



AMA-MSS Digest of Policy Actions

Updated November 2008

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)
- 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)
- 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)
- 5.004MSS** Physician Discretion and Reproductive Health: AMA-MSS opposes the Partial Birth Abortion Ban Act of 2003 and supports all legislative and judicial efforts that oppose the law on the grounds that the law interferes with the physician's discretion in making medical decisions. (MSS Res 12, 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)

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)
- 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)
- 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)

10.007MSS A Request to Study the Feasibility of Implementing an AMA Patient Safety Database: AMA-MSS will ask the AMA to study the feasibility of creating and implementing a patient safety database incorporating existing policy guidelines. (MSS Res 24, I-04) (AMA Res 505, A-05, Not 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)

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)

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)

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)

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)
- 20.010MSS** Opposition to Mandatory Screening of Prisoners for HIV: 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)
- 20.011MSS** Expansion of Existing AMA Policy on 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)
- 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)
- 20.014MSS** Promotion of Rapid HIV Test: AMA-MSS will ask the AMA to: (1) 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 and (2) report back on its efforts to increase access to FDA approved HIV rapid testing at the 2006 Interim Meeting (I-06). (MSS Res 30, I-04) (AMA Amended Res 511, A-05, Adopted [20.993])
- 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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

- 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)
- 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)
- 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)
- 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)
- 60.013MSS** A Children's Bill of Medical Rights: AMA-MSS will not adopt MSS Resolution 14, A-04. (MSS Rep C, I-04)
- 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])
- 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])

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)

65.000MSS **Civil and Human Rights**

65.001MSS Equal Rights Amendment: AMA-MSS will ask the AMA to support the intent of the ERA (AMA Amended Res 138, A 81, Adopted) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I 00) (Reaffirmed: MSS Rep E, I-05)

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)

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)

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 [])

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 [])

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)

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)

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)

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)
- 90.006MSS** Assistance of Handicapped Individuals onto Aircrafts with Less Than 30 Seats: AMA-MSS will ask the AMA to support legislation that mandates assistance of handicapped individuals, by aircraft personnel, onto commercial aircrafts of less than thirty seats. (AMA Sub Res 206, A-94, Adopted [90.983]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

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)
- 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)
- 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)

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** Amending 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)
- 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)
- 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)

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)

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)

115.000MSS Drugs: Labeling and Packaging

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)

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)

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)

130.003MSS Teaching of Cardiopulmonary Resuscitation to All High School Students: AMA-MSS will ask the AMA to amend policy H-130.983 to read as follows: “The AMA supports publicizing the importance of teaching CPR including the use of Automated External Defibrillation and strongly recommends the incorporation of CPR classes as a voluntary part of secondary school programs.” (MSS Sub Res 17, A-04)

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)

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)

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)

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)

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)

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)

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)

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)

140.003MSS AMA Response to HHS Proposals: 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)

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)

- 140.007MSS** AMA-MSS Support of Advance Directives: AMA-MSS affirms the need for advance directives and will provide its members with information about advance directives. (MSS Res 27, I-90) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 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)
- 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)
- 140.015MSS** Promotion and Efficient Utilization of Advanced Directives: AMA-MSS will ask the AMA to (1) recommend that health service providers and eligible organizations provide an appropriately trained professional for discussing issues concerning advance directives with adult patients receiving medical care who do not have documented advance directives; (2) recommend that advance directives completed by a patient be placed in a prominent area of the patient's medical record; and (3) recommend the inclusion of information on and eligibility requirements pertaining to organ and tissue donation in any advanced directive. (MSS Sub Res 59, I-98) (Reaffirmed existing policy in lieu of AMA Res 3, A-99) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)
- 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)
- 140.018MSS** Periodic Review and Updating of Advance Directives: AMA-MSS will ask the AMA to support policies and legislation mandating physician reimbursement for time spent discussing advance directives with patients. (MSS Rep A, I-06)

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)
- 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)

- 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)
- 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)
- 145.007MSS** National Handgun and Handgun Ammunition Ban: AMA-MSS will ask the AMA to support a national and local ban on the private ownership of handguns and handgun ammunition in the United States with the exception of law enforcement and military personnel. (AMA Sub Res 215, I-94, Adopted [H-145.993]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 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)

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)
- 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)
- 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)
- 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)
- 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)
- 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: 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 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)

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)

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)

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 on Accreditation of Hospitals (JCAH) 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)

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)

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)

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)

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)

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)

160.010MSS Concierge Medicine: AMA-MSS will study the issue of concierge medicine, its many modalities, its impact on our careers and molding future patient care, and report back at A-05. (MSS Res 32, I-04) (GC Report E, A-05 [160.011MSS])

160.011MSS Concierge Medicine: Informational report. (MSS Rep E, A-05)

165.000MSS Health Care 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)
- 165.013MSS** Educating the Medical Community and Other Stakeholders about "Expanding Health Insurance: The AMA Proposal for Reform": AMA-MSS will: (1) Increase efforts to educate medical students about the AMA's plan for health insurance reform at the national, state, and local levels; (2) Support current AMA efforts to educate the medical community, lawmakers, and the general public about the AMA's plan for health insurance reform; and (3) Facilitate the distribution of materials produced by the AMA and AMA-MSS pertaining to the AMA's plan for health insurance reform to medical students at the national, state, and local levels. (MSS Amended Res 2, I-06)
- 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)

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)
- 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)
- 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)
- 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)
- 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)
- 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)

- 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 will ask the AMA to: (1) extend its 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; and (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. (MSS Res 23, I-04) (AMA Amended Res 834, Adopted [H-170.968])
- 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)
- 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)
- 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)

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)

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)

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)

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)

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)

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)

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)

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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 [I])

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)

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)
- 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)
- 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)
- 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)
- 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)

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)

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)

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)

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)

250.012MSS Studying the Health Effects of Aerial Herbicide Spraying Under “Plan Columbia”: AMA-MSS will ask the AMA to issue a public statement requesting that the World Medical Association and

the World Health Organization study the health effects of aerial herbicide spraying in the South American country of Colombia and its neighboring countries. (MSS Res 23, A-04)

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)

250.014MSS MSS Involvement with International Health and Policy: AMA-MSS will investigate the creation of a program that would specifically allocate a stipend for a student internship in international health and policy and will specify organizations with established internship opportunities dealing with international and public health. (MSS Res 25, 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 [])

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)

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)

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)

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)

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)

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)

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": (1) 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. (2) AMA-MSS will initiate a Legislative Alert concerning any future legislation or regulation that would interfere with a physician's ability to communicate all treatment options to his or her patients within 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)

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)

