DISCLAIMER

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

Report of Reference Committee on Amendments to Constitution and Bylaws

Emily Briggs, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. BOT Report 02- New Specialty Organizations Representation in the House of Delegates
2. BOT Report 36 - Specialty Society Representation in the House of Delegates - Five-Year Review
3. CCB Report 01 - AMA Bylaws—Nomination of Officers and Council Members
4. CCB Report 04 - AMA Bylaw Amendments Pursuant to AIPSC (2nd ed.)
5. CEJA Report 01 - Short-Term Global Health Clinical Encounters
6. CEJA Report 02 - Research Handling of De-Identified Patient Data (D-315.969)
7. CEJA Report 04 - Physicians' Use of Social Media for Product Promotion and Compensation
8. CEJA Report 05 - CEJA's Sunset Review of 2014 House Policies
9. Resolution 008 - Consolidated Health Care Market
10. Resolution 009 - Updating Language Regarding Families and Pregnant Persons
11. Resolution 013 - Ethical Impetus for Research in Pregnant and Lactating Individuals
12. Resolution 014 - The Preservation of the Primary Care Relationship
13. Resolution 018 - Opposing Violence, Terrorism, Discrimination, and Hate Speech
14. Resolution 020 - Voter Protections During and After Incarceration
15. Resolution 021 - Opposition to Capital Punishment
16. Resolution 024 - Augmented Intelligence and Organized Medical Staff
17. Resolution 025 - The HRSA – Organ Procurement and Transplantation Network (OPTN) Modernization Initiative

RECOMMENDED FOR ADOPTION AS AMENDED

18. CCB Report 02 - AMA Bylaws—Run-Off and Tie Ballots
19. CCB Report 03 - AMA Bylaws—Removal of Officers, Council Members, Committee Members and Section Governing Council Members (D-610.997)
20. Resolution 001 - Using Personal and Biological Data to Enhance Professional Wellbeing and Reduce Burnout
21. Resolution 003 - Amendments to AMA Bylaws to Enable Medical Student Leadership Continuity
22. Resolution 012 - Ethical Pricing Procedures that Protect Insured Patients

23. Resolution 015 - Health and Racial Equity in Medical Education to Combat Workforce Disparities
24. Resolution 017 - Addressing the Historical Injustices of Anatomical Specimen Use
25. Resolution 019 - Supporting the Health of Our Democracy

RECOMMENDED FOR REFERRAL

26. CEJA Report 03 - Establishing Ethical Principles for Physicians Involved in Private Equity Owned Practices
27. Resolution 016 - Guiding Principles for the Healthcare of Migrants

RECOMMENDED FOR NOT ADOPTION

28. Resolution 002 - Removal of the Interim Meeting Resolution Committee
29. Resolution 004 - The Rights of Newborns that Survive Abortion
30. Resolution 005 - AMA Executive Vice President
31. Resolution 006 - Treatment of Family Members
32. Resolution 023 - Change Healthcare Security Lapse—The FBI Must Investigate

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

33. Resolution 007 - AMA Supports a Strategy for Eliminating Nuclear Weapons

Amendments
If you wish to propose an amendment to an item of business, click here: SUBMIT NEW AMENDMENT

RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 02 - NEW SPECIALTY ORGANIZATIONS REPRESENTATION IN THE HOUSE OF DELEGATES

RECOMMENDATION:

Recommendations in Board of Trustees Report 02 be adopted and the remainder of the report be filed.

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

Therefore, the Board of Trustees recommend that the Academy of Consultation-Liaison Psychiatry, American College of Lifestyle Medicine, American Venous Forum, Association of Academic Physiatrists, and Society for Pediatric Dermatology be granted representation in the AMA House of Delegates and that the remainder of the report be filed. (Directive to Take Action)

No testimony was heard. Limited online testimony was in unanimous support. Your Reference Committee recommends that BOT Report 02 be adopted.

(2) BOARD OF TRUSTEES REPORT 36 – SPECIALTY SOCIETY REPRESENTATION IN THE HOUSE OF DELEGATES – FIVE-YEAR REVIEW

RECOMMENDATION

Recommendations for Board of Trustees 36 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in Board of Trustees Report 36 adopted and the remainder of the report filed.

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

1. The American Academy of Cosmetic Surgery, American Association for Thoracic Surgery, American Association of Gynecologic Laparoscopists, American Association of Public Health Physicians, American College of Allergy, Asthma and Immunology, American College of Medical Quality, American Society for Reconstructive Microsurgery, American Society of Interventional Pain Physicians, Association of Academic Radiology, GLMA— Health Professionals Advancing LGBTQ+ Equality,

Infectious Diseases Society of America, and Society of Laparoscopic and Robotic Surgeons retain representation in the AMA HOD. (Directive to Take Action)

2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5, the American Association of Plastic Surgeons, American Society for Metabolic and Bariatric Surgery and American Society of Cytopathology be placed on probation and be given one year to work with AMA membership staff to increase their AMA membership. (Directive to Take Action)

3. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in the AMA Bylaw B-8.5 at the end of the one-year grace period, the American Society of Neuroimaging lose representation in the AMA HOD but retain it for the AMA Specialty and Service Society (SSS) and may apply for reinstatement in the HOD, through the SSS, when they believe they can comply with all of the current guidelines for representation in the HOD, in accordance with AMA Bylaw B-8.5.3.2.2. (Directive to Take Action)

No testimony was heard. There was no online testimony. Your Reference Committee recommends that Board of Trustees Report 36 be adopted.

(3) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 01 - NOMINATION OF OFFICERS AND COUNCIL MEMBERS

RECOMMENDATION:

Recommendations in Council on Constitution and Bylaws Report 01 be <u>adopted</u> and the remainder of the report be <u>filed.</u>

HOD ACTION: Recommendations in Council on Constitution and Bylaws Report 01 <u>adopted</u> and the remainder of the report <u>filed.</u>

The Council on Constitution and Bylaws recommends that the following amendments to our AMA Bylaws be adopted, that Policy G-610.989 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.

3 Officers

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3.3 Nominations. Nominations for President-Elect, Speaker and Vice Speaker, shall be made ~~from the floor~~ by a member of the House of Delegates <u>at the opening session of the meeting at which elections take place</u>. Nominations for all other officers, except for Secretary, the medical student trustee, and the public trustee, shall be made ~~from the floor~~ by a member of the House of Delegates <u>at the opening session of the meeting at</u>

which elections take place ~~and may be announced by the Board of Trustees~~.

6 Councils

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6.8 Election – Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health

6.8.1 Nomination and Election. Members of these Councils, except the medical student member, shall be elected by the House of Delegates. The Chair ~~Nominations shall be made by the chair~~ of the Board of Trustees will present announced candidates, who shall be entered into nomination by the Speaker at the Opening session of the meeting at which elections take place. Nominations ~~and~~ may also be made from the floor by a member of the House of Delegates at the opening session of the meeting at which elections take place.

(Modify Bylaws)

No testimony was heard. There was also no online testimony. Your Reference Committee recommends that CCB Report 01 be adopted.

(4) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 04 – AMA BYLAW AMENDMENTS PURSUANT TO AIPSC (2ND ED.)

RECOMMENDATION:

Recommendations in Council on Constitution and Bylaws Report be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Constitution and Bylaws Report adopted and the remainder of the report filed.

The Council on Constitution and Bylaws recommends that the following recommendations 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:

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

2.12.2 Special Meetings of the House of Delegates. Special Meetings of the House of Delegates shall be called by the Speaker on ~~written or electronic~~ request ~~by~~ of one third of the members of the House of Delegates, or on request of a majority of the Board of Trustees. When a special meeting is called, the Executive Vice President of the AMA shall notify ~~mail a notice to the last known address of~~ each member of the House of

Delegates at least 20 days before the special meeting is to be held. The notice shall specify the time and place of meeting and the purpose for which it is called, and the House of Delegates shall consider no business except that for which the meeting is called.

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2.12.3.1 Invitation from Constituent Association. A constituent association desiring a meeting within its borders shall submit an invitation ~~in writing~~, together with significant data, to the Board of Trustees. The dates and the city selected may be changed by action of the Board of Trustees at any time, but not later than 60 days prior to the dates selected for that meeting.

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5.2.4 Notice of Meeting. Notice is given if delivered in person, by telephone, ~~mail~~, or any means of electronic communication approved by the Board of Trustees. Notice shall be deemed to be received upon delivery to the Trustee's contact information then appearing on the records of the AMA.

5.2.4.1 Waiver of Notice. ~~Notice of any meeting need not be given if waived in writing before, during or after such meeting.~~ Attendance at any meeting shall constitute a waiver of notice of such meeting, except where such attendance is for the express purpose of objecting to the transacting of any business because of a question as to the legality of the calling or convening of the meeting.

