

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2017 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-17)

Report of Reference Committee on Amendments to Constitution and Bylaws

Michael B. Hoover, MD, Chair

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

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Board of Trustees Report 2 – New Specialty Organizations Representation in the House
6 of Delegates
7 2. Board of Trustees Report 15 – No Compromise on Anti-Female Genital Mutilation Policy
8 3. Council on Constitution and Bylaws Report 2 – Specialty Society Allocation for House of
9 Delegates Representation
10 4. Council on Ethical and Judicial Affairs Report 1 – Amendment to E-2.3.2,
11 “Professionalism in Social Media”
12 5. Council on Ethical and Judicial Affairs Report 4 – CEJA’s Sunset Review of 2007 House
13 Policies
14 6. Council on Long Range Planning and Development Report 1 – Delegate Allocation for
15 Specialty Societies
16 7. Resolution 006 – Increasing Access to Healthcare Insurance for Refugee Populations
17 8. Resolution 009 – Commercial Exploitation and Human Trafficking of Minors
18 9. Resolution 010 – Access to Basic Human Services for Transgender Individuals
19 10. Resolution 013 – Gender Identity Inclusion and Accountability in REMS
20 11. Resolution 016 – Consideration of the Health and Welfare of U.S. Minor Children in
21 Deportation Proceedings Against their Undocumented Parents
22 12. Resolution 018 – Patient and Physician Rights Regarding Immigration Status

23
24 **RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

- 25
26 13. Resolution 019 – Who Owns Our Patient’s Data?

27
28 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 29
30 14. Board of Trustees Report 19 – CEJA and House of Delegates Collaboration
31 15. Board of Trustees Report 25 – Specialty Society Representation in the House of
32 Delegates – Five-Year Review
33 16. Council on Constitution and Bylaws Report 1 – Updated Bylaws – Emergency Business
34 17. Resolution 001 – Participation of Physicians on Healthcare Organization Boards
35 18. Resolution 002 – Care of Women and Children in Family Immigration Detention
36 19. Resolution 003 – Medical Spectrum of Gender

1 20. Resolution 012 – Promoting the AMA Model Medical Staff Code of Conduct and its
2 Application to Employed Physicians

3 21. Resolution 017 – Improving Medical Care in Immigrant Detention Centers
4

5 **RECOMMENDED FOR REFERRAL**
6

7 22. Council on Ethical and Judicial Affairs Report 2 – Competence, Self-Assessment and
8 Self-Awareness

9 23. Council on Ethical and Judicial Affairs Report 3 – Ethical Physician Conduct in the Media

10 24. Resolution 007 – Healthcare as a Human Right

11 25. Resolution 014 – The Need to Distinguish Between Physician Assisted Suicide and Aid
12 in Dying

13 26. Resolution 015 – Appropriate Placement of Transgender Prisoners

14 27. Resolution 020 – Recognition of Physician Orders for Life Sustaining Treatment
15 (POLST) Forms
16

17 **RECOMMENDED FOR NOT ADOPTION**
18

19 28. Resolution 011 – Revision of Researcher Certification and Institutional Review Board
20 Protocols
21

22 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**
23

24 29. Resolution 008 – Promoting the Use of Appropriate LGBTQIA Language in Medical
25 Documentation
26

27 **RECOMMENDED FOR FILING**
28

29 30. Council on Ethical and Judicial Affairs Opinion 1 – Collaborative Care

Note: Existing policy was reaffirmed in lieu of the following resolutions via the Reaffirmation
Consent Calendar: Resolution 005

1 (1) BOARD OF TRUSTEES REPORT 2 - NEW SPECIALTY
2 ORGANIZATIONS REPRESENTATION IN THE HOUSE OF
3 DELEGATES
4

5 RECOMMENDATION:
6

7 Madam Speaker, your Reference Committee recommends
8 that the recommendations in Board of Trustees Report 2
9 be adopted and the remainder of the report be filed.

10
11 **HOD ACTION: Board of Trustees Report 2 be adopted and the**
12 **remainder of the report be filed.**
13

14 Board of Trustees Report 2 recommends that our AMA grant representation in the House of
15 Delegates to the American Society of Hematology, the American Society of Transplant
16 Surgeons, and the International Society of Hair Restoration Surgery. The report outlines
17 guidelines for representation in the House of Delegates pertaining to National Specialty
18 Societies, which includes a description of responsibilities for these organizations, and finds the
19 aforementioned groups have met these criteria.
20

21 Limited testimony was offered following the introduction of this report. However, all of those who
22 spoke did so in support of adoption. Therefore, your Reference Committee recommends that
23 Board of Trustees Report 2 be adopted.
24

25
26 (2) BOARD OF TRUSTEES REPORT 15 - NO COMPROMISE ON
27 ANTI-FEMALE GENITAL MUTILATION POLICY
28

29 RECOMMENDATION:
30

31 Madam Speaker, your Reference Committee recommends
32 that the recommendations in Board of Trustees Report 15
33 be adopted and the remainder of the report be filed.
34

35 **HOD ACTION: Board of Trustees Report 15 be adopted and the**
36 **remainder of the report be filed.**
37

38 Board of Trustees Report 15 recommends that the AMA conform its “Expansion of AMA Policy
39 on Female Genital Mutilation,” including a “nicking” procedure. The report gives a background of
40 a previous resolution for a no-compromise policy, which raised concerns over labiaplasty,
41 gender reassignment surgery, and the respect for strongly held cultural beliefs. The report ends
42 by listing some strategies for addressing Female Genital Mutilation and ultimately reaffirms the
43 position as laid out in Policy H-525.980 (“Expansion of AMA Policy on Female Genital
44 Mutilation.”)
45

46 Testimony was unanimously in favor of the adoption of this report. The author of the resolution
47 generating the report noted that it captured the spirit and intent of opposing the controversial
48 subject of female genital mutilation. All agreed with this sentiment. Your Committee
49 recommends that Board of Trustees Report 15 be adopted.

1 (3) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 2 -
2 SPECIALTY SOCIETY ALLOCATION FOR HOUSE OF
3 DELEGATES REPRESENTATION
4

5 RECOMMENDATION:
6

7 Madam Speaker, your Reference Committee recommends
8 that the recommendations in Council on Constitution and Bylaws
9 Report 2 be adopted and the remainder of the report be filed.

