

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

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**
4

- 5 1. BOT Report 22 – Specialty Society Representation in the House of Delegates –
6 Five-Year Review
- 7 2. BOT Report 23 – Advocating for the Informed Consent for Access to
8 Transgender Health
- 9 3. BOT Report 24 – Physicians Arrested for Non-Violent Crimes While Engaging in
10 Public Protests
- 11 4. CCB Report 01 – Resolution Deadline Clarification
- 12 5. CCB Report 02 – Name Change for Reference Committee
- 13 6. CEJA Report 01 – Expanding Access to Palliative Care
- 14 7. Resolution 003 – On the Ethics of Human Lifespan Prolongation
- 15 8. Resolution 006 – Opposition to the Deceptive Relocation of Migrants and Asylum
16 Seekers
- 17 9. Resolution 008 – Missing and Murdered Black Women and Girls
- 18 10. Resolution 010 – Development of Resources for Medical Staffs to Engage in
19 Collective Negotiation with Hospital and Health Systems
20

21 **RECOMMENDED FOR ADOPTION AS AMENDED**
22

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

1 **RECOMMENDED FOR REFERRAL**

2

3 18. CEJA Report 02 – Protecting Physicians Who Engage in Contracts to Deliver
4 Health Care Services

5 19. Resolution 004 – Improving Usability of Electronic Health Records for
6 Transgender and Gender Diverse Patients

7 20. Resolution 007 – Supporting Diversity in Research

8

9 **RECOMMENDED FOR REFERRAL FOR DECISION**

10

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

13

14 **RECOMMENDED FOR NOT ADOPTION**

15

16 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
2
3
4 (1) BOT REPORT 22 - SPECIALITY SOCIETY
5 REPRESENTATION IN THE HOUSE OF
6 DELEGATES – FIVE-YEAR REVIEW
7

8 **RECOMMENDATION:**

9
10 **Your Reference Committee recommends that BOT**
11 **Report 22 be adopted and the remainder of the**
12 **Report be filed.**
13

14 **HOD ACTION: Recommendations in BOT**
15 **Report 22 adopted and the remainder of the**
16 **Report be filed.**
17
18

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

21
22 1. The American Academy of Allergy, Asthma & Immunology, American College of
23 Cardiology, American College of Chest Physicians, American College of Emergency
24 Physicians, American College of Gastroenterology, American College of Nuclear
25 Medicine, American Medical Group Association, International Society for the
26 Advancement of Spine Surgery, and National Association of Medical Examiners retain
27 representation in the American Medical Association House of Delegates. (Directive to
28 Take Action)
29

30 No testimony was heard. Your Reference Committee recommends that the report be
31 adopted.
32

- 33
34 (2) BOT REPORT 23 - ADVOCATING FOR THE
35 INFORMED CONSENT FOR ACCESS TO
36 TRANSGENDER HEALTH
37

38 **RECOMMENDATION:**

39
40 **Your Reference Committee recommends that BOT**
41 **Report 23 be adopted and remainder of the Report**
42 **be filed.**

1
2 **HOD ACTION: Recommendations in BOT**
3 **Report 23 adopted and the remainder of the**
4 **Report be filed.**
5

6 In light of these considerations, the Board of Trustees recommends that the following be
7 adopted in lieu of Resolution 011-I-22, "Advocating for the Informed Consent for Access
8 to Transgender Health Care," and the remainder of this report be filed:
9

10 1. That our AMA unambiguously supports access to and insurance coverage of
11 medically necessary gender-affirming care but does not identify a preferred model of
12 care for determining medical necessity. The AMA vigorously advocates for equitable
13 payment policies, relying on the evidence-based professional guidelines and
14 recommendations set by professional medical associations, as well as individual
15 physician clinical judgment, on questions of appropriate clinical criteria. (New HOD
16 Policy)
17

18 2. That Policy H-185.927, "Clarification of Medical Necessity for Treatment of Gender
19 Dysphoria," be reaffirmed. (Reaffirm HOD Policy)
20

21 3. That Policy H-140.824, "Healthcare Equity Through Informed Consent and a
22 Collaborative Healthcare Model for the Gender Diverse Population," be reaffirmed.
23 (Reaffirm HOD Policy)
24

25 4. That Policy H-295.847, "Increasing Access to Gender-Affirming Care Through
26 Expanded Training and Equitable Coverage," be reaffirmed. (Reaffirm HOD Policy)
27

28 5. That Policy H-185.950, "Removing Financial Barriers to Care for Transgender
29 Patients," be amended by addition and deletion to read as follows:
30

31 Our AMA supports public and private health insurance coverage for evidence-based
32 treatment of gender-affirming care gender dysphoria as recommended by the patient's
33 physician. (Modify current HOD Policy)
34

35 Limited in-person testimony was heard. Testimony was in strong support with one
36 testimony calling for referral to explore emerging data on gender affirming care for
37 minors. Your Reference Committee recommends that the report be adopted.
38

39
40 (3) BOT REPORT 24 - PHYSICIANS ARRESTED FOR
41 NON-VIOLENT CRIMES WHILE ENGAGED IN
42 PUBLIC PROTESTS
43

1 **RECOMMENDATION:**

2
3 **Your Reference Committee recommends that**
4 **Board of Trustees Report 24 be adopted and**
5 **remainder of the report be filed.**

6
7 **HOD ACTION: Recommendations in BOT Report**
8 **24 adopted and the remainder of the report filed.**

9
10 The Board of Trustees recommends that Res 009 be adopted as amended and the
11 remainder of the report be filed:

12
13 That our AMA advocate to appropriate credentialing organizations and payers –
14 including the Federation of State Medical Boards, state and territorial licensing boards,
15 hospital and hospital system accrediting boards, and organizations that compensate
16 physicians for provision of healthcare goods and services – that ~~misdemeanor or felony~~
17 arrests of physicians for nonviolent civil disobedience occurring while as a result of
18 exercising their First Amendment rights of protest ~~through nonviolent civil disobedience~~
19 should not be deemed germane to the ability to safely and effectively practice medicine.
20 (Directive to Take Action)

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

3
4
5 (4) CCB REPORT 01 RESOLUTION DEADLINE
6 CLARIFICATION

7
8 **RECOMMENDATION:**

9
10 **Your Reference Committee recommends that CCB**
11 **Report 01 be adopted and the remainder of the**
12 **Report be filed.**

13
14 **HOD ACTION: Recommendations in CCB**
15 **Report 01 adopted and the remainder of the**
16 **Report filed.**

17
18 The Council on Constitution and Bylaws recommends that the following
19 recommendation be adopted, and that the balance of the report be filed. Adoption
20 requires the affirmative vote of two thirds of the members of the House of Delegates
21 present and voting following a one-day layover.