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12.3 Articles of Incorporation. The Articles of Incorporation of the AMA may be amended at any regular or special meeting of the House of Delegates by the approval of two-thirds of the voting members of the House of Delegates registered at the meeting, provided that the Board of Trustees shall have approved the amendment and <u>provided it</u> ~~submitted it in writing~~ to each member of the House of Delegates at least 5 days, but not more than 60 days, prior to the meeting of the House of Delegates at which the amendment is to be considered.

(Modify Bylaws)

No testimony was heard. There was also no online testimony. Your Reference Committee recommends that CCB Report 04 be adopted.

(5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 01 - SHORT-TERM GLOBAL HEALTH CLINICAL ENCOUNTERS

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 01 be <u>adopted</u> and the remainder of the Report be <u>filed.</u>

HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 01 adopted and the remainder of the Report filed.

In light of these considerations, the Council on Ethical and Judicial Affairs recommends that the following be adopted, and the remainder of this report be filed:

Short-term global health clinical encounters, which send physicians and physicians in training from wealthier communities to provide care in under-resourced settings for a period of days or weeks, have been promoted as a strategy to provide needed care to individual patients and, increasingly, as a means to address global health inequities. To the extent that such encounters also provide training and educational opportunities, they may offer benefit both to the host communities and the medical professionals and trainees who volunteer their time and clinical skills.

Short-term global health clinical encounters typically take place in contexts of scarce resources and in the shadow of colonial histories. These realities define fundamental ethical responsibilities for participants, sponsors, and hosts to jointly prioritize activities to meet mutually agreed-on goals; navigate day-to-day collaboration across differences of culture, language, and history; and fairly allocate resources. Participants and sponsors must focus not only on enabling good health outcomes for individual patients, but on promoting justice and sustainability, minimizing burdens on host communities, and respecting persons and local cultures. Responsibly carrying out short-term global health clinical encounters requires diligent preparation on the part of participants and sponsors in collaboration with host communities.

Physicians and trainees who are involved with short-term global health clinical encounters should ensure that the trips with which they are associated:

(a) Focus prominently on promoting justice and sustainability by collaborating with the host community to define project parameters, including identifying community needs, project goals, and how the visiting medical team will integrate with local health care professionals and the local health care system. In collaboration with the host community, short-term global health clinical encounters should prioritize efforts to support the community in building health care capacity. Trips that also serve secondary goals, such as providing educational opportunities for trainees, should prioritize benefits as defined by the host community over benefits to members of the visiting medical team or the sponsoring organization.

(b) Seek to proactively identify and minimize burdens the trip places on the host community, including not only direct, material costs of hosting participants, but also possible adverse effects the presence of participants could have for beneficial local practices and local practitioners. Sponsors and participants should ensure that team members practice only within their skill sets and experience.

(c) Provide resources that help them become broadly knowledgeable about the communities in which they will work and to cultivate the cultural sensitivity they will need to provide safe, respectful, patient-centered care in the context of the specific host community. Members of the visiting medical team are expected to uphold the ethics standards of their profession and participants should insist that strategies are in place to address ethical dilemmas as they arise. In cases of irreducible conflict with local norms,

participants may withdraw from care of an individual patient or from the project after careful consideration of the effect that will have on the patient, the medical team, and the project overall, in keeping with ethics guidance on the exercise of conscience. Participants should be clear that they may be ethically required to decline requests for treatment that cannot be provided safely and effectively due to resource constraints.

(d) Are organized by sponsors that embrace a mission to promote justice, patient-centered care, community welfare, and professional integrity. Physicians, as influential members of their health care systems, are well positioned to influence the selection, planning and preparation for short term encounters in global health. In addition, they can take key roles in mentoring learners and others on teams to be deployed. Physicians can also offer guidance regarding the evaluation process of the experience, in an effort to enhance and improve the outcomes of future encounters.

Sponsors of short-term global health clinical encounters should:

(e) Ensure that resources needed to meet the defined goals of the trip will be in place, particularly resources that cannot be assured locally. This includes arranging for local mentors, translation services, and participants' personal health needs. It should not be assumed that host communities can absorb additional costs, even on a temporary basis.

(f) Proactively define appropriate roles and permissible range of practice for members of the visiting medical team, so that they can provide safe, high-quality care in the host community. Team members should practice only within the limits of their training and skills in keeping with professional standards they would deem acceptable in their ordinary clinical practice, even if the host community's standards are more flexible or less rigorously enforced.

(g) Ensure appropriate supervision of trainees, consistent with their training in their home communities, and make certain that they are only permitted to practice independently in ways commensurate with their level of experience in under-resourced settings.

(h) Ensure a mechanism for meaningful data collection is in place, consistent with recognized standards for the conduct of health services research and quality improvement activities in the sponsor's country.

(New HOD/CEJA Policy)

Testimony was heard in unanimous support and appreciation of CEJA's multiple iterations of the report. There was no online testimony. Your Reference Committee recommends that CEJA Report 01 be adopted.

(6) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 02 - RESEARCH HANDLING OF DE-IDENTIFIED PATIENT DATA (D-315.969)

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 02 be <u>adopted</u>.

HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 02 adopted.

In light of the challenges considered with regard to constructing a framework for holding stakeholders accountable within digital health information ecosystems, the Council on Ethical and Judicial Affairs recommends:

1. That the following be adopted:

Within health care systems, identifiable private health information, initially derived from and used in the care and treatment of individual patients, has led to the creation of massive de-identified datasets. As aggregate datasets, clinical data takes on a secondary promising use as a means for quality improvement and innovation that can be used for the benefit of future patients and patient populations. While de-identification of data is meant to protect the privacy of patients, there remains a risk of re-identification, so while patient anonymity can be safeguarded it cannot be guaranteed. In handling patient data, individual physicians thus strive to balance supporting and respecting patient privacy while also upholding ethical obligations to the betterment of public health.

When clinical data are de-identified and aggregated, their potential use for societal benefits through research and development is an emergent, secondary use of electronic health records that goes beyond individual benefit. Such data, due to their potential to benefit public health, should thus be treated as a form of public good, and the ethical standards and values of health care should follow the data and be upheld and maintained even if the data are sold to entities outside of health care. The medical profession's responsibility to protect patient privacy as well as to society to improve future health care should be recognized as inherently tied to these datasets, such that all entities granted access to the data become data stewards with a duty to uphold the ethical values of health care in which the data were produced.

As individuals or members of health care institutions, physicians should:

(a) Follow existing and emerging regulatory safety measures to protect patient privacy;
(b) Practice good data intake, including collecting patient data equitably to reduce bias in datasets;
(c) Answer any patient questions about data use in an honest and transparent manner to the best of their ability in accordance with current federal and state legal standards.

Health care entities, in interacting with patients, should adopt policies and practices that provide patients with transparent information regarding:

(d) The high value that health care institutions place on protecting patient data;
(e) The reality that no data can be guaranteed to be permanently anonymized, and that risk of re-identification does exist;
(f) How patient data may be used;
(g) The importance of de-identified aggregated data for improving the care of future patients.

Health care entities managing de-identified datasets, as health data stewards, should:
(h) Ensure appropriate data collection methods and practices that meet industry standards to support the creation of high-quality datasets;
(i) Ensure proper oversight of patient data is in place, including Data Use/Data Sharing Agreements for the use of de-identified datasets that may be shared, sold, or resold;
(j) Develop models for the ethical use of de-identified datasets when such provisions do not exist, such as establishing and contractually requiring independent data ethics review boards free of conflicts of interest and verifiable data audits, to evaluate the use, sale, and potential resale of clinically-derived datasets;
(k) Take appropriate cyber security measures to seek to ensure the highest level of protection is provided to patients and patient data;
(l) Develop proactive post-compromise planning strategies for use in the event of a data breach to minimize additional harm to patients;
(m) Advocate that health- and non-health entities using any health data adopt the strongest protections and seek to uphold the ethical values of the medical profession.