- 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)
- 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)
- 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)
- 270.018MSS** AMA Stance on Physician Scripts and Support for Ongoing Fetal Pain Research: AMA-MSS will ask the AMA to: (1) encourage further unbiased research on fetal pain; and (2) oppose government-mandated physician scripts. (MSS Res 4, I-05) (AMA Amended Res 523, A-06, Adopted)
- 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 [])

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)

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)

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)

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)

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)

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)

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)

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 encourage 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)

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)

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)

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)

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)

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)

- 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)
- 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)
- 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)
- 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)
- 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)

- 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)
- 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)
- 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)
- 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)
- 295.047MSS** HBV Vaccine for Healthcare Providers: AMA-MSS will ask the AMA to strongly recommend that all medical schools provide to medical students, as part of student fees, the HBV vaccinations and subsequent antibody titers until immunity is acquired, unless medically contraindicated. (AMA Sub Res 302, I-93, Adopted in lieu of Res 302 and 304 [305.951]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 295.048MSS** Influenza Vaccine for Healthcare Providers: AMA-MSS will ask the AMA to recommend that all medical schools provide annual influenza vaccinations to medical students, as part of student fees, unless medically contraindicated. (AMA Res 304, I-93; AMA Sub Res 302 Adopted in lieu of Res 302 and 304 [305.951]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 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)

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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)

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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)

- 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)
- 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)
- 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)

- 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)
- 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)
- 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)
- 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])

295.120MSS Standardization of the USMLE Testing Environment: AMA-MSS will investigate the environment in which the USMLE Steps 1, 2CK, and 3 are proctored, and will study the means of standardizing examination environments which will not increase cost to students with report back at I-04. (MSS Res 3, A-04)

295.121MSS MSS Support of the Harvard/Commonwealth Policy Education Initiative: AMA-MSS will serve as a collaborator for the Harvard/Commonwealth Health Policy Education Initiative and 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])
- 295.124MSS** Patient Safety Practices: AMA-MSS will seek to educate its members on patient safety and quality assessment tools at I-04. (MSS Sub Res 21, A-04)
- 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)
- 295.127MSS** Flight Discounts for Travel for AMA-MSS Members: AMA-MSS will ask the AMA to seek flight discounts for AMA-MSS members traveling to the Clinical Skills Assessment Exam (CSAE)/ Comprehensive Osteopathic Medical Licensure Examination-Performance Evaluation (COMLEX-PE) and to residency interviews and seek flight discounts for AMA-MSS members utilizing travel services. (MSS Res 5, I-04) (AMA Res 607, A-05, Referred for Decision)
- 295.128MSS** Changing the Culture of Healthcare Delivery: Encouragement of Teamwork Among Healthcare Professional Students: The AMA-MSS Governing Council will review medical school and other allied health programs that promote interaction between students in health care professions, and report back at I-05. (MSS Sub Res 7, I-04)
- 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])
- 295.130MSS** Standardization of the USMLE Testing Environment: The AMA-MSS Governing Council will send a letter to the National Board of Medical Examiners to request improvements in the United States Medical Licensing Examination (USMLE) testing environment, including availability of quiet rooms, use of quiet keyboards, construction of sound resistant cubicles, and provision of earplugs or headphones. (MSS Rep D, I-04)
- 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])
- 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)
- 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)
- 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)
- 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)
- 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)

- 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])
- 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)
- 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)
- 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)
- 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 [])
- 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 [I])

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)

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)

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)

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)

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 305.015MSS** Student Loan Repayment Under Tax Reform: AMA-MSS will ask the AMA to: (1) seek a legislative remedy to the portion of the 1986 Tax Reform Act that eliminated the deduction of the interest on educational loans; and (2) assist the MSS in organizing an MSS legislative alert program supporting the reinstatement of student loan interest deductions. (AMA Res 111, I-86) (AMA Res 121, Adopted) (Reaffirmed: MSS Rep E, I-96) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06)

- 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)
- 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)
- 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)
- 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)
- 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)
- 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; (2) encourage state and county medical societies to develop policy and

lobby state legislatures to help restrain medical school tuition increases; and (3) report back to the HOD at A-02 on AMA progress in limiting rapidly rising medical school tuition levels, especially mid-year and retroactive 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)

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)

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)

305.056MSS Health Insurance for Medical Students: AMA-MSS will ask the AMA to work with the AMA Insurance Agency to investigate the feasibility of developing and marketing a health insurance plan that will be tailored to medical students, affordable, continuous, hassle-free, and more comprehensive than a catastrophic (major-medical) plan, with report back at I-05. (MSS Res 13, I-04) (AMA Res 617, A-05, Adopted [D-630.980])

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)

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)

- 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 [])
- 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)
- 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)
- 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)
- 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)
- 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)

- 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)
- 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)
- 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)
- 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)
- 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)

- 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)
- 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)
- 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)

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)

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)

310.037MSS Multiple Offers for Residency and Fellowship Applicants: AMA-MSS reaffirms AMA D-310.977 (National Resident Matching Program Reform). (MSS Rep E, I-06)

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 Resolution 7, A-07)

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)

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)

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)

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)

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)

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)

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 of 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])

360.000MSS Nurses and Nursing

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)

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)

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)

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)

370.004MSS The Inclusion of Advance Directives Concerning Organ Donation in Living Wills: AMA-MSS will ask the AMA to encourage physicians to discuss advance directives and organ donation as a part of the ongoing doctor-patient relationship. (AMA Res 218, I-93, Adopted [370.977]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

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)

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)

- 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 [])

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)
- 390.002MSS** Physician Reimbursement for Advance Directives: AMA-MSS will ask the AMA to encourage Medicare to reimburse physicians for medical conference with patients and/or relatives and guardians regarding medical management and future medical management, particularly as it relates to the discussion of advance directives (i.e., living wills and durable powers of attorney for health care.) (AMA Amended Res 1, I-90, Adopted [390.916]) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 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)

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)
- 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)

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)

425.000MSS Preventive Medicine**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)

- 435.006MSS** Medical Student Malpractice Coverage: The AMA-MSS Governing Council will study the issue of medical student malpractice coverage, the impact of differences in medical liability insurance coverage on externship participation at other training institutions, and the availability of and methods of funding supplemental malpractice insurance for medical students, with report back at I-04. (MSS Res 4, A-04)

- 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)

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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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)

- 440.010MSS** Varicella Vaccine: AMA-MSS will ask the AMA to advocate that health care workers be given the informed option of receiving the varicella vaccine. (AMA Res 403, A-96, Referred) (CSA Rep 2, A-97, Adopted [440.906]) (Reaffirmed: MSS Rep B, I-01) (Reaffirmed: MSS Rep F, I-06)
- 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)
- 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])
- 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)
- 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)
- 440.028MSS** HPV Vaccine in Cervical Cancer Prevention Worldwide:
(1) 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.