22
23 1) That our AMA Bylaws be amended by insertion and deletion as follows:

24
25 **2.11.3 Introduction of Business.**

26
27 **2.11.3.1 Resolutions.**

28
29 **2.11.3.1.1 On-Time Resolutions.** To be considered as regular business, each
30 resolution must be introduced by a delegate or organization represented in the House of
31 Delegates and must have been submitted to the AMA not later than 45 days prior to the
32 commencement of the meeting at which it is to be considered, with the following
33 exceptions.

34
35 **2.11.3.1.1.1 AMA Sections.** Resolutions presented from ~~the business~~ meetings of the
36 AMA Sections convened prior to the coinciding House of Delegates meeting but after
37 the 45 day on-time deadline may be presented for consideration by the House of
38 Delegates upon adoption by the Section and no later than the commencement recess of
39 the House of Delegates opening session to be accepted as regular business. Section
40 ~~Resolutions presented after the commencement recess~~ of the opening session of the
41 House of Delegates will be accepted in accordance with Bylaw 2.11.3.1.3.
42

1 **2.11.3.1.2 Late Resolutions.** Late resolutions may be presented by a delegate or
2 organization represented in the House of Delegates any time after the 45-day resolution
3 deadline until the commencement of the opening session of the House of Delegates,
4 and will be accepted as business of the House of Delegates only upon two-thirds vote of
5 delegates present and voting.

6
7 **2.11.3.1.3 Emergency Resolutions.** Resolutions of an emergency nature may be
8 presented by a delegate any time after the commencement of the opening session of
9 the House of Delegates. Emergency resolutions will be accepted as business only upon
10 a three-fourths vote of delegates present and voting, and if accepted shall be ~~presented~~
11 to considered by the House of Delegates without ~~consideration~~ deliberation by a
12 reference committee. ~~A simple majority vote of the delegates present and voting shall~~
13 ~~be required for adoption.~~

14
15 (Modify Bylaws)

16
17 Online testimony was in general support. In-person testimony was heard in unanimous
18 support. Your Reference Committee recommends that the report be adopted.

19
20
21 (5) CCB REPORT 02 - NAME CHANGE FOR REFERENCE
22 COMMITTEE

23
24
25 **RECOMMENDATION:**

26
27 **Your Reference Committee recommends that CCB**
28 **Report 02 be adopted and the remainder of the**
29 **Report be filed.**

30
31 **HOD ACTION: Recommendations in CCB**
32 **Report 02 adopted and the remainder of the**
33 **Report filed.**

34
35
36
37 The Council on Constitution and Bylaws recommends that the following
38 recommendation be adopted and that the remainder of this report be filed. Adoption
39 requires the affirmative vote of two-thirds of the members of the House of Delegates
40 present and voting following a one-day layover:

41
42 1) That our AMA Bylaws be amended by insertion and deletion as follows:
43

1 **2.13 Committees of the House of Delegates.**

2
3 **2.13.1 Reference Committees of the House of Delegates.**

4
5 **2.13.1.1 Ethics and Amendments to the Constitution and Bylaws.** All proposed
6 ~~amendments to the Constitution or Bylaws, and matters pertaining to ethics,~~ the
7 Principles of Medical Ethics of the AMA and to the AMA Constitution and Bylaws shall
8 be referred to this committee.

9
10 (Modify Bylaws)

11
12 Online testimony was in unanimous support. No in-person testimony was heard. Your
13 Reference Committee recommends that the report be adopted.

1 (6) CEJA REPORT 01 - EXPANDING ACCESS TO
2 PALLIATIVE CARE
3

4 **RECOMMENDATION:**
5

6 **Your Reference Committee recommends that**
7 **CEJA Report 01 be adopted and the remainder of**
8 **the Report be filed.**
9

10 **HOD ACTION: Recommendations in CEJA**
11 **Report 01 adopted and the remainder of the**
12 **Report be filed.**
13

14 Given both the AMA Policy and CEJA's historical support of addressing the palliative
15 needs of patients and the duty of clinicians to provide optimal palliative care to patients,
16 it is recommended that the *Code of Medical Ethics* be amended to include a new
17 opinion on Palliative Care.
18

19 Physicians have clinical ethical responsibilities to address the pain and suffering
20 occasioned by illness and injury and to respect their patients as whole persons. These
21 duties require physicians to assure the provision of effective palliative care whenever a
22 patient is experiencing serious, chronic, complex, or critical illness, regardless of
23 prognosis. Palliative care is sound medical treatment that includes the comprehensive
24 management and coordination of care for pain and other distressing symptoms
25 including physical, psychological, intellectual, social, spiritual, and existential distress
26 from serious illness. Evaluation and treatment are patient-centered but with an
27 additional focus on the needs, values, beliefs, and culture of patients and those who
28 love and care for them in decision-making accordingly.
29

30 Palliative care is widely acknowledged to be appropriate for patients who are close to
31 death, but persons who have chronic, progressive, and/or eventually fatal illnesses
32 often have symptoms and experience suffering early in the disease course. The clinical
33 ethical responsibilities to address symptoms and suffering may therefore sometimes
34 entail a need for palliative care before the terminal phase of disease. Moreover, the duty
35 to respect patients as whole persons should lead physicians to encourage patients with
36 chronic, progressive, and/or eventually fatal conditions to identify surrogate medical
37 decision makers, given the likelihood of a loss of decisional capacity during medical
38 treatment.
39

40 When caring for patients' physicians should:
41

42 (a) Integrate palliative care into treatment.

1 (b) Seek and/or provide palliative care, as necessary, for the management of symptoms
2 and suffering occasioned by any serious illness or condition, at any stage, and at any
3 age throughout the course of illness.