10
11 **HOD ACTION: Council on Constitution and Bylaws Report 2**
12 **be adopted and the remainder of the report be filed.**
13

14 Council on Constitution and Bylaws Report 2 recommends that a variety of amendments to the
15 AMA Bylaws be adopted in relation to delegate representation for specialty societies. The report
16 proposes apportionment of one AMA delegate for each one thousand specialty society
17 members who are also AMA members, and adjusting the total number of delegates apportioned
18 to national medical specialty societies to be equal to the total number of delegates apportioned
19 to constituent societies.
20

21 There was considerable testimony about how the recommendations in the report would function,
22 with some confusion as to how AMA members in specialty societies will be counted and how
23 representation in the House of Delegates is to be determined. Some speakers noted that the
24 report would result in parity within the House. In addition, some testimony focused on Bylaw
25 2.2.2 and the problems unified membership may create for parity. Although the Reference
26 Committee is receptive to the concerns regarding Bylaw 2.2.2, it believes amendment or
27 deletion of Bylaw 2.2.2 are beyond the scope of this report and could be more effectively
28 accomplished through the resolution process. Therefore, your Reference Committee
29 recommends that Council on Constitution and Bylaws Report 2 be adopted.
30
31

32 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 1 -
33 AMENDMENT TO E-2.3.2, "PROFESSIONALISM IN SOCIAL
34 MEDIA"
35

36 RECOMMENDATION:
37

38 Madam Speaker, your Reference Committee recommends
39 that the recommendations in Council on Ethical and Judicial
40 Affairs Report 1 be adopted and the remainder of the report
41 be filed.
42

43 **HOD ACTION: Council on Ethical and Judicial Affairs Report 1**
44 **be adopted and the remainder of the report be filed.**
45

46 Council on Ethical and Judicial Affairs Report 1 recommends that E-2.3.2 "Professionalism in
47 The Use of Social Media" be amended. Since the opinion's writing in 2010, other uses of social
48 media have appeared and there is now potential for improving patient education and supporting
49 professional advocacy with ethically appropriate social media use. The report outlines a
50 guideline for physicians maintaining an online presence.

1 The testimony on this report was mixed. Those speaking in favor of the amendment proffered in
2 the report stated that it adequately addresses an ongoing problem of inappropriate social media
3 use, particularly in plastic surgery. Some, however, took issue with terminology in the existing
4 opinion. Because the words deemed ambiguous by some were not a part of the amended
5 language presented in the report, and because the amended language presented as business
6 was universally supported, your Reference Committee recommends that Council on Ethical and
7 Judicial Affairs Report 1 be adopted.

8
9 (5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 4 -
10 CEJA'S SUNSET REVIEW OF 2007 HOUSE POLICIES

11
12 RECOMMENDATION:

13
14 Madam Speaker, your Reference Committee recommends that
15 the recommendation in Council on Ethical and Judicial Affairs
16 Report 4 be adopted as amended by CEJA to read as follows:

17
18 The Council on Ethical and Judicial Affairs recommends that the
19 House of Delegates policies that are listed in the Appendix to this
20 report be acted upon in the manner indicated, with the exception
21 of Policy D-250.990, which should be retained, and the remainder
22 of this report be filed.

23
24 **HOD ACTION: Council on Ethical and Judicial Affairs Report 4**
25 **be adopted as amended by CEJA and the remainder of the report**
26 **be filed.**

27
28 Council on Ethical and Judicial Affairs Report 4 presents the annual sunset report of House
29 policies. This report reviewed House polices from 2007. This report recommends that the House
30 of Delegates policies that are listed in the Appendix to this report be sunset.

31
32 Testimony was heard regarding the importance of specifically supporting Israel's membership in
33 the World Medical Association. No other testimony was heard, and your Reference Committee
34 agrees that Israel is a valued member of the World Medical Association. The Council on Ethical
35 and Judicial Affairs concurred with this change. Your Reference Committee recommends that
36 CEJA Report 4 be adopted with this one policy retained.

37
38
39 (6) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT
40 REPORT 1 - DELEGATE ALLOCATION FOR SPECIALTY
41 SOCIETIES

42
43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that Council on Long Range Planning and Development Report 1
47 be adopted and the remainder of the report be filed.

48
49 **HOD ACTION: Council on Long Range Planning and Development**
50 **Report 1 be adopted and the remainder of the report be filed.**

1 Council on Long Range Planning and Development Report 1 recommends that Policy G-
2 600.027, "Designation of Specialty Societies for Representation in the House of Delegates" be
3 amended. If adopted, the current specialty society delegation allocation system will be
4 discontinued and the specialty delegate allocation in the House of Delegates will be determined
5 based on the guidelines presented in the report.

6 Testimony about this report was limited, with most of the discussion focused on offering
7 clarification about when membership numbers are counted and finalized for representation
8 within the House of Delegates by AMA membership staff. A member of the Council on Long
9 Range Planning and Development clarified that the report does not change that process. Your
10 Reference Committee recommends that Council on Long Range Planning and Development
11 Report 1 be adopted.

12
13
14 (7) RESOLUTION 006 - INCREASING ACCESS TO HEALTHCARE
15 INSURANCE FOR REFUGEE POPULATIONS

16
17 RECOMMENDATION:

18
19 Madam Speaker, your Reference Committee recommends that
20 Resolution 006 be adopted.

21
22 **HOD ACTION: Resolution 006 be adopted.**

23
24 Resolution 006 addresses the need for greater availability and access to health care insurance
25 within the refugee populations, as these groups are typically at a higher risk for chronic and
26 psychiatric conditions. Further, these populations are more likely to have other barriers to
27 accessing health care including, but not limited to, linguistic and cultural challenges and
28 unfamiliarity with health programs and the application process. This resolution asks that our
29 AMA support a variety of programs that help promote education about available low-cost health-
30 care plans and to remove existing language barriers in order to minimize gaps in health-care for
31 the refugee population.

32
33 Testimony for Resolution 006 was mixed. While some discussed at length the health care
34 challenges faced by refugee populations, others raised concerns about the unforeseen burdens
35 that may be placed on rural communities where health care infrastructure may be precarious.
36 However, your Reference Committee believes that the resolution as worded only asks that our
37 AMA support existing programs and thus does not place an additional burden on any particular
38 community. Thus, your Reference Committee recommends that Resolution 006 be adopted.

39
40
41 (8) RESOLUTION 009 - COMMERCIAL EXPLOITATION AND
42 HUMAN TRAFFICKING OF MINORS

43
44 RECOMMENDATION:

45
46 Madam Speaker, your Reference Committee recommends that
47 Resolution 009 be adopted.

