AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIAN SECTION

YPS Emergency Resolution 1
(A-24)

Introduced by: Kavita Arora, MD; Frank Clark, MD; Tracey Henry, MD; Siri Holton, MD; Amar Kelkar, MD; Christopher Libby, MD; Ray Lorezoni, MD; Tani Malhotra, MD; Scott Pasichow, MD; Klint Peebles, MD; Anna Yap, MD

Subject: Model Legislation to Protect the Future of Medicine

Referred to: Reference Committee (Assigned by HOD)

Whereas, patients marginalized due to race, ethnicity, ability status, gender, sexual orientation, national origin, religion, socioeconomic status, among others have worse healthcare outcomes[1-3]; and

Whereas, diverse organizations perform better financially and have improved employee retention[4,5]; and

Whereas, diverse healthcare organizations are linked to improved patient satisfaction and improved health outcomes[6-11]; and

Whereas, patients from historically minoritized groups, who often experience health disparities, have better health outcomes when cared for by physicians more similar to them[12-13]; and

Whereas, the Association of American Medical Colleges (AAMC), Accreditation Council for Graduate Medical Education (ACGME), and the AMA, among many other medical organizations, have policy regarding the importance of diversity in the medical workforce[14-16]; and

Whereas, there have been 65 anti-DEI (diversity, equity, and inclusion) bills introduced at the state level since 2023[17]; and

Whereas, the Embracing Anti-Discrimination, Unbiased Curricula, and Advancing Truth in Education (EDUCATE) Act, a bill recently introduced to Congress, would ban DEI and related efforts in medical schools by restricting federal funding[18]; and

Whereas, these bills represent an unacceptable overreach of politicians into medical education and set extremely dangerous and threatening precedents of politicians telling physicians how they are allowed to teach and practice medicine; and

Whereas, the American Association of Medical Colleges (AAMC), Accreditation Council for Graduate Medical Education (ACGME), National Resident Matching Program (NRMP), Accreditation Council for Continuing Medical Education (ACCME), American Osteopathic Association (AOA), National Board of Medical Examiners (NBME), National Board of Osteopathic Medical Examiners (NBOME), American Board of Medical Specialties (ABMS), Council of Medical Specialty Societies (CMSS) and the AMA have released a joint statement opposed to the EDUCATE Act[19]; and

Whereas, an ounce of prevention is worth a pound of cure[20] – and it is better to be proactively on the offense rather than retroactively defensive; therefore be it

RESOLVED, that our American Medical Association create model state and national legislation to protect the ability of medical schools and residency/fellowship training programs to have diversity, equity, and inclusion (DEI) and related initiatives for their students, employees, and faculty, and

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates

Fiscal Note: (Assigned by HOD)

Received:

REFERENCES

[1] www.gallup.com/workplace/389990/healthcare-systems-time-DEI-checkup.aspx

[2] www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

[3] www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s/

[4] altarum.org/RacialEquity2018

[5] pubmed.ncbi.nlm.nih.gov/30765101/

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6626972/

[7] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2803898?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=041423

[8] https://link.springer.com/article/10.1007/s11606-020-05646-z

[9] https://pubmed.ncbi.nlm.nih.gov/21430577/

[10] https://pubmed.ncbi.nlm.nih.gov/20571929/

[11] https://pubmed.ncbi.nlm.nih.gov/30765101/

[12] Cooper LA et al. Patient-centered communication, ratings of care, and concordance of patient and physician race. Ann Intern Med. 2003 Dec 2;139(11):907-15.

[13] Alsan M etl al. Does Diversity Matter for Health? Experimental Evidence from Oakland. American Economic Review, 109 (12): 4071-4111.

[14] https://www.aamc.org/about-us/equity-diversity-inclusion/advancing-diversity-equity-and-inclusion-medical-education

[15] https://www.acgme.org/initiatives/diversity-equity-and-inclusion/

[16] https://www.ama-assn.org/about/ama-center-health-equity

[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11042711/

[18] https://murphy.house.gov/sites/evo-subsites/murphy.house.gov/files/evo-media-document/EDUCATE%20Act%20Bill%20Text.pdf

[19] https://www.ama-assn.org/press-center/press-releases/statement-improving-health-through-dei

