AMERICAN MEDICAL ASSOCIATION MEDICAL STUDENT SECTION
(Interim 2024)

Report of the Medical Student Section Reference Committee

Alec Calac and Andrew Norton, Co-Chairs

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Resolution 507 - Advancing Menopause Research and Care
2. CEQM COLA Report - Insurer Accountability When Prior Authorization Harms Patients
3. CME Report - Increased Access and Support for First-Generation College Students

RECOMMENDED FOR ADOPTION AS AMENDED

4. Resolution 001 – Military Deception as a Threat to Physician Ethics
5. Resolution 108 - Improving Choice, Competition, and Affordability in the ACA Marketplaces
6. Resolution 201 - Protecting In-Person Prison Visitations to Reduce Recidivism
7. Resolution 202 - Codification of the Chevron Deference Doctrine
8. Resolution 206 - Supporting Aged-Out Foster Youth with Mental Health and Psychotropic Needs
9. Resolution 303 - Improvements to Burnout Prevention Programs
10. Resolution 307 - Distribution of Resident Seats Commensurate with Shortages
11. Resolution 309 - Addressing Misuse of Professionalism Standards in Medical Training
12. Resolution 401 - Support for Changing Standards for Minors Working in Agriculture
13. Resolution 411 - Regulation and Oversight of the Troubled Teen Industry
14. Resolution 502 - Increased Cybersecurity Standards for Healthcare Entities
15. Resolution 504 - Healthcare Provider Data Privacy Protection
16. Resolution 601 - MSS Caucus Endorsements
17. Resolution 602 - MSS Study of Assembly Representation
18. CGPH MIC Report - Reducing the Harmful Impacts of Immigration Status on Health

RECOMMENDED FOR ADOPTION IN LIEU OF

19. Resolution 010 - Transparency on Comparative Effectiveness in Direct-to-Consumer Advertising

20. Resolution 104 - Healthcare in Tribal Jails
21. Resolution 404 - Promoting Child Welfare and Communication Rights in Immigration Detention
22. Resolution 406 - Advocating for Universal Summer Electronic Benefit Transfer Program for Children (SEBTC)
23. Resolution 407 - Standardizing Safety Requirements for Rideshare-Based Non-Emergency Medical Transportation
24. CEQM Report - MSS Position on Alternative Payment Models

RECOMMENDED FOR REFERRAL

25. Resolution 203 - Preventing Drug-Facilitated Sexual Assault in Drinking Establishments

RECOMMENDED FOR NOT ADOPTION

26. Resolution 002 - Improving Pelvic Floor Physical Therapy Access for Pregnancy
27. Resolution 006 - Immigrant Healthcare System Education
28. Resolution 008 - Parental Involvement Mandates in Reproductive Health
29. Resolution 205 - Sexual Health Education Confidentiality and Disparities among Adolescents
30. Resolution 207 - Supporting and Protecting Equity in LGBTQ+ Parentage and Assisted Reproduction
31. Resolution 208 - Addressing the Harms of Weight Bias, Stigma, and Discrimination
32. Resolution 209 - Timely Prenatal Appointments in Incarcerated Populations
33. Resolution 301 - Support for Innovative Medical School Pathways
34. Resolution 302 - Abolition of Organic Chemistry, General Chemistry, Physics, and Calculus for Pre-Med Admission
35. Resolution 304 - Improve Clinical Relevance to Standardized Exams
36. Resolution 305 - Support for Medical School Applicants With Alternative Undergraduate Degrees
37. Resolution 306 - Overemphasis on Research in Trainee Selection
38. Resolution 312 - Providing Wellness Days on Recognized Federal Holidays
39. Resolution 319 - Specifying Qualifications for Teaching Disability in Medical Education
40. Resolution 413 - Promoting the Use and Efficacy of Ultraviolet Protective Clothing
41. Resolution 416 - Allergen Labeling for Spices and Herbs
42. Resolution 501 - Increasing Utilization of Point-of-Care Ultrasound in Hospital Settings
43. Resolution 503 - Emergency Preparedness in EHR Downtime and Healthcare Technology Disruptions

44. Resolution 509 - Opposing Unwarranted NIH Research Institute Restructuring

RECOMMENDED FOR FILING

45. ATF Report – Archives Task Force Interim 2024 Report
46. SCTF Report – Standing Committee Task Force I-24 Report
47. SD Report – Delegate Report A

RECOMMENDED FOR ADOPTION

(1) RESOLUTION 507 - ADVANCING MENOPAUSE RESEARCH AND CARE

RECOMMENDATION:

Resolution 507 be <u>adopted</u>.

RESOLVED, that our AMA-MSS advocates for increased funding for biomedical and public health research on perimenopause, menopause, and related chronic conditions; and be it further

RESOLVED, that our AMA-MSS supports expanded training opportunities for medical students, residents, and other health professions trainees to improve care, treatment, and management services for perimenopause, menopause, and related chronic conditions; and be it further

RESOLVED, that our AMA-MSS supports efforts to increase awareness and education relating to menopause, mid-life women's health and related care, treatment, and preventative services.

VRC testimony was supportive. Your Reference Committee agrees with testimony to support the MSS establishing an internal position to support this resolution coming through the Women's Physician Section for the 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Resolution 507 be adopted.

(2) CEQM COLA REPORT - INSURER ACCOUNTABILITY WHEN PRIOR AUTHORIZATION HARMS PATIENTS

RECOMMENDATION:

CEQM COLA Report be <u>adopted</u>.

Your Committee on Legislation and Advocacy (COLA) and Committee on Economics and Quality of Medicine (CEQM) recommend(s) that Resolution OF068 not be adopted and the remainder of this report be filed.

VRC testimony was supportive. Your Reference Committee agrees that the original referred resolution is covered by existing AMA policy D-320.974. Your Reference Committee recommends CEQM COLA Report A be adopted.

(3) CME REPORT - INCREASED ACCESS AND SUPPORT FOR FIRST-GENERATION COLLEGE STUDENTS

RECOMMENDATION:

CME Report be <u>adopted</u>.

Your Committee on Medical Education recommends that Resolution 308 “Expanding Medical Education Access and Support for First-Generation Students” not be adopted and the remainder of this report be filed.

VRC testimony was supportive. Your Reference Committee agrees with testimony that existing AMA policy H-200.951 covers the asks of the original referred resolution. Your Reference Committee recommends CME Report be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(4) RESOLUTION 001 - MILITARY DECEPTION AS A THREAT TO PHYSICIAN ETHICS

RECOMMENDATION A:

The first Resolve of Resolution 001 be <u>amended by deletion:</u>

RESOLVED, that our American Medical Association opposes the deceptive use of medical, public health, and humanitarian aid for secret or ulterior motives ~~by military entities~~, including to gather national security intelligence or gain leverage in an armed conflict.

RECOMMENDATION B:

Resolution 001 be <u>adopted as amended</u>.

RESOLVED, that our American Medical Association opposes the deceptive use of medical, public health, and humanitarian aid for secret or ulterior motives by military entities, including to gather national security intelligence or gain leverage in an armed conflict.

VRC testimony was supportive. Your Reference Committee agrees with testimony that the resolution addresses a gap in the Code of Ethics and further addresses the pressing issue that military deception undermines the trust in healthcare as an institution. We agree with testimony to broaden the asks of the resolution by removing the specific reference to "military entities." Additionally, we agree that this deletion will strengthen the resolution and broaden the ask to address those that oversee military efforts. The Reference Committee recommends Resolution 001 be adopted as amended.

(5) RESOLUTION 108 - IMPROVING CHOICE, COMPETITION, AND AFFORDABILITY IN THE ACA MARKETPLACES

RECOMMENDATION A:

The first Resolve of Resolution 108 be <u>amended by addition and deletion:</u>

RESOLVED, that our American Medical Association ~~support~~ <u>study the following proposals for</u> expanding choice and competition on ACA Marketplaces~~, including by~~ <u>with policy recommendations</u>:

1. **Allowing ACA premium tax credits to be applied to the entire premium for qualifying Marketplace health plans, including ~~the~~**

~~portion of the premium attributable to benefits~~ <u>those</u> that are not considered Essential Health Benefits; and

2. ~~Automatically placing leftover ACA premium tax credits into a Health Savings Account when a selected plan's premium is lower than the premium tax credit.~~ <u>Improving the benchmark plan on the ACA marketplaces from the second-lowest cost silver plan to at least the second-lowest cost gold plan.</u>

; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 108 be <u>amended by deletion:</u>

~~RESOLVED, that our AMA support improving the benchmark plan on the ACA Marketplaces from the second-lowest cost silver plan to at least the second-lowest cost gold plan.~~

RECOMMENDATION C:

Resolution 108 be <u>adopted as amended</u>.

