AMA-MSS Digest of Policy Actions

Updated July 2012

5.000MSS Abortion

5.001MSS Public Funding of Abortion Services: AMA-MSS will ask the AMA to: (1) continue its support of education and choice with respect to reproductive rights; (2) continue to actively support legislation recognizing abortion as a compensable service; and (3) continue opposition to legislative measures which interfere with medical decision making or deny full reproductive choice, including abortion, based on a patient's dependence on government funding. (AMA Sub Res 89, I 83, Adopted [5.998]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I 00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

5.002MSS Condemnation of Violence Against Abortion Clinics: AMA-MSS will ask the AMA to condemn the violence directed against abortion clinics and family planning centers as a violation of the right to access health care. (AMA Amended Res 82, I 84, Adopted [5.997]) (Reaffirmed: MSS COLRP Rep B, I 95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

5.003MSS Patient Confidentiality and Reproductive Health: AMA-MSS condemns the attempts of the Department of Justice to subpoena medical records in cases involving abortion. (MSS Amended Res 11, A-04)

5.005 MSS MSS Stance on Challenges to Women's Right to Reproductive Health Care Access: AMA-MSS opposes legislation that would restrict a woman's right to obtain medical services associated with her reproductive health, as defined in policy 5.001 MSS, on the grounds that they interfere with a physician's ability to provide medical care. (MSS Res 6, A-06) (Reaffirmed: MSS GC Rep D-I-11)

10.000MSS Accident Prevention

10.001MSS Prevention of Scald Burns in Children: AMA-MSS will ask the AMA to encourage physicians to educate all parents by disseminating scald prevention information. (Reaffirmed existing policy in lieu of AMA Res 11, A 89) (Reaffirmed: MSS Rep D, I-99)

10.002MSS Fencing of Residential Pools: AMA-MSS strongly supports fencing of residential pools as a means to prevent immersion injury. (MSS Sub Res 54, A 91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

10.003MSS Mandatory Labeling for Waterbeds and Beanbag Furniture: AMA-MSS will ask the AMA to encourage waterbed manufacturers and manufacturers of similar type furnishings to affix a permanent label and distribute warning materials on each waterbed and other furnishings concerning the risks of leaving an infant or handicapped child who lacks the ability to roll over unattended on a waterbed or beanbag furniture. (AMA Amended Res 414, A 92, Adopted [245.985]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

10.006MSS In-line Skating Injuries: AMA-MSS will ask the AMA to: (1) strongly recommend that all in-line skaters wear protective helmets, wrist guards, and elbow and knee pads, and support efforts to educate adults and children about in-line skating safety; and (2) encourage the availability of all

safety equipment at the point of in-line skate purchase or rental. (AMA Sub Res 403, A-95, Adopted [10.975]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

10.008MSS Promoting the Universal Use of Bicycle Helmets: AMA-MSS encourages chapters to take advantage of current funding sources for community service initiatives to promote bicycle helmet use and to conduct events in their communities on safety education for all ages. (MSS Amended Res 12, A-09)

10.009MSS Use of Protective Eyewear by Young Athletes: AMA-MSS will ask the AMA to establish policy in support of the use of protective eyewear for athletes who have had eye surgery or trauma, or are functionally one-eyed individuals, and for all other athletes engaged in high eye-risk sports, as advocated by the American Academy of Pediatrics and the American Academy of Ophthalmology. (MSS Sub Res 15, A-98) (AMA Amended Res 404, I-98, Adopted) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

10.010MSS Return to Play After Suspected Concussion: AMA-MSS will ask the AMA to support the prohibition of athletes under age 18, who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion, from returning to play or practice without a licensed health care provider's written approval. (MSS Res 24, A-10) (AMA Amended Res 910, I-10, Adopted)

10.011MSS Skiing and Snowboarding Helmets and Safety: AMA-MSS will ask the AMA to (1) actively support skiing and snowboarding helmet use and encourage physicians to educate their patients about the importance of skiing and snowboarding helmet use; (2) encourage the manufacture, distribution, and utilization of safe, effective, and reasonably priced skiing and snowboarding helmets; (3) encourage the availability of helmets at the point of skiing and snowboarding purchase; and (4) develop model state/local legislation requiring the use of skiing and snowboarding safety helmets in the pediatric population, and calling for all who rent skis and snowboards to the pediatric population to offer the rental of skiing and snowboarding safety helmets. (MSS Res 25, A-10) (AMA Substitute Res 911, I-10, Adopted)

10.012MSS Helmet Safety: AMA-MSS will ask the AMA to amend H-470.974 by insertion and deletion as follows:

Athletic Helmets: 1. Our AMA urges the Consumer Product Safety Commission to establish standards that athletic and recreational helmets, including but not limited to football, baseball, hockey, horse back riding, bicycle and motorcycle riding, lacrosse, and skiing, produced or sold in the United States provide protection against head injury; and that the AMA advocate the use of appropriate and safe clear face guards as a permanent installation on the current bilateral ear protective batter's helmet to be worn by all baseball and softball players as required safety equipment in all organized baseball and softball for those children from 5 to ~~14~~ 18 years of age; that the AMA encourage the use of protective helmets and face shields to be worn by all baseball and softball pitchers in organized leagues from 5 to 18 years of age. 2. Our AMA: (a) supports legislation requiring the use of helmets by children ages 17 and younger while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing, ~~or~~ and snowboarding; (b) encourages the use of helmets in adults while engaged in potentially dangerous athletic activities, including but not limited to sledding, snow skiing ~~or~~ and snowboarding; (c) encourages physicians to educate their patients about the importance of helmet use while engaged in potentially dangerous athletic activities, including but not limited to sledding, skiing and snowboarding; and (d) encourages the availability of rental helmets at all commercial sledding, skiing and snowboarding areas. (MSS Sub Res 31, A-11) (Amended: Sub MSS Res 37, I-11) (AMA Sub Res 404, A-12 Adopted)

15.000MSS Accident Prevention: Motor Vehicles

15.001MSS State Motorcycle Helmet Laws: Our AMA-MSS will ask the AMA to: (1) endorse the concept of legislative measures to require the use of helmets when riding or driving a motorcycle; (2) urge constituent societies to support the enactment or preservation of state motorcycle helmet laws; and (3) join, when requested, with constituent societies to support the enactment or preservation of state motorcycle helmet laws. (AMA Res 77, I 80, Adopted [15.994]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

15.003MSS Mandatory Seat Belt Utilization Laws: AMA-MSS will ask the AMA to support mandatory seat belt utilization laws, which do not simultaneously relieve automobile manufacturers of their responsibility to install passive restraints. (AMA Sub Res 133, A 85, Adopted [15.982]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00; Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

15.004MSS Hazards of All Terrain Vehicles: AMA-MSS will ask the AMA to support increased safety standards for the operation of all terrain vehicles. (MSS Sub Res 17, A 87) (AMA Res 77, I-87, Adopted) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

15.008MSS Advocacy of a Highway-Rail Crossing Safety Program: AMA-MSS supports the proper legislation and programs set forth by the United States Department of Transportation – Federal Railroad Administration to ensure the safety at highway – rail crossings. (MSS Sub Res 7, A-99) (Reaffirmed: MSS Rep A, I-04)

15.009MSS Seatbelt Use in Young Drivers and Passengers: AMA-MSS will ask the AMA to urge physicians to take an active stance with their young patients on the importance of safety in motor vehicles through routine questioning regarding passenger seat belt use during every history and physical exam. (MSS Sub Res 10, A-01) (Reaffirmed existing policy in lieu of AMA Res 402, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

15.010MSS Seat Belt Compliance in Emergency Vehicle Patient Compartments: AMA-MSS will ask the AMA to collaborate with national emergency medicine and emergency medical services organizations to develop educational resources and training for employees regarding seat belt usage in the patient compartments of emergency vehicles; and (2) support the amendment of state seat belt laws with blanket exemptions for emergency medical services personnel such that these laws provide exemptions only when actively involved in patient care. (MSS Res 22, A-10) (AMA Amended Res 909, I-10, Adopted)

20.000MSS Acquired Immunodeficiency Syndrome (AIDS)

20.001MSS Look Back Programs: AMA-MSS will ask the AMA to support the concept of blood bank “look-back" programs as a means of protecting patients and reducing the possible spread of infection. (AMA Amended Res 115, I 86, Adopted [20.991]) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

20.002MSS AIDS Education: AMA-MSS: (1) encourages public school instruction, appropriate for a student's age and grade, on the nature of HIV and the prevention of its transmission starting at the earliest age at which health and hygiene are taught; (2) asks the AMA to encourage the training of appropriate school personnel to assure a basic knowledge of the nature of HIV, the prevention of its transmission, the availability of appropriate resources for counseling and referral, and other information that may be appropriate considering the ages and grade levels of pupils. (MSS Sub

Res 4, A 87) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

20.005MSS Drug Availability: AMA-MSS will ask the AMA, as set forth in its objective of contributing to the betterment of the public health, to: (1) use its resources in cooperation with other health care organizations and agencies to facilitate the distribution of information on drug therapy availability for AIDS; and (2) encourage the FDA to continue to expedite the evaluation of available drugs used in the treatment of AIDS (AMA Res 177, A 88, Adopted as Amended [20.980]) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

20.006MSS AIDS Prevention Through Educational: AMA-MSS will ask the AMA to support attention to language and cultural appropriateness in HIV educational materials and encourage the development of additional materials designed to inform minorities of risk behaviors associated with HIV infection. (AMA Res 121, I 88, Adopted [20.974]) (Reaffirmed:, MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

20.009MSS Condom Availability: AMA-MSS will ask the AMA to pursue legislation that encourages local, state, and federal correctional institutions to make condoms available to the inmates. (AMA Sub Res 178, I 90, Adopted [20.955]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

20.010MSS Comprehensive HIV Programs in Correctional Facilities: AMA-MSS will ask the AMA to encourage correctional systems at the federal and state levels to provide comprehensive medical management to all prisoners, including treatment, counseling, education, and preventive measures related to HIV infection. (AMA Res 180, I 90, Referred) (BOT Rep RR, I-90, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

20.011MSS Non-Consensual HIV Testing: AMA-MSS will ask the AMA to support allowing HIV testing without prior consent in the event that a health care provider is involved in accidental puncture injury or mucosal contact by fluids potentially infected with the HIV virus in federally operated health care facilities (AMA Amended Res 415, I 91, Adopted [20.947]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

20.012MSS Policy Regarding HIV Infected Medical Students: AMA-MSS will ask the AMA to take the stand that a medical student who becomes infected with human immunodeficiency virus (HIV) and other bloodborne infectious diseases should not be prevented from completing his or her course of study and receiving their MD/DO degree based solely on their HIV seropositivity. (AMA Amended Res 413, I 92, Adopted [295.937]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I 05)

20.013MSS Compulsory Discharge of HIV Infected Military Personnel: AMA-MSS will ask the AMA to oppose any measure that would mandate the compulsory discharge of members of the armed services who have HIV and are otherwise in compliance with present Pentagon regulations. (AMA Sub Res 401, I-96, Adopted to amend AMA Policy 20.966) (Reaffirmed: MSS Rep B, I-01) (Amended: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

20.014MSS Promotion of Rapid HIV Test: AMA-MSS will ask the AMA to work with any and all local and state medical societies, and other interested U.S. and international organizations to increase access to and utilization of FDA approved rapid HIV testing by personnel appropriately trained in test administration and results counseling. (MSS Res 30, I-04) (AMA Amended Res 511, A-05, Adopted D-20.993) (Reaffirmed: MSS GC Rep D-I-11)

20.015MSS National HIV Testing Day: AMA-MSS will ask the AMA to recognize National HIV Testing Day and encourage AMA members to promote participation in voluntary HIV testing and counseling through community and media outreach, health fairs, and free testing sites across the country.

(MSS Res 20, I-05) (AMA Res 516, A-06, Adopted [H-20.904]) (Reaffirmed: MSS GC Rep F, I-10)

20.016MSS Anonymous HIV Testing on Undergraduate Campuses: AMA-MSS will ask the AMA to encourage undergraduate campuses to conduct anonymous, free HIV testing with qualified staff and counselors. (MSS Res 24, I-05) (AMA Amended Res 515, A-06, Adopted [H-20.920]) (Reaffirmed: MSS GC Rep F, I-10)

20.017MSS HIV Positive Immigration and Permanent Residency in the U.S.: AMA-MSS will ask the AMA to amend H-20.901 by insertion and deletion as follows:

H-20.901 HIV, Immigration, and Travel Restrictions
Our AMA: (1) Supports enforcement of the public charge provision of the Immigration Reform Act of 1990 (PL 101-649); (2) Recommends that decisions on testing and exclusion of immigrants to the United States be made only by the U.S. Public Health Service, based on the best available medical, scientific, and public health information; ~~(3) Supports keeping HIV infection on the list of communicable diseases of "Public Health Significance" for purposes of immigration law and supports excluding immigrants infected with HIV from settling permanently in the United States;~~ (3~~4~~) Recommends that non-immigrant travel into the United States not be restricted because of HIV status; and (4~~5~~) Recommends that confidential medical information, such as HIV status, not be indicated on a passport or visa document without a valid medical purpose.
(MSS Res 27, A-10) (AMA Res 2, I-10, Adopted [H-20.901])

20.018MSS Averting Antiretroviral Treatment Rationing in the United States – Strengthening the AIDS Drug Assistance Program: AMA-MSS will ask the AMA to lobby the United States Congress to expand funding to ensure coverage for all current and future qualified individuals for the AIDS Drug Assistance Program.. (MSS Res. 34, A-11) (Reaffirmed existing policy in lieu of AMA Res 210, I-11)

25.000MSS Aging

25.001MSS Geriatric Delirium Screening: AMA-MSS will ask the AMA to support efforts to educate physicians regarding the importance of delirium screening for clinically relevant patients 65 years of age or older, using an evidence-based and validated delirium detection tool. (MSS Res 17, I-06) (Reaffirmed: MSS GC Rep D-I-11)

30.000MSS Alcohol and Alcoholism

30.001MSS Medical Student and Housestaff Alcoholism: AMA-MSS will ask the AMA to (1) encourage medical schools to provide peer counseling groups for addicted students; (2) aid and support medical schools in the identification of alcohol and drug treatment programs; (3) urge medical schools to grant leaves of absence to addicted students to seek treatment; and (4) support the formation of a national or regional committee of addiction and rehabilitation experts who may evaluate and recommend desirability of readmission for expelled students. (AMA Amended Res 83, I 82, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

30.003MSS Age Requirement for Purchase of Non-Alcoholic Beer: AMA-MSS will ask the AMA to: (1) support accurate and appropriate labeling disclosing the alcohol content of all beverages including so-called "non-alcoholic" beer and of other substances as well, including over-the-counter and prescription medications with removal of "non-alcoholic" from the label of any substance containing any alcohol; (2) support efforts to educate the public and consumers relating to the

alcohol content of so-called "non-alcoholic" beverages and other substances, including medications, especially as related to consumption by minors; and (3) express strong disapproval of any consumption of beer by persons under 21 years of age which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underage use of alcohol. (AMA Amended Sub Res 217, I 91, Adopted [30.957]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

30.005MSS Boating Under the Influence: AMA-MSS will ask the AMA to (1) support legislation for adequate education on the dangers of alcohol and drug consumption for the safe operation of recreational water craft; and (2) support stringent enforcement of regulations regarding boating under the influence of alcohol and other drugs. (AMA Res 405, I-93, Adopted [30.951]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

30.006MSS Support of Programs that Discourage Adolescent Alcohol Consumption: AMA-MSS strongly encourages AMA-MSS chapters to work with adolescents in their local communities in order to both raise awareness of the dangers of alcohol consumption by minors as well as to curtail underage drinking in their local populations. (MSS Res 28, I-03) (Reaffirmed: MSS Rep E, I-08)

30.007MSS Drunk Driving Prevention through Designated Driver Use Promotion: AMA-MSS urges, and will ask the AMA to urge, businesses that serve alcohol to offer incentives such as free admission, reduced food prices, and free non-alcoholic beverages to patrons who elect to be designated drivers. (MSS Res 20, I-04) (AMA Res 415, A-05, Withdrawn) (Reaffirmed existing policy 30.945 in lieu of AMA Res 435, A-05)

30.008MSS Support for Medical Amnesty Policies for Underage Alcohol Intoxication: AMA-MSS will ask the AMA to support efforts among universities, hospitals, and legislators to establish medical amnesty policies that protect underage drinkers from punishment when seeking emergency medical attention for themselves or others. (Sub MSS Res 32, I-11) (AMA Res 202, A-12 Adopted as Amended)

35.000MSS Allied Health Professions

50.000MSS Blood

50.002MSS Use of Blood Therapeutically Drawn from Hemochromatosis Patients: AMA-MSS will ask the AMA to advocate the acceptance of blood drawn therapeutically from patients with hemochromatosis as a measure to correct the shortage in the blood supply, provided that methods are in place to ensure the donor's altruistic intent to use the blood for transfusion. (MSS Sub Res 1, I-97) (AMA Res 504, A-98, Referred) (CSA Rep 1, A-99 Adopted) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

50.003MSS Blood Donation by HIV Negative Homosexual Males: AMA-MSS will ask the AMA to encourage the Food and Drug Administration to continue evaluation and monitoring of regulations on blood donation by men who have had sex with other men, and to consider making modifications to the current deferral policies if sufficient scientific evidence becomes available to support such a change. (MSS Rep A, I-01) (AMA Sub Res 401, A-02, Adopted [50.977]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

55.000MSS Cancer

55.001MSS Testicular Cancer Self Examination: AMA-MSS will ask the AMA to promote national awareness

of the problem of testicular cancer and to support programs of education in the proper method of self examination to lead to early detection of testicular cancer. (AMA Res 28, I 87, Adopted [55.989]) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

55.002MSS Mass Screening for Neuroblastoma: AMA-MSS will ask the AMA to encourage the implementation of mass screening programs for neuroblastoma in each state and work to increase public awareness of the benefits of a mass screening program for neuroblastoma. (AMA Res 76, A 90, Referred) (BOT Rep Q, I 90, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

55.003MSS Screening and Education Programs for Breast and Cervical Cancer Risk Reduction: AMA-MSS will ask the AMA to (1) support programs to screen all women for breast and cervical cancer; (2) support government funded programs available for low income women; and (3) support the development of public information and educational programs with the goal of informing all women about routine cancer screening in order to reduce their risk of dying from cancer. (AMA Amended Res 418, I 91, Adopted [55.985]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

55.004MSS Use of the Anal Pap Smear as a Screening Tool for Anal Dysplasia: AMA-MSS will ask the AMA to support continued research on the diagnosis and treatment of anal cancer and its precursor lesions and to promote awareness of the current research regarding the utility of anal pap smears as a screening tool for anal cancer. (MSS Rep C, I-03) (AMA Amended Res 512, A 04, Adopted) (Reaffirmed: MSS Rep E, I-08)

55.005MSS Adolescent and Young Adult Cancer: The AMA-MSS will study promoting and endorsing the International Charter of Rights for Young People with Cancer or parallel or similar AMA developed language and encouraging all member societies of the AMA House of Delegates to consider promoting and endorsing the International Charter of Rights for Young People with Cancer or parallel or similar AMA developed language. (MSS Res 5, A-11)

55.006MSS 9/11 Early Responder Health Coverage of Cancer: AMA-MSS will ask the AMA to encourage further study of the association between post-September 11,2001 World Trade Center attack exposure and cancer incidence. (MSS Res 34, I-11) (AMA Res 501 Adopted)

55.007MSS Adolescent and Young Adult Cancer: (1) AMA-MSS encourages further research into the scientific basis, treatment, and diagnosis of Adolescent and Young Adult Cancers; and (2) AMA-MSS promotes education and research about the unique challenges to treating adolescents and young adults with cancer, and promote solutions to these challenges. (MSS GC Rep D, A-12)

60.000MSS Children and Youth

60.001MSS Medical Family History in Adoptions: AMA-MSS stands in favor of a change in adoption procedures that would require adoption agencies to obtain a complete family medical history and permit the adoptee to have access to this information while still maintaining confidentiality. (MSS Res 1, A 86) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

60.002MSS Provision of Health Care and Parenting Classes to Adolescent Parents: AMA-MSS will ask the AMA to (1) encourage state medical and specialty societies to seek to increase the number of adolescent parenting programs within school settings that provide health care for infant and mother and child development classes in addition to current high school courses and (2) support programs directed toward increasing high school graduation rates, improving parenting skills, and decreasing future social service dependence of teenage parents. (AMA Amended Res 422, I 91,

Adopted [60.973]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

60.006MSS First Aid Training For Child Daycare Workers: AMA-MSS will ask the AMA to recommend that all licensed child daycare facilities have a minimum of one employee currently certified in first aid including adult/pediatric and infant CPR and foreign body airway management, on site and available during all business hours. (AMA Amended Res 213, I-94, Adopted [60.957]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

60.008MSS School-Based Prevention of Eating Disturbances in Adolescents: AMA-MSS will ask the AMA to encourage all school counselors, coaches, trainers, teachers and nurses to be trained to recognize unhealthy dieting and weight restrictive behaviors in adolescents and offer education and appropriate referral for interventional counseling. (MSS Sub Res 18, I-97) (AMA Amended Res 503, A-98, Adopted [H-150.965]) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

60.010MSS Encouraging Vision Screenings for Schoolchildren: AMA-MSS will ask the AMA to: (1) encourage and support outreach efforts to provide vision screenings for school-age children prior to primary school enrollment and (2) encourage the development of programs to improve school readiness by detecting undiagnosed vision problems and support periodic pediatric eye screenings with referral for comprehensive professional evaluation as appropriate. (MSS Res 15, A-04) (AMA Amended Res 430, A-05, Adopted [H-425.977])

60.011MSS Sun Protection Programs in Elementary Schools: AMA-MSS will ask the AMA to work with the National Association of State Boards of Education, the Centers for Disease Control and Prevention, and other appropriate entities to encourage elementary schools to develop sun protection policies. (MSS Res 16, A-04) (Reaffirmed: MSS Res 16, I-05) (Reaffirmed: MSS GC Rep F, I-10)

60.012MSS Teen and Young Adult Suicide in the United States: AMA-MSS will ask the AMA to recognize teen and young-adult suicide as a serious health concern in the United States and compile resources to reduce teen and young adult suicide, including but not limited to CME classes, patient education programs and other appropriate educational and interventional programs for health care providers, and Rep Back at A-05. (MSS Res 18, A-04) (AMA Amended Res 424, A-05, Adopted)

60.014MSS Establishment of a National Immunization Registry of "Vaccines for Children" Enrolled Patients: AMA-MSS will ask the AMA to (1) work with the Centers for Disease Control, the Department of Health and Human Services, the United States Public Health Service Health, and other interested organizations to develop a National Immunization Registry (NIR) that considers the use of information technology to manage and access information contained within it and (2) ensure that any National Immunization Registry (NIR) that is created protects the patient-physician relationship. (MSS Rep B, A-05) (AMA Sub Res 709, I-05, Adopted [D-440.961]) (Reaffirmed: MSS GC Rep F, I-10)

60.015MSS Promotion of Healthy Body Image in Pre-Adolescent Children: AMA-MSS will ask the AMA to support school-based primary prevention programs for pre-adolescent children in order to prevent the onset of eating disorders and other behaviors associated with a negative body image. (MSS Res 11, I-05) (AMA Res 420, A-06, Referred) (CSAPH Rep 8, A-07, Adopted [D-150.984]) (Reaffirmed: MSS GC Rep F, I-10)

60.016MSS Ensuring Best Care for Children with Diabetes in School: AMA-MSS will ask the AMA to support the implementation of rigorous training programs under physician oversight, including frequent refresher courses, for selected school staff members to dose and administer injectable medications in emergency situations and to aid the child in their self-administration of insulin in the case that a licensed medical professional is not available. (MSS GC Rep B, A-06)

(Reaffirmed: MSS GC Rep D-I-11)

60.017MSS Disclosure of Health Status to Children and Adolescents: AMA-MSS will ask the AMA to encourage relevant members of the Federation of Medicine, as well as relevant non-physician organizations, to provide ongoing communication, support, and training to health care providers to assist parents with disclosing their children's health status, in particular their HIV status, to them in a timely and prudent manner. (MSS Amended Res 5, A-09)

60.018MSS Body Image and Advertising to Youth: AMA-MSS will ask the AMA to encourage advertising associations to work with public and private sector organizations concerned with adolescent health to develop guidelines for advertisements, especially those appearing in teen-oriented publications, that would discourage the altering of photographs in a manner that could promote unrealistic expectations of appropriate body image. (MSS Res 26, A-10) (AMA Res 414 Adopted as Amended [, A-11)

60.019MSS Reducing the Incidence of Back Pain in Schoolchildren by Encouraging the Proper Use of Backpacks**:** AMA-MSS supports guidelines to encourage proper use of backpacks by schoolchildren by recommending lighter loads and the use of both shoulders. (MSS Res 33, I-10)

60.020MSS Reduction of Online Bullying: AMA-MSS will ask the AMA to urge social networking platforms to adopt Terms of Service that define and prohibit cyberbullying and cyberhate. (MSS Res 23, A-11) (AMA Res 401, A-12 Adopted as Amended)

60.021MSS Implementation and Funding of Childcare Services for Patients: AMA-MSS will ask the AMA to encourage primary care and emergency department settings, where feasible, to offer inexpensive or free childcare services to patients. (MSS Res 21, A-12)

65.000MSS Civil and Human Rights

65.002MSS Nondiscrimination Based on Sexual Orientation: (1) AMA-MSS continues to support its positions that nondiscrimination policies are a means for protecting the rights of those that suffer from prejudice. (2) Our AMA-MSS will ask the AMA to (a) strongly urge the LCME to amend the "Standards for Accreditation of Medical Education Program Leading to the MD Degree: Part 2, Medical Students, Admissions" to read: "In addition, there must be no discrimination on the basis of sex, age, race, creed, national origin or sexual orientation"; and (b) strongly urge the ACGME to amend the "General Essentials of Accredited Residencies, Eligibility and Selection of Residents" to read: "There must be no discrimination on the basis of sex, age, race, creed, national origin or sexual orientation." (AMA Res 12, A 89, Adopted [295.969]) (Reaffirmed: MSS Rep D, I-99)

65.005MSS Disseminating Information to Combat Ethnic Retaliation and Racism: AMA-MSS will work to raise awareness about incidents of ethnic retaliation and racism with the goal of reducing the occurrence of such incidents in the future. (MSS Sub Res 7, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

65.007MSS Gender-Specific Rehabilitative Programs, Mental Health, and Educational Services for Girls in the Juvenile Detention System: AMA-MSS will ask the AMA to work with appropriate organizations to evaluate gender-specific rehabilitation programs, mental health services, and educational services in juvenile detention centers. (MSS Sub Res 10, I-02) (AMA Amended Res 411, A-03, Adopted [H-170.967]) (Reaffirmed: MSS Rep C, I-07)

65.008MSS Nondiscriminatory Policy for the Health Care Needs of the Homosexual Population: AMA-MSS will ask the AMA to (1) encourage physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, healthcare workers, or employees to

include "sexual orientation, sex, or perceived gender" in any nondiscrimination statement; and (2) encourage individual physicians to display for patient and staff awareness-as one example: "This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or perceived gender." (MSS Res 27, A-03) (AMA Res 414, A-04, Adopted [D-65.996]) (Amended: MSS Rep E, I-08)

65.009MSS Same-Sex and/or Opposite Sex Non-Married Partner: AMA-MSS will ask the AMA to support legislative and other efforts to allow the adoption by the same-sex and/or opposite sex non-married partner who functions as a second parent or co-parent of children who are born to or adopted by one member. (MSS Res 24, I-03) (AMA Res 204, A-04, Adopted [H-60.940]) (Reaffirmed: MSS Rep E, I-08)

65.010MSS Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender Health Issues on Medical School Campuses: AMA-MSS (1) supports medical student interest groups to organize and congregate under the auspices of furthering their medical education or enhancing patient care by improving their knowledge and understanding of various communities – without regard to their gender, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students who wish to conduct on-campus educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; (3) encourages the LCME to require all medical schools to incorporate GLBT health issues in their curricula; and (4) reaffirms its opposition to discrimination against any medical student on the basis of sexual orientation. (MSS Amended Res 28, A-05) (Reaffirmed: MSS GC Rep F, I-10)

65.011MSS Physician Objection to Treatment and Individual Patient Discrimination: AMA-MSS will ask the AMA to: (1) reaffirm that physicians can conscientiously object to the treatment of a patient only in non-emergent situations; and (2) support policy that when a physician conscientiously objects to serve a patient, the physician must provide alternative(s) which include a prompt and appropriate referral. (MSS Res 14, I-05) (AMA Res 005, A-06, Referred) (CEJA Rep 6, A-07, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

65.012MSS Removing Barriers to Care for Transgender Patients: AMA-MSS will ask the AMA to (1) support public and private health insurance coverage for treatment of gender identity disorder in adolescents and adults; and (2) oppose categorical exclusions of coverage for treatment of gender identity disorder in adolescents and adults when prescribed by a physician. (MSS Amended Res 11, I-07) (AMA Res 122, A-08, Adopted as Amended in Lieu of AMA Res 114 and 115 [H-185.950])

65.013MSS Marriage-Based Health Disparities Among Gay, Lesbian, Bisexual, and Transgender Families: AMA-MSS supports AMA efforts to evaluate existing data concerning same-sex couples and their dependent children and report back to the House of Delegates to determine whether there is evidence of health care disparities for these couples and children because of their exclusion from civil marriage. (MSS Res 5, A-08)

65.014MSS Marriage Equality and Repeal of the Defense of Marriage Act:

(1) AMA-MSS will ask the AMA to support ending the exclusion of same-sex couples from civil marriage in order to reduce health care disparities affecting those gay and lesbian individuals and couples, their families, and their children.

(2) AMA-MSS supports the repeal of the "Defense of Marriage Act," as it discriminates against married same-sex couples and their families and directly contributes to health care disparities among the gay, lesbian, bisexual, and transgender (GLBT) community. (MSS Res 30, A-10) (AMA Res 209, I-10, Referred)

65.015MSS Reducing Suicide Risk among Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

through Collaboration with Allied Organizations: AMA-MSS will ask the AMA to partner with public and private organizations dedicated to public health and public policy to reduce lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth suicide and improve health among LGBTQ youth. (MSS Res 24, A-11)

65.016MSS Elimination of Health Care Disparities Resulting from Insurance Status: AMA-MSS (1) supports the elimination of health care disparities caused by differential treatment based on insurance status of Americans; (2) encourages the Commission to End Health Care Disparities to specifically address in its mission, advocacy and actions, the contribution of differences in insurance status to health care disparities; and (3) supports efforts by the Agency for Healthcare Research and Quality to specifically investigate the impact of insurance-based segregation of Medicaid patients in different settings on racial and ethnic health care disparities and make appropriate evidence-based recommendations. (MSS Sub Res 29, A-11)

65.017MSS Lesbian, Gay, Bisexual, and Transgendered Patient-Specific Training Programs for Healthcare Providers: AMA-MSS will ask the AMA to support the training of healthcare providers in cultural competency as well as in physical health needs for lesbian, gay, bisexual, and transgender patient populations. (MSS Res 13, I-11) (Reaffirmed existing policy in lieu of AMA Res 304, A-12)

75.000MSS Contraception

75.001MSS Mandatory Parental Notification for Minors Seeking Contraceptive Devices: AMA-MSS supports the concept that primary prevention of unplanned pregnancy, particularly among the young, is a public health priority; expressed concern that requiring notification and verification of contraceptive care to minors may increase the number of teenagers at risk of unplanned pregnancies by establishing a real or perceived barrier to a primary preventive health service. (MSS Res 21, A-82) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

75.003MSS Contraceptive Programming in the Media: AMA-MSS will ask the AMA to urge print and broadcast media to permit advertising and public service announcements regarding contraception and safe sexual practices as a matter of public health awareness. (AMA Res 114, I-86, Adopted [75.996]) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

75.005MSS Promotion of Emergency Contraception Pills: AMA-MSS will ask the AMA to: (1) support public health education relating to emergency contraception pills (ECPs) by working in conjunction with the appropriate specialty societies and organizations to encourage the widespread dissemination of information on ECPs to the medical community, women's groups, health groups, clinics, the public and the media; and (2) advocate programs that provide improved access to emergency contraception pills for women during after-hours need. (MSS Sub Res 54, I-98) (AMA Amended Res 403, A-99, Adopted [D-75.999]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

75.007MSS Preservation of HIV and STD Prevention Programs Involving Safer Sex Strategies and Condom Use: AMA-MSS will ask the AMA to reaffirm its policy to reiterate that HIV and STD prevention education must be comprehensive to incorporate safer sex strategies including condom use, not just abstinence, and that these programs be culturally sensitive to sexual orientation minorities. (MSS Late Res 1, I-02) (AMA Amended Res 732, I-02, Adopted [D-20.994]) (Amended: MSS Rep C, I-07)

75.008MSS Opposition to Sole Funding of Abstinence-Only Education: AMA-MSS will ask the AMA to

actively oppose increasing federal and state funding for abstinence-only education, unless future research shows its superiority over comprehensive sex education in terms of preventing negative health outcomes. (MSS Res 31, A-03) (AMA Amended Res 441, I-03, Adopted [H-170.968]) (Amended: MSS Rep E, I-08)

75.009MSS Ending Discrimination Against Contraception: AMA-MSS will ask the AMA to support the concept of equity among all forms of prescription contraception in order to offer women the option of affordable contraceptives which would include support from state and federal agencies. (MSS Res 34, I-03) (Reaffirmed existing policy in lieu of AMA Res 107, A-04) (Reaffirmed: MSS Rep E, I-08)

75.010MSS FDA Rejection of Over-The-Counter Status for Emergency Contraception Pills: AMA-MSS will ask the AMA to: (1) issue a public statement to oppose the unprecedented actions of the Acting Director of the United States Food and Drug Administration in overruling the approval of over-the counter access to the Plan B pill –and urge the reconsideration of this decision immediately; (2) amend policy H-75.985 by addition and deletion to read as follows:

H-75.985 Access to Emergency Contraception. It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through pharmacies**,** hospitals, clinics, emergency rooms, acute care centers, and physicians' offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; ~~and~~ (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; and (5) to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter

(3) work with the American College of Obstetricians and Gynecologists, Physicians for Reproductive Choice and Health, local and state medical societies, and other interested organizations to continue its efforts to increase access to emergency contraception – including further lobbying of the U.S. Food and Drug Administration and Congress to make emergency contraception available over-the-counter; and (4) report back on the issue of increasing access to emergency contraception at I-04 (MSS Res Late 5, A-04) (AMA Res 443, A-04, Adopted [D-100.986])

75.011MSS Informed Consent with Regards to Advertising and Prescribing Contraceptives: AMA-MSS: (1) supports continued research that explores alternative mechanisms of contraceptives; and (2) supports the concept of providing accurate and balanced information on the effectiveness, safety and risks/benefits of contraception in all public media and urges that such advertisements include appropriate information on the effectiveness, safety and risk/benefits of various methods with the addition of information regarding possible secondary mechanisms of contraceptive methods when conclusive and quantitative data is available. (MSS Rep B, A-04)

85.000MSS Death

90.000MSS Disabled

90.001MSS Handicapped Parking Spaces: AMA-MSS will ask the AMA to support efforts to educate the public on the appropriate use of parking spaces for the handicapped. (AMA Res 118, I-88,

Adopted [90.991]) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

90.002MSS National Campaign to Educate School Teachers on Interaction With Impaired Children: AMA-MSS will ask the AMA to encourage physicians, medical students and other health care professionals to participate in the education of teachers on common pediatric impairments. (AMA Amended Res 260, A-90, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

90.007MSS Societal Discrepancies in the Disabled Population and Post-Secondary Disability Resource Center Utilization**:** AMA-MSS (1) supports educating medical students and health care professionals on the societal discrepancies endured by the disabled population as well as services provided by post-secondary disability resource centers; and (2) will promote utilization of disability resource centers at the post-secondary level for students who meet the requirements established by those centers. (MSS Res 35, I-10)

95.000MSS Drug Abuse

95.001MSS Inhalant Abuse: AMA-MSS will ask the AMA to support education and awareness among medical professionals and the public regarding inhalant abuse. (AMA Res 513, A-92, Adopted [95.962]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

95.002MSS Methamphetamine Abuse: AMA-MSS will work to educate members on the health impacts of methamphetamine manufacture and abuse and will support national and state legislation that regulates pseudoephedrine availability and accessibility to prevent the use of pseudoephedrine for non-medical purposes. (MSS Res 22, I-05) (Reaffirmed: MSS GC Rep F, I-10)

95.003MSS Marijuana: Medical Use and Research: AMA-MSS will ask the AMA to support reclassification of marijuana's status as a Schedule I controlled substance into a more appropriate schedule. (MSS Res 2, A-08) (AMA Res 910, I-08, Referred)

95.004MSS Support for Drug Courts: AMA-MSS will ask the AMA to (1) support the establishment of drug courts as an alternative to incarceration and as a more effective means of overcoming drug addiction for drug-abusing individuals convicted of nonviolent crimes; and (2) encourage legislators to establish drug courts at the state and local level in the United States. (MSS Res 29, I-11) (AMA Res 201 Adopted as Amended)

95.005MSS Recognition of Addiction as Pathology, Not Criminality: AMA-MSS supports encouraging government agencies to re-examine the enforcement-based approach to illicit drug issues and to prioritize and implement policies that treat drug abuse as a public health threat and drug addiction as a preventable and treatable disease. (MSS Res 31, I-11)

95.006MSS Comprehensive Evidence-based Drug Treatment in Prisons: AMA-MSS will ask the AMA to work with appropriate specialty societies to develop and promote legislative and policy initiatives that expand comprehensive evidence-based substance abuse treatment in federal, state and local prisons and jails. (MSS Res 38, A-12)

100.000MSS Drugs

100.001MSS Ethical Concerns and Development of New Medications: AMA-MSS will ask the AMA to support the position that research, development, and submission for the Food and Drug Administration consideration of antiprogestins and other new medications be based predominantly on scientific

evidence. (AMA Sub Res 252, A-89, Adopted [100.986]) (Reaffirmed: MSS Rep D, I-99)

100.002MSS Opposition to Abuses of the Orphan Drug Act: AMA-MSS will ask the AMA to oppose abuses of the intent of the Orphan Drug Act. (AMA Res 37, I-90, Referred) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

100.004MSS AMA Support for the Use of Patient Controlled Analgesia (PCA): AMA-MSS will ask the AMA to support the use of Patient Controlled Analgesia (PCA), when not contraindicated, as one of several effective analgesic methods. (AMA Amended Res 510, A-92, Adopted [160.978]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

100.005MSS Informational Campaign on Diethylstilbestrol - (DES): AMA-MSS will ask the AMA to: (1) encourage education on the consequences of diethylstilbestrol exposure so that medical students and health care professionals receive satisfactory knowledge of the signs and symptoms of DES exposure in both the mother and her children; and (2) support research efforts on DES exposure and the future health of those affected. (MSS Amended Res 1, A-98) (AMA Amended Res 50, I-98, Adopted [H-100.970]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

100.006MSS Reclassification of Heroin for Therapeutic Use: AMA-MSS will ask the AMA to: (1) strongly support research into the therapeutic use of heroin as a Schedule I drug in the context of addiction treatment, for those patients for whom other standard methods have been tried and have failed; and (2) urge the Drug Enforcement Administration, Department of Health and Human Services, and National Institute of Drug Abuse to allow such research with appropriate oversight and safeguards. (MSS Sub Res 20, A-98) (AMA Res 504, I-98, Not Adopted) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

100.007MSS Naloxone Administration and Heroin Overdose: AMA-MSS will ask the AMA to: (1) recognize the great burden that both prescription and non-prescription opiate addiction and abuse places on patients and society alike and reaffirm its support for the compassionate treatment of patients with opiate addiction; (2) monitor the progress of nasal naloxone studies and report back as needed; and (3) work to remove obstacles to physicians who wish to conduct ethical and needed research in the area of addiction medicine. (MSS Rep A, A-05; AMA Amended Res 526, A-06, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

100.008MSS Novel Antibiotics and Antimicrobial Resistance: AMA-MSS will ask the AMA to continue to monitor the spread of antibiotic resistance and, if deemed necessary, support mechanisms that would result in the timely development of novel antibiotics. Mechanisms should include a combination of push and pull incentives with legislation modeled after the Orphan Drug Act in conjunction with intensive educational efforts targeting physicians and patients. (MSS Rep F, A-08) (Existing AMA policy reaffirmed in lieu of AMA Res 513, A-09)

100.009MSS Reporting of Adverse Drug Events: AMA-MSS will ask the AMA to (1) educate physicians about the distinction between adverse events and serious adverse events, as well as the importance of and ethical obligation to report serious adverse events; (2) work with relevant governmental agencies and private organizations to facilitate voluntary physician reporting of adverse drug and medical device events; and (3) encourage the FDA to investigate barriers to physician reporting of serious adverse events. (MSS Sub Res 19, I-09) (Existing AMA policy reaffirmed in lieu of AMA Res 513, A-10)

100.010MSS Promoting Prevention of Fatal Opioid Overdose: AMA-MSS will ask the AMA to (1) encourage the establishment of new pilot programs directed towards heroin overdose treatment with naloxone; and (2) advocate for encourage the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities. (MSS Res 36, I-11) (HOD Policy D-95.987 Amended in lieu of AMA Res 503, A-12)

100.011MSS Drug Shortages: AMA-MSS supports the Council on Science and Public Health Report 7-A-12,

"Drug Shortages Update," that contains the following recommendations:

1. Our AMA supports the recommendations of the 2010 Drug Shortage Summit convened by the American Society of Health System Pharmacists, American Society of Anesthesiologists, American Society of Clinical Oncologists and the Institute for Safe Medication Practices and work in a collaborative fashion with these and other stakeholders to implement theserecommendations in an urgent fashion.
2. Our AMA supports requiring all manufacturers of Food and Drug Administration approve drugs to give the agency advance notice (within 6 months or otherwise as soon as practicable) of anticipated voluntary or involuntary, permanent or temporary, discontinuance of manufacture or marketing of such a product.
3. Our AMA supports the creation of a task force to enhance the HHS Secretary's response to preventing and mitigating drug shortages and to create a strategic plan to address ongoing aspects of drug shortages.
4. Our AMA will advocate that the U.S. Food and Drug Administration and/or Congress require drug manufacturers to establish a plan for continuity of supply of vital and life-sustaining medications and vaccines to avoid production shortages whenever possible.
5. The Council on Science and Public Health continue to evaluate the drug shortage issue and keep the HOD informed about AMA efforts to address this problem.
6. Our AMA urges the development of a comprehensive federal report on the root causes of drug shortages. Such an analysis should include economic factors, including federal reimbursement practices, as well as contracting practices by market participants on competition, access to drugs, and pricing (Sub MSS Res 41, A-12)

105.000MSS Drugs: Advertising

105.001MSS Drug Advertising to the Public: AMA-MSS will ask the AMA to oppose the promotion of drugs in the absence of reasonable evidence for claims made. (AMA Res 132, A-83, Referred) (BOT Rep KK, A-83, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

115.000MSS Drugs: Labeling and Packaging

115.001MSS Fingerstick and Single-Use Point-of-Care Blood Testing Devices Should Not Be Used For More Than One Person: AMA-MSS will ask the AMA to encourage improved labeling of fingerstick and point-of-care blood testing devices such that it is clear that multiple-use fingerstick devices made for single patients are intended for use only on single patients. (MSS Res 44, I-10) (AMA Res 515 Adopted [ ], A-11)

115.002MSS Advocacy for a System of Improved and Standardized Instructions for Drug Labels in order to Promote Health Literacy and Patient Wellbeing: AMA-MSS will ask the AMA to (1) encourage the Food and Drug Administration and other appropriate third parties to consider the implementation of a system of written medication instructions with strongly correlating standardized pictorial representations that adequately represent the instructions in order to allow individuals of low literacy to clearly comprehend directions for and significance of medication use; and (2) encourage the Food and Drug Administration (FDA) and other appropriate third parties to include on all prescribed medication labels, if the patient so desires, the reason for which the medication was prescribed. (MSS Res 24, A-12)

120.000MSS Drugs: Prescribing and Dispensing

120.002MSS Written Medications Instructions for Chronic Multi-Drug Therapy: AMA-MSS will ask the AMA to encourage health professionals to provide patients on chronic, multi-drug therapy with concise written instructions regarding their medications, specifying dosages, dosing frequency, and possible interactions. (MSS Sub Res 34, A-97) (AMA Res 501, I-97, Referred) (CSA Rep 2, I-98, Adopted) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

120.003MSS Advocacy for Research into the Effects of Psychotropic Drugs in Children: AMA-MSS will ask the AMA to: (1) work in conjunction with the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and other relevant organizations to encourage increased funding for research into the safety and efficacy of psychotropic medications in children, especially those under 4 years of age, adolescents, and young adults; (2) establish diagnostic criteria for use of these medications in children, adolescents, and young adults; (3) promote incentives to create the infrastructure necessary to carry out studies related to the effects of psychoactive drugs in children, adolescents, and young adults, expressly to train qualified clinical investigators in pediatrics, child psychiatry, and pharmacology; and (4) promote efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of children, adolescents, and young adults. (MSS Amended Res 1, A-00) (AMA Amended Res 504, I-00, Adopted [D-60.995]) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

120.005MSS Tracking and Punishing Distributors of Counterfeit Pharmaceuticals: AMA-MSS will ask the AMA to support the Food and Drug Administration's efforts to research a uniform tracking system for pharmaceuticals and legislation making the production and distribution of counterfeit pharmaceuticals a felony. (MSS Res 35, I-03) (AMA Amended Res 924, I-03, Adopted [D-100.988]) (Reaffirmed: MSS Rep E, I-08)

120.006MSS Antidepressant Usage Among Children, Adolescents and Young Adults:
(1) AMA-MSS amends existing policy 120.003MSS by addition and deletion as follows:
"Our AMA-MSS will ask the AMA to (1) work in conjunction with the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and other relevant organizations to encourage increased funding for research into the safety and efficacy of psychotropic medications in ~~young children~~ children, especially those under 4 years of age, adolescents, and young adults; (2) establish diagnostic criteria for use of these medications in ~~2-4 year olds,~~ children, adolescents, and young adults; (3) promote incentives to create the infrastructure necessary to carry out studies related to the effects of psychoactive drugs in ~~young children~~ children, adolescents, and young adults, expressly to train qualified clinical investigators in pediatrics, child psychiatry, and pharmacology; and (4) promote efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of ~~young children~~ children, adolescents, and young adults"; and

(2) AMA-MSS will ask the AMA to amend existing policy H-60.944 by addition and deletion as follows:
"Our AMA: (1) endorses efforts to train additional qualified clinical investigators in pediatrics, child psychiatry, and therapeutics to carry out studies related to the effects of psychotropic drugs in children, adolescents, and young adults; and (2) promotes efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of ~~children~~ children, adolescents, and young adults"; and

(3) AMA-MSS supports working in conjunction with all appropriate specialty societies to prepare an independent, comprehensive review of the scientific data currently available pertaining to the safety and efficacy of the use of Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants in the treatment of child and adolescent psychiatric disorders. (MSS Res 21, I-04) (AMA Res 506, A-05, Adopted [H-60.944])

120.007MSS Patient Access to Legal Pharmaceuticals under Pharmacist Conscientious Objector Policy:

AMA-MSS: (1) supports the American Pharmaceutical Association in ensuring that pharmacies and pharmacists set up systems which guarantee patient access to legal pharmaceuticals without unnecessary delay or interference; and (2) supports legislation which requires pharmacies to fill legally written prescriptions or to provide timely alternative access without interference. (MSS Sub Res 23, A-05, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

120.008MSS Decreasing Epinephrine Auto-Injector Accidents and Misuse: AMA-MSS will ask the AMA to (1) encourage physicians to review standard epinephrine auto-injector administration protocol with patients upon initial prescription and on follow-up visits; and (2) encourage improved product design and labeling of epinephrine auto-injectors. (MSS Res 19, A-10) (AMA Res 512 Adopted [ ], A-11)

120.009MSS Restrictions on Use of Physician Prescribing Data for Commercial Purposes: AMA-MSS (1) supports limiting the use of physician prescribing data from any and all sources for commercial purposes, including its use by pharmaceutical companies; and (2) supports the availability of physician prescribing data to organizations using it for public health research, law enforcement, adverse effects reporting, and all other noncommercial purposes. (MSS Res 40, A-11)

120.010MSS Aligning Prescription Medication Renewals: AMA-MSS will ask the AMA to encourage relevant organizations, including but not limited to insurance companies and professional pharmacy organizations, to develop a plan to implement prescription refill schedule strategies so that patients requiring multiple prescription medications may reduce the travel barriers for prescription acquisition. (MSS Res 16, A-12)

125.000MSS Drugs: Substitution

130.000MSS Emergency Medical Services

130.002MSS Use of Automatic External Defibrillators: AMA-MSS will ask the AMA to support legislation for the increased use of automatic external defibrillators (AEDs) for the purpose of saving the life of another person in cardiac arrest provided that:

(1) A person or entity who acquires an automatic external defibrillator ensures that: (A) Expected defibrillator users receive American Heart Association CPR and/or an equivalent nationally recognized course in defibrillator use and cardiopulmonary resuscitation; (B) The defibrillator is maintained and tested according to the manufacturer's operational guidelines; and (C) Any person who renders emergency care or treatment on a person in cardiac arrest by using an automatic defibrillator activates the emergency medical services system as soon as possible.

(2) Any person or entity who acquires an automatic external defibrillator is encouraged to register the existence and location of the defibrillator with the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the automatic external defibrillator is to be located. (MSS Sub Res 12, A-98) (AMA Res 503, I-98, Referred) (BOT Rep 21, A-99, Adopted in lieu of Res 503, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

130.004MSS Decreasing Emergency Department Overcrowding:
(1) AMA-MSS supports legislation that addresses the issue of emergency department overcrowding and patient boarding.

(2) AMA-MSS will ask the AMA to work with state and federal governments, including agencies such as the Centers for Medicare and Medicaid Services and the U.S. Office of Preparedness and Emergency Operations, to develop guidelines and increase incentives for hospitals to reduce emergency department overcrowding. (MSS Sub Res 2, adopted in lieu of MSS Res 2 and MSS

Res 7, I-08) (CMS Rep 3, A-09, Adopted in Lieu of AMA Res 719, A-09 [H-130.940])

135.000MSS Environmental Health

135.002MSS Environmental Protection: AMA-MSS will ask the AMA to support strong federal enforcement of environmental protection regulations. (AMA Res 80, A-82, Referred) (BOT Rep D, I-82, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

135.003MSS Recycling in the Medical Community: AMA-MSS will ask the AMA to encourage the medical community to 1) initiate programs to recycle paper, aluminum cans, and bottles to show their commitment to improving the environment; and 2) use recyclable products in lieu of substances shown to be deleterious to the environment. (AMA Sub Res 169, I-89, Adopted [135.975]) (Reaffirmed: MSS Rep D, I-99)

135.005MSS Promotion of Conservation Practices within the AMA: AMA-MSS will ask the AMA to direct its offices to implement conservation-minded practices whenever feasible. (AMA Res 16, A-91, Adopted [530.979]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

135.006MSS Recycling: AMA-MSS encourages and supports all efforts to further hospital recycling. (MSS Sub Res 6, A-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

135.009MSS Public Notification of Pesticide Applications: AMA-MSS will ask the AMA to support improved public notification of pesticide applications and recommend that clearly visible signs be posted a reasonable time before and after commercial pesticide applications. (AMA Res 403, I-93, Referred) (CSA Rep 4, A-95, Adopted as Amended in lieu of Res 403 and 404, I-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

135.011MSS Providing Safety-Type Needles for Use in Health Care Settings: AMA-MSS (1) supports efforts to require all health care settings to provide safety-type needles (such as resheathable winged steel needles, bluntable needles, or needles with hinged recapping sheaths) as viable alternatives to conventional hypodermic needles for the use of staff and students and (2) recommends that all health care institutions educate and encourage injured persons to report their needlestick injuries to the proper sources so that they might receive appropriate diagnostic and therapeutic care. (MSS Amended Res 33, A-99) (Reaffirmed: MSS Rep A, I-04)

135.012MSS Toward Environmental Responsibility:
(1) AMA-MSS will ask the AMA to (a) recognize the negative impact of climate change on global human health, particularly in the areas of infectious disease, the direct effects of heat, severe storms, food and water availability, and biodiversity; and (b) conduct an internal assessment of its environmental footprint and research creative solutions to minimize it and report back at I-08. (2) AMA-MSS will continue to study climate change and its impact on human health by conducting an analysis of the environmental impact of hospitals, physician practices, and medical industry suppliers and report back at I-08. (MSS Amended Rep A, I-07) (AMA Res 607, A-08, Referred)

135.013MSS Statement of Sustainability Principles: AMA-MSS will (1) develop a model sustainability statement that medical schools can use as a template for creating institution-specific sustainability mission statements; and (2) encourage all medical schools to adopt mission statements which promote institutional sustainability initiatives such as consumption awareness, waste reduction, energy and water conservation, and the utilization of reusable/recyclable goods. (MSS Res 2, A-10) (Reaffirmed: MSS Res 10, I-11)

140.000MSS Ethics

140.001MSS Physicians' Participation in Medical Executions: It is the position of the AMA-MSS that an individual's opinion on capital punishment is the personal moral decision of the individual; a physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution; and a physician may make a determination or certification of death as currently provided by law in any situation. (MSS Sub Res 8, A-80) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

140.002MSS Bioethical Determinations: It is the position of the AMA-MSS that (1) In order to facilitate the training of physicians better equipped to assist patients in dealing with bioethical issues, courses in humanities, social sciences, and specifically bioethical issues should be included by medical schools in their recommendations for college courses. (2) More time should be integrated into the medical and post graduate training programs for exposure to bioethics, emphasizing clinical problems. (3) The establishment of standing or ad hoc committees at hospitals, which could facilitate the ethical decisions required to be made by patients and physicians, should be pursued. (4) Physicians should provide patients with medical information necessary to make autonomous informed decisions, should solicit informed consent, and should realize that a significant aspect of their therapeutic role is to assist patients in either making autonomous decisions or restoring their autonomy. The physicians should act with compassion and empathy toward all involved parties. (5) Physicians in organized medicine should take an active role in encouraging legislation that would define the rights of the competent patient to make decisions regarding his or her own health care and the determination of who makes decisions for health care in the non-competent patient. (MSS Rep C, I-82, Attachment 4) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

140.003MSS Hospital Ethics Committees: AMA-MSS will ask the AMA to take an active role consistent with its existing policy and encourage the continued development of hospital-based multi-disciplinary review committees designed to address ethical concerns, including the health care of persons with disabling conditions. (AMA Res 157, A-84, Referred) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

140.006MSS Suicide Assisting Devices: AMA-MSS will ask the AMA to: 1) reaffirm its policy to oppose the participation of a physician, voluntarily or involuntarily, in the termination of a patient's life by the administration of any agent or the use of any means to actively terminate a patient's life; 2) oppose active suicide and suicide devices; and 3) publicize this policy. (AMA Res 267, A-90, Referred) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

140.007MSS AMA-MSS Support of Advance Directives:
(1) AMA-MSS affirms the need for advance directives for all patients, including young adults, and will provide its members with information about advance directives.

(2) AMA-MSS will ask the AMA to encourage physicians to discuss advance directives and organ donation with all patients, including young adults, as a part of the ongoing doctor-patient relationship.

(3) AMA-MSS will ask the AMA to (a) recommend that advance directives completed by a patient be placed in a prominent area of the patient’s medical record; and (b) recommend the inclusion of information on and eligibility requirements pertaining to organ and tissue donation in any advanced directive.

