDATION A:

The first resolve of Resolution 005 be amended by addition as follows:

RESOLVED, that our American Medical Association amend policy H-420.952 "Recognition of Infertility as a Disease" by addition, to state:

1.Our AMA supports the World Health Organization's designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention.

2.Our AMA also supports the American Society for Reproductive Medicine's definition of infertility as (a) the inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors; (b) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; and (c) in patients having regular unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, the patient should be reevaluated at 12 months when the female partner is under 35 years of age and at 6 months when the female partner is 35 years of age or older. Nothing in this definition shall be used to deny or delay treatment to any individual, regardless of relationship status or sexual orientation (Modify Current HOD Policy); and be it further

3. Our AMA affirms that nothing in this definition shall be used to deny or delay treatment to any individual, regardless of relationship status, sexual orientation, or gender identity (Modify Current HOD Policy); and be it further

RECOMMENDATION B:

That the second resolve of Resolution 005 be amended by addition and deletion as follows:

RESOLVED, that our AMA work with other interested organizations to communicate with third-party payers that discrimination in coverage of fertility services on the basis of marital status, ~~or~~ sexual orientation, or gender identity cannot be justified (Directive to Take Action); and be it further

RECOMMENDATION C:

That a new resolve be included by addition after the second resolve:

RESOLVED, that our American Medical Association work with state societies and other interested organizations to encourage all states to recognize the American Society for Reproductive Medicine's definition of infertility, and further communicate with third-party payers that discrimination in coverage of fertility services on the basis of marital status, sexual orientation, or gender identity cannot be justified; and be it further

RECOMMENDATION D:

That Resolution 005 be adopted as amended.

HOD ACTION: Resolution 005 adopted as amended.

RESOLVED, that our American Medical Association amend policy H-420.952 "Recognition of Infertility as a Disease" by addition, to state:

1.Our AMA supports the World Health Organization's designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention.

2.Our AMA also supports the American Society for Reproductive Medicine's definition of infertility as (a) the inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors; (b) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; and (c) in patients having regular unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be evaluated at 12 months when the female partner is under 35 years of age and at 6 months when the female partner is 35 years of age or older. Nothing in this definition shall be used to deny or delay treatment to any individual, regardless of relationship status or sexual orientation. (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA work with other interested organizations to communicate with third-party payers that discrimination in coverage of fertility services on the basis of marital status or sexual orientation cannot be justified (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirm policy H-510.984 "Infertility Benefits for Veterans," (Reaffirm HOD Policy); and be it further

RESOLVED, that our AMA report back on this issue at I-25. (Directive to Take Action)

Online testimony was in near unanimous agreement that the resolution be adopted. Two amendments were proffered by the authors to address feedback that the term "gender identity" be used in the first two resolve clauses, as well as an additional resolve clause be added to address the issue of states using outdated definitions of infertility. In-person testimony was in overwhelming support of the amendment proffered by your Reference Committee in the Preliminary Report. Your Reference Committee recommends that the resolution be adopted as amended.

RECOMMENDED FOR REFERRAL

(18) CEJA REPORT 02 - PROTECTING PHYSICIANS WHO ENGAGE IN CONTRACTS TO DELIVER HEALTH CARE SERVICES

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 02 be referred and the remainder of the Report be filed.

HOD ACTION: Recommendations of CEJA Report 02 referred and the remainder of the Report filed.

In view of these deliberations, the Council on Ethical and Judicial Affairs recommends that Opinion 11.2.3, "Contracts to Deliver Health Care Services," be amended by addition and deletion as follows and the remainder of this report be filed:

While profitmaking is not inherently unethical, no part of the health care system that supports or delivers patient care should place profits over such care. Physicians have a fundamental ethical obligation to put the welfare of patients ahead of other considerations, including personal financial interests. This obligation requires ~~them to~~ that before entering into contracts to deliver health care services, physicians consider carefully the proposed contract to assure themselves that its terms and conditions ~~of contracts to deliver health care services before entering into such contracts to ensure that those contracts~~ do not create untenable conflicts of interest or compromise their ability to fulfill their ethical and professional obligations to patients.