RESOLVED, that our American Medical Association support expanding choice and competition on ACA Marketplaces, including by:

1. Allowing ACA premium tax credits to be applied to the entire premium for qualifying Marketplace health plans, including the portion of the premium attributable to benefits that are not considered Essential Health Benefits; and
2. Automatically placing leftover ACA premium tax credits into a Health Savings Account when a selected plan's premium is lower than the premium tax credit.

; and be it further

RESOLVED, that our AMA support improving the benchmark plan on the ACA Marketplaces from the second-lowest cost silver plan to at least the second-lowest cost gold plan.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution needs more evidence to support the asks. We agree with testimony that the resolution should be studied to ensure appropriate and strong language that leads to actionable advocacy efforts. The AMA is currently working on enhancing expansion of ACA subsidies to increase access for individuals. The addition of a study of this resolution could bolster those current efforts and, ultimately, increase advocacy efforts on this topic. Your Reference Committee agrees that the second resolve clause should be included in the study because changing the rankings could have unintended consequences. Your Reference Committee recommends Resolution 108 be adopted as amended.

(6) RESOLUTION 201 - PROTECTING IN-PERSON PRISON VISITATIONS TO REDUCE RECIDIVISM

RECOMMENDATION A:

Resolution 201 be amended by addition and deletion:

RESOLVED, that our American Medical Association support local, state, and federal efforts ~~and state policies~~ that protect and improve accessibility to in-person ~~prison~~ visitations at correctional facilities ~~as a way~~ to reduce recidivism.

RECOMMENDATION B:

Resolution 201 be adopted as amended.

RESOLVED, that our American Medical Association support federal and state policies that protect and improve accessibility to in-person prison visitations as a way to reduce recidivism.

VRC testimony was supportive. Your Reference Committee agrees with testimony to change the level of efforts the resolution asks for in order to broaden the possible advocacy routes. Additionally, we agree with amendments to expand the resolution to cover visitations at all correctional facilities. Your Reference Committee recommends Resolution 201 be adopted as amended.

(7) RESOLUTION 202 - CODIFICATION OF THE CHEVRON DEFERENCE DOCTRINE

RECOMMENDATION A:

Resolution 202 be amended by addition of a new Resolve:

RESOLVED, that our AMA-MSS immediately forward this resolution to the 2024 Interim Meeting of the AMA House of Delegates.

RECOMMENDATION B:

Resolution 202 be adopted as amended.

RESOLVED, that our American Medical Association support codification of the Chevron deference doctrine at the federal and state levels, which would: (1) generally leave

reasonable interpretation of ambiguous regulatory statutes to the purview of the executive branch, including agencies comprised of scientific and medical experts evaluating robust evidence and (2) generally prioritize legislative oversight and modification of ambiguous regulatory statutes and agency rules, instead of deferring to the judicial branch for this function.

VRC testimony was supportive. Your Reference Committee agrees with testimony that this resolution is timely and actionable based on current events. Additionally, we agree with testimony that this resolution is within the scope of the AMA due to the impact Chevron has on regulatory frameworks. Your Reference Committee agrees with testimony to forward this resolution immediately to the 2024 Interim Meeting of the AMA House of Delegates Meeting. Your Reference Committee recommends Resolution 202 be adopted as amended.

(8) RESOLUTION 206 - SUPPORTING AGED-OUT FOSTER YOUTH WITH MENTAL HEALTH AND PSYCHOTROPIC NEEDS

RECOMMENDATION A:

The first Resolve of Resolution 206 be <u>amended by deletion:</u>

RESOLVED, that our AMA supports federal and state initiatives aimed at increasing funding and enhancing accessibility to services designed to help youths as they transition out of foster care~~, such as the John Chafee program~~; especially for youths requiring mental health support and access to psychotropic medications.

RECOMMENDATION B:

Resolution 206 be <u>adopted as amended</u>.

RESOLVED, that our AMA supports federal and state initiatives aimed at increasing funding and enhancing accessibility to services designed to help youths as they transition out of foster care, such as the John Chafee program; especially for youths requiring mental health support and access to psychotropic medications.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to strike the specific reference to the John Chafee program to keep the policy broad and actionable. Your Reference Committee recommends Resolution 206 be adopted as amended.

(9) RESOLUTION 303 - IMPROVEMENTS TO BURNOUT PREVENTION PROGRAMS

RECOMMENDATION A:

The first Resolve of Resolution 303 be <u>amended by addition:</u>

RESOLVED, that our American Medical Association discourage physician, resident/fellow, and medical student burnout prevention programs which impose inflexible requirements, mandatory assignments, or punitive measures<u>, except where required by law</u>; and

RECOMMENDATION B:

Resolution 303 be <u>amended by addition of a new Resolve:</u>

<u>RESOLVED, that our AMA supports the implementation of evidence-based evaluation strategies in the ChangeMedEd Initiative for the ongoing assessment and improvement of burnout prevention programs.</u>

RECOMMENDATION C:

Resolution 303 be <u>adopted as amended</u>.

RESOLVED, that our American Medical Association discourage physician, resident/fellow, and medical student burnout prevention programs which impose inflexible requirements, mandatory assignments, or punitive measures; and be it further

RESOLVED, that our AMA support evidence-based burnout prevention programs that:

a) prioritize personal time for participants;
b) facilitate voluntary participation in activities relating to personal values, leisure, hobbies, group and peer engagement, and self-care; and
c) are integrated directly into medical school and residency program curricula, and;
D) provide multiple options to complete any expectations or activities flexibly.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the first resolve should be amended to clarify that this resolution is not commenting on legally required programs such as psychotherapy required of physicians charged with substance misuse. Additionally, we agree with testimony to add a new resolve clause to ask for continued study in order to bolster the currently lacking available evidence of burn-out prevention program effectiveness. Your Reference Committee recommends Resolution 303 be adopted as amended.

(10) RESOLUTION 307 - DISTRIBUTION OF RESIDENT SEATS COMMENSURATE WITH SHORTAGES

RECOMMENDATION A:

The second Resolve of Resolution 307 be amended by deletion:

~~**RESOLVED, that our AMA support increasing the number of available preliminary and transition year residency positions; and be it further**~~

RECOMMENDATION B:

The third Resolve of Resolution 307 be amended by deletion:

~~**RESOLVED, that our AMA support that a preliminary year resident entering a full residency be eligible for GME funds for the duration of their program comparable to their peers; and be it further**~~

RECOMMENDATION C:

The fourth Resolve of Resolution 307 be amended by deletion:

RESOLVED, that our AMA-MSS amend MSS Position 200.003MSS, "AMA Opposition to Primary Care Quotas," by addition and deletion as follows; and be it further

200.003MSS Primary Care and Psychiatry Workforce AMA Opposition to Primary Care Quotas

AMA-MSS ~~will ask the AMA to: (1) strongly oppose primary care quota systems; (2) oppose efforts by federal and state governments that would arbitrarily further control specialties for which medical students may qualify; and (3) continue to support and promote the identification of and funding for incentives to~~ supports funds and incentives to increase the number of primary care physicians in primary care ~~(general internal medicine, family medicine, preventive medicine, pediatrics, and obstetrics and gynecology)~~ and psychiatry.

RECOMMENDATION D:

The fifth Resolve of Resolution 307 be amended by deletion:

RESOLVED, that our AMA-MSS amend MSS Position 200.006MSS, "National Physician Workforce Planning," by addition and deletion as follows:

200.006MSS National Body to Allocate Residency Positions ~~Physician Workforce Planning~~

AMA-MSS supports the implementation of a ~~will ask the AMA to support the concept that the Council on Graduate Medical Education and/or any equivalent~~ national ~~workforce planning~~ body to work with the Centers for Medicare and Medicaid Services to decide the number of federally funded residency positions offered, including considerations based on specialty, geographic are and rural status, patient need, ~~allocate residency positions based on patient need~~ and health equity considerations and that this body includes voting members who are medical students, residents, fellows, and attending physicians ~~should be solely advisory in nature and be appointed in a manner that ensures bipartisan representation, including adequate physician representation~~.

RECOMMENDATION E:

Resolution 307 be adopted as amended.

RESOLVED, that our American Medical Association support preferential distribution of residency seats to general internal medicine, family medicine, preventive medicine, pediatrics, obstetrics and gynecology, and psychiatry, commensurate with their relative need and expected shortages; and be it further

RESOLVED, that our AMA support increasing the number of available preliminary and transition year residency positions; and be it further

RESOLVED, that our AMA support that a preliminary year resident entering a full residency be eligible for GME funds for the duration of their program comparable to their peers; and be it further

RESOLVED, that our AMA-MSS amend MSS Position 200.003MSS, "AMA Opposition to Primary Care Quotas," by addition and deletion as follows; and be it further

200.003MSS Primary Care and Psychiatry Workforce AMA Opposition to Primary Care Quotas

AMA-MSS ~~will ask the AMA to: (1) strongly oppose primary care quota systems; (2) oppose efforts by federal and state governments that would arbitrarily further control specialties for which medical students may qualify; and (3) continue to support and promote the identification of and funding for incentives to~~ supports funds and incentives to increase the number of ~~primary care~~ physicians in primary care (general internal medicine, family medicine, preventive medicine, pediatrics, and obstetrics and gynecology) and psychiatry.