4 (c) Offer palliative care simultaneously with disease modifying interventions, including
5 attempts for cure or remission.

6 (d) Be aware of, and where needed, engage palliative care expertise in care.

7
8 Physician as a profession should:

9
10 (e) Advocate that palliative care be accessible for all patients, as necessary, for the
11 management of symptoms and suffering occasioned by any serious illness or condition,
12 at any stage, and at any age throughout the course of illness.

13 (New Policy)

14
15 The majority of online testimony was in strong support and a minority asked for a minor
16 clarification. In-person testimony was in general support. CEJA testified in person that
17 they agreed with the minor clarification proffered during online testimony and that this
18 clarification had been addressed in the report. Your Reference Committee recommends
19 that the report be adopted.

20
21
22 (7) RESOLUTION 003 - ON THE ETHICS OF HUMAN
23 LIFESPAN PROLONGATION

24
25 **RECOMMENDATION:**

26
27 **Your Reference Committee recommends that**
28 **Resolution 003 be adopted.**

29
30 **HOD ACTION: Resolution 003 adopted.**

31
32
33 **RESOLVED**, that our American Medical Association undertake an evaluation of the
34 ethics of extension of the human lifespan, currently considered to be 120 years, with the
35 goal of providing guidance and/or guidelines for clinical practice, research and potential
36 regulatory challenges. (Directive to Take Action)

37
38 The majority of online testimony was in support. In-person testimony was provided by
39 the author of the resolution to clarify language based on the online testimony. Your
40 Reference Committee recommends that the resolution be adopted.

41
42

1 (8) RESOLUTION 006 - OPPOSITION TO THE
2 DECEPTIVE RELOCATION OF MIGRANTS AND
3 ASYLUM SEEKERS
4

5 **RECOMMENDATION:**
6

7 **Your Reference Committee recommends that**
8 **Resolution 006 be adopted.**
9

10 **HOD ACTION: Resolution 006 adopted.**
11
12

13 RESOLVED, that our American Medical Association oppose the relocation of migrants
14 and asylum-seekers by state or federal authorities without timely and appropriate
15 resources to meet travelers' needs, especially when deceptive or coercive practices are
16 used (New HOD Policy); and be it further
17

18 RESOLVED, that our AMA support state and federal efforts to protect the health and
19 safety of traveling migrants and asylum-seekers and investigate possible abuse and
20 human rights violations. (New HOD Policy)
21

22 Online testimony was mixed, with a slight majority of testimony in support. Extensive in-
23 person testimony was heard in general support. Testimony in support noted that the
24 resolution highlights a pressing need and is within the AMA's purview. Testimony in
25 opposition explained that the resolution was political in nature and inflammatory. Your
26 Reference Committee recommends that the report be adopted.
27
28

29 (9) RESOLUTION 008 - MISSING AND MURDERED
30 BLACK WOMEN AND GIRLS
31

32 **RECOMMENDATION:**
33

34 **Your Reference Committee recommends that**
35 **Resolution 008 be adopted.**
36

37 **HOD ACTION: Resolution 008 adopted.**
38

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

1
2 RESOLVED, that our AMA advocate for the United States Department of Justice,
3 legislators, and other stakeholders to collect data on Amber Alerts, including the total
4 number of Amber Alerts issued, aggregated by the child's race and sex (Directive to
5 Take Action); and be it further

6
7 RESOLVED, that our AMA encourage state medical societies to work with legislators,
8 advocates, and other stakeholders to establish equity in policy and practices related to
9 missing and murdered black women and girls. (New HOD Policy)

10
11 The majority of online testimony was in support. In-person testimony was heard in
12 unanimous support. Your Reference Committee recommends that the resolution be
13 adopted.

14
15
16
17
18 (10) RESOLUTION 010 - DEVELOPMENT OF
19 RESOURCES FOR MEDICAL STAFFS TO ENGAGE
20 IN COLLECTIVE NEGOTIATION WITH HOSPITAL
21 AND HEALTH SYSTEMS

22
23 **RECOMMENDATION:**

24
25 **Your Reference Committee recommends that**
26 **Resolution 010 be adopted.**

27
28 **HOD ACTION: Resolution 010 adopted.**

29
30 RESOLVED, that our American Medical Association develop and distribute
31 comprehensive materials to enable medical staffs to become effective agents for
32 collective negotiation with hospitals and health systems (Directive to Take Action); and
33 be it further

34
35 RESOLVED, that our AMA allocate appropriate resources and support to assist medical
36 staffs in understanding their rights, the negotiation process, and strategies for
37 successful collective action (Directive to Take Action); and be it further

38
39 RESOLVED, that our AMA advocate for policies at the state and federal levels that
40 support the rights of medical staffs to engage in collective negotiation with hospital
41 systems (Directive to Take Action).

42

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

1 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 2
- 3
- 4 (11) BOT REPORT 08 - INCREASING ACCESS TO
- 5 MEDICAL CARE FOR PEOPLE SEEKING ASYLUM
- 6

7 **RECOMMENDATION A:**

8

9 That provision 8 of policy H-350.957 in BOT

10 Report 08 be amended by addition as follows:

11

12 8. Our AMA encourages provision of resources to

13 assist people seeking asylum, including social

14 and legal services.

15

16 **RECOMMENDATION B:**

17

18 That BOT Report 08 be adopted as amended and

19 the remainder of the report be filed.

20

21 **HOD ACTION: Recommendations in BOT**

22 **Report 08 adopted as amended and the**

23 **remainder of the report filed.**

24

25

26 The AMA recognizes that there are many facets to the legal U.S. immigration system,

27 including medical evaluation. Asylum seekers are in need of care and assistance, and

28 medical students, trainees, and physicians should play a role in this medical care. The

29 AMA supports opportunities for interested physicians to gain further education and

30 training to care for these patients.

31

32 The Board of Trustees therefore recommends that the following recommendations be

33 adopted and the remainder of this report be filed.

