

## Status - Implementation of Resolutions and Report Recommendations AMA House of Delegates Meeting - November 2021

Report/Resolution	Title	House Action	Status
BOT Report 02-N-21	Policing Reform	Recommendations in BOT Report 02 Adopted. Remainder of Report Filed.	AMA policy database updated.
BOT Report 05-N-21	Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harrassment	Recommendations in BOT Report 05 Adopted. Remainder of Report Filed.	Board Report 5 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee C&B)
BOT Report 08-N-21	Improved Access and Coverage to Non-Opioid Modalities to Address Pain	Recommendations in BOT Report 08 Adopted. Remainder of Report Filed.	No action required. Report recommended that Alternate Resolution 218-A-19 not be adopted.
BOT Report 09-N-21	Medical Marijuana License Safety	Recommendations in BOT Report 09 Adopted as Amended, Remainder of Report Filed.	Our AMA continues to monitor the legislative and implementation issues discussed in this resolution and provide state medical societies with information when relevant to the state medical society advocacy and information needs. Research regarding these issues remains highly limited.
BOT Report 10-N-21	Physician Access to their Medical and Billing Records	Recommendations in BOT Report 10 Adopted. Remainder of Report Filed.	Our AMA has developed model state legislation giving physicians the right to access their medical records and bill records as set forth in BOT Report 10-N-21.
BOT Report 11-N-21	National Guidelines for Guardianship	Recommendations in BOT Report 11 Adopted. Remainder of Report Filed.	Our AMA has communicated with the Acting Assistant Secretary of Aging at the Administration of Community Living within the U.S. Department of Health and Human Services about our AMA's support for the Administration's initiatives, as well as those of the American Bar Association Commission on Law and Aging, to address elder abuse and to ensure consistent protection of elders' rights in all states.
BOT Report 12-N-21	Direct-to-Consumer Genetic Tests	Recommendations in BOT Report 12 Adopted. Remainder of Report Filed.	AMA policy database updated.
BOT Report 13-N-21	Study of Forced Organ Harvesting by China	Recommendations in BOT Report 13 Adopted. Remainder of Report Filed.	
BOT Report 14-N-21	Net Neutrality and Public Health	Recommendations in BOT Report 14 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
BOT Report 15-N-21	Opposing Attorney Presence at and/or Recording of Independent Medical Examinations	Recommendations in BOT Report 15 Adopted. Remainder of Report Filed.	
BOT Report 16-N-21	Research Handling of De-Identified Patient Information	Recommendations in BOT Report 16 Adopted. Remainder of Report Filed.	

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
BOT Report 17-N-21	Distracted Driver Education and Advocacy	Recommendations in BOT Report 17 Adopted as Amended, and remainder of report filed.	AMA policy database updated.
BOT Report 18-N-21	Financial Protections for Doctors in Training	Recommendations in Board of Trustees Report 18 Adopted and the remainder of the Report filed.	AMA policy database updated.
BOT Report 19-N-21	Advocacy for Physicians and Medical Students with Disabilities	Recommendations in BOT Report 19 Adopted as Amended, with Change in Title, Remainder of Report Filed.	An advisory group on physicians and medical students with disabilities is in development, with the group's work expected to begin in Q3.
BOT Report 20-N-21	Specialty Society Representation in the House of Delegates - Five-Year Review	Recommendations in BOT Report 20 Adopted. Remainder of Report Filed.	AMA policy database updated.
CCB Report 01-N-21	Further Action on 7.5.2	Recommendations in CCB Report 01 Adopted. Remainder of Report Filed.	The AMA Bylaws have been updated, and the Young Physicians Section is acting accordingly.
CCB Report 02-N-21	Rescission of Bylaws related to Run-off Elections	Recommendations in CCB Report 02 Adopted. Remainder of Report Filed.	
CCB Report 03-N-21	AMA Women Physicians Section: Clarification of Bylaw Language	Recommendations in CCB Report 03 Adopted. Remainder of Report Filed.	The AMA Bylaws have been updated, and the Women Physicians Section is acting accordingly.
CEJA Report 01-N-21	Short-term Medical Service Trips	Referred.	Council on Ethical and Judicial Affairs Report 01-A-22 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee C&B)
CEJA Report 02-N-21	Amendments to Opinions 1.2.11, "Ethical Innovation in Medical Practice"; 11.1.2, "Physician Stewardship of Health Care Resources", 11.2.1, "Professionalism in Health Care Systems", 1.1.6, "Quality"	Recommendations in CEJA Report 02 Adopted. Remainder of Report Filed.	AMA policy database updated.
CLRPD Report 01-N-21	Minority Affairs Section Five-Year Review	Recommendation in CLRPD Report 1 Adopted and the Remainder of the Report Filed.	AMA Bylaws updated accordingly.
CLRPD Report 02-N-21	Integrated Physician Practice Section Five-Year Review	Recommendation in CLRPD Report 2 Adopted and the Remainder of the Report Filed.	AMA policy database updated.

