

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its November 2020 Special 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 (November 2020 Meeting)

Report of Reference Committee D

Ankush Bansal, MD, Chair

1 Your reference committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION AS AMENDED**
4

- 5 1. Board of Trustees Report 9 – Bullying in the Practice of Medicine
6
- 7 2. Board of Trustees Report 10 – Compassionate Release for Incarcerated Patients
8
- 9 3. Resolution 407 – Full Commitment by our AMA to the Betterment and Strengthening
10 of Public Health Systems
11
- 12 4. Resolution 408 – An Urgent Initiative to Safeguard COVID-19 Vaccine Programs
13
- 14 5. Resolution 411 – Support for Eviction and Utility Shut-Off Moratoriums during Public
15 Health Emergencies
16
- 17 6. Resolution 413 – Protecting Healthcare Professionals in Society
18

19 **RECOMMENDED FOR ADOPTION IN LIEU OF**
20

- 21 7. Resolution 404 – Early Vaccination for Correctional Workers and Incarcerated
22 Persons
23 Resolution 415 – Support Public Health Approaches for the Prevention and
24 Management of Contagious Diseases in Correctional Facilities
25
- 26 8. Resolution 406 – Face Masking in Hospitals During Flu Season
27
- 28 9. Resolution 412 – Availability of Personal Protective Equipment (PPE)
29 Resolution 414 – Availability of Personal Protective Equipment (PPE)
30

31 **RECOMMENDED FOR REFERRAL**
32

- 33 10. Resolution 409 – Protestor Protections
34
- 35 11. Resolution 410 – Policing Reform

Click [here](#) to submit an amendment.

RECOMMENDED FOR ADOPTION AS AMENDED

- 1
2
3 (1) BOARD OF TRUSTEES REPORT 9 – BULLYING IN THE
4 PRACTICE OF MEDICINE (RESOLUTION 915-I-18)
5

6 **RECOMMENDATION A:**
7

8 **Recommendation 3 in Board of Trustees Report 9 be**
9 **amended by addition to read as follows:**
10

11 That our AMA adopt the following guidelines for the
12 establishment of workplace policies to prevent and address
13 bullying in the practice of medicine: (New HOD Policy)
14

15 Health care organizations, including academic medical centers,
16 should establish policies to prevent and address bullying in their
17 workplaces. An effective workplace policy should:

- 18 • Describe the management’s commitment to providing a safe
19 and healthy workplace. Show the staff that their leaders are
20 concerned about bullying and unprofessional behavior and
21 that they take it seriously.
- 22 • Clearly define workplace violence, harassment, and
23 bullying, specifically including intimidation, threats and other
24 forms of aggressive behavior.
- 25 • Specify to whom the policy applies (i.e., medical staff,
26 students, administration, patients, employees, contractors,
27 vendors, etc.).
- 28 • Define both expected and prohibited behaviors.
- 29 • Outline steps for individuals to take when they feel they are
30 a victim of workplace bullying.
- 31 • Provide contact information for a confidential means for
32 documenting and reporting incidents.
- 33 • Prohibit retaliation and ensure privacy and confidentiality.
- 34 • Document training requirements and establish clear
35 expectations about the training objectives.
36

37 In addition to formal policies, organizations should strategize to
38 create a culture in which bullying does not occur. Organized
39 medical staffs should work with all interested stakeholders to
40 lead the effort in ensuring safe work environments within their
41 institutions. Fostering respect and appreciation among
42 colleagues across disciplines and ranks can contribute to an
43 atmosphere in which employees feel safe, secure and confident
44 in their roles and professions. Tactics to help create this type of
45 organizational culture include:

- 46 • Surveying staff, and medical students in academic
47 settings, anonymously and confidentially to assess their
48 perceptions of the workplace culture and prevalence of
49 bullying behavior, including their ideas about the impact
50 of this behavior on themselves and patients. Use the

1 results to inform the development of programs and
2 resources, showing the respondents that their feedback
3 is taken seriously.

- 4 • Encouraging open discussions in which staff can talk
5 freely about problems and/or encounters with behavior
6 that may constitute bullying.
- 7 • Establishing programs for staff, faculty, and students,
8 such as Employee Assistance Programs, Faculty
9 Assistance Programs, and Student Assistance
10 Programs, that provide a place to confidentially address
11 personal experiences of bullying.
- 12 • Establishing procedures and conducting interventions
13 within the context of the organizational commitment to
14 the health and well-being of all staff.

15
16 **RECOMMENDATION B:**

17
18 **Recommendations in Board of Trustees Report 9 be**
19 **adopted as amended and the remainder of the report filed.**

20
21
22 **HOD ACTION: Recommendations in Board of Trustees Report**
23 **9 adopted as amended and the remainder of the report filed.**

24
25 The Board of Trustees recommends that the following be adopted in lieu of Resolution 402-
26 A-19 4 and that the remainder of this report be filed:

- 27
28 1. That our American Medical Association (AMA) reaffirm the following policies:
29 a. H-215.978, "Workplace Violence Prevention"
30 b. H-295.955, "Teacher-Learner Relationship In Medical Education"
31 c. H-515.966, "Violence and Abuse." (Reaffirm HOD Policy)