(4) AMA-MSS will ask the AMA to support policies and legislation mandating physician reimbursement for time spent discussing advance directives with patients.
(MSS Res 27, I-90, MSS Sub Res 59, I-98, MSS Res 20, I-09, MSS GC Rep A, I-06, MSS GC Rep I, I-84, Consolidated: MSS GC Rep F, I-10)

140.012MSS Increasing Prevalence and Utilization of Ethics Committees: AMA-MSS will ask the AMA to encourage collaboration among health care facilities without ethics committees to develop flexible, efficient mechanisms of ethics review that divide the burden of committee functioning among participating health care facilities. (MSS Res 15, I-96) (AMA Res 9, A-97, Referred) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

140.013MSS Out-of-Hospital Do-Not-Resuscitate (DNR) Orders: AMA-MSS supports the development of model legislation which protects the rights of terminally and chronically ill patients to have their DNR orders honored by emergency personnel in all out-of-hospital settings in so far that adequate proof and documentation of the patients' DNR status can be provided in an emergency situation (i.e., medic alert bracelet, etc.). (MSS Amended Sub Res 4, A-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

140.014MSS Physician-Patient Relationship: AMA-MSS will ask the AMA to recommend that patients be informed that no physician-patient relationship exists during pre-employment physical examinations, or examinations to determine if an employee who has been ill or injured is able to return to work. (MSS Sub Res 20, A-97) (AMA Res 2, I-97, Referred) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

140.017MSS Universal Out-of-Hospital DNR Systems: AMA-MSS will ask the AMA to investigate and support the development of a standardized nationwide out-of-hospital DNR system with report back at A-05. (MSS Res 31, I-03) (AMA Res 5, A-04, Referred) (CEJA Rep 6, A-05, Adopted [D-270.994]) (Reaffirmed: MSS Rep E, I-08)

140.019MSS Supporting the Establishment of Guidelines Regarding Online Professionalism: AMA-MSS will ask the AMA to (1) initiate discussions with partner organizations towards developing a consensus for online professionalism in the medical community that may be used by medical schools to guide the development of policies outlining expectations of professionalism on the Internet for students; and (2) during its efforts to update and modernize the *AMA Code of Medical Ethics*, include a section regarding online professionalism. (MSS Res 12-I-09) (AMA Res 10-I-09, Adopted [D-478.985])

140.020MSS Increasing Physician Presence in Online Social Networks: AMA-MSS recommends that physicians, medical students, and other members of the medical community educate themselves both about the advantages and increased communication opportunities provided by social networks, but also about the liability and patient confidentiality issues presented. (MSS Res 12, A-10)

140.022MSS Societal and Ethical Consequences of a 5-year Deferral Policy for MSM Individuals: AMA-MSS will ask the AMA to analyze the societal and ethical consequences of a shift to a 5-year deferral policy for blood donation from men who have sex with men, with report back at A-11. (MSS Res 9, I-09) (AMA Res 002, A-10, Adopted [D-50.997])

140.023MSS Responsible Biomedical and Bioethics Journalism: AMA-MSS will ask the AMA to (1) encourage responsible biomedical and bioethics journalism; and (2) support the efforts of the Association of Health Care Journalists and other organizations to promote responsible biomedical and bioethics journalism. (GC Rep B, A-10) (AMA Amended Res 606, I-10, Adopted [])

140.024MSS Encouraging Standardized Advance Directives Forms within States: AMA-MSS will ask the

AMA to encourage state societies to develop a standardized form of advance directives for use by physicians and other health care providers as a template to discuss end-of-life care with their patients. (MSS Sub Res 18, A-11) (AMA Res 5, I-11 Adopted as Amended)

140.025MSS Regulations on the Patenting of Endogenous Human DNA: AMA-MSS will ask the AMA to oppose the patenting of endogenously occurring human DNA or RNA sequences, including specific alleles of such sequences found anywhere within the human population, or DNA and RNA products derived from these sequences. (MSS Res 47, I-11) (Reaffirmed Existing AMA Policy with Amendment in lieu of Res 504, A-12)

145.000MSS Firearms: Safety and Regulation

145.001MSS Handgun Control: AMA-MSS will ask the AMA to endorse strict federal regulation of the manufacture, sale, importation, distribution, and licensing of handguns and their component parts. (MSS Sub Res 21, A-81) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

145.002MSS Handgun Violence: AMA-MSS will ask the AMA to: (1) recognize that handgun violence and accidents represent a significant public health hazard, and that efforts to reduce death and injury from handguns are public health measures; and (2) support and promote educational programs that can demonstrate a reduction in the deaths and injuries caused by handguns. (AMA Sub Res 46, I-86, Referred) (CSA Amended Rep A, I-87, Adopted [H-145.997]) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

145.003MSS Handgun Violence Protection Act: AMA-MSS will ask the AMA to advocate a waiting period and background check for all handgun purchasers and to lobby for legislation that enforces a waiting period and background check for all handgun purchasers. (AMA Amended Res 140, I-87, Adopted [145.996]) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

145.004MSS Prevention of Unintentional Firearm Accidents in Children: AMA-MSS will ask the AMA to increase efforts to reduce pediatric firearm morbidity and mortality by encouraging its members: (1) to inquire as to the presence of household firearms as a part of childproofing the home; (2) to educate patients to the dangers of firearms to children; (3) to encourage patients to educate their children and neighbors as to the dangers of firearms; and (4) to routinely remind patients to obtain firearm safety locks and store firearms under lock and key; and that the AMA encourage state medical societies to work with other organizations to increase public education about firearm safety. (AMA Amended Res 165, I-89, Adopted [145.990]) (Reaffirmed: MSS Rep D, I-99)

145.005MSS Support for a Seven Day Waiting Period for the Purchase of Handguns: AMA-MSS supports the legislation of a 7-day waiting period and police check before a handgun can be purchased. (MSS Sub Res 47, A-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

145.006MSS Taxation of Handgun Sales: AMA-MSS will ask the AMA to support a federal tax of all handgun and handgun ammunition sales to be used to help cover medical bills for the victims of handgun violence and to fund public education on the prevention of violence (AMA Res 207, A-94, Withdrawn) (BOT Rep 50, I-93, Adopted as Amended [H-145.985]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

145.009MSS Regulation of Handgun Safety and Quality: AMA-MSS will ask the AMA to support legislation that seeks to apply the same quality and safety standards to domestically manufactured handguns

that are currently applied to imported handguns. (MSS Amended Sub Res 22, I-97) (AMA Res 235, I-97, Adopted [145.980]) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

145.010MSS Physician-Assisted Regulation of Firearm Access by Suicidal Patients: AMA-MSS will ask the AMA to refer the following issues to a detailed, comprehensive study to be reported back at I-09:
(1) The current role of physician-assisted regulation of firearm access by suicidal patients in all 50 states in the U.S.A.;
(2) How that role is having an impact in states where there is already a system in place (i.e. California and Connecticut, where physicians treating inpatient patients are required by law to report gun possession to local authorities);
(3) The variation in communication between physicians and local authorities in relation to the regulation of gun access in patients who pose harm to themselves and to others;
(4) Patient privacy concerns surrounding physician-assisted regulation of firearms; and
(5) The best way to increase the physician's role in minimizing the potential harm of guns in at-risk patients. (MSS Sub Res 9, I-08) (AMA Res 414, A-09, Referred)

150.000MSS Foods and Nutrition

150.001MSS Medical Education in Nutrition: AMA-MSS will ask the AMA to encourage the institution of a core course in nutrition in the basic science curriculum of US medical schools. (AMA Amended Res 82, I-80, Adopted [150.993]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00; Reaffirmed) (MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

150.002MSS Revision of Dietary Guidelines for Americans: AMA-MSS will ask the AMA to: (1) support alterations of "Dietary Guidelines for Americans" only when such alterations are based upon valid medical and scientific principles, and without regard to the economic concerns of the food industry; and (2) recommend that any panel sitting in review of "Dietary Guidelines for Americans" should appoint its membership to avoid possible conflict of interest in accordance with the Federal Advisory Committee Act (5U.S.C App. 1, Section 5C). (AMA Res 130, A-83, Referred) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

150.003MSS Hunger in America: AMA-MSS will ask the AMA to: (1) reaffirm its opposition to any further decreases in funding levels for maternal and child health programs and (2) reaffirm its interest in continuing to support efforts to identify national food, diet, or nutrient-related public concerns. (AMA Res 132, A-86, Referred) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

150.004MSS Food Substitutes: AMA-MSS will ask the AMA to continue to monitor ongoing studies and future developments concerning substitutes for fat, flour and butter so that physicians can be informed about potential health risks or benefits to their patients before these products are released to the public market. (AMA Res 176, A-88, Adopted [150.976]) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

150.005MSS Mandatory Federal Inspection of Fresh Fish and Shellfish: AMA-MSS will ask the AMA to support a federal action, regulatory or legislative as appropriate, that would require mandatory safety inspection of handling of fresh fish and shellfish sold in the United States. (AMA Res 412, I-92, Referred) (BOT Rep G, A-93, Res 412, Not Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

150.007MSS Quality of School Lunch Program: AMA-MSS will ask the AMA to recommend to the National School Lunch Program that school meals be congruent with current United States Department of Agriculture/Department of Health and Human Services Dietary Guidelines. (AMA Sub Res 507,

A-93, Adopted [150.962]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

150.012MSS Allergic Reactions in Schools and Airplanes: AMA-MSS will ask the AMA to recommend that (1) all schools provide increased student education on the danger of food allergies; (2) all schools have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the school administration, be trained and certified in the indications for and techniques of their use; and (3) all commercial airlines have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the flight staff, such as the head flight attendant, be trained and certified in the indications for and techniques of their use. (MSS Res 33, A-03) (AMA Amended Res 415, A-04, Adopted [H-440.884]) (Reaffirmed: MSS Rep E, I-08)

150.013MSS Mercury in Food as a Human Health Hazard:
(1)AMA-MSS will ask the AMA to (a) encourage that testing of mercury content in food, including fish, be continued by appropriate agencies, and laboratory reporting of results of mercury testing be updated and consistent with current Environmental Protection Agency and National Academy of Sciences standards; (b) encourage the Food and Drug Administration to determine the most appropriate means of testing and labeling of all foods, including fish, to determine mercury content; and (c) encourage that the results and advisories of any mercury testing of fish should be readily available where fish are sold, including labeling of packaged/canned fish.

(2) AMA-MSS supports the AMA encouraging physicians to educate their patients about the potential dangers of mercury toxicity in some food and fish products, especially those that are well documented to contain mercury, and to advise pregnant women to limit and parents to limit their children's consumption of such products. (MSS Sub Res 34, A-03) (Reaffirmed: MSS Rep E, I-08)

150.014MSS Healthy Food Options in Hospitals: AMA-MSS will ask the AMA to encourage that healthy food options be available, at reasonable prices and easily accessible, on hospital premises. (MSS Res 21, I-03) (AMA Res 410, A-04, Adopted [H-150.949]) (Reaffirmed: MSS Rep E, I-08)

150.015MSS Increasing Customer Awareness of Nutrition Information and Ingredient Lists in Restaurants and Schools: AMA-MSS will ask the AMA to (1) support the adoption of regulations by the U.S. Food and Drug Administration requiring restaurants with menu items that are standard to multiple locations provide standard nutrition labels for all applicable items, available to their customers on request and (2) support the adoption of regulations by the U.S. Food and Drug Administration requiring all restaurants, school, and work cafeterias to have ingredient lists and nutritional information, including total fat, trans fat, sugar content, and sodium, for all menu items, available to their customers on request. (MSS Res 22, I-03) (AMA Sub Res 411, A-04, Adopted in lieu of Res 411 and 430 [H-150.948]) (Reaffirmed: MSS Rep E, I-08) (Amended: MSS Res 31, A-11) (AMA Res 914, I-11 Referred)

150.016MSS Folic Acid Fortification of Grain Products: AMA-MSS will ask the AMA to: (1) urge the Food and Drug Administration to recommend the folic acid fortification of all grains marketed for human consumption, including grains not carrying the "enriched" label; (2) write letters to domestic and international producers of corn grain products, including masa, nixtamal, maize, and pozole, to advocate for folic acid fortification of such products and that our AMA amend existing policy H-440.898 as follows (additions underscored):

"Our AMA will: (1) encourage the Centers for Disease Control and Prevention (CDC) to continue to conduct surveys to monitor nutritional intake and the incidence of neural tube (NTD); (2) continue to encourage broad-based public educational programs about the need for women of child-bearing potential to consume adequate folic acid through nutrition, food fortification, and

vitamin supplementation to reduce the risk of NTD; (3) encourage the CDC and the National Institutes of Health to fund basic and epidemiological studies and clinical trials to determine causal and metabolic relationships among homocysteine, vitamins B12 and B6, and folic acid, so as to reduce the risks for and incidence of associated diseases and deficiency states; (4) encourage research efforts to identify and monitor those populations potentially at risk for masking vitamin B12 deficiency through routine folic acid supplementation of enriched food products; (5) urge the Food and Drug Administration to increase folic acid fortification to 350 µg per 100 g of enriched cereal grain; and (6) encourage the FDA to require food, food supplement, and vitamin labeling to specify milligram content, as well as RDA levels, for critical nutrients, which vary by age, gender, and hormonal status (including anticipate d pregnancy); and (7) encourage the FDA to recommend the folic acid fortification of all grains marketed for human consumption ~~from domestic producers,~~ including grains not carrying the "enriched" label. (MSS Res 25, I-04) (AMA Res 515, A-05, Referred)

150.017MSS Addition of Alternatives to Soft Drinks in Public Schools: AMA-MSS will ask the AMA to seek to promote the consumption and availability of low calorie, low sugar drinks as a healthy alternative in public schools instead of beverages such as carbonated sodas. (MSS Res 36, I-04) (AMA Amended Res 413, A-05, Adopted[D-150.987])

150.018MSS Food Stamp Incentive Program: AMA-MSS will ask the AMA to support legislation to provide a meaningful increase in the value of food stamps when used to purchase fruits and vegetables. (MSS Res 16, I-06) (Reaffirmed: GC Rep C, I-11) (Reaffirmed: MSS GC Rep D-I-11)

150.019MSS Inclusion of Corn on Allergen Warning Labels: AMA-MSS will ask the AMA to examine the prevalence and significance of corn allergy in the U.S. population and determine if the addition of allergen warning labels to corn-containing and corn-derived products is justified. (MSS Sub Res 20, I-08) (AMA Res 515, A-09, Not Adopted)

150.020MSS Decreasing Incidence of Obesity and Negative Sequelae by Reducing the Cost Disparity Between Calorie-Dense, Nutrition Poor Foods and Nutrition-Dense Foods:
AMA-MSS will ask the AMA to (1) support efforts to decrease the price gap between calorie dense, nutrition poor (CDNP) foods and naturally nutrition dense (ND) foods to improve health in economically disadvantaged populations by encouraging the expansion, through increased funds and increased enrolment, of existing programs that seek to improve nutrition and reduce obesity such as the Farmer's Market Nutrition Program (FMNP) as a part of the Women, Infants, and Children (WIC) program; and (2) support the novel application of FMNP to existing programs such as the Supplemental Nutrition Assistance Program (SNAP), and apply program models that incentivize the consumption of ND foods in wider food distribution venues than solely farmer's markets as part of WIC. (MSS Res 23, I-09) (AMA Res 414, A-10, Adopted [H-150.937])

150.021MSS Accurate Reporting of Fats in Nutritional Labels: AMA-MSS will ask the AMA to urge the FDA to use the most accurate and scientific processes to measure the fat content in foods, particularly trans fats and saturated fats, and that the most accurate fat content information based on these processes be included on food labeling. (MSS Sub Res 29, I-09) (AMA Res 412, A-10, Adopted [H-150.939])

150.022MSS Support for Fees and Taxes on Non-Alcoholic Beverages Containing Caloric Sweeteners: AMA-MSS will (1) support and advocate for legislation and policies for increased fees and/or taxes on non-alcoholic beverages containing caloric sweeteners; and (2) support the exclusive use of revenue generated from taxes on non-alcoholic beverages containing caloric sweeteners for funding of public health programs designed to combat obesity or public health programs that promote good nutrition. (MSS Res 30, I-10)

150.023MSS Price Parity in Fast Food Children's Meals**:** AMA-MSS will ask the AMA to (1) encourage fast food restaurants to establish price parity between traditional side items and alternative, more

healthful options in children's meals; and (2) work directly with the White House's Let's Move Program to support the fast food industry in establishing price parity between traditional side items and alternative, more healthful options in children's meals. (MSS Res 34, I-10) (AMA Sub Res 402 Adopted in Lieu of AMA Resolutions 407 and 402 [ ], A-11

150.024MSS Opposition to Exclusivity Agreements between Junk Food Vendors and Public Schools**:** AMA-MSS will ask the AMA to oppose exclusivity agreements between school districts and food and beverage vendors unless those agreements contain provisions mandating that vendors predominantly provide healthful food choices that contribute to the nutritional needs of students. (MSS Res 38, I-10) (Existing AMA policy reaffirmed in lieu of AMA Res 408, A-11)

150.025MSS Re-allocation and Re-distribution of USDA Farm Subsidies: AMA-MSS will ask the AMA to study, in collaboration with the appropriate government agencies, the re-distribution and re-allocation of agricultural subsidies delineated in the Food, Conservation, and Energy Act of 2008 in order to increase the amount of financial aid given to agricultural subsidies which support non-commodity crops such as fruit, vegetables, whole grains, nuts, as well as other nutritional staples such as lean meats, poultry, fish, and beans, in alliance with encouragement for a healthier national diet, as delineated by the USDA's guidelines. (MSS Res 43, I-10) (Existing AMA policy reaffirmed in lieu of AMA Res 411, A-11)

155.000MSS Health Care Costs

155.001MSS Listing of Hospital Charges: AMA-MSS will ask the AMA to: (1) recommend that all hospitals accredited by the Joint Commission provide their medical students, housestaff, and attending physicians with a list of commonly ordered diagnostic tests and prescribed medications with their corresponding costs to patients; and (2) recommend that such charges be included on all reporting result sheets and requisition forms. (AMA Amended Res 75, I-81, Adopted [155.990]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

155.002MSS Cost Containment: AMA-MSS will ask the AMA to encourage medical schools and hospitals to orient medical students beginning in their clinical training and the housestaff to the costs of laboratory tests and procedures (MSS Res 15, I-83, Referred) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

155.003MSS Price Transparency in Health Care: AMA-MSS supports legislation that requires insurance providers to provide an online resource for patients and physicians to calculate charges and out-of-pocket expenses associated with investigations and therapies in an effort to better educate patients and physicians on health care costs, equip patients to recognize value in health care, empower patients to participate in the spending of their health care dollars, and promote one-time and long-term patient savings in an effort to reduce economic strains on health care systems. (MSS Amended Res 8, A-09)

160.000MSS Health Care Delivery

160.001MSS Support of Community Health Clinics with Student Involvement: AMA-MSS will ask the AMA to: (1) endorse the efforts of existing community health clinics with student involvement offering minimal cost, quality primary care; and (2) encourage county and state medical societies to work with medical universities, private practitioners, local health departments, and regional charities to develop more community health clinics of this orientation. (AMA Res 76, A-82, Not Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-

05) (Reaffirmed: MSS GC Rep F, I-10)

160.002MSS Uncompensated Care for the Medically Indigent: AMA-MSS will ask the AMA to support policies that reimburse hospitals for treating patients unable to pay and promote further legislation that establishes such policies. (AMA Res 111, I-85 Referred) (AMA CMS Rep C, I-86, Adopted as Amended [H-165.882]; Reaffirmed: MSS Rep E, I-96; Reaffirmed: MSS Rep B, I-01; Reaffirmed: MSS Rep C, A-04) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

160.003MSS Health Care for the Uninsured: AMA-MSS will ask the AMA to continue to advocate, refine, and seek implementation of its proposals for improving health expense protection for the uninsured. (AMA Res 9, A-89, Referred) (BOT Amended Rep JJ, A-90, Adopted in lieu of Res 9 [H-165.882]) (Reaffirmed: MSS Rep D, I-99)

160.004MSS Support for Free Clinics: AMA-MSS encourages medical students to propose the establishment of free clinics in their own communities or volunteer their time to existing free clinics. (MSS Sub Res 18, I-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep C, A-04) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

160.006MSS Development Of Low-Literacy Patient Education Materials: AMA-MSS supports the development of literacy appropriate health related patient education materials for distribution in the outpatient and inpatient setting when appropriate. (MSS Sub Res 4, I-99) (Reaffirmed: MSS Rep A, I-04)

160.009MSS Complete Federal Responsibility for Medical Translation Services: AMA-MSS believes that neither physicians nor patients should be expected to fund translation services for their patients as Department of Health and Human Services' policy guidance currently requires. (MSS Res 30, I-03) (Reaffirmed: MSS Rep E, I-08)

160.012MSS Readability of Medical Notices of Privacy Practices: AMA-MSS will ask the AMA to (1) continue to support physician efforts to provide Notices of Privacy Practices at an appropriate reading level and in a language appropriate to the patient population served; and (2) make available on its Web site a link to the Health Resources and Services Administration document, *Plain Language Principles and Thesaurus for Making HIPAA Privacy Notices More Readable*. (MSS Sub Res 9, A-09)

160.013MSS Adoption of a Universal Exercise Database and Prescription Protocols for Obesity Prevention: AMA-MSS will ask the AMA to (1) collaborate with federal agencies and professional health organizations such as the American Heart Association and the American College of Sports Medicine to develop an independent meta-database of evidence-based exercise guidelines to assist physicians and other health professionals in making exercise prescriptions; and (2) support longitudinal research on exercise prescription outcomes in order to further refine prescription-based exercise protocols. (MSS Res 18, I-09) (AMA Res 415, A-10, Adopted [D-470.991])

160.014MSS Recognizing the Important Role of Physician Extenders in the Multidisciplinary Patient Care Team: AMA-MSS (1) recognizes the importance of nurses, nurse practitioners, and physician assistants to the multidisciplinary patient-care team; (2) recognizes that the physician is the leader of the multidisciplinary patient care team, and that there are distinct differences in training, both in time and content, between physicians and physician extenders; and (3) supports the patient centered medical home model and the role of physicians therein as the primary medical decision makers. (MSS Res 9, A-10) (AMA Amended Res 208, I-10, Adopted [])

160.015MSS Physician Extenders:

(1) AMA-MSS opposes any legislation that seeks to expand the scope of practice of physician extenders beyond the level of expertise their training provides, and without the appropriate

oversight of a physician.

(2) AMA-MSS will ask the AMA to (a) support innovative reimbursement strategies for primary care physicians that reward the use of physician extenders to meet demand for health care services by increasing capacity for delivering care; (b) engage societies of physician extenders to develop consensus recommendations for scope of practice and physician oversight as a means to guide discussions in state and federal legislative bodies; and (c) oppose, in academic environments, payment models for physician extenders that interfere with graduate medical training, such as productivity bonuses and surgical assisting fees. (MSS Res 17, A-10)

160.016MSS Promoting Internet-Based Electronic Health Records and Personal Health Records: AMA-MSS will ask the AMA to (1) advocate for the integration of provider and hospital electronic health records (EHRs) with Internet-based personal health records (PHRs) as an option for patients; and (2) advocate as a priority for all Internet-based PHRs to be fully HIPAA- compliant. (MSS Res 15, A-10) (AMA Res 809, I-10, Referred)

160.017MSS Study of Interpreter Mandate: AMA-MSS will ask the AMA to evaluate the impact on a physician practice of any federal mandate that requires an interpreter be present for patients who cannot communicate proficiently in English. (MSS Res 20, I-10)

160.018MSS Investigating Cost-Saving, Equitable Care in Direct Practice Medicine: AMA-MSS will ask the AMA to (1) investigate, with the American Academy of Private Physicians, the potential for direct practice medicine to serve as a cost saving tool for certain patients requiring 24-hour access to care; and (2) investigate, with American Academy of Private Physicians, the scope of direct practice medicine and study methods, including partnerships with academic facilities and tax subsidies, to improve the reach of direct practice medicine to include all classes. (MSS Res 27, I-10)

160.019MSS Improved Adequacy of Translation Services in Hospital and Pharmacy Settings: AMA-MSS will ask the AMA to amend policy H-215.982 by deletion and insertion as follows:

H-215.982 Translator Services ~~in Hospitals~~: Our AMA encourages ~~hospitals~~ health care institutions, including but not limited to hospitals and pharmacies, that serve populations with a significant number of non-English speaking patients to provide trained translator services. (MSS Sub Res 33, A-11) (AMA Res 702, A-12 Adopted as Amended)

160.020MSS Physician Led Quality Improvement Projects: AMA-MSS will ask the AMA to gather a repository of Quality Improvement Project (QIP) quality measures and financial benefits by identifying and contacting physician QIP leaders and inviting them to contribute their prior and ongoing data from QIP for analysis of QIP quality measures and financial benefits, with the goal of allowing other physicians, who practice in a wide range of practice settings and specialties, to review these quality measures and financial benefits and approximate how a similar project could benefit their own healthcare organization. (MSS Res 15, I-11) (Reaffirmed existing policy in lieu of AMA Res 704)

160.021MSS Support of Multilingual Digital Assessment Tools for Medical Professionals: AMA-MSS will ask our AMA to encourage the publication and validation of standard patient assessment tools in multiple languages. (MSS Res 17, I-11) (AMA Res 703, A-12 Adopted)

160.022MSS Reducing Barriers to Preventive Health Care Delivery and Compensation: AMA-MSS will ask the AMA to (1) support both the reduction of financial barriers to the delivery of cost effective preventive health care services, and the implementation of financial incentives for cost-effective preventive medical care; and (2) conduct a study examining the effects of improvements in financial incentives for the delivery of cost-effective preventive care, and to make information from such study available through avenues including but not limited to the AMA web site to better

educate physicians and the public about the benefits of preventive health care services. (MSS Res 20, I-11) (Reaffirmed Existing Policy in lieu of AMA Res 107, A-12)

160.023MSS Recognizing Socioeconomic Status as a Determinant of Health: AMA-MSS will ask the AMA to study dynamic mechanisms to monitor the impact of socioeconomic status on health-related risk factors, quality of care, and access to intervention. (Sub MSS Res 23, I-11) (Reaffirmed Existing Policy in lieu of AMA Res 106, A-12)

160.024MSS Transportation and Accessibility to Free Medical Clinics: AMA-MSS will ask the AMA to encourage initiatives that address transportation as a barrier to utilization of those institutions addressing the healthcare needs of the underserved in local communities. (Sub MSS Res 25, I-11) (Reaffirmed existing policy in lieu of AMA Res 101, A-12)

165.000MSS Health System Reform

165.002MSS Health System Reform Update: The AMA-MSS Governing Council will provide regular updates, as appropriate, on health system reform initiatives to the AMA-MSS Assembly. (MSS Rep G, I-93, Adopted in lieu of Res 20, A-93)

165.003MSS Advocacy For Rapid And Timely Implementation Of The State Children's Health Insurance Program: AMA-MSS will actively promote the rapid and timely enrollment of eligible children in their State Children's Health Insurance Program through its State Medical Student Sections and chapters. (MSS Sub Res 11, I-98, Adopted) (Reaffirmed existing policy in lieu of AMA Res 104, A-99) (Reaffirmed: MSS Rep E, I-03) (Amended: MSS Rep E, I-08)

165.004MSS Health Insurance Premium Subsidies for Affordable Universal Coverage: AMA-MSS will ask the AMA to expand health system reform efforts to integrate other federal health insurance premium subsidies in addition to refundable health insurance tax credits for attaining affordable universal access to health care. (MSS Res 4, I-02) (AMA Res 108, A-03, Referred) (Reaffirmed: MSS Rep C, A-04)

165.005MSS State-Based Demonstration Projects of our AMA Plan for Reform to Expand Health Coverage: AMA-MSS will ask the AMA to: (1) work with state medical societies and other interested organizations to identify several states which would serve as appropriate and willing sites for statewide demonstration projects of our AMA plan for reform in order to expand health coverage to the uninsured and underinsured; and (2) work for passage of enabling state and federal legislation to include the refundable tax credits described in the AMA plan for reform. (MSS Res 25, A-03) (AMA Sub Res 704, Adopted [D-165.968]) (Reaffirmed: MSS Rep C, A-04)

165.006MSS Medical Student Participation in Statewide Movements for Expanding Health Coverage: AMA-MSS encourages its members to participate in statewide movements that seek to expand health coverage to the uninsured and underinsured. (MSS Res 26, A-03) (Reaffirmed: MSS Rep C, A-04)

165.007MSS Steps in Advancing towards Affordable Universal Access to Health Insurance:
(1) AMA-MSS recognizes the efforts of the American Medical Association (AMA) in assembling proposals for the advancement toward affordable universal access to health insurance and supports *Expanding Health Insurance: The AMA Proposal for Reform*

(2) AMA-MSS recognizes the efforts of the American Academy of Family Physicians (AAFP) and the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) in assembling proposals for advancing towards affordable universal access to health insurance and supports engaging in discussions with appropriate members to continue to refine existing policies

(3) AMA-MSS supports our AMA's continuing work to develop a model for means-testing Medicare coverage in the context of the AMA's Medicare Reform Proposal

(4) AMA-MSS supports AMA policy D-165.974, Achieving Health Care Coverage for All: That our American Medical Association join with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States on or before January 1, 2009 that is consistent with relevant AMA policy. (MSS Rep A, A-03) (Reaffirmed: MSS Rep E, I-08)

165.008MSS Ensuring Medical Care for Patients with Low Incomes: (1) AMA-MSS supports reforming the acute care portion of Medicaid through a combination of advanceable, refundable tax credits with insurance market reforms, purchasing group arrangements modeled after the Federal Employees Health Benefit Program (FEHBP), and reforms in the financing, benefits, and reimbursement of the Medicaid and S-CHIP programs. (2) AMA-MSS opposes the premature dismantling of the current Medicaid system in favor of refundable tax credits until a pilot study of such a plan is underway. (MSS Res Late 2, I-03) (Amended: MSS Rep E, I-08)

165.009MSS Evaluation of the Principles of the Health Care Access Resolution:
(1) AMA-MSS will amend the following MSS policies that pertain to universal health care access and coverage to read "affordable universal" care or coverage: MSS 165.004, MSS 165.007 and MSS 180.011.

(2) AMA-MSS supports efforts to make health care more cost-effective by reducing administrative burdens, but only to such a degree that quality of care is not compromised.

(3) AMA-MSS supports means of including both long-term care and prescription drug benefits into the guidelines for seeking affordable universal health care access and coverage.

(4) AMA-MSS reaffirms its support for including preventative care and early intervention services into any plan calling for affordable universal health care access and coverage by reaffirming MSS 295.022 and MSS 170.001.

(5) AMA-MSS reaffirms its support for parity in mental health care coverage by reaffirming MSS policy "Disparity of Mental Health Coverage".

(6) AMA-MSS encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality of health care; and that our AMA-MSS supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.

(7) AMA-MSS will adopt policy to promote outcomes research as an effective mechanism to improve the quality of medical care for all persons and urge that the results of such research be used only for educational purposes and for improving practice parameters.

(8) AMA-MSS will adopt policy to address the need to increase numbers of qualified health care professionals, practitioners, and providers in underserved areas to increase timely access to quality care.

(9) AMA-MSS supports the inclusion of adequate and timely payments to physicians and other providers into any plan calling for affordable universal health care access.

(10) AMA-MSS reaffirms policies MSS 160.002 and MSS 160.004 that are related to the support of medical facilities for patients who are unable to afford medical care.

(11) AMA-MSS reaffirms policies MSS 165.004, MSS 165.005 and MSS 165.006 and support the inclusion of the principles of continuity of health insurance coverage and continuity of medical care into any plan calling for affordable universal health care access.

(12) AMA-MSS supports the inclusion of the principle of consumer choice of healthcare providers and practitioners into any plan calling for affordable universal health care access.

(13) AMA-MSS supports the inclusion of reducing health care administrative cost and burden into any plan calling for affordable universal health care access. (MSS Rep C, A-04)

165.010MSS Development and Support of Prospective Personalized Health Planning: AMA-MSS will ask the AMA to: (1) continue to recognize the need for possible adaptation of the United States' health care system to prospectively prevent the development of disease by ethically using genomics, proteomics, metabolomics, imaging and other advanced diagnostics, along with standardized informatics tools to develop individual risk assessments and personal health plans; (2) support studies aimed at determining the viability of prospective care models, and measures that will assist in creating a stronger focus on prospective care in the United States' health care system; and (3) support research and discussion regarding the multidimensional ethical issues related to prospective care models, such as genetic testing. (MSS Rep F, A-04) (AMA Res 422, A-05, Referred)

165.011MSS Medicaid Reform and Coverage for the Uninsured: Beyond Tax Credits: AMA-MSS will: (1) actively support the ongoing efforts of the AMA to reform Medicaid in order to increase access to health care among the uninsured and underinsured of our nation; (2) support the ongoing AMA efforts to implement graduated, refundable tax credits as a replacement for Medicaid; (3) make the active promotion and education of the AMA plan for health insurance reform a top priority; (4) work with the AMA to create and fund programming that will educate both physicians and patients about the AMA plan for insurance reform and publicize that plan to the general public; (5) ask the AMA to continue to study Health Savings Accounts in order to gain more insight into their effects on a large scale and to determine if the AMA could use them as another means of increasing health care access in our nation; and (6) ask the AMA to study other mechanisms beyond tax credits for covering America's uninsured, including but not limited to replacing Medicaid with a publicly-controlled non-profit corporation, with report back at I-05. (MSS Rep G, A-04) (AMA Amended Res 703, I-04)

165.012MSS Covering the Uninsured as AMA's Top Priority: AMA-MSS will ask the AMA to make the number one priority of the American Medical Association comprehensive health system reform that achieves reasonable health insurance for all Americans and that emphasizes prevention, quality, and safety while addressing the broken medical liability system, flaws in Medicare and Medicaid, and improving the physician practice environment. (MSS Res 10, I-05) (AMA Amended Res 613, A-06, Adopted [H-165.847]) (Reaffirmed: MSS GC Rep F, I-10)

165.014MSS Reexamining Market Based Health Care Reform: AMA-MSS will ask the AMA to reanalyze the concept of market based health care reform, specifically addressing the financial, ethical, and moral soundness of a system that relies on private health insurance, and report back at A-09. (MSS Amended Res 12, I-07) (Reaffirmed existing policy in lieu of AMA Res 113, A-08)

165.015MSS Maintaining Insurance Coverage and Empowering State Choice: AMA-MSS (1)supports an individual mandate for health insurance coverage; and (2) supports proposals for state-choice in federal health insurance reform only if they maintain the standards of insurance quality and reach set forward under the 2010 Patients Protection and Affordable Care Act. (MSS Res 43, A-11)

165.016MSS Strategies to Improve Care for Underinsured Patients: AMA-MSS will ask the AMA to study successful strategies for improving patient access to quality and timely health care, and report back at Interim 2012 with examples of successful models and recommendations for expanding

these models nationally. (MSS Res 24, I-11) (Existing policy reaffirmed in lieu of AMA Res 105, A-12)

170.000MSS Health Education

170.001MSS Prevention & Health Education: AMA-MSS supports the following principles: (1) Health education should be a required part of primary and secondary education; (2) Private industry should be encouraged to provide preventive services and health education to employees; (3) All health care professions should be utilized for the delivery of preventive medicine services and health education; (4) Greater emphasis on preventive medicine should be incorporated into the curriculum of all health care professionals; (5) A sufficient number of training programs in preventive medicine and associated fields should be established, and adequate funding should be provided by government if private sources are not forthcoming; (6) Financing of medical care should be changed to include payment for preventive services and health education; (7) Appropriate legislation should be passed to protect the health of the population from behavioral and environmental risk factors, including, but not limited to, the following: (a) handgun control, (b) antismoking, (c) enforcement of drunk driving laws, (d) mandatory use of seat belts, (e) environmental protection laws, (f) occupational safety, and (g) toxic waste disposal; and 8) Preventive health services should be made available to all population segments, especially those at high risk. (MSS Rep C, I-82) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep C, A-04) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

170.002MSS Radioactive Substance Education in Public Schools: AMA-MSS will ask the AMA to encourage the teaching of the fundamental aspects of exposure to low level ionizing radiation in the health education provided in secondary schools. (AMA Res 94, I-83, Adopted [170.990]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

170.003MSS Incorporation of Adoption Into Public School Health Education Curriculum: AMA-MSS will ask the AMA to support the incorporation of information on adoption into public school sex education or family planning curricula. (AMA Amended Res 4, I-90, Adopted [170.983]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

170.004MSS Health Education: AMA-MSS will ask the AMA to urge all state medical societies to urge their respective state departments of education to implement model health education curricula, act as clearinghouses for data on curriculum development, work with local school districts to implement health education programs and seek funding for these programs. These health education programs should contain provisions for educator training and development of local community health advisory committees. (AMA Sub Res 417, I-91, Adopted [170.980]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

170.005MSS Teaching Sexual Restraint to Adolescents: AMA-MSS will ask the AMA to: (1) support efforts in the mass media, schools, and communities to make abstinent sexual behavior more socially acceptable and to help students develop the skills and self-confidence they need to restrict their sexual behavior; and this support will include efforts to increase funding and policies at the local, state and federal levels, though not necessarily at the expense of existing policies; and (2) encourage school districts to adopt sex education curricula that have a proven record of reducing teenage sexual activity. (AMA Amended Res 407, A-94, Adopted [170.973]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

170.007MSS Teaching Preventive Self Examinations to High School Students: AMA-MSS will ask the AMA to support the development of programs to teach self breast examinations to female high school

students and testicular self examinations to male high school students, and encourage county medical societies to assist local high schools in implementing such programs. (MSS Sub Res 17, I-96) (AMA Sub Res 406, A-97, Adopted [170.969]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

170.008MSS Increasing HPV Education: AMA-MSS will ask the AMA to: (1) support specific teaching concerning transmission and sequelae in STD education; and (2) reaffirm a commitment to specific HIV and general STD education. (MSS Sub Res 37, I-98) (Reaffirmed existing policy in lieu of AMA Res 405, A-99) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

170.009MSS Teaching Sexual Education to Disabled Youth in School: AMA-MSS will ask the AMA to encourage the Department of Education to ensure mentally and/or physically disabled youth receive more effective and comprehensive sexual education and encourage the Department of Education to offer sexual education counseling targeted to mentally and/or physically disabled youth.(MSS Res 22, I-04) (AMA Amended Res 406, A-05, Adopted [D-170.996])

170.010MSS Abstinence-Only Education and Federally-Funded Community-Based Initiatives: AMA-MSS supports initiatives to: (1) extend AMA support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in H-170.968; (2) oppose federal funding of community-based abstinence-only sex education programs and instead support federal funding of comprehensive sex education programs that teach about contraceptive choices and safe sex while also stressing the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections; and (3) support school education programs that include recognizing and preventing sexual abuse and dating violence. (MSS Res 23, I-04) (AMA Amended Res 834, Adopted [H-170.968]) (Amended: MSS Late Res 1, A-12)

170.011MSS Human Papillomavirus (HPV) Inclusion in High School Health Education Curricula: AMA-MSS will ask the AMA to strongly urge existing school health education programs to emphasize the high incidence of human papillomavirus and to discuss the importance of routine pap smears in the prevention of cervical cancer. (MSS Res 19, I-05) (AMA Amended Res 418, A-06, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

170.012MSS Nutrition Education for Parents of School Aged Children: AMA-MSS encourages the development of informational nutrition programs to be implemented through the public school system and methods, such as public service announcements or community awareness campaigns, with the goal to educate parents about healthy lifestyles in an effort to prevent and reduce the prevalence of overweight and obesity in children and adolescents. (MSS Res 7, A-06) (Reaffirmed: MSS Res 46, I-10)

170.013MSS Public School Screening for Childhood Obesity: AMA-MSS will ask the AMA to (1) encourage research and evaluative studies to develop a unified, evidence-based tool to accurately determine youth and adolescent weight status; and (2) encourage wide-scale, comprehensive, school-based obesity prevention that includes didactic curriculum, nutrition standards, physical education programs, and parent and teacher- involvement. (MSS GC Report E, A-07) (AMA Policy reaffirmed in lieu of AMA Res 803)

170.014MSS Recognizing the Importance of the Theory of Evolution in Science Education: AMA-MSS will ask the AMA to endorse the teaching of the theory of evolution as an integral part of science education. (MSS Amended Res 21, I-08) (Existing policy reaffirmed in lieu of AMA res 514, A-09)

170.015MSS Reducing the Risk of Sexually Transmitted Infections in Patients Age 50 and Older: AMA-MSS will ask the AMA to encourage physicians to educate their patients, particularly those of age 50

and older, on safe-sex practices and on the risk of sexually transmitted infections. (MSS Amended Res 16, A-09) (Existing AMA policy reaffirmed in lieu of AMA Res 510, A-10)

180.000MSS Health Insurance

180.001MSS Consumer Choice Principles: AMA-MSS supports the following AMA principles for any consumer choice health plan that might be adopted, as contained in AMA Board of Trustees Rep C (I-82): (1) Multiple Choice of Plans - Insurance Coverage options should be available to employees; accordingly employers, through tax incentives, should be encouraged (but not required) to offer health benefit plans and, if they choose to offer coverage, to offer employees a choice from among multiple options. (2) Minimum Benefits - Health insurance plans offered employees should contain required minimum benefits, including catastrophic coverage. (3) Equal Contributions - Equal employer contributions should be made for health benefit plans, regardless of the plan selected by the employee. (4) Non-Taxable Rebate to Employees - Employees should receive a non-taxable rebate where an employee chooses a plan option costing less than the amount of the employer contribution. (5) Maximum Contribution Limitation - A limit (adjustable for inflation) should be placed on the amount of health insurance premiums paid by an employer for tax deduction by the employer as a business expense. Amounts paid in excess of this limit would be taxable income to the employee. (6) Employer Non-Compliance - Unqualified plans should not be eligible for tax deduction. (MSS Rep C, I-82, Attachment 2) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

180.002MSS Prospective Payment/Reimbursement: AMA-MSS endorses the concept of prospective reimbursement as a means of reducing the cost of health care without endorsing any specific plan. (MSS Rep C, I-82, Attachment) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

180.003MSS Equitable Reimbursement for Physicians' Cognitive Services: AMA-MSS supports the concept that third-party payors should provide more equitable reimbursement for physicians' cognitive services. (MSS Sub Res 7, A-84) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

180.004MSS Sexual Orientation as Health Insurance Criteria: AMA-MSS will ask the AMA to oppose denial of health insurance on the basis of sexual orientation. (AMA Res 178, A-88, Adopted [180.980]) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

180.008MSS Insurance For Domestic Partners: AMA-MSS will ask the AMA to encourage state medical societies to seek legislation in their states that would assure the eligibility of health care benefits for same sex and opposite sex partners and their children consistent with the eligibility of spouses of married employees/students and the children of these spouses. (AMA Res 214, I-94, Not Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

180.010MSS Parity in Health Care for Domestic Partnerships: AMA-MSS will ask the AMA to: (1) encourage the development of domestic partner health care benefits in the public and private sector; (2) support parity of pre-tax health care benefits for domestic partnerships; and (3) support legal recognition of domestic partners for hospital visitation rights and as the primary medical care decision-maker in the Uniform Probate Code in the absence of an alternative health care proxy designee. (MSS Sub Res 6, A-01) (AMA Amended Res 101, I-01, Adopted [H-140.901, H-185.958]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

180.012MSS Expanding Post-Mastectomy Options for Cancer Survivors: AMA-MSS will ask the AMA to recommend that third party payors provide coverage and reimbursement for medically beneficial

breast cancer treatments including but not limited to prophylactic contralateral mastectomy. (MSS Res 11, A-02) (AMA Amended Res107, A-03, Adopted [H-55.978]) (Reaffirmed: MSS Rep C, I-07)

180.013MSS Value Based Insurance Design: AMA-MSS will ask the AMA to (1) conduct a study to evaluate the utility of value-based insurance design (VBID) as a modality for enhancing patient care and reducing health care costs; and (2) recommend to the AMA Insurance Agency that value-based insurance design be studied for potential future inclusion in Agency health insurance products. (MSS Res 22, I-11) (AMA Res 104, A-12 Adopted as Amended)

180.014MSS Antitrust Exemption for Health Insurance Companies: AMA-MSS will ask the AMA to urge federal authorities to oppose antitrust exemption status for health insurance companies. (MSS Res 22, A-12)

200.000MSS Health Workforce

200.002MSS Support of the NHSC Loan Repayment Program: AMA-MSS will ask the AMA to support the continuation and expansion of the NHSC loan repayment program. (MSS Amended Res 3, I-89) (Reaffirmed: MSS Rep D, I-99) (Reaffirmed: I-08)

200.003MSS AMA Opposition to Primary Care Quotas: AMA-MSS will ask the AMA to: (1) strongly oppose primary care quota systems; (2) oppose efforts by federal and state governments that would arbitrarily further control specialties for which medical students may qualify; and (3)continue to support and promote the identification of and funding for incentives to increase the number of primary care physicians. (AMA Sub Res 306, I-92, Adopted in lieu of Res 325, I-92) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

200.006MSS National Physician Workforce Planning: AMA-MSS will ask the AMA to support the concept that the Council on Graduate Medical Education and/or any equivalent national workforce planning body should be solely advisory in nature and be appointed in a manner that ensures bipartisan representation, including adequate physician representation. (AMA Res 320, I-93, Referred) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

200.007MSS Role of ACGME in Work Force Planning: AMA-MSS opposes the proposed new role of the Accreditation Council for Graduate Medical Education to provide residency program quality assessments to governmental work force policy boards for their use in residency needs planning. (MSS Sub Res 3, I-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

200.008MSS Regional Work Force Planning Boards: AMA-MSS supports the concept that any national workforce planning efforts be research-based and take into account regional needs and variations. (MSS Sub Res 4, I-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: I-08) (Reaffirmed: MSS GC Rep F, I-10)

200.010MSS Primary Care Internships: AMA-MSS will ask the AMA to encourage state medical societies, in conjunction with primary care specialty societies, to promote and encourage primary care internship and/or preceptorship programs for medical students in their states as a positive means toward increasing the number of primary care physicians. (MSS Rep C, A-94) (AMA Amended Res 307, I-94, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

200.012MSS Availability of Information on Physician Workforce Needs for Residency Applicants: AMA-MSS will ask the AMA to support measures to increase the availability of information on specialty choice to medical students by gathering and disseminating information on market demand and

health manpower needs for the medical and surgical specialties. (AMA Amended Res 314, A-95, Adopted [200.960]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

200.014MSS Residency Position Considerations: AMA-MSS supports priority consideration of graduates of US LCME- and AOA-accredited medical schools for US residency positions in the event that limits are placed on the number of entry level residency positions. (MSS Sub Res 3, A-95, Adopted in lieu of Res 3 and 4) (AMA Res 328, A-95, Referred) (CME Rep 9, A-96, Referred) (CME Rep 1, I-96, Adopted [305.945]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

200.015MSS Supporting the Expansion of U.S. Residency Programs: AMA-MSS supports increases in the number of residency positions according to AMA workforce studies, where such increases would not undermine existing physician residency positions in any of the states. (MSS Amended Sub Res 1, I-07)

200.016MSS Increasing Medical School Class Sizes: AMA-MSS will ask the AMA to support increasing the number of medical students, provided that such expansion would not jeopardize the quality of medical education. (MSS Sub Res 14, I-07) (AMA Res 309, A-08, Adopted [D-295.938])

200.017MSS Medical Student Representation in National Health Service Crops Planning: AMA-MSS will advocate to increase medical student representation in the decision-making process of the National Health Service Corps during the implementation of the Patient Protection and Affordable Care Act. (MSS Res 47, I-10)

210.000MSS Home Health Services

215.000MSS Hospitals

215.001MSS Hospital Dress Codes for the Reduction of Nosocomial Transmission of Disease: AMA-MSS will ask the AMA to advocate for the adoption of hospital guidelines for dress codes that minimize transmission of nosocomial infections, particularly in critical and intensive care units. (MSS Amended Res 6, I-08) (AMA Res 720, A-09, Referred)

245.000MSS Infant Health

245.001MSS Cardiopulmonary Resuscitation Training for Expectant and New Parents: AMA-MSS will ask the AMA to encourage CPR training of new and expectant parents at childbirth preparation classes, prenatal clinics, and sites of well-baby pediatric visits. (AMA Amended Res 5, I-90, Adopted [245.988]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

245.002MSS AMA Support for Breastfeeding: AMA-MSS will ask the AMA to encourage perinatal care providers and hospitals to ensure that physicians or other appropriately trained medical personnel authorize distribution of infant formula as a medical sample only after appropriate infant feeding education, to specifically include: (a) education of parents about the medical benefits of breastfeeding and encouragement of its practice, and (b) education of parents about formula and bottle-feeding options. (AMA Amended Res 506, A-93, Adopted [245.982]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

245.003MSS Sudden Infant Death Syndrome: AMA-MSS will ask the AMA to encourage the education of

parents, physicians, and all other health care professionals involved in newborn care regarding methods to eliminate known SIDS risk factors, such as prone sleeping, soft bedding, and parental smoking. (AMA Res 414, A-95, Adopted [245.977]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

245.006MSS Detection, Diagnosis And Intervention Of Hearing Loss In Newborns And Infants: AMA-MSS will ask the AMA to support the establishment of statewide programs for the early detection and diagnosis of hearing loss as well as interventional programs for all affected newborns and infants. (MSS Late Res 11, I-98) (AMA Res 435, I-98, Referred) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

245.010MSS Safe Haven for Newborns: AMA-MSS supports efforts to lower barriers to adoption including the coordination of anonymous adoption and supports state efforts to decrease the number of abandoned infants by supporting legislation that would protect mothers from prosecution who anonymously deliver their infant safely to a licensed health care facility, thus enabling the facility to initiate the adoption process. (MSS Sub Res 5, A-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

245.011MSS Protecting a Mother's Right to Breastfeed: AMA-MSS supports state legislation that clarifies and enforces a mother's right to breastfeed in a public place and will encourage all states to adopt breastfeeding legislation which clarifies and protects a mother's right to breastfeed in a public place. (MSS Res 15, A-02) (Reaffirmed: MSS Rep C, I-07)

245.012MSS Continuing the Fight to Lower Infant Mortality in the United States: AMA-MSS affirms as a top priority the reduction of the rate of infant mortality in the United States through the promotion of access to prenatal and infant care, education on healthy choices to reduce risks, and research on how to best reduce infant mortality. AMA-MSS will communicate to the AMA Health Disparities Initiative the importance of reducing infant mortality in the United States, and specifically where this problem manifests as racial or ethnic disparities in health indicators. (MSS Res 26, I-03) (Reaffirmed: MSS Rep E, I-08)

245.013MSS Promoting Breastfeeding in Hospitals: AMA-MSS will ask the AMA to: (1) strengthen the support for breastfeeding in the health care system by encouraging hospitals to provide written breastfeeding policy that is communicated to health care staff; and (2) encourage hospitals to train staff in the skills needed to implement written breastfeeding policy, to educate pregnant women about the benefits and management of breastfeeding, to attempt early initiation of breastfeeding, to practice "rooming-in," to educate mothers on how to breastfeed and maintain lactation, and to foster breastfeeding support groups and services. (MSS Res 27, I-03) (AMA Amended Res 412, A-04, Adopted [D-245.997]) (Amended: MSS Rep E, I-08)

245.014MSS National Minimum Newborn Screening Recommendations: AMA-MSS will ask the AMA to: (1) support and recognize a need for uniform minimum newborn screening (NBS) recommendations; (2) encourage continued research on the benefits of NBS for certain diseases and the development of new NBS technology; and (3) recommend the adoption of a national minimum uniform screening panel for newborns by establishment of model state legislation and encouragement of legislation for adoption by Congress, pending completion and a review of the evaluation by the Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children. (MSS Sub Res 27, I-04) (AMA Res 530, A-05, Referred)

245.015MSS AMA Stance on Physician Scripts and Support for Ongoing Fetal Pain Research: AMA-MSS will ask the AMA to encourage further unbiased research on fetal pain and to oppose government-mandated physician scripts. (MSS Res 4, I-05) (AMA Amended Res 523, A-06, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

245.016MSS Doctors Defending Breastfeeding: AMA-MSS will ask the AMA to: (1) Discourage hospitals and

health care professionals from distributing formula and bottles to women who are willing and able to breastfeed; (2) Oppose the marketing or distribution of infant formula in ways that may interfere with the protection and promotion of breastfeeding; and (3) Recognize the inherent conflict of interest present when infant formula manufacturers provide financial support for research into or professional meetings regarding infant and child feeding. (MSS Res 1, I-06) (Reaffirmed: MSS GC Rep D-I-11)

245.017MSS Early Hearing Detection and Intervention: AMA-MSS will ask the AMA to (1) support Early Hearing Detection and Intervention (EHDI) to ensure that every infant receives proper hearing screening, diagnostic evaluation, intervention, and follow-up in a timely manner; and (2) support federal legislation to provide appropriate resources, coordination, and education for EHDI follow-up with infants who fail initial hearing screening tests. (MSS Res 29, I-10) (AMA Res 514 Adopted as Amended [ ], A-11)

245.018MSS Revision of Resuscitation Policies for Premature Infants Born at the Cusp of Viability: AMA-MSS supports programs designed to educate health care professionals who treat premature infants, as well as parents and caregivers of premature infants, on evidence-based guidelines on neonatal resuscitation, especially with regard to premature infants born at the cusp of viability. (MSS Sub Res 9, A-12)

250.000MSS International Health

250.001MSS Medical Care in Countries in Turmoil: AMA-MSS will ask the AMA to: (1) support provision of food, medicine, and medical equipment to civilians threatened by natural disaster or military conflict within their country; (2) express concern about the disappearance of physicians, medical students, and health care professionals and withholding of medical care to the injured in such countries in turmoil; and (3) ask appropriate international health organizations to monitor the status of health care in these countries. (AMA Amended Res 133, A-83, Adopted [65.994]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

250.007MSS AMA & MSS Support for the International Model World Health Organization (TIMWHO): AMA-MSS supports in principle the TIMWHO. (MSS Amended Res 29, A-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

250.010MSS Medical Supply Donations to Foreign Countries: (1) AMA-MSS will ask the AMA to encourage the continuing donation of medical equipment, drugs, computers, textbooks, and any other unused medical supplies. (2) AMA-MSS encourages chapters to collect medical supplies from their local physicians, hospitals, clinics, etc. (MSS Amended Res 61, I-98) (AMA Res 608, A-99, Referred for decision) (BOT Adopted AMA Res 608, A-99 [D-250.992]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

250.011MSS Low Cost Drugs to Poor Countries During Times of Pandemic Health Crisis: AMA-MSS will ask the AMA to: (1) support increased availability of anti-retroviral drugs and drugs to prevent active TB infection to countries where HIV/AIDS is pandemic; (2) encourage pharmaceutical companies to provide low cost medications to countries during times of pandemic health crises; and (3) work with the World Health Organization, UNAID, and similar organizations that provide comprehensive assistance, including health care, to poor countries in an effort to improve public health and national stability. (MSS Amended Res 12, I-01) (AMA Res 402, A-02, Adopted [H-250.988]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

250.013MSS Support of Medical and Surgical Supply Recycling Programs: AMA-MSS promotes organizations that provide medical and surgical supplies to underserved areas through recycling programs and encourages AMA-MSS chapters to participate in medical and surgical supply recycling programs. (MSS Res 24, A-04)

250.016MSS University Research, Intellectual Property, and Access to Essential Medicines in Resource-Poor Settings: AMA-MSS (1) will support universities engaging nontraditional partners in order to create new opportunities for neglected diseases drug development, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions; and (2) will support the protection of fair access to essential medicines in developing countries. (MSS GC Rep A, A-06; Reaffirmed: MSS Res 4, I-07)

250.017MSS Medical Tourism: AMA-MSS supports informing patients about potential risks and benefits of going abroad to receive medical treatment. (MSS Resolution 1, A-07)

250.018MSS Essential Medicines for the Developing World: AMA-MSS will ask the AMA to (1) support universities engaging nontraditional partners in order to create new opportunities for neglected disease drug development, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions; and (2) support the protection of fair access to essential medicines in developing countries. (Sub MSS Res 4, I-07) (AMA Res 515, A-08, Adopted [H-100.963])

250.019MSS Global HIV/AIDS Prevention: AMA-MSS will ask the AMA to (1) support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives, or grantee pledges of opposition to prostitution; and (2) extend its support of comprehensive family-life education to foreign aid programs, promoting abstinence while also discussing the role of safe sexual practices in disease prevention. (MSS Late Res 3, A-08) (AMA Res 438, A-08, Withdrawn)

250.020MSS Refugee Health Care: AMA-MSS will ask the AMA to (1) recognize the unique health needs of refugees; (2) encourage the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees; and (3) support extending beyond eight months the period during which new refugees are eligible for Medicaid coverage under the Refugee Medical Assistance program. (MSS Amended Res 4, A-09)

250.021MSS Access to and Licensure of Essential Medicines: AMA-MSS will ask the AMA to amend policy H-100.963 by insertion as follows:

H-100.963 Essential Medicines for the Developing World
Our AMA: (1) supports universities engaging nontraditional partners, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions, in order to create new opportunities for neglected disease drug development; ~~and~~ (2) supports the protection of fair access to essential medicines in developing countries; and (3) supports policies that encourage institutions receiving publicly-funded research grants which result in patentable biomedical technologies to adopt transparent licensing provisions which provide equitable generic access to essential medicines for the developing world.
(MSS Res 28, I-09) (AMA Res 512, A-10, Adopted)

250.022MSS Foreign Emergency Medical Relief Policy and Procedures for Hospitals: AMA-MSS will ask the AMA to encourage the American Hospital Association to develop policies and procedures to facilitate the coordination of logistics in the event of an international disaster requiring urgent emergency medical relief. (MSS Res 36, I-10)

250.023MSS Increasing Access to Care in Resource Limited Settings Using the President's Emergency Plan for AIDS Relief: AMA-MSS (1) supports the efforts of the Global Health Service Partnership to strengthen African healthcare workforces; and (2) recognizes the benefits of including loan repayment in the Global Health Service Partnership funded from a variety of sources. (MSS GC Rep E, A-12)

255.000MSS International Medical Graduates

255.001MSS The Status of Foreign Medical School Graduates in the United States: AMA-MSS supports the following principles: (1) The US Government should provide preferential support (e.g., financial aid) to US citizens enrolled in US medical schools, as opposed to alien and US FMG's. (2) There should be guidelines to limit the number of FMG's entering the US for the purpose of graduate medical training as well as to practice medicine modified as appropriate in response to assessment of needs. Public policy toward extending the rights of foreign-trained physicians to practice in the US should be sensitive to the impact of the individual's practice on the health care delivery system. (3) Immigration legislation should allow adequate time to complete training. (4) Steps should be taken to aid developing countries in providing incentives for their physicians to return to or remain in their own country. (5) Determination of an individual's qualifications should include assessment of the individual student or medical school graduate as well as the foreign medical school attended. (6) Individuals contemplating a career in medicine should be informed of the requirements necessary to successfully enter the US medical profession as well as residency training programs' preference for graduates of US medical schools. (MSS Position Paper 1, A-83) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

255.002MSS Foreign Medical School Documentation: AMA-MSS supports the concept that students from non-accredited medical schools be required to adequately document their clinical clerkships as a prerequisite for licensure and ECFMG certification. (MSS Sub Res 2, I-84) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

255.003MSS Licensure of International Medical Graduates: AMA-MSS supports equivalent licensing requirements for all physicians seeking licensure in the US, and opposes the development of separate licensing criteria, including exams, for any group. (MSS Rep D, A-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

255.004MSS United Nations Population Fund: AMA-MSS will ask the AMA to: (1) support reinstitution of U.S. funding to the United Nations Fund for Population Activities or other United Nations population and reproductive health programs consistent with AMA policy; (2) write letters to the Bush Administration and to the U.S. House of Representatives expressing concern over the withdrawal of U.S. funding from the United Nations Fund for Population Activities and recommending full reinstitution of such funding; and (3) educate its members about the possible consequences of the withdrawal of U.S. funding from the United Nations Fund for Population Activities and its support for the reinstitution of such funding. (MSS Rep B, I-03) (AMA Res 441, A-04, Adopted [D-250.994]) (Reaffirmed: MSS Rep E, I-08)

255.005MSS Survival of the J-1 Visa Waiver Program: Informational report. (GC Rep A, A-10, Filed)

270.000MSS Legislation and Regulation

270.001MSS Support of Legislation Affecting Medical Students: AMA-MSS will ask the AMA to establish guidelines so that state societies would, when considering legislation affecting medical students, solicit input from medical school student governments, consider student views, and inform the medical student governments of decisions on these issues. (AMA Amended Res 163, A-79, Adopted [270.994]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