34

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

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

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

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

- 13
14
15 (12) BOT REPORT 14 - PRIVACY PROTECTION AND
16 PREVENTION OF FURTHER TRAUMA FOR
17 VICTIMS OF DISTRIBUTION OF INTIMATE VIDEOS
18 AND IMAGES WITHOUT CONSENT

19
20 **RECOMMENDATION A:**

21
22 **Your Reference Committee recommends that BOT**
23 **Report 14 be amended by addition as follows:**

24
25 **That our American Medical Association (AMA)**
26 **encourage the development of public and private**
27 **sector initiatives to prevent and address image-**
28 **based sexual violence or abuse. (New HOD**
29 **Policy)**

30
31 **RECOMMENDATION B:**

32
33 **That BOT Report 14 be adopted as amended and**
34 **the remainder of the report be filed.**

35
36 **HOD ACTION: Recommendations in BOT**
37 **Report 14 adopted as amended and the**
38 **remainder of the report filed.**

39
40
41 The Board of Trustees recommends that the following be adopted and the remainder of
42 the report be filed:
43

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

4
5 2. That Policy D-515.975 be rescinded as having been accomplished by this report.
6

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

13 (13) BOT REPORT 18 - EXPANDING PALLIATIVE CARE

14
15 **RECOMMENDATION A:**

16
17 **That recommendation provision 2 in BOT Report**
18 **18 be amended by addition and deletion as**
19 **follows:**

20
21 **(2) recognizes that palliative care is the**
22 **comprehensive management and coordination of**
23 **care for pain and other distressing symptoms,**
24 **including physical, psychological, intellectual,**
25 **social, psychosocial, spiritual, and the existential**
26 **consequences of a serious illness, which**
27 **improves the quality of life of patients and their**
28 **families/caregivers, and that generalist and**
29 **subspecialist palliative care evaluation and that**
30 **~~palliative care~~ treatments are patient-centered and**
31 **family-oriented, emphasizing shared decision-**
32 **making according to the needs, values, beliefs,**
33 **and culture or cultures of the patient and their**
34 **family or chosen family**

35
36 **RECOMMENDATION B:**

1
2 That recommendation provision 4 in BOT Report
3 18 be amended by addition and deletion as
4 follows:

5
6 (4) recognizes that palliative care can be offered
7 alongside curative or life-prolonging treatments at
8 any stage of illness, whereas hospice is a specific
9 type of palliative care, typically reserved for
10 individuals with a prognosis of six months or less
11 ~~who have chosen to forego most life-prolonging~~
12 ~~therapies, whereas palliative can be offered~~
13 ~~alongside curative or life-prolonging treatments at~~
14 ~~any stage of illness.~~

15
16 **RECOMMENDATION C:**

17
18 That BOT Report 18 be adopted as amended and
19 the remainder of the report be filed.

20
21 **HOD ACTION: Recommendations of BOT Report**
22 **18 adopted as amended and the remainder of the**
23 **report filed.**

24
25 In light of these considerations, the Board of Trustees Report 18 reaffirms H-295.825,
26 Palliative Care and End-of-Life Care; H-70.915, Good Palliative Care; D-295.969,
27 Geriatric and Palliative Care Training for Physicians; and recommends that alternate
28 Resolution 722, "Expanding Protection of End-of-Life Care," be adopted in lieu of
29 Resolution 722 and this report be titled "Expanding Palliative Care" and the remainder
30 of this report be filed:

31
32 Our American Medical Association:

33
34 (1) recognizes that access to palliative care, including hospice, is a human right.

35
36 (2) recognizes that palliative care is the comprehensive management and coordination
37 of care for pain and other distressing symptoms, including physical, psychological,
38 intellectual, social, psychosocial, spiritual, and the existential consequences of a serious
39 illness, which improves the quality of life of patients and their families/caregivers and
40 that palliative care evaluation and that palliative care treatments are patient-centered
41 and family-oriented., emphasizing shared decision-making according to the needs,
42 values, beliefs, and culture or cultures of the patient and their family or chosen family.
43

1 (3) recognizes that palliative care can be offered in all care settings through a
 2 collaborative team approach involving all disciplines (e.g., physicians, nurses, social
 3 workers, spiritual care providers, therapists, pharmacists) and should be available at
 4 any stage of a serious illness from birth to advanced age and may be offered
 5 simultaneously with disease modifying interventions.
 6

7 (4) recognizes that hospice is a specific type of palliative care, reserved for individuals
 8 with a prognosis of six months or less who have chosen to forego most life-prolonging
 9 therapies, whereas palliative can be offered alongside curative or life-prolonging
 10 treatments at any stage of illness.
 11

12 (5) recognizes that palliative care differs from physician assisted suicide in that palliative
 13 care does not intentionally cause death. In fact, palliative treatments that relieve
 14 symptom distress have been shown in numerous studies to prolong life.
 15

16 (6) will work with interested state medical societies and medical specialty societies and
 17 vigorously advocate for broad, equitable access to palliative care, including hospice, to
 18 ensure that all populations, particularly those from underserved or marginalized
 19 communities have access to these essential services.
 20

21 (7) opposes the imposition of criminal and civil penalties or other retaliatory efforts
 22 against physicians for assisting in, referring patients to, or providing palliative care
 23 services, including hospice.
 24

25 (New HOD Policy)
 26

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

33 (14) CCB REPORT 03 - BYLAW AMENDMENTS TO
 34 ADDRESS MEDICAL STUDENT LEADERSHIP
 35

36 **RECOMMENDATION A:**
 37

38 **That CCB Report 03 section 7.7.3.1 be amended**
 39 **by deletion as follows:**
 40

41 **7.7.3.1 Section Representatives on the Governing**
 42 **Council. If a representative of the ~~Medical Student~~**

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

16
17 **RECOMMENDATION B:**

18
19 **That CCB Report 03 section 7.10.3.1 be amended**
20 **by deletion as follows:**

21
22 **7.10.3.1 Section Representatives on the**
23 **Governing Council. If a representative of the**
24 **~~Medical Student Section, Resident and Fellow~~**
25 **Section or Young Physicians Section ceases to**
26 **meet the criteria for membership in the section**
27 **from which elected within 90 days prior to the**
28 **Annual Meeting, such member shall be permitted**
29 **to serve in office until the conclusion of the**
30 **Annual Meeting in the calendar year in which they**
31 **cease to meet the membership requirement of the**
32 **respective section. If any representative of the**
33 **Medical Student Section graduates from an**
34 **educational program during their governing**
35 **council term, such medical student member shall**
36 **be permitted to serve in office for up to 200 days**
37 **after graduation but not extending past ~~until~~ the**
38 **completion of the Annual Meeting following**
39 **graduation.**