32
33 2. That our AMA define "workplace bullying" as repeated, emotionally or physically abusive,
34 disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior
35 targeted at a specific individual or a group of individuals that manifests from a real or perceived
36 power imbalance and is often, but not always, intended to control, embarrass, undermine,
37 threaten, or otherwise harm the target. (New HOD Policy)

38
39 3. That our AMA adopt the following guidelines for the establishment of workplace policies to
40 prevent and address bullying in the practice of medicine: (New HOD Policy)

41
42 Health care organizations, including academic medical centers, should establish policies to
43 prevent and address bullying in their workplaces. An effective workplace policy should:

- 44 • Describe the management's commitment to providing a safe and healthy workplace. Show
45 the staff that their leaders are concerned about bullying and unprofessional behavior and
46 that they take it seriously.
- 47 • Clearly define workplace violence, harassment, and bullying, specifically including
48 intimidation, threats and other forms of aggressive behavior.
- 49 • Specify to whom the policy applies (i.e., medical staff, students, administration, patients,
50 contractors, etc.).

- 1 • Define both expected and prohibited behaviors.
- 2 • Outline steps for individuals to take when they feel they are a victim of workplace bullying.
- 3 • Provide contact information for a confidential means for documenting and reporting
- 4 incidents.
- 5 • Prohibit retaliation and ensure privacy and confidentiality.
- 6 • Document training requirements and establish clear expectations about the training
- 7 objectives.

8
9 In addition to formal policies, organizations should strategize to create a culture in which
10 bullying does not occur. Fostering respect and appreciation among colleagues across
11 disciplines and ranks can contribute to an atmosphere in which employees feel safe, secure
12 and confident in their roles and professions. Tactics to help create this type of organizational
13 culture include:

- 14 • Surveying staff, and medical students in academic settings, anonymously and
- 15 confidentially to assess their perceptions of the workplace culture and prevalence of
- 16 bullying behavior, including their ideas about the impact of this behavior on themselves
- 17 and patients. Use the results to inform the development of programs and resources,
- 18 showing the respondents that their feedback is taken seriously.
- 19 • Encouraging open discussions in which staff can talk freely about problems and/or
- 20 encounters with behavior that may constitute bullying.
- 21 • Establishing programs for staff and students, such as Employee Assistance Programs,
- 22 that provide a place to confidentially address personal experiences of bullying.
- 23 • Establishing procedures and conducting interventions within the context of the
- 24 organizational commitment to the health and well-being of all staff.

25
26 Your Reference Committee heard testimony in strong support of the report and
27 recommendations. It was noted that the report thoughtfully defines and addresses a prevalent
28 issue in medicine that disproportionately impacts medical trainees. An amendment was
29 proposed to include the definition of 'microaggressions' and additional related language. Your
30 Reference Committee believes that this addition goes beyond what was addressed in the
31 report and including this definition warrants further discussion in a stand-alone resolution.
32 Additionally, no additional testimony related to this amendment was heard. Therefore, your
33 Reference Committee recommends that recommendation in Board of Trustees Report 9 be
34 adopted as amended and the remainder of the report filed.

- 35
36 (2) BOARD OF TRUSTEES REPORT 10 - COMPASSIONATE
37 RELEASE FOR INCARCERATED PATIENTS (RESOLUTION
38 430-A-19)

39
40 **RECOMMENDATION A:**

41
42 **Recommendation in Board of Trustees Report 10 be**
43 **amended by addition to read as follows:**

44
45 Our American Medical Association supports policies that
46 facilitate compassionate release for incarcerated patients on the
47 basis of serious medical conditions and advanced age; will
48 collaborate with appropriate stakeholders to develop clear,
49 evidence-based eligibility criteria for timely compassionate
50 release; and promote transparent reporting of compassionate

1 release statistics, including numbers and demographics of
2 applicants, approvals, denials, and revocations, and
3 justifications for decisions.

4
5 **RECOMMENDATION B:**

6
7 **Recommendation in Board of Trustees Report 10 be**
8 **adopted as amended** and the remainder of the report be
9 **filed**.

10
11
12 **HOD ACTION: Recommendation in Board of Trustees Report**
13 **10 adopted as amended and the remainder of the report filed.**

14
15 The Board of Trustees recommends that the following policy be adopted in lieu of Resolution
16 430- 4 A-19 and the remainder of this report be filed.

17 Our American Medical Association supports policies that facilitate compassionate release
18 on the basis of serious medical conditions and advanced age; will collaborate with
19 appropriate stakeholders to develop clear, evidence-based eligibility criteria for timely
20 compassionate release; and promote transparent reporting of compassionate release
21 statistics, including numbers and demographics of applicants, approvals, denials, and
22 revocations, and justifications for decisions.

23
24 Your Reference Committee heard testimony in strong support of this report. It was noted that
25 the report is timely, especially considering the current COVID-19 pandemic and its
26 disproportionate impact on persons who are incarcerated. Testimony emphasized the
27 importance of developing evidence-based medical guidelines in collaboration with appropriate
28 healthcare and correctional stakeholders. A minor amendment was suggested to add clarity
29 that compassionate release is referring to incarcerated persons. Your Reference Committee
30 agrees and recommends that Board of Trustees Report 10 be adopted as amended.