48
49 **HOD ACTION: Resolution 009 be adopted.**

50
51 Resolution 009 examines commercial sexual exploitation and sex trafficking of minors,
52 recognizing the role that physicians can play in mitigating this issue. The resolution requests

1 that our AMA advocate for the development of laws and policies that utilize a public health
2 framework to address the commercial sexual exploitation and sex trafficking of minors by
3 promoting care and services for victims instead of arrest and prosecution.
4

5 Testimony was in unanimous support of the resolution. Some spoke of their professional
6 experience in working with survivors of human trafficking, and relayed the trauma experienced
7 by these survivors. Others discussed the need to address human trafficking as an important
8 goal of public health. Your Reference Committee recommends that Resolution 009 be adopted.
9

10 (9) RESOLUTION 010 - ACCESS TO BASIC HUMAN SERVICES
11 FOR TRANSGENDER INDIVIDUALS
12

13 RECOMMENDATION:
14

15
16 Madam Speaker, your Reference Committee recommends that
17 Resolution 010 be adopted.
18

19 **HOD ACTION: Resolution 010 be adopted.**
20

21 Resolution 010 asks that our AMA oppose policies preventing transgender individuals from
22 accessing basic human services and public facilities in line with one's gender identity, including,
23 but not limited to, the use of restrooms. In addition, the resolution requests that the AMA
24 advocate for the creation of policies that promote social equality and safe access to basic
25 human services and public facilities for transgender individuals according to one's gender
26 identity.
27

28 Testimony on this resolution was limited but unanimous in support of adoption. Those speaking
29 in favor of the resolution noted the tremendous levels of discrimination faced by the transgender
30 community, and that concerted efforts must be launched to protect this population's access to
31 basic human services such as housing, employment, and public restroom access. Your
32 Reference Committee recommends that Resolution 010 be adopted.
33

34
35 (10) RESOLUTION 013 - GENDER IDENTITY INCLUSION AND
36 ACCOUNTABILITY IN REMS
37

38 RECOMMENDATION:
39

40 Madam Speaker, your Reference Committee recommends that
41 Resolution 013 be adopted.
42

43 **HOD ACTION: Resolution 013 be adopted.**
44

45 Resolution 013 addresses the categorization of participants in Risk Evaluation and Mitigation
46 Strategies (REMS) programs, which are designed to prevent fetal exposure to highly teratogenic
47 drugs. Currently, the categorization model effectively prohibits some transgendered individuals
48 from registering in REMS programs by linking the labels of female and child-bearing potential,
49 as individuals who identify as male but retain child-bearing potential are unable to participate in
50 such programs. The lack of gender-neutral categorization in programs where only child-bearing
51 potential matters in a clinical sense creates a barrier to care and promotes cultural insensitivity.
52 The resolution asks that our AMA work with the United States Food and Drug Administration to

1 develop a gender-neutral patient categorization model in Risk Evaluation and Mitigation
2 Strategies programs, focusing exclusively on child-bearing potential rather than gender identity.

3
4 Testimony in support of this resolution was unanimous. Testimony focused on the point of
5 determining the reproductive potential of patients in REMS regardless of their gender identity.
6 Testimony explained that the resolution supported the activities that will help in achieving this
7 goal. Further, focusing only on child-bearing potential (while eliminating gender categorization)
8 reduces administrative burdens. Your Reference Committee recommends that Resolution 013
9 be adopted.

10
11
12 (11) RESOLUTION 016 - CONSIDERATION OF THE HEALTH AND
13 WELFARE OF U.S. MINOR CHILDREN IN DEPORTATION
14 PROCEEDINGS AGAINST THEIR UNDOCUMENTED PARENTS

15
16 RECOMMENDATION:

17
18 Madam Speaker, your Reference Committee recommends that
19 Resolution 016 be adopted.

20
21 **HOD ACTION: Resolution 016 be adopted.**

22
23 Resolution 016 asks our AMA to support the mental and physical health and welfare of U.S.
24 minor children in deportation proceedings against their undocumented parents, recognizing the
25 negative effects that the risk of deportation and detention of parents has on their citizen
26 children. The resolution also requests that our AMA work with state and local medical societies
27 in providing care for this population.

28
29 The support for Resolution 016 was strong. As with other resolutions that tapped into the
30 personal experiences of physicians working with immigrant patients, this resolution prompted
31 moving accounts of children whose parents have been removed from the country because of
32 their immigration status. Your Reference Committee recommends that Resolution 016 be
33 adopted.

34
35
36 (12) RESOLUTION 018 - PATIENT AND PHYSICIAN RIGHTS
37 REGARDING IMMIGRATION STATUS

38
39 RECOMMENDATION:

40
41 Madam Speaker, your Reference Committee recommends that
42 Resolution 018 be adopted.

43
44 **HOD ACTION: Resolution 018 be adopted.**

45
46 Resolution 018 asks that our AMA support protections that prohibit U.S. Immigration and
47 Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies
48 from utilizing information from medical records to pursue immigration enforcement actions
49 against patients who are undocumented.

50

1 Testimony for this resolution was unanimous in its support. Several speakers offered personal
2 accounts of the continuing challenges immigration enforcement actions pose for physicians and
3 their patients, and called for continued opposition to any practices that could place the safety
4 and well-being of immigrant patients in jeopardy. Your Reference Committee recommends that
5 Resolution 018 be adopted.
6
7

8 (13) RESOLUTION 019 - WHO OWNS OUR PATIENTS' DATA?
9

10 RECOMMENDATION A:
11

12 Madam Speaker, your Reference Committee recommends that
13 Resolution 019 be adopted.
14

15 RECOMMENDATION B:
16

17 Madam Speaker, your Reference Committee recommends that
18 the title be changed to read as follows:
19

20 OWNERSHIP OF PATIENT DATA
21

22 **HOD ACTION: Resolution 019 be adopted and title be changed.**
23

24 Resolution 019 asks our AMA undertake a study of the use and misuse of patient information by
25 hospitals, corporations, insurance companies, or big pharma, including the impact on patient
26 safety, quality of care and access to care when a patient's data is withheld from his or her
27 physician. The resolution asks for report back at the 2018 Annual Meeting.
28

29 The testimony on this resolution was unanimously in favor of adoption. Those who spoke
30 discussed the many challenges posed to accessing patient data and medical records by
31 physicians, and agreed that a study is needed to better identify these obstacles and begin
32 exploring solutions to the use and misuse of patient information. Your Reference Committee
33 recommends that Resolution 019 be adopted with a change in title.
34
35

36 (14) BOARD OF TRUSTEES REPORT 19 - CEJA AND HOUSE OF
37 DELEGATES COLLABORATION
38

39 RECOMMENDATION A:
40

41 Madam Speaker, your Reference Committee recommends
42 that Recommendation 2 in Board of Trustees Report 19
43 be amended by substitution to read as follows:
44

45 2. That, consistent with Bylaw 2.13.1.1, the Speakers consider
46 convening additional sessions of the Reference Committee on
47 Amendments to Constitution and Bylaws when appropriate and
48 feasible to accommodate CEJA business. (New HOD Policy)
49

1 RECOMMENDATION B:

2
3 Madam Speaker, your Reference Committee recommends
4 that the recommendations in Board of Trustees Report 19
5 be adopted as amended.