40
41 **RECOMMENDATION C:**
42

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

3
4 **7.12.2.3** ~~If any medical student, resident/fellow or~~
5 **young physician member of the governing council**
6 **ceases to meet the criteria for membership in the**
7 **section they represent within 90 days prior to the**
8 **Annual Meeting they will be permitted to continue**
9 **to serve in their position until the conclusion of**
10 **the Annual Meeting in the calendar year in which**
11 **they cease to meet the membership requirement**
12 **of their section. If any medical student member**
13 **graduates from an educational program during**
14 **their governing council term, such medical**
15 **student member shall be permitted to serve in**
16 **office for up to 200 days after graduation but not**
17 **extending past the completion of the Annual**
18 **Meeting following graduation.**

19
20 **RECOMMENDATION D:**

21
22 That CCB Report 03 be adopted as amended and
23 the remainder of the report be filed.

24
25 **HOD ACTION: Recommendations in CCB Report**
26 **03 adopted as amended and the remainder of the**
27 **report filed.**

28
29 The Council on Constitution and Bylaws recommends that the following
30 recommendation be adopted; that Policy D-605.985 be rescinded; and that the
31 remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of
32 the members of the House of Delegates present and voting following a one-day layover:

33
34 1) That our AMA Bylaws be amended by insertion and deletion as follow:

35
36 **3 Officers**

37
38 ***

39 **3.5.6 Medical Student Trustee.** The Medical Student Section shall elect the medical
40 student trustee annually. The medical student trustee shall have all of the rights of a
41 trustee to participate fully in meetings of the Board, including the right to make motions
42 and to vote on policy issues, intra-Board elections or other elections, appointments or
43 nominations conducted by the Board of Trustees.

1
2 **3.5.6.1 Term.** The medical student trustee shall be elected at the Business Meeting of
3 the Medical Student Section prior to the Interim Meeting for a term of one year
4 beginning at the close of the next Annual Meeting and concluding at the close of the
5 second Annual Meeting following the meeting at which the trustee was elected.
6

7 **3.5.6.2 Re-election.** The medical student trustee shall be eligible for re-election as long
8 as the trustee remains eligible for medical student membership in AMA.
9

10 **3.5.6.3 Cessation of Enrollment.** The term of the medical student trustee shall
11 terminate and the position shall be declared vacant if the medical student trustee should
12 cease to be eligible for medical student membership in the AMA by virtue of the
13 termination of the trustee's enrollment in an educational program. If the medical student
14 trustee graduates from an educational program during their term, ~~within 90 days prior to~~
15 ~~an Annual Meeting~~, the trustee shall be permitted to continue to serve on the Board of
16 Trustees for up to 200 days after graduation but not extending past the Annual Meeting
17 following graduation. ~~until completion of the Annual Meeting.~~
18

19 **6 Councils**

20
21 ***

22 **6.11 Term of Resident/Fellow Physician or Medical Student Member.** A
23 resident/fellow physician ~~or medical student member~~ of a Council who completes
24 residency or fellowship ~~or who graduates from an educational program within 90 days~~
25 ~~prior to an Annual Meeting~~ shall be permitted to serve on the Council until the
26 completion of the Annual Meeting following completion. A medical student member of a
27 Council who graduates from an educational program during their term ~~within 90 days~~
28 ~~prior to an Annual Meeting~~ shall be permitted to serve on the Council for up to 200 days
29 after graduation but not extending past the completion of the Annual Meeting following
30 graduation. Service on a Council as a resident/fellow physician and/or medical student
31 member shall not be counted in determining maximum Council tenure.
32

33 ***

34 **7 Sections**

35
36 ***
37

38 **7.3 Medical Student Section.** The Medical Student Section is a fixed Section.
39 ****

40 **7.3.1 Membership.** All active medical student members of the AMA shall be members
41 of the Medical Student Section.
42

1 **7.3.2 Cessation of Eligibility.** If any officer or Governing Council member ceases to
2 meet the membership requirements of Bylaw 7.3.1 prior to the expiration of the term for
3 which elected, the term of such officer or member shall terminate and the position shall
4 be declared vacant. If the officer or member graduates from an educational program
5 during their term within 90 days prior to an Annual Meeting, the officer or member shall
6 be permitted to continue to serve in office for up to 200 days after graduation but not
7 extending past ~~until the completion of the Annual Meeting~~ following graduation.

8 ***

9
10 **7.7 Minority Affairs Section.** The Minority Affairs Section is a delineated Section.

11 ***

12
13 **7.7.3.1 Section Representatives on the Governing Council.** If a representative of the
14 ~~Medical Student Section~~, Resident and Fellow Section or Young Physicians Section
15 ceases to meet the criteria for membership in the section from which elected within 90
16 days prior to the Annual Meeting, such member shall be permitted to serve in office until
17 the conclusion of the Annual Meeting in the calendar year in which they cease to meet
18 the membership requirement of the respective section. If a representative of the Medical
19 Student Section graduates from an educational program during their governing council
20 term, such medical student member shall be permitted to serve in office for up to 200
21 days after graduation but not extending past until the completion of the Annual Meeting
22 following graduation.

23 ***

24
25 **7.10 Women Physicians Section.** The Women Physicians Section is a delineated
26 Section.

27 ***

28 **7.10.3.1 Section Representatives on the Governing Council.** If a representative of
29 the ~~Medical Student Section~~, Resident and Fellow Section or Young Physicians Section
30 ceases to meet the criteria for membership in the section from which elected within 90
31 days prior to the Annual Meeting, such member shall be permitted to serve in office until
32 the conclusion of the Annual Meeting in the calendar year in which they cease to meet
33 the membership requirement of the respective section. If any representative of the
34 Medical Student Section graduates from an educational program during their governing
35 council term, such medical student member shall be permitted to serve in office for up to
36 200 days after graduation but not extending past until the completion of the Annual
37 Meeting following graduation.