31
32 (3) RESOLUTION 407 – FULL COMMITMENT BY OUR AMA TO
33 THE BETTERMENT AND STRENGTHENING OF PUBLIC
34 HEALTH SYSTEMS

35
36 **RECOMMENDATION A:**

37
38 **Resolution 407 be amended by addition of a second**
39 **resolve to read as follows:**

40
41 RESOLVED, that our AMA study the most efficacious manner
42 by which our AMA can continue to achieve its mission of the
43 betterment of public health by recommending ways in which to
44 strengthen the health and public health system infrastructure.
45 (Directive to Take Action)

46
47 **RECOMMENDATION B:**

48
49 **Resolution 407 be adopted as amended.**

HOD ACTION: Resolution 407 adopted as amended.

RESOLVED, That our American Medical Association champion the betterment of public health by enhancing advocacy and support for programs and initiatives that strengthen public health systems, to address pandemic threats, health inequities and social determinants of health outcomes. (Directive to Take Action)

Your Reference Committee heard strong testimony in support of Resolution 407. There was broad recognition regarding the need to strengthen our nation's public health infrastructure and that the AMA should provide a leadership role in ensuring our nation has a robust public health system, through sustained funding, leadership, and strengthened data and information systems. While some testimony urged for public health to become a "fourth strategic pillar," your Reference Committee agrees with those who noted that as a matter of governance, it is the purview of the Board to set our AMA's strategic direction. Several commentors also requested the formation of an AMA task force dedicated to reviewing public health-related issues. While your Reference Committee supports this concept, we think it would be more prudent to first have our Council on Science and Public Health study this issue by speaking to relevant stakeholders, including our AMA BOT, and make appropriate recommendations to guide the AMA's activities on this topic moving forward. Therefore, your Reference Committee recommends that Resolution 407 be adopted as amended

(4) RESOLUTION 408 – AN URGENT INITIATIVE TO SAFEGUARD COVID-19 VACCINE PROGRAMS

RECOMMENDATION A:

Resolution 408 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA institute a program to ~~safeguard~~ promote the integrity of a ~~coronavirus~~ COVID-19 vaccination program by: (1) educating physicians on speaking with patients about ~~coronavirus~~ COVID-19 vaccination, bearing in mind the historical context of "experimentation" with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education materials; (2) educating the public about the ~~lifesaving nature~~ safety and efficacy of a coronavirus COVID-19 vaccines program aimed at, by countering misinformation and addressing public anxieties building public confidence; and (3) forming a coalition of ~~medical health care and public health organizations~~ inclusive of those respected in communities of color to include, but not limited to, the American Public Health Association, American Hospital Association, American Nurses Association, National Medical Association, committed to developing and implementing a joint public education program promoting the facts about, promoting the need for, and encouraging the acceptance of COVID-19 vaccination; and (4) supporting ongoing monitoring of COVID-19 vaccines to ensure that the

1 evidence continues to support safe and effective use of
2 vaccines among recommended populations. (Directive to
3 Take Action)

4
5 **RECOMMENDATION B:**

6
7 **Resolution 408 be adopted as amended.**

8
9 **RECOMMENDATION C:**

10
11 **The title of Resolution 408 be changed.**

12
13 AN URGENT INITIATIVE TO SUPPORT COVID-19
14 VACCINATION PROGRAMS

15
16
17 **HOD ACTION: Resolution 408 adopted as amended with**
18 **change in title.**

19
20 RESOLVED, That our AMA institute a program to safeguard the integrity of a coronavirus
21 vaccination program by: (1) educating physicians on speaking with patients about coronavirus
22 vaccination and providing patient education materials; (2) educating the public about the
23 lifesaving nature of a coronavirus vaccine program aimed at countering misinformation and
24 addressing public anxieties; and (3) forming a coalition of medical organizations to include,
25 but not limited to, the American Public Health Association, American Hospital Association,
26 American Nurses Association, National Medical Association, committed to developing and
27 implementing a joint public education program promoting the facts about, the need for and
28 encouraging the acceptance of COVID-19 vaccination. (Directive to Take Action)

29
30 Your Reference Committee heard testimony largely supportive of this resolution. Testimony
31 highlighted the importance of physicians providing evidence-based guidance to patients
32 related to vaccines as well as dispelling misinformation and building trust, particularly among
33 populations that have been disproportionately affected by COVID-19. A strong unified voice
34 from health care and public health professionals will play a key role in addressing patients
35 concerns and building public confidence in COVID-19 vaccine candidates that are determined
36 to be safe and effective. Amendments were suggested to clarify the wording, as there are a
37 number of coronaviruses, and to encourage ongoing safety monitoring. Your Reference
38 Committee agrees with these amendments and therefore recommends that Resolution 408
39 be adopted as amended.