There is an inherent tension between the potential benefits and burdens of de-identified datasets as both sources for quality improvement to care as well as risks to patient privacy. Re-identification of data may be permissible, or even obligatory, in rare circumstances when done in the interest of the health of individual patients. Re-identification of aggregated patient data for other purposes without obtaining patients' express consent, by anyone outside or inside of health care, is impermissible. (New HOD/CEJA Policy); and

2. That Opinion 2.1.1, "Informed Consent"; Opinion 3.1.1, "Privacy in Health Care"; Opinion 3.2.4, "Access to Medical Records by Data Collection Companies"; and Opinion 3.3.2, "Confidentiality and Electronic Medical Records" be amended by addition as follows:

a. Opinion 2.1.1, Informed Consent
Informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. Successful communication in the patient-physician relationship fosters trust and supports shared decision making. <u>Transparency with patients regarding all medically appropriate options of treatment is critical to fostering trust and should extend to any discussions regarding who has access to patients' health data and how data may be used.</u>

The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention. In seeking a patient's informed consent (or the consent of the patient's surrogate if the patient lacks decision-making capacity or declines to participate in making decisions), physicians should:
(a) Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.
(b) Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician should include information about:

(i) the diagnosis (when known);
(ii) the nature and purpose of recommended interventions;
(iii) the burdens, risks, and expected benefits of all options, including forgoing treatment.

(c) Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record in some manner. When the patient/surrogate has provided specific written consent, the consent form should be included in the record.

In emergencies, when a decision must be made urgently, the patient is not able to participate in decision making, and the patient's surrogate is not available, physicians may initiate treatment without prior informed consent. In such situations, the physician should inform the patient/surrogate at the earliest opportunity and obtain consent for ongoing treatment in keeping with these guidelines. (Modify HOD/CEJA Policy)

b. Opinion 3.1.1, Privacy in Health Care

Protecting information gathered in association with the care of the patient is a core value in health care. However, respecting patient privacy in other forms is also fundamental, as an expression of respect for patient autonomy and a prerequisite for trust.
Patient privacy encompasses a number of aspects, including personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).

Physicians must seek to protect patient privacy in all settings to the greatest

extent possible and should:

(a) Minimize intrusion on privacy when the patient's privacy must be balanced against other factors.

(b) Inform the patient when there has been a significant infringement on privacy of which the patient would otherwise not be aware.

(c) Be mindful that individual patients may have special concerns about privacy in any or all of these areas.

(d) Be transparent with any inquiry about existing privacy safeguards for patient data but acknowledge that anonymity cannot be guaranteed and that breaches can occur notwithstanding best data safety practices. (Modify HOD/CEJA Policy)

c. Opinion 3.2.4, Access to Medical Records by Data Collection Companies

Information contained in patients' medical records about physicians' prescribing practices or other treatment decisions can serve many valuable purposes, such as improving quality of care. However, ethical concerns arise when access to such information is sought for marketing purposes on behalf of commercial entities that have financial interests in physicians' treatment recommendations, such as pharmaceutical or medical device companies.

Information gathered and recorded in association with the care of a patient is confidential. Patients are entitled to expect that the sensitive personal information they divulge will be used solely to enable their physician to most effectively provide needed services. Disclosing information to third parties for commercial purposes without consent

undermines trust, violates principles of informed consent and confidentiality, and may harm the integrity of the patient-physician relationship.

Physicians who propose to permit third-party access to specific patient information for commercial purposes should:

(a) Only provide data that has been de-identified.

(b) Fully inform each patient whose record would be involved (or the patient's authorized surrogate when the individual lacks decision-making capacity) about the purpose(s) for which access would be granted.

Physicians who propose to permit third parties to access the patient's full medical record should:

(c) Obtain the consent of the patient (or authorized surrogate) to permit access to the patient's medical record.

(d) Prohibit access to or decline to provide information from individual medical records for which consent has not been given.

(e) Decline incentives that constitute ethically inappropriate gifts, in keeping with ethics guidance.

Because de-identified datasets are derived from patient data as a secondary source of data for the public good, health care professionals and/or institutions who propose to permit third-party access to such information have a responsibility to establish that any use of data derived from health care adhere to the ethical standards of the medical profession. (Modify HOD/CEJA Policy)

d. Opinion 3.3.2, Confidentiality and Electronic Medical Records

Information gathered and recorded in association with the care of a patient is confidential, regardless of the form in which it is collected or stored.

Physicians who collect or store patient information electronically, whether on stand-alone systems in their own practice or through contracts with service providers, must:

(a) Choose a system that conforms to acceptable industry practices and standards with respect to:

(i) restriction of data entry and access to authorized personnel;

(ii) capacity to routinely monitor/audit access to records;

(iii) measures to ensure data security and integrity; and

(iv) policies and practices to address record retrieval, data sharing, third-party access and release of information, and disposition of records (when outdated or on termination of the service relationship) in keeping with ethics guidance.

(b) Describe how the confidentiality and integrity of information is protected if the patient requests.

(c) Release patient information only in keeping with ethics guidance for confidentiality and privacy. (Modify HOD/CEJA Policy); and

3. That the remainder of this report be filed.

Testimony was heard in unanimous support and appreciation of CEJA's multiple iterations of the report. Online testimony was also in unanimous support. Your Reference Committee recommends that CEJA Report 02 be adopted.

(7) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 04 - PHYSICIANS' USE OF SOCIAL MEDIA
FOR PRODUCT PROMOTION AND COMPENSATION

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 04 be <u>adopted.</u>

HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 04 <u>adopted</u>.

In consideration of the foregoing, the Council on Ethical and Judicial Affairs recommends that: Opinion 2.3.2, "Professionalism in the Use of Social Media" be amended by substitution to read as follows and the remainder of this report be filed:

Social media—internet-enabled communication platforms—enable individual medical students and physicians to have both a personal and a professional presence online. Social media can foster collegiality and camaraderie within the profession as well as provide opportunities to widely disseminate public health messages and other health communications. However, use of social media by medical professionals can also undermine trust and damage the integrity of patient-physician relationships and the profession as a whole, especially when medical students and physicians use their social media presence to promote personal interests.

Physicians and medical students should be aware that they cannot realistically separate their personal and professional personas entirely online and should curate their social media presence accordingly. Physicians and medical students therefore should:

(a) When publishing any content, consider that even personal social media posts have the potential to damage their professional reputation or even impugn the integrity of the profession.

(b) Respect professional standards of patient privacy and confidentiality and refrain from publishing patient information online without appropriate consent.

(c) Maintain appropriate boundaries of the patient-physician relationship in accordance with ethics guidance if they interact with their patients through social media, just as they would in any other context.

(d) Use privacy settings to safeguard personal information and content, but be aware that once on the Internet, content is likely there permanently. They should routinely monitor their social media presence to ensure that their personal and professional information and content published about them by others is accurate and appropriate.

(e) Publicly disclose any financial interests related to their social media content, including, but not limited to, paid partnerships and corporate sponsorships.

(f) When using social media platforms to disseminate medical health care information, ensure that such information is useful and accurate based on professional

medical judgment.
(Modify HOD/CEJA Policy)

Testimony was mixed but was in general support for referral. Testimony cited the need to more directly address the original resolution and to provide more clarity with respect to item (f) in the report. However, the use of "professional medical judgement" is consistent language throughout the *Code*. Limited online testimony was in support. However, the current report is dramatically different from the previous version seen at the 2023 interim meeting because the report has now been decoupled from the *Code* opinion on the sale of goods in physicians' offices. The current version of the report now only focuses on social media and no longer on the sale of goods. Your Reference Committee recommends that CEJA Report 04 be adopted.

(8) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 05 - CEJA'S SUNSET REVIEW OF 2014 HOUSE POLICIES

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 05 be <u>adopted.</u>

HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 05 <u>adopted.</u>

The Council on Ethical and Judicial Affairs recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action)

No testimony was heard. There was also no online testimony. Your Reference Committee recommends that CEJA Report 05 be adopted.

(9) RESOLUTION 008 - CONSOLIDATED HEALTH CARE MARKET

RECOMMENDATION:

Resolution 008 be <u>adopted</u>.

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

RESOLVED, that our American Medical Association investigate the possibility of filing a class action lawsuit against Optum, United Health Group and Change Health to recoup the damages from the disruption caused by the breach, and to distribute the unfair enrichment profits made by Optum et al to the practices whose retained payments allowed them to generate interest and investment profits (Directive to Take Action)

RESOLVED, that our AMA investigate the acquisition of practices by Optum in the aftermath of the breach and determine if the independence of those practices can be resurrected, and if not, if damages are due to the physician owners of the acquired practices. (Directive to Take Action)

Testimony was heard in unanimous support. Online testimony was in general support. Your Reference Committee recommends that Resolution 008 be adopted.

(10) RESOLUTION 009 - UPDATING LANGUAGE REGARDING FAMILIES AND PREGNANT PERSONS

RECOMMENDATION:

Resolution 009 be <u>adopted.</u>

HOD ACTION: Resolution 009 <u>adopted.</u>

RESOLVED, that our American Medical Association review and update the language used in AMA policy and other resources and communications to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of all genders and family structures. (Directive to Take Action)

Testimony was heard in unanimous support. Online testimony was also in unanimous support. Your Reference Committee recommends that Resolution 009 be adopted.