6
7 **HOD ACTION: Board of Trustees Report 19 be adopted as**
8 **amended.**

9
10 Board of Trustees Report 19 recommends that the Council on Ethical and Judicial Affairs is
11 supported in carrying forward proposals to increase transparency and opportunity for input. It is
12 also recommended that Speakers are encouraged to convene a separate reference committee
13 for recommendations of the Council on Ethical and Judicial Affairs when appropriate, and
14 formalizing the candidate nomination process prior to the House confirming the candidate. The
15 report details the review of the *Code of Medical Ethics* and CEJA's collaboration with the House
16 of Delegates concerning the *Code of Medical Ethics*, including issues concerning oversight and
17 independence of Ethics from the political climate.

18
19 The Council on Constitution and Bylaws testified that existing Recommendation 2 conflicts with
20 Bylaw 2.13.1.1 which provides that all matters pertaining to the Principles of Medical Ethics be
21 referred to the Reference Committee on Amendments to Constitution and Bylaws. Furthermore,
22 another Bylaw (2.13.1.2, Additional Reference Committees) speaks to the need to refer all
23 business on a particular subject to the same reference committee. To avoid the need for a
24 bylaw change, the Council proposed substitute language to accommodate a large volume of
25 CEJA business but obviate the need for an additional reference committee that would require
26 additional reference committee members and staff. Your Reference Committee agrees with this
27 change and heard no testimony to the contrary, and thus recommends that the
28 recommendations of Board of Trustees Report 19 be adopted as amended.

29
30
31 (15) BOARD OF TRUSTEES REPORT 25 – SPECIALTY SOCIETY
32 REPRESENTATION IN THE HOUSE OF DELEGATES – FIVE-
33 YEAR REVIEW

34
35 RECOMMENDATION A:

36
37 Madam Speaker, your Reference Committee recommends
38 that Recommendation 1 in Board of Trustees Report 25
39 be amended by addition to read as follows:

- 40
41 ~~1. That the American Association of Hip and Knee Surgeons,~~
42 ~~American Society for Reproductive Medicine, American Society of~~
43 ~~Neuroimaging, American Thoracic Society, College of American~~
44 ~~Pathologists, Congress of Neurological Surgeons, Contact Lens~~
45 ~~Association of Ophthalmologists, Inc., International College of~~
46 ~~Surgeons – US Section, Society for Cardiovascular Angiography~~
47 ~~and Interventions, Society for Investigative Dermatology, Inc.,~~
48 ~~Society of Interventional Radiology, and United States and~~
49 ~~Canadian Academy of Pathology retain representation in the~~
50 ~~American Medical Association House of Delegates. (Directive to~~
51 ~~Take Action)~~
52

- 1 **1. That the American Society for Reproductive Medicine,**
2 **American Thoracic Society, College of American**
3 **Pathologists, Congress of Neurological Surgeons, Contact**
4 **Lens Association of Ophthalmologists, Inc., International**
5 **College of Surgeons – US Section, Society for Cardiovascular**
6 **Angiography and Interventions, Society for Investigative**
7 **Dermatology, Inc., Society of Interventional Radiology, and**
8 **United States and Canadian Academy of Pathology retain**
9 **representation in the American Medical Association House of**
10 **Delegates. (Directive to Take Action)**

11
12 RECOMMENDATION B:

13
14 Madam Speaker, your Reference Committee recommends that
15 Recommendation 3 of Board of Trustees Report 25 be amended
16 by deletion to read as follows:

- 17
18 ~~2. Having failed to meet the requirements for continued~~
19 ~~representation in the AMA House of Delegates as set forth in AMA~~
20 ~~Bylaw B-8.5 after a year's grace period to increase membership,~~
21 ~~the American Association of Hip and Knee Surgeons and~~
22 ~~American Society of Neuroimaging not retain representation in the~~
23 ~~House of Delegates. (Directive to Take Action)~~

- 24
25 **2. Having failed to meet the requirements for continued**
26 **representation in the AMA House of Delegates as set forth in**
27 **AMA Bylaw B-8.5 after a year's grace period to increase**
28 **membership, the American Association of Hip and Knee**
29 **Surgeons and American Society of Neuroimaging ~~not retain~~**
30 **representation in the House of Delegates be allowed only one**
31 **additional year to meet these requirements. (Directive to Take**
32 **Action)**

33
34 RECOMMENDATION C:

35
36 Madam Speaker, your Reference Committee recommends that
37 the recommendations in Board of Trustees Report 25 be adopted
38 as amended and the remainder of the report be filed.

39
40 **HOD ACTION: Board of Trustees Report 25 be adopted as**
41 **amended and the remainder of the report be filed.**

42
43 Board of Trustees Report 25 recommends that the American Society for Reproductive Medicine,
44 American Thoracic Society, College of American Pathologists, Congress of Neurological
45 Surgeons, Contact Lens Association of Ophthalmologists, Inc., International College of
46 Surgeons – US Section, Society for Cardiovascular Angiography and Interventions, Society for
47 Investigative Dermatology, Inc., Society of Interventional Radiology, and United States and
48 Canadian Academy of Pathology retain representation in the AMA House of Delegates. It also
49 recommends that since the Academy of Physicians in Clinical Research and the American
50 Society of General Surgeons failed to meet the requirements for continued representation in the
51 AMA HOD, they be placed on probation and be given one year to increase their AMA
52 membership. Finally, the report recommends that since the American Association of Hip and

1 Knee Surgeons and American Society of Neuroimaging failed to meet the requirements for
2 continued representation after a year's grace period to increase membership, that they not
3 retain representation in the House of Delegates.
4