40
41 (5) RESOLUTION 411 – SUPPORT FOR EVICTION AND
42 UTILITY SHUT-OFF MORATORIUMS DURING PUBLIC
43 HEALTH EMERGENCIES

44
45 **RECOMMENDATION A:**

46
47 **The first Resolve of Resolution 411 be amended by addition**
48 **and deletion to read as follows:**

1 RESOLVED, That our American Medical Association advocate
2 for policies that prevent ~~prohibit~~ evictions during public health
3 emergencies (Directive to Take Action); and be it further
4

5 **RECOMMENDATION B:**
6

7 **The second Resolve of Resolution 411 be amended by**
8 **addition and deletion to read as follows:**
9

10 RESOLVED, That our AMA advocate for prevention of shut-off
11 ~~moratoria on~~ termination of life-essential utilities during public
12 health emergencies. (Directive to Take Action)
13

14 **RECOMMENDATION C:**
15

16 **Resolution 411 be adopted as amended.**
17

18 **RECOMMENDATION D:**
19

20 **The title of Resolution 411 be changed.**
21

22 SUPPORT FOR THE PREVENTION OF EVICTION AND
23 THE TERMINATION OF LIFE-ESSENTIAL UTILITY
24 SERVICES DURING PUBLIC HEALTH EMERGENCIES
25

26
27 **HOD ACTION: Resolution 411 adopted as amended with**
28 **change in title.**
29

30 RESOLVED, That our American Medical Association advocate for policies that prohibit
31 evictions during public health emergencies (Directive to Take Action); and be it further
32

33 RESOLVED, That our AMA advocate for shut-off moratoria on life-essential utilities during
34 public health emergencies. (Directive to Take Action)
35

36 Your Reference Committee heard limited but passionate testimony related to this resolution
37 and the issues it addresses. The majority of those who testified supported the intent of this
38 resolution and noted that it is a top priority during the current pandemic. Evidence
39 demonstrates that housing stability and utility access are essential to health, and evictions
40 and utility shut-offs pose immediate health risks to households affected while also
41 endangering the population at large by limiting their ability to maintain hygiene and social
42 distancing standards. It was also noted that this is an urgent issue since the CDC eviction
43 moratorium expires on December 31, 2020, several state policies are also set to expire 2021
44 have already, and many others still lack polices. Without these policies, many people will be
45 at risk of eviction during a worsening pandemic and winter months. Your Reference
46 Committee agrees that a friendly amendment offered clarified the language. An amendment
47 related to grants for property owners was also offered, but your Reference Committee does
48 not feel that those economic issues are the purview of Our AMA. Your Reference Committee
49 agrees that protecting vulnerable households now and in future public health emergencies is
50 important and therefore, recommends that Resolution 411 be adopted as amended.

1 (6) RESOLUTION 413 – PROTECTING HEALTHCARE
2 PROFESSIONALS IN SOCIETY
3

4 **RECOMMENDATION A:**

5
6 **The first Resolve of Resolution 413 be amended by addition**
7 **and deletion to read as follows:**
8

9 RESOLVED, That our American Medical Association
10 acknowledge and act to reduce the incidence of antagonistic
11 actions against physicians as well as other health care workers
12 professionals including first responders and public health
13 officials, outside as well as within the workplace, including
14 physical violence, intimidating actions of word or deed, and
15 cyber-attacks, particularly those which appear motivated simply
16 by their identification as a health care workers professional
17 (Directive to Take Action); and be it further
18

19 **RECOMMENDATION B:**

20
21 **The second Resolve of Resolution 413 be amended by**
22 **addition and deletion to read as follows:**
23

24 RESOLVED, That our AMA educate the general public on the
25 prevalence of violence and personal harassment against
26 physicians as well as other health care workers professionals
27 including first responders, and public health officials, outside as
28 well as within the workplace, ~~including physical, outside as well~~
29 ~~as within the workplace~~ (Directive to Take Action); and be it
30 further
31

32 **RECOMMENDATION C:**

33
34 **Resolution 413 be adopted as amended.**
35

36 **RECOMMENDATION D:**

37
38 **The title of Resolution 413 be changed.**
39

40 PROTECTING PHYSICIANS AND OTHER HEALTHCARE
41 WORKERS IN SOCIETY
42

43
44 **HOD ACTION: Resolution 413 adopted as amended with**
45 **change in title.**
46

47 RESOLVED, That our American Medical Association acknowledge and act to reduce the
48 incidence of antagonistic actions against health care professionals outside as well as within
49 the workplace, including physical violence, intimidating actions of word or deed, and cyber-
50 attacks, particularly those which appear motivated simply by their identification as a health
51 care professional (Directive to Take Action); and be it further

1
2 RESOLVED, That our AMA educate the general public on the prevalence of violence and
3 personal harassment against health care professionals, outside as well as within the
4 workplace (Directive to Take Action); and be it further

5
6 RESOLVED, That our AMA work with all interested stakeholders to improve safety of health
7 care workers including first responders and public health officials and prevent violence to
8 health care professionals (Directive to Take Action).