(11) RESOLUTION 013 - ETHICAL IMPETUS FOR RESEARCH IN PREGNANT AND LACTATING INDIVIDUALS

RECOMMENDATION:

Resolution 013 be <u>adopted.</u>

HOD ACTION: Resolution 013 <u>adopted.</u>

RESOLVED, that our American Medical Association Council on Ethical and Judicial Affairs consider updating its ethical guidance on research in pregnant and lactating individuals. (Directive to Take Action)

Testimony was heard in unanimous support. Online testimony was also in unanimous support. Your Reference Committee recommends that Resolution 013 be adopted.

(12) RESOLUTION 014 - THE PRESERVATION OF THE PRIMARY CARE RELATIONSHIP

RECOMMENDATION:

Resolution 014 be <u>adopted.</u>

HOD ACTION: Resolution 014 <u>adopted.</u>

RESOLVED, that our American Medical Association opposes health systems requiring patients to switch to primary care physicians within a health system in order to access specialty care (New HOD Policy)

RESOLVED that our AMA requests the Council on Ethical and Judicial Affairs review the ethical implications of health systems requiring patients to change to primary care clinicians employed by their system to access specialists (Directive to Take Action)
RESOLVED, that our AMA advocates for policies that promote patient choice, ensure continuity of care, and uphold the sanctity of the patient-physician relationship, irrespective of healthcare system pressures or economic incentives. (Directive to Take Action)

Testimony was heard in unanimous support. One delegation rescinded its online testimony, with the result that the limited online testimony is now in general support. Your Reference Committee recommends that Resolution 014 be adopted.

(13) RESOLUTION 018 - OPPOSING VIOLENCE, TERRORISM, DISCRIMINATION, AND HATE SPEECH

RECOMMENDATION:

That Resolution 018 be <u>adopted.</u>

HOD ACTION: Resolution 018 <u>adopted.</u>

RESOLVED, that our American Medical Association strongly condemns all acts of violence, terrorism, discrimination, and hate speech against any group or individual, regardless of race, ethnicity, religious affiliation, cultural affiliation, gender, sexual orientation, disability, or other factor (New HOD Policy);

RESOLVED, that our AMA affirms its commitment to promoting dialogue, empathy, and mutual respect among diverse communities, recognizing the importance of fostering understanding and reconciliation (New HOD Policy);

RESOLVED, that our AMA recognizes the importance of commemorating and honoring the victims of tragedies throughout human history, in a manner that respects the dignity and sensitivities of all affected communities (New HOD Policy);

RESOLVED, that our AMA encourages initiatives that promote education, awareness,

and solidarity to prevent future acts of violence and promote social cohesion (New HOD Policy);

RESOLVED, that our AMA acknowledges the diverse perspectives and experiences within its membership and commits to facilitating constructive dialogue and engagement on sensitive and polarizing issues (New HOD Policy);

RESOLVED, that our AMA calls for continued collaboration and partnership with organizations representing diverse communities. (Directive to Take Action)

Testimony was limited but in unanimous support. This resolution was brought forward after robust conversation and deliberation, including multiple iterations at the author's delegation level. It captures the sentiments of physicians concerned with the increase in negative, derogatory, and divisive language, behaviors, and actions. Online testimony was also limited. Your Reference Committee recommends that Resolution 018 be adopted.

(14) RESOLUTION 020 – VOTER PROTECTIONS DURING AND AFTER INCARCERATION

RECOMMENDATION:

That Resolution 020 be <u>adopted.</u>

HOD ACTION: Resolution 020 <u>adopted.</u>

RESOLVED, that our American Medical Association support the continuation and restoration of voting rights for citizens currently or formerly incarcerated, support efforts ensuring their ability to exercise their vote during and after incarceration, and oppose efforts to restrict their voting rights (New HOD Policy);

RESOLVED, that our AMA research the impact of disproportionate policing in and incarceration of minoritized communities on voter participation and health outcomes (Directive to Take Action)

RESOLVED, that our AMA develop educational materials and programming to educate medical trainees and physicians on the impact of incarceration on voting and health outcomes. (Directive to Take Action)

Testimony was heard in strong support. Online Testimony is in general support. In accordance with H-440.805, "Support for Safe and Equitable Access to Voting", your Reference Committee recognizes that voting is a social determinant of health. Your Reference Committee recommends that Resolution 020 be adopted.

(15) RESOLUTION 021 - OPPOSITION TO CAPITAL PUNISHMENT

RECOMMENDATION:

That Resolution 021 be adopted.

HOD ACTION: Resolution 021 adopted.

RESOLVED, that our American Medical Association amend H-140.896, "Moratorium on Capital Punishment," by addition and deletion as follows:

Opposition to ~~Moratorium on~~ Capital Punishment H-140.896
Our AMA: (1) opposes all forms of ~~does not take a position~~ on capital punishment; and (2) urges appropriate legislative and legal authorities to continue to implement changes in the system of administration of capital punishment, if used at all, and to promote its fair and impartial administration in accordance with basic requirements of due process. (Modify Current HOD Policy)

Mixed testimony was heard. Testimony in favor supported the AMA adopting a stronger stance clearly opposing capital punishment. Testimony in opposition strongly favored maintaining neutrality. Online testimony is mixed, with opposition citing the subject matter as outside the purview of the AMA. Although overall testimony was mixed, testimony in support came from sections and delegations, whereas testimony in opposition came from individuals. As the AMA *Code of Medical Ethics* currently states "a physician must not participate in a legally authorized execution." This resolution brings AMA policy into alignment with our *Code of Medical Ethics*. Your Reference Committee recommends that Resolution 021 be adopted.

(16) RESOLUTION 024 - AUGMENTED INTELLIGENCE AND ORGANIZED MEDICAL STAFF

RECOMMENDATION:

Resolution 024 be adopted.

HOD ACTION: Resolution 024 adopted.

Resolved, that our American Medical Association modify policy H-225.957, "Principles for Strengthening the Physician-Hospital Relationship," by addition:

1. The organized medical staff and the hospital governing body are responsible for the provision of quality care, providing a safe environment for patients, staff and visitors, protection from interruption of delivery of care, and working continuously to improve patient care and health outcomes—including but not limited to the development, selection, and implementation of augmented intelligence—with the primary responsibility for the quality of care rendered and for patient safety vested with the organized medical

staff. These activities depend on mutual accountability, interdependence, and responsibility of the organized medical staff and the hospital governing body for the proper performance of their respective obligations.
(Modify Current HOD Policy);

Resolved, that our AMA recognizes that organized medical staff should be an integral part at the outset of choosing, developing and implementing augmented intelligence and digital health tools in hospital care. That consideration is consistent with organized medical staff's primacy in overseeing safety of patient care, as well as assessing other negative unintended consequences such as interruption of, or overburdening, the physician in delivery of care (New HOD Policy).

Limited but unanimous testimony was heard in support. No online testimony is presented. Your Reference Committee recommends that Resolution 024 be adopted.

(17) RESOLUTION 025 - THE HRSA – ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK (OPTN) MODERNIZATION INITIATIVE

RECOMMENDATION:

That Resolution 025 be <u>adopted.</u>

HOD ACTION: Resolution 025 <u>adopted.</u>

RESOLVED, that our American Medical Association affirm that the Health and Resources and Services Administration's (HRSA) proposed changes to the Organ Procurement and Transplantation Network (OPTN) should not replace the existing public-private partnership between HRSA and the OPTN, and the OPTN should be maintained as a membership organization. (Directive to Take Action);

RESOLVED, that our AMA support an Organ Procurement and Transplantation Network (OPTN) Board, per the National Organ Transplant Act (NOTA) regulations, that includes patients, living donors and donor families, transplant centers, organ procurement organizations (OPOs), patient and medical associations, and other transplant stakeholders to ensure experience, expertise, and knowledge from content experts; and should be elected by the membership rather than be appointed or elected by the government or its contractors which would result in politicizing medical care decisions (New HOD Policy);

RESOLVED, that our AMA proactively advocate to the general public and encourage legislators and regulators to modernize the transplant system in a transparent, equitable, and efficient manner within the structure outlined in National Organ Transplant Act (NOTA). (Directive to Take Action).