5 Testimony supported maintaining the inclusion of the American Society of Neuroimaging and
6 the American Association of Hip and Knee Surgeons in the House of Delegates. Testimony
7 regarding both groups lauded their growth in membership and their participation within the AMA,
8 and held that the loss of these societies would be detrimental to the AMA. Both societies
9 presented materials to the Reference Committee outlining their considerable efforts to increase
10 membership. Therefore, your Reference Committee recommends that the American Society of
11 Neuroimaging and the American Association of Hip and Knee Surgeons retain representation in
12 the American Medical Association House of Delegates, and that Board of Trustees Report 25 be
13 adopted as amended.
14

15
16 (16) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1 -
17 UPDATED BYLAWS - EMERGENCY BUSINESS
18

19 RECOMMENDATION A:
20

21 Madam Speaker, your Reference Committee recommends
22 that the Recommendation 1 in Council on Constitution and Bylaws
23 Report 1 be amended by addition and deletion to read as follows:
24

25 1. That the following amendments to the AMA Bylaws be adopted:
26

27 1.11.3.1.4 Emergency Resolutions. Resolutions of an
28 emergency nature may be presented by a delegate
29 any time after the opening session of the House of
30 Delegates is recessed. Emergency resolutions will
31 be accepted as business only upon a three-fourths
32 vote of delegates present and voting, and if
33 accepted shall be presented to the House of
34 Delegates without consideration by a reference
35 committee. A two-thirds simple majority vote of the
36 delegates present and voting shall be required for
37 adoption.
38

39 RECOMMENDATION B:
40

41 Madam Speaker, your Reference Committee recommends
42 that the recommendations in Council on Constitution and Bylaws
43 Report 1 be adopted as amended and the remainder of the report
44 be filed.
45

46 **HOD ACTION: Council on Constitution and Bylaws Report 1**
47 **be adopted as amended and the remainder of the report be filed.**
48

49 Council on Constitution and Bylaws Report 1 recommends that several amendments to the
50 AMA Bylaws be adopted. These include restricting the regular business hours to no later than
51 the House of Delegates' opening session, implementing a requirement for a two-thirds vote of

1 delegates present as required for adoption of emergency resolutions and clarifying that
2 “emergency business” are items of business presented after the recess of opening session.
3 While testimony largely spoke in favor of the report as a whole, considerable disagreement
4 arose over the thresholds for the acceptance and adoption of emergency items of business
5 within the House of Delegates. In particular, testimony focused on the voting threshold for the
6 adoption of emergency resolutions. Many desired establishing a high bar for the acceptance of
7 emergency items as business, but noted that an additional high bar for adoption would be
8 unwarranted. While maintaining a three-fourths vote of present and voting delegates for the
9 acceptance of emergency resolutions as business of the House is suitable, your Reference
10 Committee believes that emergency resolutions should be adopted by a simple majority vote.
11 Based on the testimony heard, your Reference Committee recommends that Council on
12 Constitution and Bylaws Report 1 be adopted as amended.

13
14
15 (17) RESOLUTION 001 - PARTICIPATION OF PHYSICIANS ON
16 HEALTHCARE ORGANIZATION BOARDS

17
18 RECOMMENDATION A:

19
20 Madam Speaker, your Reference Committee recommends that
21 the first resolve of Resolution 001 be amended by deletion to read
22 as follows:

23
24 RESOLVED, That our American Medical Association advocate for
25 and promote the membership of ~~actively practicing~~ physicians on
26 the boards of healthcare organizations including, but not limited to,
27 acute care providers; insurance entities; medical device
28 manufacturers; and health technology service organizations (New
29 HOD Policy); and be it further

30
31 RECOMMENDATION B:

32
33 Madam Speaker, your Reference Committee recommends that
34 the third resolve of Resolution 001 be amended by addition and
35 deletion to read as follows:

36
37 ~~RESOLVED, That our AMA provide existing healthcare~~
38 ~~boards with resources that increase their awareness of the~~
39 ~~value of physician participation in governance matters.~~
40 ~~(Directive to Take Action)~~

41
42 RESOLVED, That our AMA provide physicians, the public, and
43 health care organizations information on the positive impact of
44 physician leadership. (Directive to Take Action)

45
46 RECOMMENDATION C:

47
48 Madam Speaker, your Reference Committee recommends that
49 Resolution 001 be adopted as amended.

50
51
52 **HOD ACTION: Resolution 001 be adopted as amended.**

1 Resolution 001 addresses involvement and participation of physicians on healthcare
2 organization boards, recognizing that involvement in these organizations can improve the
3 quality of physician-hospital relationships and ultimately physician-patient relationships. The
4 resolution requests that our AMA promote the membership of actively participating physicians
5 on healthcare organization boards, and promote educational programs that allow physicians to
6 effectively serve on health organization boards. The resolution also asks that our AMA allow
7 existing healthcare boards to increase their awareness of physician participation by providing
8 resources that would allow them to do so.

9
10 The testimony on this resolution was unanimous in its support. Two recommendations for
11 amending the resolves were proffered. First, that “actively practicing” be stricken from the first
12 Resolve in order to encompass a larger population of physicians. Second, that the third Resolve
13 be revised to promote in a clearer way the positive impact of physician leadership on healthcare
14 organization boards. Therefore, your Reference Committee recommends that Resolution 001 be
15 adopted as amended.

16
17
18 (18) RESOLUTION 002 - CARE OF WOMEN AND CHILDREN IN
19 FAMILY IMMIGRATION DETENTION

20
21 RECOMMENDATION A:

22
23 Madam Speaker, your Reference Committee recommends that
24 Resolution 002 be amended by addition and deletion to read as
25 follows:

26
27 RESOLVED, That our American Medical Association recognize
28 the negative health consequences of ~~oppose~~ the detention of
29 families seeking safe haven (New HOD Policy); and be it further

30
31 RESOLVED, That due to the negative health consequences of
32 detention, our AMA oppose the expansion of family immigration
33 detention in the United States (New HOD Policy); and be it further

34
35 RESOLVED, That our AMA oppose the separation of parents from
36 their children who are detained while seeking safe haven (New
37 HOD Policy); and be it further

38
39 RESOLVED, That our AMA advocate for access
40 to ~~comprehensive~~ health care for women and children in
41 immigration detention. (New HOD Policy)

42
43 RECOMMENDATION B:

44
45 Madam Speaker, your Reference Committee recommends that
46 Resolution 002 be adopted as amended.