Report/Resolution	Title	House Action	Status
CME Report 01-N-21	Guiding Principles and Appropriate Criteria for Assessing the Competency of Physicians Across the Professional Continuum	Recommendations in CME Report 01 Adopted as Amended with Change in Title, Remainder of Report Filed.	<p>Recommendation 1: The AMA Policy Finder database was updated to add new Policy H-275.916.</p> <p>Recommendation 2: Letters were sent to the senior leaders of the Council on Medical Specialty Societies, American Board of Medical Specialties, and Federation of State Medical Boards in January 2022 encouraging such organizations to develop educational materials regarding decline of cognitive and psychomotor performance throughout a physician's career and the resulting impact on the quality and safety of on the effects of age on physician practice.</p> <p>Recommendation 3: Having been fulfilled by this report, Policy D-275.956 was rescinded.</p>

Report/Resolution	Title	House Action	Status
CME Report 02-N-21	A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities	Recommendations in CME Report 02 Adopted as Amended, Remainder of Report Filed.	<p><b>Recommendation 1:</b> Letters were sent to the senior leaders of the Liaison Committee on Medical Education, Association of American Medical Colleges, Commission on Osteopathic College Accreditation, and Accreditation Council for Graduate Medical Education in January 2022 urging that all medical schools and graduate medical education (GME) institutions and programs create, review, and revise technical standards, concentrating on replacing “organic” standards with “functional” standards that emphasize abilities rather than limitations, and that those institutions also disseminate these standards and information on how to request accommodations for disabilities in a prominent and easily found location on their websites.</p> <p><b>Recommendation 2:</b> Letters were sent to the senior leaders of the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, and American Osteopathic Association in January 2022 urging all medical schools and GME institutions to a) make available to students and trainees a designated, qualified person or committee trained in the application of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and available support services, and b) encourage students and trainees to avail themselves of any needed support services, and c) foster a supportive and inclusive environment where students and trainees with disabilities feel comfortable accessing support services.</p> <p><b>Recommendation 3:</b> Letters were sent to the senior leaders of the American Board of Medical Specialties, Federation of State Medical Boards, American Osteopathic Association, National Board of Medical Examiners, and National Board of Osteopathic Medical Examiners in January 2022 encouraging such organizations to evaluate and enhance their processes for reviewing requests for accommodations from applicants with disabilities in order to reduce delays in completion of licensing and initial board certification examinations. This should include an assessment of the experience of those applicants and the development of a transparent communication process that keeps applicants informed about the expected timeline to address their requests. These processes should require neither proof of accommodation nor proof of poor academic performance prior to the time at which a need for accommodation was requested.</p> <p><b>Recommendation 4:</b> Letters were sent to the senior leaders of the Liaison Committee on Medical Education, Association of American Medical Colleges, Commission on Osteopathic College Accreditation, Accreditation Council for Graduate Medical Education, American Board of Medical Specialties, Federation of State Medical Boards, American Osteopathic Association, National Board of Medical</p>