Testimony was heard in unanimous support. There is no online testimony. Your Reference Committee recommends that Resolution 025 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(18) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 02 - RUN-OFF AND TIE BALLOTS

RECOMMENDATION A:

That part 3.4.1.2 of Council on Constitution and Bylaws Report 02 be amended by addition and deletion:

3.4.2.1.2 ~~3~~ Subsequent Ballots. If all vacancies for Trustees are not filled on the first ballot, and there are more than two remaining nominees, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, ~~both~~ all tied nominees shall be dropped. If these actions would result in fewer than two nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. On any subsequent ballot, a nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the larger number of votes within the number of Trustees to be elected or remaining to be elected. ~~and 3 or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When 2 or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees.~~ This procedure shall be repeated until all vacancies have been filled.

RECOMMENDATION B:

That part 3.4.2.2 of the Council on Constitution and Bylaws Report 02 be amended by addition and deletion:

3.4.2.2 All Other Officers, except the Medical Student Trustee and the Public Trustee. All other officers, except the medical student trustee and the public trustee, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, ~~both~~ all tied nominees shall be dropped. If these actions would result in fewer than two nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. ~~the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie.~~ This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

RECOMMENDATION C:

That the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Constitution and Bylaws Report 02 adopted as amended with the remainder of the report filed.

The Council on Constitution and Bylaws recommends that the following amendments to our AMA Bylaws 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.

3 Officers

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3.4 Elections.

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3.4.2 Method of Election. Where there is no contest, a majority vote without ballot shall

elect. All other elections shall be by ballot.

3.4.2.1 At-Large Trustees.

3.4.2.1.1 First Ballot. All nominees for the office of At-Large Trustee shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of Trustees to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer or more votes than the number of Trustees to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of Trustees to be elected.

~~**3.4.2.1.2 Runoff Ballot**. A runoff election shall be held to fill any vacancy not filled because of a tie vote.~~

3.4.2.1.2 ~~3~~ Subsequent Ballots. If all vacancies for Trustees are not filled on the first ballot, and there are more than two remaining nominees, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, both nominees shall be dropped. If these actions would result in fewer than two nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. On any subsequent ballot, a nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the larger number of votes within the number of Trustees to be elected or remaining to be elected. ~~and 3 or more Trustees are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. When 2 or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees.~~ This procedure shall be repeated until all vacancies have been filled.

3.4.2.2 All Other Officers, except the Medical Student Trustee and the Public Trustee. All other officers, except the medical student trustee and the public trustee, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, both nominees shall be dropped. If these actions would result in fewer than two nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. ~~the nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie.~~ This procedure shall be continued until one of the nominees

receives a majority of the legal votes cast.

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6 Councils

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6.8 Election – Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health

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6.8.1.1 Separate Election. The resident/fellow physician member of these Councils shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, both nominees shall be dropped. If these actions result in fewer than two nominees, the nominees with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. ~~nominees on subsequent ballots shall be determined by retaining the 2 nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie.~~ This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

6.8.1.2 Other Council Members. With reference to each such Council, all nominees for election shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected, and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of members to be elected.

~~**6.8.1.3 Run-Off Ballot.** A run-off election shall be held to fill any vacancy that cannot be filled because of a tie vote.~~

~~**6.8.1.4**~~ **Subsequent Ballots.** If all vacancies are not filled on the first ballot, and there are more than two remaining nominees, the nominee with the fewest votes shall be dropped and the remaining nominees shall be placed on the subsequent ballot. In the event of a tie for the fewest votes, both nominees shall be dropped. If these actions would result in fewer than two remaining nominees, the nominee(s) with the fewest votes shall not be dropped and all remaining nominees shall be placed on the subsequent ballot. On any subsequent ballot, a nominee shall be elected if they have received a vote on a majority of the legal ballots cast and are one of the nominees receiving the largest number of votes within the number of council members to be elected or remaining to be elected. ~~and 3 or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined~~

~~by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest number of votes on the preceding ballot, except where there is a tie. When 2 or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee.~~ This procedure shall be repeated until all vacancies have been filled.

(Modify Bylaws)

Testimony was heard in unanimous support. Online testimony is limited, with one member offering alternate language for the term “BOTH” to be replaced with “ALL TIED” in 3.4.2.1.2 and 3.4.2.2, which was supported by the authors of the report and one other member. Your Reference Committee recommends that CCB Report 02 be adopted in lieu of the original report.

(19) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 03 - REMOVAL OF OFFICERS, COUNCIL MEMBERS, COMMITTEE MEMBERS AND SECTION GOVERNING COUNCIL MEMBERS (D-610.997)

RECOMMENDATION A:

That the first recommendation in Council on Constitution and Bylaws Report 03 be <u>referred.</u>

RECOMMENDATION B:

That the second recommendation in Council on Constitution and Bylaws Report 03 be amended by <u>addition and deletion</u>:

That the Councils on Constitution and Bylaws, Long Range Planning and Development and the Ethical and Judicial Affairs and the House develop the procedures to remove a trustee~~,~~ <u>or</u> council member ~~or governing council member~~ for cause.

<u>That the Sections develop the procedures to remove a governing council member for cause with the advice and guidance of the Councils on Constitution and Bylaws, Long Range Planning and Development and the Ethical and Judicial Affairs and the House.</u>

RECOMMENDATION C:

That the third recommendation in Council on Constitution and Bylaws Report 03 be adopted.

RECOMMENDATION D:

That the remainder of the report be filed.

HOD ACTION: The first recommendation in Council on Constitution and Bylaws Report 03 be referred. The second recommendation in Council on Constitution and Bylaws Report 03 be amended by addition and deletion as follows:

That the Sections develop the procedures to remove a governing council member for cause with the advice and guidance of the Councils on Constitution and Bylaws, Long Range Planning and Development and the Ethical and Judicial Affairs ~~and the House.~~

The third recommendation in Council on Constitution and Bylaws Report 03 be adopted.

Remainder of the report filed.

The Council on Constitution and Bylaws recommends that the following recommendations be adopted, that Policy D-610.997 be rescinded, and that the remainder of this report be filed.

1) That our AMA Bylaws be amended by insertion to add the following provisions. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting:

3. Officers

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3.6 Vacancies.

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3.6.4 Absences. If an officer misses 6 consecutive regular meetings of the Board, this matter shall be reported to the House of Delegates by the Board of Trustees and the office shall be considered vacant. The vacancy shall be filled as provided in Bylaw 3.6.1 or Bylaw 3.6.3.

3.6.5 Removal for Cause. Any officer may be removed for cause in accordance with

procedures established by the House of Delegates.

6. Councils

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6.0.1.4 Removal. A Council member may be removed for cause in accordance with procedures approved by the House of Delegates.

7. Sections

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7.0.3.4 Removal. A Governing Council member may be removed for cause in accordance with procedures approved by the House of Delegates.

(Modify Bylaws)

2) That the Councils on Constitution and Bylaws, Long Range Planning and Development and the Ethical and Judicial Affairs and the House develop the procedures to remove a trustee, council member or governing council member for cause. (Directive to Take Action)
3) That the Election Committee address the need for policy to remove candidates who are found to violate AMA policy G-610.090, AMA Election Rules and Guiding Principles. (Directive to Take Action)

Testimony was mixed, with several calls for referral and amendments proffered. Testimony was generally in support of the spirit of the report but held that sections' interests are best served by maintaining their independence, and that more detailed procedures should be developed before adopting the proposed bylaws changes. Online testimony was similarly mixed. Because the overwhelming majority of testimony in opposition felt the report was "putting the cart before the horse", your Reference Committee recommends that resolution 1 be referred, resolution 2 be adopted in lieu of the original language, and resolution 3 be adopted.

(20) RESOLUTION 001 - USING PERSONAL AND BIOLOGICAL DATA TO ENHANCE PROFESSIONAL WELLBEING AND REDUCE BURNOUT

RECOMMENDATION A:

That the first resolve in Resolution 001 be amended by addition and deletion as follows:

RESOLVED, that our American Medical Association monitor and report on the research regarding technology, measures, and effective use of personal and biological data to assess ~~which supports~~ professional workforce wellbeing and inform organizational interventions to mitigate~~s~~ burnout

(Directive to Take Action);

RECOMMENDATION B:

That the second resolve in Resolution 001 be amended by addition and deletion as follows:

RESOLVED, that our AMA develop ethical guidelines on the collection, use, and protection of personal and biological data obtained to improve ~~for the~~ professional workforce wellbeing (Directive to Take Action)

RECOMMENDATION C:

That Resolution 001 be adopted as amended.

HOD ACTION: Resolution 001 adopted as amended.

RESOLVED, that our American Medical Association monitor and report on the research regarding technology, measures, and effective use of personal and biological data which supports professional workforce wellbeing and mitigates burnout (Directive to Take Action);

RESOLVED, that our AMA develop ethical guidelines on the collection, use, and protection of personal and biological data for the professional workforce (Directive to Take Action)

Testimony was heard in unanimous support including for a proffered amendment. Online testimony is limited but also in unanimous support. Your Reference Committee recommends that Resolution 001 be adopted as amended.