270.003MSS Family and Medical Leave: AMA-MSS supports parental leave and job security for persons who

must forsake work responsibilities for family or medical reasons. (AMA Res 163, A-87, Referred) (BOT Rep A, A-88, Adopted [H-420.979]) (Amended MSS Rep F, A-97) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

270.004MSS Policy on the "Gag Rule": AMA-MSS will ask the AMA to actively work with Congress and other involved organizations to oppose any legislation and/or regulation that would interfere with a physician's ability to provide information about all treatment options available to his or her patients, and/or that would interfere with the privacy of the physician-patient relationship. (AMA Sub Res 213, A-91 Adopted in lieu of AMA Res 254, A-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

270.006MSS Tax on Health Care Providers: AMA-MSS will ask the AMA to strongly oppose the imposition of a selective revenue tax on health care providers by Congress and state legislatures in order to fund health care programs. (AMA Amended Sub Res 258, A-92, Adopted [165.958]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

270.009MSS Protection for Physicians who Prescribe Pain Medication: AMA-MSS will ask the AMA to: (1) support the idea that physicians who prescribe pain medication to relieve chronic pain of both malignant and non-malignant origins should be freed from the burden of excessive regulatory scrutiny and censure; and (2) seek to implement legislation protecting physicians who treat chronic pain of malignant and non-malignant origins. (MSS Amended Sub Res 11, I-96) (AMA Res 209, A-97, Referred) (BOT Rep 1, I-97, Adopted [120.960]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

270.010MSS Support of Health Care to Legal Immigrants: AMA-MSS will ask the AMA to establish as policy its opposition to Federal and state legislation denying or restricting legal immigrants Medicaid and immunizations. (MSS Amended Sub Res 13, I-96) (AMA Res 211, A-97, Adopted [290.983]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

270.011MSS Support of Patient Protections: AMA-MSS strongly supports and will promote AMA patient advocacy activities including efforts to ensure patient protections in health benefit plans. (MSS Rep D, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06)

270.012MSS Opposing Legislation of Medical Procedures: AMA-MSS strongly condemns any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient. (MSS Amended Sub Late Res 1, A-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

270.013MSS Legislation of Medical Procedures: AMA-MSS will ask the AMA to work to ensure that if legislation seeks to regulate a medical procedure, the bill language utilizes standard medical terminology recognized by physicians to describe the procedure precisely. (MSS Amended Sub Res 17, I-97) (AMA Amended Sub Res 203, A-98, Adopted) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

270.016MSS Hate Crimes: AMA-MSS will ask the AMA to recognize that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States. (MSS Amended Late Res 8, I-98) (AMA Amended Sub Res 228, I-98, Adopted [H-65.980]) (Reaffirmed: MSS Rep E, I-03) (Amended: MSS Rep E, I-08)

270.017MSS Support for Legislation for Businesses to Provide Breastfeeding Employees Time, Facilities and Equipment for Breastfeeding: AMA-MSS will ask the AMA to support legislation encouraging and promoting breast feeding, such as tax credits for businesses that provide facilities and equipment for employed breastfeeding mothers to breastfeed or express milk on business premises. (MSS Sub Res 12, A-01) (AMA Res 243, A-01, Not Adopted) (Reaffirmed: MSS Rep

F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

270.019MSS Implementation of Automated External Defibrillators in High School and College Sports Programs: AMA-MSS will ask the AMA to (1) support state legislation and/or state educational policies encouraging each high school and college that participates in interscholastic and/or intercollegiate athletic programs to have an automated external defibrillator (AED) and trained personnel on its premises; and (2) support state legislation and/or state educational policies encouraging athletic coaches, sports medicine personnel, and student athletes to be trained and certified in CPR, AED, basic life support, and recognizing the signs of sudden cardiac arrest. (MSS Sub Res 5, I-07) (AMA Res 421, A-08, Adopted [D-470.992])

270.020MSS Professional Promotion Disclosure Registry: AMA-MSS will ask the AMA to (1) support initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual gifts and payments to physicians from the pharmaceutical, device, and biologic industries; and (2) develop specifications outlining criteria that should be included in any professional promotion disclosure registry in terms of enforcement, transparency, public availability, and reported payments (in accordance with AMA ethical guidelines depicting appropriate payments) to optimize and unify various professional promotion monitoring systems without jeopardizing prescriber-identifiable data. (MSS Rep C, I-08) (AMA Res 6, A-09, Not Adopted)

270.021MSS National Cosmetics Registry and Regulation: AMA-MSS will ask the AMA to (1) support legislation for the creation of a publicly available national registry of all cosmetics and their ingredients; and (2) support legislation for the FDA to be given strengthened authority to recall cosmetic products determined to be harmful based on the FDA's product recall classifications. (MSS Amended Res 11, A-09)

270.022MSS Promoting Transparency to Stimulate Improved Quality: AMA-MSS will ask the AMA to encourage development of public and hospital-based reporting systems that create transparency into individual physician performance to stimulate quality improvement and better-informed patient and physician decision-making. (MSS Res 13, A-10) (AMA policies H-406.991, H-406.989, H-450.941, and H-450.947 Reaffirmed in Lieu of AMA Res 808, I-10)

270.023MSS Requiring Placement of Automated External Defibrillators in All Nursing Homes: AMA-MSS will ask the AMA to support state legislation that mandates Automated External Defibrillator placement in all nursing homes as a condition of licensure. (MSS Res 28, A-11) (Reaffirmed existing policy in lieu of AMA Res 208, I-11)

270.024MSS Addressing Safety and Regulation in Medical Spas: AMA-MSS will ask the AMA to (1) advocate for state regulation over medical spas to include a classification system of traditional salon treatments and medical procedures, with recommendations as to who may perform procedures based on the level of risk to the patient and requirements for practitioners to be licensed by an appropriate Board of Registration; (2) advocate that botulinum toxin injections be considered the practice of medicine; and (3) take steps to increase the public awareness about the dangers of medical spas by encouraging the creation of formal complaint procedures and accountability measures within the Department of Health and Human Services in order to increase transparency. (MSS Res 38, A-11) (AMA Res 209, I-11 Adopted as Amended

270.025MSS Protecting the Patient and Physician Relationship from Legislative Regulation: AMA-MSS (1) opposes legislation that requires physicians to perform medical procedures without valid medical indication or contrary to standards of care, especially as it concerns mandates to perform fetal ultrasounds on patients; and (2) opposes legislation that mandates specific counseling by physicians to patients, including mandatory viewing and description of fetal ultrasound images or required listening of fetal heart sounds. (MSS Res 10, A-12)

275.000MSS Licensure and Discipline

275.001MSS Competence for Licensure: AMA-MSS will ask the AMA to: (1) urge state licensing authorities to continue to recognize the NBME certificate; (2) recommend that medical school faculties continue to exercise responsibilities for evaluating students and housestaff; (3) oppose a licensing examination as a requirement for graduates of educational programs accredited by the LCME to enter the first year of graduate training; (4) oppose requirements for licensure requiring a long period of graduate education with the attendant risk of licensure by specialty; and (5) support a single FLEX examination sequence, during or shortly after the first year of graduate medical education. (MSS statement on MSS Res 12, I-81, Recommended amendments to CME Rep B, I-81, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

275.002MSS Interns' Qualifications: AMA-MSS (1) endorses the concept that an MD degree by an accredited U.S. medical school is a sufficient qualification for the intern to administer medical care as a member of the housestaff treatment team; and (2) opposes any attempts to impose additional requirements (e.g., FLEX I) in order to function as an intern. (MSS Res 11, I-81) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

275.003MSS Use of Licensing Examination Scores: AMA-MSS supports AAMC efforts to urge the National Board of Medical Examiners to issue only pass-fail results of the National Board examination. (MSS Sub Res 22, I-84) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

275.009MSS Voting Rights For AMA-MSS NBME Representatives: (1) AMA-MSS will ask the AMA to: (a) petition the NBME to add AMA student representation to the National Board, the governing and voting body of the NBME; (b) work with the NBME to ensure that the AMA-MSS, through its Governing Council, is given appropriate advance notice of any major upcoming votes. (2) The AMA-MSS Governing Council will pursue avenues to obtain AMA-MSS representation on the NBME Board. (MSS Amended Sub Res 10, I-98) (AMA Res 323, I-98, Adopted [H-295.893]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

275.010MSS Encouraging State Legislation to Allow Interstate License Portability for Physicians Volunteering in Free Clinics: AMA-MSS will ask the AMA to study (1) the need for interstate license portability to allow physicians to volunteer in free clinics; (2) the implications of current state policy in Tennessee, Oklahoma, and Arizona that allows for licensed physicians from other states to volunteer in their free clinics; and (3) the effects on physician demographics as well as the medical, financial, and legal implications of interstate license portability for physician volunteers in free clinics. (MSS Res 11-I-09) (AMA Res 313, A-10, Referred)

280.000MSS Long-Term Care

280.001MSS Quality of Nursing Homes: AMA-MSS will ask the AMA to express publicly its concern for inadequate nursing home care, advocate high standards for such care, and support efforts to establish adequate funding of nursing and convalescent homes that would allow them to maintain qualified personnel. (AMA Res 161, A-79, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

285.000MSS Managed Care

285.002MSS Managed Care Organizations' Responsibility to Contribute to Medical Education: AMA-MSS will

ask the AMA to: (1) recognize the need for managed care organizations to work cooperatively with medical schools and residency programs in developing medical education programs; and (2) support the training and evaluation of medical students and residents in their sites. (AMA Res 302, A-96, Referred) (AMA CME Rep 5, A-97, Adopted in lieu of Res 302, A-96 [305.956, 305.947, and 295.914 Reaffirmed by CME Rep 5, A-97]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

290.000MSS Medicaid

290.001MSS State Coverage of Medical Formula for Uninsured People Suffering From Phenylketonuria (PKU) Regardless of Age or Gender: (1) AMA-MSS will promote awareness among health professionals and medical students of Medicaid coverage as it pertains to all PKU patients, regardless of age and gender. (2) AMA-MSS will ask the AMA to encourages state medical societies to support legislation within their jurisdictions that would provide Medicaid funding and coverage of medical formula and foods for Medicaid patients suffering from PKU, regardless of age or gender. (MSS Sub Res 6, I-01) (AMA Res 415, A-02, Adopted [D-290.994]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

290.002MSS Interstate Medicaid Cooperation**:** AMA-MSS will ask the AMA to (1) support and advocate for legislation allowing out-of-state providers in close proximity to the border to be enrolled as in-state providers in those states that do not currently allow it, using Oregon's Medicaid system as a model; and (2) support and advocate for legislation that would streamline the provider enrollment process in order to encourage more physicians to become providers for border communities. (MSS Res 28, I-10) (Existing AMA policy reaffirmed in lieu of AMA Res 113, A-11)

295.000MSS Medical Education

295.001MSS Support Groups: AMA-MSS will ask the AMA to encourage the development of alternative methods for dealing with the problems of student-physician mental health in medical schools and that these alternatives be available to students at the earliest possible point in their medical education. (AMA Res 164, A-79, Adopted [295.999]) (Reaffirmed: CLRPD Rep B, I-89) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.002MSS Training in Sign Language: AMA-MSS endorses the concept of training physicians in total communication with the deaf and encourages utilization of existing programs in sign language and total communications with the deaf. (MSS Sub Res 18, A-82) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.003MSS Guidelines for Do-Not-Resuscitate Orders: AMA-MSS will ask the AMA to enlist the support of the Association of American Medical Colleges in recommending that medical schools, as part of their educational curriculum for medical students, include the ethical, legal, and emotional aspects surrounding do-not-resuscitate orders. (AMA Amended Res 79, I-82, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.004MSS Medical Student Education Concerning Physician Impairment: AMA-MSS will ask the AMA to urge state medical societies to approach medical schools and medical student groups to offer the services of volunteer physicians knowledgeable about physician impairment as speakers and discussion leaders. (AMA Amended Res 80, I-82, Adopted [295.992]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC

Rep F, I-10)

295.005MSS Availability of Medical Education: AMA-MSS supports the following principles: (1) A determined, conscientious effort to accept, matriculate, and graduate minority physicians must be undertaken. (2) Support for programs with a commitment to the training of minority medical professionals, particularly the three predominantly black medical schools (Howard, Meharry, Morehouse) must be increased as necessary and maintained. (3) Adequate financial aid packages for minority students must be provided. These may include combinations of grants, loans, scholarships, or service- obligated programs. (4) Efforts should be made to increase the proportion of minorities in medical school faculties and administrative positions. (5) Efforts must be made to improve retention rates of minority students in medical schools. (MSS Position Paper #2, A-83) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.006MSS Geriatric Medicine: AMA-MSS will ask the AMA to reaffirm its position for the incorporation of geriatric medicine into the curriculum of major medical school departments and its position of emphasizing further education and research on the problems of aging and health care of the aged at the medical school, graduate and continuing medical education levels. (AMA Amended Res 137, A-85, Adopted [295.981]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.007MSS Curriculum in Child Abuse and Neglect: AMA-MSS will ask the AMA to urge all US medical schools to include in their required curriculums both formal lectures and clinical instruction in the subject of child abuse and neglect. (AMA Sub Res 136, A-85, Adopted [515.994]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.008MSS Teaching Clinical Medical Ethics: AMA-MSS will ask the AMA to support required medical ethics instruction in medical schools by encouraging medical schools to make medical ethics a part of the required curriculum. (AMA Res 126, A-86, Adopted [295.978]) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.011MSS Regulation of Medical Student Education Opportunities: AMA-MSS will ask the AMA to publicly reaffirm its support for the LCME standard for accreditation of undergraduate medical education programs and to oppose legislation or other efforts by state or federal regulatory agencies to define standards which limit educational opportunities in the training process of future physicians. (AMA Res 142, I-87, Adopted [295.974]) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

295.012MSS Promotion of Infection Control Procedures in the Medical School Setting: AMA-MSS will ask the AMA to: (1) encourage training in infection control to occur throughout the medical school curriculum; (2) urge teaching hospitals to be equipped with the necessary supplies to comply with the Center for Disease Control infection control recommendations; and (3) urge medical schools to integrate a student's use of proper infection control techniques in the student's evaluations. (MSS Rep G, A-88) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

295.013MSS Proposed Alteration in Fourth Year Curriculum: AMA-MSS adamantly opposes any changes restricting the freedom of medical students to choose their fourth year curriculum. (MSS Sub Res 33, A-89) (Reaffirmed: MSS Rep D, I-99)

295.018MSS Addition of Instruction on Organ and Tissue Procurement to the Medical Student Curriculum: AMA-MSS will ask the AMA to encourage the Liaison Committee on Medical Education (LCME) to recommend incorporation into medical schools' curricula content focusing on organ

and tissue procurement. (MSS Sub Res 4, I-89) (Reaffirmed: MSS Rep D, I-99)

295.022MSS Health Promotion and Disease Prevention Education: AMA-MSS supports improvements in health promotion/disease prevention curricula in medical schools, residency programs, and CME programs. (MSS Sub Res 31, A-90) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep C, A-04) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.027MSS Adequate Insurance for Medical Students and Residents: AMA-MSS will ask the AMA to: (1) urge all medical schools to pay for or offer affordable, policy options and, assuming the rates are appropriate, require enrollment in disability insurance plans by all medical students; (2) urge all residency programs to pay for or offer affordable policy options for disability insurance, and strongly encourage the enrollment of all residents in such plans; (3) urge medical schools and residency training programs to pay for or offer affordable health insurance to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance; (4) urge carriers offering disability insurance to: (a) offer a range of disability policies for medical students and residents that provide sufficient monthly disability benefits to defray any educational loan repayments, other living expenses, and an amount sufficient to continue payment for health insurance providing the minimum benefits recommended by the AMA for employer-provided health insurance; and (b) include in all such policies a rollover provision allowing continuation of student disability coverage into the residency period without medical underwriting. (AMA Res 252, A-91, Referred) (BOT Rep W, I-91, Adopted [H-295.942]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.029MSS Medical Student Legislative Awareness: AMA-MSS will recommended that: (1) medical students actively encourage state medical societies to sponsor legislative awareness workshops for students and that MSS chapters should establish a dialogue between medical society legislative personnel; and (2) all medical students register to vote, keep abreast of legislators' positions on issues that affect physicians, and actively contact legislators for their support of such issues. (COLRP Rep A, A-91) (AMA Res 14, A-91, Adopted [H-295.953]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.034MSS Commendation of the AMA for Support of Medical Education Funding: AMA-MSS commends the AMA for its continued support of medical education funding through AMA investigations, endorsements, legislative activity, and monetary contributions. (MSS Res 26, A-92) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.035MSS Medical School Waiting Lists: AMA-MSS recommends that prospective medical students keep medical schools informed about their decision-making process with respect to acceptances, including turning back acceptances to medical schools as soon as a decision not to attend has been. (MSS Rep F, A-92) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.044MSS Effective Education for the Future of Medicine: The AMA-MSS Governing Council will continue to identify opportunities to present timely and relevant health policy information to medical students. (MSS Rep D, A-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.054MSS Commonwealth Puerto Rican as a Minority Group: AMA-MSS will ask the AMA to recognize all Puerto Ricans, regardless of place of residence (Commonwealth or mainland), as an underrepresented minority when applying to mainland medical schools and convey this policy to the Association of American Medical Colleges and other bodies as appropriate. (MSS Rep C, I-94) (AMA Res 313, A-95, Referred for decision) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.056MSS Phlebotomy Training in Medical Schools: AMA-MSS will ask the AMA to encourage medical school curriculum committees to update their phlebotomy training programs to promote mastery of blood drawing skills through ample practice and to educate students regarding post-exposure protocols in the event of a needlestick injury, before entering clinical rotations. (AMA Res 302, I-94, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.057MSS Child Care Resource Information for Medical Students: AMA-MSS will advocate the provision of child care resources at medical schools, including the availability of on-site child care (day and night) as well as information regarding subsidies for child care and information on child care alternatives for those parents who do not use the on-site services or whose institution is unable to accommodate such services. (MSS Amended Sub Res 22, I-94) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.058MSS Suicide Prevention Program for Medical Students: AMA-MSS will ask the AMA to encourage medical schools to adopt those suicide prevention programs demonstrated to be most effective. (AMA Amended Res 315, A-95, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.061MSS Support for Women's Health Training: AMA-MSS supports efforts to promote the multidisciplinary incorporation of women's health education and training across all medical specialties and in medical school, residency training, and continuing medical education. (MSS Sub Res 22, A-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.062MSS Flexner Study II: AMA-MSS ardently supports a comprehensive study of the continuum of medical education. (MSS Res 44, A-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.063MSS Student Workhour Reform: AMA-MSS will ask the AMA to work diligently toward medical education reform that will train its future physicians in a more effective and humanistic environment. (MSS Rep E, A-95, Adopted in lieu of Res 23, A-95, and Res 19, I-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.066MSS Medical Student Impairment Policies: AMA-MSS will ask the AMA to: (1) strongly encourage medical schools that have not yet established policy on medical student impairment and implemented programs to prevent and treat student impairment to do so immediately; and (2) stress to medical schools the importance of increased information and visibility of medical student impairment policy and programs for the student body and that resources should be made readily available to the students throughout medical school and reiterated at the beginning of each year. (AMA Res 303, I-95, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.067MSS Medical Education about Rape Crises: AMA-MSS will ask the AMA to encourage medical schools to incorporate information about rape exam procedures, the rape trauma syndrome, the psychological needs of rape victims, and available rape support groups into their clinical preparation curriculum. (AMA Amended Res 301, I-95, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.068MSS Medical School and Occupational Exposure: AMA-MSS encourages institutions to continually educate their students on occupational exposure protocols and encourage medical students to become well-informed and aware of the relevant procedures (MSS Rep E, I-95, Adopted in lieu of Res 6, I-94) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.069MSS Fairness in the National Resident Matching Program: AMA-MSS will ask the AMA to remain committed to ensuring a fair residency selection process that works to accommodate students' best interests. (AMA Amended Res 332, I-95, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS Rep E, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.072MSS Emergency Child Care: AMA-MSS (1) encourages chapters to develop, in conjunction with the medical school, child care network projects or lists of local resources for emergency child care to support medical students with children; and (2) will distribute Governing Council Report C (A-96) to the county medical societies, medical school dean's offices, and the AMA Alliance in order to make these groups aware of the concerns of medical student parents regarding emergency child care arrangements, and to support joint efforts at the local level to provide resources for emergency child care. (MSS Rep C, A-96) (Reaffirmed: MSS Rep B, I-01)

295.073MSS Inclusion of Lactation Management Education in Medical School Curricula: AMA-MSS encourages medical schools to incorporate lactation management education into the medical school curriculum where appropriate. (MSS Rep D, A-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.074MSS Dissemination of Disability Insurance Information: AMA-MSS encourages medical schools to widely disseminate information to medical students regarding disability insurance and available policy options. (MSS Rep E, A-96, Adopted in lieu of Res 7, I-94) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.075MSS Preserving Our Investment in the Face of Medical School Class Size Reductions: AMA-MSS (1) supports protections for medical students and accordant AMA action to ensure proper placement of displaced students in the event of medical school closures or class size reductions that do not allow for natural attrition of those currently enrolled; and (2) supports encouraging the Liaison Committee on Medical Education to develop guidelines for institutions to follow in the event of medical school closure or immediate class size reductions that provide for adequate notification and placement assistance for the affected medical students. (MSS Sub Res 21, A-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.077MSS Medical Student Education on Termination of Pregnancy Issues: (1) AMA-MSS believes that education on termination of pregnancy issues be included in the medical school curriculum so that medical students receive a satisfactory knowledge of the medical, ethical, legal, and psychological principles associated with termination of pregnancy, although performance of the actual procedure should not be required. (2) AMA-MSS will ask the AMA to support policy that education on termination of pregnancy issues be included in the medical school curriculum so that medical students receive a satisfactory knowledge of the medical, ethical, legal, and psychological principles associated with termination of pregnancy, although performance of the actual procedure should not be required. (AMA Amended Res 304, I-96; Adopted [295.911]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.078MSS Teaching Domestic Violence Screening: AMA-MSS will ask the AMA to encourage editors and publishers of medical training literature to include (1) domestic violence screening questions in recommendations and guidelines for conducting a comprehensive medical history and (2) domestic violence intervention and documentation protocols. (Reaffirmed existing policy in lieu of AMA Res 402, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.079MSS Education of Medical Students About Domestic Violence Histories: AMA-MSS will ask the AMA to continue its support for the education of medical students on domestic violence by advocating that medical schools and post-graduate medical programs immediately begin training students and resident physicians to sensitively inquire about family abuse with all patients regardless of chief complaint or risk. (AMA Amended Res 303, I-96; Adopted [295.912]) (Reaffirmed: MSS Rep B,

I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.081MSS Promoting Culturally Competent Health Care: AMA-MSS will ask the AMA to encourage medical schools to offer electives in culturally competent health care with the goal of increasing awareness and acceptance of cultural differences between patient and provider. (MSS Sub Res 6, I-96) (AMA Res 306, A-97, Adopted as Amended [295.905]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.082MSS Respect for Individual Student's Beliefs: AMA-MSS will ask the AMA to encourage medical schools to adopt a policy whereby medical students would be allowed, without penalty, to withdraw from participating in medical procedures that may be violative of personally held moral principles or religious beliefs, provided that the students receive a satisfactory knowledge of the principles associated with the procedure and that the medical schools establish their own guidelines concerning specific procedures and situations in order to avoid the potential of abuse. (MSS Sub Res 7, I-96) (AMA Res 304, A-97, Referred) (CME Rep 4, A-98, Adopted in lieu of Res 304 [H-295.896]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.083MSS Cardiopulmonary Resuscitation and Basic Life Support Training for First Year Medical Students: AMA-MSS will ask the AMA to strongly encourage training of cardiopulmonary resuscitation and basic life support to first-year medical students, preferably during the first term. (MSS Res 14, I-96) (AMA Res 305, A-97, Adopted [295.906]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Res 7, I-05) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.086MSS Curriculum Mandates for Licensure: AMA-MSS will ask the AMA to urge state legislatures not to interfere directly with the medical school curriculum as it applies to licensure, leaving such matters to the appropriate accreditation bodies and medical school faculty. (MSS Amended Sub Res 10, A-97) (AMA Res 323, A-97, Referred) (CME Amended Rep 4, I-97, Adopted in lieu of Res 323 [H-295.921]) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

295.090MSS Status of Graduates of Puerto Rico LCME Medical Schools: AMA-MSS will direct its liaison to the LCME to remind U.S. medical schools and residency programs that LCME accredited schools in the Commonwealth of Puerto Rico are considered part of the U.S. educational system and not that of a foreign entity and that students from these programs should be treated as U.S. students. (MSS Sub Res 17, A-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

295.093MSS Printing of Mailing Labels from FREIDA Online: AMA-MSS will promote the use of AMA FREIDA Online and the availability of mailing labels as a benefit of membership. (MSS Rep D, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

295.098MSS Distribution of the AMA Code of Medical Ethics: AMA-MSS will ask the AMA to distribute unannotated copies of the Code of Medical Ethics to every first-year medical student. (MSS Sub Res 38, I-98) (AMA Amended Res 605, A-99 [D-140.995]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

295.101MSS Support for the Accreditation of US Medical Schools: AMA-MSS recommends that as new medical schools are established in the US, they should be encouraged to apply for LCME or AOA accreditation. (2) AMA-MSS will join efforts to educate the public, physicians, health policy leaders, educators, and elected officials about the need to maintain quality standards in medical education. (3) AMA-MSS will encourage and will ask the AMA to encourage efforts to educate all prospective medical students about the potential implications of attending any non-LCME/AOA accredited medical school. (MSS Amended Sub Res Late 6, I-98) (AMA Amended Res 322, I-98, Adopted [H-295.892]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

295.104MSS Privacy and Confidentiality of Medical Students in Physical Diagnosis Classes: AMA-MSS supports the protection of medical student privacy and confidentiality in the context of physical diagnosis classes by adopting the following principles:

(1) If abnormal physical findings are found on a student during a physical diagnosis class, the student should not be used as a model of abnormal findings without his or her explicit, meaningful, and non-coerced consent.

(2) No information regarding abnormal physical findings encountered on a medical student during a physical diagnosis class should be transmitted to any third party (by instructors or fellow students) without the student's explicit, meaningful, and non-coerced consent.
(MSS Late Res 1, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.107MSS HIV Postexposure Prophylaxis for Medical Students During Electives Abroad: AMA-MSS will ask the AMA to: (1) recommend that U.S. medical schools ensure that medical students who engage in clinical rotations abroad have immediate access to HIV postexposure prophylaxis, and that the schools assume financial responsibility for providing or obtaining PEP when not otherwise covered; and (2) encourages medical schools to provide information to medical students regarding the potential health risks of completing a medical rotation abroad, and on the appropriate precautions to take to minimize such risks. (MSS Amended Res 13, I-01) (AMA Amended Res 303, A-02, Adopted [D-295.970]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.108MSS Establishing Appropriate Medical Student Training Conditions: AMA-MSS will ask the AMA to work with the LCME to develop standards addressing appropriate medical student training hours and training conditions during clinical clerkships. (MSS Res 14, I-01) (AMA Res 304, A-02, Adopted [D-295.973]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.110MSS US Medical Student Match Fees: AMA-MSS strongly encourages the NRMP staff to develop and implement an equitable NRMP Match fee structure, for both U.S. Medical Students and Independent Applicants, that appropriately reflects actual costs for each group. (MSS Sub Late Res 1, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.111MSS State Society and State Medical Board Support to Delay Implementation of the USMLE Clinical Skills Assessment Exam: AMA-MSS will ask the AMA to: (a) commend the LCME for making clinical skill competencies a priority, (b) work with the AAMC and LCME to assure that clinical skill competencies are taught and assessed using standardized patient examinations as part of every medical school curriculum, and (c) encourage all LCME accredited medical schools to adopt as policy that all medical students at their institutions pass an OSCE or CSAE as part of the matriculation requirements for the conferring of an MD degree. (MSS Late Res 1, A-02) (AMA Sub Res 308, A-02, Adopted [D-295.968]) (Amended: MSS Rep C, I-07)

295.112MSS Developing Rational Role for USMLE Step Exams: AMA-MSS will ask the AMA to: (1) with appropriate partners, study what role, if any, scaled and scored national, standardized examinations like the USMLE Steps I and II should have in evaluation of applicants for residency; and (2) propose appropriate changes to the examination(s) in order to serve that role. (MSS Late Res 3, I-02) (AMA Res 303, Adopted in Lieu of Res 321 [D-275.986]) (Reaffirmed: MSS Rep C, I-07)

295.113MSS Clinical Skills Assessment as Part of Medical School Standards: AMA-MSS will ask the AMA to strongly urge the LCME and AOA to modify their accreditation standards as soon as possible to require that medical schools administer a rigorous and consistent assessment of clinical skills to all students as a requirement for advancement and graduation; (MSS Em. Res 1, I-02) (AMA Sub Res 821, I-02 [D-295.965]) (Amended: MSS Rep C, I-07)

295.114MSS Clinical Skills Assessment Exam and College of Osteopathic Medicine Licensing Exam-Physical Exam Implementation: (1) AMA-MSS will ask the AMA to: (a) study mechanisms for providing feedback to medical students on their performance on the proposed United States Medical Licensing Exam (USMLE) Clinical Skills Assessment Examination (CSAE) and College of Osteopathic Medicine Licensing Exam-Physical Exam (COMLEX-PE) including but not limited to written narrative feedback, and access to video recording of the exam for possible review with their medical school and communicate these findings to the National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME); (b) encourage medical schools to develop mechanisms to assist medical students to meet financial obligations associated with the requirements for participation in the CSAE and COMLEX-PE; (c) encourage medical schools to avoid linking passage of the CSAE and COMLEX-PE to graduation requirements for at least the first 5 years of the implementation of the exam; (d) encourage medical schools to reevaluate their educational programs to ensure appropriate emphasis of clinical skills training in medical schools; (e) study, in conjunction with the NRMP, AOA, AGCME, and other interested organizations, the potential impact of the CSAE and COMLEX-PE on undergraduate and graduate medical education; (f) strongly encourage the NBME and NBOME to develop policies to ensure adequate capacity for registration and administration of the CSAE and COMLEX-PE in order to accommodate all students testing for the initial time as well ensuring students failing the exam can retest within 4 months; and (g) monitor in an ongoing fashion, the implementation of the CSAE and COMLEX-PE and its impact on the medical education continuum. (2) AMA-MSS will study safeguard measures for students in the first five years of implementation of the Clinical Skills Assessment Exam and COMLEX-PE; (MSS Res 7, A-03) (AMA Amended Res 324, A-03, Adopted in Lieu of Resolution 315 [D-275.985]) (Amended: MSS Rep E, I-08)

295.115MSS Support of Business of Medicine Education for Medical Students: AMA-MSS will ask the AMA to encourage all US medical schools to provide students with a basic foundation in medical business, drawing upon curricular domains referenced in Undergraduate Medical Education for the 21st Century (UME-21), in order to assist students in fulfilling their professional obligation to patients and society in an efficient, ethical, and cost-effective manner. (MSS Res 1, I-03) (AMA Res 305, A-04, Adopted [D-295.958]) (Reaffirmed: MSS Rep E, I-08)

295.116MSS Opposition to Clinical Skills Examinations for Physician Medical Re-Licensure: AMA-MSS will ask the AMA to: (1) oppose clinical skills examinations for the purpose of physician medical re-licensure until such examinations can be shown to accurately predict physician clinical incompetence or moral turpitude; (2) reaffirm its support for continuous quality improvement of practicing physicians; and (3) support research into methods to improve clinical practice, including practice guidelines and continue to support the implementation of quality improvement through local professional, non-governmental oversight. (MSS Res 13, I-03) (AMA Amended Res 307, A-04, Adopted in lieu of AMA Res 313 [H-275.930]) (Reaffirmed: MSS Rep E, I-08)

295.117MSS Additions to United States Medical Licensure Examination and College of Osteopathic Medical Licensure Exam: AMA-MSS will ask the AMA to oppose additions to the United States Medical Licensure Examination and College of Osteopathic Medical Licensing Exam that lack predictive validity for future performance as a physician and work with appropriate organizations toward requiring consensus approval by professional medical organizations for implementation of additions or modifications to the United States Medical Licensure Examination and College of Osteopathic Medical Licensing Exam. (MSS Res 14, I-03) (AMA Amended Res 308, A-04, Adopted [H-275.929]) (Reaffirmed: MSS Rep E, I-08)

295.119MSS State Support of Public Medical School Education: AMA-MSS will ask the AMA to oppose any legislation that would compel graduates of public medical schools to agree to practice in a particular locale upon completion of medical training, including a medical residency, as a condition of matriculation. (MSS Res 1, A-04) (AMA Amended Res 708, I-04 [H-305.931])

295.121MSS MSS Support of the Harvard/Commonwealth Policy Education Initiative: AMA-MSS will work to publicize the Harvard/Commonwealth Health Policy Education Initiative to MSS Chapters, individual students, and medical school deans/curriculum committees. (MSS Res 6, A-04)

295.122MSS Modernization of Medical Education Assessment and Medical School Accreditation: AMA-MSS will ask the AMA to: (1) vigorously work to establish medical education system reforms throughout the medical education continuum that demand evidence-based teaching methods that positively impact patient safety or quality of patient care; and (2) work with the Liaison Committee on Medical Education (LCME) to perform frequent and extensive educational outcomes assessment of specialized competencies in the medical school accreditation process at minimum every four years, requiring evidence showing the degree to which educational objectives impacting patient safety or quality of patient care are or are not being attained. (MSS Res 9, A-04) (AMA Res 818, I-04, Referred)

295.123MSS Teaching and Evaluating Professionalism in Medical Schools: AMA-MSS will ask the AMA to: (1) strongly urge the Liaison Committee on Medical Education to promptly create and enforce uniform accreditation standards that require all LCME- accredited medical schools to evaluate professional behavior regularly as part of medical education; (2) strongly urge the Liaison Committee on Medical Education to develop competencies for professional behavior and a mechanism for outcome assessment at least every four years in the accreditation process, examining teaching and evaluation of the competencies at LCME-accredited medical schools; (3) recognize that evaluation of professionalism is best performed by medical schools and should not be used in evaluation for licensure of graduates of LCME-accredited medical schools; continue it's efforts to teach and evaluate professionalism during medical education; and (4) actively oppose, by all available means, any attempt by the NBME and/or FSMB to add separate, fee-based examinations of behaviors of professionalism to the United States Licensing Examinations. (MSS Res 10, A-04) (AMA Amended Res 304, A-05, Adopted [D-295.954])

295.126MSS Medical Student Clinical Training and Education Conditions: AMA-MSS will ask the AMA to: (1) commend the LCME for addressing the issue of the medical student learning environment including student clerkship hours; (2) urge the LCME to adopt specific medical student clinical training and educational guidelines for the clerkship years including: (a) No more than one night on call every three nights; (b) No more than 80 hours total of clinical training and education time per week averaged over four weeks; and (c) No more than 24 consecutive hours on call; and (2) recommend that the LCME revisit the issue of medical student clinical training and education conditions every five years for revision. (MSS Res 16, I-03, Referred) (AMA Res 310, A-04, Referred) (Reaffirmed: MSS Rep E, I-08)

295.129MSS Improving Sexual Education in the Medical School Curriculum: AMA-MSS will ask the AMA to: (1) encourage all medical schools to train medical students to be able to take a thorough and non-judgmental sexual history in a manner that is sensitive to the personal attitudes and behaviors of patients in order to decrease anxiety and personal difficulty with sexual aspects of health care; and (2) issue a public service announcement that encourages patients to discuss concerns related to sexual health with their physician and reinforces the AMA's commitment to helping patients maintain sexual health and well-being. (MSS Res 8, I-04) (AMA Res 306, A-05, Withdrawn) (AMA Res 314, A-05, Adopted [H-295.879])

295.130MSS Educating Medical Students about the Pharmaceutical Industry: AMA-MSS will ask the AMA to: (1) reaffirm AMA Policies D-295.957 and D-140.981; (2) strongly encourage medical schools to include unbiased curricula concerning the impact of direct-to-consumer marketing practice employed by the pharmaceutical industry, as they relate to the physician-patient relationship; and (3) strongly encourage medical schools to include unbiased information in their curricula concerning the pharmaceutical industry regarding (a) the cost of research and development for new medications, (b) the cost of promoting and advertising new medications, and (c) the proportion of (a) and (b) in comparison to their overall expenditures, and (d) the basic principles in

the decision-making process involved in prescribing medications specifically using evidence-based medicine to compare outcomes and cost effectiveness of generic versus proprietary medications of the same class. (MSS Sub Res 15, I-04) (AMA Res 303, A-05, Adopted [D-295.955])

295.131MSS Equal Fees for Osteopathic and Allopathic Medical Students: AMA-MSS will ask the AMA to: (1) reaffirm AMA Policies H-405.989 and G-635.053; (2) discourage discrimination by institutions and programs based on Osteopathic or Allopathic training; (3) support equal fees for clinical rotation externships by Osteopathic and Allopathic medical students; and (4) encourage that LCME/ACGME accredited institutions maintain fair practice standards for equal access to all US medical students, Osteopathic and Allopathic (MSS Amended Res 3, A-05) (AMA Res 809, I-05, R1 Adopted, R2 Adopted as Amended, R3 and R4 Referred [H-295.876]) (Reaffirmed: MSS GC Rep F, I-10)

295.132MSS Implementation of a Second Match: The AMA-MSS Governing Council will work collaboratively with the National Resident Matching Program (NRMP) to improve the scramble and study the logistics of a second Match (MSS Sub Res 4, A-05) (Reaffirmed: MSS GC Rep F, I-10)

295.133MSS Instruction of Effective Teaching Methods in Medical School Curricula: AMA-MSS will encourage the Liaison Committee on Medical Education to recommend that medical schools include instruction on effective teaching methods in their curricula. (MSS Res 8, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.134MSS Relocation of Medical Students in the Event of Emergency: AMA-MSS supports the formation of protocols by individual medical schools to relocate and temporarily or permanently assimilate medical students into other medical schools in the event of a crisis or natural disaster resulting in the closing of their medical school. (MSS Res 9, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.135MSS Increasing Awareness of the Benefits and Risks Associated with Complementary and Alternative Medicine: AMA-MSS will ask the AMA to support the incorporation of Complementary and Alternative Medicine (CAM) in medical education as well as continuing medical education curricula, covering CAM's benefits, risks, and efficacy. (MSS Res 15, I-05) (AMA Sub Res 306, A-06, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

295.136MSS Combining the AOA and ACGME Resident Matching Programs: AMA-MSS will request that the NRMP explore the possibility of combining the AOA and the NRMP match and that the AMA-MSS await the report of the American Osteopathic Association House of Delegates on combining the AOA and NRMP match programs and continue to monitor the final actions of the various osteopathic governing bodies. (MSS Rep A, I-05) (Reaffirmed: MSS GC Rep F, I-10)

295.137MSS Expansion of Student Health Services: AMA-MSS will ask the AMA to: (1) strongly encourage all medical schools to establish student health centers in order to provide adequate and timely medical and mental health care to their students; and (2) encourage medical schools to increase their student health center's hours to include weekend coverage. (MSS Rep D, I-05, AMA Res 309, A-06, Referred) (CME Rep 6, A-07, Adopted [H-295.956]) (Reaffirmed: MSS GC Rep F, I-10)

295.138 MSS Medical Spanish Electives in Medical School Curriculum: AMA-MSS will ask the AMA to strongly encourage all accredited U.S. medical schools to offer medical second languages, especially medical Spanish, to their students as an elective. (MSS Res 2, A-06) (Reaffirmed: MSS GC Rep D-I-11)

295.139 MSS Standardization of Medical Student Background Checks: AMA-MSS (1) will collaborate with the appropriate organizations to ensure the standardization of medical student criminal background checks throughout all LCME and AOA accredited medical schools; (2) will work with the

appropriate organizations to ensure that medical student criminal background checks are structured to maintain the student's confidentiality, as well as avoid excessive frequency, cost, and duplicity as students rotate through clinical sites; and (3) supports the recommendations of the Council on Medical Education Report 9, A-06. (MSS Res 4, A-06) (Reaffirmed: MSS GC Rep D-I-11)

295.140MSS Written Maternity Policies: A New LCME Accreditation Standard: AMA-MSS will urge the Liaison Committee on Medical Education to add maternity, paternity, and adoption leave policies as an accreditation standard or annotation. (MSS Res 8, I-06) (Reaffirmed: MSS GC Rep D-I-11)

295.141MSS Changing the Culture of Health Care Delivery: Encouragement of Teamwork Among Health Care Professional Students:
(1) AMA-MSS will further assess the current role of interprofessional education in U.S. medical education, with report back at A-08.

(2) AMA-MSS will ask the AMA to recognize that interprofessional education and partnerships are a top priority of the American medical education system.

(3) AMA-MSS will ask the AMA to explore the feasibility of the implementation of LCME and AOA accreditation standards requiring interprofessional training in medical schools. (MSS GC Report A, A-07) (AMA Res 308, A-08, Adopted as Amended [D-295.934])

295.142MSS Communication and Clinical Teaching Curricula:
(1) AMA-MSS (a) supports the development of formalized medical teacher training for residents and attending faculty and (b) will ask the AMA to establish policy supporting the development of formalized medical teacher training for residents and attending faculty.

(2) AMA-MSS (a) will explore the feasibility of the Accreditation Council for Graduate Medical Education defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents and (b) will ask the AMA to explore the feasibility of the Accreditation Council for Graduate Medical Education defining formal requirements regarding the clinical teaching qualifications for faculty attending physicians and residents.

(3) AMA-MSS (a) will work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty and (b) will ask the AMA to work closely with appropriate organizations, including the Alliance for Clinical Education, to establish a common framework for a formal medical teaching training program for residents and attending faculty. (MS GC Report B, A-07) (AMA Res 804 Referred)

295.143MSS Patient Safety Curriculum: AMA-MSS will ask the AMA to explore the feasibility of the Liaison Committee on Medical Education (LCME) including the requirement of patient safety training in medical school accreditation. (MSS GC Report C, A-07) (AMA Amended Res 801, I-07, Adopted [D-295.942])

295.144MSS Support for Family and Relationships During Medical School and Residency:
(1) AMA-MSS will work with the RFS, the AMA Alliance, and other interested organizations to (a) urge medical schools and residency programs to provide access to and encourage use of relationship counseling; (b) encourage medical schools and residency programs to offer workshops, activities, or lectures regarding the balance of family life with medical training and practice; and (c) promote opportunities for student and resident spouses and partners to become involved in the medical community, particularly through the AMA Alliance.

(2) AMA-MSS will directly support the family relationships of medical students and residents by adding to the "Resources" sections of the MSS Web page links to the many articles and resources

available regarding balancing and enriching families and relationships while training for and practicing medicine. (MSS Amended Res 13, I-07)

295.145MSS One Health: AMA-MSS will (1) engage in dialog with the Student American Veterinary Medical Association to promote collaboration with the public health and veterinary professional and educational communities; and (2) Review the American Veterinary Medical Association One Health Initiative Task Force report and report back at I-08 regarding our MSS position on the Task Force recommendations, specifically those related to education. (MSS Res 12, A-08)

295.146MSS Creation of Domestic For-Profit Medical Schools: AMA-MSS will ask the AMA to collaborate with other organizations involved in preserving the quality of medical education, such as the American Osteopathic Association and the Association of American Medical Colleges, to study the impact of medical school for-profit status on medical education. (MSS Sub Res 13, I-08) (AMA Amended Res 310, A-09, Adopted [D-295.323])

295.147MSS Expanding the Visiting Students Application Service for Visiting Student Electives in the Fourth Year: AMA-MSS will ask the AMA to (1) strongly encourage the Association of American Medical Colleges (AAMC) to expand eligibility for the Visiting Students Application Service (VSAS) to medical students from Commission on Osteopathic College Accreditation (COCA) accredited medical schools; (2) support and encourage the AAMC in its efforts to increase the number of members and non-member programs in the VSAS, such as medical schools accredited by COCA and teaching institutions not affiliated with a medical school; (3) encourage the AAMC to ensure that member institutions that previously accepted both allopathic and osteopathic applications for fourth year clerkships prior to VSAS implementation, continue to have a mechanism for accepting such applications of osteopathic medical students; and (4) explore the feasibility of collaborating with other stakeholder organizations and funding agencies to convene leaders in allopathic and osteopathic medicine responsible for undergraduate and graduate medical education, accreditation and certification, to explore opportunities to align education policies and practices, including visiting student elective opportunities. (MSS Amended Res 2, A-09)

295.148MSS Understanding Institutional Support of Student Participation in Year-Out Research: AMA-MSS will study differences in how medical schools facilitate student participation in year-out research programs. (MSS Res 3-I-09)

295.149MSS Competency-Based Portfolio Assessment of Medical Students: AMA-MSS will ask the AMA to examine new and emerging approaches to medical student evaluation, including competency-based portfolio assessment. (MSS Sub Res 7-I-09) (AMA Res 314, A-10, Adopted [D-295.318])

295.150MSS USMLE Exam Fee Burden: AMA-MSS will study the actual costs of producing and administering the USMLE and COMLEX computer-based and clinical skills exams to determine the fairness and inherent burden of examination fees imposed on medical students. (MSS Res 4, A-10)

295.151MSS Including Elements of the Patient-Centered Medical Home Model in Medical Education: AMA-MSS encourages medical schools and residency programs to incorporate elements of the patient-centered medical home model, as defined by the AMA's Joint Principles of the Patient Centered Medical Home, into medical education. (MSS Res 7, A-10)

295.152MSS Medical Student Access to Electronic Medical Records: AMA-MSS will ask the AMA to encourage teaching hospitals and other clinical clerkship sites to allow medical student access to patient electronic medical records. (MSS Res 8, A-10) (AMA Amended Res 5, I-10, Adopted [])

295.153MSS Health Policy Education in Medical Schools: AMA-MSS will monitor progress on the development of the Association of American Medical College's behavioral and social science core competencies and report back upon release of the competencies. (GC Rep D, A-10) (Amended: MSS Res 2, I-11)

295.154MSS Encouraging the Inclusion of Preclinical Longitudinal Clinical Experiences in the Medical Education Curriculum: AMA-MSS will ask the AMA to encourage medical schools to include longitudinal clinical experiences for students during the "preclinical" years of medical education. (MSS Res 6, I-10) (AMA Res 309 Adopted [ ], A-11)

295.155MSS Global Health Education: AMA-MSS will ask the AMA to (1) recognize the importance of global health education for medical students; and (2) encourage medical schools to include global health learning opportunities in their medical education curricula. (MSS Res 9, I-10) (AMA Res 310 Referred, A-11)

295.156MSS Medical School International Service Learning Opportunities: AMA-MSS will ask the AMA to (1) work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical school international service-learning opportunities are structured to contribute meaningfully to medical education and that medical students are appropriately prepared for these experiences; and (2) work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical students participating in international service-learning opportunities are held to the same ethical and professional standards as students participating in domestic service-learning opportunities. (MSS Res 13, I-10) (AMA Res 307 Referred, A-11)

295.157MSS Encouraging Medical Student Professionalism: Affirming Institutional Financial Disclosure Policies During Undergraduate Medical Education**:** AMA-MSS will ask the AMA to (1) work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to encourage the Liaison Committee on Medical Education and the American Osteopathic Association Commission on Osteopathic College Accreditation to require all medical schools to make known to students the existence of the physician-industry financial disclosure database(s) that exist or will be created by 2013 as required by the Patient Protection and Affordable Care Act (H.R. 3590 Section 6002); and (2) work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to encourage all medical school faculty to model professional behavior to students by disclosing the existence of financial ties with industry, in accordance with existing disclosure policies at each respective medical school. (MSS Res 16, I-10) (Reaffirmed: MSS Res 11, A-11) (AMA Res 308 Adopted [ ] , A-11)

295.158MSS Access to Vaccinations for Student and Healthcare Workers: AMA-MSS recommends (1) That all medical schools provide all institutionally required vaccinations to health professions students, with implementation costs to be part of student fees, unless medically contraindicated; and (2) That hospitals provide necessary access to vaccinations for their healthcare personnel. (MSS GC Rep D, I-11)

295.159MSS Preserving State Residency Options for Medical School Applicants: AMA-MSS will (1) conduct a study to detail the current residency requirements for state medical school admission; and (2) perform a survey to determine the incidence of current medical students who had lost state residency in one state before qualifying as state residents in a new state, comparing public versus private medical schools. (MSS Sub Res 7, A-11)

295.160MSS Mindfulness Education to Address Medical Student Stress and Burnout: AMA-MSS will ask the AMA to (1) amend D-310.968 by insertion and deletion as follows: D-310.968: Intern, ~~and~~ Resident, and Medical Student Burnout: 1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, ~~and~~ fellows, and medical students. 2. Our AMA will work with other interested groups to regularly inform the appropriate ~~Graduate Medical Education designated~~ institutional officials, program directors, resident physicians, and attending faculty

about resident~~/~~,fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through the appropriate media outlets. ~~such media as the AMA's GME e-Letter.~~ 3. Our AMA will encourage the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges to address the recognition, treatment, and prevention of burnout among residents~~/~~,fellows, and medical students. 4. Our AMA will encourage further studies and disseminate the results of studies on physician burnout to the medical education and physician community. 5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements, with a report back at the 2009 Interim Meeting of the AMA House of Delegates; and (2) encourage the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout. (MSS Res 8, A-11) (AMA Res 919, I-11 Adopted as Amended)

295.161MSS Transition from "Scramble" to Supplemental Offer and Acceptance Program: AMA-MSS will ask the AMA to encourage the National Resident Matching Program to study the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and to include stratified analysis by specialty and other relevant areas. (MSS Res 15, A-11) (AMA Res920, I -11 Adopted as Amended)

295.162MSS Transparency in the NRMP Match Agreement: AMA-MSS will ask the AMA to (1) ask the National Resident Matching Program to publish all statistics on waivers and violations with subsequent consequences for both programs and applicants, thereby encouraging match integrity and transparency in violation repercussions; and (2) advocate for the word "training" in section 7.2.1 of the NRMP match agreement be changed to "residency training," and specifically state that NRMP cannot prevent an applicant from maintaining their education through rotating, researching, teaching, or otherwise working in positions other than resident training at NRMP affiliated programs. (MSS Res 16, A-11) (AMA Res 918, I-11 Adopted as Amended and Second Resolve Clause Referred)

295.163MSS Studying Medical Student Work Hours: AMA-MSS will survey U.S. medical schools and report on medical student work hour policies and possible implications of such policies on patient care, quality of education, and student well-being. (MSS Res 1, I-11)

295.164MSS Medical Student Access to Comprehensive Mental Health and Substance Abuse Treatment: AMA-MSS strongly encourages the Association of American Medical Colleges and the Liaison Committee on Medical Education to conduct research into the number of US medical students with mental health and/or substance abuse concerns who either: 1. do not seek treatment due to the cost involved, or 2. have sought treatment, but do not feel that it has been adequate due to yearly visit and dollar limits placed on their care by their insurance plan. (MSS Res 3, I-11)

295.165MSS Securing Quality Clinical Education Sites for U.S. Accredited Schools: AMA-MSS will ask the AMA to oppose extraordinary payments by any medical school for access to clinical rotations. (MSS Res 11, I-11) (AMA Sub Res 302 Adopted)

295.166MSS Expanding Clerkship Site Access to Include U.S. Medical Schools Undergoing Accreditation: AMA-MSS will ask the AMA to amend Policy D-295.320 by insertion as follows:

> Factors Affecting the Availability of Clinical Training Sites for Medical Student Education:
>
> 1. Our American Medical Association will work with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medical Education to encourage local and state governments and the federal government, as well as private sector philanthropies, to provide additional funding to support infrastructure and faculty development for medical school expansion. 2. Our AMA will encourage medical schools and the rest of the medical community within states or geographic regions to engage in collaborative planning to create additional clinical education resources for their students. 3. Our AMA will support the expansion of medical education programs only

when educational program quality, including access to appropriate clinical teaching resources, can be assured. 4. Our AMA will advocate for regulations that would ensure clinical clerkship slots be given first to students of US medical schools that are Liaison Committee on Medical Education- or Commission on Osteopathic College Accreditation-approved, or schools currently given preliminary accreditation status, provisional accreditation status, or equivalent, from either of the above bodies. (MSS Res 3, A-12)

295.167MSS Quality Improvement Education in Medical Schools and Residency Programs: AMA-MSS will (1) advocate to medical school deans for the inclusion of quality improvement education in medical school curricula; (2) encourage the American College of Medical Quality, the Association of American Medical Colleges, the Liaison Committee on Medical Education, the American Association of Colleges of Osteopathic Medicine, the Commission on Osteopathic Colleges Accreditation, and other relevant bodies to develop a basic set of core competencies in medical quality improvement that all medical school curricula should include; (3) encourage the American College of Medical Quality and other appropriate organizations to develop a guideline curriculum in medical quality improvement to be made available to medical schools; and (4) work with relevant parties to monitor the national implementation of quality improvement education in medical school curricula and report back to the Medical Student Section. (MSS Res 4, A-12)

295.168MSS Expansion of medical Spanish in US Medical Schools: AMA-MSS will encourage the AAMC, LCME, COCA, and AOA to identify and evaluate existing ways that schools incorporate medical Spanish and other non-English languages into their curricula and report successful strategies for improved proficiency to be used as guidelines for US accredited medical schools. (MSS Res 6, A-12)

295.169MSS Eliminating Legacy Admissions: AMA-MSS will ask the AMA to oppose the use of legacy status in medical school admissions and to support mechanisms to eliminate its inclusion from the application process such as by encouraging the AAMC, AACOM, LCME, and the AACOM to remove any questions on secondary applications pertaining to legacy status. (MSS Res 8, A-12)

295.170MSS Supporting Two-Interval Grading Systems for Medical Education: AMA-MSS acknowledges the benefits of a two-interval grading system in medical colleges and universities for the non-clinical curriculum. (MSS Late Res 2, A-12)

295.171MSS Health Policy Education in Medical Schools: (1) AMA-MSS encourages medical schools to implement teaching strategies that promote outcome based development of behavioral and social science foundations for medical students; and (2) AMA-MSS encourages the AAMC to engage in appropriate follow-up research based on the implementation of its behavioral and socioeconomic report competencies. (GC Rep B, A-12)

305.000MSS Medical Education: Financing and Support

305.001MSS Medical Student Loan Program: AMA-MSS will ask the AMA to: (1) ask state medical societies to develop and implement interest-subsidized guaranteed student loan programs via the private sector in order to maintain a choice of funding to students; and (2) recommend that state medical societies raise funds for such programs by physician contributions over a short, but definite term. (AMA Res 81, I-80, Adopted [H-305.996]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.003MSS Loan Forgiveness Program: AMA-MSS will ask the AMA to support the development of realistic loan forgiveness programs as one means of effectively addressing the urgent financial needs of medical students. (AMA Res 84, I-81, Referred) (BOT Rep V, A-82, Referred) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Res 3, I-05) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.004MSS Medical School Admission Policies: AMA-MSS will ask the AMA to: (1) support medical school admission policies that do not discriminate against students who may require financial aid to pursue a medical education; (2) encourage all US medical schools to adopt an active policy of

informing medical school applicants of estimated tuition and fees for each year of undergraduate medical education and of the sources of financial aid available; and (3) continue to encourage the maintenance and development of resources, both public and private, to help meet the financial needs of students attending American medical schools. (AMA Res 142, A-81, Referred) (BOT Amended Rep JJ, I-81, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.005MSS Debt Management: AMA-MSS will ask the AMA to encourage medical school financial aid offices to educate medical students in medical debt management and provide financial and tax counseling, and to offer assistance to medical school financial aid offices in implementing these services. (AMA Res 148, A-81, Referred) (BOT Amended Rep JJ, I-81, Adopted in lieu of Res 148 [H-305.995]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.006MSS Preservation of Manageable Tuition Rates Through Medical School Financial Assistance: AMA-MSS will ask the AMA to encourage state medical societies to support the introduction of legislation that would increase state subsidies to public and private medical schools within their states. (AMA Res 149, A-81, Referred) (BOT Amended Rep JJ, I-81, Adopted in lieu of Res 149 [H-305.995]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.007MSS Federal Guidelines for Loan Parameters: AMA-MSS supports the following principles and will ask the AMA to support legislation to enact these principles: (1) Government sponsored in-school loan interest subsidies should be maintained; (2) Annual and aggregate loan limits should be increased to reflect the true cost of medical education at the student applicant's medical school; (3) The Parent Loan Program should be expanded so that parents and spouses of medical students with financial need can borrow at less than market rates; (4) Medical students attending school twelve months per year should not be required to provide summer earnings allowances as partial fulfillment of their loan requirements. (AMA Res 150, A-81, Referred) (BOT Amended Rep JJ, I-81, Adopted in lieu of Res 150) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.008MSS Voluntary Service-Payback Programs: AMA-MSS will ask the AMA to support legislation to continue the National Health Service Corps scholarship and field programs, and support the development of other voluntary programs that finance medical students through their undergraduate training in exchange for their service in underserved areas. (AMA Res 147, A-81, Referred) (BOT Rep BB, I-81, Adopted in lieu of Res 147) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Res 3, I-05) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.009MSS Defaulted Government Loans: AMA-MSS will ask the AMA to: (1) urge increased efforts to collect overdue debts from the present medical student loan programs in a manner that would not interfere with the provision of future loan funds to medical students; and (2) encourage medical school financial aid officers to counsel individual medical student borrowers on the status of their indebtedness and payment schedules prior to their graduation. (AMA Res 79, A-82, Adopted [H-305.994]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.010MSS Medical School Tuition: AMA-MSS endorses the concept that medical schools should guarantee that tuition will not be raised by more than a certain modest percentage for students already enrolled and that any additional tuition increases that may be necessary should be imposed on the entering class. (MSS Rep H, A-82) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.025MSS Taxation of Federal Student Aid: AMA-MSS will ask the AMA to oppose legislation that would

make medical school scholarships or fellowships subject to federal income or social security taxes (FICA). (AMA Res 210, I-91, Adopted [305.962]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.037MSS Medical School Tuition: The AMA-MSS Governing Council will continue to work with AMA staff to ensure student concerns on indebtedness and medical school tuition are addressed in all health system reform legislation. (MSS Sub Res 27, I-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.038MSS AMA-ERF Medical School Contributions: (1) AMA-MSS will ask the AMA to communicate to medical schools the importance of providing an annual accounting to state societies of how AMA Education and Research Foundation (AMA-ERF) funds are distributed. (2) AMA-MSS will encourage MSS chapters to assist the Alliance with the yearly fundraising efforts for AMA Education and Research Foundation (AMA-ERF) funds. (MSS Sub Res 40, A-95) (AMA Sub Res 601, I-95, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.039MSS A Voucher-Based Mechanism for Residency Position Funding: (1) AMA-MSS supports the establishment of a voucher system to provide entry eligibility for residents into graduate medical education programs and concurrently provide funding eligibility for the training program at the site where training occurs. (2) AMA-MSS supports the voucher system for funding of graduate medical education training positions for all graduates of US LCME and AOA-accredited medical schools with additional vouchers provided on a competitive basis to International Medical Graduates in a number determined by a public/ private sector workforce planning group. (MSS Rep C, I-96) (CME Amended Rep 1, I-96, Adopted) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

305.041MSS Recognizing Dependent Care Expenses in Determining Graduate Medical Education Financial Aid: AMA-MSS will ask the AMA to pursue legislation to change the cost of attendance definition to include costs for food, shelter, clothing, health care, and dependent care for all dependents. (MSS Amended Sub Res 9, A-97) (AMA Amended Res 205, I-97, Adopted [305.941]) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

305.042MSS AMA Foundation Scholars Fund Accounting: (1) AMA-MSS will encourage the AMA Foundation to require an itemized accounting of AMA Foundation Scholars Fund distribution from the Dean of each recipient school. (2) AMA-MSS will encourage the AMA Foundation to make information, including any annual accounting of AMA Foundation Scholars Fund distribution, available to each recipient school's AMA-MSS chapter leadership for distribution to the student body. (MSS Sub Res 30, A-97) (Reaffirmed: MSS Rep B, I-02) (Amended: MSS Rep C, I-07)

305.043MSS Tax Exemption for National Health Service Corps Scholarship: AMA-MSS supports federal legislation that will assure that tax-exempt status is returned to the direct medical school expense portion of the National Health Service Corps Scholarship program. (MSS Late Res 4, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

305.045MSS Removal of the Income Threshold for the Interest Deductibility of Educational Loans: AMA-MSS will ask the AMA to adjust its legislative advocacy efforts to be fully consistent with established policy regarding the elimination of income threshold limitations for the deductibility of interest on educational loans. (MSS Sub Res 16, A-01) (Reaffirmed existing policy in lieu of AMA Res 203, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

305.046MSS Mid Year and Retroactive Medical School Tuition Increases: AMA-MSS will ask the AMA to: (1) work with the AAMC to discourage assessment of mid-year and retroactive increases in medical school tuition and fees; and (2) encourage state and county medical societies to develop policy and

lobby state legislatures to help restrain medical school tuition increases. (MSS Amended Late Res 2, I-01) (AMA Amended Res 312, I-01, Adopted [D-295.978]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

305.049MSS Recognizing Dependent Care Expenses In Determining Medical Education Financial Aid:
(1) AMA-MSS will ask the AMA to: (a) work with the Liaison Committee on Medical Education to require, as part of the accreditation standards for medical schools, that dependent health insurance, dependent care, and dependent living expenses be included both as part of the "cost of attendance" and as an educational expense for the purposes of student budgets and financial aid in medical schools; (b) encourage medical schools to include dependent health insurance, dependent care, and dependent living expenses as part of the "cost of attendance" and as an educational expense for the purposes of student budgets and financial aid; and (c) ask its Council on Medical Education, Section on Medical Schools, and Women's Physician Congress to consider alternative methods to carry out the intentions of current HOD policy on the issue of dependent health insurance, dependent care, and dependent living expenses.