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CME Report 03-N-21	Rural Health Physician Workforce Disparities	Recommendations in CME Report 03 Adopted as Amended, Remainder of Report Filed.	<p>Examiners, and National Board of Osteopathic Medical Examiners in January 2022 encouraging research and broad dissemination of results in the area of disabilities accommodation in the medical environment that includes: the efficacy of established accommodations; innovative accommodation models that either reduce barriers or provide educational approaches to facilitate the avoidance of barriers; impact of disabled learners and physicians on the delivery of health care to patients with disabilities; and research on the safety of established and potential accommodations for use in clinical programs and practice.</p> <p>Recommendation 5: Having been fulfilled by this report, Policy D-295.929 was rescinded.</p> <p>Recommendation 6: The AMA Policy Finder database was updated to reaffirm Policy D-90.991.</p> <p>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2022 Interim Meeting.</p>

Report/Resolution	Title	House Action	Status
CME Report 04-N-21	Medical Student Debt and Career Choice	Recommendations in CME Report 04 Adopted as Amended, Remainder of Report Filed.	<p data-bbox="1262 167 1934 412"><b>Recommendation 1:</b> Letters were sent to the senior leaders of the Liaison Committee on Medical Education, Association of American Medical Colleges, Commission on Osteopathic College Accreditation, and American Association of Colleges of Osteopathic Medicine in January 2022 encouraging key stakeholders to collect and disseminate data on the impacts of medical education debt on career choice, especially with regard to the potentially intersecting impacts of race/ethnicity, socioeconomic status, and other key sociodemographic factors.</p> <p data-bbox="1262 448 1934 526"><b>Recommendation 2:</b> The AMA continues to monitor new policies and novel approaches to influence career choice based on the key factors that affect the decision to enter a given specialty and subspecialty.</p> <p data-bbox="1262 561 1934 889"><b>Recommendation 3:</b> A letter was sent to the U.S. Dept of Education (DOE) in September 2021 urging the DOE to make the PSLF program more widely available to physician borrowers as well as provide stronger communication to borrowers so they can successfully complete the PSLF program. The letter recommended the PSLF program be more forthcoming with publishing applicant metrics of those who apply for loan forgiveness in order to help government entities, employers, and third parties successfully evaluate the program. Further, the letter asked for the release of information on the basis for the high denial rates to ensure that individuals applying for PSLF clearly understood the requirements and could maintain compliance. The DOE has stated that it will:</p> <ul data-bbox="1262 898 1934 1230" style="list-style-type: none"> <li>• Implement a Limited PSLF Waiver to count all prior payments made by student borrowers toward PSLF, regardless of loan program. The waiver will run through October 31, 2022.</li> <li>• Simplify what it means for a payment to qualify for PSLF</li> <li>• Eliminate barriers for military service members to receive PSLF</li> <li>• Automatically help service members and other federal employees access PSLF</li> <li>• Review Denied PSLF applications and identify and correct errors in PSLF processing</li> <li>• Improve outreach and communication with PSLF-eligible borrowers</li> <li>• Simplify the PSLF application process.</li> <li>• Make long-term improvements to PSLF through rulemaking.</li> </ul> <p data-bbox="1262 1263 1934 1427"><b>The DOE is opening up the PSLF program to enact a series of changes including a time-limited waiver so that student borrowers will be able to count additional payments toward public service loan forgiveness (PSLF). The DOE has indicated that they intend to have future rulemaking to alter the program. However, rulemaking on TEPSLF is not currently open.</b></p>