(2) AMA-MSS will provide a brief status report on AMA activities related to the HPV vaccine at A-07. (MSS Res 5, A-06)

- 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)
- 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 [])

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)
- 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)

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) A two-year moratorium on the creation of any new NIH institute should be imposed. (3) Private funding of academic research should be encouraged through a system of financial incentives. (4) 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. (5) 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. (6) Individuals and institutions must police themselves in order to combat overly restrictive regulation. (7) 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. (8) Medical school admissions committees should develop criteria that do not penalize applicants who express interest in pursuing careers in biomedical research. (9) Federal support for training physician-scientists should be strengthened. (10) 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)

- 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)
- 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)
- 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)
- 460.006MSS** AMA and AMA-MSS Support For NIH Public Access Policy:
 (1) AMA-MSS supports development and implementation, by the NIH and other appropriate organizations, of policies and systems that will provide free and continuous public access, beginning a reasonable amount of time after original publication, to all published, peer-reviewed manuscripts based on work funded in any part by the NIH.
 (2) AMA-MSS will communicate AMA policy on public access to NIH-funded research results through a letter to both NIH and the Alliance for Taxpayer Access. (MSS Res Late 2, I-04)
- 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 NASA's new 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)

- 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 encourages continued investigation into the possibility of a July Phenomenon and its etiology in surgery and other fields through analysis of nationwide, risk-adjusted, outcome-based, peer-controlled, and validated databases, as exemplified by the American College of Surgeons National Surgical Quality Improvement Program. (MSS Amended Res 15, I-08)
- 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)

460.100MSS 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)

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)
- 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** 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)

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 trials when ethical prior to the wide spread dissemination of medical technologies and emphasize the importance of clinical trials 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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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])

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)

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)

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)

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)

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)

515.006MSS Addition of Sexual Violence Awareness to AMA Policy D-515.998: AMA-MSS will ask the AMA to amend policy D-515.998 by addition and deletion to read as follows:
D-515.998 Resources for Victims of Sexual Violence in the Adolescent Population
Our AMA will develop materials on domestic violence, partner abuse, and date violence, and sexual violence (including but not limited to sexual assault, sexual harassment, stalking, and cyberstalking) that are suitable for use in junior high and high schools and work with the Alliance and state medical societies in an effort to ensure the distribution and placement of these materials in junior high and high schools around the country. (MSS Res 5, I-06)

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)

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)

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)

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)

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) reaffirm H-160.991 including the importance of taking a thorough and sensitive sexual history; (2) 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 (3) 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)

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)
- 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)
- 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)
- 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)
- 530.021MSS** AMA Use of Social Security Numbers: AMA-MSS will ask the AMA to: (1) no longer require whole SSNs of physicians-in-training, residents, or physicians applying for membership, but rather utilize a unique non-SSN identifier; (2) delete existing SSNs from AMA databases and replace them with a unique non-SSN identifier associated with each particular member. (MSS Amended Res Late 2, A-05, Adopted) (AMA Res 625, A-05, Referred) (BOT Rep 3, I-05, Adopted [D-630.979])

530.022MSS Reevaluating AMA-MSS Membership Benefits: Informational report. (MSS Rep H, A-05, Filed)

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)

535.000MSS AMA: Board of Trustees

535.001MSS Commendation to the AMA Board of Trustees:
(1) AMA-MSS commends the AMA Board of Trustees for their recent efforts aimed at encouraging the availability of quality medical care at lower costs, especially to those with limited ability to pay.

(2) 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)

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)

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)

550.000MSS AMA: House of Delegates

550.004MSS Medical Student Representation in the AMA House of Delegates: AMA-MSS will ask the AMA to devise a system by A-00 creating a medical student delegation to the HOD composed of a medical student delegate and alternate delegate in a ratio equal to that used for specialty society representation. (MSS Res 4, A-99) (AMA Sub Res 10, A-99, Adopted [D-600.996]) (Reaffirmed: MSS Rep A, I-04)

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)

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)

550.007MSS

Defining Physician as M.D. and D.O.: AMA-MSS will ask the AMA to: (1) suggest that all resolutions be written to include both “MD and DO,” unless specifically applicable to one or the other; and (2) suggest that all reference committees amend the language of any resolution that reads either “M.D. or D.O.” to read “M.D. and D.O.,” unless specifically applicable to one or the other, prior to publication of reference committee reports. (MSS Sub Res 41, A-04) (AMA Res

606, A-05, Adopted [G-600.061])

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)
- 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)
- 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)
- 565.004MSS** Expanding Student Involvement and Participation in AMPAC: (1) AMA-MSS reaffirms Policy 565.003. (2) The AMA-MSS Governing Council will research the creation of an election process for the AMPAC student board member with report back at I-04. (MSS Sub Res 36, A-04)
- 565.005MSS** Expanding Student Involvement and Participation in AMPAC: (MSS Rep D, A-05, Recommendations not Adopted, Report Filed)
- 565.006MSS** Increasing AMPAC Transparency: The AMA-MSS Governing Council will collaborate with the AMPAC Student Advisory Board and AMPAC Board of Directors Student Representative on placing the following on our MSS Web site:
 (1) A list of all AMPAC contributions and other candidate-related expenditures for at least the past three election cycles.
 (2) A detailed description of AMPAC's general contribution process including at a minimum:
 (a) The process by which requests are forwarded to AMPAC from state PACs.
 (b) The options AMPAC has when considering such requests.
 (c) The way in which state PACs and candidates are notified of AMPAC's decision.
 (d) Methods other than direct contribution by which AMPAC can support particular candidates (e.g. independent expenditures, partisan communications).
 (e) An explanation of how an AMPAC member can most effectively register his or her opinion of a given candidate (either with AMPAC or the state PAC) in order to have that

opinion considered in the contribution process.

(f) A statement of AMPAC's general contribution priorities for the current election cycle, including a statement of the AMA's legislative priorities, without reference to any specific race or contribution.

(g) If one year after placement, the AMPAC information on the MSS website is deemed by the AMPAC student board member and the Governing Council to be both fiscally and logistically appropriate to maintain, the GC will forward a request to the AMPAC Board of Directors for inclusion of that information on the AMPAC website. (MSS Rep B, I-05)

565.007MSS Update on the Trial Expansion of the Government Relations Internship Program to International Health and Policy Internships:

(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 ten available GRIP positions will be filled by candidates pursuing IHP internships.