47
48 **HOD ACTION: Resolution 002 be adopted as amended.**

49
50 Resolution 002 examines the lack of healthcare access for women and children in family
51 immigration detention centers in the United States and the psychological impacts of separating
52 parent and child during detention. The resolution asks that our AMA oppose the detention of

1 families seeking safe haven, the further expansion and development of these centers, and the
2 separation of parents and children who are seeking safe haven. Further, the resolution asks that
3 our AMA advocate for comprehensive health care access for women and children in immigration
4 detention.

5
6 The testimony on Resolution 002 was passionately divided. While several speakers argued that
7 the resolution be supported as written, others found the first two resolves of the resolution to be
8 overtly political and outside the scope of the AMA's purview. Additional changes to the existing
9 resolves suggested "comprehensive" be stricken from the fourth Resolve and that "women and
10 children" be changed to "individuals" in that same resolve. Arguing against any changes to the
11 resolution's language, supporters of the resolution spoke about the unique health needs of this
12 vulnerable population, and the importance of focusing on their treatment within detention
13 centers. The Reference Committee found each side of the debate to have valid points worth
14 incorporating into its recommendation for the final language of the resolution. Therefore, your
15 Reference Committee recommends that Resolution 002 be adopted as amended.

16
17
18 (19) RESOLUTION 003 - MEDICAL SPECTRUM OF GENDER

19
20 RECOMMENDATION A:

21
22 Madam Speaker, your Reference Committee recommends that
23 Resolution 003 be amended by addition and deletion to read as
24 follows:

25
26 RESOLVED, That our American Medical Association ~~partner~~ work
27 with appropriate medical organizations and community based
28 organizations to inform and educate the medical community and
29 the public on the medical spectrum of gender identity ~~as a~~
30 ~~complex interplay of gene expressions and biologic development.~~
31 (Directive to Take Action)

32
33 RECOMMENDATION B:

34
35 Madam Speaker, your Reference Committee recommends
36 that Resolution 003 be adopted as amended.

37
38 **HOD ACTION: Resolution 003 be adopted as amended.**

39
40 Resolution 003 explains that an individual's genotypic sex, phenotypic sex, sexual
41 orientation, gender and gender identity are not always aligned or indicative of the other.
42 Because the AMA has many policies supporting LGBT issues and recognizes the health
43 care disparities that this population faces, this resolution urges the AMA to help eliminate
44 these disparities by partnering with appropriate medical organizations and community
45 based organizations to inform and educate the medical community and the public on the
46 medical spectrum of gender identity as a complex interplay of gene expressions and
47 biologic development.

48
49 Testimony on this resolution was resoundingly in favor of adoption with amendments.
50 Those offering amendments suggested that "partner with" be changed to "work with,"
51 and that the language following "gender identity" be stricken entirely. Based on these

1 recommendations, your Reference Committee recommends that Resolution 003 be
2 adopted as amended.

3
4
5 (20) RESOLUTION 012 - PROMOTING THE AMA MODEL
6 MEDICAL STAFF CODE OF CONDUCT AND ITS
7 APPLICATION TO EMPLOYED PHYSICIANS

8
9 RECOMMENDATION A:

10
11 Madam Speaker, your Reference Committee recommends
12 that the second resolve of Resolution 012 be amended by
13 addition and deletion to read as follows:

14
15 ~~RESOLVED, That our AMA advocate that, as participating~~
16 ~~members of their medical staffs, "employed physicians" be~~
17 ~~afforded the same right of review as non-employed~~
18 ~~physicians as regards an accusation that their conduct has~~
19 ~~been characterized as "disruptive, intimidating or~~
20 ~~inappropriate. (New HOD Policy)~~

21
22 RESOLVED, That our AMA advocate for the separation
23 between the terms of employment contracts and medical
24 staff privileges. This separation includes an ongoing right
25 of review for all physicians regardless of employment
26 status with the organization. This right of review may
27 include a physician's good faith conduct that has been
28 characterized as "disruptive, intimidating, or inappropriate."
29 (New HOD Policy)

30
31 RECOMMENDATION B:

32
33 Madam Speaker, your Reference Committee recommends
34 that Resolution 012 be adopted as amended.

35
36 **HOD ACTION: Resolution 012 be adopted as amended.**

37
38 Resolution 012 requests that our AMA actively educate state and specialty medical
39 societies about the AMA Medical Staff Code of Conduct and promote its use. In addition,
40 the resolution requests that the AMA advocate for employed physicians to be afforded
41 the same right of review as non-employed physicians in accusations where conduct is
42 characterized as "disruptive, intimidating or inappropriate."

43
44 The resolution received unanimous support. Testimony focused on the distinction
45 between employed and non-employed physicians, and how the rights of both categories
46 of physicians should be treated equally with respect to medical staff privileges. The
47 Reference Committee heard lengthy testimony about the distinction between contract
48 rights and medical privilege credentialing, and how the credentialing of medical staff
49 should remain separate from the rights employed physicians obtain/lose through

1 employment contracts. Your Reference Committee recommends that Resolution 012 be
2 adopted as amended.
3

4
5 (21) RESOLUTION 017 - IMPROVING MEDICAL CARE IN
6 IMMIGRANT DETENTION CENTERS
7

8 RECOMMENDATION A:
9

10 Madam Speaker, your Reference Committee recommends
11 that Resolution 017 be amended by deletion to read as
12 follows:
13

14 RESOLVED, That our American Medical Association issue
15 a public statement urging U.S. Immigrations and Customs
16 Enforcement Office of Detention Oversight to 1) revise its
17 medical standards governing the conditions of confinement
18 at detention facilities to meet ~~or exceed~~ those set by the
19 National Commission on Correctional Health Care, 2) take
20 necessary steps to achieve full compliance with these
21 standards, and 3) ~~create a system to~~ track complaints
22 related to substandard healthcare quality. ~~filed by~~
23 ~~detainees~~ (Directive to Take Action); and be it further
24

25 RECOMMENDATION B:
26

27 Madam Speaker, your Reference Committee recommends
28 that Resolution 017 be amended by the addition of a third
29 Resolve to read as follows:
30

31 RESOLVED, That our AMA advocate for access to health
32 care for individuals in immigration detention. (New HOD
33 Policy)
34

35 RECOMMENDATION C:
36

37 Madam Speaker, your Reference Committee recommends
38 that Resolution 017 be adopted as amended.
39

40 **HOD ACTION: Resolution 017 be adopted as amended.**
41

42 Resolution 017 asks that our AMA examine the medical care in immigration detention
43 centers, recognizing that immigrant and refugee populations often have specialized
44 healthcare needs that are not met in these facilities. This resolution requests that our
45 AMA make a public statement that urges U.S. Immigration and customs to increase the
46 quality of healthcare provided to detainees. The resolution also asks that U.S. Customs
47 refrains from partnership with private organizations for immigration detention centers.
48

49 Testimony was unanimously in favor of this resolution. Several personal accounts of the
50 deplorable conditions found in immigrant detention centers highlighted the importance of

1 improving care in these facilities. The resolve clauses of the resolution were largely
2 supported, though some commented that the words “or exceeds” be removed from the
3 second Resolve. Based on the testimony heard, the Reference Committee also felt that
4 an additional resolve should be added to offer greater inclusivity over the populations
5 this and other resolutions address. Your Reference Committee recommends that
6 Resolution 017 be adopted as amended.