RESOLVED, that our AMA-MSS amend MSS Position 200.006MSS, "National Physician Workforce Planning," by addition and deletion as follows:

200.006MSS National Body to Allocate Residency Positions ~~Physician Workforce Planning~~

AMA-MSS supports the implementation of a ~~will ask the AMA to support the concept that the Council on Graduate Medical Education and/or any equivalent~~ national ~~workforce planning~~ body to allocate residency positions based on patient need and health equity considerations and that this body includes voting members who are medical students, residents, fellows, and attending physicians ~~should be solely advisory in nature and be appointed in a manner that ensures bipartisan representation, including adequate physician representation~~.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to delete resolve clauses two and three due to insufficient evidence and relevance as presented in the resolution. We agree with testimony to remove the examples of primary care in the fourth resolve clause to be less prescriptive in case the definition evolves. We additionally agree with testimony to amend the fifth resolve clause to be more actionable. Your Reference Committee recommends Resolution 307 be adopted as amended.

(11) RESOLUTION 309 - ADDRESSING MISUSE OF PROFESSIONALISM STANDARDS IN MEDICAL TRAINING

RECOMMENDATION A:

The first Resolve of Resolution 309 be amended by addition and deletion:

RESOLVED, that our American Medical Association ~~acknowledges~~ supports regular institutional review of professionalism policies in medical school and residency programs, ~~that professionalism standards are not fixed but rather dynamic and constantly evolving with shifts in society, and advocates that institutions have their standards periodically reevaluated~~ to ensure~~ing~~ that they ~~remain culturally relevant and equitable and~~ do not lead to discriminatory practices; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 309 be amended by deletion:

~~RESOLVED, that our AMA encourages medical schools to work with diverse and representative institutional stakeholders, including institutional DEI offices, to (i) study the influence of bias in the content and implementation of professionalism policies, particularly in cases involving students from underrepresented backgrounds, and (ii) write and apply professionalism policies in an equitable and inclusive manner which~~

~~**respects the diversity of race, religion, culture, sexual orientation, and gender identity of students; and be it further**~~

RECOMMENDATION C:

The third Resolve of Resolution 309 be amended by addition and deletion:

RESOLVED, that our AMA supports the ACGME, ~~and~~ the AAMC, and AACOM to establish guidelines for residency programs and medical school professionalism policies ~~which require the creation of clear and equitable standards~~ that encourage institutions to outline actions that constitute a violation~~do not (i) make reference to appropriateness, reasonability, or suitability, (ii) make reference to unarticulated standards of the medical profession, and (iii) circularly reference the notion of professionalism~~; and be it further

RECOMMENDATION D:

The fourth Resolve of Resolution 309 be amended by addition and deletion:

RESOLVED, that our AMA advocates for AAMC, ~~and~~ ACGME, and AACOM to support measures that prevent medical schools and residency programs from using professionalism violations as a means to stop student advocacy measures; and be it further

RECOMMENDATION E:

The fifth Resolve of Resolution 309 be amended by deletion:

~~**RESOLVED, that our AMA collaborates with the ACGME and the AAMC to ensure that (i) there is consistency in application of professionalism policies, (ii) institutions' responses to professionalism concerns are commensurate with the seriousness of the concern, and (iii) all institutions uphold the already existing LCME process which allows students to report concerns, present their case before actions are taken, and appeal decisions where appropriate.**~~

RECOMMENDATION F:

Resolution 309 be adopted as amended.

RESOLVED, that our American Medical Association acknowledges that professionalism standards are not fixed but rather dynamic and constantly evolving with shifts in society,

and advocates that institutions have their standards periodically reevaluated to ensure that they remain culturally relevant and equitable and do not lead to discriminatory practices; and be it further

RESOLVED, that our AMA encourages medical schools to work with diverse and representative institutional stakeholders, including institutional DEI offices, to (i) study the influence of bias in the content and implementation of professionalism policies, particularly in cases involving students from underrepresented backgrounds, and (ii) write and apply professionalism policies in an equitable and inclusive manner which respects the diversity of race, religion, culture, sexual orientation, and gender identity of students; and be it further

RESOLVED, that our AMA supports the ACGME and the AAMC to establish guidelines for medical school professionalism policies which require the creation of clear and equitable standards that do not (i) make reference to appropriateness, reasonability, or suitability, (ii) make reference to unarticulated standards of the medical profession, and (iii) circularly reference the notion of professionalism; and be it further

RESOLVED, that our AMA advocates for AAMC and ACGME to support measures that prevent medical schools and residency programs from using professionalism violations as a means to stop student advocacy measures; and be it further

RESOLVED, that our AMA collaborates with the ACGME and the AAMC to ensure that (i) there is consistency in application of professionalism policies, (ii) institutions' responses to professionalism concerns are commensurate with the seriousness of the concern, and (iii) all institutions uphold the already existing LCME process which allows students to report concerns, present their case before actions are taken, and appeal decisions where appropriate.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that language can be clarified to improve actionability and decrease redundancies.

The amendments to the first resolve clause made parts of the second resolve clause redundant. The last part of the second resolve clause that carry a sentiment of making policies equitable, inclusive, and unbiased are already covered under current policy that ask the AMA to fight bias, H-65.951.

The addition of AACOM in the third resolve clause is intended to ensure that osteopathic medicine institutions are also covered by this resolution and the addition of "residency programs" is intended to broaden the ask to include residency programs consistently across all clauses. For the second half of R3, we feel asking schools to specify what

constitutes a violation is more succinct than listing the problematic terms that should not be included in institutional professionalism policy.

In the fourth resolve clause, adding AACOM ensures osteopathic medicine institutions are covered by this resolution.

The fifth resolve clause is recommended to be removed due to redundancy with the amended first Resolve clause and no change in current advocacy.

Thus, your Reference Committee recommends Resolution 309 be adopted as amended.

(12) RESOLUTION 401 - SUPPORT FOR CHANGING STANDARDS FOR MINORS WORKING IN AGRICULTURE

RECOMMENDATION A:

The first Resolve of Resolution 401 be <u>amended by addition and deletion:</u>

RESOLVED, that our American Medical Association strongly supports federal and state efforts to ensure that child labor protections uniformly apply to children working in agriculture, including raising the minimum age of employment, work hour restrictions, and extending workplace health and safety standards against exposures to ~~dangerous pesticides~~ <u>hazardous substances</u> and unsafe equipment.

RECOMMENDATION B:

Resolution 401 be <u>adopted as amended</u>.

RESOLVED, that our American Medical Association strongly supports federal and state efforts to ensure that child labor protections uniformly apply to children working in agriculture, including raising the minimum age of employment, work hour restrictions, and extending workplace health and safety standards against exposures to dangerous pesticides and unsafe equipment.

VRC testimony was supportive of the resolution. Your Reference Committee agrees with testimony to broaden the ask of the resolution to “hazardous substances” as a more general term. There was concern on VRC regarding the effects of this policy on family farms, but your Reference Committee agreed that these policies should apply to all underaged persons who work on farms. Your Reference Committee recommends Resolution 401 be adopted as amended.

(13) RESOLUTION 411 - REGULATION AND OVERSIGHT OF THE TROUBLED TEEN INDUSTRY

RECOMMENDATION A:

The first Resolve of Resolution 411 be amended by addition and deletion:

RESOLVED, that our that our AMA amends "Youth Residential Treatment Program Regulation (H-60.896) by addition and deletion as follows:

Youth Residential and Other Treatment Program Regulation

1. Our American Medical Association recognizes the need for licensing standards for all youth residential treatment facilities (including private and juvenile facilities) as well as other treatment facilities (including wilderness therapy programs and other programs aimed at treating behavioral and mental health issues in youths) to ensure basic safety and well-being standards for youth.

2. Our AMA supports recommendations including, but not limited to, patient placement criteria and clinical practice guidelines, as developed by of nonprofit health care medical associations and specialty societies, as the standard for regulating youth residential treatment and other relevant youth programs.

3. Our AMA opposes the use of any non-evidence-based therapies and abusive measures in Youth Residential and Other Treatment Programs and supports that only appropriately qualified and certified child and adolescent medical and mental health professionals provide services to participants, and support oversight and review by licensed physicians, mental health professionals, and any other appropriate healthcare professionals ~~and participant access to physicians (especially psychiatrists) and other healthcare professionals (especially mental health professionals).~~

~~4. Our AMA supports increasing reporting and transparency regarding the number of children placed in for-profit and state-run residential facilities, disaggregated by placement location, demographic data, incident reports and law enforcement referrals, and funding source(s) and amount in a publically available, centralized database.~~

~~5. Our AMA supports federal, state, local, territorial and tribal efforts that facilitate uniform standards for preventing child abuse in residential facilities~~

4. Our AMA supports efforts to improve information sharing between states on promising practices for preventing and addressing maltreatment in residential facilities.