(2) AMA-MSS supports the inclusion of dependent care, health insurance, and living expenses in medical student financial aid budgets. (MSS Res 12, A-02) (AMA Amended Res 301, A-03, Adopted [D-305.986]) (Reaffirmed: MSS Rep C, I-07)

305.050MSS Recognizing Spousal Care Expenses in Determining Medical Education Financial Aid: AMA-MSS supports the inclusion of spousal health insurance in medical student financial aid budgets and encourages medical schools to include spousal and same-sex spousal equivalent health insurance as part of the "cost of attendance" and as an educational expense for the purposes of student budgets and financial aid. (MSS Res 1, A-03) (Reaffirmed: MSS Rep E, I-08)

305.051MSS Injunctive Relief Against Medical School Tuition Increases After the Start of the Academic Year: AMA-MSS will ask the AMA to study, in collaboration with state, specialty, and other interested organizations, the case precedent, timing, risks, and other considerations in filing an application for injunctive relief to block retroactive or mid-year tuition increases, with report back at I-03. (MSS Res 4, A-03) (Reaffirmed: MSS Rep E, I-08)

305.052MSS Reduction in Student Loan Interest Rates:
(1) AMA-MSS will ask the AMA to actively lobby for legislation aimed at establishing an affordable student loan structure with a variable interest rate capped at no more than 6.8%.

(2) AMA-MSS will specifically encourage members to write letters to senators and representatives, especially those on the appropriate specific subcommittees, to support the revisitation of the issue of how interest rates on student loans are determined and will provide a sample letter of support for this cause to AMA-MSS members so that members can simply sign and forward the letter to their respective governmental representatives. (MSS Late Res 1, A-03) (AMA Amended Res 316, A-03, Adopted [D-305.984]) (Reaffirmed: MSS Rep E, I-08)

305.053MSS Expanding and Strengthening AMA Advocacy on Medical Student Debt:
(1) AMA-MSS will form a new coalition, to include at a minimum the members of the present Consortium of Medical Student Organizations, the medical student sections of specialty societies, and the National Association of Graduate-Professional Students, for the purpose of sharing information and coordinating lobbying activity on student debt;

(2) AMA-MSS will join the National Association of Graduate-Professional Students as an Affiliate Member and convey to medical students the work that we have done and are doing through the Coalition for Student Loan Fairness.

(3) AMA-MSS will ask the AMA to: (a) endorse and actively lobby for the following during the 2003-2004 Reauthorization of the Higher Education Act:

- Elimination of the "single-holder" rule
- Continuation of the consolidation loan program and a consolidator's ability to lock in a fixed interest rate
- Expansion of the deferment period for loan repayment to cover the entire duration of residency and fellowship
- Broadening of the definition of economic hardship as used to determine eligibility for student loan deferment
- Retention of the option of loan forbearance for residents who are ineligible for student loan deferment
- Inclusion of dependent care expenses in the definition of "cost of attendance"

(4) AMA-MSS will ask the AMA to lobby for passage of legislation that would:

- Eliminate the cap on the student loan interest deduction
- Increase the income limits for taking the interest deduction
- Include room and board expenses in the definition of tax-exempt scholarship income
- Make permanent the education tax incentives that our AMA successfully lobbied for as part of Economic Growth and Tax Relief Reconciliation Act of 2001

(5) AMA-MSS will ask the AMA to explore membership in the American Council on Education and/or the Committee for Education Financing, in order to build our ties to the higher education community and report back by A-04 and more aggressively publicize existing work done through the Coalition for Student Loan Fairness.

(6) That our AMA study and Rep Back at the 2004 Interim Meeting on potential new sources of Graduate Medical Education funding and ways to increase resident salaries; feasible strategies for creating new and/or expanded loan programs specifically for the health professions and on the need for non-primary-care physicians in underserved areas, with a focus on showing how the National Health Service Corps and similar loan repayment programs could feasibly be expanded to cover specialties beyond primary care.

(7) AMA-MSS will ask the AMA to study the feasibility of earmarking federal funds to undergraduate medical education for the purpose of reducing medical school tuition at public and private universities and on appropriate methods for calculating the value of the clinical work performed by medical students and taking such calculations into account when determining the cost of educating a medical student, with report back at A-05.

(8) AMA-MSS will ask the AMA to support and encourage our state medical societies to support further expansion of state loan repayment programs, and in particular expansion of those programs to cover physicians in non-primary-care specialties.

(9) AMA-MSS will ask the AMA to urge our state medical societies to actively solicit funds (either directly or through their Foundations) for the establishment and expansion of medical student scholarships, and that our AMA develop a set of guidelines and suggestions to assist states in carrying out such initiatives.

(10) AMA-MSS will ask the AMA to oppose the charging of broad and ill-defined student fees by medical schools, such as but not limited to professional fees, encouraging in their place fees that are earmarked for specific and well-defined purposes.

(11) AMA-MSS will ask the AMA to encourage medical schools to use their collective purchasing power to obtain discounts for their students on necessary medical equipment, textbooks, and other educational supplies and to cooperate with undergraduate institutions to establish collaborative debt counseling for entering first-year medical students.

(12) AMA-MSS will ask the AMA to urge our state medical societies to advocate for an annual tuition cap (adjusted for inflation) at public and private medical schools within their states. (MSS Res 6, I-03) (AMA Res 850, 848, and 847, I-03, Adopted [D-305.980, D-305.982, D-305.979]) (Reaffirmed: MSS Res 3, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.054MSS Refinancing Federal Consolidation Loans: AMA-MSS will ask the AMA to support the refinancing of Federal Consolidation Loans and actively advocate for legislation that provides the opportunity to refinance Federal Consolidation Loans. (MSS Res 7, I-03) (AMA Res 849, I-03, Adopted [D-305.981]) (Reaffirmed: MSS Rep E, I-08)

305.055MSS Improving and Expanding State Medical Society Scholarship Programs:
(1) AMA-MSS will and will ask the AMA to: (a) work with the state medical societies and their associated foundations along with medical schools to ensure that information about all scholarships they offer is readily available online; (b) strongly urge each state medical society to add a voting medical student representative to its foundation Board of Directors or other appropriate governing body; (c) collect and propagate model bylaws changes from state foundations that have added medical students to their Boards of Directors.

(2) AMA-MSS will ask the AMA to: (a) urge, via its component state medical societies, all state foundations to consider converting any loan programs they may have into scholarship programs and provide information to said foundations on how other states have achieved this conversion; (b) ask the state foundations and the AMA Foundation to encourage donors to pool their funds with others to endow large scholarships; (c) ask the AMA Foundation to work with the state medical societies and their foundations to ensure that scholarship funds are disbursed directly to the student, not to the medical school; (d) ask the AMA Foundation to work with state medical societies and their foundations to make scholarship programs direct-application at the medical school level; and (e) ask the AMA Foundation to compile and distribute to the state foundations a list of fundraising "best practices" that have been shown to be effective in raising funds for medical scholarships. (MSS Res 4, I-04) (AMA Res 616 and 617, I-04, Referred)

305.057MSS Legal Injunction on Medical School Tuition Increases: (1) AMA-MSS supports and will ask the AMA to support the use of legal injunctions to block mid-year and retroactive medical school tuition or fee increases. (2) AMA-MSS will ask the AMA to offer an amicus brief in support of the plaintiffs in *Kashmiri, et al.* v. *Regents of the University of California*. (MSS Res Late 1, I-04) (AMA Res 833, I-04, Referred)

305.058MSS AMA-MSS Medical Student Loan & Financial Aid Online Education Resource: (1) AMA-MSS will ask the AMA to reaffirm AMA Policies H-305.989 and H-305.996. (2) AMA-MSS will request that each medical school provide to the MSS its own up to date online resource explaining prior to enrollment its loan disbursement procedures and any private loans the school may offer. (MSS Sub Res 1, A-05) (Reaffirmed: MSS GC Rep F, I-10)

305.059MSS Student Loan Forgiveness for Volunteer Clinic Work: AMA-MSS will ask the AMA to: (1) conduct an analysis of the creative use of tax credits, student loan deferment and loan forgiveness programs, and practice subsidies as financial incentives to physicians for providing care in identified underserved areas; and (2) work with state medical societies and other appropriate entities to identify, catalogue, and evaluate the effectiveness of incentive programs designed to promote the location and retention of physicians in rural and urban underserved areas and, consequently, improve patient access to health care in these areas. (MSS Sub Res 3, I-05) (Reaffirmed: MSS GC Rep F, I-10)

305.060MSS Solutions to Tackling the Increasing Cost of Medical Education:
(1) AMA-MSS will ask the AMA to (a) support policies that ensure that funding gained by medical schools from all future increases to medical school tuition and fees be allocated directly to improve the education of medical students; and (b) support policies that ensure that all information

related to the allocation of funds from tuition and fees increases be disclosed to all prospective and current medical students for each respective medical school campus.

(2) AMA-MSS will work to develop print and electronic resources for our local chapters to utilize on their campuses to encourage their medical school deans to adopt policies that ensure transparency in medical school tuition and fees increases.

(3) The AMA-MSS Governing Council will (a) continue to work with our AMA Council on Medical Education, the Association of American Medical Colleges (AAMC), and the AAMC Organization of Student Representatives (OSR) to encourage medical schools to adopt policies that ensure that all increases to medical school tuition and fees go towards direct improvements to medical student education; (b) write a letter to the Liaison Committee on Medical Education (LCME) encouraging the adoption of policies that ensure that all increases to medical school tuition and fees go towards direct improvements to medical student education; and (c) report back on this issue at I-07. (MSS Amended Report G, A-07) (AMA Sub Res 310, A-08, Adopted)

305.061MSS Student Loan Empowerment: AMA-MSS will ask the AMA to support legislation that requires medical schools to inform students of all government loan opportunities along with private loans, and requires disclosure of reasons that preferred lenders were chosen. (MSS Amended Res 16, I-07) (AMA Res 307, A-08, Adopted as Amended [H-295.869])

305.062MSS Industry Support of Professional Education in Medicine: AMA-MSS encourages aggressively decreasing reliance on industry support for medical education and support alternative funding mechanisms to finance quality medical education. (MSS Res Late 4, A-08)

305.063MSS Studying Medical School Secondary Application Fees: AMA-MSS will study the criteria used by allopathic and osteopathic medical schools to set medical school secondary application fees, how secondary application fees are allocated and used, and the effects of secondary application fees on the application characteristics and choices of medical school applicants, with report back at I-10. (MSS Sub Res 6-I-09)

305.064MSS Financial Assistance for International Students Enrolled in U.S. Medical Schools: AMA-MSS will ask the AMA to discourage U.S. medical schools from requiring accepted international students to pay more than a single term's tuition at each billing period, in the same manner as the rest of the U.S. citizens and permanent U.S. residents within the student body. (MSS Res 8-I-09) (AMA Res 312, A-10, Referred)

305.065MSS Recognizing Dependent Care Expenses in Determining Medical Education Financial Aid: AMA-MSS reaffirms its support for AMA policy H-305.941:
AMA policy is to pursue changes to federal legislation or regulation, and specifically to the Higher Education Act, to change the cost of attendance definition for medical education to include costs for food, shelter, clothing and health care for all dependents, and for dependent care. (MSS Res 9, A-97, Reaffirmed)

305.066MSS Opposition to Tuition Taxes: AMA-MSS opposes, and will ask the AMA to oppose, medical school tuition taxes and any other attendance-based taxes imposed on medical students by any government entity. (MSS Res 3, A-10) (AMA Amended Res 905, I-10, Adopted [])

305.067MSS Eligibility Criteria for AMA Foundation Scholarships: AMA-MSS will formally ask the AMA Foundation to consider allowing non-U.S. citizens attending U.S. medical schools to apply for AMA Foundation scholarships. (MSS Res 2, I-10)

305.068MSS Evaluation of Income-Contingent Medical Education Loans: AMA-MSS will ask the AMA to (1) study the feasibility of medical school-initiated income-contingent loans, including the Strategic Alternative for Funding Education (SAFE) proposal, as a mechanism to alleviate medical

education debt; and (2) sponsor a national request for proposals aimed at recruiting additional innovative initiatives focused on alleviating medical student debt, and support the best proposal(s), following feasibility studies, at the highest lobbying and legislative priority. (MSS Res 11, I-10) (AMA Res 306 Referred, A-11)

305.069MSS Medical Student Summer Research Compensation: AMA-MSS will ask the to amend H-460.982 by insertion and deletion as follows:
Availability of Professionals for Research: (1) In its determination of personnel and training needs, major public and private research foundations, including the Institute of Medicine of the National Academy of Sciences, should consider the future research opportunities in the biomedical sciences as well as the marketplace demand for new researchers. (2) The number of physicians in research training programs should be increased by expanding research opportunities during medical school, through the use of short-term training grants and through the establishment of a cooperative network of research clerkships for students attending less research-intensive schools. ~~The number of physicians~~ Participation in research training programs should be increased by providing financial incentives for research centers, academic physicians, and medical students. (MSS Res 6, A-11) (AMA Res 305 Adopted)

305.070MSS Dependency Status of Medical Students for Financial Aid: AMA-MSS will conduct a study to 1) document medical schools' rationale for deviation from federal independent status criteria for financial aid determination, 2) explore potential consequences of recognizing medical students' independent financial status for institutional aid, and 3) outline solutions for more appropriately matching medical school financial aid to student need. (MSS Res 10, A-11)

305.071MSS Federal Government Professional Student Loan Changes: AMA-MSS will research the effect that recent changes to the federal student loan program will have on current and future medical students and their patients, including but not limited to the effect on future student enrollment, socioeconomic diversity of medical students, loan defaults, repayment schedules, and total student indebtedness. (Sub Res 8, I-11)

305.072MSS Financial Aid Dependency Status of Medical Students: AMA-MSS will (1) encourage medical schools to institute an appeals procedure that allows individual students with extenuating familial circumstances to apply for institutional financial aid without parental tax information taken into consideration, such as students whose non-custodial parent's whereabouts are unknown or students who have an established history of non-support from their parents; and (2) work to ensure adequate dissemination of information on educational funding sources available to medical students. (GC Rep A, I-11)

305.073MSS Transparency in Medical Student Financial Aid Reporting: AMA-MSS will ask the Association of American Medical Colleges and American Association of Colleges of Osteopathic Medicine to require greater transparency in financial aid information provided to medical students and applicants by encouraging medical colleges to provide additional data to students and applicants including but not limited to:

(1) average debt incurred in medical school for graduating students with federal aid assistance, separated by in-state and out-of-state students, reported in quartiles
(2) percent of current students receiving financial aid other than loans
(3) and the amount and types of available non-loan aid such as scholarships, interest-free loans, or grants available from the institution. (MSS Res 1, A-12)

305.074MSS Reducing the Financial and Educational Costs of Residency Interviews: AMA-MSS will study and recommend further actions in assessing mechanisms to reduce the financial burdens and time requirement of the residency application process. (Sub Res 2, A-12)

310.000MSS Medical Education: Graduate

310.001MSS Interview Schedules: AMA-MSS will ask the AMA to encourage accredited residency programs to incorporate increased flexibility in their residency interview dates to accommodate applicants' schedules whenever possible. (AMA Res 93, I-79, Adopted [H-310.998]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

310.002MSS Maternity Leave Benefits for House Staff: AMA-MSS will ask the AMA to support greater flexibility in residency training programs for maternity leave and alternative residency training schedules for pregnant house staff. (AMA Amended Res 89, I-79, Adopted [420.996]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

310.003MSS Financing Graduate Medical Education: AMA-MSS will ask the AMA to endorse the principle that all third party payers should support both direct and indirect costs of graduate medical education. (AMA Res 83, I-84, Referred) (CME Rep E, I-84, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

310.004MSS Shared Residencies: AMA-MSS will ask the AMA to: (1) support residency programs that currently offer shared residencies; and (2) encourage the establishment of such programs nationwide. (AMA Res 81, I-84, Adopted [310.990]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

310.005MSS Unpaid Residency Positions: (1) AMA-MSS joins the AMA in its strong opposition to the reduction of Medicare Funding of graduate medical education. (2) AMA-MSS will publicize in an appropriate manner, to all medical students, the potential for the elimination or reduction of Medicare Funding of graduate medical education and the consequential development of uncompensated residency positions. (MSS Sub Res 21, A-85) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

310.006MSS The Influence of Residency Training on Quality of Patient Care in Teaching Hospitals: AMA-MSS supports the following principles: (1) There is a relationship between the structure and environment of residency training programs and the quality of patient care. (2) Quality of care is maximized in an intense training environment which recognizes human limitations inherent in all physicians and provides supportive mechanisms. (3) Compassion is an essential component to the provision of effective patient care. (4) To the extent that the residency training environment effects patient care, the medical profession should promote those components which facilitate desirable clinical outcomes. (MSS Rep I, I-86) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

310.007MSS Reevaluation of Residency Selection Process: AMA-MSS will ask the AMA to: (1) support a change in the National Board of Medical Examiners policy to report examination scores as "pass-fail" only; and (2) lobby the appropriate bodies for all residency programs to conform with the National Residency Matching Program guidelines for post-graduate medical education. (AMA Sub Res 112, I-86, Adopted [310.982]) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Amended: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

310.018MSS Direct GME Funding: AMA-MSS supports direct graduate medical education funding that allows

each resident an initial residency period of five years, regardless of specialty choice or minimum years to attain board certification, in order to ensure flexibility of career choice. (MSS Rep G, A-97, Adopted in lieu of MSS Late Res 1, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

310.019MSS Notification of Interview Decision to Residency Program Applicants: AMA-MSS will ask the AMA to strongly encourage residency programs to inform applicants in a timely manner about their interview status and provide a time frame of notification dates in the application materials. (MSS Sub Res 26, A-97) (AMA Res 302, I-97, Adopted [H-310.998]) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

310.020MSS Restrictive Covenants in Training Programs: AMA-MSS strongly supports the removal of restrictive covenants from residency and fellowship programs. (MSS Sub Res 33, A-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

310.021MSS Promoting Resident Involvement in Organized Medicine: AMA-MSS encourages residency programs across the country to permit and schedule off-duty time separate from personal vacation time to enable residents to attend educational and organized medicine conferences. (MSS Sub Res 13, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

310.024MSS Resident Physician Organizations: AMA-MSS supports the formation of independent house staff organizations. (MSS Sub Res 33, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

310.025MSS Housing for Residency Interviews: AMA-MSS encourages individual chapters to maintain a roster of students willing to host residency applicants when they visit their institution. (MSS Amended Res 6, A-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

310.027MSS Resident Work Hours: (1) AMA-MSS will work with the AMA-RFS to make the improvement of hospital working conditions, including resident/fellow work hours, a top priority for the AMA. (2) AMA-MSS supports the concept of pursuing avenues in addition to working with the ACGME to alleviate resident work hour concerns. (MSS Late Res 2, A-01) (Reaffirmed: MSS Rep F, I-06)

310.028MSS Investigation into the Contribution of Medicare + Choice Programs to Graduate Medical Education Funding: AMA-MSS will ask the AMA to: (1) work to restore proportional contributions to the funding of graduate medical education by Medicare+Choice programs in accordance with previously established statutory guidelines; and (2) take action to ensure that funding for graduate medical education from Medicare+Choice programs is being properly distributed as allocated to the nation's teaching hospitals. (MSS Res 11, I-01) (AMA Amended Res 301, A-02, Adopted [D-310.988]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

310.029MSS Resident Work Hours: AMA-MSS will ask the AMA to: (1) draft original, modify existing, or oppose legislation and pursue regulatory or administrative strategies when dealing with resident work hours and conditions; (2) continue to work with organizations like the Accreditation Council on Graduate Medical Education (ACGME) and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) toward finding solutions to the problem of work hours and conditions which would strengthen current work hours enforcement mechanisms; and (3) encourage the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patients safety and to explore possible solutions to the problem of work hours and conditions. (MSS GC Rep Late A, I-01) (AMA Amended Res 310, I-01, Adopted [D-310.990, H-310.928]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

310.030MSS Resident/Fellow Work and Learning Environment:
AMA-MSS will ask the AMA to: (1) define resident duty hours as those scheduled hours

associated with primary resident or fellowship responsibilities; (2) support a limit on resident duty hours of 84 hours per week averaged over a two-week period; (3) support on-call activities no more frequent than every third night and there be at least one consecutive 24 hour duty-free period day every seven days both averaged over a two-week period; (4) support a standard workday limit for resident physicians of 12 hours, with patient care assignments exceeding 14 hours considered on-call activities; (5) support a limit on scheduled on-call assignments of 24 consecutive hours, with on-call assignments exceeding 24 consecutive hours ending before 30 hours, and the final 6 hours of this shift are for education, patient follow-up, and transfer of care, and new patients and/or continuity clinics must not be assigned to the resident during this 6-hour period; (6) support the inclusion of home call hours in the total number of weekly scheduled duty hours if the resident on call can routinely expect to get a less than 5 consecutive hours of sleep; (7) support a limit on assignments in high intensity settings of 12 scheduled hours with flexibility for sign off activities; (8) support that limits on duty hours must not adversely impact the organized educational activities of the residency program; (9) ask the Accreditation Council for Graduate Medical Education to establish new requirements for mandatory and protected education time in residency programs that constitutes no less than 10% of scheduled duty hours; (10) support that scheduled time providing patient care services of limited or no educational value be minimized; (11) ask the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; (12) ask JCAHO to establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and (13) support the AMA Council on Legislation as the coordinating body in the creation of legislative and regulatory options. (MSS Rep F, A-02) (AMA Amended Res 321, A-02, Adopted) (Reaffirmed: MSS Rep C, I-07)

310.031MSS Resident/Fellow Work and Learning Environment:
(1) AMA-MSS will ask the AMA to: (a) request an annual report to ACGME's Member Organizations from the ACGME, which includes the number of complaints received, the number not in compliance due to duty hours and working conditions and the action taken by ACGME, and that this Rep Be indexed by specialty; and (b) continue to work with the ACGME to refine the duty hours standards, and work with ACGME and other appropriate entities to collect evidence on the impact of current standards in regards to patient and resident safety, resident education, and eliminating fatigue and sleep deprivation.

(2) AMA-MSS will (a) continue to work, along with AMA-RFS, with groups such as the Committee of Interns (CIR) on collaborative efforts to see that duty hour reform is enforced and (b) continue to work to improve working conditions for residents and fellows. (MSS Rep D, A-03) (AMA Amended Res 322, A-03, Adopted; Resolve 8, Referred for decision) (Amended: MSS Rep E, I-08)

310.032MSS National Resident Matching Program Lawsuit: AMA-MSS will (a) continue to work with other student, resident, and physician organizations to research and promote changes in the structure and/or the rules governing the Match so as to maximize the advantage to medical students and residents. (MSS Rep A, I-03) (Amended: MSS Rep E, I-08)

310.033MSS Eliminating Religious Discrimination from Residency Programs: AMA-MSS will ask the AMA to: (1) encourage the adoption of residency requirements that allow individuals to honor their religious beliefs and practices; (2) encourage the Accreditation Council for Graduate Medical Education and the American Osteopathic Association to extend its current policies regarding religious exceptions to include the observance of religious holidays and observances; (3) encourage the Accreditation Council for Graduate Medical Education to require that all residency programs become aware of and make an effort to ensure that residents be allowed to practice in a manner that does not interfere with their religious convictions, including observance of religious holidays and observances; and (4) study the current state of religious conflicts with residency requirements with report back at A-05. (MSS Rep E, A-04) (AMA Res 308, A-05, Referred)

310.034MSS Determining Residents' Salaries: AMA-MSS will ask the AMA to support reforming the current system of determining residents' salaries so that a resident's level of training, cost of living, whether or not they work in an underserved area, and other factors relevant to appropriate compensation of residents are taken into account. (MSS Res Late 1, A-05) (AMA Amended Res 303, A-06, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

310.035MSS Past and Future Policy Suggestions to Improve the National Resident Matching Program:
(1) AMA-MSS will work with and will ask the AMA to work with the NRMP to keep transaction costs of the Match to reasonable levels, and ensure that fees charged for each program a medical student applies to be capped at a reasonable level that takes into account medical students' budgeting constraints.

(2) AMA-MSS will ask the AMA to (a) urge the NRMP to allow students to opt out of the Match without penalty when there are extenuating circumstances such as: Unforeseen family emergencies such as illness that would require the individual to care for a family member; unforeseen physical or mental health problems that would impede the individual's ability to participate in residency training and required military or foreign service duty; (b) support students, residents, and all appropriate organizations who work to ensure that any suspected violation of NRMP policy is addressed, publicized, and proper redress achieved, including the active promotion of NRMP complaint forms and other existing channels; (c) work with the Accreditation Council for Graduate Medical Education and other appropriate agencies to assure that the terms of employment for resident physicians reflect the unique and extensive amount of education and experience acquired by physicians; (d) study the use of collective bargaining with residency programs participating in the Accreditation Council for Graduate Medical Education to ensure fair and equitable terms of employment for resident physicians; (e) study the creation of a body that would establish and monitor criteria for fair and equitable terms of employment for resident physicians; (f) support the concept that programs should retain the ability to extend applicants positions outside the Match; and (g) support improvements to the structure of the Match program for efficient placement of unmatched students, as long as such alterations do not result in postponement of the traditional "Match Day" date in mid-March. (MSS Rep K, A-05) (AMA Res 816, I-05, Referred) (Reaffirmed: MSS GC Rep F, I-10)

310.036MSS Improving Maternity Leave Policies for Residents: AMA-MSS will ask the AMA to study and encourage the ACGME's participation in such study of: (1) the feasibility of considering guaranteed paid maternity leave for residents of no less than six weeks duration, with the possibility of unpaid maternity leave of an additional six weeks; (2) written leave policies for residents for paternity and adoption; and (3) the effect of such maternity, paternity, and adoption leave policies on residency programs, with report back to the HOD at A-08. (MSS Res 14, I-06) (Reaffirmed: MSS GC Rep D-I-11)

310.038MSS Protecting Graduate Medical Education: Revisiting the All Payer System:

(1) AMA-MSS will ask the AMA to work together with other stakeholders to actively lobby Congress for legislation requiring all payers to contribute towards graduate medical education, while simultaneously continuing to lobby to protect Medicare and Medicaid graduate medical education payments, with report back at A-08.

(2) AMA-MSS will work with the AMA Council on Medical Education to study the desirability and feasibility of financing undergraduate medical education by public and private funding sources. (MSS Res 7, A-07)

310.039MSS Opposition to Protected Sleep Time:

(1) AMA-MSS will ask the AMA to (a) support additional study of the issues raised with respect

to duty hours in the 2008 Institute of Medicine report, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*, and consider further modifications of the current duty hours requirements based on the results of this inquiry; and (b) support the evaluation and improvement of duty hours reform that does not include protected sleep time.

(2) In consultation with the AMA Council on Medical Education, AMA-MSS will study and develop relevant policy positions on the recommendations of the 2008 Institute of Medicine report, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*, and report back to the MSS Assembly at I-09. (MSS Amended Res 3, A-09) (AMA Res 303, A-09, Referred)

310.040MSS Direction Regarding Expansion of Graduate Medical Education Funding:

(1) AMA-MSS opposes further expansion of graduate medical education funding to non-physician "residencies" at the expense of Accreditation Council for Graduate Medical Education- or AOA Commission on Osteopathic College Accreditation-accredited residency programs.

(2) AMA-MSS supports legislation regarding new funding for primary care graduate medical education designated for Accreditation Council for Graduate Medical Education- or AOA Commission on Osteopathic College Accreditation-accredited residency programs. (MSS Res 4-I-09)

310.041MSS Improving Primary Care Residency Training to Advance Health Care for Gay, Lesbian, Bisexual, and Transgender Patients: AMA-MSS will ask the AMA to work with the Accreditation Council for Graduate Medical Education and the American Osteopathic Association to recommend to primary care residency programs that they assess the adequacy and effectiveness of their curricula in training residents on best practices for caring for gay, lesbian, bisexual, and transgender (GLBT) pediatric patients. (MSS Res 11, A-10) (AMA policy H-295.878 Amended in Lieu of AMA Res 906, I-10)

310.042MSS Medical Student Position Regarding the 2010 ACGME Residency Work Standards: AMA-MSS: (1) supports programs focused on improving patient care with clear and measurable outcomes while paying equal attention to other initiatives that have been shown to minimize preventable medical errors and that the decision of whether to impose additional limitations on medical student, resident and fellow duty hours should be based on the prevailing evidence; (2) supports additional efforts to improve patient safety outside of limiting medical student, resident, and fellow work hours, including more adequate training in the art of transitioning care and identification of limitations due to sleep deprivation; and (3) supports supervision of medical students, residents and fellows that allows for competency based independence and delegation of clinical responsibility appropriate for level of training. (MSS Res 15, I-10)

310.043MSS Increasing Funding for Graduate Medical Education: AMA-MSS (1) encourages both public and private payers to contribute to graduate medical education funding, through, for example, expansion of government grant opportunities; and (2) urges the AMA to work toward the removal of caps on residency programs funded by the Center for Medicare and Medicaid Services (CMS), and encourage the CMS to adjust Graduate Medical Education funding to account for the need of an expanded workforce; and (3) will advocate for transparency in how graduate medical education funds are allocated to residency programs and for how those programs use the allotted funding. (MSS Res 9, A-11)

310.044MSS Study the Impact of *Mayo v. US* on Medical Residents and their Employers: AMA-MSS will work with the AMA-RFS and the AMA Council on Medical Education to study and subsequently educate residents and medical students about the implications of the *Mayo Foundation for Medical Education and Research et al. v. United States* decision. (MSS Sub Res 14, A-11)

310.045MSS Preliminary Year Program Placement: AMA-MSS will ask the AMA to encourage the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, and other involved organizations to strongly encourage residency programs that now require a preliminary year to match residents for their specialty and then arrange with another department or another medical center for the preliminary year of training unless the applicant chooses to pursue preliminary year training separately. (MSS Res 5, I-11) (AMA Res 306, A-12 Adopted)

310.046MSS Investigating Adverse Public Health Outcomes Relating to Chronic GME Funding Shortages: AMA-MSS will ask the AMA to act to encourage appropriate stakeholder organizations to study and quantify the public health impacts of cuts to GME funding sources, including the effects on, but not limited to, the physician shortage, spending on public health initiatives, and availability and quality of care. (MSS Res 6, I-11) (Reaffirmed Existing Policy in lieu of AMA Res 303, A-12)

315.000MSS Medical Records

315.001MSS Patient Confidentiality and Government Investigations: AMA-MSS opposes the implementation of federal legislation that would enable any government agency or representative of such agency to access a patient's medical records without the patient's knowledge and consent or court order. (MSS Amended Sub Res 11, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

325.000MSS Medical Societies

325.001MSS Medical Specialty Information Brochures: AMA-MSS will ask the AMA to encourage all medical specialty societies to prepare informational brochures describing what a career in their medical field entails for medical students who are interested. (AMA Res 139, A-81, Adopted [325.996]) (Reaffirmed: CLRPD Rep F, I-91) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

330.000MSS Medicare

345.000MSS Mental Health

345.001MSS De-institutionalization of Mental Patients: AMA-MSS will ask the AMA to: (1) support the concept that the de-institutionalization of former psychiatric patients should be accompanied by adequate support from the community in the form of rehabilitation and counseling services; and (2) affirm the basic human rights of patients in board and care facilities to receive proper nutrition, essential medical care, adequate housing, community support, and to be permitted to participate in decisions regarding their environment. (AMA Res 160, A-79, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

345.002MSS An Initiative to Encourage Mental Health Education in Public Schools and Reducing Stigma and Increasing Detection of Mental Illnesses: AMA-MSS will ask the AMA to: (1) work with mental health organizations to encourage patients to discuss mental health concerns with their physicians; and (2) work with the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for elementary through high school students. (MSS Sub Res 22, I-05, Adopted in lieu of Res 12 and 13) (AMA Amended Res 412, A-06, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

345.003MSS Improving Pediatric Mental Health Screening: AMA-MSS will ask the AMA to (1) recognize the

importance of, and support the inclusion of, mental health screening in routine pediatric physicals; and (2) work with mental health organizations and relevant primary care organizations to disseminate recommended and validated tools for eliciting and addressing mental health concerns in primary care settings. (MSS Res 29, A-10) (AMA Res 414 Adopted as Amended [ ], A-11)

345.004MSS Stigmatization of Mental Health Disorders within the Medical Profession: AMA-MSS will ask the AMA to (1) investigate how the stigmatization of mental health disorders in medical professionals by medical professionals has developed and persists; and (2) address this stigmatization by taking an active role in activities such as developing and/or encouraging programming to promote awareness about and reduce this stigmatization. (MSS Res 37, A-11)

345.005MSS Increased Emphasis on Mental Health and Psychosocial Support in Medical School Curriculum: AMA-MSS will ask the AMA to amend policy H-345.984 by insertion and deletion as follows:

H-345.984 Awareness, Diagnosis and Treatment of Depression and Other Mental Illnesses.
(1) Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, both when ~~it~~ they occur~~s~~ by itself and when ~~it~~ they occur~~s~~ with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings. (2) Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses. (MSS Res 4, I-11) (AMA Res 301 Adopted as Amended)

345.006MSS Reduced Incarceration and Improved Treatment of Individuals with Mental Illness or Illicit Drug Dependence:
AMA-MSS will ask the AMA to amend policy H-430.989 by insertion and deletion as follows:

H-430.989 Disease Prevention and Health Promotion in Correctional Institutions: Our AMA urges state and local health departments to develop plans that would foster closer working relations between the criminal justice, medical, and public health systems toward 1. the prevention and control of HIV/AIDS, substance abuse, tuberculosis and hepatitis,2. the management and treatment of psychiatric disorders such as drug dependence, and 3. a reduction in reincarceration rates related to drug abuse and psychiatric disorders. Some of these plans should have as their objectives: (a) an increase in collaborative efforts between parole officers, ~~and~~ drug treatment center staff, and psychiatric care center staff in case management aimed at helping patients to continue in treatment and to remain drug free; (b) an increase in direct referral by correctional systems of parolees with a history of intravenous drug use to drug treatment centers; and (c) consideration by judicial authorities of assigning individuals to drug treatment programs, as well as inpatient or outpatient psychiatric treatment programs, as a sentence or in connection with sentencing." (MSS Res 30, I-11) (HOD Policy H-430.997 Amended in lieu of AMA Res 502, A-12)

350.000MSS Minorities

350.001MSS Minority and Disadvantaged Medical Student Recruitment and Retention Programs: AMA-MSS will ask the AMA to encourage medical schools to continue and/or develop programs to expose

economically disadvantaged students to the career of medicine; special summer programs to bring minority and economically disadvantaged students to medical schools for an intensive exposure to medicine; and conduct retention programs for minority and economically disadvantaged medical students who may need assistance. (AMA Res 35, I-79, Referred) (CME Rep T, I-79, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

350.003MSS Minority Representation in the Medical Profession: AMA-MSS will ask the AMA to: (1) support Affirmative Action in recruitment, retention, and graduation of minorities by all medical schools; and (2) urge private sources and federal and state governments to ensure sufficient funding to support increases in minority and economically disadvantaged student representation in medical schools. (AMA Res 85, I-81, Referred) (CME Rep C, A-82, Adopted in lieu of AMA Res 85, I-81) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

350.004MSS Funding for Affirmative Action Programs: AMA-MSS will ask the AMA to: (1) support counseling and intervention designed to increase minority enrollment, retention, and graduation of medical students; and (2) support increased funding appropriations to DHHS Health Careers Opportunities Program. (AMA Res 92, I-83, Adopted [350.994]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

350.005MSS The Disadvantaged Minority Health Improvement Act of 1989: AMA-MSS will ask the AMA to continue its efforts to increase the proportion of underrepresented minorities and women in medical schools and medical school faculties. (AMA Sub Res 79, I-89, Adopted in lieu AMA Res 167, I-89) (Reaffirmed: MSS Rep D, I-99)

350.011MSS Continued Support for Diversity in Medical Education: AMA-MSS publicly states and reaffirms and will ask the AMA to publicly state and reaffirm its stance on diversity in medical education and its strong opposition to the reduction of opportunities used to increase the number of minority and premedical students in training. (MSS Res 3, A-03) (AMA Res 325, A-03, Adopted [295.963]) (Reaffirmed: MSS Rep E, I-08)

350.012MSS Opposing Legislation to Cut Funding to the HRSA Health Careers Opportunity Program and the HRSA Centers of Excellence Program: AMA-MSS will ask the AMA to: (1) publicly oppose any reduction or elimination of funding for the Health Careers Opportunity Program and the Centers of Excellence Program; and (2) work with other interested organizations to seek increased public and private sector funding for the Health Careers Opportunity Program and the Centers of Excellence Program. (MSS Res Late 2, I-06) (Amended CME Rep 1 adopted in lieu of AMA Res 830, I-06 [D-200.985]) (Reaffirmed: MSS GC Rep D-I-11)

350.013MSS Psychiatric Diseases among Ethnic-Minority and Immigrant Populations: AMA-MSS will ask the AMA to encourage the National Institutes for Mental Health (NIMH) and local health departments to examine national and regional variations in psychiatric illnesses among immigrant and minority populations with the goal of creating psychometrically validated tools to appropriately address the needs of immigrant and minority populations. (Sub MSS Res 25, A-12)

360.000MSS Nurses and Nursing

360.001MSS Increasing the School Nurse to Student Ratio: AMA-MSS will ask the AMA to (1) encourage state medical societies and organizations, such as the National Association of School Nurses and other stakeholders, to advocate at all levels for adequate funding of school nurse positions; and (2) encourage public schools, private schools, and other relevant organizations to employ school

nurses in a manner that complies with CDC recommended nurse-to-student ratios. (MSS Res 23, A-12)

365.000MSS Occupational Health

365.001MSS Regulation of Occupational Carcinogens: AMA-MSS will ask the AMA to: (1) endorse the principle of using the best available scientific data including animal models as a basis for regulation of occupational carcinogens; and (2) urge OSHA to reinstate its regulation of carcinogens on the basis of best available scientific data including animal studies. (Sub AMA Res 81, I-82, Adopted [365.996]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

365.002MSS Confidentiality, Counseling and Treatment in the Tuberculosis Screening of Health Care Workers: AMA-MSS will ask the AMA to: (1) encourage OSHA to adopt industry-wide standards which guarantee a health care worker's right to confidentiality, appropriate counseling, and treatment following the positive conversion of a tuberculosis PPD skin test; and (2) encourage OSHA to adopt industry-wide standards that guarantee that all prospective health care workers have a right to confidentiality, appropriate counseling, and treatment referral following a positive tuberculosis PPD skin test, which was obtained as a result of a pre-employment physical examination. (MSS Sub Res 5, I-96) (AMA Sub Res 210, A-97, Adopted [440.905]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

365.003MSS On-Site Employer Medical Clinics: AMA-MSS will ask the AMA to (1) study the effect of on-site employer medical clinics on employee preventative health benefits and health access benefits; and (2) develop guidelines for the operation of on-site employer- sponsored medical clinics, ensuring that employee privacy, safety, and access to preventive health are not compromised. (Sub MSS Res 26, I-11)(AMA Res 103, A-12 Adopted as Amended)

370.000MSS Organ Donation and Transplantation

370.001MSS Commercialization of Organ Transplantation: AMA-MSS will ask the AMA to: (1) take notice of and publicize the commercialization of organ transplants as medically dangerous, socially unjust, and ethically improper; (2) support legislation banning the sale of transplantable organs; and (3) and consider it unethical for any physician to participate in the sale, purchase, or transplantation of commercially-obtained organs. (AMA Sub Res 87, I-83, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

370.003MSS Organ Donors and Transplants: AMA-MSS will ask the AMA to: (1) use public service announcements to enhance the general public's understanding of the procedures surrounding organ donation and transplant and increase the number of people who consent to be organ donors; and (2) research other ways of increasing the organ donor pool. (AMA Res 141, I-87, Referred) (BOT Rep ZZ, A-88, Adopted) (Reaffirmed: MSS Rep D, I-97) (Reaffirmed: MSS Rep B, I-02) (Amended: MSS Rep C, I-07)

370.005MSS Working Toward an Increased Number of Minorities Registered as Potential Bone Marrow Donors: AMA-MSS will ask the AMA to support efforts to increase the number of all potential bone marrow donors, especially minority donors, registered in national bone marrow registries to improve the odds of successful HLA matching and bone marrow transplantation. (AMA Res 501, I-94, Adopted [370.974]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

370.006MSS Encouragement for Non-Simultaneous, Extended, Altruistic Donation: AMA-MSS will ask the

AMA to examine the feasibility and ethical implications of unconventional organ donation variations, such as non-simultaneous, extended, altruistic organ donation. (MSS Sub Res 15, A-09)

370.007MSS Presumed Consent for Organ Donation: AMA-MSS does not adopt MSS Late Resolution 2, A-08. (MSS GC Rep D, A-09)

370.008MSS Supporting Voluntary Organ Donation from Death Row Prisoners: AMA-MSS will ask the AMA to reexamine the issue of lethal injection and organ retrieval from executed prisoners and report on its findings at A-12. (MSS Res 36, A-11) (AMA Res 3, A-12 Not Adopted)

370.009MSS Using Tax Returns to Identify Organ Donation Status: AMA-MSS will ask the AMA to study the implementation of a national database of organ donors that utilizes state and/or federal tax returns as a means to identify organ donors. (MSS Sub Res 41, A-11) (AMA Res 2, A-12 Not Adopted)

370.010MSS Increasing Organ Donation Discussions through Medical Education: our AMA-MSS will (1) encourage the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, and the Liaison Committee on Medical Education to include training on organ donation discussions in undergraduate and graduate medical education; (2) ask the AMA to compile current materials into a comprehensive resource and make them available for the development of a Continuing Medical Education Activity educating physicians on how to conduct organ donation discussions with patients; and (3) ask the AMA to support the development of billing codes for physician-patient organ donation discussions. (MSS Res 9, I-11) (AMA Res 307, A-12 Not Adopted

385.000MSS Physician Payment

385.001MSS Most Favored Nation Clauses: AMA-MSS will ask the AMA to prepare model legislation to eliminate the use of "most favored nation" clauses in insurance contracts as barriers to offering affordable medical care. (MSS Sub Res 4, I-01) (AMA Res 701, A-02, Adopted [D-180.992]) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

385.002MSS The Patient-Centered Medical Home Concept: AMA-MSS will ask the AMA to:
(1) Adopt the following definition of the patient-centered medical home model as set forth by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association in the Joint Principles of the Patient-Centered Medical Home:

(a) Personal physician
(b) Physician directed medical practice
(c) Whole person orientation
(d) Care is coordinated and/or integrated
(e) Quality and safety
(f) Enhanced access
(g) Payment;

(2) Continue to support the Medicare Medical Home Demonstration project and study the implications of including "payment" as a principle in the definition of the patient-centered medical home model; and

(3)Advocate that every American have access to medical services within the setting of a patient-centered medical home. (MSS Sub Res 4, A-08) (AMA Res 804 adopted in lieu of AMA Res 820, I-08 [H-160.919, D-160.942])

390.000MSS Physician Payment: Medicare

390.001MSS Mandatory Assignment: AMA-MSS opposes mandatory assignment or any other pressure to accept claims on an assigned basis under Medicare in appropriate forums within the AMA. (MSS Rep I, I-84) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

390.004MSS Reimbursement Violations: AMA-MSS will ask the AMA to urge physicians who experience problems with their Medicare carrier's application of Medicare review criteria to report those problems, issues or concerns to their state medical association and state "Medicare Carrier Advisory Committee" for discussion and resolution. (AMA Sub Res 705, A-93, Adopted [335.973]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

405.000MSS Physicians

405.002MSS National Service Project: (1) AMA-MSS recognizes the value of associating the AMA-MSS with a community service project at each medical school. (2) AMA-MSS will make available a national service project that may be implemented at each medical school. (MSS Res 17, A-86) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

405.005MSS Recognition for Community Service: AMA-MSS will continue to encourage medical student community service through policy promotion grants and other available means. (MSS Rep H, I-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

420.000MSS Pregnancy

420.002MSS Substance Abuse During Pregnancy: AMA-MSS will ask the AMA to: (1) continue its ongoing efforts to educate the general public, especially adolescents, about the effects of alcohol abuse on prenatal and postnatal development and expand these efforts to target abuse of other substances; and (2) encourage intensified research into the physical and psychosocial aspects of maternal substance abuse as well as the development of efficacious prevention and treatment modalities. (AMA Res 244, A-89, Adopted [420.976]) (Reaffirmed: MSS Rep D, I-99)

420.003MSS Nutrition Counseling for Pregnant and Recent Post-Partum Patients: AMA-MSS will ask the AMA to (1) support physician referrals of pregnant and recent post-partum patients to registered dietitians for nutrition counseling; and (2) advocate for the extension of health insurance coverage to registered dietician visits for all pregnant and recent post-partum patients. (MSS Res 31, I-10) (AMA Res 409 Adopted as Amended [ ], A-11)

420.004MSS Improving Mental Health Services for Pregnant and Post-Partum Mothers: AMA-MSS will ask the AMA to (1) support improvements in current mental health services for women during pregnancy and postpartum; (2) support advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage from 6 weeks to 1 year postpartum; and (3) support appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum. (MSS Res 33, I-11) (AMA Res 102, A-12 Adopted as Amended)

420.005MSS Inclusion of Folic Acid Supplements in the Supplemental Nutrition Program: AMA-MSS will ask the AMA to (1) support the addition of folic acid supplements in the Supplemental Nutrition

Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs; and (2) work with United States Department of Agriculture and other appropriate organizations to encourage and procedurally facilitate the implementation of folic acid supplements in the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and other similarly aligned programs. (MSS Res 20, A-12)

435.000MSS Professional Liability

435.004MSS A No-Fault Professional Liability System: AMA-MSS will ask the AMA to encourage state-based demonstration projects of a no-fault medical professional liability system as the preferred mechanism for improving patient safety, efficiently compensating injured patients, and reducing the substantial costs of defensive medicine and litigation to our healthcare system.(MSS Res 28, A-03) (Reaffirmed: MSS Rep E, I-08)

435.005MSS Understanding How Antitrust Law Negatively Affects Physician Rallies: AMA-MSS will organize an educational seminar at A-04 so that external antitrust legal counsel may review these issues and discuss with our AMA-MSS the AMA approach to the organization of physician rallies, especially in the context of recent physician advocacy for tort reform. (MSS Res 30, A-03) (Reaffirmed: MSS Rep E, I-08)

435.007MSS U.S. Medical Liability Crisis and the Impact on Clinical Medical Education: AMA-MSS will ask the AMA to: (1) recognize that undergraduate and graduate medical education are impacted by the medical liability crisis; (2) oppose medical liability insurance premiums based solely on preceptor or volunteer faculty status; and (3) study the scope, potential impact, and possible solutions of the medical liability crisis on volunteer faculty liability premium costs and the impact on medical education, with report back to the HOD at A-05. (MSS Res 5, A-04) (AMA Res 909, I-04)

435.008MSS Error Disclosure and Physician Apologies: AMA-MSS supports (1) full disclosure of medical errors; and (2) legislation that allows a physician to make an expression of apology, regret, sympathy, commiseration, condolence, or compassion to a patient or a patient's family without it constituting an admission of physician liability for any purpose. (MSS Resolution 6, A-07)

435.009MSS Liability Coverage for Medical Students Completing Extramural Electives:
(1) AMA-MSS will (a) encourage the Association of American Medical Colleges to increase the utility of its Extramural Electives Compendium (EEC) by providing information regarding liability coverage requirements at all host institutions and by making this a searchable feature, and additionally that the AMA-MSS provide a link to the EEC on its Web site; and (b) take into account the appropriate minimum levels of student liability coverage when examining the issue of student debt, particularly when in conversations with the administrations of various medical schools.

(2) AMA-MSS will ask the AMA to (a) take into account the appropriate minimum levels of student liability coverage when examining the issue of student debt, particularly when in conversations with the administrations of various medical schools; (b) examine whether or not students have been found partially accountable in recent malpractice suits, as well as the appropriateness of the amounts of medical student liability coverage required by medical schools with respect to the current medical professional liability insurance market; and (c) examine the propriety of schools requiring their own and visiting students to carry levels of medical liability coverage in excess of the minimum amounts mandated for physicians by state law. (MSS Rep C, A-08) (AMA Res 913 Referred)

435.010MSS Quantifying Medical Tort Reform:

(1) AMA-MSS supports medical liability reform at the federal, state, and municipal levels including, but not limited to, non-economic damage caps, collateral source offset provisions, and the implementation of malpractice courts.