(21) RESOLUTION 003 - AMENDMENTS TO AMA BYLAWS TO ENABLE MEDICAL STUDENT LEADERSHIP CONTINUITY

RECOMMENDATION A:

That Resolution 003 be amended by addition and deletion as follows:

RESOLVED, that our American Medical Association ~~amend~~ modify the current 90-day post-graduation eligibility provisions in AMA Bylaws 3.5.6.3, 6.11, 7.3.2, 7.7.3.1, and 7.10.3.1 to allow medical students to serve on the Medical Student Section

Governing Council, on the AMA Board of Trustees, on AMA Councils, and as Section Representatives on other Governing Councils for up to 200 days after graduation and not extending past the Annual Meeting following graduation. (Modify Bylaws)

RECOMMENDATION B:

That Resolution 003 be adopted as amended.

HOD ACTION: Resolution 003 adopted as amended.

RESOLVED, that our American Medical Association amend AMA Bylaws 3.5.6.3, 6.11, 7.3.2, 7.7.3.1, and 7.10.3.1 to allow medical students to serve on the Medical Student Section Governing Council, on the AMA Board of Trustees, on AMA Councils, and as Section Representatives on other Governing Councils for up to 200 days after graduation. (Modify Bylaws)

Testimony was heard in general support including an amendment for clarity. Online testimony is in unanimous support. Your Reference Committee recommends that Resolution 003 be adopted as amended.

(22) RESOLUTION 012 - ETHICAL PRICING PROCEDURES THAT PROTECT INSURED PATIENTS

RECOMMENDATION A:

That the first resolve of Resolution 012 be amended by addition and deletion as follows:

RESOLVED, that our American Medical Association advocate for policies that limit the cost of ~~a~~ medications or durable medical equipment to an insured patient with ~~medication~~ coverage to the lower range of prices that a non-covered patient can achieve at cash price either before or after application of a non-manufacturer's free discount card (such as GoodRx) (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 012 be adopted as amended.

HOD ACTION: Resolution 012 adopted as amended.

RESOLVED, that our American Medical Association advocate for policies that limit the cost of a medication to an insured patient with medication coverage to the lower range of prices that a non-covered patient can achieve at cash price either before or after application of a non-manufacturer's free discount card (such as GoodRx) (Directive to Take Action)

RESOLVED, that our AMA write a letter to lawmakers and other pertinent stakeholders describing the ethical dilemma of the medication pricing process and how it adversely affects insured patients. (Directive to Take Action)

Testimony was heard in unanimous support. One proffered amendment was added to include ethical pricing of durable medical equipment, as this was felt to be germane to the intent of the resolution. Testimony also mentioned including medical services in this resolution; however, due to the inherent nuances of referrals to medical services, it was felt to be not germane to the original topic of the resolution. Online testimony is limited but also in unanimous support. Your Reference Committee recommends that Resolution 012 be adopted as amended.

(23) RESOLUTION 015 - HEALTH AND RACIAL EQUITY IN MEDICAL EDUCATION TO COMBAT WORKFORCE DISPARITIES

RECOMMENDATION A:

That the first resolve of Resolution 015 be amended by addition and deletion as follows:

RESOLVED, that our American Medical Association engage partners to ~~further study and~~ track the prevalence of attending physicians' and trainees' dismissals and remedial interventions, based on race, gender, and ethnicity as well as the disproportionate impacts this has on workforce disparities (Directive to Take Action)

RECOMMENDATION B:

That the second resolve of Resolution 015 be amended by addition and deletion as follows:

RESOLVED, that our AMA engage ~~stakeholders~~ partners to study and report back how to effectively support underrepresented groups in medicine to level the playing field for those most affected by bias and historical harms (Directive to Take Action)

RECOMMENDATION C:

That the third resolve of Resolution 015 be amended by addition and deletion as follows:

RESOLVED, that our AMA work with ~~stakeholders~~ partners to make recommendations on a review and appeals process that will enable physicians and trainees to receive a fair and equitable due process in defense of alleged shortcomings. (Directive to Take Action)

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 015 be adopted as amended.

HOD ACTION: Resolution 015 adopted as amended.

RESOLVED, that our American Medical Association further study and track the prevalence of attending physicians' and trainees' dismissals and remedial interventions,

based on race, gender, and ethnicity as well as the disproportionate impacts this has on workforce disparities (Directive to Take Action)

RESOLVED, that our AMA engage stakeholders to study and report back how to effectively support underrepresented groups in medicine to level the playing field for those most affected by bias and historical harms (Directive to Take Action)

RESOLVED, that our AMA work with stakeholders to make recommendations on a review and appeals process that will enable physicians and trainees to receive a fair and equitable due process in defense of alleged shortcomings. (Directive to Take Action)

Testimony was heard strongly in favor. One Council testified that it would not be feasible for the AMA to elicit the data for this study on its own. Therefore, our reference committee recommends engaging with partners to accomplish this goal. An amendment was proffered that the term “stakeholders” be replaced with “partners” in recognition of the effort to address adverse connotations and to align the resolution’s language with CDC policy. Online testimony is in general support with one delegation recommending that AMA policies D-295.963, “Continued Support for Diversity in Medical Education,” and H200.951, “Strategies for Enhancing Diversity in the Physician Workforce,” be reaffirmed in place of Resolution 015. Your Reference Committee recommends that Resolution 015 be adopted as amended.

(24) RESOLUTION 017 - ADDRESSING THE HISTORICAL INJUSTICES OF ANATOMICAL SPECIMEN USE

RECOMMENDATION A:

That the first resolve of Resolution 017 be amended by <u>addition</u> as follows:

RESOLVED, that Our American Medical Association advocate to AAMC (Association of American Medical Colleges)<u>, AACOM (American Association of Colleges of Osteopathic Medicine),</u>and other appropriate bodies for the return of human remains to living family members <u>or Tribes in the case of American Indian/Alaska Native specimens</u>, or, if none exist, the burial of anatomical specimens older than 2 years where consent for permanent donation cannot be proven, <u>with Tribal consultation in the case of American Indian/Alaska Native specimens to ensure that all Tribal burial protocols are followed</u> (Directive to Take Action)

RECOMMENDATION B:

That the second resolve of Resolution 017 be amended by addition as follows:

RESOLVED, that our AMA advocate that medical schools and teaching hospitals in the US review their anatomical collections for remains of American Indian, Hawaiian Native, and Alaska Native remains and immediately return remains and skeletal collections to tribal governments, as required by laws such as the Native American Graves and Repatriation Act, and that our AMA encourage advocacy for federal funds and technical assistance for repatriation (Directive to Take Action);

RECOMMENDATION C:

That Resolution 017 be amended by addition of a new third resolve as follows:

RESOLVED, that our AMA recognize the disproportionate impact that anatomical specimen collections have had on American Indian, Hawaiian, Alaska Native, Black American, individuals with disabilities, and other historically marginalized groups.

RECOMMENDATION D:

That the original seventh resolve of Resolution 017 be referred.

RECOMMENDATION E:

That the original eighth resolve of Resolution 017 be amended by addition and deletion as follows:

RESOLVED, that our AMA believes that, for purpose of differentiation and clarity, anatomical specimens, tissues and other human material that were collected and maintained for purposes of diagnosis and compliance under Clinical Laboratory Improvement Act (CLIA) where informed consent for such has been obtained ~~are consistent with the goals of this resolution~~, and that biospecimens donated for research, education, and transplantation where ~~with~~ informed consents of donors (or if deceased, ~~if available,~~ next of kin if available ~~if deceased~~) for such has been obtained ~~are consistent with the goals of this~~

~~resolution~~, as such materials can advance medical knowledge, improve the quality of healthcare and save lives.

RECOMMENDATION F:

That Resolution 017 be adopted as amended.

HOD ACTION: That the original seventh resolve of Resolution 017 be referred and that the remainer of Resolution 017 adopted as amended.