RECOMMENDATION B:

Resolution 411 be adopted as amended.

RESOLVED, that our that our AMA amends "Youth Residential Treatment Program Regulation (H-60.896) by addition and deletion as follows:
Youth Residential and Other Treatment Program Regulation
1. Our American Medical Association recognizes the need for licensing standards for all youth residential treatment facilities (including private and juvenile facilities) as well as other treatment facilities (including wilderness therapy programs and other programs aimed at treating behavioral and mental health issues in youths) to ensure basic safety and well-being standards for youth.
2. Our AMA supports recommendations including, but not limited to, patient placement criteria and clinical practice guidelines, as developed by of nonprofit health care medical associations and specialty societies, as the standard for regulating youth residential treatment and other relevant youth programs.
3. Our AMA opposes the use of any non-evidence-based therapies and abusive measures in Youth Residential and Other Treatment Programs and supports that only appropriately qualified professionals provide services to participants, and support oversight and review by and participant access to physicians (especially psychiatrists) and other healthcare professionals (especially mental health professionals).
4. Our AMA supports increasing reporting and transparency regarding the number of children placed in for-profit and state-run residential facilities, disaggregated by placement location, demographic data, incident reports and law enforcement referrals, and funding source(s) and amount in a publically available, centralized database.
5. Our AMA supports federal, state, local, territorial and tribal efforts that facilitate uniform standards for preventing child abuse in residential facilities

VRC testimony was supportive with amendments. Your Reference Committee agrees with author testimony that residential treatment facilities and wilderness programs are not currently covered by AMA policy. Your Reference Committee additionally agrees with testimony that changes to the third subpoint will improve the ask and ensure that appropriate healthcare professionals are present. We also agree with testimony that the fourth and fifth subpoints are too restrictive and agree with testimony to remove these resolve clauses. We recommend an additional subpoint to address state efforts as recommended by testimony. Your Reference Committee recommends Resolution 411 be adopted as amended.

(14) RESOLUTION 502 - INCREASED CYBERSECURITY STANDARDS FOR HEALTHCARE ENTITIES

RECOMMENDATION A:

The first Resolve of Resolution 502 be amended by deletion:

RESOLVED, that our American Medical Association support the establishment of minimum cybersecurity standards~~, including, but not~~

~~limited to, the use of multi-factor authentication, timely updates, and encryption~~ for HIPAA covered entities.

RECOMMENDATION B:

Resolution 502 be adopted as amended.

RESOLVED, that our American Medical Association support the establishment of minimum cybersecurity standards, including, but not limited to, the use of multi-factor authentication, timely updates, and encryption for HIPAA covered entities.

VRC testimony was supportive. Your Reference Committee agrees with concerns regarding what the cybersecurity standards would be and if all healthcare practices would be able to uphold these requirements. We recommend eliminating the suggested methods of cybersecurity in the resolve clause to allow the AMA to support cybersecurity standards in general while also allowing the appropriate regulating bodies to determine what the cybersecurity standards should be. Your Reference Committee recommends Resolution 502 be adopted as amended.

(15) RESOLUTION 504 - HEALTHCARE PROVIDER DATA PRIVACY PROTECTION

RECOMMENDATION A:

The first Resolve of Resolution 504 be amended by addition and deletion:

RESOLVED, that our ~~American Medical Association~~ AMA-MSS support physicians and healthcare providers who experience doxxing, and support nondiscrimination and privacy protection for employees, and the availability of resources on doxxing; and be it further

RECOMMENDATION B:

The second Resolve of Resolution 504 be amended by addition:

RESOLVED, that our AMA-MSS support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information; and be it further

RECOMMENDATION C:

The third Resolve of Resolution 504 be amended by addition:

RESOLVED, that our AMA-MSS support institutions, employers, and state medical societies in providing legal resources and support to individuals affected by doxxing and prophylactically prevent doxxing through training and education on the issue.

RECOMMENDATION D:

Resolution 504 be adopted as amended.

RESOLVED, that our American Medical Association support physicians and healthcare providers who experience doxxing, and support nondiscrimination and privacy protection for employees, and the availability of resources on doxxing; and be it further

RESOLVED, that our AMA support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information; and be it further

RESOLVED, that our AMA support institutions, employers, and state medical societies in providing legal resources and support to individuals affected by doxxing and prophylactically prevent doxxing through training and education on the issue.

VRC testimony was supportive. Your Reference Committee agrees with testimony to make the resolution an internal MSS position because this resolution is being introduced by the Women's Physician Section at the 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Resolution 504 be adopted as amended.

(16) RESOLUTION 601 - MSS CAUCUS ENDORSEMENTS

RECOMMENDATION A:

The first Resolve of Resolution 601 be amended by addition:

RESOLVED, that our AMA-MSS amend MSS Position 645.033MSS, "Additional MSS Caucus Operations" be amended by addition as follows by the MSS Governing Council and Assembly:
3. The MSS Caucus can decide by a ⅔ vote in any given election cycle whether it wants to offer the opportunity to seek an MSS endorsement to candidates for elections in the AMA House of Delegates, and this vote shall apply to all candidates in all elections for that cycle. Once a candidate for an election in the AMA House of Delegates confirms they are seeking an MSS endorsement, the MSS Caucus can endorse that candidate by a ⅔ up or down vote specific for that candidate. The number of endorsements given for a race shall not exceed the number of open seats. If more

candidates surpass the 2/3 threshold than there are open seats, available endorsements will be given to the candidates receiving the highest vote percentage. Non-voting members of Caucus are entitled to attend these meetings, such as NMSO Liaisons, and may testify during these proceedings, but are unable to make a motion or vote. The MSS Caucus may also withdraw an endorsement of a candidate by a ⅔ vote.

RECOMMENDATION B:

Resolution 601 be adopted as amended.

RESOLVED, that our AMA-MSS amend MSS Position 645.033MSS, "Additional MSS Caucus Operations" be amended by addition as follows by the MSS Governing Council and Assembly:
3. The MSS Caucus can decide by a ⅔ vote in any given election cycle whether it wants to offer the opportunity to seek an MSS endorsement to candidates for elections in the AMA House of Delegates, and this vote shall apply to all candidates in all elections for that cycle. Once a candidate for an election in the AMA House of Delegates confirms they are seeking an MSS endorsement, the MSS Caucus can endorse that candidate by a ⅔ vote. The MSS Caucus may also withdraw an endorsement of a candidate by a ⅔ vote.

VRC testimony was mixed between supportive and supportive with amendments. Your Reference Committee agrees with amendments to address the testimony brought forth about the number of endorsements that can be offered and the potential of over-endorsing. We agree with testimony to clarify the resolution and ensure that we pass language that gives the MSS a clear framework for the endorsement process. Your Reference Committee recommends Resolution 601 be adopted as amended.

(17) RESOLUTION 602 - MSS STUDY OF ASSEMBLY REPRESENTATION

RECOMMENDATION A:

The first Resolve of Resolution 602 be amended by addition:

RESOLVED, that our AMA-MSS form a task force to study possible approaches to amend AMA Bylaws regarding delegate representation in the MSS Assembly to:

- **a. change the definition of satellite campuses to address disproportionate overrepresentation of some medical schools; and**
- **b. adjust the threshold at which a medical school is granted more than 1 voting delegate and 1 alternate delegate.**

RECOMMENDATION B:

Resolution 602 be <u>adopted as amended</u>.

RESOLVED, that our AMA-MSS study possible approaches to amend AMA Bylaws regarding delegate representation in the MSS Assembly to:

a) change the definition of satellite campuses to address disproportionate overrepresentation of some medical schools; and
b) adjust the threshold at which a medical school is granted more than 1 voting delegate and 1 alternate delegate.

VRC testimony was supportive. Your Reference Committee agrees with testimony that this study is important to conduct in order to provide a strong process for managing MSS Assembly representation. We discussed the formation of a task force to address this resolution so that different student leaders in the MSS can be involved in this study. Your Reference Committee recommends Resolution 602 be adopted as amended.