(2) The MSS Global Health and Policy Committee actively promote and publicize the expansion of GRIP to IHP over the coming year, with GC report back on the success of this continued expansion at I-09. (MSS Rep D, I-08)

630.000MSS **AMA-MSS: Administration and Organization**

630.002MSS Use of MSS Assembly Mailing List: It is the policy of the AMA-MSS that the Assembly mailing list be given only to the following types of organizations: state, county and specialty medical societies; other medical student organizations; and other organizations whose policy/policies are in accord with those of the MSS. Other requests that do not fall into the above categories will be decided on a case-by-case basis by the AMA-MSS Governing Council. Any member of the Assembly may designate himself/ herself as a "no contact." (MSS Rep D, A-83) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

630.003MSS Supplying Officers of State MSS' with Agendas for MSS Meetings: AMA-MSS will supply agenda books to the officers of state medical society student sections who request these materials. (MSS Res 16, A-84) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

630.006MSS Placing State Student Leaders on MSS Mailing List: (1) AMA-MSS directs the MSS States Leadership Conference at each national meeting to compile a list of medical student section leaders, with these leaders being placed on the MSS mailing list. (2) It is the policy of the AMA-MSS that the MSS Agenda Book be limited to distribution to state section chairs and convention attendees. (MSS Sub Res 3, A-85) (Reaffirmed: MSS COLRP Rep B, I-95) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)

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)

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)

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)

- 630.035MSS** Inclusion of E-Mail Addresses in Agenda Books: (1) AMA-MSS will include space for e-mail addresses on credentialing and registration forms for Interim and Annual Meetings. (2) Email addresses will be included for all participants in the MSS Agenda Book. (MSS Sub Res 34, A-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 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)
- 630.040MSS** Designation of Electronic Communication Liaison: AMA-MSS recommends that each section advocate the designation of an Electronic Communications Liaison who will be responsible for the following: (1) promotion of the availability and usefulness to MSS members of MSS electronic communication systems, (2) education of MSS members in the utilization of these electronic communication systems, and (3) assistance when applicable to MSS members in order to facilitate their use of these systems. The designated Electronic Communications Liaison should work closely in cooperation with the AMA-MSS Computer Projects Committee in order to maximize utilization by MSS members of available electronic communication systems. (MSS Sub Res 25, I-94) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 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)
- 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)
- 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)
- 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: (1) AMA-MSS policy 630.044MSS, Sunset Mechanism for AMA-MSS Policy, will be amended to change the review cycle from 10 to five years. (2) The 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)
- 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)
- 630.061MSS** Bring Back the Printed Copies of Meeting Handbooks: AMA-MSS will maintain access to an electronic version of the meeting handbook and also provide members registered for the national meeting the option of receiving a printed copy. (MSS Res 29, A-04)
- 630.062MSS** Community Service Recognition Award:
 (1) AMA-MSS will: (a) create an online template whereby medical school chapters may submit completed community service projects to be considered for recognition; (b) create a webpage to highlight, on a regular basis, service projects from those submitted by AMA-MSS chapters.

 (2) The AMA-MSS Governing Council will select annually from the submitted community service projects and give recognition to the outstanding community service project of the year at the AMA-MSS annual meeting and on the AMA-MSS Web page.

 (3) AMA-MSS will recognize the medical school chapter with the outstanding community service project of the year by giving a grant of \$500 to continue community involvement in the local chapter. (MSS Res 30, A-04)
- 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)
- 630.064MSS** Parity: AMA-MSS will study the best approach for improving the mechanism of representation of medical students within the MSS Assembly and explore the possibility of changing the structure of this representation with report back at I-04. (MSS Res 37, A-04)
- 630.065MSS** AMA Medical Student Section 2004-2007 Strategic Plan:
 (1) In the realm of advocacy, our MSS should continue to view the Regional Delegates as independent entities, the assistance of which should be actively solicited in order to accomplish AMA-HOD victories; continue to pursue collaborative national advocacy goal setting and execution, as is done through the AMA-MSS Committee on Legislation and Advocacy; actively solicit the input of the AMA Government Relations Advocacy Fellow in the generation of national advocacy directions, as it would with any of the student members of AMA Councils, while recognizing that the Fellow is primarily responsible to the AMA Advocacy Staff and continue to develop learning modules, action items, and development materials that are accessible and easy to use for the implementation of MSS actions at the state and chapter levels.

(2) In the realm of membership, AMA-MSS should make membership recruitment and retention the number one goal for the next three years; emphasize retention of involvement of members as they transition into their clinical years of medical school; develop better mechanisms to retain membership of students as they transition out of medical school and into residencies; utilize advocacy as a means to increase membership recruitment and retention, while recognizing that breadth of policy is a key to attracting a breadth of potential members and improve public awareness of MSS advocacy victories as a means to increase membership recruitment and retention by any means necessary, including but not limited to seeking an AMA staff position dedicated to MSS external communications.

(3) In the realm of leadership, our AMA-MSS Governing Council should continue to pursue collaborative policy making in the form of ad-hoc task forces and standing committees; encourage the MSS Chair to delegate responsibility for advocacy to the Vice-Chair so that the Chair can emphasize collaborating with other organizations (e.g. AMSA, AAMC, SNMA, etc.) and serving as the public face of the MSS; encourage the MSS Member at-Large to take full responsibility for pursuing the membership goals; take steps to strengthen Regional allegiance and leadership.

(4) AMA-MSS Leadership will regularly evaluate their progress toward the accomplishment of these goals, with annual reports to the AMA-MSS Assembly.

(5) AMA-MSS will make this Strategic Plan available on the MSS Website and seek a new three year plan for the 2007-2010 period, with report to the MSS Assembly at A-07. (COLRP Rep A, 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)

630.067MSS Development of Regional Infrastructure: Informational report. (MSS Rep E, I-04)

630.068MSS Medical Student Section Discretionary Funding: (1) It is the policy of the AMA-MSS that the Governing Council be allotted a discretionary fund of at least \$500 for every Annual/Interim Meeting beginning with I-05 that may only be used with the sole authorization of the Chair of the Medical Student Section and be disbursed according to existing AMA guidelines regarding discretionary funding. (2) The AMA-MSS Governing Council will work with appropriate staff members to become more involved in the allocation of the existing budget of the Medical Student Section and report back with specific examples of how Governing Council input into the process has changed by A-06. (MSS Amended Res 9, A-05, Adopted)

630.069MSS Developing our Regions:

(1) The AMA-MSS Governing Council will re-commission the Regions Task Force to develop amendments to the AMA-MSS Internal Operating Procedures reflective of current structure and intention of the Regions with additional language to create Regional Coordination Committees in each Region with report back to the AMA-MSS Assembly in I-05.