(2) AMA-MSS will ask the AMA to study the true costs of defensive medicine and the financial impact that tort reform would have on the entire health care system, with a report back and to be updated every ten years.
(MSS Res 15, I-09) (AMA Res 216, I-09, Adopted [D-435.973])

440.000MSS Public Health

440.001MSS Qualifications of the Surgeon General: AMA-MSS will ask the AMA to: (1) endorse the concept that the Surgeon General of the United States should have substantial experience or training in public health; and (2) oppose any nominations for the position of U.S. Surgeon General of persons without such background. (AMA Res 154, A-81, Not Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

440.002MSS Immunization Programs for Children: AMA-MSS will ask the AMA to: (1) support domestic and international immunization programs; (2) develop legislation to ensure the priority of these programs; and (3) urge more intensive research to develop improved vaccines and immunization technology. (AMA Amended Res 63, I-82, Adopted [440.991]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

440.003MSS Childhood Immunization: AMA-MSS will ask the AMA to: (1) support legislation to assure a safe and adequate supply of childhood vaccines; and (2) impress upon Congress the urgency of the effects of decreasing numbers of vaccine manufacturers on the public health of the nation's children. (AMA Res 130, A-86, Adopted) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

440.004MSS Education on the Harmful Effects of UVA and UVB Light: AMA-MSS will ask the AMA to assemble and disseminate information to physicians and the public about the dangers of ultraviolet light from sun exposure and the possible harmful effects of the ultraviolet light used in commercial tanning centers. (AMA Res 162, A-84, Adopted [440.980]) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

440.006MSS Ocular Sun Damage to the Retina and its Prevention: AMA-MSS will ask the AMA to: (1) support efforts to educate the general public about the potential long term effects of sun and bright light exposure, and the possible benefit derived from wearing protective eye wear blocking out radiation of wavelengths of less than 500nm in preventing AMA; and (2) incorporate this issue into existing health education efforts. (AMA Res 12, A-91, Referred) (BOT Rep T, I-91, Filed) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

440.007MSS Lead Based Paints: AMA-MSS will ask the AMA to: (1) promote community awareness of the hazard of lead based paints; and (2) urge paint removal product manufacturers to print precautions about the removal of lead paint to be included with their products where and when sold. (AMA Res 420, I-91, Adopted [440.943]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

440.008MSS Tuberculosis Resurgence and Physician Awareness: AMA-MSS will ask the AMA to: (1) work

with the Centers for Disease Control (CDC) to educate physicians and the public on the recent resurgence and unusual presentations of tuberculosis; and (2) work with the CDC to promote improved methods of screening, treatment, and prevention of further transmission of tuberculosis. (AMA Res 404, A-92) (BOT Amended Rep OO, A-92, Adopted in lieu of Res 404 and 407 [H-440.938]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

440.011MSS Nosocomial Transmission of Disease via Stethoscope: AMA-MSS will ask the AMA to advocate that health care providers frequently clean their stethoscopes and take all reasonable precautions with their other hand-held instruments in order to minimize the potential risk of nosocomial infection. (AMA Res 501, I-96, Adopted [440.908]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

440.012MSS Public Education Announcements for Detection of Skin Cancer: AMA-MSS will ask the AMA to support a public service announcement to increase public awareness of the high incidence of skin cancer, complications of skin cancer and how to do home screening and routine self-exams for the early detection of skin cancer. (MSS Res 23,A-98) (Reaffirmed existing policy in lieu of AMA Res 406, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

440.013MSS Obesity as a Chronic Disease: AMA-MSS will ask the AMA to: (1) recognize childhood and adult obesity as a major public health problem; and (2) work with other public and private organizations to develop ethical and evidence-based recommendations regarding education, prevention, and treatment of obesity. (MSS Amended Sub Res 33, A-98) (AMA Amended Res 423, A-98, Adopted [H-440.902]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

440.016MSS Sunscreen Protection Against UVA Radiation: AMA-MSS will ask the AMA to work with the American Academy of Dermatology to promote the development of a standard to measure UVA protection, to encourage the sunscreen industry to research and assess the UVA protection provided in currently available sunscreens, to support the creation of sunscreens that block all UVA rays (320-400 nm), and to disseminate information to the public in the form of printed materials on the importance of selecting a sunscreen with adequate UVA protection. (MSS Res 27, A-99) (AMA Sub Res 407, I-99, Adopted [H-440.967])

440.017MSS Reducing the Risk of Flight-Associated Venous Thromboembolism: AMA-MSS will ask the AMA to work with and encourage the Federal Aviation Administration (FAA) and the airline industry to alert passengers to the flight-associated risk of deep vein thrombosis and to provide specific recommendations to passengers regarding ways to reduce their flight-associated risk for DVT. (MSS Res 3, A-02) (AMA Res 406, A-03, Referred) (CSA Rep 4, A-04, Adopted [D-45.998]) (Reaffirmed: MSS Rep C, I-07)

440.018MSS Childhood Obesity as a Public Health Epidemic: AMA-MSS urges physicians to work with appropriate federal agencies, medical specialty societies, and public health organizations to overcome cultural, temporal, and economic barriers to exercise prescription by developing and demonstrating the effectiveness of culturally appropriate and necessary tools, including mass media based efforts, to help physicians more effectively counsel obese and overweight children and their families with special emphasis on targeting high risk groups. (MSS Sub Res 5, I-02) (Reaffirmed: MSS Rep C, I-07)

440.019MSS Requirement for Daily Free Play in Schools: AMA-MSS will ask the AMA to: (1) recommend that elementary schools maintain at least thirty minutes of daily free play during each school day; and (2) work with other interested medical societies to urge the Department of Education and state and national legislatures to enact regulatory and legislative provisions that ensure at least thirty minutes of daily free play for elementary school students. (MSS Res 20, I-03) (AMA Amended Res 409, A-04, Adopted [H-470.961 and D-470.994]) (Reaffirmed: MSS Rep E, I-08)

440.020MSS Support for Needlestick Prevention: AMA-MSS strongly supports the implementation of needlestick prevention devices, including but not limited to retractable needles or needleless systems, with the participation of physicians and other health care workers who will use such devices and, where appropriate, the introduction of such devices accompanied by the necessary education and training as part of a comprehensive sharps injury prevention and control program. (MSS Res 29, I-03) (Reaffirmed: MSS Rep E, I-08)

440.021MSS Promoting Fitness and Healthy Lifestyles: AMA-MSS encourage all physicians and health professionals to set an example by (1) striving to maintain a healthy weight and engaging in physical activity as recommended by scientific literature and expert panels; (2) maintaining a healthy and nutritious diet as recommended by scientific literature and expert panels; and (3) getting enough sleep to avoid the known short and long term adverse effects of sleep deprivation as recommended by scientific literature and expert panels. (MSS Res 28, I-04)

440.022MSS U.S. Government Involvement in Preventing Future Vaccine Shortages: AMA-MSS will encourage the U.S. government to create a long term solution to change the infrastructure of the vaccine industry to prevent future problems such as shortages. (MSS Res 29, I-04)

440.023MSS Support for a National Center on Pain Research: AMA-MSS will ask the AMA to support the development of a Center or Institute for Pain Research, similar to that described in the National Pain Care Act of 2003 (HR 1863), that would assist in the distribution of funding toward more clinical and basic science research regarding the treatment as well as the biology of pain and support efforts to create public awareness on responsible pain management, symptom management, and palliative care. (MSS Sub Res 37, I-04) (AMA Res 513, A-05, Referred)

440.024MSS Advertising for Herbal Supplements: AMA-MSS will and will ask the AMA to: (1) strongly encourage the naming of herbal supplements in a manner so that they cannot be confused with prescription drugs; (2) strongly discourage the advertising of herbal supplements in a way that resembles prescription drug advertisements; (3) work with the appropriate agencies to strengthen regulations regarding the advertising and distribution of herbal supplements and work with appropriate agencies to improve public awareness of regulations and distribution practices associated with herbal supplements, including but not limited to purity, safety, and pregnancy risk. (MSS Res 38, I-04)

440.025MSS Increasing Access to Healthcare by Correcting Treatable Disturbances in Visual Acuity to Improve Public Health Outcomes: AMA-MSS will ask the AMA to: (1) encourage the development of programs and/or outreach efforts to support periodic eye examinations for elderly patients; and (2) support referring those seeking a driver's license who fail a vision screening at their respective Department of Motor Vehicles to an appropriate healthcare provider for a complete dilated eye exam and information about free health coverage programs when necessary or applicable. (MSS Res 16, A-05) (AMA Amended Res 813, I-05, Adopted [H-25.990]) (Reaffirmed: MSS GC Rep F, I-10)

440.026MSS Urging the Establishment of a Federal Office of Men's Health: AMA-MSS will ask the AMA to promote the establishment of a federal Office of Men's Health to coordinate outreach and awareness efforts on the federal and state levels, promote preventive health behaviors for men, and provide a vehicle whereby researchers on men's health can collaborate and share information and findings. (MSS Res 18, A-05) (AMA Res 706, I-05, Not Adopted) (Reaffirmed: MSS GC Rep F, I-10)

440.027MSS Increasing Accessibility to Meningitis Protection: (1) AMA-MSS will encourage all universities to offer the meningococcal vaccine preferably at reduced cost and to educate students about the benefits of vaccination. (2) AMA-MSS supports the incorporation of the cost of the meningococcal vaccine into the estimated cost of attendance. (MSS Res 17, I-05) (Reaffirmed: MSS GC Rep F, I-10)

440.028MSS HPV Vaccine in Cervical Cancer Prevention Worldwide: AMA-MSS will ask the AMA to: (a) urge physicians to educate themselves and their patients about HPV vaccination; (b) encourage the development and funding of programs targeted at reducing HPV transmission and screening for infection and precancerous cervical changes in developing countries; (c) intensify efforts to improve awareness and understanding about the availability and efficacy of HPV vaccinations in the general public; (d) encourage the integration of HPV vaccination into reproductive health care settings, including but not limited to routine reproductive health care visits for adults and adolescents; and (e) support the availability of the HPV vaccine to patient groups that benefit most from preventative measures, including but not limited to low-income and pre-sexually active populations. (MSS Res 5, A-06) (Reaffirmed: MSS GC Rep D-I-11)

440.029MSS Usage of Alcohol Based Hand Sanitizers in Institutional Settings: AMA-MSS: (1) recognizes alcohol-based hand sanitizers with alcohol concentrations of greater than 60% as an effective adjunct to hand washing in reducing microbial contamination and spread; and (2) urges the placement of alcohol-based hand sanitizer dispensers in institutional settings and highly trafficked public areas. (MSS Res 9, A-06) (Reaffirmed: MSS GC Rep D-I-11)

440.030MSS HPV Vaccine in Cervical Cancer Prevention Worldwide – Update: Informational report. (MSS GC Report D, A-07, Filed)

440.031MSS Adopting a Definition for Metabolic Syndrome: AMA-MSS will ask the AMA to support the development of a consensus statement defining metabolic syndrome. (MSS Amended Res 3, I-07) (AMA Res 514, A-08, Not Adopted)

440.032MSS Restriction of Non-Veterinary Antimicrobials in Commercial Livestock to Reduce Antibiotic Resistance: AMA-MSS will ask the AMA to work with interested partners in the Federation of Medicine to develop formal recommendations, based on a review of the evidence and expert clinical judgment, to develop and/or improve new or existing FDA guidelines concerning the prudent use of antibiotics in livestock to protect patients from the dangers of antimicrobial-resistant pathogens. (MSS Res 1, A-08) (AMA Res 530, A-08, Adopted as Amended [D-100.976])

440.033MSS Placement of Alcohol-Based Hand Sanitizer Dispensers Outside of Public Restrooms: AMA-MSS will ask the AMA to (1) recognize alcohol-based hand sanitizers with alcohol concentrations greater than 60 percent as an effective adjunct to hand washing in reducing microbial contamination and spread; and (2) urge the placement of alcohol-based hand sanitizer dispensers outside of public restrooms and in highly trafficked areas. (MSS Amended Res 20, A-09)

440.034MSS Medical Student Involvement in Disaster Medicine and Public Health Preparedness Planning and Response: AMA-MSS will ask the AMA to support skill-appropriate medical student involvement in pandemic disaster medicine and public health preparedness planning and response. (MSS Res 14, I-09) (AMA Res 311, A-10, Referred)

440.035MSS Increasing Advocacy for and Public Awareness of the Lack of a Vaccine-Autism Link: AMA-MSS will ask the AMA to ask the Office of the Surgeon General for a definitive repudiation of the link between developmental disorders, such as autism, and either thimerosol-containing vaccines or the MMR vaccine. (MSS Res 24, I-09) (AMA Res 413, A-10, Adopted [H-440.853])

440.036MSS Support for Establishment of Minimum Requirements for Training of Personnel Administering Medical Radiation: AMA-MSS will ask the AMA to AMA support efforts to establish minimum standards for personnel performing medical procedures using ionizing radiation to be appropriately educated and trained in order to avoid patient overradiation. (MSS Res 19, A-11) (AMA Sub Res 921, I-11 Adopted)

440.037MSS AMA-MSS Support for FDA Efforts to Reduce Computed Tomography Radiation in Children:

AMA-MSS (1) supports the current US Food and Drug Administration policy including; promoting the safe use of medical imaging devices, supporting informed clinical decision making and increasing patient awareness; (2) supports working with all relevant parties to advocate for inclusion of an individual registry containing the patient's historical (test and procedure-based) cumulative radiation dose, as well as research the fiscal impact such a registry would incur; (3) encourages the continued development and use of standardized electronic medical record systems that will help physicians track the number of imaging procedures a patient is receiving and that will help physicians discuss the potential dangers of high level of radiation exposure with patients; and (4) supports initiatives to increase awareness of ionizing radiation exposure from medical imaging and practices that lower radiation exposure from medical imaging. (MSS Res 41, I-11)

440.038MSS HPV Vaccination Access for Minors: AMA-MSS will ask the AMA to develop and support model legislation allowing HPV vaccination consent by an unemancipated minor, independent of parental involvement. (MSS Res 42, I-11) (AMA Res 1, A-12 Referred)

440.039MSS Support for Service Animals, Animals in Healthcare, and Medical Benefits of Pet Ownership: AMA-MSS (1) recognizes the potential medical benefits of dogs as animal companions; and (2) encourages research into the use and implementation of service animals as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit. (MSS Res 45, I-11)

440.040MSS Increased Advocacy for Hepatitis C Virus Education, Prevention, Screening, and Treatment: AMA-MSS will ask the AMA to (1) encourage the adoption of age-based screening practices for hepatitis C, in alignment with recent Centers for Disease Control recommendations; and (2) to encourage increased resources for Centers for Disease Control and state Departments of Public Health for the development and coordination of Hepatitis C Virus infection educational and prevention efforts. (Sub MSS Res 45, A-12)

445.000MSS Public Relations

445.001MSS Public Image of Physicians:
(1) AMA-MSS: (a) will help develop community service and public education programs that serve to inform the public of health care issues and improve the public image of the AMA and the medical profession; and (b) will investigate possible advantages of involving medical students in AMA efforts to improve the public image of physicians and to assure the public that the primary role of physicians today continues to be that of advocates for their patient's health.

(2) The AMA-MSS Governing Council will consider making the issue of the public image of the physician one of the themes of A-86. (MSS Sub Res 25, I-85) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

445.003MSS Sexually Exploitative Advertising to Physicians: AMA-MSS will ask the AMA to oppose the use of exploitative sexual themes in the marketing of medical products and technologies to physicians. (AMA Res 502, I-94, Adopted [445.987]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

450.000MSS Quality of Care

450.001MSS AMA Endorsement of the WHO Surgical Safety Checklist: AMA-MSS will ask the AMA to endorse the WHO Surgical Safety Checklist as a highly effective tool for reducing morbidity and mortality. (MSS Res 10-I-09) (AMA Res 707, A-10, Referred for Decision)

450.002MSS Eliminating Medical Tubing Misconnections: AMA-MSS supports the manufacture and use of medical tubing with designed incompatibility such that it is physically impossible to connect tubing intended for different health functions. (MSS Res 41, I-10)

460.000MSS Research

460.001MSS Pure and Applied Research: AMA-MSS supports the following principles: (1) A commitment to stabilization of support for biomedical research and research training should be made by the government. (2) Private funding of academic research should be encouraged through a system of financial incentives. (3) The public's interest in a product of biotechnology, which it has substantially funded should be protected even if commercial interests have funded the latter stages of the product's development. (4) In any system of regulation or incentive regarding private sponsorship of academic research, provisions should be made to actively encourage the role of training researchers as well as the role of conducting research. (5) Individuals and institutions must police themselves in order to combat overly restrictive regulation. (6) Greater decentralization of the decision-making authority from federal agencies to grantee institutions should occur, especially in the day-to-day management of grants and contracts. (7) Medical school admissions committees should develop criteria that do not penalize applicants who express interest in pursuing careers in biomedical research. (8) Federal support for training physician-scientists should be strengthened. (9) Medical schools should make available adequate elective laboratory research experience in the basic science years for those students interested. (MSS Rep C, I-82, Attachment 6) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

460.002MSS Biomedical Research & Research Training: AMA-MSS will apply its existing policy of support for biomedical research and research training by (1) continuing its support of the established peer review system whereby research funds are granted and (2) opposing any attempts to increase direct congressional control over the specific allocation. (MSS Sub Res 10, A-84) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

460.004MSS Human Genome Project: AMA-MSS will ask the AMA to: (1) endorse the scientific and medical objectives of the Human Genome Project; and (2) ask appropriate medical and scientific organizations to: (a) encourage worldwide support including monetary support, of advances in human genome research; (b) promote the free and open exchange of sequence information among nations; and (c) express their hope that the information obtained from this international scientific research effort will be used solely for the benefit of mankind. (AMA Res 279, A-90, Adopted [460.962]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

460.005MSS Scientific Implications of Somatic Cell Nuclear Transfer Technology: AMA-MSS will ask the AMA to: (1) recommend a cessation of human somatic cell nuclear transfer research by both public and private sectors that involves the production of human beings; (2) work closely with the federal research funding agencies (NIH, NSF, NCI) and the Food and Drug Administration to determine if longitudinal animal studies indicate that nuclear transfer technology is safe and reproducible; and (3) encourage the applications of nuclear transfer technology for uses other than human reproduction by supporting basic science research programs that pursue medically therapeutic procedures such as organ or tissue transplantation. (MSS Sub Res 11, A-98) (AMA Res 11, A-98, Adopted [460.925]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

460.007MSS AMA Support for Manned Space Exploration of the Moon, and Mars that will Promote Medical Research and Enhance Patient Care: AMA-MSS will ask the AMA to: (1) reaffirm previous policy

(H-45.994), which supports the continuation of medical research on manned space flight and the international space station (Reaffirm Current AMA Policy); and (2) publicly support a commitment for manned space exploration of the moon, Mars, and other celestial bodies for the benefits to medicine and advances in patient care. (MSS Res 7, I-06) (Reaffirmed: MSS GC Rep D-I-11)

460.008MSS Support for Increased Regulation in Tissue Procurement: AMA-MSS will ask the AMA to (1) support efforts by the FDA, the American Association of Tissue Banks, CDC, and other appropriate establishments to institute a uniform system of tissue tracking and a national database of tissue registry for tissues intended for nonclinical scientific and educational purposes; and (2) reaffirm AMA Policy H-370.988 – Regulation of Tissue Banking. (MSS GC Report F, A-07) (AMA Policy reaffirmed in lieu of AMA Res 702, I-07)

460.009MSS Support for Increase in Federal Funding for the National Institutes of Health: AMA-MSS will ask the AMA to support sufficient increases in National Institutes of Health funding to cover the rising cost of research. (MSS Sub Res 9, A-08) (Existing policy reaffirmed in lieu of AMA Res 912, I-08)

460.010MSS Investigation of the July Phenomenon: AMA-MSS (1) encourages continued investigation into the etiology of the July Effect through analysis of nationwide, risk-adjusted, outcome-based, peer-controlled, and validated databases; and (2) will ask the AMA to encourage investigation into solutions to the "July effect" spike in medical errors at teaching hospitals. (MSS Amended Res 15, I-08) (Amended: MSS Res 4, I-10) (AMA Res 312 Not Adopted, A-11)

460.011MSS Comparative Effectiveness Research: It is policy of the AMA-MSS to support the creation of an independent organization that:

(1) Conducts and supports research into the comparative effectiveness and cost effectiveness of new and existing medical interventions to increase information available for clinical decision-making,
(2) Publicly disseminates findings to medical professionals and patients,
(3) Involves representatives of physicians and patients in its governance,
(4) Ensures that all studies maintain the highest standards of scientific credibility and investigator integrity, including submission of studies through a peer-review process and rules regarding conflicts of interest,
(5) Receives funding from a dedicated funding source or sources not subject to Congressional appropriations,
(6) Recognizes that patients are unique individuals and while attempting to provide evidence for specific subgroups and circumstances, acknowledges that population-level research is not applicable to every clinical case,
(7) Does not make recommendations for public or private insurance coverage decisions or payment policies, and
(8) Does not issue physician practice guidelines. (MSS Amended Res 18, I-08)

460.012MSS Encouraging Research Into the Impact of Long-Term Administration of Hormone Replacement Therapy in Transgender Patients: AMA-MSS will ask the AMA to encourage research into the impact of long-term administration of hormone replacement therapy in transgender patients. (MSS Res 18, A-10) (AMA Res 512 Adopted [ ], A-11)

460.013MSS Medical Ghostwriting: AMA-MSS will ask the AMA to educate, at appropriate intervals, physicians and physicians-in-training about. The currently-defined differences between being an "author" and being a "contributor" as well as the varied potential for industry bias between these terms and the importance of self-identifying between these terms when submitting manuscripts for publication in accordance with the following text:
(1) Authorship credit should be based on (a) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (b) drafting the article or revising it

critically for important intellectual content; and (c) final approval of the version to be published. Authors should meet conditions all three conditions. Those meeting fewer than all three criteria should be considered contributors. (2) When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship/contributorship defined above, and should complete journal-specific author and conflict-of-interest disclosure forms. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments. The National Library of Medicine indexes the group name and the names of individuals the group has identified as being directly responsible for the manuscript; it also lists the names of collaborators if they are listed in Acknowledgments. (3) Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship but rather, contributorship. (4) All persons designated as authors should qualify for authorship, and all those who qualify should be listed. (5) Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. (MSS Res 48, I-10) (AMA Res 311 Adopted with Change in Title [ ], A-11)

460.014MSS Creation of National Registry for Healthy Subjects in Phase I Clinical Trials: AMA-MSS will ask the AMA to encourage the development and implementation of a national registry, with minimally identifiable information, for healthy subjects in phase I trials by the US Food and Drug Administration or other appropriate organizations to promote subject safety, research quality, and document previous trial participation. (MSS Sub Res 35, A-11) (AMA Res 913, I-11 Adopted)

460.015MSS Understanding Medical School Support for Student Participation in Year-Out Research Programs: AMA-MSS will work with the AMA Section on Medical Schools, the AMA Council on Medical Education, and other appropriate groups to encourage medical schools to facilitate student participation in year-out research programs. (GC Rep D, A-11)

460.100MSS Research: Animals

460.105MSS Use of Animals in Research and Education:
(1) AMA-MSS encourages medical school faculty who use non-human animals in the training of students to instruct students about the appropriate use of animals as experimental subjects and encourages students and faculty to play an active role at their schools in developing institutional policies governing use of animals in laboratories and other classes at their schools.

(2) AMA-MSS will make a substantial effort to educate medical students about the necessity of well designed and humane use of animals in research and education.
(AMA Amended Res 93, I-83, Adopted [460.989]) (MSS Sub Res 4, A-88) (MSS Rep F, A-88) (Consolidated MSS Rep E, I-08)

465.000MSS Rural Health

465.001MSS Rural Health Opportunities for Medical Students: AMA-MSS will ask the AMA to encourage medical schools to develop Divisions of Rural Health within their Departments of Family Practice and encourage rural physicians to help increase rural health opportunities for medical students by participating as members of the medical school academic environment. (AMA Amended Res 308, I-94, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

470.000MSS Sports and Physical Fitness

470.001MSS Preparticipation Sports Examinations: AMA-MSS will ask the AMA to support and encourage state medical societies to support implementation of the guidelines established by the American Academy of Pediatrics for preparticipation sports physical examinations. (AMA Res 166, I-89, Referred) (BOT Rep R, A-90, Adopted in lieu of Res 3 and 166, I-89 [470.971]) (Reaffirmed: MSS Rep D, I-99)

470.002MSS Weight Loss in Interscholastic Wrestlers: AMA-MSS will ask the AMA to actively endorse efforts by state level high school athletic associations to establish programs that include enforceable guidelines concerning weight and body fat changes on a precompetition basis for those sports in which weight management is a concern. (AMA Res 401, I-95, Adopted [H-470.994]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

470.003MSS Pre-Participation Screening in Student Athletes: AMA-MSS will ask the AMA to: (1) support the inclusion of the AHA 13-question pre-participation cardiovascular questionnaire in the standardized pre-participation athletic examination for student athletes; and (2) recommend the use of further diagnostic modalities for those student athletes identified to be at risk by the AHA 13-question questionnaire, history, or physical examination. (MSS Amended Res 8, A-98) (AMA Res 409, I-98, Referred) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

470.004MSS AMA Endorsement of National Bike to Work Day**:** AMA-MSS will ask the AMA to (1) support "National Bike to Work Day;" and (2) encourage active transportation whenever possible. (MSS Res 37, I-10) (AMA Res 604 Adopted [ ], A-11)

470.005MSS Combating Childhood Obesity with Physical Education Requirements: AMA-MSS will ask the AMA to advocate that schools require a health care professional's recommendation for students to opt out of physical education programs, in order to stress the importance of physical wellness among children and to promote healthy lifestyle choices that extend into adulthood. (MSS Res 39, I-10) (AMA Res 412 Referred, A-11)

470.006MSS Bicycle Sharing Programs: AMA-MSS (1) supports city governments in their investigation of the feasibility and economic sustainability of bicycle sharing programs; and (2) supports implementation of a bicycle sharing program in cities where the feasibility, economic viability, and potential health impacts are favorable. (MSS Res 30, A-11)

480.000MSS Technology

480.001MSS Medical Technology Assessment: AMA-MSS supports the following principles: (1) Medical technology assessment should include societal, economic, ethical, and legal consequences of medical technologies, as well as concerns of safety and efficacy. (2) The medical community should stress the use of randomized, controlled clinical trails when ethical prior to the wide spread dissemination of medical technologies and emphasize the importance of clinical trails to health professionals. (3) Medical technologies should not be accepted as standard medical practice before they have been adequately assessed with respect to their safety, efficacy, cost-effectiveness and societal consequences. (4) Organized medicine should continue its involvement with the Prospective Payment Assessment Commission, and should actively lobby for funding which would allow this body to accomplish its mandate with regard to medical technology evaluation. (5) Organized medicine should support the creation of a private/ public sector consortium, as defined by the Institute of Medicine of the National Academy of Sciences, which would act as a clearinghouse for the evaluation of medical technologies. (6) Organized medicine should seek active representation in such a private/public sector consortium, and should research possible sources of funding (e.g., government, third party payers, technology producers). (7) Organized

medicine should work to assure a mechanism for awarding competitive grants to fund high quality clinical trials for the assessment of medical technology. (MSS Position Paper 1, I-83) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

480.004MSS Ultrasound Imaging: (1) AMA-MSS (a) affirms that ultrasound imaging is within the scope of practice of appropriately trained physician specialists; (b) acknowledges that broad and diverse use and application of ultrasound imaging technologies exists in medical practice; (c) affirms that privileging of the physician to perform ultrasound imaging procedures in a hospital setting should be a function of hospital medical staff and should be specifically delineated on the Department's Delineation of Privileges form; and (d) believes that each hospital medical staff should review and approve criteria for granting ultrasound privileges based upon background and training for the use of ultrasound technology and ensure that these criteria are in accordance with recommended training and education standards developed by each physician's respective specialty society.

(2) AMA-MSS will promote these policies to medical specialty societies and other appropriate entities. (MSS Emergency Resolution 1, I-99) (Reaffirmed: MSS Rep A, I-04)

480.005MSS "Keepsake" Fetal Ultrasonography: AMA-MSS will ask the AMA to: (1) adopt the current Food and Drug Administration (FDA) policy on use of non-diagnostic fetal ultrasound, which views "keepsake" fetal videos as an unapproved use of a medical device; and (2) lobby the federal government to enforce the current FDA position, which views "keepsake" fetal videos as an unapproved use of a medical device, on non-medical use of ultrasonic fetal imaging. (MSS Res 26, I-04) (AMA Res 501, A-05, Adopted [H-480.955])

480.006MSS Use of Radio Frequency Identification Tags in Surgical Sponges: (MSS Rep B, A-08; Recommendations Not Adopted, Report Filed)

480.007MSS Novel Technologies in Biometrics and Medical ID Bracelets Used to Enhance Security and Quality of Care: AMA-MSS will ask the AMA to (1) encourage the use of biometric technologies, such as, but not limited to fingerprint and palm scanners, in hospitals and clinics 1. for patient identification to reduce health insurance fraud and 2. for providers to streamline and secure user authentication processes and better protect patient privacy; and(2) to amend H-130.987 by insertion and deletion as follows:

H-130.987 Emergency Medical Identification Aids: The AMA (1) urges worldwide use of the Emergency Medical Identification Symbol (Symbol); (2) urges that persons with special health problems wear a readily evident durable metal or plastic alerting device and that all persons carry a universal medical information card identifying family, friends and personal physicians; (3) urges that the Symbol be imprinted on alerting devices, on medical identification cards, and on emergency medical care educational material; ~~and~~(4) encourages physicians to work individually with their patients in selecting an appropriate signal device and identification card; and (5) encourages health insurance providers to offer enrollment in a virtual medical ID bracelet identification alert system as an optional health service, which can offer emergency responders immediate access to pertinent health information and family contact information. (MSS Res 25, A-11) (AMA Res 815 and 816, I-11 Adopted as Amended)

480.008MSS Effect of Computers in the Exam Room on Physician-Patient Communication: AMA-MSS will ask the AMA to study the effect of electronic devices, including but not limited to computers and tablets, in the exam room on doctor-patient communication with an emphasis on alternatives and modifications that might improve the physician-patient relationship. (MSS Res. 12, I-11) (AMA Res 701, A-12 Referred)

480.009MSS Safe, Effective Smartphone Applications: AMA-MSS supports ongoing research on the safety and efficacy of medical apps used in clinical settings in terms of patient outcomes and physician

performance and efficiency. (MSS Res 27, I-11)

480.010MSS Web-Based Tele-Health Initiatives and Possible Interference with the Traditional Physician-Patient Relationship: AMA-MSS (1) supports our AMA urging the US Department of Health and Human Services (DHHS) to review tele-health initiatives being implemented by major health insurance carriers (i.e., United Healthcare, Blue Cross Blue Shield) and others to assure that proper standards of care are maintained, that such initiatives and the physicians who work with them are adherent to professional practice standards and federal public health laws and regulations; and to take appropriate actions to eliminate such initiatives that do not meet acceptable standards and regulations; and (2) supports our AMA seeking regulatory guidance from the DHHS regarding the essential requirements of web-based tele-health technology and health care initiatives and the requirements of physicians and healthcare providers who engage in the delivery of such services. (Sub Res 13, A-12)

480.011MSS Use of Integrated Prehospital Electronic Patient Care Reports for Prehospital Healthcare Providers: AMA-MSS will ask the AMA to support legislation incentivizing the comprehensive use of integrated electronic patient care reports by EMTs and paramedics for better cross communication, and to standardize the flow of information from prehospital to hospital. (MSS Res 14, A-12)

485.000MSS Television

485.001MSS Television Broadcast of Sexual Encounters and Public Health Awareness: AMA-MSS will ask the AMA to urge television broadcasters, producers, and sponsors to encourage education about safe sexual practices, including but not limited to condom use and abstinence, in television programming of sexual encounters, and to accurately represent the consequences of unsafe sex. (AMA Amended Res 421, I-91, Adopted [485.994]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

485.002MSS Support for Increased Educational Children's Television Programming: AMA-MSS will ask the AMA to encourage independent television stations and network affiliates throughout the U.S. to broadcast at least one hour per day, during regular viewing hours, of educational programming for children. (AMA Res 404, A-96, Adopted [485.992]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

490.000MSS Tobacco

490.004MSS Excise Cigarette Tax Bill for Medicare: AMA-MSS will ask the AMA to support a per package increase in the federal cigarette excise tax that would be paid directly to the Medicare Hospital Insurance Trust Fund. (AMA Res 78, I-81, Not Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

490.005MSS "Smoke Free" Educational: AMA-MSS will ask the AMA to: (1) encourage departments of education, through state and local medical societies, to expand health education programs targeted at 12 to 18 years old; (2) urge state societies to promote the use of the educational film "Death in the West", the educational program "Counseling Leadership About Smoking Pressure" (CLASP), and/or other programs that have demonstrated reductions in tobacco use by young people; and (3) work with the American Lung Association, American Heart Association, and the American Cancer Society to develop a list of physicians recommended as speakers for local television and radio stations to discuss the ill effects of tobacco usage and to advocate a smoke-free society by the year 2000. (AMA Sub Res 110, I-85, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

490.007MSS Medical School Tobacco Stock Holdings: AMA-MSS will ask the AMA to support the divestiture of tobacco stocks held by medical schools and universities. (AMA Res 45, I-86, Referred) (CME Rep D, A-87, Adopted) (Consolidated: CLRPD Rep 2, I-94) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

490.008MSS Regulation of Tobacco Products by the Food and Drug Administration: AMA-MSS will ask the AMA to support the regulation of tobacco products by the Food and Drug Administration. (AMA Res 243, A-89, Adopted [490.962]) (Reaffirmed: MSS Rep D, I-99)

490.015MSS Tobacco Cessation Counseling: AMA-MSS will ask the AMA to: (1) urge third party payors and governmental agencies involved in medical care to regard and treat nicotine addiction counseling and/or treatment by physicians as an important and legitimate medical service; and (2) work with the US Public Health Service, particularly the Agency for Health Care Policy and Research, health insurers, and others to develop recommendations for third party payment for the treatment of nicotine addiction. (AMA Amended Res 411, I-92, Adopted [490.947]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

490.017MSS Smoking Around Public Buildings: AMA-MSS will ask the AMA to encourage state and local legislation prohibiting smoking around the entrances to any building in which smoking is prohibited. (MSS Amended Res 7, A-97) (AMA Sub Res 403, I-97, Adopted [505.983]) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

490.018MSS State Tobacco Tax Increases and Responsible Use of Resulting Funds: AMA-MSS will ask the AMA to support increases in the taxation of tobacco products with revenue from any such tax increases appropriated exclusively for the following uses: (1) educational, counter advertising and cessation programs designed to decrease the prevalence or the adverse effects of tobacco use, and (b) health related costs associated with tobacco use (MSS Res 8, A-03) (AMA Res 803, I-03, Referred to BOT) (Reaffirmed: MSS Rep E, I-08)

490.019MSS Use of State Tobacco Tax Revenue and Tobacco Settlement Fund Tracking and Publishing: AMA-MSS will ask the AMA to work with other interested organizations to seek and publish state by state accounting information regarding the specific uses of all state tobacco taxes and tobacco settlement funds. (MSS Res 9, A-03) (Reaffirmed existing policy in lieu of AMA Res 804, I-03) (Reaffirmed: MSS Rep E, I-08)

490.020MSS Fighting Securitization of Tobacco Settlement Funds: AMA-MSS strongly opposes the securitization of tobacco settlement funds and supports the AMA in encouraging the issue of strong public statements condemning the growing movement to "securitize" tobacco settlement funds as a one-time fix for budget problems. (MSS Res 11, A-03) (Reaffirmed: MSS Rep E, I-08)

490.021MSS Defining the Physical Boundaries and General Scope of Smoke-Free Policies on Medical Campuses and Other Institutions of Higher Education: AMA-MSS supports (1) the implementation of smoke-free policies on all medical campuses and institutions of higher education nationwide, wherein the geographic extent of the campus is defined as all buildings, facilities, grounds, and properties under the direct purview of the academic institution (in short, all properties owned by the institution, including all transportation vehicles), providing enforcement of such a policy does not interfere or conflict with state or federal law; (2) the enforcement of smoke-free policies at all institutions of higher education with the use of clearly displayed signs and placards, as well as the inclusion of information regarding the aforementioned policies in the institution's policy statements and bylaws; and (3) a set of comprehensive guidelines on which other academic institutions should base their own smoke-free policies. (MSS res 23, A-10)

490.022MSS Providing Full Coverage for Smoking Cessation Treatments: AMA-MSS (1) supports working with state and local medical societies to formally request that state lawmakers allocate at least the

Centers for Disease Control and Prevention-recommended minimum amount of the state's Tobacco Settlement Fund award annually to tobacco cessation programs; and (2) recommends that third-party payers and government agencies involved in medical care offer full coverage for smoking cessation products to smokers seeking counseling for quitting. (MSS Res 38, I-11)

500.000MSS Tobacco: Marketing and Promotion

500.003MSS Tobacco Advertising Tax Deduction: AMA-MSS will ask the AMA to: (1) continue to support legislation to reduce or eliminate the tax deduction presently allowed for the advertisement and promotion of tobacco products; and (2) advocate that the added tax revenues obtained as a result of reducing or eliminating the tobacco advertising/promotion tax deduction be utilized by the federal government for expansion of health care services, health promotion, and education. (AMA Amended Sub Res 204, A-93, Adopted [500.979]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

500.004MSS Picture-Based Warnings on Tobacco Products: AMA-MSS will ask the AMA to support appropriate legislation requiring picture-based warning labels on tobacco products produced in, sold in or exported from the United States. (MSS Res 4, A-02) (AMA Res 407, A-03 [H-495.990]) (Reaffirmed: MSS Rep C, I-07)

500.005MSS International Ban on Tobacco Advertising: AMA-MSS supports the AMA in a national and international ban within constitutional protections on tobacco advertising and in encouraging the U.S. government to include a ban on tobacco advertising in the international treaty on tobacco controls. (MSS Res 12, A-03) (Reaffirmed: MSS Rep E, I-08)

505.000MSS Tobacco: Prohibitions on Sale and Use

505.001MSS Smoking on Commercial Aircraft: AMA-MSS will ask the AMA to urge the Civil Aeronautics Board to ban cigarette smoking on commercial aircraft. (AMA Res 162, A-79, Referred) (BOT Rep J, I-79, Adopted) (Reaffirmed: CLRPD Rep B, I-89) (Consolidated: CLRPD Rep 1, A-94) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

505.002MSS Banning or Restricting Smoking in Public Places: AMA-MSS will ask the AMA to: (1) encourage and support efforts, legislative and otherwise, to ban or restrict smoking in all public places; (2) define "public places"; (3) ask that smoking be banned in public places where division into "smoking" and "no smoking" areas was not feasible; (4) ask that "no smoking" sections be large enough to accommodate the non-smokers who wish to utilize them; and (5) encourage that legislation in this area satisfy the four elements identified by the American Lung Association as important in assuring effective anti-smoking legislation. (AMA Res 86, I-79, Referred) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

505.005MSS Elimination of Smoking in Public Places and Businesses: AMA-MSS will ask the AMA to pursue legislation for states and counties to eliminate smoking in public places and businesses. (AMA Res 171, I-89, Adopted [505.983]) (Reaffirmed: MSS Rep D, I-99)

505.006MSS Smoking in Prisons: AMA-MSS will ask the AMA to: (1) support legislation banning smoking in prisons and jails; and (2) reaffirm its commitment to smoking cessation programs in correctional facilities. (AMA Res 229, A-93, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

505.009MSS Community Enforcement of Restrictions on Adolescent Tobacco Use: (1) AMA-MSS will support the development and distribution of educational materials designed to educate members and the public regarding FDA regulations on reporting sales of tobacco to minors. (2) AMA-MSS believes that these materials (which may include but are not limited to the current toll-free number) should be available at all sites of tobacco sales. (MSS Amended Sub Res 36, A-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

505.010MSS Smokefree Workplaces:
(1) AMA-MSS will ask the AMA to: (a) draft model state legislation to eliminate smoking in public places and businesses, possibly modeled on existing laws in California and Delaware; and (c) encourage individual medical students, residents, and physicians – as well as medical schools, hospitals, clinics, and physician practices – to endorse, support, and lobby for local and state legislation to eliminate smoking in public places and businesses as a "workers right" issue.

(2) AMA-MSS will make the elimination of smoking in public places and businesses a top public health priority. (MSS Res 1, I-02) (AMA Sub Res 923, I-02, Adopted [H-505.966]) (Amended: MSS Rep C, I-07)

505.011MSS Opposing the Sale of Tobacco in Retail and Grocery Stores: AMA-MSS will ask the AMA to support that the sale of tobacco products be restricted to tobacco specialty stores (MSS Res 37, I-03) (AMA Res 413, A-04, Adopted [H-495.986]) (Reaffirmed: MSS Rep E, I-08)

505.012MSS National Legislation Banning Smoking in Food Establishments: AMA-MSS will and will ask the AMA to actively pursue national legislation banning smoking in all cafeterias, restaurants, cafes, coffee shops, food courts or concessions, supermarkets or retail food outlets, bars, taverns, or in a place where food or drink is sold to the public and consumed on the premise. (MSS Amended Res 17, A-05) (AMA Amended Res 903, I-05, Adopted [D-490.979]) (Reaffirmed: MSS GC Rep F, I-10)

490.022MSS Federal Excise Tax for Tobacco Products: AMA-MSS will advocate for legislation establishing a federal excise tax on cigarettes such that the total cost of taxation of cigarettes will be indexed to the best available estimate of smoking-related health costs of a pack of cigarettes. (MSS Res 31, A-10)

515.000MSS Violence and Abuse

515.001MSS Identifying Victims of Adult Domestic Violence: AMA-MSS will ask the AMA to: (1) work with social services and law enforcement agencies to develop guidelines for use in hospital and office settings in order to better identify victims of adult domestic violence and to better serve all of the victim's needs including medical, legal and social aspects; and (2) ask the appropriate organizations to support the inclusion of curricula that address adult domestic violence (AMA Res 419, I-91, Adopted [515.985]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

515.002MSS Physicians and Other Health Care Personnel as Targets of Threats, Harassment, and Violence: AMA-MSS will ask the AMA to: (1) develop educational materials to assist physicians in identifying the legal options available to protect them from targeted harassment, threats and stalking; and (2) support greater national and local protection for physicians and support personnel providing legal medical services. (AMA Sub Res 215, I-93, Adopted [460.945]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

515.003MSS Screening Groups at High Risk for Homicide and Violent Injuries: AMA-MSS will ask the AMA to support the development and issuance of educational advisories, materials, and resources for

physicians to assist them in identifying, counseling, and referring individuals at high risk of homicide or violent injury. (AMA Res 403, I-94, Referred) (BOT Amended Rep 9, I-95, Adopted in lieu of Res 403, I-94) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

515.004MSS Gang Violence: AMA-MSS will ask the AMA to encourage the development of community based programs that offer alternatives to gang membership. (AMA Amended Res 401, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

515.005MSS Protection of the Privacy of Sexual Assault Victims: AMA-MSS will ask the AMA to condemn the publication or broadcast of sexual assault victims' names, addresses, or likenesses without the explicit permission of the victim. (MSS Sub Res 21, I-97) (AMA Res 406, A-98, Adopted [H-515.967]) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

515.007MSS Promoting Physician Awareness of the Correlation Between Domestic Violence and Child Abuse: AMA-MSS will ask the AMA to work with members of the Federation of Medicine and other appropriate organizations to educate physicians on (1) the relationship between domestic violence and child abuse and (2) the appropriate role of the physician in treating patients when domestic violence and/or child abuse are suspected. (MSS Sub Res 1, I-08) (AMA Res 415, A-09, Adopted [D-515.982])

515.008MSS The Identification and Protection of Human Trafficking Victims: AMA-MSS (1) supports the development of educational initiatives to train medical students, residents and physicians to understand their role in treating and screening for human trafficking in suspected patients; (2) supports AMA encouragement of editors and publishers of medical training literature to include indications that a patient might be a victim of human trafficking and suggested screening questions as created by Department of Health and Human Services; (3) Supports the AMA working with the Department of Health and Human Services, and law enforcement agencies to develop guidelines for use in hospital and office settings in order to better identify victims of human trafficking and to provide a conduit to resources that can better address all of the victim's medical, legal and social needs; and (4) encourages physicians to act as first responders in addressing human trafficking. (MSS Res 19, A-12)

520.000MSS War

520.001MSS Doctor's Draft in Peacetime: AMA-MSS opposes the establishment of a doctors' draft in peacetime. (AMA Amended Res 133, A-79, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

520.002MSS Opposition to Nuclear Weapons: AMA-MSS will ask the AMA to oppose the use of nuclear weapons and to support verified arms reduction on the part of all nations. (AMA Res 76, I-81) (BOT Rep DD, I-81, Adopted in lieu of Res 76) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

520.004MSS Nuclear, Biological, And Chemical Terrorism: AMA-MSS will ask the AMA to: (1) work with the appropriate agencies (e.g. FEMA, DOD) to support ongoing efforts for medical preparedness in the case of a nuclear, biological or chemical (NBC) emergency, including but not limited to terrorist action; and (2) consider what training is necessary regarding nuclear, biological, and chemical agent education for civilian medical schools and residency training programs. (MSS Sub Res 28, I-98) (CSA Rep 4, A-99, Adopted in lieu of Res 432, A-99 [H-130.949]) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08) (Reaffirmed: MSS GC Rep F, I-10)

525.000MSS Women

525.001MSS Inclusion of Women in Clinical Trials: AMA-MSS will ask the AMA to encourage the inclusion of women in all research on human subjects, except in those cases for which it would be scientifically irrational, in numbers sufficient to ensure that results of such research will benefit both men and women. (AMA Res 183, I-90, Adopted [525.991]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

525.002MSS Surgical Modification of Female Genitalia: AMA-MSS will ask the AMA to: (1) encourage the appropriate obstetric/gynecologic and urologic societies in the United States to develop educational programs addressing medically unnecessary surgical modification of female genitalia, the many complications, and possible corrective surgical procedures; and (2) oppose all forms of medically unnecessary surgical modification of female genitalia. (AMA Amended Res 13, A-91, Adopted [H-525.987]) (CSA Rep 5, I-94, Adopted [525.987]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

525.004MSS Discrimination of Women Physicians in Hospital Locker Facilities: AMA-MSS will ask the AMA to, request that the appropriate organizations require: (1) that male and female physicians have equitable locker facilities including equal equipment, similar luxuries, and equal access to uniforms; and (2) that if physical changes must be made to the hospital's locker facilities to comply with these requirements, that they must be budgeted and implemented within a period of five years of the adoption of these requirements. (AMA Res 810, A-93, Adopted [525.981]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

525.005MSS Cancer Screening and Sexually Transmitted Infection (STI) Risk in Women Who Have Sex Exclusively with Women: AMA-MSS will ask the AMA to (1) educate physicians regarding the need for women who have sex exclusively with women for regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions; and (2) support its partner medical organizations in educating women who have sex exclusively with women on the need for regular cancer screening exams, the risk for sexually transmitted infections, and the appropriate safe sex techniques to avoid that risk. (MSS Sub Res 3, I-06) (Reaffirmed: MSS GC Rep D-I-11)

530.000MSS AMA: Administration and Organization

530.003MSS JAMA's Editorial Freedom: AMA-MSS (1) opposes the introduction of empowerment of a review board that would compromise JAMA's editorial freedom and independence; and (2) supports the concept that the editors of JAMA must have full authority for determining the editorial content of the journal. (MSS Sub Res 57, A-90) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

530.004MSS Conference Registration Fees: AMA-MSS will encourage the AMA to offer, whenever feasible, a discounted registration fee not to exceed $100 to AMA student members for all AMA sponsored conference of interest to medical student members. (MSS Sub Res 27, I-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

530.006MSS Donation of Medical Journals: AMA-MSS will ask the AMA to support and encourage the donation of medical journals, under 5 years old, to non-profit organizations for distribution to the international medical community. (AMA Amended Res 604, I-94, Adopted) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

530.012MSS Product Endorsements: AMA-MSS supports policy whereby the AMA shall not endorse any products or services produced by other companies and marketed to consumers unless approved by the Board of Trustees, with no endorsements being made on an exclusive basis. (MSS Sub Res 5,

I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

530.016MSS Creation of Additional Dues Structure for Resident & Fellow Section: AMA-MSS will ask the AMA to create appropriate discounted multi-year dues options for residents in any length of residency. (MSS Sub Res 5, A-99) (AMA Res 603, I-99, Referred) (BOT Rep 26, I-00, Adopted [D-635.995]) (Reaffirmed: MSS Rep A, I-04)

530.017MSS Creation of a National Labor Organization for Physicians: AMA-MSS (1) supports the development and implementation by the AMA of a national bargaining unit under the National Labor Relations Act, consistent with our AMA Principles of Medical Ethics (Opinion 9.025), for employed physicians in professional practice, in order to retain the physician's role as the patient advocate, (2) vigorously supports national and state antitrust relief that permits collective bargaining between self-employed physicians and health plans/insurers/hospitals and others under the National Labor Relations Act, and (3) supports the development and implementation by the AMA of a national labor organization under the National Labor Relations Act consistent with our AMA Principles of Medical Ethics (Opinion 9.025) specifically for resident and fellow physicians. (MSS Amended Rep C, A-99)

530.020MSS Establishing an AMA International Health Consortium: AMA-MSS will ask the AMA to establish an "international health consortium" of physicians, residents, and medical students interested in promoting international health issues. (MSS Res 26, A-04 (AMA Res 608, A-05, Withdrawn)

530.023MSS Equal Opportunity in Professional Affiliations for Physicians: AMA-MSS will ask the AMA to: (1) urge its state medical associations and constituent societies to oppose policy that directly or indirectly restricts or restrains any individual member's freedom of choice with respect to professional societies for which they are eligible; (2) urge state medical associations to review and study membership provisions of their bylaws to maintain fair membership standards for equal access for all physicians and medical students; and (3) urge state medical associations to provide all medical students equal access to funding and opportunity within the realm of their society. (MSS Amended Res 10, I-06) (Reaffirmed: MSS GC Rep D-I-11)

530.024MSS Medical Student Participation in Professional Organizations: AMA-MSS will ask the AMA to work with the Association of American Medical Colleges to promote medical student engagement in professional medical societies, including attendance at local, state, and national professional organization meetings, during the pre-clinical and clinical years. (MSS Res 1, A-10) (AMA Res 604, I-10, Adopted [])

535.000MSS AMA: Board of Trustees

535.001MSS Commendation to the AMA Board of Trustees:
AMA-MSS will ask the AMA to encourage to continue pursuing goals to health care cost containment. (MSS Sub Res 6, A-84) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

535.002MSS Compensation of AMA General Officers: AMA-MSS will ask the AMA to make the Student and Resident Trustees equal and full Non-Officer members of the AMA Board of Trustees in all respects except effect on total years of tenure. (MSS Rep L, A-05) (Reaffirmed: MSS GC Rep F, I-10)

540.000MSS AMA: Councils and Committees

540.002MSS Council Elections and Visibility: AMA-MSS will retain the appointment process as a means of

selecting the student representatives to the AMA Councils with an increased focus on visibility and communication as incontestable components of the Council positions. (Ad Hoc Com. Rep A, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

550.000MSS AMA: House of Delegates

550.005MSS Medical Student Representation in the AMA House of Delegates Regional Delegate Election: AMA-MSS will elect Regional delegates to the AMA House of Delegates, according to the following guidelines:
(1) Each Region is responsible for selecting its own delegate(s), based on the process identified by the Region and submitted to the MSS Governing Council by the close of each Annual Meeting.

(2) Elections for the Regionally elected student delegates to the AMA House of Delegates will be held at the Interim Meeting of the AMA Medical Student Section.

(3) Eligibility rules for candidates will be the same as those for AMA-MSS Governing Council members as outlined in Section IV.C of the AMA-MSS Internal Operating Procedures

(4) Candidates will be required to submit a completed Application and CV to the Department of Medical Student Services by the published deadline each year to be kept on file by DMSS.

(5) A list of candidates for each Region will be included in the MSS Assembly Agenda Book for each Interim Meeting. Individual candidates are personally responsible for reproducing and distributing copies of their CVs and/or Personal Statements to members of their Region.

(6) Each state is entitled to a maximum of one delegate, unless there are fewer candidates than available positions. A state may have an unlimited number of alternate delegates.

(7) All election disputes will be referred to the Governing Council.

(8) Each Region shall be free to institute more stringent requirements consistent with all other AMA and AMA-MSS rules. These requirements shall serve as minimal guidelines to the Regions (MSS Governing Council Rep A, A-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

550.006MSS Regional Delegates – The First Year: Orientation and Involvement of Regional Delegates:
(1) AMA-MSS will continue to distribute *Procedures of the House of Delegates* and *Guide to the House of Delegates* and a welcome letter to the Regional Delegates and Alternate Delegates.

(2) AMA-MSS will develop and distribute to the Regional Delegates and Alternate Delegates a Regional Delegate Schedule of mandatory and suggested meetings before and during the Annual and Interim Meetings of the House of Delegates.

(3) AMA-MSS Regional Delegates and Alternate Delegates will have no responsibilities during the Thursday of the opening of the MSS Assembly.

(4) AMA-MSS leadership will actively increase the inclusion of the Regional Delegates and Alternate Delegates in its discussions on policy issues.

House Coordinating Committee
(5) AMA-MSS will send Regional Delegates and Alternate Delegates electronic copies of the

House Coordinating Committee Resolution Reports prior to the opening of the MSS Assembly.

(6) AMA-MSS encourages House Coordinating Committee members to attend as much of the House of Delegates Meetings as possible.

(7) AMA-MSS will continue to study reorganizing the AMA-MSS House Coordinating Committee to increase efficiency and coordination with the Regional Delegates and Alternate Delegates.

Creation of Regional Delegations to the HOD

(8) AMA-MSS will modify the MSS Internal Operating Procedures to establish the position of Regional Delegation Chair per the following language of this report: "Through a mechanism of its own choosing, each Region should appoint a member of its Regional Delegation to the HOD, either a Regional Delegate or an Alternate Delegate, to serve in the capacity of Regional Delegation Chair. The responsibilities of the Regional Delegation Chair should include 1) Assigning of Regional Delegates to different reference committees, 2) The coordination of replacing absent Regional Delegates with present Alternate Delegates, 3) Taking attendance for the HOD meetings, 4) The execution of the Region's plan to select a replacement Delegate, 5) The mentorship and orientation of inexperienced Regional Delegates, and 6) Any other responsibilities assigned by the Region."

(9) AMA-MSS will develop a mentorship program for newly elected Regional Delegates and Alternate Delegates and experienced Regional Delegates and Alternate Delegates, House Coordinating Committee members, and members of the Governing Council similar to the "Big Sib" programs run at many Medical Schools.

(10) AMA-MSS will encourage assigning Regional Delegates and Alternate Delegates to separate House of Delegates Reference Committees, as is currently done with House Coordinating Committee members.

State Delegations to the HOD

(11) AMA-MSS will communicate to the State delegation chairs gratitude for the mentorship provided by members of the State delegations to the Regional Delegates and Alternate Delegates and include a reminder that funding of Regional Delegates is encouraged and that Alternate Delegates from a given Region may not be from the same state as the Regional Delegates.

(12) AMA-MSS will communicate support for increased contact between the State delegations of the Regional Delegates and all of the Alternate Delegates from the given Region.

Regional-GC Conflicts of Interest

(13) Regional Delegates and Regional Alternate Delegates are prohibited from declaring candidacy for MSS Delegate or MSS Alternate Delegate until they have completed their Regional Delegate or Alternate Delegate term. Regional Delegates and Regional Alternate Delegates shall not be prohibited from seeking other MSS Governing Council positions or AMA or AMA-MSS Council or Committee positions while serving their terms as Regional Delegate or Alternate Delegate. AMA-MSS will amend the MSS Internal Operating Procedures accordingly.

Selection of Replacement Regional Delegates

(14) AMA-MSS, pursuant to the AMA-MSS IOPs VII.C.1, will require each region to submit a detailed plan on filling positions of Regional Delegate in the event that for any reason whatsoever these positions become temporarily or permanently (i.e. until the end of the term) vacant and that the AMA-MSS not certify any of the Regional Delegates from a Region that has not submitted this plan.

(15) In the event of a Regional Delegate not being able to fulfill his or her duties, the Alternate

Delegate shall assume the position of Regional Delegate and be seated with the state which had provided support for the individual when he or she was Alternate Delegate. The AMA-MSS will work with the AMA-HOD Office of the Speaker to that end.

MSS Regions
(16) AMA-MSS encourages its Regions to develop a contingency plan for nominating candidates for Regional Delegate from the floor in the situation that there are not enough candidates to properly fill all of the Regional Delegate and Alternate Delegate seats and that our AMA-MSS develop model Regional Bylaws to that effect. Candidates for this emergency replacement position should be held to the same candidacy standards as candidates for Regional Delegate excepting that all deadlines applicable to the Regional Delegate candidates shall be waived and that our AMA-MSS develop model Regional Bylaws to that effect. Upon election, the candidate must submit the required paperwork, since the position cannot be certified until such paperwork is submitted.

(17) AMA-MSS encourages its Regions to consider term limits for its Regional Delegates and Alternate Delegates and adopt additional Regional Bylaws after due consideration. (MSS COLRP Rep A, A-03) (Reaffirmed: MSS Rep E, I-08)

550.008MSS Medical Student Regional Delegate Apportionment:
(1) AMA-MSS will ask the AMA to amend its bylaws such that Medical Student Regional Delegate (RD) and Medical Student Alternate Regional Delegate (AD) positions are allocated at a rate of one RD/AD for every 2,000 medical student members. These allocated RD/AD positions are then apportioned to the seven AMA-MSS Regions at a rate of one RD/AD per 2,000 medical student members within each region, with any remaining allocated RD/AD position(s) being apportioned to the Region(s) with the greatest number of medical student members in excess of a multiple of 2,000.
(2) AMA-MSS will amend its Internal Operating Procedures to reflect any amendments to the AMA Bylaws that affect the allocation or apportionment of Medical Student Regional Delegate and Medical Student Alternate Regional Delegate positions. (MSS GC Rep B, I-10) (AMA Res 605 Adopted, A-11)

565.000MSS AMA: Political Action

565.001MSS MSS Political Action: AMA-MSS encourages and will publicize the opportunity for student participation in AMPAC. (MSS Sub Res 18, A-85) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

565.002MSS Preserving the AMA's Grassroots Legislative and Political Mission: AMA-MSS will ask the AMA to ensure that all Washington activities including lobbying, political education, grassroots communications, and membership activities be staffed and funded so that all reasonable legislative missions and requests by AMA members and constituent organizations for political action and training can be met in a timely and effective manner. (MSS Res 20, A-00) (AMA Res 619, A-00, Adopted [D-640.998]) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

565.003MSS Building AMA-MSS Membership through Promotion of AMPAC and State Medical PACs:
(1) AMA-MSS: (a) urges all medical student chapters to work with the AMPAC Student Advisory Board to conduct fall or winter annual membership drives for AMPAC and state PACs; and (b) urges all regional delegates to annually recruit for AMPAC and state PAC membership among all medical students from their respective regions.

(2) AMA-MSS will ask the AMA to urge all delegates to annually recruit for AMPAC and state PAC membership among all medical student members that they are in contact with.

(3) Where state laws permit, AMA-MSS will encourage and will ask the AMA to encourage all medical students (regardless of AMA membership) to join state medical society PACs.

(4) AMA-MSS will recognize and will ask the AMA to recognize the state and the medical student region with the highest percentage membership in AMPAC and/or state PACs at each annual meeting. (MSS Res 19, A-03) (AMA Res 616, A-03, Adopted [D-640.995]) (Reaffirmed: MSS Sub Res 36, A-04)

565.007MSS Inclusion of International Health Policy Internships in the Government Relations Internship Program:

(1) AMA-MSS will indefinitely expand the Government Relations Internship Program (GRIP) to include IHP internships, with the following criteria: (a) The expansion of GRIP to IHP internships will be limited to non-clinical IHP internships based in the Washington, D.C., area; (b) all GRIP applications submitted on time, including those of students applying for IHP internships, will be considered concurrently; and (c) a maximum of two of the available GRIP positions will be filled by candidates pursuing IHP internships.

(2) The AMA-MSS Committee on Global and Public Health or other such committee as designated by the AMA-MSS Governing Council will actively promote and publicize the inclusion of IHP internships in GRIP. (MSS Rep D, I-08) (Amended, MSS GC Rep A, I-09)

630.000MSS AMA-MSS: Administration and Organization

630.007MSS MSS Resolutions: It is the policy of the AMA-MSS that MSS resolutions, including the "whereas" and "resolved" clauses and footnotes, once submitted to the Department of Medical Student Services may not, with the exception of retyping, be altered by staff or an MSS council or committee prior to the MSS Assembly Meeting without the consent of the author. (MSS Res 12, I-85) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.008MSS Referencing Data in Resolutions: It is the policy of the AMA-MSS that all data in resolutions which contain hard facts, figures, and quotes be referenced accordingly, or the resolution be returned to the author for additional information. (MSS Res 28, A-86) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

630.011MSS Improved Access and Programming of Non-Scientific Issues in Medicine: AMA-MSS will: (1) explore better methods of disseminating information from the AMA-MSS to local chapters with the goals of increased access, and program development; and (2) develop a series of modular programs, which can be used by local chapters to educate their members on topics of importance to future physicians, according to the following guidelines: (a) the information must be flexible, dynamic, accessible and cost effective; (b) a variety of topics could be covered, including medical ethics, legal issues in medicine, the lifestyles of various specialties, medicine and the media, medical economics, etc. (MSS Res 14, I-88) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

630.012MSS Annual AMA-MSS Budget Statement: It is the policy of the AMA-MSS that (1) at the Annual meeting the Director of Medical Student Services shall provide the Assembly with a line-term budget for the current fiscal year; and (2) the Director of Medical Student Services will provide the AMA-MSS Governing Council with proposed budget statements at appropriate time during the year in order to facilitate planning and operations of the AMA-MSS. (MSS Res 17, A-89;

Referred) (MSS Rep C, A-90, Adopted in lieu of MSS Res 17, A-89) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.014MSS Budget Allocation for Medical Student Activities: It is the policy of the AMA-MSS that an operating budget summary and financial expenditure report be provided by the Department of Medical Student Services staff for inclusion in the MSS Governing Council Chairperson's report at the Annual meeting and periodic updates made available to the Governing Council. (MSS Rep C, A-90, Adopted in lieu of MSS Res 17, A-89) (Amended by MSS Sub Res 8, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

630.016MSS MSS Reference Committee Information: AMA-MSS and the Office of Medical Student Services will release to state delegation chairperson or resolution author, a copy of the AMA-MSS Reference Committee Packet upon such request upon arrival at the AMA-MSS meeting. (MSS Amended Res 7, A-90) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.019MSS MSS Master List of Dates: AMA-MSS will compile a yearly "Master List of Dates," which will identify important deadlines for MSS and AMA activities and programs which will be available at the Annual MSS Assembly. (MSS Res 22, I-90) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.022MSS Recycling at AMA-MSS Meetings: AMA-MSS urges the offices of the AMA to use recycled paper products whenever feasible in the production of student-related materials. (MSS Sub Res 12, I-90) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.025MSS Changes in MSS Resolutions Forwarded to the AMA House of Delegates: It is the policy of the AMA-MSS that the MSS Delegate and Alternate Delegate to the AMA House of Delegates (when they agree) may make grammatical or syntax changes in MSS resolutions before they are forwarded to the House of Delegates, but in no circumstances can the meaning or intent of the MSS resolutions be altered. Further, the MSS Speaker and Vice Speaker must be advised of any change made to an MSS resolution before the resolution is forwarded to the House of Delegates and must concur that the change in grammar or syntax does not alter the meaning or intent of the resolution. The MSS Speaker or Vice Speaker, may not, under any circumstance, initiate the change in grammar or syntax on any MSS resolution. (MSS Res 43, A-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.029MSS AMA Resource Libraries in Medical Schools: AMA-MSS urges its school delegates to obtain reserve space in their schools' medical libraries to set up an AMA library that would include, but not be limited to, the following documents: the AMA Policy Compendium; the state society Policy Compendium (where available); the most current AMA-HOD Proceedings; the most current AMA-MSS Proceedings; the AMA-MSS Textbook of Legislation; the AMA-MSS Resource Manual; the AMA-MSS Internal Policy and Digest of Actions; Chapter Bylaws; AMA-MSS Policy Documents (e.g. "Sexual Harassment Guidelines"); available national, state, regional, and county society updates and newsletters of at least the immediate past year; and AMA-MSS Program Modules. (MSS Sub Res 20, I-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.037MSS Reaffirmation Calendar: AMA-MSS will implement and use a reaffirmation consent calendar akin to that used by the AMA-HOD and set forth in AMA Policy 545.979 and 545.974, to expedite the business of the Assembly on resolutions seeking reaffirmation of existing AMA-MSS policy. The Reaffirmation Calendar will provide "statements of support" for existing AMA policy for those resolutions deemed identical or nearly identical to existing AMA policy. (MSS Amended Res 17, A-93) (MSS Rep C, I-93) (MSS Amended Rep C, I-97)

630.041MSS Inclusion of AOA-Accredited Schools in Policy Language: It is the policy of the AMA-MSS that resolutions and internal policies specifically recognize osteopathic students whenever appropriate. (MSS Sub Res 14, A-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

630.042MSS Improving AMA-MSS Communication: AMA-MSS supports the production of a newsletter for student members in paper and electronic formats. (MSS Sub Res 27, A-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

630.044MSS Sunset Mechanism for AMA-MSS Policy: AMA-MSS will establish and use a sunset mechanism for AMA-MSS policy with a five-year time horizon whereby a policy will remain viable for five years unless action is taken by the Assembly to reestablish it. The implementation of a sunset mechanism for AMA-MSS policy shall follow the following procedures: (1) review of policies will be the ultimate responsibility of the Governing Council; (2) policy recommendations will be reported to the AMA-MSS Assembly at each Interim Meeting on the five or five and one-half year anniversary of a policy's adoption; (3) a consent calendar format will be used by the Assembly in considering the policies encompassed within the report; and (4) a vote will not be necessary on policies recommended for rescission as they will automatically expire under the auspices of the sunset mechanism. (COLRP Rep B, I-95) (MSS Amended Rep C, A-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

630.047MSS A Screening Mechanism for AMA-MSS Resolutions:
(1) The AMA-MSS Governing Council will increase educational efforts regarding resolution-writing including increased dissemination of current materials.