(18) CGPH MIC REPORT - REDUCING THE HARMFUL IMPACTS OF IMMIGRATION STATUS ON HEALTH

RECOMMENDATION A:

The first Resolve of CGPH MIC Report be <u>amended by deletion:</u>

~~RESOLVED, that our American Medical Association supports increased pathways for migrants and undocumented immigrants to appropriately apply for asylum, work visas for industries dependent on migrants and undocumented workers, and other legal mechanisms, including increasing the number and physical sites of appointments offered for interviewing for asylum; and be it further~~

RECOMMENDATION B:

The second Resolve of CGPH MIC Report be <u>amended by addition and deletion:</u>

RESOLVED, that our AMA support ~~the protection of~~ <u>protecting</u> the human right to seek asylum; and be it further

RECOMMENDATION C:

The third Resolve of CGPH MIC Report be <u>amended by deletion:</u>

RESOLVED, that our AMA support pathways to citizenship for ~~all~~ undocumented immigrants who entered the US as minors, including DACA recipients and Dreamers; and be it further

RECOMMENDATION D:

The fourth Resolve of CGPH MIC Report be amended by deletion:

RESOLVED, that our AMA support family reunification pathways for children and ~~certain~~ adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the U.S.; and be it further

RECOMMENDATION E:

The fifth Resolve of CGPH MIC Report be amended by addition and deletion:

RESOLVED, that our AMA-MSS support deferral of deportation ~~(and if applicable, employment authorization, driver's licenses, and identification documents)~~ for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, and relatives of people with documented or DACA status~~, and people without violent felonies~~; and be it further

RECOMMENDATION F:

The sixth Resolve of CGPH MIC Report be amended by addition:

RESOLVED, that our AMA-MSS support federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates; and be it further

RECOMMENDATION G:

The seventh Resolve of CGPH MIC Report be amended by deletion:

~~**RESOLVED, that our AMA join a coalition of organizations working to support immigrant rights and health, such as Refugee Council USA, to establish collaborations with partners and amplify our advocacy on these issues.**~~

RECOMMENDATION H:

CGPH MIC Report be <u>adopted as amended</u>.

Your Committee on Global & Public Health (CGPH) and Minority Issues Committee (MIC) recommend that the following recommendations are adopted in lieu of Resolution 213 and the remainder of this report be filed:

RESOLVED, that our American Medical Association supports increased pathways for migrants and undocumented immigrants to appropriately apply for asylum, work visas for industries dependent on migrants and undocumented workers, and other legal mechanisms, including increasing the number and physical sites of appointments offered for interviewing for asylum; and be it further

RESOLVED, that our AMA support the protection of the human right to seek asylum; and be it further

RESOLVED, that our AMA support pathways to citizenship for all undocumented immigrants who entered the US as minors, including DACA recipients and Dreamers; and be it further

RESOLVED, that our AMA support family reunification pathways for children and certain adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the U.S.; and be it further

RESOLVED, that our AMA support deferral of deportation (and if applicable, employment authorization, driver's licenses, and identification documents) for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, relatives of people with documented or DACA status, and people without violent felonies; and be it further

RESOLVED, that our AMA support federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates; and be it further

RESOLVED, that our AMA join a coalition of organizations working to support immigrant rights and health, such as Refugee Council USA, to establish collaborations with partners and amplify our advocacy on these issues.

VRC testimony was supportive. Your Reference Committee agrees that the first resolve clause may have unintended consequences and needs refinement in order to be an actionable AMA ask. We agree with testimony to clarify resolve clauses two, three, and four by enacting minor amendments. Your Reference Committee agrees with testimony

that the fifth and sixth resolve clauses should be made internal MSS positions because the Resident and Fellows Section is bringing forth a resolution addressing these asks at the 2024 Interim Meeting of the AMA House of Delegates. We considered late testimony and ultimately concluded to maintain our recommendation based on the information and time we were afforded. We recommend the seventh resolve clauses be amended by deletion in agreement with testimony that the ask is prescriptive and premature. Your Reference Committee recommends CGPH MIC Report be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(19) RESOLUTION 010 - TRANSPARENCY ON COMPARATIVE EFFECTIVENESS IN DIRECT-TO-CONSUMER ADVERTISING

RECOMMENDATION:

Substitute Resolution 010 be <u>adopted in lieu of</u> Resolution 010:

<u>RESOLVED, that our AMA supports the designation of an appropriate government health agency, such as the Agency for Healthcare Research and Quality (AHRQ), to:</u>

- **a) <u>review data on diagnostic and treatment modalities, prioritizing evidence from randomized controlled clinical trials;</u>**
- **b) <u>evaluate their comparative effectiveness when compared to existing standard of care and other benefits such as convenience, formulation, and route of administration;</u>**
- **c) <u>require that any corporate advertisements for a modality include agency-approved information on comparative effectiveness.</u>**

RESOLVED, that our American Medical Association supports designating an existing health agency, such as the Agency for Healthcare Research and Quality (AHRQ), to determine added clinical benefit and comparative effectiveness of new drugs coming to the market, prioritizing evidence from randomized clinical trials; and be it further

RESOLVED, that our AMA amends Policy H-105.988, "Direct-to-Consumer Advertising (DTCA) of Prescription Drugs and Implantable Devices," as follows
Direct-to-Consumer Advertising (DTCA) of Prescription Drugs and Implantable Devices, H-105.988

2. That until such a ban is in place, our American Medical Association opposes product-claim DTCA that does not satisfy the following guidelines:

g. The advertisement should ~~not~~ make <u>claims regarding</u> comparative <u>effectiveness and added clinical benefit</u> ~~claims~~ for the product versus other prescription drug or implantable medical device products; ~~however~~, the advertisement should <u>also</u> include information about the availability of alternative non-drug or non-operative management options such as diet and lifestyle changes, where appropriate, for the disease, disorder, or condition.

VRC testimony was supportive of amendments. Your Reference Committee agrees with VRC testimony that rewriting the resolve clauses would increase the feasibility and actionability of the resolution. We offer a substitute resolution to adopt in lieu of the original resolution that limits redundancies and does not open up existing HOD policy to

further changes. Your Reference Committee recommends Alternate Resolution 010 be adopted in lieu of Resolution 010.

(20) RESOLUTION 104 - HEALTHCARE IN TRIBAL JAILS

RECOMMENDATION:

Substitute Resolution 104 be adopted in lieu of Resolution 104:

RESOLVED, that our AMA-MSS strongly supports carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections being designated as Health Professional Shortage Areas and the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities; and be it further

RESOLVED, that our AMA-MSS will advocate for the development, staffing, and operation of sustainable, on-site medical and behavioral health services for incarcerated American Indian and Alaska Native persons; and be it finally

RESOLVED, that our AMA-MSS strongly supports routine audits and inspection of facilities managed by the Bureau of Indian Affairs Division of Correction, ensuring that these facilities abide by all standards and guidelines outlined by the National Commission on Correctional Health Care.

RESOLVED, that our American Medical Association strongly supports:
(a) carceral facilities and youth detention centers managed by the Bureau of Indian Affairs Division of Corrections being designated as Health Professional Shortage Areas.
(b) the assignment of U.S. Public Health Service Commissioned Corps officers to these facilities
(c) federal consultation with tribal governments to estimate and promote funding needs for sustainable development, staffing, and operation of on-site medical and behavioral health services for incarcerated American Indian and Alaska Native persons.

VRC testimony was supportive of this resolution. Your Reference Committee agrees with testimony that this resolution is most actionable as an internal MSS position. The American Association of Public Health Physicians is bringing forth a resolution to the 2024 Interim Meeting of the AMA House of Delegates that covers the asks of this resolution. Thus, we agree with testimony to amend this resolution to an internal position and support the AAPHP resolution coming forth at this 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Substitute Resolution 104 be adopted in lieu of Resolution 104.

(21) RESOLUTION 404 - PROMOTING CHILD WELFARE AND COMMUNICATION RIGHTS IN IMMIGRATION DETENTION

RECOMMENDATION:

Substitute Resolution 404 be <u>adopted in lieu of</u> Resolution 404:

<u>RESOLVED, that our American Medical Association supports the implementation of evidence-based, child-centered, and trauma-informed policies across all detention centers, ensuring detained minors have access to developmentally appropriate socioemotional care, including physical contact and regular in-person communication with family members and support networks.</u>

RESOLVED, that our American Medical Association support all actions, policies, and conditions that permit detained children to engage in activities including, but not limited to play, nurturing physical contact such as hugging, and other developmentally appropriate socioemotional behaviors and interactions among all children and families who are detained in the custody of federal agencies, specifically Immigration and Customs Enforcement and Office of Refugee Resettlement; be it further

RESOLVED, that our AMA support access to free, unfettered communication access for detained individuals, including but not limited to phone calls, video calls, and letters; and be it further

RESOLVED, that our AMA oppose all policies, legislation, and practices that limit appropriate physical contact and play among detained children, as well as, unfettered communication access for detained individuals; and be it further

RESOLVED, that our AMA will advocate for Immigration and Customs Enforcement and Office of Refugee Resettlement centers to:

a. Implement policies and practices that are child-friendly and culturally sensitive, trauma-informed, and inclusive of children with special needs.
b. Advocate that all concerns and accusations of child abuse or neglect in detention centers be reported and investigated.
c. Advocate for the development of accountability mechanisms to ensure that detention facilities uphold and implement a child-friendly, culturally sensitive, trauma-informed, and inclusive environment, monitored and reviewed in all the facilities.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that this resolution addresses a gap in AMA policy but should be amended in order to consolidate similar ideas in resolve clauses. We agree with

testimony to amend by consolidating the resolve clauses and broadening the language to allow for impact across detention contexts. Your Reference Committee recommends adopting Substitute Resolution 404 in lieu of Resolution 404.