9
10 Your Reference Committee heard testimony in support of this resolution. Several
11 amendments were suggested, including one that would broaden the first and second resolves
12 beyond health care professionals to be inclusive of first responders and public health officials.
13 Therefore, your Reference Committee recommends that Resolution 413 be adopted as
14 amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

- 1
2
3 (7) RESOLUTION 404 – EARLY VACCINATION FOR
4 CORRECTIONAL WORKERS AND INCARCERATED
5 PERSONS
6 RESOLUTION 415 - SUPPORT PUBLIC HEALTH
7 APPROACHES FOR THE PREVENTION AND
8 MANAGEMENT OF CONTAGIOUS DISEASES IN
9 CORRECTIONAL FACILITIES

RECOMMENDATION A:**Alternate Resolution 404 be adopted in lieu of Resolution 404 and Resolution 415.**

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14
15
16 SUPPORT PUBLIC HEALTH APPROACHES FOR THE
17 PREVENTION AND MANAGEMENT OF CONTAGIOUS
18 DISEASES IN CORRECTIONAL AND DETENTION
19 FACILITIES

20
21 RESOLVED, That our American Medical Association, in
22 collaboration with state and national medical specialty societies
23 and other relevant stakeholders, advocate for the improvement
24 of conditions of incarceration in all correctional and immigrant
25 detention facilities to allow for the implementation of evidence-
26 based COVID-19 infection prevention and control guidance
27 (Directive to Take Action); and be it further

28
29 RESOLVED, That our American Medical Association advocate
30 for adequate access to personal protective equipment and
31 SARS-CoV-2 testing kits, sanitizing and disinfecting
32 equipment for correctional and detention facilities (Directive to
33 Take Action); and be it further

34
35 RESOLVED, That our American Medical Association advocate
36 for humane and safe quarantine protocols for individuals who
37 are incarcerated or detained that test positive for or are exposed
38 to SARS-CoV-2, or other contagious respiratory pathogens,
39 (Directive to Take Action); and be it further

40
41 RESOLVED, That our American Medical Association support
42 expanded data reporting, to include testing rates and
43 demographic breakdown for SARS-CoV-2 and other contagious
44 infectious disease cases and deaths in correctional and
45 detention facilities (Directive to Take Action); and be it further

46
47 RESOLVED, That our American Medical Association
48 recognizes that detention center and correctional
49 workers, incarcerated persons, and detained immigrants are
50 at high-risk for COVID-19 infection and therefore should be

1 prioritized in receiving access to safe, effective COVID-19
2 vaccine in the initial phases of distribution, and that this policy
3 will be shared with the Advisory Committee on Immunization
4 Practices for consideration in making their final
5 recommendations on COVID-19 vaccine allocation (Directive to
6 Take Action).

7
8 **RECOMMENDATION B:**

9
10 **That policy H-430.989 be amended by addition and deletion**
11 **to read as follows:**

12
13 H-430.989, Disease Prevention and Health Promotion in
14 Correctional Institutions

15
16 Our AMA urges state and local health departments to develop
17 plans that would foster closer working relations between the
18 criminal justice, medical, and public health systems toward the
19 prevention and control of HIV/AIDS, substance abuse,
20 tuberculosis, and hepatitis, and ~~highly contagious other~~
21 infectious diseases. Some of these plans should have as their
22 objectives: (a) an increase in collaborative efforts between
23 parole officers and drug treatment center staff in case
24 management aimed at helping patients to continue in treatment
25 and to remain drug free; (b) an increase in direct referral by
26 correctional systems of parolees with a recent, active history of
27 intravenous drug use to drug treatment centers; and (c)
28 consideration by judicial authorities of assigning individuals to
29 drug treatment programs as a sentence or in connection with
30 sentencing. (Modify Current HOD Policy)

31
32 **RECOMMENDATION C:**

33
34 **That policy H-430.989 be adopted as amended.**

35
36
37 **HOD ACTION: Alternate Resolution 404 adopted in lieu of**
38 **Resolution 404 and Resolution 415 and policy H-430.989**
39 **adopted as amended.**

40
41 RESOLVED, That our American Medical Association advocate that conditions of incarceration
42 in correctional facilities be improved to allow for the generally accepted CDC COVID-19 safety
43 precautions to take place (Directive to Take Action); and be it further

44
45 RESOLVED, That our AMA support that inmates and correctional workers should be
46 considered in a high-risk classification, along those other persons vulnerable for contacting
47 and spreading COVID-19 infection (Directive to Take Action); and be it further

48
49 RESOLVED, That our AMA support the National Academies of Sciences, Engineering, and
50 Medicine (NASEM) recommendation that correctional workers and incarcerated persons be
51 considered in high risk groups and provided with a safe, effective, FDA-approved COVID-19

1 vaccine in Phase 1b (for those with comorbid and underlying conditions, including age and
2 frailty) or Phase 2 (for all other correctional workers and incarcerated persons) of any
3 vaccination campaign. (Directive to Take Action)

4
5 RESOLVED, That our American Medical Association collaborate with state medical societies
6 to advocate for evidence-based public health measures to curb the spread of highly
7 contagious pathogens in the setting of prisons and jails, including, but not limited to:

8 (a) Universally available screening, testing, contact tracing, and medical care to staff and
9 individuals that are incarcerated, (b) Access to sanitizing equipment including, but not limited
10 to, soap, hand sanitizer, and cleaning supplies, (c) Humane and safe quarantine protocol for
11 individuals that test positive for or are exposed to highly contagious respiratory pathogens, (d)
12 Adherence to use of personal protective equipment for incarcerated individuals and staff,
13 and (e) Expanded data reporting, including testing rates and demographic breakdown of
14 highly contagious infectious disease cases and deaths (Directive to Take Action); and be it
15 further

16
17 RESOLVED, That our AMA support efforts to decarcerate non-violent elderly and medically
18 vulnerable individuals to mitigate the spread of highly contagious pathogens within
19 correctional facilities and communities (New HOD Policy); and be it further