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
			<p>The AMA Policy Finder database was updated to amend clause 20 of Policy H-305.925.</p> <p>Recommendation 4: Having been fulfilled by this report, clause 22 of Policy H-305.925 was rescinded and the clauses were renumbered.</p>
CME Report 05-N-21	Investigation of Existing Application Barriers for Osteopathic Medical Students Applying for Away Rotation	Recommendations in CME Report 05 Adopted as Amended. Remainder of Report Filed.	<p>Recommendation 1: Letters were sent to the senior leaders of the Association of American Medical Colleges and American Osteopathic Association in January 2022 communicating AMA policy which encourages equitable access to and equitable fees for clinical electives for allopathic and osteopathic medical students.</p> <p>Recommendation 2: Letters were sent to the senior leaders of the Association of American Medical Colleges and American Osteopathic Association in January 2022 encouraging the AAMC to request that its member institutions promote equitable access to clinical electives for allopathic and osteopathic medical students and charge equitable fees to visiting allopathic and osteopathic medical students.</p> <p>Recommendation 3: A letter was sent to the senior leader of the Accreditation Council for Graduate Medical Education in January 2022 encouraging ACGME to require its accredited programs to work with their respective affiliated institutions to ensure equitable access to clinical electives for allopathic and osteopathic medical students and charge equitable fees to visiting allopathic and osteopathic medical students.</p>
CMS Report 01-N-21	End of Life Care	Recommendations in CMS Report 01 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
CMS Report 02-N-21	Access to Health Plan Information regarding Lower-Cost Prescription Options	Recommendations in CMS Report 02 Adopted. Remainder of Report Filed.	AMA policy database updated.
CMS Report 03-N-21	Covering the Remaining Uninsured	Recommendations in CMS Report 03 Adopted as Amended, Remainder of Report Filed.	
CMS Report 04-N-21	Financing of Home and Community-Based Services	Recommendations in CMS Report 04 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
CMS Report 05-N-21	Integrating Care for Individuals Dually Eligible for Medicare and Medicaid	Recommendations in CMS Report 05 Adopted. Remainder of Report Filed.	AMA policy database updated.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
CMS/CSAPH Joint Report	Reducing Inequities and Improving Access to Insurance for Maternal Health Care	Recommendations in CMS/CSAPH Joint Report N-21 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
CSAPH Report 02-N-21	Strengthening the Public Health Infrastructure	Recommendations in CSAPH Report 02 Adopted as Amended. Remainder of Report Filed.	A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2022 Interim Meeting.
CSAPH Report 03-N-21	Physician Involvement in State Regulations of Motor Vehicle Operation and/or Firearm Use by Individuals with Cognitive Deficits Due to Traumatic Brain Surgery	Recommendation in CSAPH Report 03 Adopted as Amended and the Remainder of Report Filed.	AMA policy database updated.
CSAPH Report 04-N-21	Chemical Variability of Pharmaceutical Products	Recommendations in CSAPH Report 04 Adopted as Amended, Remainder of Report Filed.	AMA policy database updated.
HOD Comp Cmte N-21	Report of the House of Delegates Committee on the Compensation of the Officers	Recommendations in the Report of the House of Delegates Committee on the Compensation of the Officers Adopted, and Remainder of the Report Filed.	
RES 002-N-21	Disaggregation of Race Data for Individuals of Middle Eastern and North African (MENA) Descent	Not Adopted.	
RES 008-N-21	Amendment to Truth and Transparency in Pregnancy Counseling Centers, H-420.954	Referred.	Board Report 14-A-22 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee C&B)
RES 009-N-21	Banning the Practice of Virginity Testing	Adopted.	An issue brief has been drafted outlining the background, current evidence, and state legislation around the practice of virginity testing as well as AMA's current policy position.
RES 018-N-21	Support for Safe and Equitable Access to Voting	Adopted as Amended.	AMA policy database updated.
RES 019-N-21	Disaggregation of Demographic Data for Individuals of Middle Eastern and North African (MENA) Descent	Adopted as Amended.	Board Report 12-A-22 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee C&B)



<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 020-N-21	Recognizing and Remediating “Structural Urbanism” Bias as a Factor in Rural Health Disparities	Adopted as Amended.	<p><b>Our AMA Advocacy staff has, and will continue to, advocate regarding our AMA’s telehealth priorities, telehealth payment parity and equitable coverage, as well as the impact of policies on rural communities.</b></p> <ul style="list-style-type: none"> <li>•AMA Letter to CMS on Audio-only Codes (February 9, 2022)</li> <li>•Sign-on Letter (January 31, 2022)</li> <li>•Sign-on Letter (July 26, 2021)</li> <li>•Statement for the Record (May 20, 2021)</li> <li>•Statement for the Record (April 28, 2021)</li> </ul>
RES 021-N-21	Free Speech and Civil Discourse in the American Medical Association	Not Adopted.	
RES 022-N-21	Prohibition of Racist Characterization Based on Personal Attributes	Not Adopted.	
RES 023-N-21	AMA Council on Ethical and Judicial Affairs (CEJA) report on Physician Responsibilities to Impaired Colleagues: CEJA E-9.3.2	Recommendations in Resolution 023 Adopted as Amended.	Council on Ethical and Judicial Affairs Report 03-A-22 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee C&B)