(22) RESOLUTION 406 - ADVOCATING FOR UNIVERSAL SUMMER ELECTRONIC BENEFIT TRANSFER PROGRAM FOR CHILDREN (SEBTC)

RECOMMENDATION:

Substitute Resolution 406 be <u>adopted in lieu of</u> Resolution 406:

<u>RESOLVED, that our American Medical Association will support appropriate advocacy efforts at all levels of government to reduce childhood food insecurity, including expansion of the Summer Electronic Benefits Transfer for Children Program.</u>

RESOLVED, that our American Medical Association will advocate for all states to adopt programs that reduce childhood food insecurity, including but not limited to the Summer Electronic Benefits Transfer for Children program; and be it further

RESOLVED, that our American Medical Association will support advocacy efforts from state medical societies engaging in efforts to reduce childhood food insecurity in their respective state; and be it further

RESOLVED, that our American Medical Association-Medical Student Section include the aforementioned resolved clauses in HOD transmittal 13, “Support of Universal School Meals for School Age Children.”

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to amend the resolution to increase actionability. We agree with testimony that the resolution should be amended to increase the potential for advocacy efforts. Given that we are past the transmittal deadline for I-24 and information provided to the Reference Committee by staff that the MSS Caucus voted against the language provided in the third resolve, we believe it is best to send resolves one and two at a later time, as appropriate. Your Reference Committee recommends Substitute Resolution 406 be adopted in lieu of Resolution 406.

(23) RESOLUTION 407 - STANDARDIZING SAFETY REQUIREMENTS FOR RIDESHARE-BASED NON-EMERGENCY MEDICAL TRANSPORTATION

RECOMMENDATION:

Substitute Resolution 407 be <u>adopted in lieu of</u> Resolution 407:

RESOLVED, that our American Medical Association study and report back with recommendations on the feasibility and ideal minimum safety requirements/certifications (e.g., vehicle, BLS, HIPAA) of using rideshare-based non-emergency medical transportation (RB-NEMT) for insurer-covered NEMT.

RESOLVED, that our American Medical Association support efforts to use rideshare-based non-emergency medical transportation (RB-NEMT) for insurer-covered NEMT and reduce inefficiencies and patient barriers in NEMT systems; and be it further

RESOLVED, that our AMA support minimum safety requirements for RB-NEMT drivers, including but not limited to criminal background checks, initial drug testing, CPR/BLS certification, HIPAA training, and vehicle safety and accessibility inspections.

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony that the resolution lacks adequate evidence to support the asks. Your Reference Committee recommends Substitute Resolution 407 be adopted in lieu of Resolution 407.

(24) CEQM REPORT - MSS POSITION ON ALTERNATIVE PAYMENT MODELS

RECOMMENDATION:

Substitute CEQM Report be adopted in lieu of CEQM Report:

RESOLVED, that our AMA-MSS supports continued exploration of different alternative payment models approaches under the statutory authority of CMMI in a demonstration capacity only; and be it further

RESOLVED, that our AMA-MSS encourages the use of evaluation mechanisms which ensure that alternative payment models evaluation is not corrupted by methodological difficulties, notably selection bias;and be it further

RESOLVED, that our AMA-MSS opposes alternative payment models in Medicare that reduce quality of care, harm affordability for patients, or unduly restrict patient choice; and be it further

RESOLVED, that our AMA-MSS support continued monitoring of alternative payment models in Medicare to ensure they do not have unintended adverse effects; and be if further

RESOLVED, that our AMA-MSS supports alternative payment models in Medicare that 1) improve the quality of care for patients and/or 2) improve affordability, reduce costs, expand choices for patients, or improve transparency without compromising quality of care.

RESOLVED, that our AMA-MSS amend 160.046MSS Monitoring of Alternative Payment Models within Traditional Medicare as follows:

AMA-MSS asked ~~will ask~~ the AMA to (1) monitor the Accountable Care Organization Realizing Equity, Access and Community Health (ACO-REACH) program for its impacts on patients and physicians in Traditional Medicare, including the quality and cost of healthcare and patient/provider choice, and report back to the House of Delegates on the impact of the ACO-REACH demonstration program annually until its conclusion; (~~2)~~ ~~advocate against any Medicare demonstration project that denies or limits coverage or benefits that beneficiaries would otherwise receive in Traditional Medicare;~~ and (3) develop educational materials for physicians regarding the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) program to help physicians understand the implications of their employers participation in this program and to help physicians determine whether participation in the program is in the best interests of themselves and their patients. ~~(4) AMA-MSS study alternative payment models in Medicare to identify principles to guide the MSS when considering Medicare demonstration projects or their expansion, including but not limited to assessments of the demonstration program's impact on quality, cost, patient/provider choice, and transparency for report back to the MSS Assembly by the Interim 2024 Meeting.~~

VRC testimony was supportive with amendments. Your Reference Committee agrees with testimony to outline specific guidelines in the report recommendations. Your Reference Committee recommends Substitute CEQM Report be adopted in lieu of CEQM Report.

RECOMMENDED FOR REFERRAL

(25) RESOLUTION 203 - PREVENTING DRUG-FACILITATED SEXUAL ASSAULT IN DRINKING ESTABLISHMENTS

RECOMMENDATION:

Resolution 203 be referred.

RESOLVED, that our AMA support federal, state, and local efforts to prevent drug-facilitated sexual assault, including provision of drug detection equipment in establishments that sell alcohol and through public education campaigns.

VRC testimony was supportive of the spirit of the resolution. Your Reference Committee agrees with testimony that the resolution addresses an important issue, but the resolution is not actionable as written. We agree with testimony that the implementation of this resolution is not clear and could benefit from further study. We discussed support for increased availability of these drug detection devices/materials; however, we decided that there is not enough data to support a position on this resolution at this time. Your Reference Committee recommends that this resolution be studied by an AMA-MSS Standing Committee to gather further evidence and data collection on efforts such as the California law for testing in certain bars/drinking establishments. We would recommend that the resolution be studied to address concerns of feasibility, pricing, data from states with laws, and implementation. Your Reference Committee recommends Resolution 203 be referred.

RECOMMENDED FOR NOT ADOPTION

(26) RESOLUTION 002 - IMPROVING PELVIC FLOOR PHYSICAL THERAPY ACCESS FOR PREGNANCY

RECOMMENDATION:

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

RESOLVED, that our American Medical Association supports expanding Medicaid and CHIP to cover comprehensive pelvic floor physical therapy during the antepartum and postpartum period; and be it further

RESOLVED, that our AMA supports efforts to improve educating providers and peripartum people on the risk factors of pelvic floor dysfunction during childbirth and the benefits and indications of pelvic floor physical therapy.

VRC testimony was mixed. The Reference Committee agrees with concerns that the resolution is covered by existing policy. We agree with testimony that the second resolve clause is better accomplished through advocacy efforts and not additional policy. Thus, your Reference Committee recommends Resolution 002 not be adopted.

(27) RESOLUTION 006 - IMMIGRANT HEALTHCARE SYSTEM EDUCATION

RECOMMENDATION:

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

RESOLVED, that our American Medical Association will include educational modules, within platforms such as AMA Ed Hub, on immigrants' struggles with barriers to accessing and understanding the U.S. healthcare system to promote positive clinical outcomes; and be it further

RESOLVED, that our AMA will encourage medical schools to incorporate opportunities for students to address and explore the barriers that immigrant and refugee patients face when navigating health care through the implementation of standardized clinical experiences and community partnerships with local resettlement agencies and non-profit organizations serving immigrant and refugee populations; and be it further

RESOLVED, that our AMA will collaborate with immigration and refugee services such as USCIS, the Department of Homeland Security, local consulates, resettlement agencies, and cultural centers to provide detailed information and resources to

immigrants and refugees about procuring healthcare and understanding the administrative intricacies of the healthcare system; and be it further

RESOLVED, that our AMA will support relevant organizations/subcommittees in the development, amplification, and distribution of accessible online resources that describe navigation of the US healthcare system and allow for community collaboration to find solutions based on others' experiences in formats such as:

a) the distribution of an online forum for patients to pose questions and work collaboratively,
b) the creation of resource guides tailored to specific patient populations,
c) the integration of patient advocacy tools into existing healthcare platforms.

VRC testimony was mixed. The Reference Committee agrees with testimony that the resolution is covered by existing policy and suggests alternative routes of advocacy such as the submission of a MSS Action Item. We additionally agree that the resolution is prescriptive in nature and that some of the asks are not feasible. Your Reference Committee recommends Resolution 006 not be adopted.

(28) RESOLUTION 008 - PARENTAL INVOLVEMENT MANDATES IN REPRODUCTIVE HEALTH

RECOMMENDATION:

Resolution 008 <u>not be adopted.</u>

RESOLVED, that our American Medical Association oppose legislative mandates for parental or legal guardian consent or notification for minors to request or receive sexual and reproductive health services, including abortion care.