(2) AMA-MSS reaffirms the roles of the Regional Chairs.

(3) 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.

(4) AMA-MSS will develop an orientation handbook for newly elected Regional Leadership.

(5) AMA-MSS will develop an orientation workshop for newly elected Regional Leadership to be

held as soon as possible after their election.

(6) AMA-MSS recognizes the Regional Leadership for their time, efforts and selflessness.

(7) The AMA-MSS Governing Council will seek funding and resources for the Regional Chair and Vice-Chair to include:

- (a) Airfare and hotel accommodations for the Annual and Interim Meetings
- (b) Airfare and hotel accommodations to attend their Regional meeting.
- (c) Conference calls with Regional leaders, state or chapter chairs as needed.

(8) The AMA-MSS Governing Council will re-commission the Regions Task Force to continue to study the question of Regional realignment with report back to the AMA-MSS Assembly in I-05.

(9) AMA-MSS will provide opportunity for an additional Regional meeting at each AMA-MSS meeting to take place prior to the opening of the MSS General Assembly.

(10) The AMA-MSS Governing Council will seek funding for the addition of one full-time staff person for the purpose of support of our Regions with report back at A-06. (MSS Regions Task Force Rep A, A-05)

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)

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)

640.002MSS

Strategic Plan Directives:

(1) The AMA-MSS Committee on Long Range Planning shall develop a new MSS Strategic Plan for 2007-2010.

(2) The new Strategic Plan shall, as feasible and appropriate, incorporate input from meeting participants, committee members, Councilors/appointees, the Governing Council, and the general membership.

(3) The new Strategic Plan shall, in addition to other issues identified as priorities by COLRP, consider and make recommendations regarding:

- (a) Strategies for improving coordination and communication between Committees, Councilors, Governing Council, staff, and all other MSS leadership, including but not limited to a system of regular reports.
- (b) The role of the Government Relations Advocacy Fellow in setting the MSS' advocacy direction and the appropriate interaction between the GRAF, the GC, and the MSS Committees.
- (c) What data the MSS should most aggressively seek to acquire regarding the characteristics, desires, and perceptions of current and prospective members.

- (d) Which member(s) of the MSS Governing Council should serve as the primary liaison(s) to AMA Membership/Marketing staff.
- (e) Avenues for our MSS to pursue to improve communications with the general membership, the leadership, and the public. (MSS GC Rep C, A-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)
- 640.010MSS** Legislative Awareness Committee: It is the policy of the AMA-MSS that the Legislative Awareness Committee be a Standing Committee within the AMA-MSS. (MSS Rep L, A-93) (Reaffirmed: MSS Rep B, I-00) (Reaffirmed: MSS Rep E, I-05)
- 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)
- 640.012MSS** Funding for AMA-MSS Standing Committees: The AMA-MSS Governing Council will study the creation of a grant specifically allotted for AMA-MSS standing committees to use for promotion of (1) activities that focus on a past or present National Service Project; (2) community service, advocacy, or educational activities related to an issue that is addressed by AMA or AMA-MSS Policy; and (3) membership recruitment at national AMA-MSS meetings with report back at A-05. (MSS Res 14, 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)

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)

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)

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)

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)

645.020MSS Amendments to MSS Internal Operating Procedures regarding Convention Committees: AMA-MSS amends its Internal Operating Procedures (IOPs) as follows:

Section VII, H, 1:

Credentials Committee. An eight member Credentials Committee, composed of one member per

region as defined in VII.A., unless there are no candidates from a region, and one Chair, shall be appointed by the Governing Council. The Committee shall be responsible for consideration of all matters relating to the registration and certification of delegates including credentialing delegates for business meetings, verifying a quorum is present, and distributing ballots for elections;

Section VII, H, 2:

Rules Committee. A Rules Committee shall be composed of four at-large members. The committee shall review late and emergency resolutions and make recommendations to the MSS Assembly on whether or not to consider them as business of the Assembly. The Rules Committee shall also collect and tabulate ballots for MSS elections, and count hand votes during the business meeting as requested by the Speakers;

Section VII, H:

The convention committees shall be appointed by the Governing Council. These committees are to expedite the conduct of business at each meeting of the MSS Assembly. For each meeting, the Governing Council will appoint the following committees and any others they see fit that would facilitate the business of the Assembly. (MSS Res 3, I-04)

645.021MSS Mechanism of Representation within the MSS Assembly: (MSS Rep I, A-05, Recommendations Not Adopted, Rep Filed)

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 sunset, 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 [])

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)

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)

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)

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)

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)

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)

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)

655.030MSS Lifetime E-Mail Accounts as a Benefit of AMA Membership: AMA-MSS will ask the AMA to study the implementation and value added benefit of either an e-mail forwarding service or e-mail accounts as a benefit of AMA membership and report back no later than A-06. (MSS Res 1, I-04) (AMA Res 603, A-05, Referred)

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)

655.032MSS Extending Membership Benefits to Students Enrolled in the Sophie Davis Biomedical Education B.S./M.D. Program: Informational report. (MSS Rep B, 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)

660.027MSS Motivating our MSS Leadership: Informational report. (MSS Rep C, A-05, Filed)

660.028MSS Tiering our Leadership: (1) AMA-MSS reaffirms Section IV.E and IV.G of the MSS Internal Operating Procedures. (2) Informational report filed. (MSS Regions Task Force Rep B, A-05)

660.029MSS Trustee Nomination:
AMA-MSS amends its Internal Operating Procedures to read as follows:

Section VI.A, Candidates. Medical students seeking the student position on the AMA Board of Trustees must submit an application, CV, and statement of interest by the deadline determined by the Governing Council. Students who have submitted applications after the deadline may be nominated from the floor of the Business Meeting at a time determined by the Governing Council. Incumbent students seeking reelection must enter the election process.

Section V, Governing Council, Speaker & Vice Speaker, and student representative to the AMA Board of Trustees.