38 ***

39
40 **7.12 LGBTQ+ Section.** The LGBTQ+ Section is a delineated Section.

41 ****

42 **7.12.2.3** If any ~~medical student~~, resident/fellow or young physician member of the
43 governing council ceases to meet the criteria for membership in the section they

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

8
9 (Modify Bylaws)

10
11 The majority of online testimony was in support, with amendments proffered for clarity
12 and consistency of language. In-person testimony was heard in unanimous support as
13 amended by your Reference Committee in the Preliminary Report. Your Reference
14 Committee recommends that the report be adopted as amended.

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

17
18 **RECOMMENDATION A:**

19
20 **That the resolve of Resolution 001 be amended by**
21 **addition as follows:**

22
23 **RESOLVED, that our American Medical**
24 **Association support federal and state efforts to**
25 **minimize gender-based pricing disparities,**
26 **especially in healthcare services and products.**
27 **(New HOD Policy)**

28
29 **RECOMMENDATION B:**

30
31 **That Resolution 001 be adopted as amended.**

32
33 **HOD ACTION: Resolution 001 adopted as amended.**

34
35 **RESOLVED, that our American Medical Association support federal and state efforts to**
36 **minimize gender-based pricing disparities in healthcare services and products. (New**
37 **HOD Policy)**

38

1 Online testimony was in unanimous support of the resolution, with an amendment
2 proffered to highlight the fact that gender-based pricing disparities are not relegated to
3 health care services and products alone. In-person testimony was heard in near
4 unanimous support of the resolution as amended by your Reference Committee in the
5 Preliminary Report. Your Reference Committee recommends that the resolution be
6 adopted as amended.
7
8

9 (16) RESOLUTION 002 - ANTI-DOXXING DATA PRIVACY
10 PROTECTION
11
12

13 **RECOMMENDATION A:**

14
15 **That the first resolve of Resolution 002 be**
16 **amended by addition and deletion as follows:**
17

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

26 **RECOMMENDATION B:**

27
28 **That the second resolve of Resolution 002 be**
29 **amended by addition and deletion as follows:**
30

31 **RESOLVED, that our AMA work with partners to**
32 **support data privacy and anti-doxxing laws to**
33 **prevent harassment, threats, and non-consensual**
34 **publishing of information for all physicians and**
35 **medical students ~~who provide reproductive and~~**
36 **~~gender-affirming care~~ (Directive to Take Action);**
37 **and be it further**
38

39 **RECOMMENDATION C:**
40

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

3
4 **RESOLVED, that our AMA encourage institutions,**
5 **employers, and state medical societies to provide**
6 **educational and legal resources and as well as**
7 **support for all physicians and medical students**
8 **~~who provide reproductive and gender-affirming~~**
9 **care who are affected by doxxing (New HOD**
10 **Policy); and be it further**

11
12 **RECOMMENDATION D:**

13
14 **That Resolution 002 be adopted as amended.**

15
16 **HOD ACTION: Resolution 002 adopted as**
17 **amended.**

18
19
20 RESOLVED, that our American Medical Association support physicians and healthcare
21 providers that provide reproductive and gender-affirming care who experience doxxing,
22 support nondiscrimination and privacy protection for employees, and availability of
23 resources on doxing (New HOD Policy); and be it further

24
25 RESOLVED, that our AMA work with partners to support data privacy and anti-doxxing
26 laws to prevent harassment, threats, and non-consensual publishing of information for
27 physicians who provide reproductive and gender-affirming care (Directive to Take
28 Action); and be it further

29
30 RESOLVED, that our AMA encourage institutions, employers, and state medical
31 societies to provide legal resources and support for physicians who provide
32 reproductive and gender-affirming care who are affected by doxing (New HOD Policy);
33 and be it further

34
35 RESOLVED, that our AMA encourage institutions, employers, and medical societies to
36 provide training and education on the issue of doxxing. (New HOD Policy)

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

1
2
3 (17) RESOLUTION 005 - UPDATING THE AMERICAN MEDICAL
4 ASSOCIATION DEFINITION OF INFERTILITY

5
6 **RECOMMENDATION A:**

7
8 **The first resolve of Resolution 005 be amended by**
9 **addition as follows:**

10
11 **RESOLVED, that our American Medical**
12 **Association amend policy H-420.952 “Recognition**
13 **of Infertility as a Disease” by addition, to state:**

14
15 **1.Our AMA supports the World Health**
16 **Organization’s designation of infertility as a**
17 **disease state with multiple etiologies requiring a**
18 **range of interventions to advance fertility**
19 **treatment and prevention.**

20
21 **2.Our AMA also supports the American Society**
22 **for Reproductive Medicine’s definition of infertility**
23 **as (a) the inability to achieve a successful**
24 **pregnancy based on a patient’s medical, sexual,**
25 **and reproductive history, age, physical findings,**
26 **diagnostic testing, or any combination of those**
27 **factors; (b) the need for medical intervention,**
28 **including, but not limited to, the use of donor**
29 **gametes or donor embryos in order to achieve a**
30 **successful pregnancy either as an individual or**
31 **with a partner; and (c) in patients having regular**
32 **unprotected intercourse and without any known**
33 **etiology for either partner suggestive of impaired**
34 **reproductive ability, the patient should be**
35 **reevaluated at 12 months when the female partner**
36 **is under 35 years of age and at 6 months when the**
37 **female partner is 35 years of age or**
38 **older. Nothing in this definition shall be used to**
39 **deny or delay treatment to any individual,**
40 **regardless of relationship status or sexual**
41 **orientation (Modify Current HOD Policy); and be it**
42 **further**

1 **3. Our AMA affirms that nothing in this definition**
2 **shall be used to deny or delay treatment to any**
3 **individual, regardless of relationship status,**
4 **sexual orientation, or gender identity (Modify**
5 **Current HOD Policy); and be it further**
6

7 **RECOMMENDATION B:**

8
9 That the second resolve of Resolution 005 be
10 amended by addition and deletion as follows:

11
12 **RESOLVED**, that our AMA work with other
13 interested organizations to communicate with
14 third-party payers that discrimination in coverage
15 of fertility services on the basis of marital status,
16 ~~or~~ **sexual orientation, or gender identity** cannot be
17 justified (Directive to Take Action); and be it
18 further

19
20 **RECOMMENDATION C:**

21
22 That a new resolve be included by addition after
23 the second resolve:

24
25 **RESOLVED**, that our American Medical
26 **Association work with state societies and other**
27 **interested organizations to encourage all states to**
28 **recognize the American Society for Reproductive**
29 **Medicine's definition of infertility, and further**
30 **communicate with third-party payers that**
31 **discrimination in coverage of fertility services on**
32 **the basis of marital status, sexual orientation, or**
33 **gender identity cannot be justified; and be it**
34 **further**

35
36 **RECOMMENDATION D:**

37
38 That Resolution 005 be adopted as amended.