VRC testimony was mixed. Your Reference Committee supports the spirit of the resolution; however, we agree with testimony that this resolution is covered by existing AMA policy E-2.2.3 and D-5.996. Your Reference Committee recommends Resolution 008 not be adopted.

(29) RESOLUTION 205 - SEXUAL HEALTH EDUCATION CONFIDENTIALITY AND DISPARITIES AMONG ADOLESCENTS

RECOMMENDATION:

Resolution 205 <u>not be adopted.</u>

RESOLVED, that our AMA opposes policies that force educators to disclose the gender identity or sexual orientation of their students; and further it be;

RESOLVED, that our AMA supports local, state, and federal programs that address disparities in sexual health education by race, ethnicity, and sexual and gender identity.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution is broadly covered under existing policy and does not have enough evidence to support the asks of the resolution. We agree with testimony that this resolution is covered under existing policy. Your Reference Committee recommends that Resolution 205 not be adopted.

(30) RESOLUTION 207 - SUPPORTING AND PROTECTING EQUITY IN LGBTQ+ PARENTAGE AND ASSISTED REPRODUCTION

RECOMMENDATION:

Resolution 207 <u>not be adopted.</u>

RESOLVED, that our American Medical Association supports the recognition of the legal parent-child relationship as the source of many rights and protections for children and as important to child stability and well-being; and be it further

RESOLVED, that our AMA supports ensuring there are mechanisms to secure parentage for all children regardless of the marital status, gender, or sexual orientation of their parents or the circumstances of a child's birth, including children born through assisted reproduction and surrogacy; and be it further

RESOLVED, that our AMA supports equity in expansion of mechanisms to secure parentage for individuals using any method of assisted reproduction including but not limited to, voluntary acknowledgement of parentage forms with gender inclusive terminology; and be it further

RESOLVED, that our AMA advocates for all states to develop and make available a voluntary acknowledgment of parentage form for children born through assisted reproduction, including gamete donation.

VRC testimony was mixed. Your Reference Committee supports the spirit of the resolution's efforts to protect LGBTQ+ parentage rights; however, we agree with concerns from relevant specialty societies. We agree with testimony that the language needs to be reworked in order to address concerns before being brought forward as a resolution. Additionally, we agree with testimony that it is too premature to adopt this language as an internal MSS position due to language concerns. Your Reference Committee recommends Resolution 207 not be adopted.

(31) RESOLUTION 208 - ADDRESSING THE HARMS OF WEIGHT BIAS, STIGMA, AND DISCRIMINATION

RECOMMENDATION:

Resolution 208 <u>not be adopted.</u>

RESOLVED, that our AMA-MSS recognizes that weight bias, stigma, and discrimination are pervasive in the healthcare system and lead to worsened, inequitable quality of care and health outcomes; and be it further

RESOLVED, that our AMA supports educating physicians and physicians-in-training on the harms of weight bias, stigma, and discrimination, including by incorporating these topics into existing institutional implicit bias trainings; and be it further

RESOLVED, that our AMA supports the use of size-accessible medical and diagnostic equipment such that patients of all sizes can receive adequate and accurate care as well as the display of medical imagery in healthcare offices and spaces that promotes size inclusivity and discourages weight stigma; and be it further

RESOLVED, that our AMA supports weight-neutral approaches to care as alternative, evidence-based approaches to healthcare delivery.

VRC testimony was mixed. Your Reference Committee agrees with the spirit of the resolution; however, we agree with testimony that the resolution is covered by existing policy and would not meaningfully change AMA's advocacy efforts. We agree with testimony that the AMA is already heavily involved in advocacy directed toward making healthcare less judgmental towards all body weights. Your Reference Committee agrees with testimony that this resolution is covered by H-65.951, H-440.821, and H-440.821. Your Reference Committee recommends Resolution 208 not be adopted.

(32) RESOLUTION 209 - TIMELY PRENATAL APPOINTMENTS IN INCARCERATED POPULATIONS

RECOMMENDATION:

Resolution 209 <u>not be adopted.</u>

RESOLVED, that our American Medical Association supports the provision of timely and appropriate prenatal appointments for incarcerated individuals, in alignment with established national guidelines, by recommending standardized implementation protocols across all correctional facilities.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution will not meaningfully change AMA's advocacy efforts. We agree with testimony that the resolution is covered by existing policy and the asks of the resolution can be accomplished through further advocacy efforts such as submitting a MSSAI or bolstering state efforts. Your Reference Committee recommends Resolution 209 not be adopted.

(33) RESOLUTION 301 - SUPPORT FOR INNOVATIVE MEDICAL SCHOOL PATHWAYS

RECOMMENDATION:

Resolution 301 not be adopted.

RESOLVED, that our American Medical Association support the following efforts to innovate undergraduate medical education:

a) accelerated three-year pathways;
b) pathways that prioritize residency positions for students entering primary care, OBGYN, psychiatry, and practice in under-resourced and rural areas (including the Indian Health Service);
c) pathways that emphasize clinical exposure and shorten preclinical education, including via the use of virtual/asynchronous resources (as informed by student perspectives) in lieu of live lectures;
d) efforts to promote the above pathways to underrepresented populations.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the asks of the resolution are not adequately supported by evidence. Additionally, we agree that the resolution is broadly covered by existing AMA policy. Your Reference Committee notes that the AMA is pursuing advocacy efforts on medical education policy reform and that the asks of this resolution need more data in order to support. Your Reference Committee discussed referral of this item, but for the reasons listed above, we do not believe that the language of the asks is strong enough to refer to study. Your Reference Committee recommends Resolution 301 not be adopted.

(34) RESOLUTION 302 - ABOLITION OF ORGANIC CHEMISTRY, GENERAL CHEMISTRY, PHYSICS, AND CALCULUS FOR PRE-MED ADMISSION

RECOMMENDATION:

Resolution 302 not be adopted.

RESOLVED, that our American Medical Association support the removal of organic chemistry, physics, and calculus as prerequisite college coursework for medical school

applicants and support that any remaining premedical prerequisites be relevant to readiness for clinical practice as a physician; and be it further

RESOLVED, that our AMA supports the ability to fulfill premedical prerequisites via college credit earned in high school or community college (including Advanced Placement and dual enrollment programs) without stigma, to prevent pressure on premedical applicants to repeat previously completed coursework.

VRC testimony was opposed. Your Reference Committee agrees with testimony that the resolution lacks adequate evidence to support the asks. We agree with testimony that there is no clear evidence to support the removal of these specific courses and their disproportionate effect on students of a lower socioeconomic status. Additionally, we agree with testimony that these asks do not fall under the purview of the AMA. Your Reference Committee considered referral, but for the reasons listed above we do not believe that referral is appropriate. Your Reference Committee recommends Resolution 302 not be adopted.

(35) RESOLUTION 304 - IMPROVE CLINICAL RELEVANCE TO STANDARDIZED EXAMS

RECOMMENDATION:

Resolution 304 <u>not be adopted.</u>

RESOLVED, that our American Medical Association support efforts and work with relevant entities, such as NBME and NBOME, to:

a) improve the clinical relevance of national standardized examinations for medical students,
b) remove questions that do not reflect readiness for clinical practice, and
c) adjust frequency of questions based on their proportional relevance to general clinical knowledge expected for a medical degree and competence in diagnosing and managing conditions, while still including a minimum number of questions for rarer conditions and basic science concepts.

VRC testimony was opposed. Your Reference Committee agrees with testimony that in the setting of encroaching scope, rare diseases and pre-clinical education is a way to differentiate the educational systems seen in other medically-affiliated professions who focus education on more common pathologies and emphasize practice-based learning. Additionally, in the setting of recent changes to Step 1 and Level 1 and the lack of evidence to prove the effectiveness of the proposed solution, there is little motivation for NBME or NBOME to further reform standardized testing and advocacy efforts towards reform may be better served with state medical boards and FSMB. Your Reference Committee also discussed referral of this item, but for the reasons listed above do not

believe that referral is appropriate. Your Reference Committee recommends Resolution 304 not be adopted.

(36) RESOLUTION 305 - SUPPORT FOR MEDICAL SCHOOL APPLICANTS WITH ALTERNATIVE UNDERGRADUATE DEGREES

RECOMMENDATION:

Resolution 305 <u>not be adopted.</u>

RESOLVED, that our American Medical Association work with relevant parties to support removal of the expectation of a bachelor's degree for medical school admission, provided other prerequisite criteria are satisfied, and support holistic consideration of applicants without bachelor's degrees.

VRC testimony was opposed. Your Reference Committee agrees with testimony that there is a lack of evidence supporting that undergraduate degrees are a barrier to medical school admissions. Based on the author's evidence, we do not believe that further study on this subject will yield significant results. Your Reference Committee recommends Resolution 305 not be adopted.