7
8
9 (22) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
10 REPORT 2 - COMPETENCE, SELF-ASSESSMENT AND
11 SELF-AWARENESS

12
13 RECOMMENDATION:

14
15 Madam Speaker, your Reference Committee recommends
16 that Council on Ethical and Judicial Affairs Report 2
17 be referred.

18
19 **HOD ACTION: Council on Ethical and Judicial Affairs**
20 **Report 2 be referred.**

21
22 Council on Ethical and Judicial Affairs Report 2 examines what the commitment to
23 competence means for an individual physician in day-to-day practice in order to develop
24 ethics guidance for physicians. The ethical responsibility of competence encompasses
25 more than medical knowledge and skill. Each phase of a medical career carries its own
26 implications of what physicians should know and be able to do to practice safely.
27 Physicians need to be able to recognize when they are and when they are not able to
28 provide appropriate care for their patients. Therefore, CEJA recommends that the ethical
29 responsibility of competence guidelines be adopted for physicians and physicians in
30 training.

31
32 Testimony on CEJA Report 2 predominately called for referral. The reasoning for referral
33 stemmed mostly from concerns about language within the report’s recommendations
34 that might have unforeseen legal consequences. The word “promises” was considered
35 too strong and may create legal obligations. The word “accountable” was deemed to be
36 unclear. Your Reference Committee recommends that Council on Ethical and Judicial
37 Affairs Report 2 be referred.

38
39
40 (23) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
41 REPORT 3 - ETHICAL PHYSICIAN CONDUCT IN THE
42 MEDIA

43
44 RECOMMENDATION:

45
46 Madam Speaker, your Reference Committee recommends
47 that Council on Ethical and Judicial Affairs Report 3
48 be referred.

1 **HOD ACTION: Council on Ethical and Judicial Affairs**
2 **Report 3 be referred.**
3

4 Council on Ethical and Judicial Affairs Report 3 addresses professional ethical
5 obligations of physicians in the media. In an increasing media marketplace, physicians
6 must carefully delineate who they are and how they want to be perceived. It is important
7 that the role of a physician be distinct from a journalist, commentator, or media
8 personality.

9
10 CEJA Report 3 received mixed testimony, largely favoring referral. Those in support of
11 the report praised its clarity on the topic of physicians in the media. Concerns about the
12 report remained, however. Some found recommendation (e) to be particularly onerous,
13 which would prevent physicians from speaking on any number of topics that may not be
14 their primary area of expertise but on which they may have applicable insight. Based on
15 the testimony heard, your Reference Committee recommends that Council on Ethical
16 and Judicial Affairs Report 3 be referred.

17
18
19 (24) RESOLUTION 007 - HEALTHCARE AS A HUMAN RIGHT

20
21 RECOMMENDATION:

22
23 Madam Speaker, your Reference Committee recommends
24 that Resolution 007 be referred.

25
26 **HOD ACTION: Resolution 007 be referred.**
27

28 Resolution 007 addresses the need for the universal right of basic standard of living
29 including a basic level of health care. In accordance with the World Health Organization,
30 the United Nations, and the World Medical Association, the resolution examines the
31 need of continued participation of these groups in order to further the development of
32 easily accessible health care. The resolution asks that our AMA recognize that a basic
33 level of health-care is an essential human right. Further, the resolution asks that our
34 AMA support the United Nations' Universal Declaration of Human Rights and its
35 encompassing International Bill of Rights. Finally, it asks that our AMA support the
36 United Nations' Universal Declaration of Human rights and advocate for the United
37 States to remain in the United Nations.

1 Testimony on this resolution was ideologically rich but robustly divided. The testimony
2 addressed constitutional rights, civil liberties, and the fundamental human rights
3 underpinning health care access. Although important points were made on a variety of
4 related issues, the Reference Committee feels that this is an important and complex
5 topic that requires careful thought and conversation beyond the confines of the hearing
6 and this meeting. Your Reference Committee looks forward to the ongoing conversation
7 initiated by this resolution, and recommends that Resolution 007 be referred.
8
9

10 (25) RESOLUTION 014 - THE NEED TO DISTINGUISH
11 BETWEEN PHYSICIAN ASSISTED SUICIDE AND AID IN
12 DYING

13
14 RECOMMENDATION:

15
16 Madam Speaker, your Reference Committee recommends
17 that Resolution 014 be referred.

18
19 **HOD ACTION: Resolution 014 be referred.**
20

21 Resolution 014 requests that our AMA when referring to what it currently defines as
22 '*Physician Assisted Suicide*' avoid any replacement with the phrase '*Aid in Dying*' when
23 describing what has been understood as '*Physician Assisted Suicide*.' In addition, the
24 resolution asks that our AMA develop definitions and a clear distinction between what is
25 meant when the AMA uses the phase '*Physician Assisted Suicide*' and the phrase '*Aid in*
26 *Dying*.' Further, our AMA requests that these definitions and distinction be fully utilized
27 by our AMA in organizational policy, discussions, and position statements regarding both
28 '*Physician Assisted Suicide*' and '*Aid in Dying*.'
29

30 Testimony on this resolution was mixed, with much of the discussion focusing on the
31 complex topic of physician aid in dying. A considerable amount of testimony attempted
32 to distinguish the meaning of "suicide" and argued that its usage is inappropriate in the
33 contemporary debate about aid in dying. Others pointed to the fact that the Council on
34 Ethical and Judicial Affairs is currently reexamining the AMA's current stance on
35 physician aid in dying, and that the definitional challenges noted in the resolution should
36 be discussed upon the presentation of that report. Your Reference Committee
37 recommends that Resolution 014 be referred.
38
39

40 (26) RESOLUTION 015 - APPROPRIATE PLACEMENT OF
41 TRANSGENDER PRISONERS

42
43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that Resolution 015 be referred.