[20] Benjamin Franklin

RELEVANT AMA POLICY

D-295.962 Continued Support for Diversity in Medical Education

Our AMA will: (1) publicly state and reaffirm its support for diversity in medical education and acknowledge the incorporation of DEI efforts as a vital aspect of medical training; (2) request that the Liaison Committee on Medical Education regularly share statistics related to compliance with accreditation standards IS-16 and MS-8 with medical schools and with other stakeholder groups; (3) work with appropriate stakeholders to commission and enact the recommendations of a forward-looking, cross-

continuum, external study of 21st century medical education focused on reimagining the future of health equity and racial justice in medical education, improving the diversity of the health workforce, and ameliorating inequitable outcomes among minoritized and marginalized patient populations; (4) advocate for funding to support the creation and sustainability of Historically Black College and University (HBCU), Hispanic-Serving Institution (HSI), and Tribal College and University (TCU) affiliated medical schools and residency programs, with the goal of achieving a physician workforce that is proportional to the racial, ethnic, and gender composition of the United States population; (5) directly oppose any local, state, or federal actions that aim to limit diversity, equity, and inclusion initiatives, curriculum requirements, or funding in medical education; (6) advocate for resources to establish and maintain DEI offices at medical schools that are staff-managed and student- and physician-guided as well as committed to longitudinal community engagement; (7) investigate the impacts of state legislation regarding DEI-related efforts on the education and careers of students, trainees, and faculty; (8) recognize the disproportionate efforts by and additional responsibilities placed on minoritized individuals to engage in diversity, equity, and inclusion efforts; and (9) collaborate with the Association of American Medical Colleges, the Liaison Committee on Medical Education, and relevant stakeholders to encourage academic institutions to utilize Diversity, Equity, and Inclusion activities and community engagement as criteria for faculty and staff promotion and tenure.

Racism as a Public Health Threat H-65.952
1. Our AMA acknowledges that, although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole.

2. Our AMA recognizes racism, in its systemic, cultural, interpersonal, and other forms, as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care.

3. Our AMA encourages the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of: (a) the causes, influences, and effects of systemic, cultural, institutional, and interpersonal racism; and (b) how to prevent and ameliorate the health effects of racism.

4. Our AMA: (a) supports the development of policy to combat racism and its effects; and (b) encourages governmental agencies and nongovernmental organizations to increase funding for research into the epidemiology of risks and damages related to racism and how to prevent or repair them.

5. Our AMA will work to prevent and combat the influences of racism and bias in innovative health technologies.
Res. 5, I-20; Reaffirmed: Res. 013, A-22; Modified: Speakers Rep., A-22

Underrepresented Student Access to US Medical Schools H-350.960
Our AMA: (1) recommends that medical schools should consider in their planning: elements of diversity including but not limited to gender, racial, cultural and economic, reflective of the diversity of their patient population; (2) supports the development of new and the enhancement of existing programs that will identify and prepare underrepresented students from the high-school level onward and to enroll, retain and graduate increased numbers of underrepresented students; (3) recognizes some people have been historically underrepresented, excluded from, and marginalized in medical education and medicine because of their race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin, and rurality, due to racism and other systems of exclusion and discrimination; (4) is committed to promoting truth and reconciliation in medical education as it relates to improving equity; (5) recognizes the harm caused by the Flexner Report to historically Black medical schools, the diversity of the physician workforce, and the outcomes of minoritized and marginalized patient populations; (6) will urge medical schools to develop or expand the reach of existing pathway programs for underrepresented middle school, high school and college aged students to motivate them to pursue and prepare them for a career in medicine; (7) will encourage collegiate programs to establish criteria by which completion of such programs will secure an interview for admission to the sponsoring medical school; (8) will recommend that medical school pathway programs for underrepresented students be free-of-charge or provide financial support with need-based scholarships and grants; (9) will encourage all physicians to actively participate in programs and mentorship opportunities that help expose underrepresented students to potential

careers in medicine; and (10) will consider quality of K-12 education a social determinant of health and thus advocate for implementation of Policy H-350.979, (1) (a) encouraging state and local governments to make quality elementary and secondary education available to all.
Res. 908, I-08; Reaffirmed in lieu of Res. 311, A-15; Appended: CME Rep. 5, A-21; Appended: Res. 305, I-22

Encouraging LGBTQ+ Representation in Medicine D-200.972
Our AMA: (1) will advocate for the creation of targeted efforts to recruit sexual and gender minority students in efforts to increase medical student, resident, and provider diversity; (2) encourages the inclusion of sexual orientation and gender identity data in all surveys as part of standard demographic variables, including but not limited to governmental, AMA, and the Association of American Medical Colleges surveys, given respondent confidentiality and response security can be ensured; and (3) will work with the Association of American Medical Colleges to disaggregate data of LGBTQ+ individuals in medicine to better understand the representation of the unique experiences within the LGBTQ+ communities and their overlap with other identities.
Res. 004, A-22