Report/Resolution	Title	House Action	Status
RES 101-N-21	Standardized Coding for Telehealth Services	Alternate Resolution 101 Referred for Decision.	<p>Alternate Resolution 101-N-21 called on the American Medical Association (AMA) to support legislation, regulation and/or outreach, whichever is relevant, to ensure that public and private payors utilize one consistent set of reporting and coding rules to identify telehealth services in claims. Original Resolution 101-N-21 asked that the AMA advocate by regulation and/or legislation that telehealth services be uniformly identified by using place of service (02) without any additional requirements, such as modifiers imposed by third party payors, for claim submission and reimbursement. The alternate language proffered by the Reference Committee eliminated the discussion of Current Procedural Terminology (CPT) modifiers, and instead focused on the need for consistent rules to identify telehealth services in claims processing. Testimony on Resolution 101-N-21 was mixed, although there was agreement on the need for administrative simplification with respect to reporting and coding telehealth services. Concerns were raised that original Resolution 101 was overly proscriptive and had the potential to undermine AMA advocacy in this arena. Accordingly, a member of the AMA/Specialty Society RVS Update Committee (RUC), AMA Digital Medicine Payment Advisory Group, and former Chair of the CPT Editorial Panel, introduced the alternate language proposed by the Reference Committee.</p> <p>Concerns indicated that using only Place of Service (02) is not a viable solution as it is specific to Medicare telehealth policies that are being waived due to the public health emergency. In fact, use of 02 in Medicare results in lower payment than the use of the Place of Service codes that reflect non-facility payment. Claims with Place of Service 02 only are paid at the facility rate. Medicare telehealth claims utilizing a non-facility Place of Service (e.g., 11 – Physician Office) and CPT Modifier 95 are paid at the higher non-facility rate. Place of Service codes are maintained by the Centers for Medicare &amp; Medicaid Services (CMS). CPT modifiers are maintained by the CPT Editorial Panel. Both Place of Service codes and CPT modifiers are widely used throughout the health care industry. A list of Place of Service Codes and CPT Modifiers that will be in place effective January 2022 and April 1, 2022 was provided.</p> <p>The AMA provided quick telehealth coding advice very early in the pandemic. Post-pandemic telehealth policy will likely be led by CMS. There is opportunity to advocate for all payors to utilize consistent telehealth coding and reporting rules post-pandemic to eliminate administrative burden.</p> <p>The Board of Trustees VOTED that the AMA support legislation, regulation and/or advocacy to public and private payors, whichever is</p>

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			relevant, to ensure that payors utilize consistent reporting and coding rules to identify telehealth services in claims.
RES 113-N-21	Supporting Medicare Drug Price Negotiation	Resolves 1 and 3 of Alternate Resolution 113 - Adopted; Resolve 2 of Alternate Resolution 113 - Referred.	Council on Medical Service Report 04-A-22 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee A)
RES 203-N-21	Poverty-Level Wages and Health	Referred.	Council on Medical Service Report 05-A-22 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee B)
RES 207-N-21	Authority to Grant Vaccine Exemptions	Adopted as Amended.	Our AMA has notified its Federation partners of its desire to work with any interested partners in advocating, at the state level, for legislation to limit medical vaccine exemption authority to only licensed physicians and continues to provide state medical societies with information when relevant to the state medical society advocacy and information needs. Our AMA provided a draft letter with key points to the Federation on limiting medical vaccine exemption authority to only physicians. We stand ready to work with our Federation partners to advocate on this issue through legislative, regulatory, or other means.
RES 209-N-21	Increasing Access to Hygiene and Menstrual Products	Adopted.	Our AMA has notified its Federation partners of its desire to work with them in advocating at the state level for laws and regulations to increase access to menstrual hygiene products, especially for recipients of public assistance. Further, our AMA sent a letter to Representative Meng in support of H.R. 3614, the “Menstrual Equity Act of 2021,” on April 29, 2022. Our AMA is communicating with OSHA and the American National Standards Institute to encourage them to create and enforce a standard of practice for providing free, readily available menstrual care products to meet the needs of workers.