39
40 **HOD ACTION: Resolution 005 adopted as**
41 **amended**.

42
43

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

3
4 1. Our AMA supports the World Health Organization's designation of infertility as a
5 disease state with multiple etiologies requiring a range of interventions to advance
6 fertility treatment and prevention.

7
8 2. Our AMA also supports the American Society for Reproductive Medicine's definition of
9 infertility as (a) the inability to achieve a successful pregnancy based on a patient's
10 medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or
11 any combination of those factors; (b) the need for medical intervention, including, but
12 not limited to, the use of donor gametes or donor embryos in order to achieve a
13 successful pregnancy either as an individual or with a partner; and (c) in patients having
14 regular unprotected intercourse and without any known etiology for either partner
15 suggestive of impaired reproductive ability, evaluation should be evaluated at 12
16 months when the female partner is under 35 years of age and at 6 months when the
17 female partner is 35 years of age or older. Nothing in this definition shall be used to
18 deny or delay treatment to any individual, regardless of relationship status or sexual
19 orientation. (Modify Current HOD Policy); and be it further

20
21 RESOLVED, that our AMA work with other interested organizations to communicate
22 with third-party payers that discrimination in coverage of fertility services on the basis of
23 marital status or sexual orientation cannot be justified (Directive to Take Action); and be
24 it further

25
26 RESOLVED, that our AMA reaffirm policy H-510.984 "Infertility Benefits for Veterans,"
27 (Reaffirm HOD Policy); and be it further

28
29 RESOLVED, that our AMA report back on this issue at I-25. (Directive to Take Action)

30
31 Online testimony was in near unanimous agreement that the resolution be adopted. Two
32 amendments were proffered by the authors to address feedback that the term "gender
33 identity" be used in the first two resolve clauses, as well as an additional resolve clause
34 be added to address the issue of states using outdated definitions of infertility. In-person
35 testimony was in overwhelming support of the amendment proffered by your Reference
36 Committee in the Preliminary Report. Your Reference Committee recommends that the
37 resolution be adopted as amended.

RECOMMENDED FOR REFERRAL

- 1
2
3
4 (18) CEJA REPORT 02 - PROTECTING PHYSICIANS
5 WHO ENGAGE IN CONTRACTS TO DELIVER
6 HEALTH CARE SERVICES
7

RECOMMENDATION:

8
9
10 **Your Reference Committee recommends that**
11 **CEJA Report 02 be referred and the remainder of**
12 **the Report be filed.**
13

14 **HOD ACTION: Recommendations of CEJA**
15 **Report 02 referred and the remainder of the**
16 **Report filed.**
17
18

19 In view of these deliberations, the Council on Ethical and Judicial Affairs recommends
20 that Opinion 11.2.3, "Contracts to Deliver Health Care Services," be amended by
21 addition and deletion as follows and the remainder of this report be filed:
22

23 While profitmaking is not inherently unethical, no part of the health care system that
24 supports or delivers patient care should place profits over such care. Physicians have a
25 fundamental ethical obligation to put the welfare of patients ahead of other
26 considerations, including personal financial interests. This obligation requires ~~them~~
27 to that before entering into contracts to deliver health care services, physicians consider
28 carefully the proposed contract to assure themselves that its terms and conditions of
29 contracts to deliver health care services before entering into such contracts to ensure
30 that those contracts do not create untenable conflicts of interest or compromise their
31 ability to fulfill their ethical and professional obligations to patients.
32

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

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

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

5
6 When contracting with entities, or having a representative do so on their behalf, to
7 provide health care services, physicians should:

8
9 (a) Carefully review the terms of proposed contracts, preferably with the advice of legal
10 and ethics counsel, or have a representative do so on their behalf to assure themselves
11 that the arrangement:

12 (i) minimizes conflict of interest with respect to proposed reimbursement mechanisms,
13 financial or performance incentives, restrictions on care, or other mechanisms intended
14 to influence physicians' treatment recommendations or direct what care patients
15 receive, in keeping with ethics guidance;

16 (ii) does not compromise the physician's own financial well-being or ability to provide
17 high-quality care through unrealistic expectations regarding utilization of services or
18 terms that expose the physician to excessive financial risk;

19 (iii) ~~allows~~ ensures the physician can ~~to~~ appropriately exercise professional judgment;

20 (iv) includes a mechanism to address grievances and supports advocacy on behalf of
21 individual patients;

22 (v) is transparent and permits disclosure to patients;

23 (vi) enables physicians to have significant influence on, or preferably outright control of,
24 decisions that impact practice staffing.

25
26 (b) Negotiate modification or removal of any terms that unduly compromise physicians'
27 ability to uphold ethical or professional standards.

28
29 When entering into contracts as employees, preferably with the advice of legal and
30 ethics counsel, physicians should:

31 (c) Advocate for contract provisions to specifically address and uphold physician ethics
32 and professionalism.

33
34 (d) Advocate that contract provisions affecting practice align with the professional and
35 ethical obligations of physicians and negotiate to ensure that alignment.

36
37 (e) Advocate that contracts do not require the physician to practice beyond their
38 professional capacity and provide contractual avenues for addressing concerns related
39 to good practice, including burnout or related issues.