20
21 RESOLVED, That our AMA support prioritizing COVID vaccine access for justice-involved
22 populations (New HOD Policy); and be it further

23
24 RESOLVED, That our AMA will amend policy H-430.989 by insertion as follows: H-430.989,
25 Disease Prevention and Health Promotion in Correctional Institutions

26 Our AMA urges state and local health departments to develop plans that would foster closer
27 working relations between the criminal justice, medical, and public health systems toward the
28 prevention and control of HIV/AIDS, substance abuse, tuberculosis, ~~and~~ hepatitis, and highly
29 contagious infectious diseases. Some of these plans should have as their objectives: (a) an
30 increase in collaborative efforts between parole officers and drug treatment center staff in
31 case management aimed at helping patients to continue in treatment and to remain drug free;
32 (b) an increase in direct referral by correctional systems of parolees with a recent, active
33 history of intravenous drug use to drug treatment centers; and (c) consideration by judicial
34 authorities of assigning individuals to drug treatment programs as a sentence or in connection
35 with sentencing. (Modify Current HOD Policy)

36
37 Your Reference Committee heard testimony supportive of both Resolution 404 and Resolution
38 415. Populations in high-density congregate settings are high risk for infection with the SARS-
39 CoV-2 virus. Across the U.S. there have been several outbreaks of infectious disease linked
40 to correctional facilities. Due to this risk, strong infection prevention and control policies and
41 COVID-19 vaccination should be prioritized for this population when a safe vaccine becomes
42 available. It was noted by the Board of Trustees that the AMA has already provided input into
43 the allocation of COVID-19 vaccines and that outlining specific phases of allocation could be
44 problematic. Furthermore, compassionate release is addressed in Board of Trustees Report
45 10. Therefore, your Reference Committee recommends that alternate Resolution 404 be
46 adopted in lieu of Resolution 404 and 415.

1 (8) RESOLUTION 406 – FACE MASKING IN HOSPITALS
2 DURING FLU SEASON
3

4 **RECOMMENDATION:**

5
6 **Alternate Resolution 406 be adopted in lieu of**
7 **Resolution 406.**
8

9 RESOLVED, that our AMA: (1) encourage the CDC to
10 study and issue guidance on the most effective infection
11 prevention and control strategies to reduce the spread of
12 influenza in hospital settings, including immunization,
13 source control, and other public health strategies and (2)
14 encourage the National Institute for Occupational Safety
15 and Health and other relevant federal agencies to study
16 the comparative disease-reduction effectiveness of various
17 types of facemasks and respirators to inform future
18 infection control guidance.
19
20

21 **HOD ACTION: Alternate Resolution 406 adopted in lieu of**
22 **Resolution 406.**
23

24 RESOLVED, That our American Medical Association encourage The Joint Commission and
25 other hospital accreditation organizations recognized by major insurers to stipulate that all
26 hospitals require hospital employees, physicians, patients, and visitors to wear a facial mask
27 that completely covers the mouth and nose while within hospital walls (unless they are
28 consuming food while “socially distanced,” or unless they are patients in their own rooms while
29 “socially distanced”) (Directive to Take Action); and be it further
30

31 RESOLVED, That our AMA encourage publication of commentaries supportive of such
32 regulations and standards in scientific journals and other publications (Directive to Take
33 Action); and be it further
34

35 RESOLVED, That our AMA study the comparative disease-reduction effectiveness of various
36 types of masks (N-95 masks versus “surgical” masks versus simple cloth facial coverings),
37 toward potentially refining or making more specific any future mandates for facial coverings
38 for persons while in-hospital as a visitor, patient or health care worker. (Directive to Take
39 Action)
40

41 Your Reference Committee heard mixed testimony on this resolution. While the importance
42 of wearing masks during the COVID-19 pandemic is certainly well understood, this resolution
43 is inconsistent with current Centers for Disease Control and Prevention (CDC) guidelines for
44 the prevention of seasonal influenza in health care settings. It was appropriately noted in
45 testimony that these guidelines may also vary based on the level of acute respiratory
46 infections in the community. It was also noted in testimony that the National Institute of
47 Occupational Safety and Health and the FDA are involved in clearing or certifying facemasks
48 or respirators. They are more appropriately positioned to study the effectiveness of various
49 types of facemasks. Your Reference Committee supports encouraging the CDC to study
50 appropriate infection control and prevention measures and updating their guidelines based on

1 the best available evidence. Therefore, Reference Committee recommends that alternate
2 Resolution 406 be adopted in lieu of 406.