RESOLVED, that Our American Medical Association advocate to AAMC (Association of American Medical Colleges) and other appropriate bodies for the return of human remains to living family members, or, if none exist, the burial of anatomical specimens older than 2 years where consent for permanent donation cannot be proven (Directive to Take Action);

RESOLVED, that our AMA advocate that medical schools and teaching hospitals in the US review their anatomical collections for remains of American Indian, Hawaiian Native, and Alaska Native remains and immediately return remains and skeletal collections to tribal governments; as required by laws such as the Native American Graves and Repatriation Act (Directive to Take Action);

RESOLVED, that our AMA advocate that medical schools and teaching hospitals in the US review their anatomical collections for remains of Black and Brown people and other minority groups, and return remains and skeletal collections to living family members, or, if none exist, then respectful burial of anatomical specimens or remains (Directive to Take Action);

RESOLVED, that Our AMA seek legislation or regulation that requires the return of anatomic specimens of American Indian, Hawaiian Natives, Alaskan Natives and other minority groups (Directive to Take Action);

RESOLVED, that Our AMA support the creation of a national anatomical specimen database that includes registry demographics (New HOD Policy);

RESOLVED, that our AMA study and develop recommendations regarding regulations for ethical body donations including, but not limited to guidelines for informed and presumed consent; care and use of cadavers, body parts, and tissue (Directive to Take Action);

RESOLVED, that our AMA amend policy 6.1.4 Presumed Consent & Mandated Choice for Organs from Deceased Donors should be amended as follows:

Physicians who propose to develop or participate in pilot studies of presumed consent or mandated choice should ensure that the study adheres to the following guidelines:

(a) Is scientifically well designed and defines clear, measurable outcomes in a written protocol.
(b) Has been developed in consultation with the population among whom it is to be carried out.
(c) Has been reviewed and approved by an appropriate oversight body and is carried out in keeping with guidelines for ethical research.

~~Unless there are data that suggest a positive effect on donation, n~~ Neither presumed consent nor mandated choice for cadaveric organ donation should be widely implemented.(Modify Current HOD Policy)

RESOLVED, that our AMA believes that, for purpose of differentiation and clarity, anatomical specimens, tissues and other human material that were collected and maintained for purposes of diagnosis and compliance under Clinical Laboratory Improvement Act (CLIA) where informed consent has been obtained are consistent with the goals of this resolution, and that 28 biospecimens donated for research, education, and transplantation with informed consents of donors (or, if available, next of kin if deceased) are consistent with the goals of this resolution as such materials can advance medical knowledge, improve the quality of healthcare and save lives. (New HOD Policy)

Testimony was mixed but with the majority in support as amended. Opposition generally favored referral back for further study due to the nuance of the subject matter. Proffered amendments focused on clarifying informed consent, special considerations for the remains of Native peoples/Indigenous peoples/American Indians, and the extraction of lines 9-22 (citing that organ and tissue donation should be exempt from this resolution). Online testimony is mixed but limited. Your Reference Committee recommends that the 7th resolve of Resolution 017 be referred, and that all other resolves be adopted as amended.

(25) RESOLUTION 019 - SUPPORTING THE HEALTH OF OUR DEMOCRACY

RECOMMENDATION A:

That the first resolve of Resolution 019 be amended by <u>deletion</u> as follows:

RESOLVED, that our American Medical Association support policies that ensure safe and equitable access to voting and opposes the institutional barriers to ~~both~~ the process of voter registration ~~and the act of casting a vote~~ (New HOD Policy)

RECOMMENDATION B:

That the second resolve of Resolution 019 be amended by <u>addition and deletion</u> as follows:

RESOLVED, that our AMA encourage physicians and medical trainees to vote, ~~oppose~~ eliminate barriers to their participation in the electoral process, and support their and other healthcare workers' engagement in ~~nonpartisan~~ all voter registration efforts in healthcare settings, including emergency absentee ballot procedures for qualifying patients, visitors, and healthcare workers (New HOD Policy)

RECOMMENDATION C:

That Resolution 019 be adopted as amended.

HOD ACTION: Resolution 019 adopted as amended.

RESOLVED, that our American Medical Association support policies that ensure safe and equitable access to voting and opposes the institutional barriers to both the process of voter registration and the act of casting a vote (New HOD Policy)

RESOLVED, that our AMA encourage physicians and medical trainees to vote, oppose barriers to their participation in the electoral process, and support their and other healthcare workers' engagement in nonpartisan voter registration efforts in healthcare settings, including emergency absentee ballot procedures for qualifying patients, visitors, and healthcare workers (New HOD Policy)

RESOLVED, that our AMA support the use of independent, nonpartisan commissions to draw districts for both federal and state elections. (New HOD Policy)

Testimony was heard in general support of the second resolve clause but was mixed with respect to resolve clauses one and three. One amendment of the second resolve was proffered. Limited testimony in opposition noted the subject is irrelevant to physicians and goes beyond the scope of the AMA. Online testimony is mixed, as some felt this was outside of the purview of the AMA. However, your Reference Committee agrees with the rationale that this is within the AMA purview, as HOD Policy 440.805, "Support for Safe and Equitable Access to Voting", states that the ability to vote is a non-medical driver of health. This resolution does not contain a directive to take action, and extensive resources are not expected to be used. Your Reference Committee recommends that Resolution 019 be adopted as amended.

RECOMMENDED FOR REFERRAL

(26) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 03 - ESTABLISHING ETHICAL PRINCIPLES
FOR PHYSICIANS INVOLVED IN PRIVATE EQUITY
OWNED PRACTICES

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 03 be referred to CEJA for report at I-24.

HOD ACTION: Recommendation in Council on Ethical and Judicial Affairs Report 03 referred to CEJA for report at I-24.

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:

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~~ partnering 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 must:

(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)

Testimony was heard in strong favor of referral. Although many points in the report were appreciated, testimony cited the need for CEJA to more thoroughly address the harms of private equity's involvement in health care, the ethical responsibility of the decision-making physician when working with private equity in health care, and the effect on junior partners when involving private equity. A key testimonial point was whether it is ever ethical for private equity to invest in health care given their goal of maximizing profits over a short period of time. Testimony reflected the pertinence of a timely response, which is why the reference committee has asked for a response by I-24. Online testimony was mixed. Your Reference Committee recommends that CEJA Report 03 be referred with report at I-24.

(27) RESOLUTION 016 - GUIDING PRINCIPLES FOR THE HEALTHCARE OF MIGRANTS

RECOMMENDATION:

That Resolution 016 be referred.

HOD ACTION: Resolution 016 adopted.

RESOLVED, that our American Medical Association advocate for the development of adequate policies and / or legislation to address the healthcare needs of migrants and asylum seekers in cooperation with relevant legislators and stakeholders based on the following guiding principles, adapted from the High-level meeting of the Global Consultation on Migrant Health, i.e. the "Colombo Statement" (Directive to Take Action);

RESOLVED, that our AMA recognizes that migration status is a social determinant of health (New HOD Policy);

RESOLVED, that our AMA affirms the importance of multi-sectoral coordination and inter-country engagement and partnership in enhancing the means of addressing health aspects of migration (New HOD Policy);

RESOLVED, that our AMA recognizes that the enhancement of migrants' health status relies on an equitable and non-discriminatory access to and coverage of health care and cross-border continuity of care at an affordable cost avoiding severe financial consequences for migrants, as well as for their families (New HOD Policy);

RESOLVED, that our AMA recognizes that investment in migrant health provides positive dividends compared to public health costs due to exclusion and neglect, and therefore underscore the need for financing mechanisms that mobilize different sectors of society, innovation, identification and sharing of good practices in this regard (New HOD Policy)

RESOLVED, that our AMA recognizes that the promotion of the physical and mental health of migrants as defined by the following select objectives from the World Health Organization's 72nd World Health Assembly, Global action plan on promoting the health of refugees and migrants, 2019-2023, is accomplished by
1. Ensuring that essential components, such as vaccination of children and adults and the provision of health promotion, disease prevention, timely diagnosis and treatment, rehabilitation and palliative services for acute, chronic and infectious diseases, injuries, mental and behavioral disorders, and sexual and reproductive health care for women, are addressed.
2. Improving the quality, acceptability, availability and accessibility of health care services, for instance by overcoming physical, financial, information, linguistic and other cultural barriers, with particular attention to services for chronic conditions and mental health, which are often inadequately addressed or followed up during the migration and displacement process, and by working to prevent occupational and work-related diseases and injuries among migrant workers and their families by improving the coverage, accessibility and quality of occupational and primary health care services and social protection systems.

3. Ensuring that the social determinants of migrants' health are addressed through joint, coherent multisectoral actions in all public health policy responses, especially ensuring promotion of well-being for all at all ages, and facilitating orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies, as defined in the Sustainable Development Goals of the United Nations.
4. Ensuring that information and disaggregated data at global, regional and country levels are generated and that adequate, standardized, comparable records on the health of migrants are available to support policy-makers and decision-makers to develop more evidence-based policies, plans and interventions.
5. Providing accurate information and dispelling fears and misperceptions among migrant and host populations about the health impacts of migration and displacement on migrant populations and on the health of local communities and health systems. (New HOD Policy)

Testimony was heard in general support of creating an approach to migrant health care as a public health and financial issue. However, there was other testimony that raised issues in scope of treatment, payment for services rendered, managing continuity of care across state lines, and managing incarcerated patients in border towns. Other testimony suggested referral with request for root cause analysis. Further study may be considered to align AMA policy with current WHO policy on this complex issue. There was no online testimony. Your Reference Committee recommends that Resolution 016 be referred.