40
41 (Modify HOD/CEJA Policy)
42

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

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

12
 13 **RECOMMENDATION:**

14
 15 **Your Reference Committee recommends that**
 16 **Resolution 004 be referred.**

17
 18 **HOD ACTION: Resolution 004 referred.**

19
 20
 21 RESOLVED, that our American Medical Association amend policy H-315.967 "Inclusive
 22 Gender, Sex, and Sexual Orientation Options on Medical Documentation" by addition
 23 and deletion to read as follows:

24
 25 **Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical**
 26 **Documentation, H315.967**

27
 28 Our AMA: (1) supports the voluntary inclusion of a patient's ~~biological sex~~current
 29 clinical sex, sex assigned at birth, current gender identity, legal sex on identification
 30 documents, sexual orientation, preferred-gender pronoun(s), preferred-chosen name,
 31 and clinically relevant, sex specific anatomy in medical documentation, and related
 32 forms, including in electronic health records, in a culturally-sensitive and voluntary
 33 manner, with efforts to improve visibility and awareness of transgender and gender
 34 diverse patients' chosen name and pronouns in all relevant EHR screens and to de-
 35 emphasize or conceal legalname except when required for insurance and billing
 36 purposes; (2) Will advocate for the inclusion of an organ inventory encompassing
 37 medical transition history and a list of current present organs in EHRs, with efforts to link
 38 organ-specific examinations and cancer screenings to the current organ inventory rather

1 than sex or gender identity; (23). Will advocate for collection of patient data in medical
 2 documentation and in medical research studies, according to current best practices, that
 3 is inclusive of sexual orientation, gender identity, and other sexual and gender minority
 4 traits for the purposes of research into patient and population health; (34) Will research
 5 the problems related to the handling of sex and gender within health information
 6 technology (HIT) products and how to best work with vendors so their HIT products treat
 7 patients equally and appropriately, regardless of sexual or gender identity; (45) Will
 8 investigate the use of personal health records to reduce physician burden in maintaining
 9 accurate patient information instead of having to query each patient regarding sexual
 10 orientation and gender identity at each encounter; and (56) Will advocate for the
 11 incorporation of recommended best practices into electronic health records and other
 12 HIT products at no additional cost to physicians automatically. (7) Will advocate for
 13 patient informed consent regarding how gender identity and related data will be used
 14 with the ability to opt out of recording aforementioned data without compromising patient
 15 care; (Modify Current HOD Policy); and be it further

16
 17 RESOLVED, that our AMA supports the use of the term “chosen name” over “preferred
 18 name,” recognizing the value of the term “chosen name” to transgender and gender-
 19 diverse patients (New HOD Policy).

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

26
 27
 28 (20) RESOLUTION 007 - SUPPORTING DIVERSITY IN
 29 RESEARCH

30
 31 **RECOMMENDATION:**

32
 33 **Your Reference Committee recommends that**
 34 **Resolution 007 be referred.**

35
 36 **HOD ACTION: Resolution 007 referred.**

37
 38
 39 RESOLVED, that our American Medical Association support the use of language
 40 interpreters and translators in clinical and medical research participation to promote
 41 equitable data collection and outcomes (New HOD Policy); and be it further
 42

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

6
7 RESOLVED, that our AMA advocate for the Department of Health and Human Services
8 and Office for Human Research Protections (OHRP) to update their guidance on
9 “Informed Consent of Subjects Who Do Not Speak English (1995)” (Directive to Take
10 Action); and be it further

11
12 RESOLVED, that our AMA support the creation of a federal standard upon which
13 individual Institutional Review Boards (IRBs) may base their recommendations. (New
14 HOD Policy)

15
16 Online testimony was mixed, with those in opposition calling for referral. In-person
17 testimony was mixed, with the majority calling for referral, noting that the resolution
18 needs more work and is unclear. The author testified in support of referral. Your
19 Reference Committee recommends that the resolution be referred with report back at A-
20 25.

1 **RECOMMENED FOR REFERRAL FOR DECISION**

2
3
4 (21) RESOLUTION 009 - OPPOSITION TO CREATION
5 OR ENFORCEMENT OF CIVIL LITIGATION,
6 COMMONLY REFERRED TO AS CIVIL CAUSES OF
7 ACTION

8
9 **RECOMMENDATION:**

10
11 **Your Reference Committee recommends that**
12 **Resolution 009 be referred for decision.**

13
14 **HOD ACTION: Resolution 009 referred for**
15 **decision.**

16
17
18 RESOLVED, that our American Medical Association affirms that civil causes of action in
19 healthcare should be limited to causes of action that address alleged violations of a
20 physician's duty to meet the standard of care in the treatment of patients. (New HOD
21 Policy)

22
23 Online testimony was mixed. In-person testimony was in support of the resolution;
24 however, testimony also expressed concern over potential legal issues with the current
25 phrasing of the recommendations. Due to testimony urging immediate action as a result
26 of pending legislation, your Reference Committee recommends that the resolution be
27 referred for decision.

RECOMMENDED FOR NOT ADOPTION

1
2
3
4 (22) RESOLUTION 011 - AMERICAN KIDNEY DONATION
5 LEGISLATION

6
7 **RECOMMENDATION:**

8
9 **Your Reference Committee recommends that**
10 **Resolution 011 be not adopted.**

11
12 **HOD ACTION: Resolution 011 not adopted.**

13
14
15 **RESOLVED**, that our American Medical Association support federal legislation for pilot
16 studies of non-monetary or monetary incentives, including delayed tax credits, to
17 increase living kidney donations (Directive to Take Action).

18
19 In-person testimony was extensive and mixed. Testimony in support noted the pressing
20 need to increase living kidney donation, which has not increased in the past 20 years
21 despite educational programs and outreach. Testimony in opposition cited the dangers
22 of financial incentives for organ donation, such as coercion, and the likelihood of a
23 disproportional impact on minority and vulnerable communities. It was noted that the
24 resolution quoted *Code of Medical Ethics* Opinion 6.1.3, which pertains to studying
25 incentives for cadaveric organ donations but incorrectly applied it to living organ
26 donations. The *Code of Medical Ethics* Opinion 6.1.1, which pertains to living organ
27 donations, states that one should “ensure that living donors do not receive payment of
28 any kind for any of their solid organs” and therefore, it would not be appropriate to
29 support Federal Legislation as called for by the resolution. Your reference committee
30 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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Ana Leech, MD
Am. Acad. Hospice and Palliative
Medicine

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