(2) The AMA-MSS Reaffirmation Calendar policy will be amended to read:
"Reaffirmation Calendar: That the AMA-MSS implement a reaffirmation consent calendar akin to that used by the AMA-HOD and set forth in AMA Policy 545.979 and 545.974, to expedite the business of the Assembly on resolutions seeking reaffirmation of existing AMA-MSS policy; and that the Reaffirmation Calendar provide "statements of support" for existing AMA policy for those resolutions deemed identical or nearly identical to existing AMA policy."

(3)The AMA-MSS Reaffirmation Calendar will be provided to the Assembly on Thursday, one day prior to the opening of the Business Meeting. (4) Resolutions submitted for consideration by the MSS Assembly must include existing AMA and AMA-MSS policy related to the subject as an appendix provided by the author. (5) The issue of enhancing the MSS policy-making process and reducing redundancy in resolution submissions will be revisited in two years to evaluate the effectiveness of the measures contained in Governing Council Rep C-I-97. (MSS Rep C, I-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

630.049MSS AMA Medical Student Section Vision Statement: The AMA-MSS supports the following vision statement for the AMA-MSS:
(1) The AMA-MSS core purpose is: the AMA-MSS is dedicated to representing medical students, improving medical education, developing leadership and promoting activism for the health of America.

(2) The AMA-MSS Envisioned Future is: The AMA-MSS strives to be the medical students' leading voice for improving medical education, advancing health care and advocating for the future of medicine.

(3) The AMA-MSS Objectives are: (a)The leading medical student organization for advancing issues of public wellness, community service, ethics, and health policy; (b) The principal source for obtaining and disseminating information for medical students regarding medical education, residency training, and medical practice; (3) The most representative voice and influential advocate for medical students and their patients; and (4) A dynamic organization that provides

value to its medical student members.

(4) The AMA-MSS Core Values are: (a) *Advocacy:* Caring advocates for our patients, our profession, and our medical student members. (b) *Leadership:* The stewards of the future of medicine. (c) *Excellence:* Commitment to provide the highest quality service, products, and information for our members. (d) *Integrity*: Ethical behavior forms the basis for trust in all our relationships and actions. (MSS COLRP Rep B, A-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

630.050MSS Creating a Community Service Project: AMA-MSS will undertake a limited local service project as part of its agenda at its Annual and Interim Meetings, at a time determined by Governing Council, as appropriate based on the schedule of activities. (MSS Sub Res 16, A-98) (Reaffirmed: MSS Rep E, I-03) (Amended: MSS Rep E, I-08)

630.051MSS AMA-MSS Digest of Actions: It is the policy of the AMA-MSS that the AMA-MSS Internal Operating Procedures and Digest of Actions be made available on the AMA-MSS Web site, with updates made within two months of each Annual and Interim Meeting of the Assembly. (MSS Sub Res 21, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

630.053MSS AMA-MSS Resolution Reform:
It is the policy of the AMA-MSS that:
(1) Resolutions placed on the Reaffirmation Calendar be distributed along with the Assembly Agenda Books prior to the meeting.

(2) Students may request follow up action and or information on issues related to existing policy by submitting the following information to the Governing Council Chair:

(a) Brief description of the issue in question, and the reason current action is appropriate
(b) Documentation of existing AMA or MSS policy under which the issue would be covered
(c) Proposed action to be taken on the issue.
(d) The Governing Council must respond to the request within 30 days.

(3) Educational information on the policy making process will include information about Section priorities, co-sponsorship, the appropriateness of specialty and state society action on policy issues, and the role of reference committees as experts of the resolutions being considered by the Assembly. (MSS Amended Rep E, I-99, Adopted) (Reaffirmed: MSS Rep A, I-04) (Amended MSS Rep C, I-07)

630.055MSS Implementation of MSS Policy: AMA-MSS will report at each meeting on the progress of all resolutions passed at the meeting five years previous to the current, especially focusing on action called for by external policies. (MSS Rep C, A-00) (Reaffirmed: MSS Rep E, I-05) (Amended: MSS GC Rep F, I-10)

630.060MSS Alignment of MSS Resources with Strategic Priorities: The AMA-MSS Governing Council will evaluate the efficiency of MSS budget expenditures and resource allocations with respect to MSS strategic priorities. (MSS Res 8, I-02) (Reaffirmed: MSS Rep C, I-07) (Reaffirmed: MSS GC Rep F, I-10)

630.063MSS Creation of International Health Policy Regional Chairs: AMA-MSS suggests that each region elect or appoint an International Health Policy Committee Regional Chair. (MSS Res 31, A-04)

630.066MSS Registry of State Society Activities: AMA-MSS will make available on its website and will update as needed the Registry of Medical Student Opportunities in State Societies. (COLRP Rep C, A-04)

630.069MSS Developing our Regions:
(1) AMA-MSS reaffirms the roles of the Regional Chairs.

(2) AMA-MSS recognizes that the roles of the Region are to provide a home within the MSS, to serve as a communication unit for the MSS, to provide a means to foster collaboration between the chapters and states, and to facilitate interaction and integration of newly developing chapters with well established chapters.
(3) AMA-MSS recognizes the Regional Leadership for their time, efforts and selflessness.(MSS Regions Task Force Rep A, A-05) (Amended: MSS GC Rep F, I-10)

630.070MSS AMA-MSS 2007-2010 Operational Plan:

(1) In the realm of Advocacy, AMA-MSS will:
(a) Continue to focus on student- and patient-centered issues. Advocacy efforts should aim to frame issues from a student point of view in order to engage as many members possible, and
(b) Continue the effort toward creating student-specific action alerts, which should be made available at national meetings, and
(c) Continue to coordinate MSS National Lobby Day and utilize the GRAF as a key link in coordinating lobbying efforts and lobby day planning, and
(d) Implement an efficient mechanism to regularly update issue briefs that focus on the most relevant issues in order to control volume, and
(e) Encourage chapters to involve students in lobbying at the local/state level and to communicate with legislators more frequently, and
(f) Continue meetings with medical education leaders as a means for gathering information, strategizing, and building relationships. MSS leaders involved in these meetings should be encouraged to educate themselves about relevant issues as much as possible prior to the meetings in order to ensure their effectiveness, and
(g) Strive to make advocacy efforts transparent via outlets such as Web site publications, and communicate these efforts to members whenever this is possible or allowed.

(2) In the realm of Communications via the MSS Web site, AMA-MSS will:
(a) Encourage submission of updates from MSS leaders including, but not limited to, the Governing Council, AMA Council student members, Region Chairs, and Committee Chairs to MSS staff regarding their relevant Web site content at least twice per year, and
(b) Explore the development of a “most read/e-mailed” feature for the MSS home page, a “what’s new/most recently updated” feature, a meeting blog, a policy tracking grid, as well as a column directed at the general membership, with report back from the Governing Council at A-08.

(3) In the realm of Communications, the MSS Governing Council will:
(a) Continue working with AMA staff to modify membership sign-up and renewal documents for students to include an “opt-out of receiving commercial offers” box and ensure that those who select this option do not receive commercial solicitations associated with membership, and
(b) Consider, as part of Assembly business, the addition of 5 minute addresses from key section leaders to update the membership, and
(c) Work with MSS staff to compile an MSS staff directory for dissemination to section Leaders.

(4) In the realm of Media Exposure, the MSS Governing Council will:
(a) Require annual formal media training for each newly elected GC, and
(b) Encourage chapters and states to publicize events at the local level and make available the use of AMA-MSS media templates, among other resources, for that purpose, and
(c) Track the number and content of MSS media exposure at the local, state, and national level, and
(d) Explore the creation of student biosketches for use on student membership recruitment documents, AMA publications directed at students, and the MSS Web site, and

(e) Consider developing a mechanism to both monitor and rapidly respond to media opportunities relevant to the MSS, and
(f) Work with AMA Media Relations staff to further identify opportunities for media exposure relevant to the MSS.

(5) In the realm of Community Service, AMA-MSS will:
(a) Increase the ease of access for local and state chapters to project ideas, resources, and contacts through the AMA-MSS Web site, as well as publicizing successful projects via the Web site, and
(b) Require the Community Service Committee to provide more detailed information on resources and contacts for chapter-level community service projects, and
(c) Continue to provide incentive for chapters to focus on community service projects within the realm of the National Service Project, and
(d) Require that the MSS Speaker/Vice Speaker work with the Standing and Convention Community Service Committees to schedule the National Service Project event to prevent conflict with the policy-making agenda of the meeting, and
(e) Require the GC and Community Service Committee to work with AMA Media Relations staff to increase media coverage of our NSP and service projects, and
(f) Continue to foster coordination of the Community Service Liaison (CSL) with national GC and region leadership, and
(g) Align the MSS Community Service agenda, including the National Service Project with the AMA and MSS advocacy agenda whenever possible, and
(h) Consider the creation of a national community service event to be executed separately from the Annual and Interim Meetings, similar in concept to Lobby Day.

(6) In the realm of Membership, AMA-MSS will:
(a) Work with the RFS to develop a membership recruitment and retention strategy to improve member retention into residency, expanding on successes seen within the MSS. The MSS-RFS joint committee should prepare a plan of action for presentation at A-08, including its metrics and benchmarks for success and a proposed timeline for efforts, and
(b) Study the feasibility and advantage of further reduction in membership dues to all medical students eligible to join the AMA-MSS within the context of other efforts for increasing AMA-MSS membership, and prepare a report with a plan of action incorporating timelines and benchmarks for success for presentation at I-08, and
(c) Work in a targeted fashion with three to six states, including region and state chairs, chapter Chairs within the state, and advisors or staff members from the state society, to identify what problems the state may be having and how national operations can best serve that state. From this targeted work, the MSS should develop initiatives for nationwide activity in membership recruitment and retention, and
(d) Before each Annual Meeting, identify chapters that have not been as successful in membership recruitment and identify leadership within each chapter whom we can help to strengthen recruiting efforts and activity, and integrate the “Succeeding in Medical School” initiative into this campaign, and
(e) Work with the Section on Medical Schools to develop mechanisms such as academic-specific recruiting materials or a recognition program to honor leaders in academic medicine who are also involved with organized medicine. Work with the Section on Medical Schools should be focused on identifying initiatives that will address the disjunction between academia and organized medicine, and
(f) Work with the Section on Medical Schools to identify initiatives that will address the disjunction between academia and organized medicine, and
(g) Continue to work with the Section on Medical Schools to develop Chapter Mentoring Programs in which chapters will work with distinct local physician leaders to link up students to State and County Medical Society and AMA resources.

(7) In the realm of Governing Council Leadership, the MSS Governing Council will:

(a) Annually define more specifically the roles between the Speaker/Vice Speaker and Delegate/Alternate Delegate during their first plenary session, and
(b) Increase institutional memory for future MSS leaders through creation of documentation, including personal experience and advice from each GC member to be kept by the AMA-MSS staff for transfer to future GCs, and
(c) Encourage the MSS Vice Chair to continue enlistment of aid of other GC members to serve as liaisons with MSS committees to enhance consulting in a timely manner, and
(d) Set the goals of the AMA MSS by the end of the first GC meeting, including setting broad goals and expectations for each AMA MSS Standing Committee.

(8) In the realm of Councilors, Liaisons and other Student Representatives, the MSS Governing Council will:

(a) Establish a formal mechanism for current student representatives to assist incoming student representatives with the transition into their new position, such as a training session at Annual Meetings, and
(b) Encourage each Student Representatives to communicate regularly with his or her associated MSS Committee(s), if one exists, and
(c) Encourage the GC to consider the creation of a Councilor Forum at national meetings to give MSS members the opportunity to communicate more with Student Representatives, and
(d) Consider the addition of application criteria for selection of Student Representatives on their ability to serve as mentors for future MSS leaders.

(9) In the realm of MSS Committees, the MSS Governing Council will:

(a) Require an annual end of year 1-2 page report by each MSS committee to be kept by the AMA-MSS staff to enhance institutional memory, and
(b) Establish a process by which MSS committees are reviewed every three years to assess their need and efficacy, to delineate their responsibilities, and to consider the creation of needed committees.

(10) In the realm of Policy, the MSS will:

(a) Continue having policy separate from that of the AMA to allow support of both MSS and larger AMA issues, and
(b) Encourage the GC to establish top priorities for the MSS and strongly encourage that resolutions fulfill those priorities, and
(c) Through the GC, provide regular updates of the status of our AMA MSS goals, priorities, and policy implementation via GC goals and policy grids at both the Interim and Annual meetings, and
(d) Make available a presentation and printed brochure on national meeting procedures (as has been presented at previous national meetings), for access by chapters and meeting participants, in order to better integrate first-time attendees, and
(e) Better publicize writing workshops to chapters, and
(f) Propose a listserv feedback deadline to ensure that (1) authors receive enough help from more experienced members, (2) submitted resolutions are not redundant and are of higher quality, and (3) policy is discussed through proper channels (i.e. GC, Councils, and Committees), and
(g) Study the Assembly extraction process for improvement and update for report back to the Assembly, and
(h) Require formal meetings between Reference Committee Chairs and the Speaker/Vice Speaker before national meetings to define each individual’s role in the policy making process. The Reference Committee Chair guide should be updated to emphasize citations and equal weight of whereas clauses, testimony, and staff notes in final Reference Committee recommendations, and
(i) Collaborate with current and former Government Relations Advocacy Fellows to further utilize and clarify the role of this position within the MSS.

(11) In the realm of Regions, the MSS Governing Council will study the overall role of regions and regional leadership within the MSS, focusing on how these roles can be optimized to best serve the MSS and their member states/chapters. In particular, the roles of the regional leadership should be addressed and documented in the same manner that the GC positions are delineated.

(12) MSS Leadership will regularly evaluate their progress toward the accomplishment of these goals, with annual reports to the AMA-MSS Assembly on subjects for which formal deadlines have not been stated.

(13) AMA-MSS will make this Operational Plan available on the MSS Web site.

(14) AMA-MSS seek a new three year Operational Plan for the 2010-2013 period, with report to the MSS Assembly at A-10. (MSS COLRP Report A, A-07)

630.071MSS 2010-2013 AMA-MSS Operational Plan: AMA-MSS will (1) make the 2010-2013 AMA-MSS Operational Plan available on the AMA Web site; and (2) seek a new three-year Operational Plan for the 2013-2016 period, with report back to the AMA-MSS Assembly at A-13. (COLRP Rep A, A-10)

640.000MSS AMA-MSS: Committees

640.001MSS MSS Task Force on Long Range Planning: It is the policy of the AMA-MSS that the Committee on Long Range Planning should be a five member Committee, appointed by the Governing Council to study issues referred by the Governing Council as well as structure, function, and strategic planning issues relating to the future of the MSS. (MSS Rep C, A-86) (Reaffirmed: MSS Rep E, I-96, Recs. 1, 7 and 8; Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06)

640.003MSS States Regional Chairs: AMA-MSS, through Regional Chairs will: (1) continue to encourage the organization of regional conferences as effective mechanisms of increasing communication among its members; (2) continue to encourage the development of local MSS chapters and state MSS sections in medical schools and states where they do not exist; (3) involve highly organized MSS chapters and state sections in providing organizational information and assistance to developing chapters and sections; (4) encourage MSS chapters to maintain communication and interaction between medical student members and physician members of county and state medical societies; and (5) ask the MSS to endorse the maintenance of active and timely communication between MSS delegates and Regional Chairs. (MSS Rep K, A-88) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

640.008MSS MSS Committee Reports: It is the policy of the AMA-MSS that the AMA-MSS Governing Council may suggest changes to committee reports but may not alter them without consultation with and agreement of the committee. Further, the Governing Council may include an addendum to the committee report, should a dissenting opinion exist, to distinguish the opinions of the Governing Council from those of the committee. (MSS Rep L, I-91, Adopted in lieu of MSS Res 44, A-91) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

640.011MSS Region Chair Elections: AMA-MSS will modify its policy on the Region Chairs to allow for direct election of the Region Chairs by the sections, according to the following guidelines:

(1) Each Section is responsible for selecting its own Region Chair, based on the proposals remaining on file at the Department of Medical Student Services.

(2) Any alterations to the selection process must be made in writing and presented to the MSS Governing Council for review by March 1 of the year the change is to take place.

(3) Any changes to the Region Chair selection process will be distributed by the section leaders to each chapter within the section.

(4) New chairs must be selected before Saturday morning of the annual meeting, and the new chair must be present at the annual meeting. (MSS Rep F, A-99) (Reaffirmed: MSS Rep A, I-04)

640.013MSS AMA-MSS Standing Committees: The AMA-MSS Governing Council will: (1) outline the creation, maintenance, and dissolution of standing and ad-hoc committees and report back at I-05; (2) handle requests for funding from MSS standing or ad-hoc committees on a case by case basis with the committee that is requesting the funding presenting a justifiable proposal, which clearly meets the Governing Council's goals, 30 days in advance of the monetary need; and (3) seek funding for two conference calls per committee per year. (MSS Rep F, A-05) (Reaffirmed: MSS GC Rep F, I-10)

640.014MSS Regional Representation on MSS Committees: The AMA-MSS Governing Council will (1) continue to empower regions and work toward increasing diversity on all MSS Committees by using regional diversity as one of the selection criteria for all MSS Committees; and (2) report back at A-10 on the issue of regional diversity on MSS Committees. (MSS Amended Sub Res 21, I-07) (GC Rep C, A-10, Filed [640.016MSS])

640.015MSS Definition of Standing Committees: AMA-MSS amends its Internal Operating Procedures by the addition of a new Article after Article VI (Medical Student Trustee) as follows:

MSS Standing Committees. The Standing Committees shall be appointed by the Governing Council. These committees are to generally support the mission of the AMA-MSS.
(MSS Res 10, A-08)

640.016MSS Regional Equality on AMA-MSS Committees: Informational report. (GC Rep C, A-10, Filed)

645.000MSS AMA-MSS: MSS Assembly

645.001MSS Use of the term "Assembly": AMA-MSS defines the term "Assembly" to refer to the group of voting members present at business meetings of the Medical Student Section. (MSS Res 2, I-80) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

645.012MSS Health Policy Programming: The AMA-MSS Governing Council will continue to identify ways to incorporate educational opportunities in health policy into the national meeting structure as appropriate. (MSS Rep D, A-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

645.013MSS Information for the AMA Medical Student Section Assembly Concerning Issues Discussed at the AMA-HOD: AMA-MSS will conduct an open hearing on Saturday at each Annual and Interim meeting, to hear pertinent items of business that will be coming before the AMA-HOD at that meeting. (MSS Sub Res 4, A-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

645.015MSS Non-Voter Participation During the Assembly Portion of the AMA-MSS Annual and Interim Meetings: (1) AMA-MSS will continue to sponsor a Community Service project during Business Meetings of Medical Student Section. (2) The AMA-MSS Governing Council will: (a) continue to investigate and implement alternative activities for non-voting participants including but not limited to residency fairs, workshops, and lectures; (b) establish a separate convention committee

to organize and implement NSP activities during the meetings; (c) investigate ways to further promote and expand the activities of the sectional meetings, and (d) continue to support ways to make the National Leadership Development Conference accessible to more students. (COLRP Rep B, A-99) (Reaffirmed: MSS Rep A, I-04)

645.016MSS Student Academy of the American Academy of Physician Assistants Official Observer: The AMA-MSS will invite the Student Academy of the American Academy of Physician Assistants to send a non-voting Official Observer to all meetings of the AMA-MSS Assembly. (MSS Rep B, I-99) (Reaffirmed: MSS Rep A, I-04)

645.019MSS European Medical Student Association (EMSA) – Official Observer: The AMA-MSS will invite the European Medical Students Association to send a non-voting Official Observer to all meetings of the AMA-MSS Assembly. (MSS Rep E, A-02) (Reaffirmed: MSS Rep C, I-07)

645.023MSS Medical Student Section Policy Making Procedures:
(1) 645.022MSS – Medical Student Section Policy Making Procedures is rescinded.

(2) As part of its annual review of MSS policies set to sunset at each Interim meeting, the MSS Governing Council will undertake policy consolidation for at least one issue.

(3) When deemed necessary by the MSS Delegate and Alternate Delegate, AMA-MSS will employ a ranking/prioritization process for MSS resolutions intended to be forwarded to the AMA House of Delegates.

(4) The MSS Governing Council will provide the MSS with updates on actions taken on resolutions and report recommendations adopted by the MSS Assembly, similar in format to the HOD's "Implementation of Resolutions and Report Recommendations" documents, and that these updates be archived as an historical record of GC actions.

(5) AMA-MSS will continue to use a Reaffirmation Consent Calendar, modeling it in the style of the House of Delegates Reaffirmation Consent Calendar.

(6) The MSS Governing Council will educate the Section, specifically representatives to the MSS Assembly, on the purpose and functioning of the MSS Reaffirmation Consent Calendar.

(7) AMA-MSS will continue to use and enforce the mandatory MSS Resolution Checklist.

(8) When MSS policy comes up for sunsetting, the MSS Delegate and Alternate Delegate will, at their discretion, consider reforwarding to the House of Delegates MSS policy that was previously forwarded but not adopted. (MSS Rep A, A-08) (Amended: MSS Rep E, I-08)

645.024MSS National Medical Student Representation in the MSS Assembly:
(1) The following organizations will maintain their voting representation within the AMA-MSS Assembly pending final revision of the AMA Bylaws and MSS Internal Operating Procedures (IOPs): American Association of Physicians of Indian Origin, American College of Legal Medicine, Asian Pacific American Medical Student Association, Military Medical Student Association, National Network of Latin American Medical Students, and Student National Medical Association.

(2) AMA-MSS will amend its Internal Operating Procedures and will ask the AMA to amend the AMA Bylaws to allow representation to the MSS Business Meeting for NMSOs whose memberships are composed primarily, as opposed to solely, of medical students. The MSS Governing Council will make a recommendation to the AMA Board of Trustees as to whether a prospective NMSO is composed "primarily" of medical students.

(3) AMA-MSS will amend its Internal Operating Procedures and will ask the AMA to amend the AMA Bylaws to establish automatic representation to the MSS Business Meeting for every student group affiliated with a parent organization seated in the AMA House of Delegates.

(4) AMA-MSS will amend its Internal Operating Procedures and will ask the AMA to amend the AMA Bylaws to establish representation to the MSS Business Meeting for the Association of American Medical Colleges – Organization of Student Representatives and for the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents. (MSS Rep E, A-08) (AMA Res 16, A-08, Adopted)

645.025MSS The AMA-MSS Greening Initiative: Promoting Greener and More Cost Effective Practices within the AMA-MSS: AMA-MSS will (1) reduce the amount of printing at Annual and Interim meetings by (a) utilizing bulletin boards, rather than printed materials, for quick reference information such as meeting agendas and maps, and (b) encouraging candidates to use more sustainable forms of distribution of campaign materials at Annual and Interim meetings, such as displaying posters with candidate information; (2) study the feasibility of offering printed materials for a monetary fee for Annual and Interim meeting attendees who request them; (3) work toward increasing the availability of power sources for notebook computer use in rooms other than the main Assembly room at Annual and Interim meetings; (4) work toward offering universal wireless Internet access at Annual and Interim meetings and continue to work with the HOD Speakers toward expanding wireless Internet access at national meetings; (5) promote the availability of recycling and composting at national meeting sites more prominently; (6) actively and continually inform its members about greening efforts, especially with regard to national meetings, and encourage MSS-wide cooperation toward greening goals; and (7) establish a Greening Task Force to further study greening issues as they relate to (a) sustainability and best practices for our AMA-MSS and AMA, including the environmental impact of various types of resource consumption (e.g., paper vs. electricity) and how we can optimize and minimize our impact, (b) global climate change and its impact on public health, and (c) cultivating green ideas for grassroots efforts at schools and mechanisms to share students' environmental successes. (COLRP Rep B, A-09)

645.026MSS Advocating for the Continuation of a Fall Meeting of the Medical Student Section: Due to its critical and unique role in our Section, AMA-MSS will advocate for the continuation of a Fall Meeting of the AMA-MSS that is appropriately resourced to achieve our AMA-MSS's core mission. (MSS GC Rep C, A-09)

645.027MSS A New Direction for the AMA-MSS Annual Meeting: AMA-MSS study the restructuring of the AMA-MSS Annual and Interim Meetings to meet the programming and policy needs of the AMA-MSS, and report back at A-11. (MSS GC Rep A, I-10)

645.028MSS Update on Changes to Criteria for Chapter Representation in the AMA-MSS Assembly: Informational report (MSS GC Rep D, I-10)

645.029MSS Study of the Structure of the Annual and Interim Meeting: AMA-MSS will (1) amend its Internal Operating Procedures to reflect the following changes to the policy-making process at the AMA-MSS Annual Meeting:

a. Resolutions will be considered at the AMA-MSS Annual Meeting only if they pertain to AMA advocacy efforts or address issues of an urgent nature that must be addressed before the following Interim Meeting.
b. For the purposes of resolutions considered at the AMA-MSS Annual Meeting, "advocacy" will be defined using the same definition used by the AMA House of Delegates: active use of communication and influence with public and private sector entities responsible for making decisions that directly affect funding and regulation of training, physician practice, payment for physician services, and

access to and delivery of medical care. Urgent resolutions may still be brought before the AMA-MSS Assembly at the discretion of the Rules Committee in order to meet pressing concerns. In addition, modifications to the Internal Operating Procedures of the AMA-MSS will not be subject to this definition.

c. A Resolution Committee consisting of the seven region Chairs or their designees will be responsible for reviewing submitted resolutions and determining whether they meet the requirements for consideration. The Resolution Committee will report its recommendations to the Assembly, which may, by a two-thirds vote of delegates present and voting, overturn any recommendation for or against the consideration of a particular resolution;

and (2) AMA-MSS will amend its Internal Operating Procedures such that resolutions may be submitted by chapters, states, and regions in addition to resolutions being submitted by individuals; and (3) AMA-MSS will study mechanisms to further improve and streamline the policymaking process and report back to the Assembly at the 2011 Interim Meeting; and (4) AMA-MSS will study the effects of shifting the policy-making focus of the AMA-MSS Annual Meeting to advocacy issues, and report back to the Assembly at the 2014 Annual Meeting. (Amended GC Rep A, A-11)

645.030MSS Biennial Review of Organizations Seated in the MSS-Assembly: (1) AMA-MSS Governing Council will recommend to the AMA Board of Trustees that the Military Medical Student Organization no longer be represented in the MSS Assembly; and (2) AMA-MSS Governing Council will terminate the representation in the MSS Assembly of the student components of the American College of Surgeons and the Association of Military Surgeons of the United States until such time as these organizations re-establish their eligibility and re-apply for representation; and (3) AMA-MSS will confer official observer status on the American College of Surgeons, the Association of Military Surgeons of the United States, and the Military Medical Student Organization. (COLRP Rep A, A-11)

650.000MSS AMA-MSS: MSS Assembly – Sections

650.001MSS Coordination with the Resident and Fellow Section: AMA-MSS approves coordination of activities between the AMA-MSS Governing Council and the Resident and Fellow Section Governing Council, including the exchange of resolutions to be considered at the groups' respective meetings. (MSS Res 1, I-80) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

650.002MSS Improved Communications Between MSS and RPS and Between RPS and YPS: AMA-MSS will report regularly on communications and shared initiatives with the other AMA Sections. (MSS Sub Res 1, A-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

655.000MSS AMA-MSS: Membership and Dues

655.001MSS Student Membership in State Medical Societies: AMA-MSS will ask the AMA to: (1) support and encourage student membership and participation in state medical societies; to encourage societies to establish student dues that do not exceed 50 percent of the national student dues; and (2) seek the removal of any impediments to student membership in the AMA or in state or county medical societies. (AMA Res 92, I-79, Referred) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

655.002MSS Membership Recruitment Methods: AMA-MSS: (1) endorses the concept that mechanisms of

offering medical students free membership in the AMA and/or constituent societies should require direct action by medical students to accept the offer; (2) opposes full subsidization of AMA student dues by constituent societies for more than an initial one-year introductory period for new members; (3) does not oppose partial subsidization of AMA student dues by constituent societies as a positive incentive for medical students to join the AMA; and (4) supports medical student representation in state delegations to the AMA House of Delegates, with the goal of having a proportional number of delegate seats based on student membership. (MSS Rep I, A-82) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

655.003MSS Dual State Society Membership for Medical Students: The AMA-MSS Governing Council will ask the Department of Membership to encourage state medical societies to allow medical students to hold membership in the state society in which they attend medical school and also an associates membership in their state of permanent residence and that associate memberships in a state society not be counted in determining the number of AMA delegates representing a state. (MSS Sub Res 19, I-85) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

655.004MSS Medical Student Membership Benefits: AMA-MSS will ask the AMA to: (1) acknowledge all new student applications within two weeks of receipt of applications and that this acknowledgment contain the name and a phone number, which may be dialed collect, of an AMA staff member responsible for benefit inquiries and grievances; (2) ensure the distribution of journals to new members within 8 weeks of receipt of applications; and (3) provide benefits, free of charge, to new members processed before January until official membership begins in January according to the AMA calendar. (AMA Res 127, A-86, Referred) (BOT Rep X, I-86, Filed) (BOT Rep GG, A-88, Filed) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

655.005MSS Recruitment Information in AMA and MSS Pamphlets: (1) It is the policy of the AMA-MSS that recruitment literature distributed to students by the AMA and/or MSS clarify that AMA membership does not automatically imply membership in state or county/local medical societies. (2) AMA-MSS recruitment literature will stress the benefits of membership on the national, state, and county/local levels. (MSS Res 15, A-86) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

655.006MSS Knowledge of Membership Options: AMA-MSS will inform AMA-MSS delegates of all membership programs that it conducts before non-members receive such literature so that delegates will be able to discuss with knowledge membership options with potential members. (MSS Sub Res 6, A-88) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

655.015MSS Eligibility of Medical Students to Join the AMA while Enrolled in a Joint Degree Program: AMA-MSS will use peer-to-peer recruitment to identify and recruit, on an individual basis, joint degree students who begin their education in a discipline other than medicine. (MSS Rep D, I-95, Adopted in lieu of Res 46, A-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

655.017MSS Multi-Year Membership Benefit: AMA-MSS will ask the AMA to support medical student recruitment efforts by providing a tangible membership benefit linked to the multi-year membership option on a continual annual basis. (MSS Rep E, A-97, Adopted in lieu of MSS Res 16, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

655.018MSS Membership Retention into Residency: AMA-MSS will continue to explore ways to increase awareness of the Medical Student and Resident Fellow Sections in order to increase membership

retention during the transition to residency. (MSS COLRP Rep A, A-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

655.022MSS MD/PhD AMA Membership: AMA-MSS will develop a mechanism for MD/PhD students and other students require greater than a 4 year training period to sign up for a longer AMA-MSS membership and make this available on the world wide web. (MSS Amended Res 15, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

655.024MSS Improving Federated Membership Recruitment and Portability: AMA-MSS supports the development of a system whereby medical student, resident/fellow, and young physician members of the AMA, state, and county medical societies may rapidly transfer their new or existing memberships to the appropriate state and county medical societies of their new program or practice. (MSS Sub Res 9, A-00) (Reaffirmed: MSS Rep E, I-05) (Reaffirmed: MSS GC Rep F, I-10)

655.025MSS Increasing the Efficiency of Student Membership Application Processing: AMA-MSS encourages the AMA to continue its internal evaluation of the procedures involved in the processing of student membership applications and take steps to decrease delays and increase service to medical student applicants and members. (MSS Sub Res 4, A-01) (Amended MSS Rep F, I-06) (Reaffirmed: MSS GC Rep D-I-11)

655.027MSS Medical Student Membership Processing: Informational report. (MSS GC Rep C, I-01)

655.028MSS The Designation of Permanent Membership Positions Within Local AMA-MSS Chapters AMA-MSS strongly encourages every medical school to designate a permanent position within their chapter to be responsible for matters pertaining to membership recruitment and retention throughout the school year, and that the chapter provide the individual's name and current mailing address to the AMA Medical Student Section Outreach Program prior to each Annual Meeting. (MSS Res 1, A-02) (Reaffirmed: MSS Rep C, I-07)

655.029MSS Increasing Membership Retention and Activity of Upper-Class Medical Students: The AMA-MSS Governing Council will send a letter to the AMA Board of Trustees Membership Task Force to provide AMA-MSS suggestions for increasing activity of students in their clinical years and membership retention into residency, and request a status report on these membership activities by I-04. (MSS Sub Res 38, A-04)

655.031MSS Reevaluating AMA-MSS Membership Benefits:
(1) AMA-MSS will ask the AMA to continue to provide tangible membership benefits for medical students that are both useful and encourage participation in our professional society. (2) AMA-MSS will: (a) evaluate providing medical students with the option of a printed copy subscription to The Journal of The American Medical Association (JAMA) and/or online access via a password system for student members and report back at A-05; and (b) evaluate the most appropriate multi-year membership benefit for student members and report back at A-05. (MSS Res 2, I-04)

655.033MSS Establishing a Joint MSS and RFS Approach for Recruitment Initiatives for Incoming MSS Members to the RFS: AMA-MSS will: (1) work with the AMA-RFS to focus membership strategies to retain student members and recruit new resident members; and (2) work with medical school deans to find better means to recruit 4th year medical students to the AMA-RFS including increased presence at match day and graduation events. (MSS Amended Res 5, A-05, Adopted)

655.034MSS Membership Dependent Voting Apportionment: Informational report (MSS Rep D, A-08, Report Filed)

660.000MSS AMA-MSS: Officers - Nomination, Election, and Tenure

660.001MSS Questions of Parliamentary Procedures: (1) The AMA-MSS parliamentarian will be either the Speaker or Vice Speaker, whoever is not presiding over the Assembly. (2) The AMA-MSS Governing Council will appoint a temporary parliamentarian when either the Speaker or Vice Speaker is not present. (MSS Sub Res 5, A-88) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

660.017MSS Campaign Reform: AMA-MSS encourages all members to recognize the commitments of the candidates at the Interim and Annual meetings and use prudent judgment when inviting them to address group meetings and furthermore strive for fair and equal access to all candidates and all sections, states, and societies. (MSS Amended Sub Res 3, A-97) (Reaffirmed: MSS Rep B, I-02) (Reaffirmed: MSS Rep C, I-07)

660.026MSS Councilor Selections: It is the policy of the AMA-MSS that AMA-MSS Governing Council members shall excuse themselves from all formal and informal Governing Council discussion and selection of any position for which they are candidates. (MSS Amended Res 7, A-05, Adopted) (Reaffirmed: MSS GC Rep F, I-10)

660.032MSS Revision of the MSS Election Campaign Rules:

(1) AMA-MSS amends Section V.D. of its Internal Operating Procedures as follows:

D. Campaign~~s~~ Rules. ~~Each candidate shall observe the following Campaign Rules:~~

1. Candidacy. All MSS members shall be considered potential candidates for all elected offices and shall be bound by all Campaign Rules during the election cycle for each office, where the election cycle for an office is defined as the time between elections for that office.

2. Candidate Disclosure Form.

   a. The day before the election is scheduled to occur, all candidates nominated, either in advance of the meeting or from the floor at the meeting, shall submit a completed Candidate Disclosure Form to the Speaker, the Vice Speaker, or a member of the Rules Committee no later than the time of day designated by the Speaker. No candidate shall be elected if he or she has not completed and submitted a Candidate Disclosure Form.

   b. The Candidate Disclosure Form shall be prepared by the Speaker and Vice Speaker and shall consist of two parts:

      i. A portion, completed by the candidate, for disclosure of campaign leadership and campaign finances.

      ii. A portion, completed by the Speaker or Vice Speaker, for disclosure of any prior, substantiated infraction(s) of MSS IOPs by the individual declared as a candidate.

3. Candidates may distribute only the following campaign materials:

   a. Buttons, stickers, and pins ~~(~~less than ~~2~~ 2.5 inches in greatest dimension~~)~~.

~~b. Stickers (less than 2 inches in greatest dimension).~~

~~c. Pins (less than 2 inches in greatest dimension).~~

b. Standard-size business cards.

c. Curricula vitae and personal statements.

i. Curricula vitae and personal statements of candidates nominated, pursuant to the rules of the MSS, in advance of the national meeting at which the election will be held shall be included in the online version of the MSS Meeting Handbook.

ii. At the Assembly Meeting, distribution of curricula vitae and personal statements shall be limited to the area and medium/media designated by the Speaker and announced at least 30 days prior to the meeting at which the election will be held.

iii. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).

d. No trinkets~~, posters~~, candy, pens, or other items may be displayed or distributed.

~~4. Candidates are encouraged to have their curricula vitae and personal statements included in the MSS Agenda Book. While there will be no limit on the length of curricula vitae, personal statements will be limited to one page (front and back).~~

~~5. At the Assembly Meeting, distribution of curricula vitae and personal statements will be limited to the back table of the Assembly room. It is the candidate's responsibility to make his or her materials available at the back table.~~

4. The total expenditure per candidate per campaign shall not exceed $1,500, including all monetary donations and in-kind donations of goods, but not including the candidate's travel to and lodging at the meeting at which the election is held.

5. Campaign Communications.

a. Advance mailings by candidates, state associations, component societies, or other organizations on behalf of a candidate are not permissible.

b. Candidates should be prudent and courteous regarding the number and content of electronic messages sent prior to the election. No MSS listserv, message board, or Web log, or any other mode of MSS- or AMA-sponsored communication, shall be used for announcements of candidacy or endorsement.

c. Candidates should use discretion in the number and length of phone calls made prior to the election.

~~6. Candidates should be prudent and courteous regarding the number and content of electronic messages sent prior to the election.~~

~~7. Candidates should use discretion in the number and length of phone calls made~~

~~prior to the election.~~

6. Campaigning at MSS Chapter, Region, or State meetings other than at a candidate's own MSS Chapter, Region, or State meetings, including attendant social events, is prohibited. Campaigning includes, but is not limited to, discussing candidacy or displaying or distributing campaign paraphernalia.

~~7. Receptions and/or hospitality should not be used for promotion of a candidate(s).~~

~~8. Travel to other Regional and/or state meetings by candidates, other than their own, is expressly prohibited.~~

7. Campaign Involvement.

   a. Only members of the MSS may be publicly involved with any candidate's campaign, or may campaign on their behalf in any capacity, but a candidate may privately seek advice from any individual he or she so chooses, including the Student Trustee and the Government Relations Advocacy Fellow, but excepting all other employed staff of the AMA.

   b. Members of the MSS Governing Council, members of the MSS Rules Committee, and MSS members compensated by the AMA (apart from travel reimbursement), such as the AMA Government Relations Advocacy Fellow, may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. These individuals may, however, mentor potential candidates for elected offices and provide advice to any candidate who seeks it; equal time should be made available to advising all candidates who seek advice.

   c. AMA staff members may not be involved in the campaign of any candidate, nor may they publicly endorse any candidate. AMA staff members may, however, answer candidate inquiries about election-related matters and may provide AMA-related information to candidates so long as that information is made available to all MSS members who request it.

   d. No person communicating by any medium (including in person) in his or her official role as a national- or regional-level leader of the MSS (including but not limited to MSS Governing Council member, MSS Committee member, AMA Council member, MSS Representative or Liaison to any AMA group or outside organization, AMPAC Student Advisory Board member, AMA Government Relations Advocacy Fellow, member of any Region Governing Council, etc.) may discuss or promote his or her or another's candidacy during that communication.

      i. Exception: Candidates may wear their own campaign paraphernalia at all times during the Assembly Meeting at which their election is held.

8. Candidates ~~are encouraged to~~ must fully participate in candidate interviews and question and answer sessions during the Assembly Meeting.

9. ~~Groups inviting candidates need to make available equal time for all candidates. If a group is unable to reasonably accommodate all candidates, no candidate shall be allowed to address the group.~~ A group that invites any candidate for a particular office to speak must invite and make a reasonable effort to

accommodate all candidates for that office. Candidates may choose at their discretion to attend or not, but any candidate's availability or lack thereof shall not impose a restriction on the attendance of other candidates.

10. Receptions and/or hospitality shall not be used for promotion of candidates.

11. Enforcement.

a. Alleged infractions, including but not necessarily limited to violations of the Campaign Rules, ~~stated above~~ should be reported in writing to the MSS Speaker or Vice Speaker, or to any member of the MSS Rules Committee ~~who shall be responsible for their investigation. The MSS Speaker or Vice Speaker will report substantiated infractions to the Assembly prior to balloting. The Assembly should strongly consider any such announcement when voting for candidates.~~

b. The Speaker and Vice Speaker, in conjunction with the Rules Committee, shall be responsible for investigating alleged infractions. No person who is a candidate in the same election as the candidate being investigated for alleged infractions may participate in any part of the investigation of those alleged infractions.

c. Following their investigation and prior to balloting, the MSS Speaker or Vice Speaker shall report substantiated infractions to the Assembly but shall not make any recommendation to the Assembly. No person who is a candidate in the same election as the candidate whose infractions have been substantiated may participate in any part of the reporting of those infractions to the Assembly. In the event that both the Speaker and Vice Speaker are candidates in elections in which campaign rule violations have been alleged, a member of the Rules Committee shall report substantiated infractions in that election to the Assembly but shall not make any recommendation to the Assembly.

(2) AMA-MSS will reevaluate the efficacy of the Campaign Rules and report back at A-14. (COLRP Rep A, A-09)

660.033MSS Clarification of Governing Council Term Limits:

AMA-MSS amends Section IV.E. of its Internal Operating Procedures as follows:

E. Governing Council Terms.

1. ~~Governing Council.~~ The Chair-elect/Chair/Immediate Past Chair of the Governing Council shall serve a two-year term. His or her term as Chair-elect will begin at the conclusion of the Interim Meeting at which he or she is elected. He or she will take office as Chair at the conclusion of the following Annual Meeting, and one year later will become Immediate Past Chair. He or she will serve as Immediate Past Chair until the conclusion of the following Interim Meeting. The other Governing Council ~~officers~~ members shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA. Maximum tenure for ~~voting~~ members of the MSS Governing Council will be two years~~.~~ in any combination of voting or non-voting positions. The periods of service as Chair-elect and Immediate Past Chair shall not count toward this limit.

~~2. Speaker and Vice Speaker. The Speaker and Vice Speaker shall serve one-year terms, beginning at the conclusion of the Annual Meeting at which they are elected and ending at the conclusion of the next Annual Meeting of the AMA. Maximum tenure for the Speaker or Vice Speaker position shall be no more than two terms in each position.~~

(MSS GC Rep A, A-09)

660.034MSS Update of the Medical Student Section Internal Operating Proecedures:

(1) AMA-MSS amends Section IV of its Internal Operating Procedures as follows:

IV. Officers.

A. Designations. The officers of the MSS shall be the ~~six~~ eight Governing Council members: Chair, Vice Chair, AMA Delegate, Alternate AMA Delegate, At-Large Officer, Chair-elect/Immediate Past Chair, Speaker, and Vice Speaker. The Chair-elect/Immediate Past Chair shall be a non-voting member of the Governing Council. The officers of the Assembly for the purpose of business meetings will be the Speaker and Vice Speaker. The Speaker and Vice Speaker shall be non-voting members of the Governing Council.

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C. Qualifications.

1. ~~Governing Council.~~ All members of the Governing Council must be medical student members of the AMA. Any medical student member of the AMA is eligible for a position on the MSS Governing Council, except as prohibited by these IOPs or by the AMA Bylaws.

~~2. Speaker and Vice Speaker. The Speaker and Vice Speaker must be medical student members of the AMA. Any medical student member of the AMA is eligible for the position of Speaker or Vice Speaker.~~

D. Duties and Privileges. The Governing Council shall direct the programs and activities of the MSS, subject to the approval of such programs and activities by the Board of Trustees or House of Delegates of the AMA.

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6. Speaker and Vice Speaker. The Speaker and Vice Speaker shall:

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c. Organize ~~and lead~~ an orientation at each Assembly Meeting for new MSS Delegates and Alternate MSS Delegates to the Assembly.

d. Work with other members of the Governing Council in instructing the Convention Committees regarding their duties prior to each Assembly Meeting.

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~~f. Be informed of and attend all Governing Council meetings without the right to vote.~~

g. Prepare a document summarizing parliamentary procedure used in Assembly meetings to be published in the MSS agenda book that is ~~mailed~~ made available to each Assembly representative prior to Assembly meetings.

h. Review the MSS Digest of Actions for consistency with Assembly action prior to its ~~annual reprinting~~ posting to the AMA Web site.

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G. Limitation on Total Years of Service. Students deemed qualified by the other provisions of the AMA Bylaws and these Internal Operating Procedures for election to the positions of MSS Governing Council~~, MSS Speaker, MSS Vice Speaker~~, the AMA Board of Trustees, or appointment through the MSS to a position on an AMA Council, or a committee outside of the AMA that is national in scope and appointed by the Governing Council, the AMA President, the AMA President-elect or the AMA Board of Trustees (such as National Board of Medical Examiners, National Resident Matching Program, American Medical Association Political Action Committee, Liaison Committee on Medical Education, etc.) shall be only so deemed if they have served three or fewer years in one or a combination of any of the aforementioned positions....

(2) AMA-MSS amends Section V of its Internal Operating Procedures as follows:

V. Elections

A. Time of Election. The Chair-elect of the Governing Council shall be elected by the MSS Assembly at the Interim Meeting. The ~~four~~ remaining Governing Council members, with the exception of the Immediate Past Chair, ~~and the Speaker and Vice Speaker~~ shall be elected by the MSS Assembly at the Annual Meeting of the MSS. The Governing Council shall set the day and hour of such elections and shall communicate the day and hour to the medical student members of the AMA prior to each Interim Meeting and Annual Meeting.

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C. Nominations. Nominations for the Governing Council positions ~~and the Speaker and Vice Speaker positions~~ shall be received in advance of the Annual Meeting (in advance of the Interim Meeting for the Chair-elect), pursuant to the rules of the MSS. Further nominations may be made from the floor of the Assembly Meeting at a time determined by the Governing Council.

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(3) AMA-MSS amends Section VII of its Internal Operating Procedures as follows:

VII. Medical Student Trustee

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D. Elections.

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4. Speeches. Candidates are allowed to address the Assembly for up to three minutes during a general Assembly session, as scheduled by the Governing Council. In addition, the Chair of the Governing Council, or his or her designee, shall ask each candidate a number of questions on issues of relevance during a general Assembly session, as scheduled by the Governing Council.

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(4) AMA-MSS amends Section VIII of its Internal Operating Procedures as follows:

VIII. Regions

A. Structure and Purpose of the MSS Regions.

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4. Each region shall have a Region ~~Coordinating Committee~~ Governing Council, which will be composed of the Region Chair, other elected or appointed officers of the region consistent with that region's regional bylaws and the discretion of the Regional Chair, the State Chairs, and the Regional Delegates in each region. The purpose of the Region ~~Coordinating Committee~~ Governing Council shall be to further improve communication within our regions by enhancing regional-state ties and providing each Region Chair with the most accurate understanding of his or her region's views on particular issues.

B. Regional Delegates to the AMA House of Delegates.

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2. Elections. The MSS will elect Regional Delegates to the AMA House of Delegates, according to the following guidelines:

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b. Elections for the Regional Delegates to the AMA House of Delegates will be held at the Interim Meeting of the MSS. Each Region must submit the name(s) of its newly-elected Regional Delegate(s) to the MSS Governing Council before the close of the Interim Meeting.

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(5) AMA-MSS amends Section IX of its Internal Operating Procedures as follows:

IX. MSS Assembly Meeting

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C. Representatives to the Assembly Meeting.

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2. National Medical Specialty Societies, Federal Services, and Professional Interest Medical Associations.

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c. Application Process. An application will be provided to interested national medical specialty societies, federal services, and professional interest medical associations. The organization should submit the application form, and any other documents demonstrating compliance with these criteria, to the MSS Governing Council at least ninety days prior to the first Meeting at which they wish to seat an MSS Delegate. ~~If approved by~~ Upon approval by the Governing Council, ~~the recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees,~~ the organization will be granted a seat in the MSS Assembly with voting privileges on all matters except elections. The newly seated organization will be placed on probationary status for a period of two years, during which time consistent attendance at the four national Assembly Meetings is expected. At the conclusion of this probation period, the MSS Delegate selected by the organization will attain full voting privileges, including elections, and will be eligible to run for office. The Governing Council will notify the organization of its status at the end of the probation period.

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D. Purposes of the Meeting. The purposes of the meeting shall be:

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2. ~~To elect, at the Assembly meeting prior to the Annual Meeting of the AMA, the voting members of the Governing Council of the MSS, a Speaker, and a Vice Speaker.~~ To elect, at the Assembly meeting prior to the Interim Meeting of the AMA, the Chair-elect of the Governing Council of the MSS, and the Medical Student Trustee. To elect at the Assembly meeting prior to the Annual Meeting of the AMA, the remaining members of the Governing Council, with the exception of the Immediate Past Chair.

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I. Convention Committees.

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3. Reference Committees. The number of Reference Committees appointed for each MSS Assembly Meeting will be determined by the Governing Council prior to each meeting. Each Reference Committee shall be composed of five voting members and one, non-voting alternate member unless, in the judgment of the Governing Council, circumstances warrant an adjustment in the number of members on one or more Reference Committees. If a voting member is unable to perform his or her duties, the alternate member may be elevated to a voting member at the discretion of the Chair of the Reference Committee. Each committee shall conduct an open hearing on items of business referred to it (resolutions and reports), and make recommendations to the Assembly for disposition of its items of business through the preparation of Reference Committee reports for consideration by the MSS Assembly.

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(6) AMA-MSS amends Section XI of its Internal Operating Procedures as follows:

XI. Miscellaneous

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~~C. State Medical Student Section. A State Medical Student Section shall be defined for the purposes of certifying and credentialing MSS Delegates and Alternate MSS Delegates to the MSS Assembly meeting as an organization which meets the following criteria:~~

~~1. The Section must possess bylaws.~~

~~2. The Section must provide representatives from each LCME- and AOA-accredited educational program in the state.~~

~~3. The Section must have section officers.~~

~~4. The Section must hold regular meetings.~~

(7) AMA-MSS amends Section XII of its Internal Operating Procedures as follows:

XII. Amendments

A. MSS Requirements. These Internal Operating Procedures may be amended by the approval of two-thirds of the members of the MSS Assembly present and voting. Amendments to these Internal Operating Procedures must be submitted 40 days in advance of the Assembly so that the Governing Council~~, Speaker, Vice Speaker,~~ and MSS Delegates can study the implications of the proposed changes.

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(8) AMA-MSS amends its Internal Operating Procedures by inserting the following language after

the current Section XI:

Dispute Resolution. All disputes of these Internal Operating Procedures shall be resolved by the AMA Board of Trustees (BOT) with provision for input from other parties as deemed necessary by the BOT, except in the following instances as defined elsewhere in these Internal Operating Procedures:

A. All disputes involving Regional Delegate or Alternate Delegate elections shall be resolved by the MSS Governing Council.

B. All disputes involving Campaign Rules (MSS IOPs V.D.) as related to the MSS shall be resolved by the Speaker and Vice Speaker of the Medical Student Section.

(MSS GC Rep B, A-09)

660.035MSS Medical Student Regional Delegate Eligibility for Election to MSS Delegate and Alternate Delegate Positions**:** AMA-MSS will amend its Internal Operating Procedures (IOPs) by deletion of MSS IOP VIII.D.:
"**~~Regional Delegate Conflicts of Interest~~**. ~~Regional Delegates and Alternate Regional Delegates are prohibited from declaring candidacy for AMA Delegate or Alternate AMA Delegate until they have completed their Regional Delegate or Alternate Regional Delegate term. Regional Delegates and Alternate Regional Delegates shall not be prohibited from seeking other MSS Governing Council positions or AMA or MSS Council or Committee positions while serving their terms as Regional Delegate or Alternate Regional Delegate.~~" (MSS GC Rep C, I-10)

665.000MSS AMA-MSS: Regional Operations

665.001MSS Strengthening of Regional Internal Operating Procedures (IOPs), Creation of Regional Coordinating Committees, and Creation of Membership/ Recruitment Chair for Each Region: (1) It is the policy of the AMA-MSS that the following sections within each region's Internal Operating Procedures be standardized:

(a) Name
(b) Purpose and Principles
(c) Membership
(d) Method for Substituting Regional Delegates at the National Meetings
(e) Number of Required Meetings
(f) Quorum
(g) Parliamentary Authority
(h) Amendments
(i) Supremacy and Severability

while leaving the content of the Elections, Voting, and Committees sections up to each region individually.

(2) Region Chairs should work with emerging chapters and create a Membership/ Recruitment Chair for their respective region.

(3) AMA-MSS will create Region Coordinating Committees within each region (composed of the Region Chair, other leaders within the region at the discretion of the Region Chair, State Chairs, and Regional Delegates) to further improve communication within our regions.

(4) Region Chairs should undertake pilot projects to build region funding. (MSS RITForce Rep A, A-06) (Reaffirmed: MSS GC Rep D-I-11)

665.006MSS Proposal for Regional Equality:

(1) AMA-MSS will amend its Internal Operating Procedure and will ask the AMA to amend the AMA Bylaws to reflect the following MSS Assembly representation criteria for central campuses:

> (a) The AMA medical student members of each program accredited by the Liaison Committee on Medical Education or the American Osteopathic Association (central campuses) may select one representative and one alternate representative.
> (b) Each central campus that has a total student population (not including students at any associated satellite campuses) greater than 999 may select one additional representative and one additional alternate representative.
> (c) Central campus representation in the MSS Assembly shall be contingent upon that campus having seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings. The records of the MSS Credentials Committee will be the official record of representative attendance.
> (e) Central campuses that have not seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings will be placed on probationary status. The Governing Council shall be required to notify inactive campuses in writing. While these central campuses will be eligible to send their students to AMA-MSS national meetings to serve on convention committees and provide testimony to Reference Committees, they will not be eligible to seat any representatives in the MSS Assembly until the following conditions for reactivation are met:
>
> > (i) Petition in writing to the MSS Governing Council, no later than 30 days prior to the national meeting at which the central campus wishes to seat a representative, co-signed by the central campus chapter president and MSS Assembly Representative.
> > (ii) Reactivation will be at the discretion of the MSS Governing Council.

(2) AMA-MSS will amend its Internal Operating Procedure and will ask the AMA to amend the AMA Bylaws to reflect the following MSS Assembly representation criteria for central campuses:

> (a) The AMA medical student members of an LCME- or AOA-accredited program that has more than one campus may select a representative and an alternate representative from each satellite campus. For the purposes of representation in the MSS Assembly, a satellite campus shall be defined as: “A separate administrative campus from the central campus where a minimum of 20 members of the medical school student body are assigned for some portion of their instruction for a period of time not less than one academic year.”
> (b) Satellite campus representation in the MSS Assembly shall be contingent upon that campus having seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings. The records of the MSS Credentials Committee will be the official record of representative attendance.
> (c) Satellite campuses that have not seated a representative in the MSS Assembly at least once in the previous four national MSS Assembly meetings will be placed on probationary status. While these satellite campuses will be eligible to send their students to AMA-MSS national meetings to serve on convention committees and provide testimony to Reference Committees, they will not be eligible to seat any representatives in the MSS Assembly until the following conditions for reactivation are met:
>
> > (i) Petition in writing to the MSS Governing Council, no later than 30 days prior to the national meeting at which the satellite camps wishes to seat a representative, co-signed by the satellite campus chapter president and MSS Assembly representative.
> > (ii) Reactivation will be at the discretion of the MSS Governing Council.

(3) MSS Credentials Committee members will be informed of the definition and eligibility criteria

for central campuses and satellite campuses.

(4) MSS Credentials Committee members must request proof of satellite campus attendance from satellite campus representatives wishing to be credentialed as MSS Assembly representatives not depending on physical address.