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RES 212-N-21	Sequestration	Alternate Resolution 212, Adopted in Lieu of Resolutions 212, 221, 224 & 225.	Our AMA successfully advocated for Congress to include provisions in the “Protecting Medicare and American Farmers from Sequester Cuts Act” enacted in December 2021 to increase the Medicare physician payment schedule conversion factor to offset most of the 3.75% budget neutrality reduction that was scheduled to occur in January 2022 and avert sequestration cuts that were also slated to be implemented in January. For 2023 and future years, our AMA has been advocating with Congressional Leadership and Committees that have jurisdiction over Medicare on the need to provide payment updates that account for inflation in medical practice costs, address problems with budget neutrality including overestimates of utilization that lead to steeper budget neutrality cuts than are warranted, and reform the Merit-based Incentive Payment System (MIPS) so that it will be more clinically relevant and less costly to participate. For example, our AMA sent letters to Congressional Leadership and the CMS Administrator about the need for inflation-based updates and the huge disparity between the nearly 8% increase announced for Medicare Advantage plans and the multiyear freeze for physician payments.
RES 221-N-21	Promoting Sustainability in Medicare Physician Payments	Alternate Resolution 212, Adopted in Lieu of Resolutions 212, 221, 224 & 225.	See Alternate Resolution 212-N-21.
RES 224-N-21	Improve Physician Payments	Alternate Resolution 212, Adopted in Lieu of Resolutions 212, 221, 224 & 225.	See Alternate Resolution 212-N-21.
RES 225-N-21	End Budget Neutrality	Alternate Resolution 212, Adopted in Lieu of Resolutions 212, 221, 224 & 225.	See Alternate Resolution 212-N-21.
RES 226-N-21	Addressing Adolescent Telehealth Confidentiality Concerns	Adopted.	AMA policy database updated.
RES 229-N-21	CMS Administrative Requirements	Adopted.	Our AMA is continuing its ongoing work to ensure that CMS enforces all valid allegations of HIPAA administrative simplification non-compliance. AMA staff met with CMS leadership in March to discuss requirements that continue to burden physicians, including prior authorization, EFT/VCC fees, and the future of interoperability. In particular, our AMA plans to seek additional and concrete steps from CMS in response to the Federation sign-on letter sent to CMS regarding EFT fees in October 2021.