A. Time of Election. The Chair-Elect of the Governing Council shall be elected by the MSS Assembly at the Interim Meeting for a two-year term which will include 6 months as Chair-Elect, one full year as Chair, and 6 months as Immediate Past Chair. The four remaining Governing Council members and the Speaker and Vice Speaker shall be elected by the MSS Assembly at the Annual Meeting of the Section. The Governing Council shall set the day and hour of such elections and shall give the medical student members of the Association ample notification. Nominations. Nominations for the Governing Council positions, and Speaker and Vice Speaker positions shall be received in advance of the Annual Meeting (student representative to the AMA Board of Trustees and Chair-Elect at the Interim Meeting), pursuant to the rules of the Medical Student Section. Further nominations may be made from the floor of the Business Meeting at a time determined by the Governing Council. (MSS Committee on Long Range Planning Rep A, I-05)

660.030MSS Concurrent Leadership Positions:

(1) It is the policy of the AMA-MSS that:

- (a) No Councilor or Liaison may run for a MSS Governing Council position at the Annual Meeting if their term will either begin after or continue more than two months past that Annual Meeting.
- (b) A Councilor or Liaison may run for the position of Trustee at the Interim Meeting if their current Councilor or Liaison position will not continue past the Annual Meeting as per AMA Bylaws (policy B-5.101).
- (c) No MSS member shall hold a Council or Liaison position as well as a Governing Council position at the same time for more than two months, unless their Governing Council position will conclude before their term as Councilor/Liaison position starts. The only exception shall be that a member may hold a Councilor or Liaison position and the position of Immediate-Past Chair simultaneously.
- (d) Members may not run for the position of Chair-Elect while simultaneously serving as Councilor or Liaison.
- (e) All applicants for Council and Liaison positions be informed of the Governing Council's decision to appoint or not appoint them at least three months prior to the Annual Meeting.

(2) AMA-MSS will put in place any appropriate changes to the Internal Operating Procedures

(IOPs) necessary to the implementation of the above recommendations for A-06.

(3) AMA-MSS will pursue any changes to AMA Bylaws necessary to the implementation of the above recommendations at A-06. (MSS Committee on Long Range Planning Rep B, I-05) (AMA Sub Res 4, A-06, Adopted)

660.031MSS Chair's Report on Budget Initiatives: 1. That the Chair-Elect of the Governing Council shall, as part of his/her official duties, work with the MSS Director to become involved in the budgeting process of the Section and to develop proposals for new initiatives as appropriate; and that the Chair or Chair-Elect of the Governing Council shall, as part of his/her official duties, present an annual report on the categorized usage of the MSS budget over the preceding fiscal year. (MSS GC Rep D, A-06)

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)

665.002MSS Regional Delegate/ Alternate Delegate Apportionment: The AMA-MSS Governing Council will revisit the issue of RD/AD apportionment with report back to the AMA-MSS Assembly at A-2010. (MSS RITForce Rep C, A-06)

665.003MSS Regional Realignment:
 (1) The AMA-MSS Governing Council will re-commission a Regional Infrastructure Task Force in 2006-2007 to continue studying the issue of regional infrastructure and stability, especially with respect to:

- (a) funding for chapter and regional leadership
- (b) regional realignment
- (c) the future of the status of satellite / branch campuses within the MSS
- (d) increased medical student representation within the AMA HOD; and

(2) The AMA-MSS Governing Council will re-commission a Regional Infrastructure Task Force to continue to study the question of regional realignment with interim report back to the AMA-MSS Assembly and a workshop in I-06 and a proposal for regional realignment (taking into consideration the issue of satellite campuses) to the AMA-MSS Assembly in A-07. (MSS RITForce Rep D, A-06)

665.004MSS Recommendations for Improvement of the Region Chair's Guide: Informational report. (MSS GC RITForce Rep B, A-06, Filed)

665.005MSS Developing our Regions: Informational Report. (MSS Rep C, I-06)

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) (AMA Res a, A-08, Adopted [])

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)

AMA-MSS Statements of Support for HOD Policies

MSS Reaffirmation Calendar: AMA-MSS will 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. (MSS Amended Res 17, A-93; MSS Rep C, I-93; MSS Rep C, I-97; MSS Rep A, A-08)

Increasing the Student Loan Cap for Single Parents and Families with Dependent Children: That the AMA adopt a policy to provide equal opportunity to single parents and low income families; that the MSS appoint a committee to research available means to provide financial aid options for medical students with dependent children; and that the AMA seek to increase the federal lending cap to allow for an increased budget and borrowing power for students with dependent children to facilitate their ability to obtain advanced degrees, including medical degrees. (MSS Res 32, A-98, Reaffirms MSS Sub Res 9, A-97, and AMA Amended Res 205, I-97)

Medical Student Debt: That the AMA-MSS continue to recognize the seriousness of the problem of the expanding burden on medical education related debt; that the AMA-MSS elevate this to one of the top legislative priorities on its agenda; and that the AMA-MSS, in cooperation with other like-minded professional associations lobby aggressively for return to the pre-1986 tax status for the interest on education related debt. (MSS Res 19, I-98, Reaffirms AMA Amended Res 304, A-98)

Physician Involvement in the Care for the Uninsured: That county and state branches of the AMA establish formal relationships with local public health departments by which AMA physicians can more readily and effectively participate in preventive and safety-net services to the uninsured; and that the AMA serve as a clearing house for short or long term charity care opportunities for physicians and actively promote them to its members. (MSS Res 45, I-98, Reaffirms AMA Policy 160.961)

Disparity in Mental Health Coverage: That the AMA encourage health insurance companies to recognize and cover mental health treatment as a legitimate, necessary and standard outpatient service with reimbursement rates on a par with other medical specialties. (MSS Res 62, I-98, Reaffirms AMA Policies 345.992; 185.974; 185.986; Reaffirmed: MSS Rep C, A-04)

Skin Cancer Prevention in Children: That the AMA work with the American Academy of Dermatology (AAD) to increase the number of sun protection intervention programs in elementary and middle schools since sun protection declines in adolescents, and increase awareness about the harmful effects of the sun and encourage sun-protective behaviors early in life by including sun-safety curricula in elementary and middle schools, such as the Sunny Days, Healthy Ways curriculum, and that the AMA support more aggressive efforts to disseminate information on the risks of skin cancer, the ABCDs of melanoma, and the proper method for skin cancer self examination to all subgroups of the population, especially those of lower socioeconomic status and those people with skin types IV, V, and VI, because everyone is at risk for skin cancer. (MSS Res 26, A-99, Reaffirms AMA Policies 170.969 and 55.980)

Regulation of Tattoo Artists, Skin Piercers, Facilities: That health and safety risks of body piercing indicate that standardized legislation and regulation is needed for artists (individuals) who perform this service; that body piercing practitioners must be able to recognize and counsel patients on body piercing complications; that consumers should be aware of some of the risks presented by tattoos and permanent makeup: 1. Unsterile tattooing equipment and needles can transmit infectious disease, such as hepatitis; it is extremely important to confirm that all equipment is clean and sanitary before use; 2. Tattoos and permanent makeup are not easily removed and in some cases may cause permanent discoloration; think carefully before getting a tattoo and consider the possibility of an allergic reaction; and 3. Blood donations cannot be made for a year after getting a tattoo or permanent makeup; that AMA policy H-440.909 read: The AMA encourages the state regulation of tattoo artist and tattoo facilities to ensure adequate procedures according to the Alliance of Professional Tattooists guidelines, and that these practices should be followed:

The tattooist should have an autoclave (regulated by the FDA) on the premises. Consent forms (which the customer must fill out) should be handled before tattooing. Immediately before tattooing, the tattooist should wash and dry his or her hands thoroughly and don medical latex gloves, which should be worn at all times during application of the tattoo. Needle bars and tubes should be autoclaved after each customer. Non-autoclavable surfaces such as pigment bottles, drawer pulls, chairs, tables, sinks, and the immediate floor area should be cleaned with a disinfectant such as a bleach solution. Used absorbent tissues should be placed in a special puncture-resistant, leak-proof container for disposal. In a registered piercing studio – certificates should be placed in prominent areas for consumers to see. The piercer is wearing gloves and protective clothing and has hair tied back. All surfaces are smooth and are able to be wiped, including the floor. Needles are disposable. All dressings are sterile packed. The piercer washes their hands before piercing. All instruments are autoclaved or disposable. All jewelry is sterile packed. Adequate information is given to consumer and after care advice and checkups are offered. The piercer does not attempt to carry out piercings which are medically irresponsible; and encourage all physicians to Rep All adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program; that according to the Association of Professional Piercers guidelines, these practices should be followed 1. To be pierced in a scrupulously hygienic, open environment, by a clean, conscientious piercer wearing a fresh pair of disposable latex gloves. 2. To a sober, friendly, calm and knowledgeable piercer, who will guide them through their piercing experience with confidence and assurance. 3. To the peace of mind which comes from knowing that their piercer knows and practices the very highest standards of sterilization and hygiene. 4. To be pierced with a brand new, completely sterilized needle, which is immediately disposed of in a medical sharps container after use on the piercee alone. 5. To be touched only with freshly sterilized, appropriate implements, properly used and disposed of or resterilized in an autoclave prior to use on anyone else. 6. To know that piercing guns are NEVER appropriate, and are often dangerous, when used on anything including earlobes. 7. To be fitted only with jewelry which is appropriately sized, safe in material, design, and construction, and which best promotes healing. Gold-plated, gold-filled, and sterling silver jewelry are never appropriate for any new or unhealed piercing. 8. To be fully informed about proper aftercare, and to have continuing access to their piercer for consultation and assistance with all their piercing-related questions. (MSS Res 3, I-99, Reaffirms AMA Policies 440.909 and 440.943; and MSS Policy 440.015)

Infant and Child Safety on Airplanes: That the AMA strongly urge the FAA to adopt an air safety standard which would require that all children under two years of age or under 40 pounds be restrained appropriately such as through the use of a child restraint system (CRS) at appropriate times during a flight; and, that the AMA urge the FAA to require that individual airlines provide child restraint system devices to qualifying children. (MSS Resolution 13, I-99, Reaffirms AMA Policy 45.989)

Transparency in Capitation Rate Setting: That the AMA draft model legislation and support legislation that requires health plans to be open and transparent with the bases, actuarial or otherwise, for determining capitation rates. (MSS Resolution 34, I-99, Reaffirms AMA Policy 185.975; 180.961; 285.946; 185.979)

Physicians As Role Models of Health Maintenance: That the AMA will actively encourage physicians, regardless of medical specialty, to act as role-models in proper general health maintenance by undergoing appropriate health screening exams, consuming a well balanced diet, exercising regularly to promote cardiovascular and musculoskeletal health, and maintaining appropriate blood pressures, serum cholesterol, and blood sugar levels; and to promote healthy lifestyle practices in hospitals and clinics by developing policies to encourage the employees of these institutions to undergo appropriate health screening exams, maintain a desired body weight, consume a well balanced diet, exercise regularly to promote cardiovascular and musculoskeletal health, and maintain appropriate blood pressures, serum cholesterol, and blood sugar levels; and to take advantage of time during office visits, on discharge from hospital courses, and whenever appropriate to promote healthy lifestyles, appropriate health screening measures, and regular follow-up with primary care physicians among their patients. (MSS Res 8, A-00, Reaffirms AMA Policy 170.995)

Education Regarding Childhood Obesity: That the AMA encourage research to determine the metabolic, behavioral and environmental predictors of obesity in children, assess ways in which to modify environmental risk factors for childhood obesity; and promote the development of practical guidelines for exercise programs in children; and encourage pediatricians to educate their patients as well as the parents of their patients about the dangers of childhood obesity and ways to prevent it. (MSS Res 11, A-00, Reaffirms AMA Policy 440.902)

Physician Education Regarding Benefits of Social Group Therapy for Breast Cancer Patients: That our Medical Student Section of the AMA will work to educate physicians about the benefits of social group therapy for breast cancer patients;

encourage physicians to recommend and encourage social group therapy for breast cancer patients; and work with the American Cancer Society to promote cancer support groups especially in a primary care setting. (MSS Res 24, A-00, Reaffirms AMA Policy 55.999)

De-linking Medicaid from Welfare: Room for Improvement: That the American Medical Association advocate for improvements in the nation's Medicaid system as a requirement for reauthorization of PRWORA, including but not limited to: 1) Simplifying the process for Medicaid enrollment, including development of separate forms for Medicaid and TANF in every state. 2) Mandating educational seminars of caseworkers in each state about the different eligibility requirements for Medicaid and cash assistance to prevent dissemination of misinformation. 3) Continuing aggressive outreach programs in every state to ensure 100% health care coverage for the children of the United States. 4) Revising eligibility requirements so that those with incomes below the federal poverty line qualify for Medicaid. States could raise the additional funds using Massachusetts' model of an increase in the tobacco sales tax. 5) Encouraging states to develop programs, like the Insurance Partnership of Massachusetts, to help employers provide health insurance to low-income employees. (MSS Res 9, A-02, Reaffirms AMA Policies H-290.976 and H-290.982)

Protection From Second-Hand Tobacco Smoke at Access Points of Public Buildings: That the AMA support appropriate legislation prohibiting smoking at access points of public buildings in order to eliminate this significant cause of involuntary exposure to harmful second-hand tobacco smoke and that the AMA take into consideration the unreasonable public health risk posed by second-hand tobacco smoke when making decisions regarding choices of location for conducting AMA activities. (MSS Res 2, I-02 Reaffirms AMA Policies H-505.983 and H-630.140)