(5) The MSS Governing Council will re-evaluate the impact of these recommendations at A-10, when the AMA-MSS develops its Operational Plan. (MSS Amended RITForce Report A, A-07)

665.007MSS Satellite Campus Composition and Medical School Expansion: Informational report (MSS RITForce Report B, A-07, Filed)

665.008MSS Improving Record-Keeping of MSS Member Participation: Informational report (MSS RITForce Report C, A-07, Filed)

665.009MSS Increased Funding for AMA-MSS Region Meetings: AMA-MSS will evaluate the funding needs of region meetings and study the value of MSS region meetings with respect to membership, leadership development, and region communications. The MSS Governing Council will issue a report with the results at A-08. (MSS Amended Sub Res 20, I-07)

665.010MSS Transparency in the Role of Regional Delegate: AMA-MSS will study the issue of Regional Delegate role and transparency, and, by I-11, submit a report detailing suggested changes to Internal Operating Procedures reflecting clarification of the Regional Delegate role in representation and improved transparency, including representation of the Medical Student Section by the Regional Delegates on issues outside of current MSS policy. (MSS Res 3, A-11)

665.011MSS Transparency in the Role of Regional Delegate: AMA-MSS will amend its Internal Operating Procedures to reflect the following structure and rules of the Medical Student Section Caucus to the AMA House of Delegates:

MSS Caucus Structure

1. The regional delegates and alternate regional delegates, together with the MSS Delegate and Alternate, form the MSS Caucus.

2. The MSS Delegate and MSS Alternate Delegate should be considered the chair and vice chair of the caucus respectively and their responsibilities in those positions include, but are not limited to:

- Overseeing debate, discussion, and voting that occurs within the caucus
- Assigning regional delegates to reference committees
- Speaking on behalf of the MSS in reference committee hearings and the HOD, or delegating the responsibility to speak on certain resolutions to others of their choosing
- Developing general MSS strategy for passing or defeating resolutions
- Coordinating and negotiating with the leadership of other groups within the HOD.

3. Other medical student delegates to the AMA HOD, including students appointed to their state delegations, are not considered members of the caucus for voting purposes, though they are encouraged to take part in MSS Caucus meetings , and may be assigned to speak on behalf of the MSS by the MSS Delegate.

B. Determining MSS Caucus Positions on AMA HOD Resolutions

1. For all MSS Caucus activities requiring a vote, all members of the caucus shall be given one vote.

2. A quorum of at least 50% of potential voting members must participate for a vote to be valid.

3. In the AMA HOD, the MSS Caucus must take positions on resolutions that are consistent with the existing policy of the MSS as defined in the MSS Digest of Actions whenever possible.

4. In areas where relevant MSS policy exists, but the interpretation is uncertain, a majority vote of a quorum of delegates will determine the caucus's interpretation.

5. When a resolution is before the AMA HOD that is of significant importance to the MSS, but for which no MSS policy exists, any member of the MSS Caucus may move that the MSS take a position on the resolution. Such a movement requires a second by another caucus member and a 2/3rds majority vote to pass.

6. Positions set using the procedures described in section B.5 are valid for the duration of that meeting only, and do not apply to future interim or annual meetings.

7. The MSS Caucus may not use the procedures described in section B.5 to take positions that are contrary to existing MSS policy.

C. Reporting of Caucus Actions

1. The MSS Delegate and Alternate shall be responsible for authoring a report of actions taken, which shall be presented to the MSS Assembly at the next national meeting. This report will list the resolved clauses of all AMA HOD resolutions for which the MSS took a position, and will specifically identify those resolutions for which the MSS Caucus took a position that was not grounded in existing internal policy. (GC Rep 2, I-11)

AMA-MSS Statements of Support for HOD Policies

Physician Involvement in the Care for the Uninsured: The MSS formally establishes support for the following HOD policy:

> H-160.961 Caring for the Poor
> (1) Each physician has an obligation to share in providing care to the indigent. The measure of what constitutes an appropriate contribution may vary with circumstances such as community characteristics, geographic location, the nature of the physician's practice and specialty, and other conditions. All physicians should work to ensure that the needs of the poor in their communities are met. Caring for the poor should become a normal part of the physician's overall service to patients. In the poorest communities, it may not be possible to meet the needs of the indigent for physicians' services by relying solely on local physicians. The local physicians should be able to turn for assistance to their colleagues in prosperous communities, particularly those in close proximity. Physicians are meeting their obligation, and are encouraged to continue to do so, in a number of ways such as: by seeing indigent patients in their offices at no cost or at reduced cost, by serving at freestanding or hospital clinics that treat the poor, and by participating in government programs that deliver health care to the poor. Physicians can also volunteer their services at weekend clinics for the poor and at shelters for battered women or the homeless. In addition to meeting their obligation to care for the indigent, physicians can devote their energy, knowledge and prestige to designing and lobbying at all levels for better programs to provide care for the poor. (2) State, local, and specialty medical societies should help physicians meet their obligations to provide care to the indigent. By working together through their professional organizations, physicians can provide more effective services and reach more patients. Many societies have developed innovative programs and clinics to coordinate care for the indigent by physicians. These efforts can serve as a model for other societies as they assist their members in responding to the needs of the poor.

(MSS Res 45, I-98)

Disparity in Mental Health Coverage: The MSS formally establishes support for the following HOD policies:

> H-345.992 Health Insurance Coverage of Psychiatric Illness
> Our AMA: (1) reaffirms its support for the provision of benefits for emotional and mental illness under all governmental and private insurance programs which are equivalent in scope and duration to those benefits provided for other illnesses; (2) reaffirms its support for the continued expansion and improvement of peer review of the quality, necessity, and appropriateness of psychiatric services, and encourages all third party payers to work with and to utilize the resources of appropriate medical specialty groups in implementing such review; (3) supports development of model legislation for use by states to require all insurance companies that offer either group or individual coverage of hospital, medical, and surgical services to make available for purchase and affirmatively offer coverage of psychiatric services comparable with the coverage provided for other illnesses in their standard group and individual policies; and (4) supports legislation designed to expand psychiatric benefits provided under publicly financed programs of health care to a level comparable with those provided for other illnesses.
>
> H-185.974 Parity for Mental Illness, Alcoholism, and Related Disorders in Medical Benefits Programs
> Our AMA supports parity of coverage for mental illness, alcoholism and substance use.
>
> H-185.986 Nondiscrimination in Health Care Benefits
> Our AMA reaffirms its opposition to discriminatory benefit limitations, copayments or deductibles for the treatment of psychiatric illness under existing health care plans, and opposes discrimination in any proposed plans for national health care coverage or universal access for the people who are uninsured. (Res. 58, A-91; Reaffirmation A-97; Reaffirmation A-00; Reaffirmed: CMS Rep. 6, A-10)

(MSS Res 62, I-98; Reaffirmed: MSS Rep C, A-04) Reaffirms AMA policies 345.992; 185.974; 185.986;)

Skin Cancer Prevention in Children: The MSS formally establishes its support for the following HOD Policies:

> H-170.969 Teaching Preventive Self-Examinations to High School Students
> The AMA supports the development of comprehensive high school health curricula in conjunction with local medical societies and health departments. This curriculum should include instruction in appropriate self-examinations of the skin, breasts, testes and other systems.
>
> H-55.980 Skin Cancer Self-Examination
> The AMA (1) encourages all physicians to perform skin self-examinations and to examine themselves and their families on the first Monday of the month of May, which is designated by the American Academy of Dermatology as Melanoma Monday; (2) encourages physicians to examine their patients' skins for the early detection of melanoma and nonmelanoma skin cancer; (3) urges physicians to encourage their patients to perform regular self-examinations of their skin and assist their family members in examining areas that may be difficult to examine; and (4) encourages physicians to educate their patients concerning the correct way to perform skin self-examination.

(MSS Res 26, A-99)

Regulation of Tattoo Artists, Skin Piercers, Facilities: The MSS formally establishes support for the following AMA policies:

> H-440.909 Regulation of Tattoo Artists and Facilities
> The AMA encourages the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures to protect the public health; and encourages physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program.
>
> H-440.934 Adequacy of Sterilization in Commercial Enterprises
> The AMA requests that state medical societies explore with their state health departments the adequacy of sterilization of instruments used in commercial enterprises (tattoo parlors, beauty salons, barbers, manicurists, etc.) because of the danger of exchange of infected blood-contaminated fluids.

(MSS Res 3, I-99)

Infant and Child Safety on Airplanes: The MSS formally establishes support for the following HOD policy:

> H-45.989 Child Safety Restraint Use in Aircraft
> Our AMA supports (1) the use of appropriate restraint systems for all children on all commercial airline flights; and (2) working with the Federal Aviation Administration to establish criteria for appropriate child restraint systems.

(MSS Resolution 13, I-99, Reaffirms AMA policy 45.989)

Transparency in Capitation Rate Setting: The MSS formally establishes support for the following HOD policies:

> H-185.975 Requiring Third Party Reimbursement Methodology be Published for Physicians
> Our AMA: (1) urges all third party payers and self-insured plans to publish their payment policies, rules, and fee schedules; (2) pursues all appropriate means to make publication of payment policies and fee schedules a requirement for third party payers and self-insured plans; (3) will develop model state and federal legislation that would require that all third party payers and self-insured plans publish all payment schedule updates, and changes at least 60 days before such changes in payment schedules are enacted, and that all participating physicians be notified of such changes at least 60 days before changes in payment schedules are enacted. (4) seeks legislation that would mandate that insurers make available their complete payment schedules, coding policies and utilization review protocols to physicians prior to signing a contract and at least 60 days prior to any changes being made in these policies; (5) works with the National Association of Insurance Commissioners, develop model state legislation, as well developing national legislation affecting those entities that are subject to ERISA rules; and

explore the possibility of adding payer publication of payment policies and fee schedules to the Patient Protection Act; and (6) supports the following requirements: (a) that all payers make available a copy of the executed contract to physicians within three business days of the request; (b) that all health plan EOBs contain documentation regarding the precise contract used for determining the reimbursement rate; (c) that once a year, all contracts must be made available for physician review at no cost; (d) that no contract may be changed without the physician's prior written authorization; and (e) that when a contract is terminated pursuant to the terms of the contract, the contract may not be used by any other payer.

H-180.961 Defining Levels of Health Insurance Coverage
Our AMA strongly encourages the National Association of Insurance Commissioners to develop standards and a uniform disclosure format applicable to health plans and policies offered in the general insurance market, taking into consideration the benefit definitions and disclosure format used by plans participating in the Federal Employees Health Benefits Plan program; and supports the enactment of federal and/or state legislation requiring the use by health plans of standardized uniform disclosure formats that have had appropriate input by medical organizations.

H-285.946 Fair Physician Contracts
Our AMA will develop national (state) standards and model legislation for fair managed care/physician contracts, thereby requiring full disclosure in plain English of important information, including but not limited to: (1) disclosure of reimbursement amounts, conversion factors for the RBRVS system or other formulas if applicable, global follow-up times, multiple procedure reimbursement policies, and all other payment policies; (2) which proprietary "correct coding" CPT bundling program is employed; (3) grievance and appeal mechanisms; (4) conditions under which a contract can be terminated by a physician or health plan; (5) patient confidentiality protections; (6) policies on patient referrals and physician use of consultants; (7) a current listing by name and specialty of the physicians participating in the plan; and (8) a current listing by name of the ancillary service providers participating in the plan.

H-185.979 Allocation of Health Services
The AMA will: (1) work with payer organizations and managed care plans and support legislation as necessary to develop and encourage adherence to a standard format across plans for disclosure of relevant plan information to prospective enrollees; (2) expand its consumer information program to develop guides to assist individuals in understanding health insurance offerings and restrictions so that they can make informed decisions in selecting plans best suited to meet individual and family needs and circumstances; (3) utilize all appropriate consumer health information channels to encourage the development by individuals and families of personal health records containing information on family and medical histories and problems, care received, medications, immunizations, allergies, and other relevant medical information and to explore the feasibility of developing sample formats for such personal health records; and (4) encourage and facilitate the development and distribution to physicians for use in their offices of brochures and other appropriate materials that would address such issues as advance directives, health promotions, alternative medical care and other health care information that might be sought by patients and/or their families.

(MSS Resolution 34, I-99)

Physicians As Role Models of Health Maintenance: The MSS formally establishes support for the following HOD policy:

H-170.995 Healthful Lifestyles
The AMA believes that consumers should be encouraged and assisted to learn healthful practices by: (1) educating and motivating the consumers to adopt more healthful lifestyles; (2) exploring methods of utilizing public communication more effectively in health education efforts directed towards motivating consumers to adopt healthful lifestyles; (3) encouraging consumers, in appropriate risk groups, to utilize professional preventive health care services which would permit the early detection and treatment, or the prevention, of illness; and physicians demonstrating these practices through personal examples of health lifestyles.

(MSS Res 8, A-00)

Education Regarding Childhood Obesity: The MSS formally establishes support for the following HOD policy:

> H-440.902 Obesity as a Major Health Concern
> The AMA: (1) recognizes obesity in children and adults as a major public health problem; (2) will study the medical, psychological and socioeconomic issues associated with obesity, including reimbursement for evaluation and management of obese patients; (3) will work with other professional medical organizations, and other public and private organizations to develop evidence-based recommendations regarding education, prevention, and treatment of obesity; (4) recognizes that racial and ethnic disparities exist in the prevalence of obesity and diet-related diseases such as coronary heart disease, cancer, stroke, and diabetes and recommends that physicians use culturally responsive care to improve the treatment and management of obesity and diet-related diseases in minority populations; and (5) supports the use of cultural and socioeconomic considerations in all nutritional and dietary research and guidelines in order to treat overweight and obese patients.

(MSS Res 11, A-00), Reaffirms AMA policy 440.902**)**

Physician Education Regarding Benefits of Social Group Therapy for Breast Cancer Patients: The MSS formally establishes support for the following AMA policy:

> H-55.999 Symptomatic and Supportive Care for Patients with Cancer
> Our AMA recognizes the need to ensure the highest standards of symptomatic, rehabilitative, and supportive care for patients with both cured and advanced cancer. The Association supports clinical research in evaluation of rehabilitative and palliative care procedures for the cancer patient, this to include such areas as pain control, relief of nausea and vomiting, management of complications of surgery, radiation and chemotherapy, appropriate hemotherapy, nutritional support, emotional support, rehabilitation, and the hospice concept. Our AMA actively encourages the implementation of continuing education of the practicing American physician regarding the most effective methodology for meeting the symptomatic, rehabilitative, supportive, and other human needs of the cancer patient.

(MSS Res 24, A-00)

De-linking Medicaid from Welfare: Room for Improvement: The MSS formally establishes support for the following HOD policy:

> H-290.976 Enhanced SCHIP Enrollment, Outreach, and Reimbursement
> It is the policy of our AMA that prior to or concomitant with states' expansion of State Children's Health Insurance Programs to adult coverage, our American Medical Association urge all states to maximize their efforts at outreach and enrollment of SCHIP eligible children, using all available state and federal funds. (2) Our AMA affirms its commitment to advocating for reasonable SCHIP and Medicaid reimbursement for its medical providers, defined as at minimum 100% of RBRVS Medicare allowable.
>
> H-290.982 Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured
> AMA policy is that our AMA: (1) urges that Medicaid reform not be undertaken in isolation, but rather in conjunction with broader health insurance reform, in order to ensure that the delivery and financing of care results in appropriate access and level of services for low-income patients; (2) encourages physicians to participate in efforts to enroll children in adequately funded Medicaid and State Children's Health Insurance Programs using the mechanism of "presumptive eligibility," whereby a child presumed to be eligible may be enrolled for coverage of the initial physician visit, whether or not the child is subsequently found to be, in fact, eligible. (3) encourages states to ensure that within their Medicaid programs there is a pluralistic approach to health care financing delivery including a choice of primary care case management, partial capitation models, fee-for-service, medical savings accounts, benefit payment schedules and other approaches; (4) calls for states to create mechanisms for traditional Medicaid providers to continue to participate in Medicaid managed care and in State Children's Health Insurance Programs; (5) calls for states to streamline the enrollment process within their Medicaid programs and State Children's Health Insurance Programs by, for example, allowing mail-in applications, developing shorter application forms, coordinating their Medicaid and welfare (TANF) application processes, and placing eligibility

workers in locations where potential beneficiaries work, go to school, attend day care, play, pray, and receive medical care; (6) urges states to administer their Medicaid and SCHIP programs through a single state agency; (7) strongly urges states to undertake, and encourages state medical associations, county medical societies, specialty societies, and individual physicians to take part in, educational and outreach activities aimed at Medicaid-eligible and SCHIP-eligible children. Such efforts should be designed to ensure that children do not go without needed and available services for which they are eligible due to administrative barriers or lack of understanding of the programs; (8) supports requiring states to reinvest savings achieved in Medicaid programs into expanding coverage for uninsured individuals, particularly children. Mechanisms for expanding coverage may include additional funding for the SCHIP earmarked to enroll children to higher percentages of the poverty level; Medicaid expansions; providing premium subsidies or a buy-in option for individuals in families with income between their state's Medicaid income eligibility level and a specified percentage of the poverty level; providing some form of refundable, advanceable tax credits inversely related to income; providing vouchers for recipients to use to choose their own health plans; using Medicaid funds to purchase private health insurance coverage; or expansion of Maternal and Child Health Programs. Such expansions must be implemented to coordinate with the Medicaid and SCHIP programs in order to achieve a seamless health care delivery system, and be sufficiently funded to provide incentive for families to obtain adequate insurance coverage for their children; (9) advocates consideration of various funding options for expanding coverage including, but not limited to: increases in sales tax on tobacco products; funds made available through for-profit conversions of health plans and/or facilities; and the application of prospective payment or other cost or utilization management techniques to hospital outpatient services, nursing home services, and home health care services; (10) supports modest co-pays or income-adjusted premium shares for non-emergent, non-preventive services as a means of expanding access to coverage for currently uninsured individuals; (11) calls for CMS to develop better measurement, monitoring, and accountability systems and indices within the Medicaid program in order to assess the effectiveness of the program, particularly under managed care, in meeting the needs of patients. Such standards and measures should be linked to health outcomes and access to care; (12) supports innovative methods of increasing physician participation in the Medicaid program and thereby increasing access, such as plans of deferred compensation for Medicaid providers. Such plans allow individual physicians (with an individual Medicaid number) to tax defer a specified percentage of their Medicaid income; (13) supports increasing public and private investments in home and community-based care, such as adult day care, assisted living facilities, congregate living facilities, social health maintenance organizations, and respite care; (14) supports allowing states to use long-term care eligibility criteria which distinguish between persons who can be served in a home or community-based setting and those who can only be served safely and cost-effectively in a nursing facility. Such criteria should include measures of functional impairment which take into account impairments caused by cognitive and mental disorders and measures of medically related long-term care needs; (15) supports buy-ins for home and community-based care for persons with incomes and assets above Medicaid eligibility limits; and providing grants to states to develop new long-term care infrastructures and to encourage expansion of long-term care financing to middle-income families who need assistance; (16) supports efforts to assess the needs of individuals with intellectual disabilities and, as appropriate, shift them from institutional care in the direction of community living; (17) supports case management and disease management approaches to the coordination of care, in the managed care and the fee-for-service environments; (18) urges CMS to require states to use its simplified four-page combination Medicaid / Children’s Health Insurance Program (CHIP) application form for enrollment in these programs, unless states can indicate they have a comparable or simpler form; and (19) urges CMS to ensure that Medicaid and CHIP outreach efforts are appropriately sensitive to cultural and language diversities in state or localities with large uninsured ethnic populations.

(MSS Res 9, A-02)

Protection From Second-Hand Tobacco Smoke at Access Points of Public Buildings: The MSS formally establishes support for the following HOD policy:

H-490.913 Smoke-Free Environments and Workplaces
On the issue of the health effects of environmental tobacco smoke (ETS) and passive smoke exposure in the workplace and other public facilities, our AMA: (1) (a) supports classification of ETS as a known human carcinogen; (b) concludes that passive smoke exposure is associated with increased risk of sudden infant death syndrome and of cardiovascular disease; (c) encourages physicians and medical societies to take a leadership role

in defending the health of the public from ETS risks and from political assaults by the tobacco industry; and (d) encourages the concept of establishing smoke-free campuses for business, labor, education, and government; (2) (a) honors companies and governmental workplaces that go smoke-free; (b) will petition the Occupational Safety and Health Administration (OSHA) to adopt regulations prohibiting smoking in the workplace, and will use active political means to encourage the Secretary of Labor to swiftly promulgate an OSHA standard to protect American workers from the toxic effects of ETS in the workplace, preferably by banning smoking in the workplace; (c) encourages state medical societies (in collaboration with other anti-tobacco organizations) to support the introduction of local and state legislation that prohibits smoking around the public entrances to buildings and in all indoor public places, restaurants, bars, and workplaces; and (d) will update draft model state legislation to prohibit smoking in public places and businesses, which would include language that would prohibit preemption of stronger local laws. (3) (a) encourages state medical societies to: (i) support legislation for states and counties mandating smoke-free schools and eliminating smoking in public places and businesses and on any public transportation; (ii) enlist the aid of county medical societies in local anti-smoking campaigns; and (iii) through an advisory to state, county, and local medical societies, urge county medical societies to join or to increase their commitment to local and state anti-smoking coalitions and to reach out to local chapters of national voluntary health agencies to participate in the promotion of anti-smoking control measures; (b) urges all restaurants, particularly fast food restaurants, and convenience stores to immediately create a smoke-free environment; (c) strongly encourages the owners of family-oriented theme parks to make their parks smoke-free for the greater enjoyment of all guests and to further promote their commitment to a happy, healthy life style for children; (d) encourages state or local legislation or regulations that prohibit smoking in stadia and encourages other ball clubs to follow the example of banning smoking in the interest of the health and comfort of baseball fans as implemented by the owner and management of the Oakland Athletics and others; (e) urges eliminating cigarette, pipe, and cigar smoking in any indoor area where children live or play, or where another person's health could be adversely affected through passive smoking; (f) urges state and county medical societies and local health professionals to be especially prepared to alert communities to the possible role of the tobacco industry whenever a petition to suspend a nonsmoking ordinance is introduced and to become directly involved in community tobacco control activities; and (g) will report annually to its membership about significant anti-smoking efforts in the prohibition of smoking in open and closed stadia; (4) calls on corporate headquarters of fast-food franchisers to require that one of the standards of operation of such franchises be a no smoking policy for such restaurants, and endorses the passage of laws, ordinances and regulations that prohibit smoking in fast-food restaurants and other entertainment and food outlets that target children in their marketing efforts; (5) advocates that all American hospitals ban tobacco and supports working toward legislation and policies to promote a ban on smoking and use of tobacco products in, or on the campuses of, hospitals, health care institutions, retail health clinics, and educational institutions, including medical schools; (6) will work with the Department of Defense to explore ways to encourage a smoke-free environment in the military through the use of mechanisms such as health education, smoking cessation programs, and the elimination of discounted prices for tobacco products in military resale facilities; and (7) encourages and supports local and state medical societies and tobacco control coalitions to work with (a) Native American casino and tribal leadership to voluntarily prohibit smoking in their casinos; and (b) legislators and the gaming industry to support the prohibition of smoking in all casinos and gaming venues.

(MSS Res 2, I-02)

Consideration of Humanistic Qualities in Medical School Admissions: The MSS formally establishes support for the following HOD policy:

H-295.888 Progress in Medical Education: the Medical School Admission Process
1. Our AMA encourages: (A) research on ways to reliably evaluate the personal qualities (such as empathy, integrity, commitment to service) of applicants to medical school and support broad dissemination of the results. Medical schools should be encouraged to give significant weight to these qualities in the admissions process; (B) premedical coursework in the humanities, behavioral sciences, and social sciences, as a way to ensure a broadly-educated applicant pool; and (C) dissemination of models that allow medical schools to meet their goals related to diversity in the context of existing legal requirements, for example through outreach to elementary schools, high schools, and colleges. 2. Our AMA: (A) will continue to work with the Association of American Medical Colleges (AAMC) and other relevant organizations to encourage improved assessment of personal qualities in the recruitment process for medical school applicants including types of information to be solicited in applications to

medical school; (B) will work with the AAMC and other relevant organizations to explore the range of measures used to assess personal qualities among applicants, including those used by related fields; (C) encourages the development of innovative methodologies to assess personal qualities among medical school applicants; (D) will work with medical schools and other relevant stakeholder groups to review the ways in which medical schools communicate the importance of personal qualities among applicants, including how and when specified personal qualities will be assessed in the admissions process; (E) encourages continued research on the personal qualities most pertinent to success as a medical student and as a physician to assist admissions committees to adequately assess applicants; and (F) encourages continued research on the factors that impact negatively on humanistic and empathetic traits of medical students during medical school.

(MSS Res 2, A-03 Reaffirms)

Bioterrorism Education in the Medical School Curriculum Prior to Clinical Rotations: The MSS formally establishes support for the following HOD policy

H-130.946 AMA Leadership in the Medical Response to Terrorism and Other Disasters
Our AMA: (1) Condemns terrorism in all its forms and provide leadership in coordinating efforts to improve the medical and public health response to terrorism and other disasters. (2) Will work collaboratively with the Federation in the development, dissemination, and evaluation of a national education and training initiative, called the National Disaster Life Support Program, to provide physicians, medical students, other health professionals, and other emergency responders with a fundamental understanding and working knowledge of their integrated roles and responsibilities in disaster management and response efforts. (3) Will join in working with the Department of Homeland Security, the Department of Health and Human Services, the Department of Defense, the Federal Emergency Management Agency, and other appropriate federal agencies; state, local, and medical specialty societies; other health care associations; and private foundations to (a) ensure adequate resources, supplies, and training to enhance the medical and public health response to terrorism and other disasters; (b) develop a comprehensive strategy to assure surge capacity to address mass casualty care; (c) implement communications strategies to inform health care professionals and the public about a terrorist attack or other major disaster, including local information on available medical and mental health services; (d) convene local and regional workshops to share "best practices" and "lessons learned" from disaster planning and response activities; (e) organize annual symposia to share new scientific knowledge and information for enhancing the medical and public health response to terrorism and other disasters; and (f) develop joint educational programs to enhance clinical collaboration and increase physician knowledge of the diagnosis and treatment of depression, anxiety, and post traumatic stress disorders associated with exposure to disaster, tragedy, and trauma. (4) Believes all physicians should (a) be alert to the occurrence of unexplained illness and death in the community; (b) be knowledgeable of disease surveillance and control capabilities for responding to unusual clusters of diseases, symptoms, or presentations; (c) be knowledgeable of procedures used to collect patient information for surveillance as well as the rationale and procedures for reporting patients and patient information; (d) be familiar with the clinical manifestations, diagnostic techniques, isolation precautions, decontamination protocols, and chemotherapy/prophylaxis of chemical, biological, and radioactive agents likely to be used in a terrorist attack; (e) utilize appropriate procedures to prevent exposure to themselves and others; (f) prescribe treatment plans that may include management of psychological and physical trauma; (g) understand the essentials of risk communication so that they can communicate clearly and nonthreateningly with patients, their families, and the media about issues such as exposure risks and potential preventive measures (e.g., smallpox vaccination); and (h) understand the role of the public health, emergency medical services, emergency management, and incident management systems in disaster response and the individual health professional’s role in these systems. (5) Believes that physicians and other health professionals who have direct involvement in a mass casualty event should be knowledgeable of public health interventions that must be considered following the onset of a disaster including: (a) quarantine and other movement restriction options; (b) mass immunization/chemoprophylaxis; (c) mass triage; (d) public education about preventing or reducing exposures; (e) environmental decontamination and sanitation; (f) public health laws; and (g) state and federal resources that contribute to emergency management and response at the local level. (6) Believes that physicians and other health professionals should be knowledgeable of ethical and legal issues and disaster response. These include: (a) their professional responsibility to treat victims (including those with potentially contagious conditions); (b) their rights and responsibilities to protect themselves from harm; (c) issues surrounding their responsibilities and rights as volunteers, and (d) associated liability issues. (7) Believes

physicians and medical societies should participate directly with state, local, and national public health, law enforcement, and emergency management authorities in developing and implementing disaster preparedness and response protocols in their communities, hospitals, and practices in preparation for terrorism and other disasters. (8) Urges Congress to appropriate funds to support research and development (a) to improve understanding of the epidemiology, pathogenesis, and treatment of diseases caused by potential bioweapon agents and the immune response to such agents; (b) for new and more effective vaccines, pharmaceuticals, and antidotes against biological and chemical weapons; (c) for enhancing the shelf life of existing vaccines, pharmaceuticals, and antidotes; and (d) for improving biological chemical, and radioactive agent detection and defense capabilities.

(MSS Res 6, A-03)

Basic Life Saving (BLS) Skills for Medical Students: The MSS formally establishes support for the following HOD policy:

H-295.906 Cardiopulmonary Resuscitation and Basic Life Support Training for First-Year Medical Students
Our AMA encourages training of cardiopulmonary resuscitation and basic life support to first-year medical students, preferably during the first term.

(MSS Res 7, I-05)

Increasing Whole Grains in School Children's Diets: The MSS formally establishes support for the following HOD policy:

H-150.962 Quality of School Lunch Program
The AMA recommends to the National School Lunch Program that school meals be congruent with current U.S. Department of Agriculture/Department of HHS Dietary Guidelines.

(MSS Res 12, I-05)

Sun Safety Education in Elementary Public Schools: The MSS formally establishes support for the following HOD policy:

D-170.997 Sun Protection Programs in Elementary Schools
Our AMA will work with the National Association of State Boards of Education, the Centers for Disease Control and Prevention, and other appropriate entities to encourage elementary schools to develop sun protection policies. (Res. 403, A-05)

(MSS Res 16, I-05)

Providing Government-Sponsored Healthcare Forms in Multiple Languages: The MSS formally establishes support for the following HOD policy:

H-290.982 Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured
AMA policy is that our AMA: (1) urges that Medicaid reform not be undertaken in isolation, but rather in conjunction with broader health insurance reform, in order to ensure that the delivery and financing of care results in appropriate access and level of services for low-income patients; (2) encourages physicians to participate in efforts to enroll children in adequately funded Medicaid and State Children's Health Insurance Programs using the mechanism of "presumptive eligibility," whereby a child presumed to be eligible may be enrolled for coverage of the initial physician visit, whether or not the child is subsequently found to be, in fact, eligible. (3) encourages states to ensure that within their Medicaid programs there is a pluralistic approach to health care financing delivery including a choice of primary care case management, partial capitation models, fee-for-service, medical savings accounts, benefit payment schedules and other approaches; (4) calls for states to create mechanisms for traditional Medicaid providers to continue to participate in Medicaid managed care and in State Children's Health Insurance Programs; (5) calls for states to streamline the enrollment process within their Medicaid programs and State Children's Health Insurance Programs by, for example, allowing mail-in applications, developing shorter

application forms, coordinating their Medicaid and welfare (TANF) application processes, and placing eligibility workers in locations where potential beneficiaries work, go to school, attend day care, play, pray, and receive medical care; (6) urges states to administer their Medicaid and SCHIP programs through a single state agency; (7) strongly urges states to undertake, and encourages state medical associations, county medical societies, specialty societies, and individual physicians to take part in, educational and outreach activities aimed at Medicaid-eligible and SCHIP-eligible children. Such efforts should be designed to ensure that children do not go without needed and available services for which they are eligible due to administrative barriers or lack of understanding of the programs; (8) supports requiring states to reinvest savings achieved in Medicaid programs into expanding coverage for uninsured individuals, particularly children. Mechanisms for expanding coverage may include additional funding for the SCHIP earmarked to enroll children to higher percentages of the poverty level; Medicaid expansions; providing premium subsidies or a buy-in option for individuals in families with income between their state's Medicaid income eligibility level and a specified percentage of the poverty level; providing some form of refundable, advanceable tax credits inversely related to income; providing vouchers for recipients to use to choose their own health plans; using Medicaid funds to purchase private health insurance coverage; or expansion of Maternal and Child Health Programs. Such expansions must be implemented to coordinate with the Medicaid and SCHIP programs in order to achieve a seamless health care delivery system, and be sufficiently funded to provide incentive for families to obtain adequate insurance coverage for their children; (9) advocates consideration of various funding options for expanding coverage including, but not limited to: increases in sales tax on tobacco products; funds made available through for-profit conversions of health plans and/or facilities; and the application of prospective payment or other cost or utilization management techniques to hospital outpatient services, nursing home services, and home health care services; (10) supports modest co-pays or income-adjusted premium shares for non-emergent, non-preventive services as a means of expanding access to coverage for currently uninsured individuals; (11) calls for CMS to develop better measurement, monitoring, and accountability systems and indices within the Medicaid program in order to assess the effectiveness of the program, particularly under managed care, in meeting the needs of patients. Such standards and measures should be linked to health outcomes and access to care; (12) supports innovative methods of increasing physician participation in the Medicaid program and thereby increasing access, such as plans of deferred compensation for Medicaid providers. Such plans allow individual physicians (with an individual Medicaid number) to tax defer a specified percentage of their Medicaid income; (13) supports increasing public and private investments in home and community-based care, such as adult day care, assisted living facilities, congregate living facilities, social health maintenance organizations, and respite care; (14) supports allowing states to use long-term care eligibility criteria which distinguish between persons who can be served in a home or community-based setting and those who can only be served safely and cost-effectively in a nursing facility. Such criteria should include measures of functional impairment which take into account impairments caused by cognitive and mental disorders and measures of medically related long-term care needs; (15) supports buy-ins for home and community-based care for persons with incomes and assets above Medicaid eligibility limits; and providing grants to states to develop new long-term care infrastructures and to encourage expansion of long-term care financing to middle-income families who need assistance; (16) supports efforts to assess the needs of individuals with intellectual disabilities and, as appropriate, shift them from institutional care in the direction of community living; (17) supports case management and disease management approaches to the coordination of care, in the managed care and the fee-for-service environments; (18) urges CMS to require states to use its simplified four-page combination Medicaid / Children's Health Insurance Program (CHIP) application form for enrollment in these programs, unless states can indicate they have a comparable or simpler form; and (19) urges CMS to ensure that Medicaid and CHIP outreach efforts are appropriately sensitive to cultural and language diversities in state or localities with large uninsured ethnic populations.

(MSS Res 21, I-05)

Encouragement of Medicaid Funding for 17P Progesterone for High Risk Pregnancies: The MSS formally establishes support for the following HOD policies:

H-290.993 Coverage of Drugs by Medicaid
Our AMA (1) urges CMS to develop meaningful guidelines for state Medicaid agencies to pay for drugs necessary to treat life-threatening and other serious medical conditions, even if such drugs are manufactured/distributed by non-rebating firms, and (2) asks CMS to grant states reasonable autonomy in

decisions to cover these medically necessary drugs without retroactive economic penalty.

H-420.972 Prenatal Services to Prevent Low Birthweight Infants
Our AMA encourages all state medical associations and specialty societies to become involved in the promotion of public and private programs that provide education, outreach services, and funding directed at prenatal services for pregnant women, particularly women at risk for delivering low birthweight infants.

H-425.976 Preconception Care
1. Our AMA supports the 10 recommendations developed by the Centers for Disease Control and Prevention for improving preconception health care that state: (1) Individual responsibility across the lifespan--each woman, man, and couple should be encouraged to have a reproductive life plan; (2) Consumer awareness--increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts; (3) Preventive visits--as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes; (4) Interventions for identified risks--increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact); (5) Inter-conception care--use the inter-conception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth); (6) Pre-pregnancy checkup--offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy; (7) Health insurance coverage for women with low incomes--increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and pre-conception and inter-conception care; (8) Public health programs and strategies--integrate components of pre-conception health into existing local public health and related programs, including emphasis on inter-conception interventions for women with previous adverse outcomes; (9) Research--increase the evidence base and promote the use of the evidence to improve preconception health; and (10) Monitoring improvements--maximize public health surveillance and related research mechanisms to monitor preconception health. 2. Our AMA supports the education of physicians and the public about the importance of preconception care as a vital component of a woman’s reproductive health.

(MSS Res 2, I-07)

Decreasing the Spread of HIV/AIDS in the United States: The MSS formally establishes support for the following HOD policy:

D-20.992 Routine HIV Screening
Our AMA: (1) supports HIV screening policies which include: (a) routine HIV screening of adolescents and adults ages 13-64 and sexually active adults over 65, (b) patients receive an HIV test as a part of General Medical Consent for medical care with option to specifically decline the test, and (c) patients who test positive for HIV receive prompt counseling and treatment as a vital part of screening; (2) supports that the frequency of repeat HIV screening be determined based on physician clinical judgment and consideration of identified risks and prevalent community experience; (3) supports the Centers for Disease Control and Prevention’s (CDC) 2006 Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings; (4) will continue to work with the CDC to implement the revised recommendations for HIV testing of adults, adolescents and pregnant women in health care settings, including exploring the publication of a guide on the use of rapid HIV testing in primary care settings; (5) will identify legal and funding barriers to the implementation of the CDC’s HIV testing recommendations and develop strategies to overcome these barriers; (6) will publicize its newly adopted HIV screening policies via its existing professional electronic and print publications and to the public via news releases and commentaries to major media outlets; and (7) will formally request all public and private insurance plans to pay the cost of routine HIV screening testing of all insured individuals who receive routine HIV testing in accordance with new recommendations.

(MSS Res 7, I-07 Reaffirms AMA policy D-20.992)

A Call to Develop a Centralized Database to Facilitate Shared Access to Essential Medical Information Among Health Care Providers: The MSS formally establishes support for the following HOD policies:

H-478.995 National Health Information Technology
Our AMA supports the development, adoption, and implementation of national health information technology standards through collaboration with public and private interests, and consistent with current efforts to set health information technology standards for use by the federal government.

D-165.952 National Health Care Policy Agenda
1. Our AMA will synthesize current AMA policy for the specific purpose of advocating a comprehensive, patient-centered National Health Care Policy Agenda. 2. This Agenda will strongly address the most important issues affecting physicians and patients in the United States, such as public- and private-sector financing and delivery, care for the uninsured, wellness and personal responsibility, liability, patient safety, and health information technology, and recommend comprehensive and workable solutions. 3. Our AMA will develop an appropriate mechanism to present a draft of the National Health Care Policy Agenda to members of the House of Delegates at the earliest opportunity prior to the 2007 Annual Meeting to allow delegates an appropriate period of time to review and offer feedback prior to the 2007 Annual Meeting. 4. A forum on the National Health Care Policy Agenda will be held at the 2007 Annual Meeting to debate and offer feedback to the Board of Trustees. 5. Once finalized, our AMA will use the National Health Care Policy Agenda as a framework for discussion with leaders of United States medicine, business, health care, employers, and government. 6. Our AMA will present the National Health Care Policy Agenda to the President of the United States, the Congress, the American people, and the major political parties by August 31, 2007, so that it can appropriately frame and drive the health care policy debate in the 2008 presidential election.

D-478.994 Health Information Technology
Our AMA will: (1) support legislation and other appropriate initiatives that provide positive incentives for physicians to acquire health information technology (HIT); (2) pursue legislative and regulatory changes to obtain an exception to any and all laws that would otherwise prohibit financial assistance to physicians purchasing HIT; and (3) support initiatives to ensure interoperability among all HIT systems.

D-478.995 National Health Information Technology
1. Our AMA will closely coordinate with the newly formed Office of the National Health Information Technology Coordinator all efforts necessary to expedite the implementation of an interoperable health information technology infrastructure, while minimizing the financial burden to the physician and maintaining the art of medicine without compromising patient care. 2. Our AMA: (A) advocates for standardization of key elements of EMR user interface design during the ongoing development of this technology; (B) advocates that medical facilities and health systems work toward standardized login procedures and parameters to reduce user login fatigue; and (C) advocates for continued research and physician education on EMR user interface design specifically concerning key design principles and features that can improve the quality, safety, and efficiency of health care.

D-478.996 Information Technology Standards and Costs
Our AMA will: (1) encourage the setting of standards for health care information technology whereby the different products will be interoperable and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems; (2) work with Congress and insurance companies to appropriately align incentives as part of the development of a National Health Information Infrastructure (NHII), so that the financial burden on physicians is not disproportionate when they implement these technologies in their offices; (3) review the following issues when participating in or commenting on initiatives to create a NHII: (a) cost to physicians at the office-based level; (b) security of electronic records; and (c) the standardization of electronic systems; (4) continue to advocate for and support initiatives that minimize the financial burden to physician practices of adopting and maintaining electronic medical records; and (5) continue its active involvement in efforts to define and promote standards that will facilitate the interoperability of health information technology systems.

(MSS Res 17, I-07)

Offering Healthy Food Choices in Primary and Secondary Schools Nationwide: The MSS formally establishes support for the following HOD policy:

> D-60.990 Exercise and Healthy Eating for Children
> Our AMA shall: (1) seek legislation that would require the development and implementation of evidence-based nutrition standards for all food served in K-12 schools irrespective of food vendor or provider; and (2) work with the US Public Health Service and other federal agencies, the Federation, and others in a coordinated campaign to educate the public on the epidemic of childhood obesity and enhance the K-12 curriculum by addressing the benefits of exercise, physical fitness, and healthful diets for children.

(MSS Res 22, I-07)

Medical School Tuition Caps and Tuition Freezes to Alleviate the Primary Care Physician Shortage in the U.S.: The MSS formally establishes support for the following HOD policies:

> D-305.975 Long-Term Solutions to Medical Student Debt
> Our AMA will: (1) through its Council on Medical Education, continue a comprehensive study of medical education financing, with a report back to the House of Delegates at the 2005 Annual Meeting; (2) encourage medical schools and state medical societies to consider the creation of self-managed, low-interest loan programs for medical students, and collect and disseminate information on such programs; (3) advocate for increased funding for the National Health Service Corps Loan Repayment Program to assure adequate funding of primary care within the National Health Service Corps, as well as to permit: (a) inclusion of all medical specialties in need, and (b) service in clinical settings that care for the underserved but are not necessarily located in health professions shortage areas; (4) work with state medical societies to advocate for the creation of either tuition caps or, if caps are not feasible, pre-defined tuition increases, so that medical students will be aware of their tuition and fee costs for the total period of their enrollment; and (5) collect and disseminate information on medical school programs that cap medical education debt, including the types of debt management education that are provided.
>
> H-200.973 Increasing the Availability of Primary Care Physicians
> It is the policy of the AMA that: (1) Each medical school should reexamine its institutional goals and objectives, including the extent of its commitment to primary care. Those schools recognizing a commitment related to primary care should make this an explicit part of the mission, and set institutional priorities accordingly. (2) The admission process should be sensitive to the institution's mission. Those schools with missions that include primary care should consider those predictor variables known to be associated with choice of these specialties. (3) Through early recruitment and outreach activities, attempts should be made to increase the pool of applicants likely to practice primary care. (4) Medical schools with an explicit commitment to primary care should structure the curriculum to support this objective. (5) All four years of the curriculum in every medical school should provide experiences in primary care for all students. These experiences should feature increasing levels of student responsibility and use of ambulatory and community settings. (6) The visibility of primary care faculty members should be enhanced within the medical school and positive attitudes toward primary care among all faculty members should be encouraged. (7) Medical schools should provide career counseling related to the choice of a primary care specialty. (8) The curriculum in primary care residency programs and the sites used for training should be consistent with the objective of training generalist physicians. (9) There should be increased financial incentives for physicians practicing primary care. (10) Administrative support mechanisms should be developed to assist primary care physicians in the logistics of their practices, and enhanced efforts to eliminate "hassle" and unnecessary paper work should be undertaken. (11) There should be educational support systems for primary care physicians, especially those practicing in underserved areas. (12) States should be encouraged to provide positive incentives--such as scholarship or loan repayment programs, relief of professional liability burdens and reduction of duplicative administrative responsibilities--to support medical students' choice of a primary care specialty. The imposition of specific outcome targets should be resisted, especially in the absence of additional support to the schools.
>
> H-200.997 Primary Care

The AMA believes that there should be a sufficient supply of primary care physicians - family physicians, general internists, general pediatricians, and obstetricians/gynecologists. In order to achieve this objective: (1) Voluntary efforts to develop and expand both undergraduate and graduate programs to educate primary care physicians in increasing numbers should be continued. The establishment of appropriate administrative units for family practice should be encouraged. (2) Federal support, without coercive terms, should be available to institutions needing financial support for the expansion of resources for both undergraduate and graduate programs designed to increase the number of primary care physicians. (3) It is the policy of the AMA, with representatives of primary care specialty groups and the academic community, to develop recommendations for adequate reimbursement of primary care physicians and improved recruitment of medical school graduates into primary care specialties.

H-305.928 Proposed Revisions to AMA Policy on Medical Student Debt
1. Our AMA will make reducing medical student debt a high priority for legislative and other action and will collaborate with other organizations to study how costs to students of medical education can be reduced. 2. Our AMA supports stable funding for medical schools to eliminate the need for increases in tuition and fees to compensate for unanticipated decreases in other sources of revenue and should oppose mid-year and retroactive tuition increases. 3. Financial aid opportunities, including scholarship and loan repayment programs, should be available so that individuals are not denied an opportunity to pursue medical education because of financial constraints. 4. A sufficient breadth of financial aid opportunities should be available so that student specialty choice is not constrained based on the need for financial assistance. 5. Our AMA supports the creation of new and the expansion of existing medical education financial assistance programs from the federal government, the states, and the private sector. 6. Medical schools should have programs in place to assist students to limit their debt. This includes making scholarship support available, counseling students about financial aid availability, and providing comprehensive debt management/financial planning counseling. 7. Our AMA supports legislation and regulation that would result in favorable terms and conditions for borrowing and for loan repayment, and would permit the full deductibility of interest on student loans. 8. Medical students should not be forced to jeopardize their education by the need to seek employment. Any decision on the part of the medical student to seek employment should take into account his/her academic situation. Medical schools should have policies and procedures in place that allow for flexible scheduling in the case that medical students encounter financial difficulties that can be remedied only by employment. Medical schools should consider creating opportunities for paid employment for medical students. 9. Financial obligations, such as repayment of loans, and service obligations made in exchange for financial assistance, should be fulfilled. There should be mechanisms to assist physicians who are experiencing hardship in meeting these obligations.

(MSS Res 5, I-08)

Increasing the Federal Subsidized Stafford Loan Limit for Graduate and Professional Students: The MSS formally establishes support for the following HOD policy:

D-305.993 Medical School Financing, Tuition, and Student Debt
(1) The Board of Trustees of our AMA will pursue the introduction of member benefits to help medical students, resident physicians, and young physicians manage and reduce their debt burden. This should include consideration of the feasibility of developing a web-based information on financial planning/debt management; introducing a loan consolidation program, automatic bill collection and loan repayment programs, and a rotating loan program; and creating an AMA scholarship program funded through philanthropy. The AMA also should collect and disseminate information on available opportunities for medical students and resident physicians to obtain financial aid for emergency and other purposes. (2) Our AMA will vigorously advocate for ongoing, adequate funding for federal and state programs that provide scholarship or loan repayment funds in return for service, including funding in return for practice in underserved areas, participation in the military, and participation in academic medicine or clinical research. Obtaining adequate support for the National Health Service Corps and similar programs, tied to the demand for participation in the programs, should be a focus for AMA advocacy efforts. (3) Our AMA will collect and disseminate information on successful strategies used by medical schools to cap or reduce tuition. (4) Our AMA will encourage medical schools to provide yearly financial planning/debt management counseling to medical students. (5) Our AMA will urge the Accreditation Council for Graduate Medical Education (ACGME) to revise its Institutional Requirements to include a requirement that financial planning/debt management counseling be provided for resident physicians. (6) Our

AMA will work with other organizations, including the Association of American Medical Colleges, residency program directors groups, and members of the Federation, to develop and disseminate standardized information, for example, computer-based modules, on financial planning/debt management for use by medical students, resident physicians, and young physicians. (7) Our AMA will work with other concerned organizations to promote legislation and regulations with the aims of increasing loan deferment through the period of residency, promoting the expansion of subsidized loan programs, eliminating taxes on aid from service-based programs, and restoring tax deductibility of interest on educational loans.

(MSS Res 11, I-08)

Interoperable Electronic Medical Records: The Future of a Segmented Health Care System: The MSS formally establishes support for the following HOD policies:

H-478.995 National Health Information Technology
Our AMA supports the development, adoption, and implementation of national health information technology standards through collaboration with public and private interests, and consistent with current efforts to set health information technology standards for use by the federal government.

D-165.952 National Health Care Policy Agenda
1. Our AMA will synthesize current AMA policy for the specific purpose of advocating a comprehensive, patient-centered National Health Care Policy Agenda. 2. This Agenda will strongly address the most important issues affecting physicians and patients in the United States, such as public- and private-sector financing and delivery, care for the uninsured, wellness and personal responsibility, liability, patient safety, and health information technology, and recommend comprehensive and workable solutions. 3. Our AMA will develop an appropriate mechanism to present a draft of the National Health Care Policy Agenda to members of the House of Delegates at the earliest opportunity prior to the 2007 Annual Meeting to allow delegates an appropriate period of time to review and offer feedback prior to the 2007 Annual Meeting. 4. A forum on the National Health Care Policy Agenda will be held at the 2007 Annual Meeting to debate and offer feedback to the Board of Trustees. 5. Once finalized, our AMA will use the National Health Care Policy Agenda as a framework for discussion with leaders of United States medicine, business, health care, employers, and government. 6. Our AMA will present the National Health Care Policy Agenda to the President of the United States, the Congress, the American people, and the major political parties by August 31, 2007, so that it can appropriately frame and drive the health care policy debate in the 2008 presidential election.

D-478.994 Health Information Technology
Our AMA will: (1) support legislation and other appropriate initiatives that provide positive incentives for physicians to acquire health information technology (HIT); (2) pursue legislative and regulatory changes to obtain an exception to any and all laws that would otherwise prohibit financial assistance to physicians purchasing HIT; and (3) support initiatives to ensure interoperability among all HIT systems.

D-478.995 National Health Information Technology
1. Our AMA will closely coordinate with the newly formed Office of the National Health Information Technology Coordinator all efforts necessary to expedite the implementation of an interoperable health information technology infrastructure, while minimizing the financial burden to the physician and maintaining the art of medicine without compromising patient care. 2. Our AMA: (A) advocates for standardization of key elements of EMR user interface design during the ongoing development of this technology; (B) advocates that medical facilities and health systems work toward standardized login procedures and parameters to reduce user login fatigue; and (C) advocates for continued research and physician education on EMR user interface design specifically concerning key design principles and features that can improve the quality, safety, and efficiency of health care.

D-478.996 Information Technology Standards and Costs
Our AMA will: (1) encourage the setting of standards for health care information technology whereby the different products will be interoperable and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems; (2) work with Congress and insurance

companies to appropriately align incentives as part of the development of a National Health Information Infrastructure (NHII), so that the financial burden on physicians is not disproportionate when they implement these technologies in their offices; (3) review the following issues when participating in or commenting on initiatives to create a NHII: (a) cost to physicians at the office-based level; (b) security of electronic records; and (c) the standardization of electronic systems; (4) continue to advocate for and support initiatives that minimize the financial burden to physician practices of adopting and maintaining electronic medical records; and (5) continue its active involvement in efforts to define and promote standards that will facilitate the interoperability of health information technology systems.

(MSS Res 14, I-08)

Expansion of National Health Services Corps Scholarship and Loan Repayment: The MSS formally establishes support for the following HOD policies:

D-305.993 Medical School Financing, Tuition, and Student Debt
(1) The Board of Trustees of our AMA will pursue the introduction of member benefits to help medical students, resident physicians, and young physicians manage and reduce their debt burden. This should include consideration of the feasibility of developing a web-based information on financial planning/debt management; introducing a loan consolidation program, automatic bill collection and loan repayment programs, and a rotating loan program; and creating an AMA scholarship program funded through philanthropy. The AMA also should collect and disseminate information on available opportunities for medical students and resident physicians to obtain financial aid for emergency and other purposes. (2) Our AMA will vigorously advocate for ongoing, adequate funding for federal and state programs that provide scholarship or loan repayment funds in return for service, including funding in return for practice in underserved areas, participation in the military, and participation in academic medicine or clinical research. Obtaining adequate support for the National Health Service Corps and similar programs, tied to the demand for participation in the programs, should be a focus for AMA advocacy efforts. (3) Our AMA will collect and disseminate information on successful strategies used by medical schools to cap or reduce tuition. (4) Our AMA will encourage medical schools to provide yearly financial planning/debt management counseling to medical students. (5) Our AMA will urge the Accreditation Council for Graduate Medical Education (ACGME) to revise its Institutional Requirements to include a requirement that financial planning/debt management counseling be provided for resident physicians. (6) Our AMA will work with other organizations, including the Association of American Medical Colleges, residency program directors groups, and members of the Federation, to develop and disseminate standardized information, for example, computer-based modules, on financial planning/debt management for use by medical students, resident physicians, and young physicians. (7) Our AMA will work with other concerned organizations to promote legislation and regulations with the aims of increasing loan deferment through the period of residency, promoting the expansion of subsidized loan programs, eliminating taxes on aid from service-based programs, and restoring tax deductibility of interest on educational loans.

D-305.975 Long-Term Solutions to Medical Student Debt
Our AMA will: (1) through its Council on Medical Education, continue a comprehensive study of medical education financing, with a report back to the House of Delegates at the 2005 Annual Meeting; (2) encourage medical schools and state medical societies to consider the creation of self-managed, low-interest loan programs for medical students, and collect and disseminate information on such programs; (3) advocate for increased funding for the National Health Service Corps Loan Repayment Program to assure adequate funding of primary care within the National Health Service Corps, as well as to permit: (a) inclusion of all medical specialties in need, and (b) service in clinical settings that care for the underserved but are not necessarily located in health professions shortage areas; (4) work with state medical societies to advocate for the creation of either tuition caps or, if caps are not feasible, pre-defined tuition increases, so that medical students will be aware of their tuition and fee costs for the total period of their enrollment; and (5) collect and disseminate information on medical school programs that cap medical education debt, including the types of debt management education that are provided.

H-200.984 National Health Service Corps Reauthorization
It is the policy of the AMA: (1) to support legislative efforts to revitalize and reauthorize the NHSC; and (2) to undertake efforts to assure that such legislation include increased funding for recruitment and retention efforts and

adequate funding for both the loan repayment and scholarship programs.

H-465.988 Educational Strategies for Meeting Rural Health Physician Shortage
In light of the data available from the current literature as well as ongoing studies being conducted by staff, the AMA recommends that: (1) Our AMA encourage medical schools and residency programs to develop educationally sound rural clinical preceptorships and rotations consistent with educational and training requirements, and to provide early and continuing exposure to those programs for medical students and residents. (2) Our AMA encourage medical schools to develop educationally sound primary care residencies in smaller communities with the goal of educating and recruiting more rural physicians. (3) Our AMA encourage state and county medical societies to support state legislative efforts toward developing scholarship and loan programs for future rural physicians. (4) Our AMA encourage state and county medical societies and local medical schools to develop outreach and recruitment programs in rural counties to attract promising high school and college students to medicine and the other health professions. (5) Our AMA urge continued federal and state legislative support for funding of Area Health Education Centers (AHECs) for rural and other underserved areas. (6) Our AMA continue to support full appropriation for the National Health Service Corps Scholarship Program, with the proviso that medical schools serving states with large rural underserved populations have a priority and significant voice in the selection of recipients for those scholarships. (7) Our AMA support full funding of the new federal National Health Service Corps loan repayment program. (8) Our AMA encourage continued legislative support of the research studies being conducted by the Rural Health Research Centers funded by the National Office of Rural Health in the Department of Health and Human Services. (9) Our AMA continue its research investigation into the impact of educational programs on the supply of rural physicians. (10) Our AMA continue to conduct research and monitor other progress in development of educational strategies for alleviating rural physician shortages. (11) Our AMA reaffirm its support for legislation making interest payments on student debt tax deductible. (12) Our AMA encourage state and county medical societies to develop programs to enhance work opportunities and social support systems for spouses of rural practitioners.

D-200.984 Incentive Programs to Improve Access to Care in Underserved Areas
1. Our American Medical Association, in collaboration with state and medical specialty societies, will continue to collect and disseminate information on the efficacy of various types of incentive and other programs designed to promote recruitment and retention of physicians in underserved areas. 2. Based on the analysis of the efficacy of the various types of incentive programs, our AMA will advocate to the federal government, the states, and the private sector for enhanced support for successful models.

D-200.989 Incentive Programs to Improve Access to Health Care Services in Underserved Areas
Our AMA will (1) conduct an analysis of the creative use of tax credits, student loan deferment and loan forgiveness programs, J-1 visa waivers, and practice subsidies as financial incentives to physicians for providing care in identified underserved areas; and (2) work with state medical societies and other appropriate entities to identify, catalogue, and evaluate the effectiveness of incentive programs, including the J-1 visa waiver program, designed to promote the location and retention of physicians in rural and urban underserved areas and, consequently, improve patient access to health care in these areas.

(MSS Res 16, I-08)

Guidelines for the Reuse of Single Use Devices: The MSS formally establishes support for the following HOD policy:

H-480.959 Reprocessing of Single-Use Medical Devices
Our AMA: (1) supports the Food and Drug Administration (FDA) guidance titled "Enforcement Priorities for Single-Use Devices Reprocessed by Third Parties and Hospitals" that was issued on August 2, 2000; (2) supports the development of device-specific standards for the reuse and reprocessing of single-use medical devices involving all appropriate medical and professional organizations and the medical device industry; (3) encourages increased research by the appropriate organizations and federal agencies into the safety and efficacy of reprocessed single-use medical devices; and (4) supports the proper reporting of all medical device failures to the FDA so that surveillance of adverse events can be improved.

That our AMA (1) encourage further research to develop written guidelines and procedures for cleaning and sterilizing techniques for safe reprocessing and reuse of medical devices; and (2) reevaluate the efficacy of the FDA policy to classify hospitals as manufacturers in the resterilization and reuse of medical devices.

(MSS Res 10, A-09)

Medical Decision Making for Same-Sex Couples: The MSS formally establishes support for the following HOD policy:

H-140.901 Equity in Health Care for Domestic Partnerships
Our AMA supports legal recognition of domestic partners for hospital visitation rights and as the primary medical care decision maker in the absence of an alternative health care proxy designee.