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RES 234-N-21	Permitting the Dispensing of Stock Medications for Post Discharge Patient Use and the Safe Use of Multi-dose Medications for Multiple Patients	Adopted as Amended.	Our AMA sent a letter to the FDA in April 2022 that urged the agency to draft clear regulatory language that supports the use of multi-dose medications for post discharge patient use as long as certain safety standards are met. Our AMA also stands ready to work with national specialty societies, state medical societies and/or other interested parties to advocate for legislative and regulatory language that permits the practice of dispensing stock-item medications to individual patients upon discharge in accordance with labeling and dispensing protocols that help ensure patient safety, minimize duplicated patient costs, and reduce medication waste. This has not, however, been an area of significant state activity.
RES 240-N-21	Ransomware Prevention and Recovery	Adopted as Amended.	Our AMA Advocacy staff will continue to look for federal legislation or regulation that funds assistance to cover cyberattack prevention and recovery expenses for physician practices, hospitals, and health care entities to ensure continuity of optimal patient care. Additionally, AMA staff will develop a document that assists physicians in identifying financial resources that can help bolster their cybersecurity; this will be added as a link to the existing AMA cybersecurity toolkit website.
RES 301-N-21	Equitable Reporting of USMLE Step 1 and Complex-USA Level 1 Scores	Adopted as Amended.	Resolve: Letters were sent to the senior leaders of Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, National Board of Medical Examiners, and National Board of Osteopathic Medical Examiners in January 2022 expressing interest in working with appropriate stakeholders to release guidance for residency and fellowship program directors on equitably comparing students who received 3-digit United States Medical Licensing Examination Step 1 or Comprehensive Osteopathic Medical Licensing Examination of the United States Level 1 scores and students who received Pass/Fail scores.
RES 305-N-21	Increase Awareness Among Residency, Fellowship, and Academic Programs on the United States-Puerto Rico Relationship Status	Alternate Resolution 305 Adopted in Lieu of Resolution 305.	Resolves 1 and 2: Letters were sent to the senior leaders of the Liaison Committee on Medical Education, Association of American Medical Colleges, Commission on Osteopathic College Accreditation, Accreditation Council for Graduate Medical Education, Middle States Commission on Higher Education (MSCHE) in January 2022 (1) encouraging collaboration to inform residency and fellowship program directors and training programs in the United States that graduates of medical schools in Puerto Rico that are accredited by the LCME and MSCHE are U.S. medical school graduates, and (2) supporting policies that ensure equity and parity in the undergraduate and graduate educational and professional opportunities available to medical students and graduates from all LCME- and Commission on Osteopathic College Accreditation (COCA)-accredited medical schools. Further, AMA engaged MSCHE to explore opportunities for collaboration which are currently being vetted by MCSHE leadership.

<b>Report/Resolution</b>	<b>Title</b>	<b>House Action</b>	<b>Status</b>
RES 309-N-21	Protecting Medical Student Access to Fertility Preservation	Alternate Resolution 309 Adopted in Lieu of Resolution 309.	Resolve: Letters were sent to the senior leaders of the American College of Obstetrics and Gynecology, Liaison Committee on Medical Education, Association of American Medical Colleges, Commission on Osteopathic College Accreditation and Accreditation Council for Graduate Medical Education in January 2022 communicating AMA policy which: <ul style="list-style-type: none"> <li>•supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.</li> <li>•supports the availability of abortion education and exposure to procedures for termination of pregnancy, including medication abortions, for medical students and resident/fellow physicians and opposes efforts to interfere with or restrict the availability of this education and training.</li> <li>•encourages the Accreditation Council for Graduate Medical Education to consistently enforce compliance with the standardization of abortion training opportunities as per the requirements set forth by the Review Committee for Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists' recommendations.</li> </ul>
RES 408-N-21	Addressing Gaps in Patient and Provider Knowledge to Increase HPV Vaccine Uptake and Prevent HPV-Associated Oropharyngeal Cancer	Adopted as Amended.	AMA policy database updated.
RES 410-N-21	Affirmatively Protecting the Safety and Dignity of Physicians and Medical Students as Workers	Adopted as Amended.	
RES 411-N-21	Addressing Public Health Disinformation	Alternate Resolution 411 Adopted in Lieu of Resolutions 411 and 412.	Board Report 15-A-22 on this subject appears in the Delegates Handbook for the 2022 Annual Meeting. (Reference Committee D)
RES 412-N-21	Health Professional Disinformation During a Public Health Crisis	Alternate Resolution 411 Adopted in Lieu of Resolutions 411 and 412.	See Resolution 411-N-21.
RES 414-N-21	Advocacy on the US Department of Education's Spring 2022 Title IX Rule on Sexual Harassment and Assault in Education Programs	Adopted as Amended.	Our AMA is planning to submit comments when the Department of Education releases its proposed Title IX Rule on Sexual Harassment and Assault in Education Programs, which is expected to be issued later in 2022.
RES 502-N-21	Advocating for Heat Exposure Protections for All Workers	Adopted as Amended with a change in the Title.	AMA policy database updated.
RES 505-N-21	Representaion of Dermatological Pathologies in Varying Skin Tones	Alternate Resolution 505 Adopted in Lieu of Resolution 505.	AMA policy database updated.