47
48 **HOD ACTION: Resolution 015 be referred.**
49

1 Resolution 015 discusses the fact that transgender individuals sentenced to jail or prison
2 are often placed in facilities based on birth gender, unless they have undergone
3 complete surgical transition. According to statistics, this practice has led to higher
4 levels of violence and abuse. This resolution requests that our AMA establish policy
5 supporting the ability of transgender prisoners to be placed in facilities that are reflective
6 of their affirmed gender status regardless of surgical status, if they so choose.

7
8 Support for this resolution was evenly divided. While those in favor of adoption
9 discussed the few protections in place for transgender prisoners, others recognized the
10 complexities of this issue and agreed that more information and research on the subject
11 are necessary. Your Reference Committee agrees that this issue requires more study,
12 and recommends that Resolution 015 be referred.

13
14
15 (27) RESOLUTION 020 - RECOGNITION OF PHYSICIAN
16 ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)
17 FORMS

18
19 RECOMMENDATION:

20
21 Madam Speaker, your Reference Committee recommends
22 that Resolution 020 be referred.

23
24 **HOD ACTION: Resolution 020 be referred.**

25
26 Resolution 020 asks that our AMA advocate with appropriate government, legislative
27 and regulatory bodies to recognize Physician Orders for Life Sustaining Treatment forms
28 completed in one state as valid and enforceable in other states. In addition, the
29 resolution asks that our AMA create a universal Physician Order for Life Sustaining
30 Treatment form that would be valid and enforceable in all states.

31
32 Testimony on this resolution was unanimous in support of the intent of this resolution.
33 Those speaking highlighted the challenge of respecting the medical care orders of
34 patients when they cross the jurisdictional boundaries of states. However, because
35 POLST is one of many frameworks in use in the United States, some speakers noted
36 problems with the second Resolve. Your Reference Committee also discussed the
37 myriad problems with a universal POLST form, specifically noting that several issues,
38 including hierarchy of decision making systems, vary from state to state. These
39 differences in legislation, along with other issues, make adoption of this resolution
40 untenable. However, your Reference Committee does recognize that reciprocity of
41 physician orders regarding medical care between state lines is an important issue, and
42 recommends that model state legislation be crafted in order for this to be accomplished
43 in a way that can realistically be implemented. Therefore, your Reference Committee
44 recommends that Resolution 020 be referred.

1 (28) RESOLUTION 011 - REVISION OF RESEARCHER
2 CERTIFICATION AND INSTITUTIONAL REVIEW BOARD
3 PROTOCOLS
4

5 RECOMMENDATION:
6

7 Madam Speaker, your Reference Committee recommends
8 that Resolution 011 be not adopted.
9

10 **HOD ACTION: Resolution 011 be referred.**
11

12 Resolution 011 asks our AMA to study existing Collaborative Institutional Training
13 Initiative Standards, Institutional Review Board Protocols and create recommendations
14 that would simultaneously protect patients and permit physicians to easily participate in
15 the dissemination of medical knowledge. The resolution requests that the AMA report
16 back to the House of Delegates at the 2017 Interim Meeting.
17

18 No testimony was offered regarding this resolution outside of its introduction. Despite the
19 absence of testimony, the Reference Committee discussed at length the critically
20 important topic of ethics training and certification for physicians in this area, as well as
21 the evolving regulatory environment of human subject research protections in the United
22 States, including the upcoming changes to IRB oversight protocols. From this
23 discussion, your Reference Committee recommends that Resolution 011 not be
24 adopted.
25

26
27 (29) RESOLUTION 008 - PROMOTING THE USE OF
28 APPROPRIATE LGBTQIA LANGUAGE IN MEDICAL
29 DOCUMENTATION
30

31 RECOMMENDATION:
32

33 Madam Speaker, your Reference Committee recommends
34 that Policy H-315.967 be reaffirmed in lieu of Resolution
35 008.
36

37 **HOD ACTION: Policy H-315.967 be reaffirmed in lieu of**
38 **Resolution 008.**
39

40 Resolution 008 explores the proper use of LGBTQIA language, specifically in medical
41 documentation, as information beyond the binary “male” or “female” options can have
42 implications for further health-care. The resolution requests that our AMA support
43 inclusion of a variety of identifiers including biological sex, gender identity, preferred
44 gender pronouns, and sexual orientation. The resolution also asks that this is provided in
45 a culturally sensitive manner.
46

47 Testimony was in favor of this resolution and recognized many reasons for having these
48 identifiers in the medical record. However, the resolve of this resolution is covered
49 almost verbatim in Policy H-315.967 “Promoting Inclusive Gender, Sex, and Sexual
50 Orientation Options on Medical Documentation,” which states that our AMA (1) supports

1 the voluntary inclusion of a patient's biological sex, current gender identity, sexual
2 orientation, and preferred gender pronoun(s) in medical documentation and related
3 forms, including in electronic health records, in a culturally-sensitive and voluntary
4 manner; and (2) will advocate for collection of patient data that is inclusive of sexual
5 orientation/gender identity for the purposes of research into patient health. Therefore,
6 your Reference Committee recommends that Policy H-315.967 be reaffirmed in lieu of
7 Resolution 008.

8
9
10 (30) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
11 OPINION 1 - COLLABORATIVE CARE

12
13 RECOMMENDATION:

14
15 Madam Speaker, your Reference Committee recommends
16 that Council on Ethical and Judicial Affairs Opinion 1
17 be filed.

18
19 **HOD ACTION: Council on Ethical and Judicial Affairs**
20 **Opinion 1 be filed.**

21
22 Council on Ethical and Judicial Affairs Opinion 1 files the opinion on Collaborative Care,
23 which was adopted at the 2016 Interim Meeting of the House of Delegates.

24
25 Only testimony by the delegate who extracted this item was heard. Concern was raised
26 that the opinion doesn't make clear that the physician should be the clinical leader in a
27 collaborative environment. However, your Reference Committee believes that the
28 second paragraph of this opinion clearly describes the physician as a clinical leader.
29 Furthermore, this opinion was adopted by the HOD at the 2016 Interim Meeting.
30 Therefore, your Reference Committee recommends that Council on Ethical and Judicial
31 Affairs Opinion 1 be filed.

1 Madam Speaker, this concludes the report of Reference Committee on Amendments to
2 Constitution and Bylaws. I would like to thank Luis M. Alvarado, MD, Rebecca W.
3 Brendel, MD, Kyle P. Edmonds, MD, Lynn Parry, MD, March Seabrook, MD, Barry Wall,
4 MD, and all those who testified before the Committee.
5

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