Ongoing evolution in the health care system continues to bring changes to medicine, including changes in reimbursement mechanisms, models for health care delivery, restrictions on referral and use of services, clinical practice guidelines, and limitations on benefits packages. While these changes are intended to enhance quality, efficiency, and safety in health care, they can also put at risk physicians' ability to uphold professional ethical standards ~~of informed consent and fidelity to patients~~ and can impede physicians' freedom to exercise independent professional judgment and tailor care to meet the needs of individual patients.

As physicians seek capital to support their practices or enter into various differently structured contracts to deliver health care services—with group practices, hospitals,

health plans, investment firms, or other entities—they should be mindful that while ~~many~~ some arrangements have the potential to promote desired improvements in care, ~~some~~ other arrangements ~~also~~ have the potential to ~~impede~~ put patients' interests at risk and to interfere with physician autonomy.

When contracting with entities, or having a representative do so on their behalf, to provide health care services, physicians should:

(a) Carefully review the terms of proposed contracts, preferably with the advice of legal and ethics counsel, ~~or have a representative do so on their behalf~~ to assure themselves that the arrangement:
(i) minimizes conflict of interest with respect to proposed reimbursement mechanisms, financial or performance incentives, restrictions on care, or other mechanisms intended to influence physicians' treatment recommendations or direct what care patients receive, in keeping with ethics guidance;
(ii) does not compromise the physician's own financial well-being or ability to provide high-quality care through unrealistic expectations regarding utilization of services or terms that expose the physician to excessive financial risk;
(iii) ~~allows~~ ensures the physician can ~~to~~ appropriately exercise professional judgment;
(iv) includes a mechanism to address grievances and supports advocacy on behalf of individual patients;
(v) is transparent and permits disclosure to patients;
(vi) enables physicians to have significant influence on, or preferably outright control of, decisions that impact practice staffing.

(b) Negotiate modification or removal of any terms that unduly compromise physicians' ability to uphold ethical or professional standards.

When entering into contracts as employees, preferably with the advice of legal and ethics counsel, physicians should:
(c) Advocate for contract provisions to specifically address and uphold physician ethics and professionalism.

(d) Advocate that contract provisions affecting practice align with the professional and ethical obligations of physicians and negotiate to ensure that alignment.

(e) Advocate that contracts do not require the physician to practice beyond their professional capacity and provide contractual avenues for addressing concerns related to good practice, including burnout or related issues.

(Modify HOD/CEJA Policy)

Online testimony was mixed but generally in support. Extensive in-person mixed testimony was heard. Supporting testimony noted that financial incentives do not apply only to private equity-owned practices and that the report accurately addressed current reality. Opposing testimony noted that the report placed too high of a bar on physicians contracting with private equity and needs stronger language to guide those working for private equity investors. Your Reference Committee recommends that this report be referred with report back at A-25.

(19) RESOLUTION 004 - IMPROVING USABILITY OF ELECTRONIC HEALTH RECORDS FOR TRANSGENDER AND GENDER DIVERSE PATIENTS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 004 be <u>referred.</u>

HOD ACTION: Resolution 004 <u>referred.</u>

RESOLVED, that our American Medical Association amend policy H-315.967 “Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation” by addition and deletion to read as follows:

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, H315.967

Our AMA: (1) supports the voluntary inclusion of a patient's ~~biological sex~~<u>current clinical sex</u>, <u>sex assigned at birth</u>, current gender identity, <u>legal sex on identification documents</u>, sexual orientation, ~~preferred~~ gender pronoun(s), ~~preferred~~ <u>chosen</u> name, and clinically relevant, sex specific anatomy in medical documentation, and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner<u>, with efforts to improve visibility and awareness of transgender and gender diverse patients’ chosen name and pronouns in all relevant EHR screens and to de-emphasize or conceal legalname except when required for insurance and billing purposes; (2) Will advocate for the inclusion of an organ inventory encompassing medical transition history and a list of current present organs in EHRs, with efforts to link organ-specific examinations and cancer screenings to the current organ inventory rather</u>

than sex or gender identity; (~~2~~3). Will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (~~3~~4) Will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (~~4~~5) Will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (~~5~~6) Will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians automatically. (7) Will advocate for patient informed consent regarding how gender identity and related data will be used with the ability to opt out of recording aforementioned data without compromising patient care; (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA supports the use of the term “chosen name” over “preferred name,” recognizing the value of the term “chosen name” to transgender and gender-diverse patients (New HOD Policy).