Consideration of Humanistic Qualities in Medical School Admissions:

That our AMA reaffirm previous policy that "encourage[s] 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" and encourage medical school admissions committees to place significant emphasis on the humanistic aspects (such as empathy, integrity and commitment to service) of an applicant's candidacy, and to make admissions decisions accordingly. (MSS Res 2, A-03 Reaffirms AMA Policy H-295.888)

Bioterrorism Education in the Medical School Curriculum Prior to Clinical Rotations:

That our American Medical Association will encourage the inclusion of bioterrorism readiness education for medical students prior to clinical clerkships. (MSS Res 6, A-03 Reaffirms AMA CSA Rep 4, A-99 and AMA BOT Rep 26, I-01)

Protection from Second-Hand Tobacco Smoke at Access Points of Public Buildings:

That the AMA support appropriate legislation prohibiting smoking at access points of public buildings in order to eliminate this significant cause of involuntary exposure to harmful second-hand tobacco smoke and take into consideration the unreasonable public health risk posed by second-hand tobacco smoke when making decisions regarding choices of location for conducting AMA activities. (MSS Res 13, A-03 Reaffirms AMA Policies H-505.983 and H-630.140)

Basic Life Saving (BLS) Skills for Medical Students:

That the AMA encourage that all medical schools require "Basic Life Saving (BLS) Certification for Healthcare Providers" to be completed by all medical students prior to entrance or during Orientation. (MSS Res 7, I-05 Reaffirms MSS Policy 295.083 and AMA Policy H-295.906)

Increasing Whole Grains in School Children's Diets:

That our AMA shall: (1) recommend the incorporation of more whole grain foods into the nutrition standards of K-12 students (2) encourage school food vendors to offer whole grain options for the school systems and move towards the replacement of white bread with a whole grain alternative. (MSS Res 12, I-05 Reaffirms AMA Policy H-150.962)

Sun Safety Education in Elementary Public Schools:

That the AMA should support existing programs that promote sun safety education in public schools, starting at the elementary school level, which emphasize the importance of and methods for correct sunscreen application, such as the Sunwise program created by the Environmental Protection Agency and the Children's Sun Protection Program created by the Skin Cancer Foundation and that the AMA should support enforcement of an educational program in public schools, starting at the elementary school level, which includes mandatory sunscreen application prior to outdoor recess, outdoor

physical education classes, and other outdoor school activities on days with a UV index greater than 6. (MSS Res 16, I-05 Reaffirms MSS Policy 60.011 and AMA Policy D-170.997)

Providing Government-Sponsored Healthcare Forms in Multiple Languages:

That the AMA support legislation that would require all government-sponsored healthcare application and renewal forms be provided to non-English speaking patients in their primary language. (MSS Res 21, I-05 Reaffirms AMA Policy H-290.982)

Encouragement of Medicaid Funding for 17P Progesterone for High Risk Pregnancies:

That our AMA strongly encourage all state Medicaid programs and private insurers to provide funding for 17P progesterone treatment for all eligible women in need of this therapy. (MSS Res 2, I-07 Reaffirms AMA Policies H-290.993, H-420.972, and H-425.976)

Decreasing the Spread of HIV/AIDS in the United States:

That our AMA (1) promote the establishment of a standard of care that calls for hospital and medical personnel to routinely recommend testing for HIV/AIDS in conjunction with any medical evaluation to patients ages 13-64 as suggested by the CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings;" and (2) develop these standards in cooperation with other interested stakeholders. (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:

That our AMA (1) seek to raise awareness among AMA physicians of electronic medical records, medical records database, and their potential benefits; (2) support legislation that would lead to designing a program that would convert all records to an electronically based database that will ensure privacy, increased quality of care and increased communications between physicians of different specialties in regards to patient's care; and (3) design policies to encourage hospitals locally and statewide to increase the conversion of paper forms to electronic ones and have them collected into a database that can be accessed by physicians/appointed personnel for patient care in urgent and non-urgent settings. (MSS Res 17, I-07 Reaffirms AMA Policies H-478.995, D-165.952, D-478.994, D-478.995, and D-478.996)

Offering Healthy Food Choices in Primary and Secondary Schools Nationwide:

That our AMA support national legislation requiring healthy food menu options that meet predetermined, evidence-based nutritional standards as prescribed by the medical community in all primary and secondary schools. (MSS Res 22, I-07 Reaffirms AMA Policy D-60.990)

Medical School Tuition Caps and Tuition Freezes to Alleviate the Primary Care Physician Shortage in the U.S.:

That our AMA (1) encourage private and public medical schools to adopt policies that either limit the yearly percentage increase in tuition or hold tuition constant throughout the four years of medical school for each entering class; (2) consider recent difficulties in recruiting primary care physicians to be related to the increase in medical school indebtedness; (3) support increasing the avenues and incentives for medical students to pursue careers in primary care medicine; and (4) ensure that medical school will remain affordable for students of all socioeconomic backgrounds. (MSS Res 5, I-08, Reaffirms AMA policies D-305.975, H-200.973, H-200.997, H-200.977, and H-305.928 and MSS policy 200.010MSS)

Increasing the Federal Subsidized Stafford Loan Limit for Graduate and Professional Students

That the Federal Government substantially increase the subsidized Stafford Loan limit; and that the subsidized Stafford Loan limit be adjusted for inflation regularly. (MSS Res 11, I-08, Reaffirms AMA policy D-305.993)

MSS Resolution 14 - Interoperable Electronic Medical Records: The Future of a Segmented Health Care System

That our AMA (1) support development of an interoperable, HIPAA compliant health information network that will securely provide patient-level data and be uniformly accessible through existing and future EMR systems; and (2) support the essential nature of governmental participation in efforts to develop an interoperable, HIPAA compliant health information network to ensure availability of adequate financial resources, oversight, and enforcement. (MSS Res 14, I-08, Reaffirms AMA policies H-478.995, D-165.952, D-478.994, D-478.995, and D-478.996)

Expansion of National Health Services Corps Scholarship and Loan Repayment

That our AMA (1) advocate for the significant expansion of the National Health Service Corps scholarship and loan repayment programs, and lobby Congress to pass legislation to further that expansion and to secure future funding sufficient to meet the full placement needs of the NHSC; and (2) draft a letter to its component medical societies encouraging them to advocate for the expansion of state programs that provide scholarship and loan forgiveness opportunities for primary care professionals (MSS Res 16, I-08, Reaffirms AMA policies D-305.975, D-305.993, H-200.984, H-200.985, H-465.988, D-200.984, and D-200.989 and MSS policy 200.002MSS)