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RES 506-N-21	Enhancing Harm Reduction for People Who Use Drugs	Adopted as Amended.	
RES 601-N-21	Informal Inter-Member Mentoring	Adopted with a change in title.	A Board of Trustees Report on this subject will appear in the Delegates Handbook for the 2022 Interim Meeting.
RES 605-N-21	Formalization of the Resolution Committee as a Standing Committee of the American Medical Association House of Delegates	Referred.	A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2023 Annual Meeting.
RES 606-N-21	Increasing the Effectiveness of Online Reference Committee Testimony	Adopted as Amended.	
RES 614-N-21	Insurance Industry Behaviors	Adopted as Amended.	
RES 615-N-21	Employed Physicians	Referred.	A Board of Trustees Report on this subject will appear in the Delegates Handbook for the 2022 Interim Meeting.
RES 701-N-21	Coverage for Pregnancy-Associated Healthcare for 12 Months Postpartum for Uninsured Patients who are Ineligible for Medicaid	Adopted as Amended.	AMA policy database updated.
Speakers Report 01-N-21	Report of the Election Task Force	Recommendations in Speakers Report 01-N-21, Adopted as Amended, Remainder of Report Filed.	

Report/Resolution	Title	House Action	Status
Speakers Report 02-N-21	Establishing an Election Committee	Referred for Decision.	<p>Speakers' Report 2 from November proposed a process by which the <b>Speakers and Election Committee (EC) would handle allegations of rules violations. The report in general received positive comments, but during the HOD deliberations questions about the role of the Speaker in adjudicating these allegations led to the matter being referred for decision.</b></p> <p><b>The Board of Trustess considered a report from management and VOTED to adopt the following:</b></p> <p>1. That Paragraph 5 of Policy D-610.998, "Directives from the Election Task Force," be amended by addition to read as follows:</p> <p><b>5. In accordance with Bylaw 2.13.7, the Speaker shall appoint an Election Committee of 7 individuals for 1-year terms (maximum tenure of 4 consecutive terms and a lifetime maximum tenure of 8 terms) to report to the Speaker. These individuals would agree not to be directly involved in a campaign during their tenure and would be appointed from various regions, specialties, sections, and interest groups. The primary role of the committee would be to work with the Speakers to adjudicate any election complaint. Additional roles to be determined by the Speaker and could include monitoring election reforms, considering future campaign modifications and responding to requests from the Speaker for input on election issues that arise. The Speaker and Vice Speaker shall be full members of the Election Committee.</b></p> <p><b>2. A Campaign Complaint Reporting, Validation and Resolution Process shall be established as follows:</b></p> <p><b>Campaign violation complaints should be directed to the Speaker, the Vice Speaker, or the AMA General Counsel and should include the following details:</b></p> <ul style="list-style-type: none"> <li>•The name of the person(s) thought to have violated the rules</li> <li>•The date of the alleged violation and the location if relevant</li> <li>•The specific violation being alleged (i.e., the way the rules were violated)</li> <li>•The materials, if any, that violate the rules; original materials are preferred over copies. Where necessary, arrangements for collection of these materials will be made.</li> </ul> <p><b>3. Campaign violation complaints will be investigated by the Election Committee or a subcommittee thereof.</b></p> <p><b>a. The Committee will collectively determine whether a campaign violation has occurred.</b></p> <p><b>b. For validated complaints, the Committee will determine appropriate</b></p>



penalties, which may include an announcement of the violation by the Speaker to the House.

c. Committee members with a conflict of interest may participate in discussions but must recuse themselves from decisions regarding the merits of the complaint or penalties.

d. Deliberations of the Election Committee shall be confidential.

e. The Speaker shall include a summary of the Election Committee's activities in "Official Candidate Notifications" sent to the House.

Details may be provided at the discretion of the Election Committee and must be provided when the penalty includes an announcement about the violator to the House.

4. A record of all complaints and the results of the validation and the resolution processes, including penalties, shall be maintained by the AMA Office of General Counsel and kept confidential.

5. The Election Committee will review the Campaign Complaint Reporting, Validation and Resolution Process as implemented and make further recommendations to the House as necessary.