- 3
4 (9) RESOLUTION 412 – AVAILABILITY OF PERSONAL
5 PROTECTIVE EQUIPMENT (PPE)
6 RESOLUTION 414 – AVAILABILITY OF PERSONAL
7 PROTECTIVE EQUIPMENT (PPE)

8
9 **RECOMMENDATION A:**

10
11 **Alternate Resolution 412 be adopted in lieu of Resolution**
12 **412 and Resolution 414.**

13
14 AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT
15 (PPE)

16
17 RESOLVED, That our AMA affirm that the medical staff of each
18 health care institution should be integrally involved in disaster
19 planning, strategy and tactical management of ongoing crises
20 (New HOD Policy); and be it further

21
22 RESOLVED, That our AMA support evidence-based standards
23 and national guidelines for PPE use, reuse, and appropriate
24 cleaning/decontamination during surge conditions (New HOD
25 Policy); and be it further

26
27 RESOLVED, That our AMA advocate that it is the responsibility
28 of health care facilities to provide sufficient personal protective
29 equipment (PPE) for all employees and staff in the event of a
30 pandemic, natural disaster, or other surge in patient volume or
31 PPE need (Directive to Take Action); and be it further

32
33 RESOLVED, That our AMA support physicians and health care
34 professionals in being permitted to use their professional
35 judgement and augment institution-provided PPE with
36 additional, appropriately decontaminated, personally-provided
37 personal protective equipment (PPE) without penalty (Directive
38 to Take Action); and be it further

39
40 RESOLVED, That our AMA support a physician's right to
41 participate in public commentary addressing the adequacy of
42 clinical resources and/or health and environmental safety
43 conditions necessary to provide appropriate and safe care of
44 patients and physicians during a pandemic or natural disaster.
45 (Directive to Take Action) and be it further

46
47 RESOLVED, that our AMA work with the HHS Office of the
48 Assistant Secretary for Preparedness and Response to gain an
49 understanding of the PPE supply chain and ensure the
50 adequacy of the Strategic National Stockpile for public health
51 emergencies. (Directive to Take Action)

**HOD ACTION: Alternate Resolution 412 adopted in lieu of
Resolution 412 and Resolution 414.**

RESOLVED, That our American Medical Association actively support that physicians and healthcare professionals are empowered to use workplace modifications to continue professional patient care when they determine such action to be appropriate and in the best interest of patient and physician wellbeing. Physicians and healthcare professionals must be permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided personal protective equipment (PPE) without penalty (Directive to Take Action); and be it further

RESOLVED, That our AMA affirm that the medical staff of each healthcare institution should be integrally involved in disaster planning, strategy and tactical management of ongoing crises (New HOD Policy); and be it further

RESOLVED, That our AMA support a physician's right to participate in public commentary addressing the adequacy of clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of patients and physicians during a pandemic or natural disaster. (Directive to Take Action)

RESOLVED, That our American Medical Association advocate that it is the responsibility of healthcare facilities to provide sufficient personal protective equipment (PPE) for all employees and staff in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need (Directive to Take Action); and be it further

RESOLVED, That our AMA support minimum evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions (New HOD Policy); and be it further

RESOLVED, That our AMA advocate that physicians and healthcare professionals must be permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided PPE without penalty (Directive to Take Action); and be it further

RESOLVED, That our AMA affirm that the medical staff of each health care institution should be meaningfully involved in disaster planning, strategy and tactical management of ongoing crises (New HOD Policy); and be it further

RESOLVED, That our AMA work with The Joint Commission, the American Nurses Credentialing Center, the Center for Medicare and Medicaid Services, and other regulatory and certifying bodies to ensure that credentialing processes for healthcare facilities include consideration of adequacy of PPE stores on hand as well as processes for rapid acquisition of additional PPE in the event of a pandemic (Directive to Take Action); and be it further

RESOLVED, That our AMA study a physician's ethical duty to serve in a pandemic including but not limited to the following considerations:

1. The availability and adequacy of institution-supplied PPE and whether inadequate PPE modifies a physician's duty to act;
2. Whether a physician's duty to act is modified by the personal health of the physician

1 and/or those with whom the physician has regular extended contact;
2 3. Whether a physician's duty to their personal and population safety allows them to speak
3 with local and national media about the safety of their work environment as it relates to
4 the risk it places on themselves, their immediate family and regular social contacts, and
5 the public at large;
6 4. How medical students, residents, and fellows are affected in the setting of a pandemic
7 in terms of their ethical obligation to care for patients, ramifications to their education,
8 and the protections necessary given their vulnerable status; and
9 5. The ethical obligation of healthcare institutions and the federal government to protect
10 the physical and emotional wellbeing of physicians and other healthcare workers during
11 and after a pandemic. (Directive to Take Action)

12
13 Your Reference Committee heard testimony in support of the intent of Resolutions 412 and
14 414. Many of the Resolve statements are consistent with actions that the AMA has already
15 taken throughout the course of the COVID-19 pandemic, but it was noted that they should be
16 formally outlined in policy for future pandemics or public health emergencies. Your Reference
17 Committee heard some concerns about requiring health care facilities to have a process for
18 rapid acquisition of PPE as it may limit PPE in other health care settings. Your Reference
19 Committee agreed with testimony on the need for better understanding the supply chain and
20 the ensuring the adequacy of the Strategic National Stockpile. Your Reference Committee is
21 also aware that the AMA has posted significant medical ethics guidance on the AMA's COVID-
22 19 resource center, which addresses the issues raised for study in Resolution 414 and felt
23 further study was not warranted at this time. Therefore, your Reference Committee
24 recommends that alternate Resolution 412 be adopted in lieu of Resolution 412 and 414.

RECOMMENDED FOR REFERRAL

(10) RESOLUTION 409 – PROTESTOR PROTECTIONS

RECOMMENDATION:

Resolution 409 be referred for report back at the next meeting of the House of Delegates.

HOD ACTION: Resolution 409 referred for report back at the next meeting of the House of Delegates.