(MSS Res 13, A-09)

Encouraging Innovative (First in Class) Pharmaceuticals: The MSS formally establishes support for the following HOD policies:

H-460.983 Availability of Funding for Research
(1) Federal funding of basic and applied medical research should be increased at an annual rate of 10 percent (after inflation) for the remainder of the 1980s, and funding in the 1990s should be at a level sufficient to ensure appropriate growth in the nation's biomedical research enterprise. The major recipients of these increases should be the National Institutes of Health, the Veterans Administration, the Alcohol, Drug Abuse and Mental Health Administration, the Food and Drug Administration, and the Centers for Disease Control.(2) The National Institutes of Health, the Alcohol, Drug Abuse and Mental Health Administration, and other granting agencies should fund 40 percent of the approved grant applications each year for the remainder of the 1980s. (3) Appropriate measures to reform patent, tax and licensing laws, as well as measures to enhance the efficiency of regulatory processes, should be adopted by the federal government to encourage private industry involvement in basic and applied biomedical research.

H-110.996 Cost of Prescription Drugs
Our AMA supports increasing physician awareness about the cost of drugs prescribed for their patients.

(MSS Res 14, A-09)

Condoms in Prisons: The MSS formally establishes support for the following HOD policy:

H-430.988 Prevention and Control of HIV/AIDS and Tuberculosis in Correctional Facilities
(1) Medical Testing and Care of Prisoners a) Federal and state correctional systems should provide comprehensive medical management for all entrants, which includes mandatory testing for HIV infection and tuberculosis followed by appropriate treatment for those infected; b) During incarceration, prisoners should be tested for HIV infection as medically indicated or on their request; c) All inmates and staff should be screened for tuberculosis infection and retested at least annually. If an increase in cases of tuberculosis or HIV infection is noted, more frequent retesting may be indicated; d) Testing for HIV infection and tuberculosis should be mandatory for all prisoners within 60 days of their release from prison; e) Physicians who practice in correctional institutions should evaluate all tuberculin-positive inmates for HIV infection and all HIV-positive patients for tuberculosis, since HIV status may affect subsequent management of tuberculosis infection or disease and tuberculosis may accompany HIV infection; f) Correctional institutions should assure that informed consent, counseling, and confidentiality procedures are in place to protect the patient, when HIV testing is appropriate; g) During their post-test counseling procedures, prison medical directors should encourage HIV-infected inmates to confidentially notify their sexual or needle-sharing partners; and h) Correctional medical care must, as a minimum, meet the prevailing standards of care for HIV-infected persons in the outside community at large. Prisoners should have access to all approved therapeutic drugs and generally employed treatment strategies. (2) HIV/AIDS Education and Prevention Our AMA: a) Encourages the inclusion of HIV-prevention information as a regular part of correctional staff and inmate education. AIDS education in state and federal prisons should stress

abstinence from drug use and high-risk sexual practices, as well as the proper use of condoms as one way of decreasing the spread of HIV; b) Will pursue legislation that encourages state, local, and federal correctional institutions to make condoms available to inmates; and c) Urges medical personnel in correctional institutions to work closely with state and local health department personnel to control the spread of HIV/AIDS, tuberculosis, and other serious infectious diseases within and outside these facilities. (3) Prison-based HIV Partner Notification Program Our AMA: a) Urges state health departments to take steps to initiate with state departments of correctional services the development of prison-based HIV Partner Notification Programs for inmates convicted of drug-related crimes and their regular sexual partners; and b) Believes that all parties should recognize that maximum effectiveness in an HIV Partner Notification Program will depend on the truly voluntary participation of inmates and the strict observance of confidentiality at all levels.

(MSS Res 17, A-09)

Rethinking AMA Medical Liability Reform Policy: The MSS formally establishes support for the following HOD policy:

D-435.984 Tort Reform
Our AMA will: (1) continue to pursue MICRA-based reform as the top priority; (2) continue to pursue liability reform efforts by any and all legislative options that would fundamentally change our medical liability system to create fair and equitable remuneration for injured patients and to promote patients' access to health care; and (3) report on its coalition building activities on efforts to reform our civil justice system and make this report available to the general membership by the 2005 Annual Meeting.

H-435.967 Report of the Special Task Force and the Advisory Panel on Professional Liability
(1) It is the policy of the AMA that effective medical liability reform, based on the California Medical Injury Compensation Reform Act (MICRA) model, is integral to health system reform. The AMA's MICRA-based federal tort reform provisions include: (a) a $250,000 ceiling on non-economic damages, (b) the offset of collateral sources of plaintiff compensation, (c) decreasing incremental or sliding scale attorney contingency fees, (d) periodic payment of future awards of damages, and (e) a limitation on the period for suspending the application of state statutes of limitations for minors to no more than six years after birth. (2) Our AMA also supports federal reform to achieve: (a) a certificate of merit requirement as a prerequisite to filing medical liability cases; (b) statutory criteria that outline expert witness qualifications; and (c) demonstration projects to implement potentially effective alternative dispute resolution (ADR) mechanisms. (3) Our AMA supports medical product liability reform, applicable to the producers of pharmaceuticals and medical devices, as an important state and federal legislative reform objective. (4) Any health system reform proposal that fails to include MICRA type reform, or an alternative model proven to be as effective in a state, will not be successful in containing costs, providing access to health care services, and promoting the quality and safety of health care services. Under no circumstances would support for federal legislation be extended or maintained if it would undermine effective tort reform provisions already in place in the states. Federal preemptive legislation that endangers effective state-based reform will be actively opposed.

(MSS Res 14, A-10)

Reevaluation of Elderly Drivers: The MSS formally establishes support for the following HOD policies:

H-15.972 Licensing People to Drive
It is the policy of the AMA (1) to encourage research into the many components and activities of the driving task and into the development of more accurate testing devices; (2) that physicians continue to warn patients about the possibility of untoward side effects from medications, particularly those that might impair driving; (3) that the physician attempt to give competent advice about the wisdom of the patient's driving, while keeping in mind the obligation to protect the community and obey the law; and (4) that the physician, if uncertain about the patient's ability to drive, consider recommending that the state licensing agency arrange a driving test.

H-15.954 Older Driver Safety
(1) Our AMA recognizes that the safety of older drivers is a growing public health concern that is best addressed through multi-sector efforts to optimize vehicle design, the driving environment, and the individual's driving

capabilities, and: (a) believes that because physicians play an essential role in helping patients slow their rate of functional decline, physicians should increase their awareness of the medical conditions, medications, and functional deficits that may impair an individual's driving performance, and counsel and manage their patients accordingly; (b) encourages physicians to familiarize themselves with driver assessment and rehabilitation options, refer their patients to such programs whenever appropriate, and defer recommendations on permanent driving cessation until establishing that a patient's driving safety cannot be maintained through medical interventions or driver rehabilitation; (c) urges physicians to know and adhere to their state's reporting statutes for medically at-risk drivers; and (d) encourages continued scientific investigation into strategies for the assessment and management of driving safety in the clinical setting. (2) Our AMA encourages physicians to use the Physician's Guide to Assessing and Counseling Older Drivers as an educational tool to assist them in helping their patients.

(MSS Res 21, A-10)

Expanding Graduate Medical Education in Response to the Increase in Medical Student Training: The MSS formally establishes support for the following HOD policies:

H-305.929 Proposed Revisions to AMA Policy on the Financing of Medical Education Programs
It is AMA policy that: (1) Since quality medical education directly benefits the American people, there should be public support for medical schools and graduate medical education programs and for the teaching institutions in which medical education occurs. Such support is required to ensure that there is a continuing supply of well-educated, competent physicians to care for the American public. (2) Planning to modify health system organization or financing should include consideration of the effects on medical education, with the goal of preserving and enhancing the quality of medical education and the quality of and access to care in teaching institutions are preserved. (3) Adequate and stable funding should be available to support quality undergraduate and graduate medical education programs. Our AMA and the federation should advocate for medical education funding. (4) Diversified sources of funding should be available to support medical schools' multiple missions, including education, research, and clinical service. Reliance on any particular revenue source should not jeopardize the balance among a medical school's missions. (5) All payers for health care, including the federal government, the states, and private payers, benefit from graduate medical education and should directly contribute to its funding. (6) Full Medicare direct medical education funding should be available for the number of years required for initial board certification. For combined residency programs, funding should be available for the longest of the individual programs plus one additional year. There should be opportunities to extend the period of full funding for specialties or subspecialties where there is a documented need, including a physician shortage. (7) Medical schools should develop systems to explicitly document and reimburse faculty teaching activity, so as to facilitate faculty participation in medical student and resident physician education and training. (8) Funding for graduate medical education should support the training of resident physicians in both hospital and non-hospital (ambulatory) settings. Federal and state funding formulas must take into account the resources, including volunteer faculty time and practice expenses, needed for training residents in all specialties in non-hospital, ambulatory settings. Funding for GME should be allocated to the sites where teaching occurs. (9) New funding should be available to support increases in the number of medical school and residency training positions, preferably in or adjacent to physician shortage/underserved areas and in undersupplied specialties.

H-310.917 Securing Funding for Graduate Medical Education
Our American Medical Association will: (1) continue to be vigilant while monitoring pending legislation that may change the financing of medical services (health system reform) and advocate for expanded and broad-based funding for graduate medical education (from federal, state, and commercial entities); and (2) continue to advocate for graduate medical education funding that reflects the physician workforce needs of the nation.

(MSS Res 8, I-10)

Medical Student Position Regarding the 2010 ACGME Residency Work Standards: The MSS formally establishes support for the following HOD policy:

H-310.979 Resident Physician Working Hours and Supervision

(1) Our AMA supports the following principles regarding the supervision of residents and the avoidance of the harmful effects of excessive fatigue and stress: (a) Exemplary patient care is a vital component for any program of graduate medical education. Graduate medical education enhances the quality of patient care in the institution sponsoring an accredited residency program. Graduate medical education must never compromise the quality of patient care. (b) Institutions sponsoring residency programs and the director of each program must assure the highest quality of care for patients and the attainment of the program's educational objectives for the residents. (c) Institutional commitment to graduate medical education must be evidenced by compliance with Section III.B.4 of the ACGME Institutional Requirements, effective July 1, 2007: The sponsoring institution's GME Committee must [m]onitor programs' supervision of residents and ensure that supervision is consistent with: (i) Provision of safe and effective patient care; (ii) Educational needs of residents; (iii) Progressive responsibility appropriate to residents' level of education, competence, and experience; and (iv) Other applicable Common and specialty/subspecialty specific Program Requirements. (d) The program director must be responsible for the evaluation of the progress of each resident and for the level of responsibility for the care of patients that may be safely delegated to the resident. (e) Each patient's attending physician must decide, within guidelines established by the program director, the extent to which responsibility may be delegated to the resident, and the appropriate degree of supervision of the resident's participation in the care of the patient. The attending physician, or designate, must be available to the resident for consultation at all times. (f) The program director, in cooperation with the institution, is responsible for maintaining work schedules for each resident based on the intensity and variability of assignments in conformity with Residency Review Committee (RRC) recommendations, and in compliance with the ACGME duty hour standards. (g) The program director, with institutional support, must assure for each resident effective counseling as stated in Section II.D.4.k of the Institutional requirements: "Counseling services: The Sponsoring Institution should facilitate residents' access to confidential counseling, medical, and psychological support services." (h) As stated in the ACGME Institutional Requirements (II.F.2.a-c), "The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives." These include patient support services, laboratory/pathology/radiology services, and medical records. (i) Is neither feasible nor desirable to develop universally applicable and precise requirements for supervision of residents. As stated in the ACGME Common Program Requirements (VI.B) "the program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities." (j) Individual resident compensation and benefits must not be compromised or decreased as a result of these recommended changes in the graduate medical education system. (2) These problems should be addressed within the present system of graduate medical education, without regulation by agencies of government.

(MSS Res 15, I-10)

Promoting an Educational Initiative to Educate AMA-MSS Members on the Importance of Public Cord Blood Donation and Available Resources: The MSS formally establishes support for the following HOD policy:

D-370.990 Umbilical Cord Blood Transplantation: The Current Scientific Understanding
Our AMA will: (1) encourage continued research into the scientific issues surrounding the use of umbilical cord blood-derived hematopoietic stem cells for transplantation, including the ex vivo expansion of umbilical cord blood-derived hematopoietic stem cells; the combination of multiple units of closely matched, unrelated umbilical cord blood cells for transplantation; and the improvement of umbilical cord blood cells collection techniques; and (2) work with appropriate organizations to educate physicians and the public about the potential benefits of, and limitations to, umbilical cord blood transplantation as an alternative to bone marrow transplantation.

(MSS Res 17, I-10)

Opposing Mandatory Treatment of Patients Covered by Government-Funded Health Insurance as a Condition of Physician Licensure: The MSS formally establishes support for the following HOD policies:

H-275.994 Physician Participation in Third Party Payer Programs
The AMA opposes state laws making a physician's licensure contingent upon his providing services to Medicaid beneficiaries or any other specific category of patients should be opposed.

H-275.984 Legislative Action
The AMA (1) vigorously opposes legislation which mandates that, as a condition of licensure, physicians who treat Medicare beneficiaries must agree to charge or collect from Medicare beneficiaries no more than the Medicare allowed amount; (2) strongly affirms the policy that medical licensure should be determined by educational qualifications, professional competence, ethics and other appropriate factors necessary to assure professional character and fitness to practice; and (3) opposes any law that compels either acceptance of Medicare assignment or acceptance of the Medicare allowed amount as payment in full as a condition of state licensure.

D-275.962 Threat to Medical Licensure
Our AMA will develop model legislation to ensure that medical licensure is independent of participation in any health insurance program.

(MSS Res 19, I-10)

Awareness, Diagnosis, and Treatment of Bipolar Disorder in Youth: The MSS formally establishes support for the following HOD policies:

H-345.981 Access to Mental Health Services
Our AMA advocates the following steps to remove barriers that keep Americans from seeking and obtaining treatment for mental illness: (1) reducing the stigma of mental illness by dispelling myths and providing accurate knowledge to ensure a more informed public; (2) improving public awareness of effective treatment for mental illness; (3) ensuring the supply of psychiatrists and other well trained mental health professionals, especially in rural areas and those serving children and adolescents; (4) tailoring diagnosis and treatment of mental illness to age, gender, race, culture and other characteristics that shape a person's identity; (5) facilitating entry into treatment by first-line contacts recognizing mental illness, and making proper referrals and/or to addressing problems effectively themselves; and (6) reducing financial barriers to treatment.

H-60.944 Use of Psychotropic Drugs in Children, Adolescents, and Young Adults
Our AMA: (1) endorses efforts to train additional qualified clinical investigators in pediatrics, child psychiatry, and therapeutics to carry out studies related to the effects of psychotropic drugs in children, adolescents, and young adults; and (2) promotes efforts to educate physicians about the appropriate use of psychotropic medications in the treatment of children, adolescents, and young adults.

(MSS Res 21, I-10)

Creating National Standards for Electronic Health Records Systems: The MSS formally establishes support for the following HOD policies:

D-478.996 Information Technology Standards and Costs
Our AMA will: (1) encourage the setting of standards for health care information technology whereby the different products will be interoperable and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems; (2) work with Congress and insurance companies to appropriately align incentives as part of the development of a National Health Information Infrastructure (NHII), so that the financial burden on physicians is not disproportionate when they implement these technologies in their offices; (3) review the following issues when participating in or commenting on initiatives to create a NHII: (a) cost to physicians at the office-based level; (b) security of electronic records; and (c) the standardization of electronic systems; (4) continue to advocate for and support initiatives that minimize the financial burden to physician practices of adopting and maintaining electronic medical records; and (5) continue its active involvement in efforts to define and promote standards that will facilitate the interoperability of health information technology systems.

D-478.994 Health Information Technology
Our AMA will: (1) support legislation and other appropriate initiatives that provide positive incentives for physicians to acquire health information technology (HIT); (2) pursue legislative and regulatory changes to obtain an exception to any and all laws that would otherwise prohibit financial assistance to physicians purchasing

HIT; and (3) support initiatives to ensure interoperability among all HIT systems.

(MSS Res 23, I-10)

AMA Support of Medical Supply Reuse Programs: The MSS formally establishes support for the following HOD policies:

D-250.992 Medical Supply Donations to Foreign Countries
Our AMA will: (1) continue to advertise opportunities for donations on the AMA web site and continue to refer individual physicians to appropriate relief agencies; and (2) continue current relationships with relief organizations.

H-65.994 Medical Care in Countries in Turmoil
The AMA (1) supports the provision of food, medicine and medical equipment to noncombatants threatened by natural disaster or military conflict within their country through appropriate relief organizations; (2) expresses its concern about the disappearance of physicians, medical students and other health care professionals, with resulting inadequate care to the sick and injured of countries in turmoil; (3) urges appropriate organizations to transmit these concerns to the affected country's government; and (4) asks appropriate international health organizations to monitor the status of medical care, medical education and treatment of medical personnel in these countries, to inform the world health community of their findings, and to encourage efforts to ameliorate these problems.

H-250.987 Duty-Free Medical Equipment and Supplies Donated to Foreign Countries
Our AMA will seek, through the federal government, a process to allow for duty-free donations of medical equipment and supplies, which are intended to reach medically-underserved areas and not be used for profit, to foreign countries.

(MSS Res 24, I-10)

Putting Price Transparency into Practice: The MSS formally establishes support for the following HOD policy:

H-373.998 Patient Information and Choice
Our AMA supports the following principles: (1) Greater reliance on market forces, with patients empowered with understandable fee/price information and incentives to make prudent choices, and with the medical profession empowered to enforce ethical and clinical standards which continue to place patients' interests first, is clearly a more effective and preferable approach to cost containment than is a government-run, budget-driven, centrally controlled health care system. (2) Individuals should have freedom of choice of physician and/or system of health care delivery. Where the system of care places restrictions on patient choice, such restrictions must be clearly identified to the individual prior to their selection of that system. (3) In order to facilitate cost-conscious, informed market-based decision-making in health care, physicians, hospitals, pharmacies, durable medical equipment suppliers, and other health care providers should be required to make information readily available to consumers on fees/prices charged for frequently provided services, procedures, and products, prior to the provision of such services, procedures, and products. There should be a similar requirement that insurers make available in a standard format to enrollees and prospective enrollees information on the amount of payment provided toward each type of service identified as a covered benefit. (4) Federal and/or state legislation should authorize medical societies to operate programs for the review of patient complaints about fees, services, etc. Such programs would be specifically authorized to arbitrate a fee or portion thereof as appropriate and to mediate voluntary agreements, and could include the input of the state medical society and the AMA Council on Ethical and Judicial Affairs. (5) Physicians are the patient advocates in the current health system reform debate. Efforts should continue to seek development of a plan that will effectively provide universal access to an affordable and adequate spectrum of health care services, maintain the quality of such services, and preserve patients' freedom to select physicians and/or health plans of their choice. (6) Efforts should continue to vigorously pursue with Congress and the Administration the strengthening of our health care system for the benefit of all patients and physicians by advocating policies that put patients, and the patient/physician relationships, at the forefront.

(MSS Res 25, I-10)

Promoting the Universal Adoption of Electronic Prescription Systems: The MSS formally establishes support for the following HOD policy:

> D-120.958 Federal Roadblocks to E-Prescribing
> 1. Our AMA will initiate discussions with the Centers for Medicare and Medicaid Services and state Medicaid directors to remove barriers to electronic prescribing including removal of the Medicaid requirement that physicians write, in their own hand, "brand medically necessary" on a paper prescription form. 2. Our AMA will initiate discussions with the Drug Enforcement Administration to allow electronic prescribing of Schedule II prescription drugs. 3. It is AMA policy that physician Medicare or Medicaid payments not be reduced for non-adoption of E-prescribing 4. Our AMA will work with federal and private entities to ensure universal acceptance by pharmacies of electronically transmitted prescriptions 5. Our AMA will advocate for appropriate financial and other incentives to physicians to facilitate electronic prescribing adoption.

(MSS Res 26, I-10)

Support of Outreach Programs that Utilize Community Leaders to Deliver Culturally-Competent Health Information: The MSS formally establishes support for the following HOD policies:

> H-205.997 AMA Statement on Voluntary Health Planning
> Our AMA believes that the following principles should be considered in the creation and implementation of a program of voluntary community health planning: (1) Health planning should be the primary function of a collaborative group of community organizations and interested individuals. While a variety of structural modalities may be considered to implement this function, the most common is the creation of an eleemosynary organization by the community to be served. However structured and financed, this "health planning organization" should be created from the mandate of the community to address health needs and priorities in a structured fashion and should be legally incorporated to perform this function. (2) The planning organization must be representative of the community and have the active support and participation of the community to be served, including but not limited to physicians. The proper mix of the participants should be determined by the community served and should be responsive to the priorities of the community. (3) As an entity representing the community-at-large, the planning organization should exhibit the following characteristics: thoroughness, objectivity, integrity, sensitivity to the interests of the community; understanding of health care delivery systems and financing; and accountability to the community served. (4) The planning organization should assume an active positive role in assessing community health and medical needs and should serve as the community's advocate in meeting those needs. The recommendations of the organization should be advisory and the responsibility for implementing those recommendations should rest with the institutions and entities most directly involved. (5) The organization should serve in an informational and educational role to the community-at-large on such issues as community health status, health care financing, health care costs, and the availability of local health resources. Periodic reports should be provided to the community on these and other significant health care issues. (6) The size and scope of the geographic area to be served is best determined by the community residents based on analysis of such factors as population density, service area of health care institutions and practitioners, geographic and transportation considerations, and should not be arbitrarily defined by existing political boundaries. Regional considerations involving two or more such local planning areas may be best coordinated through a consortium of the local planning organizations as appropriate. (7) The planning organization should function under a constitution and bylaws which, at a minimum, set forth: (a) the major objectives of the organization; (b) a locally accepted process for the election, selection and/or appointment of members to the governing body; (c) a mechanism to preserve account-ability to the community-at-large for the recommendations and actions of the organization, recognizing the accepted principles of confidentiality; and (d) a mechanism for ongoing evaluation of all aspects of the organization's services to the community. (8) Decisions regarding the employment of professional consultants and/or staff are properly those of the governing body of the local organization based on the scope of its activities and financial viability. (9) There should be a substantial commitment from the community-at-large to supporting and financing the operation of the planning organization. This commitment may be expressed through donations of public funds, private funds and general solicitation. Donations of time and expertise may be quite substantive and should be recognized equivalently as community contributions. (10) Government may provide supplemental

funding in support of local health planning activities directed toward meeting locally determined goals and objectives. Such supplemental financial assistance from government sources should not diminish or replace the financial or other substantive support of the community. Such supplemental funding should not be accepted without careful consideration of the obligations which may accompany it and a commitment to achieve sufficiency as early as possible. (11) The planning organization should encourage and promote the development of positive incentives to attain the objectives identified by the community and should not have regulatory authority or responsibilities. (12) The protection of the public welfare is properly a concern of government and activities to protect the public may be implemented in a variety of ways. However, local voluntary health planning is a creative process and, therefore, should not include the use of regulatory sanctions. (13) Exemption from the antitrust laws should be sought for actions taken to implement recommendations of the planning organization, in furtherance of the objectives identified and approved by the community through the planning process.

H-440.911 Medicine/Public Health Initiative
The AMA endorses the following recommendations of the Medicine/Public Health Initiative: Recommendation 1. Engage the community. Seek to change existing thinking within academic health centers, health-oriented community organizations, health care delivery systems and providers, and among health care purchasers to focus on improving the health of the community. Specific local implementation strategies might include: (a) Organizing health-oriented networks of community institutions to improve health of vulnerable populations and the community at large. (b) Stimulating the institutional and curriculum changes necessary for academic health centers to develop interdisciplinary teams to work with communities to improve their health. (c) Establishing community-based research programs that focus on locally relevant health problems and develop knowledge likely to benefit the community. Recommendation 2. Change the education process. Enhance the practice of medicine and public health by expanding public health's understanding of medicine and medicine's understanding of public health. Specific strategies might include: Public health help for medicine through providing clinicians with better means to analyze procedures and resource use, and to think epidemiologically and statistically. Medicine's help for public health to understand the full meaning of the care of a patient, and also how to mobilize the practice community to better implement disease prevention and health promotion goals. A common core of knowledge taught to all students of public health and medicine. An organizational strategy to accomplish cross-over education, eg, jointly sponsored program tracks and department to department program affiliations between public health and medical schools, and program agreements for special instruction and training with health departments, health care delivery systems, and practitioners. Giving medical and public health students and medical residents the training and clinical opportunities to learn to function as a team to improve health and serve individuals in the context of their communities. Targeting younger audiences, including high school and college students, to encourage participation in and learning about the relation between medicine and public health. Recommendation 3. Create joint research efforts. Develop a common research agenda for public health and medicine using a three-fold approach. First, educate clinical and public health researchers about the advantages of joining and applying their knowledge in the formulation, design, and execution of research projects. Second, focus these projects on significant health issues. Third, promote public and private funding of research that encourages conceptual and institutional linkages between public health and medicine. Recommendation 4. Devise a shared view of health and illness. Develop a conceptual framework that gives public health and medicine a common approach to health and illness. Specific implementation strategies might include: Creating a unified framework of health and illness for public health and medicine which would utilize a health-illness continuum and focus on adaptive responses to and interactions with the environment. Developing means of transmitting this knowledge to students and practitioners, and to health care organizations. Devising research projects to implement the approach to health and illness contained in the unified framework. Identifying policy implications of the unified framework of health and illness, and educating policy makers about them. Recommendation 5. Work together in health care provision. Develop a framework, including standards and strategies, for integrating health promotion and prevention services and activities into both the clinical and community settings. Specific implementation strategies might include: Reviewing the strengths and weaknesses of different approaches to integrating health promotion and prevention services into health care delivery systems, including the impact of public and private purchasing strategies, as they have evolved in various health care markets across the country. Surveying and evaluating the effectiveness of state and federal regulatory incentives designed to encourage maximum integration of community-wide public health practice into the delivery of health care services and medical practice. Reviewing, summarizing, and encouraging research on the costs and effectiveness of health promotion and disease prevention programs. Fostering public/private community-wide health promotion and public information efforts to create an environment which is

supportive of public health and prevention services and strengthens their impact on improving overall health status. Developing a model package of prevention and health promotion services and activities (including information on "best" practice guidelines), which could be adopted by health plan companies, integrated delivery systems and practitioners. Promoting the development of a national standardized health information system that would integrate public health and health services data. Initiating collaborations between public and private organizations to assess and respond to the changing health needs of communities. Developing health promotion and disease prevention standards and performance measures to include in quality assurance programs for health plan companies, integrated delivery systems and other providers. Recommendation 6. Jointly Develop Health Care Assessment Measures. Synthesize the knowledge of medicine and public health to improve the quality, effectiveness, and outcome measures of health care. Specific implementation strategies might include: Developing better measurement, monitoring, and accountability indices for the use of practitioners, health care provider institutions, and policy-makers. Developing better methods and criteria to establish databases, sufficiently standardized so that they can be readily shared by investigators. Emphasizing the importance of a combined role for medicine and public health in evaluating and placing in perspective major technological advances such as molecular biological screening and gene therapy. Establishing networks and collaborative groups, identifying teaching, intern and extern sites, and synthesizing core training material to accomplish the above objectives. Recommendation 7. Translate Initiative Ideas Into Actions. Outline processes for translating substantive proposals from the Medicine/Public Health Initiative into successful actions. Specific implementation strategies might include: Establishing a national steering committee of organizations represented in the Initiative to develop and coordinate implementation strategies. Linking such a national committee to parallel local committees developed in states and regions, having practitioners, health care provision organizations, public health officials, academic health centers, etc., as members. Defining and developing structured places in practice and policy venues for those students who wish to focus on the integration of medicine/public health concepts. Creating demonstration projects based on relations between public health and medicine within the health provider, academic, community, and policy environments.

(MSS Res 32, I-10)

Testing and Lengthening Drug Expiration Dates: The MSS formally establishes support for the following HOD policy:

H-115.983 Expiration Dates and Beyond-Use Dates of Prescription Drug Products
Our AMA: (1) supports the inclusion of expiration dates on the containers/labels of prescription drug products and recommends that expiration dates be determined by pharmaceutical manufacturers using scientifically based stability testing with subsequent approval by the Food and Drug Administration (FDA); (2) urges the pharmaceutical industry, in collaboration with purchasers, the FDA, and the United States Pharmacopeia (USP), to determine whether lengthening of expiration dates will provide clinical and/or economic benefits or risks for patients and, if this is the case, to conduct longer stability testing on their drug products; (3) recommends that pharmacists place a beyond-use date on the labeling of all prescription medications dispensed to patients, and that the beyond-use date be based on the recommendations in the most recent edition of the United States Pharmacopeia and National Formulary (currently USP 24-NF 19) (official January 1, 2000); and (4) encourages the USP, in collaboration with pharmaceutical manufacturers, pharmacy organizations, and the FDA, to continue to explore the development of appropriate stability tests for the determination of scientifically sound beyond-use dates for repackaged products.

(MSS Res 42, I-10, Reaffirms AMA policy H-115.983)

Broader Regulation of Direct-to-Consumer Genetic Testing**:** The MSS formally establishes support for the following HOD policies:

H-460.908 Genomic-Based Personalized Medicine
Our AMA: (1) acknowledges the increasingly important role of genomic-based personalized medicine applications in the delivery of care, and will continue to assist in informing physicians about relevant personalized medicine issues; (2) will continue to develop educational resources and point-of-care tools to assist in the clinical implementation of genomic-based personalized medicine applications, and will continue to explore external collaborations and additional funding sources for such projects; and (3) will continue to represent physicians'

voices and interests in national policy discussions of issues pertaining to the clinical implementation of genomic-based personalized medicine, such as genetic test regulation, clinical validity and utility evidence development, insurance coverage of genetic services, direct-to-consumer genetic testing, and privacy of genetic information.

D-480.987 Direct-to-Consumer Marketing and Availability of Genetic Testing
Our AMA: (1) recommends that genetic testing be carried out under the personal supervision of a qualified health care professional; (2) encourages individuals interested in obtaining genetic testing to contact a qualified healthcare professional for further information; (3) will work with relevant organizations to develop criteria on what constitutes an acceptable advertisement for a direct-to-consumer genetic test; (4) encourages the U.S. Federal Trade Commission, with input from the U.S. Food and Drug Administration and the Centers for Medicare and Medicaid Services, to require that direct-to-consumer advertisements for genetic testing are truthful and not misleading; such advertisements should include all relevant information regarding capabilities and limitations of the tests, and contain a statement referring patients to physicians to obtain further information; (5) will work to educate and inform physicians regarding the types of genetic tests that are available directly to consumers, including information about the lack of scientific validity associated with some direct-to-consumer genetic tests, so that patients can be appropriately counseled on the potential harms.

(MSS Res 45, I-10)

Promoting a Standard Nutrition Education Curriculum for Primary and Secondary School Age Children: The MSS formally establishes support for the following HOD policies:

D-60.990 Exercise and Healthy Eating for Children
Our AMA shall: (1) seek legislation that would require the development and implementation of evidence-based nutrition standards for all food served in K-12 schools irrespective of food vendor or provider; and (2) work with the US Public Health Service and other federal agencies, the Federation, and others in a coordinated campaign to educate the public on the epidemic of childhood obesity and enhance the K-12 curriculum by addressing the benefits of exercise, physical fitness, and healthful diets for children.

D-440.971 Recommendations for Physician and Community Collaboration on the Management of Obesity
Our AMA will: (1) work with the Centers for Disease Control and Prevention to convene relevant stakeholders to evaluate the issue of obesity as a disease, using a systematic, evidence-based approach; (2) continue to actively pursue measures to treat obesity as an urgent chronic condition, raise the public's awareness of the significance of obesity and its related disorders, and encourage health industries to make appropriate care available for the prevention and treatment of obese patients, as well as those who have co-morbid disorders; (3) encourage physicians to incorporate body mass index (BMI) and waist circumference as a component measurement in the routine adult physical examination, and BMI percentiles in children recognizing ethnic sensitivities and its relationship to stature, and the need to implement appropriate treatment or preventive measures; (4) promote use of our Roadmaps for Clinical Practice: Assessment and Management of Adult Obesity primer in physician education and the clinical management of adult obesity; (5) develop a school health advocacy agenda that includes funding for school health programs, physical education and physical activity with limits on declining participation, alternative policies for vending machines that promote healthier diets, and standards for healthy a la carte meal offerings. Our AMA will work with a broad partnership to implement this agenda; and (6) collaborate with the CDC, the Department of Education, and other appropriate agencies and organizations to consider the feasibility of convening school health education, nutrition, and exercise representatives, parents, teachers and education organizations, as well as other national experts to review existing frameworks for school health, identify basic tenets for promoting school nutrition and physical activity (using a coordinated school health model), and create recommendations for a certificate program to recognize schools that meet a minimum of the tenants.

H-150.996 Nutrition Courses in Medicine
Our AMA recommends the teaching of adequate nutrition courses in elementary and high schools and that the LCME work toward enhancement of the teaching of nutrition in medical schools.

H-150.953 Obesity as a Major Public Health Program
Our AMA will: (1) urge physicians as well as managed care organizations and other third party payers to

recognize obesity as a complex disorder involving appetite regulation and energy metabolism that is associated with a variety of comorbid conditions; (2) work with appropriate federal agencies, medical specialty societies, and public health organizations to educate physicians about the prevention and management of overweight and obesity in children and adults, including education in basic principles and practices of physical activity and nutrition counseling; such training should be included in undergraduate and graduate medical education and through accredited continuing medical education programs; (3) urge federal support of research to determine: (a) the causes and mechanisms of overweight and obesity, including biological, social, and epidemiological influences on weight gain, weight loss, and weight maintenance; (b) the long-term safety and efficacy of voluntary weight maintenance and weight loss practices and therapies, including surgery; (c) effective interventions to prevent obesity in children and adults; and (d) the effectiveness of weight loss counseling by physicians; (4) encourage national efforts to educate the public about the health risks of being overweight and obese and provide information about how to achieve and maintain a preferred healthy weight; (5) urge physicians to assess their patients for overweight and obesity during routine medical examinations and discuss with at-risk patients the health consequences of further weight gain; if treatment is indicated, physicians should encourage and facilitate weight maintenance or reduction efforts in their patients or refer them to a physician with special interest and expertise in the clinical management of obesity; (6) urge all physicians and patients to maintain a desired weight and prevent inappropriate weight gain; (7) encourage physicians to become knowledgeable of community resources and referral services that can assist with the management of overweight and obese patients; and (8) urge the appropriate federal agencies to work with organized medicine and the health insurance industry to develop coding and payment mechanisms for the evaluation and management of obesity.

(MSS Res 46, I-10)

Reduction of Verbal, Physical, and Online Bullying Based on Actual or Perceived Sexual Orientation or Gender Identity: The MSS formally establishes support for the following HOD policy:

D-60.992 Bullying Behaviors Among Children and Adolescents
Our AMA shall work with appropriate federal agencies, medical societies, the Alliance, mental health organizations, education organizations, schools, youth organizations, and others in a national campaign to change societal attitudes toward and tolerance of bullying, and advocate for multifaceted age and developmentally appropriate interventions to address bullying in all its forms.

(MSS Res 23, A-11)

Reducing Suicide Risk Among Lesbian, Gay, Bisexual, Transgender, and Questioning Youth through Collaboration with Allied Organizations: The MSS formally establishes support for the following HOD policies:

D-60.978 Resources to Combat Teen and Young Adult Suicide in the United States
Our AMA will convene a time-limited work group to meet through conference call to identify and evaluate appropriate resources for physicians intended to prevent and reduce teen and young adult suicide, and that such resources be maintained on a publicly accessible Web page hosted by our AMA.

D-60.983 Teen and Young Adult Suicide in the United States
Our AMA will work with appropriate federal agencies, national organizations, and medical specialty societies to compile resources to reduce teen and young-adult suicide, including but not limited to continuing medical education classes, patient education programs, and other appropriate educational and interventional programs for health care providers, and report back at the 2006 Interim Meeting.

(MSS Res 24, A-11)

Self-Injectable Epinephrine Preparedness in Response to Anaphylaxis: The MSS formally establishes support for the following HOD policies:

H-440.884 Food Allergic Reactions in Schools and Airplanes
Our AMA recommends that all: (1) schools provide increased student and teacher education on the danger of food

allergies; (2) schools have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the school administration be trained and certified in the indications for and techniques of their use; and (3) commercial airlines have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the flight staff, such as the head flight attendant, be trained and certified in the indications for and techniques of their use.

D-60.976 Childhood Anaphylactic Reactions
Our AMA will: (1) urge all schools, from preschool through 12th grade, to: (a) develop Medical Emergency Response Plans (MERP); (b) practice these plans in order to identify potential barriers and strategies for improvement; (c) ensure that school campuses have a direct communication link with an emergency medical system (EMS); (d) identify students at risk for life-threatening emergencies and ensure these children have an individual emergency care plan that is formulated with input by a physician; (e) designate roles and responsibilities among school staff for handling potential life-threatening emergencies, including administering medications, working with EMS and local emergency departments, and contacting families; (f) train school personnel in cardiopulmonary resuscitation; (g) adopt the School Guidelines for Managing Students with Food Allergies distributed by the Food Allergy and Anaphylaxis Network; and (h) ensure that appropriate emergency equipment to deal with anaphylaxis and acute asthmatic reactions is available and that assigned staff are familiar with using this equipment; (2) work to expand to all states laws permitting students to carry prescribed epinephrine or other medications prescribed by their physician for asthma or anaphylaxis; (3) support increased research to better understand the causes, epidemiology, and effective treatment of anaphylaxis; (4) urge the Centers for Disease Control and Prevention to study the adequacy of school personnel and services to address asthma and anaphylactic emergencies; (5) urge physicians to work with parents and schools to ensure that all their patients with a food allergy have an individualized emergency plan; and (6) work to allow all first responders to carry and administer epinephrine in suspected cases of anaphylaxis.

(MSS Res 27, A-11)

Improving Access to Subsidized Graduate Student Loans: The MSS formally establishes support for the following HOD policy:

D-305.993 Medical School Financing, Tuition, and Student Debt
(1) The Board of Trustees of our AMA will pursue the introduction of member benefits to help medical students, resident physicians, and young physicians manage and reduce their debt burden. This should include consideration of the feasibility of developing a web-based information on financial planning/debt management; introducing a loan consolidation program, automatic bill collection and loan repayment programs, and a rotating loan program; and creating an AMA scholarship program funded through philanthropy. The AMA also should collect and disseminate information on available opportunities for medical students and resident physicians to obtain financial aid for emergency and other purposes. (2) Our AMA will vigorously advocate for ongoing, adequate funding for federal and state programs that provide scholarship or loan repayment funds in return for service, including funding in return for practice in underserved areas, participation in the military, and participation in academic medicine or clinical research. Obtaining adequate support for the National Health Service Corps and similar programs, tied to the demand for participation in the programs, should be a focus for AMA advocacy efforts. (3) Our AMA will collect and disseminate information on successful strategies used by medical schools to cap or reduce tuition. (4) Our AMA will encourage medical schools to provide yearly financial planning/debt management counseling to medical students. (5) Our AMA will urge the Accreditation Council for Graduate Medical Education (ACGME) to revise its Institutional Requirements to include a requirement that financial planning/debt management counseling be provided for resident physicians. (6) Our AMA will work with other organizations, including the Association of American Medical Colleges, residency program directors groups, and members of the Federation, to develop and disseminate standardized information, for example, computer-based modules, on financial planning/debt management for use by medical students, resident physicians, and young physicians. (7) Our AMA will work with other concerned organizations to promote legislation and regulations with the aims of increasing loan deferment through the period of residency, promoting the expansion of subsidized loan programs, eliminating taxes on aid from service-based programs, and restoring tax deductibility of interest on educational loans.

(MSS Res 7, I-11)

Protecting the Doctor-Patient Relationship: The MSS formally establishes support for the following HOD policy:

> H-373.995 Government Interference in Patient Counseling
> 1. Our AMA vigorously and actively defends the physician-patient-family relationship and actively opposes state and/or federal efforts to interfere in the content of communication in clinical care delivery between clinicians and patients. 2. Our AMA strongly condemns any interference by government or other third parties that compromise a physician's ability to use his or her medical judgment as to the information or treatment that is in the best interest of their patients. 3. Our AMA supports litigation that may be necessary to block the implementation of newly enacted state and/or federal laws that restrict the privacy of physician-patient-family relationships and/or that violate the First Amendment rights of physicians in their practice of the art and science of medicine.

(MSS Res 18, I-11, Reaffirms AMA Policy H-373.995)

Closer Monitoring of Emergency Medical Kits on Passenger Aircrafts: The MSS formally establishes support for the following HOD policy:

> H-45.981 Improvement in US Airlines Aircraft Emergency Kits
> Our AMA urges federal action to require all US air carriers to report data on in-flight medical emergencies, specific uses of in-flight medical kits and emergency lifesaving devices, and unscheduled diversions due to in-flight medical emergencies; this action should further require the Federal Aviation Administration to work with the airline industry and appropriate medical specialty societies to periodically review data on the incidence and outcomes of in-flight medical emergencies and issue recommendations regarding the contents of in-flight medical kits and the use of emergency lifesaving devices aboard commercial aircraft.

(MSS Res 28, I-11)

Reducing Second-Hand Smoke in Apartment Complexes: The MSS formally establishes support for the following HOD policy:

> H-490.907 Tobacco Smoke Exposure of Children in Multi-Unit Housing
> Our AMA: (1) encourages federal, state and local housing authorities and governments to adopt policies that protect children and non-smoking adults from tobacco smoke exposure by prohibiting smoking in multi-unit housing; and (2) encourages state and local medical societies, chapters, and other health organizations to support and advocate for changes in existing state and local laws and policies that protect children and non-smoking adults from tobacco smoke exposure by prohibiting smoking in multi-unit housing.

(MSS Res 39, I-11)

Physician Position to Novel Tobacco Markets: The MSS formally establishes support for the following HOD policies:

> H-495.985 Smokeless Tobacco
> Given that the use of smokeless tobacco (snuff and chewing tobacco) is associated with health risks, our AMA: (1) supports publicizing the increasing evidence that the use of snuff or chewing tobacco is associated with adverse health effects and encourages ongoing research to further define the health risks associated with snuff and chewing tobacco, including the risk of developing cardiovascular disease, and the effectiveness of cessation and prevention programs; (2) objects strongly to the introduction of "smokeless" cigarettes; (3) opposes the use of smokeless tobacco products by persons of all ages; (4) urges that the same requirements and taxes placed on cigarette sales and advertising be applied to smokeless tobacco products; (5) supports legislation to prohibit the sale of smokeless tobacco products to minors and encourages states to enforce strictly the prohibition on purchasing and distributing all tobacco products to individuals under the age of 21 years; (6) supports public and school educational programs on the health effects of smokeless tobacco products; (7) urges the commissioners of professional athletic organizations to discourage the open use of smokeless tobacco by professional athletes and recommends that professional athletes participate in media programs that would discourage the youth of America

from engaging in this harmful habit; and (8) is committed to exerting its influence to limit exposure of young children and teenagers to advertising for smokeless tobacco and look-alike products, and urges that manufacturers take steps to diminish the appeal of snuff and chewing tobacco to young persons.

H-495.987 Tobacco Taxes
(1) Our AMA will work for and encourages all levels of the Federation and other interested groups to support efforts, including education and legislation, to pass increased federal, state, and local excise taxes on tobacco in order to discourage tobacco use. (2) An increase in federal, state, and local excise taxes for tobacco should include provisions to make substantial funds available that would be allocated to health care needs and health education, and for the treatment of those who have already been afflicted by tobacco-caused illness, including nicotine dependence, and to support counter-advertising efforts. (3) Our AMA continues to support legislation to reduce or eliminate the tax deduction presently allowed for the advertisement and promotion of tobacco products; and advocates that the added tax revenues obtained as a result of reducing or eliminating the tobacco advertising/promotion tax deduction be utilized by the federal government for expansion of health care services, health promotion and health education.

(MSS Res 40, I-11)

Amendment to Existing Policy Opposing Legislation which may Interfere with Physicians's Pain Management Strategies: The MSS formally establishes support for the following HOD policy:

H-120.960 Protection for Physicians Who Prescribe Pain Medication
Our AMA supports the following: (1) the position that physicians who appropriately prescribe and/or administer controlled substances to relieve intractable pain should not be subject to the burdens of excessive regulatory scrutiny, inappropriate disciplinary action, or criminal prosecution. It is the policy of the AMA that state medical societies and boards of medicine develop or adopt mutually acceptable guidelines protecting physicians who appropriately prescribe and/or administer controlled substances to relieve intractable pain before seeking the implementation of legislation to provide that protection; (2) education of medical students and physicians to recognize addictive disorders in patients, minimize diversion of opioid preparations, and appropriately treat or refer patients with such disorders; and (3) the prevention and treatment of pain disorders through aggressive and appropriate means, including the continued education of doctors in the use of opioid preparations. Our AMA opposes harassment of physicians by agents of the Drug Enforcement Administration in response to the appropriate prescribing of controlled substances for pain management.

(MSS Res 44, I-11)

Comprehensive Women's Healthcare for Professionals during Training: The MSS formally establishes support for the following HOD policies:

H-295.872 Expansion of Student Health Services
1. It is AMA policy that medical students should have timely access to needed preventive and therapeutic medical and mental health services at sites in reasonable proximity to where their education is occurring. 2. Our AMA will encourage the Liaison Committee on Medical Education to develop an annotation to its standard on medical student access to preventive and therapeutic health services that includes a specification of the following: a. Medical students should have timely access to needed preventive and therapeutic medical and mental health services at sites in reasonable proximity to where their education is occurring. b. Medical students should have information about where and how to access health services at all locations where training occurs. c. Medical schools should have policies that permit students to be excused from class or clinical activities to seek needed care.

H-295.942 Providing Dental and Vision Insurance to Medical Students and Resident Physicians:
The AMA urges (1) all medical schools to pay for or offer affordable policy options and, assuming the rates are appropriate, require enrollment in disability insurance plans by all medical students; (2) all residency programs to pay for or offer affordable policy options for disability insurance, and strongly encourage the enrollment of all residents in such plans; (3) medical schools and residency training programs to pay for or offer comprehensive

and affordable health insurance coverage, including but not limited to medical, dental, and vision care, to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance; (4) carriers offering disability insurance to: (a) offer a range of disability policies for medical students and residents that provide sufficient monthly disability benefits to defray any educational loan repayments, other living expenses, and an amount sufficient to continue payment for health insurance providing the minimum benefits recommended by the AMA for employer-provided health insurance; and (b) include in all such policies a rollover provision allowing continuation of student disability coverage into the residency period
without medical underwriting. (5) Our AMA: (a) actively encourages medical schools, residency programs, and fellowship programs to provide access to portable group health and disability insurance, including human immunodeficiency virus positive indemnity insurance, for all medical students and resident and fellow physicians; (b) will work with the ACGME and the LCME, and other interested state medical societies or specialty organizations, to develop strategies and policies to ensure access to the provision of portable health and disability insurance coverage, including human immunodeficiency virus positive indemnity insurance, for all medical students, resident and fellow physicians; and (c) will prepare informational material designed to inform medical students and residents concerning the need for both disability and health insurance and describing the available coverage and characteristics of such insurance.

(MSS Res 5, A-12)

Reimbursement for Addressing Social Determinants of Health in Primary Care: The MSS formally establishes support for the following HOD policy:

H-160.919 Principles of the Patient-Centered Medical Home
1. Our AMA adopts the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association "Joint Principles of the Patient-Centered Medical Home" as follows:
Principles
Personal Physician - Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.
Physician Directed Medical Practice - The personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.
Whole Person Orientation - The personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.
Care is coordinated and/or integrated across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and
other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.
Quality and safety are hallmarks of the medical home:
Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient's family.
Evidence-based medicine and clinical decision-support tools guide decision making.
Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met.
Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication.
Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model.
Patients and families participate in quality improvement activities at the practice level.

Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.
Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework:
It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.
It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers, and community resources.
It should support adoption and use of health information technology for quality improvement.
It should support provision of enhanced communication access such as secure e-mail and telephone consultation.
It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
It should recognize case mix differences in the patient population being treated within the practice.
It should allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.
It should allow for additional payments for achieving measurable and continuous quality improvements.
2. Our AMA supports the patient-centered medical home (as defined in Policy H-160.919) as a way to provide care to patients without restricting access to specialty care.
3. It is the policy of our AMA that medical home participation criteria allow any physician practice to qualify as a medical home, provided it can fulfill the principles of a patient-centered medical home.
4. Our AMA will work with The Joint Commission (TJC) to examine the structures of TJC-accredited medical homes and determine whether differences exist in patient satisfaction, quality, value, and patient safety, as reflected by morbidity and mortality outcomes, between physician-led (MD/DO) and non-physician-led medical homes.
5. Our AMA supports the physician-led patient-centered medical home and advocate for the public reporting/notification of the professional status (education, training, experience) of the primary care clinician who leads the primary care medical home.

Cost Transparency through Clinical Report Documentation: The MSS formally establishes support for the following HOD policy:

H-185.975 Requiring Third Party Reimbursement Methodology be Published for Physicians
Our AMA: (1) urges all third party payers and self-insured plans to publish their payment policies, rules, and fee schedules; (2) pursues all appropriate means to make publication of payment policies and fee schedules a requirement for third party payers and self-insured plans; (3) will develop model state and federal legislation that would require that all third party payers and self-insured plans publish all payment schedule updates, and changes at least 60 days before such changes in payment schedules are enacted, and that all participating physicians be notified of such changes at least 60 days before changes in payment schedules are enacted. (4) seeks legislation that would mandate that insurers make available their complete payment schedules, coding policies and utilization review protocols to physicians prior to signing a contract and at least 60 days prior to any changes being made in these policies; (5) works with the National Association of Insurance Commissioners, develop model state legislation, as well developing national legislation affecting those entities that are subject to ERISA rules; and explore the possibility of adding payer publication of payment policies and fee schedules to the Patient Protection Act; and (6) supports the following requirements: (a) that all payers make available a copy of the executed contract to physicians within three business days of the request; (b) that all health plan EOBs contain documentation regarding the precise contract used for determining the reimbursement rate; (c) that once a year, all contracts must be made available for physician review at no cost; (d) that no contract may be changed without the physician's prior written authorization; and (e) that when a contract is terminated pursuant to the terms of the contract, the contract may not be used by any other payer.

(MSS Res 15, A-12)

Explicit Recognition of Infant Formula in AMA Advocacy and Policies Governing Industry Gifts and Sample Reporting: The MSS formally establishes support for the following HOD policies:

> E-8.061 Gifts to Physicians from Industry Many gifts given to physicians by companies in the pharmaceutical, device, and medical equipment industries serve an important and socially beneficial function. For example, companies have long provided funds for educational seminars and conferences. However, there has been growing concern about certain gifts from industry to physicians. Some gifts that reflect customary practices of industry may not be consistent with the Principles of Medical Ethics. To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines: (1) Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members. (2) Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (eg, pens and notepads). (3) The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made. (4) Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference. (5) Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses. (6) Scholarship or other special funds to permit medical
> students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional, or specialty medical associations. (7) No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures.
>
> H-245.982 AMA Support for Breastfeeding
> (1) Our AMA: (a) recognizes that breastfeeding is the optimal form of nutrition for most infants; (b) endorses the 2005 policy statement of American Academy of Pediatrics on Breastfeeding and the use of Human Milk, which delineates various ways in which physicians can promote, protect, and support breastfeeding practices; (c) supports working with other interested organizations in actively seeking to promote increased breastfeeding by Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) recipients, without reduction in other benefits; (d) supports the availability and appropriate use of breast pumps as a cost-effective tool to promote breast feeding; and (e) encourages public facilities to provide designated areas for breastfeeding and breast pumping; mothers nursing babies should not be singled out and discouraged from nursing their infants in public places. (2) Our AMA: (a) promotes education on breastfeeding in undergraduate, graduate, and continuing medical education curricula; (b) encourages all medical schools and graduate medical education programs to

support all residents, medical students and faculty who provide breast milk for their infants, including appropriate time and facilities to express and store breast milk during the working day; (c) encourages the education of patients during prenatal care on the benefits of breastfeeding; (d) supports breastfeeding in the health care system by encouraging hospitals to provide written breastfeeding policy that is communicated to health care staff; (e) encourages hospitals to train staff in the skills needed to implement written breastfeeding policy, to educate pregnant women about the benefits and management of breastfeeding, to attempt early initiation of breastfeeding, to practice "rooming-in," to educate mothers on how to breastfeed and maintain lactation, and to foster breastfeeding support groups and services; (f) supports curtailing formula promotional practices by encouraging perinatal care providers and hospitals to ensure that physicians or other appropriately trained medical personnel authorize distribution of infant formula as a medical sample only after appropriate infant feeding education, to specifically include education of parents about the medical benefits of breastfeeding and encouragement of its practice, and education of parents about formula and bottlefeeding options; and (g) supports the concept that the parent's decision to use infant formula, as well as the choice of which formula, should be preceded by consultation with a physician.

(MSS Res 26, A-12)

Cancer Screenings to Reduce Health Disparities: The MSS formally establishes support for the following HOD policies:

D-350.996 Strategies for Eliminating Minority Health Care Disparities
Our American Medical Association: (1) commend the Institute of Medicine (IOM) on its report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,"and that all applicable AMA Councils be requested to formally review the IOM report and its recommendations and submit reports back to the AMA House of Delegates at the 2003 Interim Meeting from their areas of expertise with specific strategies to move towards the elimination of racial and ethnic health care disparities; and (2) identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts, as appropriate.

(MSS Res 27, A-12)

Advocating for Medical-Legal Partnerships: The MSS formally establishes support for the following HOD policies:

D-265.989 Medical-Legal Partnerships to Improve Health and Well Being
Our AMA: (1) encourages physicians to develop medical-legal partnerships (MLPs) to help identify and resolve diverse legal issues that affect patients' health and well-being; (2) will work with physician groups and other key stakeholder organizations such as the American Bar Association and the Legal Services Corporation to: (a) educate physicians on the impact of unmet legal needs on the health of patients; (b) will provide physicians with information on screening for such unmet legal needs in their patients; and (c) provide physicians, hospitals and health-centers with information on establishing a Medical-Legal Partnership; and (3) will create a model medical-legal partnership agreement for physicians to utilize as guidance when entering into such an agreement.

Tax Deductions for State Based Health Insurance Exchange Policies: The MSS formally establishes support for the following HOD policies:

H-165.848 Individual Responsibility To Obtain Health Insurance
1. Our AMA will support a requirement that individuals and families earning greater than 500% of the federal poverty level obtain, at a minimum, coverage for catastrophic health care and evidence-based preventive health care, using the tax structure to achieve compliance. 2. Upon implementation of a system of refundable, advanceable tax credits inversely related to income or other subsidies to obtain health care coverage, our AMA will support a requirement that individuals and families earning less than 500% of the federal poverty level obtain, at a minimum, coverage for catastrophic health care and evidence-based preventive health care, using the tax structure to achieve compliance.

H-165.920 Individual Health Insurance
Our AMA: (1) affirms its support for pluralism of health care delivery systems and financing mechanisms in obtaining universal coverage and access to health care services; (2) recognizes incremental levels of coverage for

different groups of the uninsured, consistent with finite resources, as a necessary interim step toward universal access; (3) actively supports the principle of the individual's right to select his/her health insurance plan and actively support ways in which the concept of individually selected and individually owned health insurance can be appropriately integrated, in a complementary position, into the Association's position on achieving universal coverage and access to health care services. To do this, our AMA will: (a) Continue to support equal tax treatment for payment of health insurance coverage whether the employer provides the coverage for the employee or whether the employer provides a financial contribution to the employee to purchase individually selected and individually owned health insurance coverage, including the exemption of both employer and employee contributions toward the individually owned insurance from FICA (Social Security and Medicare) and federal and state unemployment taxes; (b) Support the concept that the tax treatment would be the same as long as the employer's contribution toward the cost of the employee's health insurance is at least equivalent to the same dollar amount that the employer would pay when purchasing the employee's insurance directly; (c) Study the viability of provisions that would allow individual employees to opt out of group plans without jeopardizing the ability of the group to continue their employer sponsored group coverage; and (d) Work toward establishment of safeguards, such as a health care voucher system, to ensure that to the extent that employer direct contributions made to the employee for the purchase of individually selected and individually owned health insurance coverage continue, such contributions are used only for that purpose when the employer direct contributions are less than the cost of the specified minimum level of coverage. Any excess of the direct contribution over the cost of such coverage could be used by the individual for other purposes; (4) will identify any further means through which universal coverage and access can be achieved; (5) supports individually selected and individually-owned health insurance as the preferred method for people to obtain health insurance coverage; and supports and advocates a system where individually-purchased and owned health insurance coverage is the preferred option, but employer-provided coverage is still available to the extent the market demands it; (6) supports the individual’s right to select his/her health insurance plan and to receive the same tax treatment for individually purchased coverage, for contributions toward employer-provided coverage, and for completely employer provided coverage; (7) supports immediate tax equity for health insurance costs of self-employed and unemployed persons; (8) supports legislation to remove paragraph (4) of Section 162(l) of the US tax code, which discriminates against the self-employed by requiring them to pay federal payroll (FICA) tax on health insurance premium expenditures; (9) supports legislation requiring a "maintenance of effort" period, such as one or two years, during which employers would be required to add to the employee’s salary the cash value of any health insurance coverage they directly provide if they discontinue that coverage or if the employee opts out of the employer-provided plan; (10) encourages through all appropriate channels the development of educational programs to assist consumers in making informed choices as to sources of individual health insurance coverage; (11) encourages employers, unions, and other employee groups to consider the merits of risk-adjusting the amount of the employer direct contributions toward individually purchased coverage. Under such an approach, useful risk adjustment measures such as age, sex, and family status would be used to provide higher-risk employees with a larger contribution and lower-risk employees with a lesser one; (12) supports a replacement of the present federal income tax exclusion from employees’ taxable income of employer-provided health insurance coverage with tax credits for individuals and families, while allowing all health insurance expenditures to be exempt from federal and state payroll taxes, including FICA (Social Security and Medicare) payroll tax, FUTA (federal unemployment tax act) payroll tax, and SUTA (state unemployment tax act) payroll tax; (13) advocates that, upon replacement, with tax credits, of the exclusion of employer-sponsored health insurance from employees’ federal income tax, any states and municipalities conforming to this federal tax change be required to use the resulting increase in state and local tax revenues to finance health insurance tax credits, vouchers or other coverage subsidies; and (14) believes that refundable, advanceable tax credits inversely related to income are preferred over public sector expansions as a means of providing coverage to the uninsured.

(MSS GC Rep C, A-12