RECOMMENDED FOR NOT ADOPTION

(28) RESOLUTION 002 - REMOVAL OF THE INTERIM MEETING RESOLUTION COMMITTEE

RECOMMENDATION:

That Resolution 002 be <u>not adopted.</u>

HOD ACTION: Resolution 002 <u>not adopted.</u>

RESOLVED, that our American Medical Association remove the Resolution Committee from Interim Meetings by amending AMA Bylaw B-2.13.3, "Resolution Committee," by deletion as follows:

~~**Resolution Committee. B-2.13.3**~~
~~The Resolution Committee is responsible for reviewing resolutions submitted for consideration at an Interim Meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.~~
~~2.13.3.1 Appointment. The Speaker shall appoint the members of the committee. Membership on this committee is restricted to delegates.~~
~~2.13.3.2 Size. The committee shall consist of a maximum of 31 members.~~
~~2.13.3.3 Term. The committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.~~
~~2.13.3.4 Quorum. A majority of the members of the committee shall constitute a quorum.~~
~~2.13.3.5 Meetings. The committee shall not be required to hold meetings. Action may be taken by written or electronic communications~~
~~2.13.3.6 Procedure. A resolution shall be accepted for consideration at an Interim Meeting upon majority vote of committee members voting. The Speaker shall only vote in the case of a tie. If a resolution is not accepted, it may be submitted for consideration at the next Annual Meeting in accordance with the procedure in Bylaw 2.11.3.1.~~
~~2.13.3.7 Report. The committee shall report to the Speaker. A report of the committee shall be presented to the House of Delegates at the call of the Speaker. (Modify Bylaws); and be it further~~

RESOLVED, that our AMA remove constraints on the scope of business at Interim Meetings, which is regulated by the Resolution Committee, by amending AMA Bylaw B-2.12.1.1, "Business of Interim Meeting," by deletion as follows:

~~**2.12.1.1 Business of Interim Meeting** The business of an Interim Meeting shall be focused on advocacy and legislation. Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting. In addition, any other business may be considered at an Interim Meeting by majority vote of delegates present and voting.~~
(Modify Bylaws)

Mixed testimony was heard. Testimony in favor cited that the resolution would be more democratic. Testimony in opposition argued that the current policy serves to strengthen the quality of resolutions submitted and that there is no need to change a process that works. Online testimony is in opposition. Your Reference Committee recommends that Resolution 002 be not adopted.

(29) RESOLUTION 004 - THE RIGHTS OF NEWBORNS THAT SURVIVE ABORTION

RECOMMENDATION:

That Resolution 004 be <u>not adopted.</u>

HOD ACTION: Resolution 004 <u>not adopted.</u>

RESOLVED, that our American Medical Association amend the current policy right for an abortion to “a woman’s right to abortion as only the right to terminate the pregnancy" (Modify Current HOD Policy)

RESOLVED, a newborn that survives an abortion procedure has a right to reasonable medical care. (New HOD Policy)

Testimony was heard in strong opposition. A primary concern was that the resolution would perpetuate harmful misinformation. Online testimony is in general opposition. Your Reference Committee recommends that Resolution 004 be not adopted.

(30) RESOLUTION 005 - AMA EXECUTIVE VICE PRESIDENT

RECOMMENDATION:

That Resolution 005 be <u>not adopted.</u>

HOD ACTION: Resolution 005 <u>not adopted.</u>

RESOLVED, that our American Medical Association delete the AMA Board of Trustees Duties and Privileges Code B-5.3.6.4 as follows:
~~No individual who has served as an AMA officer or trustee shall be selected or serve as Executive Vice President until three years following completion of the term of the AMA office.”~~(Modify Bylaws)

Testimony was divided, with the majority in opposition. An amendment was proposed that Board members who apply for the position of Executive Vice President should resign immediately from the Board. Testimony in support agreed that all qualified candidates should be available for consideration, while opposing testimony warned about creating

conflicts of interest, citing a past event that led to the creation of the current policy. Online testimony is also mixed. Due to the perception of bias with the timing of this resolution being presented to the HOD during the time of an anticipated EVP change. Your Reference Committee recommends that Resolution 005 be not adopted.

(31) RESOLUTION 006 – TREATMENT OF FAMILY MEMBERS

RECOMMENDATION:

That Resolution 006 be <u>not adopted.</u>

HOD ACTION: Resolution 006 <u>not adopted.</u>

RESOLVED, that our American Medical Association asks CEJA to review and revise the current code of ethics as it relates to treating family members (Directive to Take Action)

RESOLVED, that our AMA ask CEJA to report back to the HOD on this issue at the next interim meeting I-24.

Testimony was limited but mixed. There was general disagreement on the clarity and sufficiency of the guidelines. Online testimony was in general support with one amendment to include “treating <u>friends, colleagues, and</u> family members”. CEJA reviewed this issue in 2016, and the *Code* already allows physicians to treat family members in emergency situations and for short-term, minor problems. Your Reference Committee recommends that Resolution 006 be not adopted.

(32) RESOLUTION 023 - CHANGE HEALTHCARE SECURITY LAPSE—THE FBI MUST INVESTIGATE

RECOMMENDATION:

Resolution 023 be <u>not adopted.</u>

HOD ACTION: Resolution 023 <u>not adopted.</u>

Resolved, that our American Medical Association seek a directed investigation by appropriate authorities of the Change Healthcare cybersecurity breach that defines the cause, so as to minimize the chance of a future breach, as well as to determine any penalties for negligence, should that be a factor in the current episode (Directive to Take Action);

Resolved, that our American Medical Association monitor all ongoing investigations of the Change Healthcare cybersecurity breach with report back at Interim 2024, with recommendations as to further action the AMA itself should pursue (Directive to Take Action).

No testimony was heard. There is also no online testimony. Your Reference Committee recommends that late Resolution 23 be not adopted.

RECOMMENDATION FOR REAFFIRMATION IN LIEU OF

(33) RESOLUTION 007 - AMA SUPPORTS A STRATEGY FOR ELIMINATING NUCLEAR WEAPONS

RECOMMENDATION:

That existing AMA policies H-520.999, "Opposition to Nuclear War," H-520.988, "Abolition of Nuclear Weapons and Other Weapons of Mass and Indiscriminate Destruction," H-520.994, "Nuclear Test Ban," and D-440.972, "Safety from Nuclear Weapons and Medical Consequences of Nuclear War" be reaffirmed in lieu of Resolution 007.

HOD ACTION: AMA policies H-520.999, "Opposition to Nuclear War," H-520.988, "Abolition of Nuclear Weapons and Other Weapons of Mass and Indiscriminate Destruction," H-520.994, "Nuclear Test Ban," and D-440.972, "Safety from Nuclear Weapons and Medical Consequences of Nuclear War" reaffirmed in lieu of Resolution 007.

RESOLVED, that our American Medical Association calls for the United States to renounce the option to be the first country to use nuclear weapons ("first use") during a conflict (Directive to Take Action)

RESOLVED, that our AMA supports a process whereby multiple individuals, rather than solely the President, are required to approve a nuclear attack, while still allowing a swift response when needed (New HOD Policy)

RESOLVED, that our AMA calls on the US government to cancel plans to rebuild its entire nuclear arsenal and instead to reassess its true strategic needs for the types and numbers of nuclear weapons and delivery systems. (Directive to Take Action)

Testimony was mixed. Testimony in favor stated that nuclear weapons constitute a public health concern and, therefore, are within the purview of the AMA. Testimony in opposition noted that this matter is outside of the scope of the AMA and that existing policy should be reaffirmed instead of supporting this resolution. Online testimony was in general support. Your Reference Committee recommends that current AMA policies H-520.999, "Opposition to Nuclear War," H-520.988, "Abolition of Nuclear Weapons and Other Weapons of Mass and Indiscriminate Destruction," H-520.994, "Nuclear Test Ban," and D-440.972, "Safety from Nuclear Weapons and Medical Consequences of Nuclear War" be reaffirmed in lieu of the Resolution 007.

Madam Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Dr. Edward Tuohy, Dr. Theodore Jones, Dr. Candace Keller, Dr. Barbara Weissman, Dr. Divya Srivastava and Kimberly Ibarra and all those who testified before the committee.

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