RESOLVED, That our American Medical Association advocate to ban the use of chemical irritants and kinetic impact projectiles for crowd-control in the United States (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage relevant stakeholders including but not limited to manufacturers and government agencies to develop, test, and use crowd-control techniques which pose no risk of physical harm. (Directive to Take Action)

Your Reference Committee heard passionate and divided testimony on this resolution. Several commentors noted strong support for the intent of this resolution, but questioned the appropriateness and accuracy of some of the language. Other commentors expressed opposition to the resolution because they do not think the role of the AMA is to advise law enforcement officers on how best to perform their job duties. Still others noted that strong support for the resolution as written, and believe that physicians should have an opinion on this matter. Your Reference Committee agrees that this is an important issue, that the use of the appropriate words and terminology matter, and that referral for study and report back in expeditious manner is the best option to fully evaluate and understand issues associated with this resolution. Therefore, your Reference Committee recommends that Resolution 409 be referred for report back at the next meeting of the House of Delegates.

(11) RESOLUTION 410 – POLICING REFORM

RECOMMENDATION A:

That the first Resolve of Resolution 410 be adopted.

RECOMMENDATION B:

That the second, Resolve of Resolution 410 be adopted.

RECOMMENDATION C:

That the third Resolve of Resolution 410 be referred.

RECOMMENDATION D:

That the fourth Resolve of Resolution 410 be referred.

1
2 **RECOMMENDATION E:**

3
4 **That the fifth Resolve of Resolution 410 be adopted.**

5
6 **RECOMMENDATION F:**

7
8 **That the sixth Resolve of Resolution 410 be referred.**

9
10 **RECOMMENDATION G:**

11
12 **That the seventh Resolve of Resolution 410 be adopted.**

13
14 **RECOMMENDATION H:**

15
16 **That the eighth Resolve of Resolution 410 be referred.**

17
18
19 **HOD ACTION: The first, second, fifth, and seventh**
20 **Resolves of Resolution 410 adopted.**
21 **The third, fourth, sixth, and eighth Resolves of Resolution**
22 **410 referred.**

23
24
25 RESOLVED, That our American Medical Association recognize police brutality as a
26 manifestation of structural racism which disproportionately impacts Black, Indigenous, and
27 other people of color (New HOD Policy); and be it further

28
29 RESOLVED, That our AMA work with interested national, state, and local medical societies
30 in a public health effort to support the elimination of excessive use of force by law enforcement
31 officers (Directive to Take Action); and be it further

32
33 RESOLVED, That our AMA advocate for the elimination or reform of qualified immunity,
34 barriers to civilian oversight, and other measures that shield law enforcement officers from
35 consequences for misconduct (Directive to Take Action); and be it further

36
37 RESOLVED, That our AMA support efforts to demilitarize law enforcement agencies,
38 including elimination of the controlled category of the United States Department of Defense
39 1033 Program and cessation of federal and state funding for civil law enforcement acquisition
40 of military-grade weapons (New HOD Policy); and be it further

41
42 RESOLVED, That our AMA advocate against the utilization of racial and discriminatory
43 profiling by law enforcement through appropriate anti-bias training, individual monitoring, and
44 other measures (Directive to Take Action); and be it further

45
46 RESOLVED, That our AMA advocate for the prohibition of the use of sedative/hypnotic
47 agents, such as ketamine, by first responders for non-medically-indicated, law enforcement
48 purposes; (Directive to Take Action) and be it further

49
50 RESOLVED, That our AMA advocate for legislation and regulations which promote trauma-
51 informed, community-based safety practices (Directive to Take Action); and be it further

1
2 RESOLVED, That our AMA support the creation of independent, third party community-based
3 oversight committees with disciplinary power whose mission will be to oversee and decrease
4 police-on-public violence. (New HOD Policy)

5
6 Your Reference Committee heard passionate testimony in support of the intent of this
7 resolution, but there was also significant support for referral to ensure that the AMA gets the
8 language correct on this important and timely issue. There were particularly concerns raised
9 around the resolve statements addressing qualified immunity and demilitarization of law
10 enforcement agencies. It was suggested that these items be referred to assure that each item
11 is given thorough analysis and that our goals of improved public health are not construed as
12 a lack of support for our law enforcement and EMS colleagues. Your Reference Committee
13 encourages report back in June of 2021. The Council on Science and Public Health requested
14 referral of the sixth resolve as they are working on a report on the topic of excited delirium and
15 ketamine. However, your Reference Committee notes that some of these resolve statements
16 are consistent with statements that the AMA has already issued on police brutality, trauma-
17 informed care, and law enforcement-related violence. Your Reference Committee supports
18 adoption of these Resolves to further AMA policy on this important public health issue.

- 1 Madam Speaker, this concludes the report of Reference Committee D. I would like to thank
- 2 Carol Berkowitz, MD; E. Christopher Bush, MD; Faith Crittenden, MPH; Keith Davis, MD; John
- 3 David Scott, MD; Raymond Tu, MD; all those who testified before the Committee as well as
- 4 our AMA staff, Andrea Garcia, Amy Cadwallader, and Andrea Houlihan.

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American Academy of Pediatrics

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Idaho Medical Association

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Michigan State Medical Society

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Florida Medical Association
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