Online testimony was mixed, with the majority in support of the resolution. In-person mixed testimony was heard, with the majority in support of referral. Supporting testimony noted the importance of the issue and the collection of data. Opposing testimony stated further clarification of terms like “clinical sex” was necessary, as well as protecting the confidentiality and privacy of minors. Your Reference Committee recommends that this resolution be referred.

(20) RESOLUTION 007 - SUPPORTING DIVERSITY IN RESEARCH

RECOMMENDATION:

Your Reference Committee recommends that Resolution 007 be referred.

HOD ACTION: Resolution 007 referred.

RESOLVED, that our American Medical Association support the use of language interpreters and translators in clinical and medical research participation to promote equitable data collection and outcomes (New HOD Policy); and be it further

RESOLVED, that our AMA encourage all Institutional and Research Review Boards (IRBs) to develop and publish transparent guidelines for interpreter services to ensure appropriate enrollment and ongoing participation of medical and clinical research participants with Limited English Proficiency and Deaf or Hard of Hearing people (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for the Department of Health and Human Services and Office for Human Research Protections (OHRP) to update their guidance on "Informed Consent of Subjects Who Do Not Speak English (1995)" (Directive to Take Action); and be it further

RESOLVED, that our AMA support the creation of a federal standard upon which individual Institutional Review Boards (IRBs) may base their recommendations. (New HOD Policy)

Online testimony was mixed, with those in opposition calling for referral. In-person testimony was mixed, with the majority calling for referral, noting that the resolution needs more work and is unclear. The author testified in support of referral. Your Reference Committee recommends that the resolution be referred with report back at A-25.

RECOMMENED FOR REFERRAL FOR DECISION

(21) RESOLUTION 009 - OPPOSITION TO CREATION OR ENFORCEMENT OF CIVIL LITIGATION, COMMONLY REFERRED TO AS CIVIL CAUSES OF ACTION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 009 be referred for decision.

HOD ACTION: Resolution 009 referred for decision.

RESOLVED, that our American Medical Association affirms that civil causes of action in healthcare should be limited to causes of action that address alleged violations of a physician's duty to meet the standard of care in the treatment of patients. (New HOD Policy)

Online testimony was mixed. In-person testimony was in support of the resolution; however, testimony also expressed concern over potential legal issues with the current phrasing of the recommendations. Due to testimony urging immediate action as a result of pending legislation, your Reference Committee recommends that the resolution be referred for decision.

RECOMMENDED FOR NOT ADOPTION

(22) RESOLUTION 011 - AMERICAN KIDNEY DONATION LEGISLATION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 011 <u>be not adopted.</u>

HOD ACTION: Resolution 011 <u>not adopted.</u>

RESOLVED, that our American Medical Association support federal legislation for pilot studies of non-monetary or monetary incentives, including delayed tax credits, to increase living kidney donations (Directive to Take Action).

In-person testimony was extensive and mixed. Testimony in support noted the pressing need to increase living kidney donation, which has not increased in the past 20 years despite educational programs and outreach. Testimony in opposition cited the dangers of financial incentives for organ donation, such as coercion, and the likelihood of a disproportional impact on minority and vulnerable communities. It was noted that the resolution quoted *Code of Medical Ethics* Opinion 6.1.3, which pertains to studying incentives for cadaveric organ donations but incorrectly applied it to living organ donations. The *Code of Medical Ethics* Opinion 6.1.1, which pertains to living organ donations, states that one should “ensure that living donors do not receive payment of any kind for any of their solid organs” and therefore, it would not be appropriate to support Federal Legislation as called for by the resolution. Your reference committee recommends this resolution be not adopted.

Madam Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Dr. Tate Hinkle, Dr. Ana Leech, Dr. John Maa, Dr. Elizabeth Conner, Dr. Raymond Lorenzoni, and Dr. Michael Hanak and all those who testified before the committee.

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Tate Hinkle, MD
Am. Acad. of Family Physicians

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Ana Leech, MD
Am. Acad. Hospice and Palliative Medicine

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John Maa, MD
California Medical Association

_____
Elizabeth Conner, MD, MPH
Massachusetts Medical Society

_____
Raymond Lorenzoni, MD
Connecticut State Medical Society

_____
Michael Hanak, MD
Am. Acad. of Family Physicians

_____
Carlos Latorre, MD
Mississippi State Medical Association

Chair