(37) RESOLUTION 306 - OVEREMPHASIS ON RESEARCH IN TRAINEE SELECTION

RECOMMENDATION:

Resolution 306 <u>not be adopted.</u>

RESOLVED, that our American Medical Association support efforts and work with relevant parties to:

a) improve the holistic and equitable consideration of research, advocacy, service, teaching mentorship, and other non-research domains in medical school and residency/fellowship selection alongside research; and
b) reduce the emphasis on research expectations for applicants; and
c) allow applicants without significant research experience to showcase the domains that most align with their experiences and career goals.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the asks of this resolution are covered under existing AMA policy and current efforts. We agree with testimony that the AMA has existing policy to promote holistic review and does not need further policy on this topic. We agree that further advocacy efforts can be pursued with the existing AMA policy. Your Reference Committee recommends Resolution 306 not be adopted.

(38) RESOLUTION 312 - PROVIDING WELLNESS DAYS ON RECOGNIZED FEDERAL HOLIDAYS

RECOMMENDATION:

Resolution 312 <u>not be adopted.</u>

RESOLVED, that our American Medical Association encourage the AAMC to work with appropriate parties to create time-off policies that provide medical students with wellness days free from any required commitments on recognized federal holidays.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the asks of this resolution are covered under existing AMA policy H-310.923, D-310.968, among others. Your Reference Committee recommends Resolution 312 not be adopted.

(39) RESOLUTION 319 - SPECIFYING QUALIFICATIONS FOR TEACHING DISABILITY IN MEDICAL EDUCATION

RECOMMENDATION:

Resolution 319 <u>not be adopted.</u>

RESOLVED, that our AMA amend policy H-90.968, “Medical Care of Persons with Disabilities,” as follows
4 <u>b. encourages the recruitment of teachers of disability in medicine that have qualifications such as formal degrees or training in disability studies, prior experience in the field, collaboration with those who do have formal training, or lived experience as a person with disabilities.</u>

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution lacks evidence to support the asks. We found the asks to be prescriptive in nature and are unsure of their feasibility. We agree with testimony that the resolution authors should pursue additional advocacy efforts in lieu of creating additional policy. Your Reference Committee recommends Resolution 319 not be adopted.

(40) RESOLUTION 413 - PROMOTING THE USE AND EFFICACY OF ULTRAVIOLET PROTECTIVE CLOTHING

RECOMMENDATION:

Resolution 413 <u>not be adopted.</u>

RESOLVED, that our American Medical Association support efforts to promote the development of ultraviolet protective (UVP) clothing that provides protection against both UVA and UVB rays, including standardized labeling of UPF (ultraviolet protection factor) ratings, so consumers can understand the level of protection offered by these products; and be it further

RESOLVED, that our AMA advocate for the recognition of UVP clothing as an equally effective method of sun protection alongside broad-spectrum sunscreen, encouraging innovation and public awareness campaigns to highlight its role in comprehensive sun safety strategies.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the resolution would not meaningfully change AMA advocacy in this area. Additionally, we recommend this resolution not be adopted because there is insufficient evidence showing that UVP clothing is “equally effective” to sunscreen, and possible conflicts between the AMA and industry. Your Reference Committee recommends Resolution 413 not be adopted.

(41) RESOLUTION 416 - ALLERGEN LABELING FOR SPICES AND HERBS

RECOMMENDATION:

Resolution 416 <u>not be adopted.</u>

RESOLVED, that our American Medical Association supports efforts to require specific and transparent disclosure of individual ingredients included under aggregate categories, such as “spices and herbs”, and be it further

RESOLVED, that our AMA urges the Food and Drug Administration to regularly evaluate their lists of spices and herbs exempted from labeling requirements through the use of emerging scientific evidence of cross-reactivity and evolving allergens, and require their explicit disclosure when appropriate.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution lacks the evidence-base to support the asks. Additionally, we want to point out that a resolution similar to this will be brought forth at the 2024 Interim Meeting of the AMA House of Delegates. Your Reference Committee recommends Resolution 416 not be adopted.

(42) RESOLUTION 501 - INCREASING UTILIZATION OF POINT-OF-CARE ULTRASOUND IN HOSPITAL SETTINGS

RECOMMENDATION:

Resolution 501 not be adopted.

RESOLVED, that our American Medical Association will support increased insurance reimbursement for inpatient use of point of care ultrasound (POCUS) in an effort to increase its utilization in the inpatient setting; and be it further

RESOLVED, that our AMA will work with relevant stakeholders to study barriers to POCUS utilization and advocate for increased POCUS utilization in the inpatient setting.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first resolve clause is covered under existing policy and the second resolve clause would be best suited to come forward through a relevant specialty society. Your Reference Committee recommends Resolution 501 not be adopted.

(43) RESOLUTION 503 - EMERGENCY PREPAREDNESS IN EHR DOWNTIME AND HEALTHCARE TECHNOLOGY DISRUPTIONS

RECOMMENDATION:

Resolution 503 not be adopted.

RESOLVED, that our American Medical Association support emergency preparedness for unexpected downtime and software disruptions, and support guidelines for how to prevent mass technology outages such as through downtime drills, priority identification protocols, and manual documentation trainings; and be it further

RESOLVED, that our AMA amend Policy D-315.977, “Indemnity for Breaches in Electronic Health Record Cybersecurity,” as follows
Indemnity for Breaches in Electronic Health Record Cybersecurity, D-315.977
Our AMA will advocate for indemnity or other liability protections for physicians whose electronic health record data and other electronic medical systems become the victim of security compromises or unintended technology failures, regardless of intent.

VRC testimony was mixed. Your Reference Committee agrees with testimony that the first resolve clause is covered by existing AMA policy D-478.971. Your Reference Committee also felt that the second resolve clause was covered under existing policy D-478.982 and H-478.993. After discussion of the proposed amendments, we felt that there is no meaningful change to AMA advocacy efforts by the additions proposed in the second resolve clause. Your Reference Committee recommends Resolution 503 not be adopted.

(44) RESOLUTION 509 - OPPOSING UNWARRANTED NIH RESEARCH INSTITUTE RESTRUCTURING

RECOMMENDATION:

Resolution 509 <u>not be adopted.</u>

RESOLVED, that our American Medical Association oppose efforts to decrease NIH funding overall or restructure the NIH without direct supporting input from the physician and scientific communities, particularly researchers and academics.

VRC testimony was mixed. Your Reference Committee agrees with testimony that this resolution is already covered by existing AMA policy H-150.921. Your Reference Committee recommends Resolution 509 not be adopted.

RECOMMENDED FOR FILING

(45) ATF REPORT – ARCHIVES TASK FORCE INTERIM 2024 REPORT

RECOMMENDATION:

ATF Report be filed.

Your Archives Task Force recommends that no action be taken at this time and the remainder of this report be filed.

The Reference Committee thanks the Archives Task Force for the report on task force updates. We appreciate testimony on the VRC and would point the task force to those comments for future efforts. Regarding the collaboration with JAMA, your Reference Committee would like to acknowledge the need for standing committee reports and resolutions that pass the HOD to be more easily accessible to external parties, such as residency program directors. However, we urge caution in assigning DOI numbers to advocacy items, as these items may or may not reflect the official position of the AMA. It's essential to strike a balance that preserves their novelty and quality, while also acknowledging that these items undergo an internal evaluation process.

(46) SCTF REPORT – STANDING COMMITTEE TASK FORCE INTERIM 2024 REPORT

RECOMMENDATION:

SCTF Report be filed.

Your MSS Governing Council recommends that this report be filed.

The Reference Committee thanks the MSS Governing Council for the report on the Standing Committee Task Force updates. We appreciate testimony on the VRC and would point the task force to those comments for future efforts, as follows. Of note, VRC testimony suggested having a standardized recall process for the sake of consistency, although the proposed Standing Committee recall process may be too cumbersome and in need of simplifying. In terms of the Standing Committee leadership application, VRC testimony suggested that the application timeline should not compete with the General Council or MSS Delegation application timeline. In regards to sub-committees, it was suggested that forming sub-committees remain up to the discretion and need of each Standing Committee. VRC testimony suggested a meeting among all Standing Committee leadership where the Governing Council explains the expectations of the Strategic Plan before the smaller meetings between GC and each Standing Committee's

leadership where they delineate that Strategic Plan. Finally, VRC testimony recommended additions to the description of the Committee on Medical Education. Your Reference Committee recommends SCTF Report be filed.

(47) SD REPORT – SECTION DELEGATE REPORT: POLICY PROCEEDINGS OF THE ANNUAL 2024 AMA HOUSE OF DELEGATES MEETING

RECOMMENDATION:

SD Report be filed.

Your MSS Section Delegates recommend the adoption of the recommendations for MSS positions outlined in Appendices A and B of this report and the remainder of the report be filed.

The Reference Committee thanks the Section Delegates for a comprehensive report on the policy proceedings from the 2024 Annual Meeting of the AMA House of Delegates. Your Reference Committee recommends SD Report A be filed.