

**SUMMARY OF ACTIONS  
MEDICAL STUDENT SECTION RESOLUTIONS**

**2013 INTERIM MEETING  
NATIONAL HARBOR, MARYLAND**

**MSS RESOLUTION 1 - OPT-OUT ORGAN DONATION**

**MSS ACTION: SUBSTITUTE MSS RESOLUTION 1 ADOPTED.**

RESOLVED, That our AMA reexamine the ethical considerations of presumed consent and other potential models for increasing the United States organ donor pool.

**MSS RESOLUTION 2 – PREVENTING VIOLENT INTENT TRAMA RECIDIVISM**

**MSS ACTION: AMA POLICIES H-145.975, H-515.979, AND D-515.993 REAFFIRMED IN LIEU OF MSS RESOLUTION 2.**

RESOLVED, That our American Medical Association support making public funds available for financing, studying and implementing trauma recidivism prevention programs; and be it further

RESOLVED, That our American Medical Association encourage trauma centers to systematically identify individuals with literature-supported risk factors for repeat violence and provide them with community resources and counseling related to their risk factors prior to and after discharge; and be it further

RESOLVED, That the American Medical Association lobby against and oppose any limitations on the unbiased study of, or public funding for, any trauma and injury research including but not limited to investigations of trauma-related weaponry such as firearms.

**MSS RESOLUTION 3 – MEDICAL STUDENT MISTREATMENT**

**MSS ACTION: MSS RESOLUTION 3 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS formally support AMA Policies H-295.900, H-225.969, and H-295.955; and be it further

RESOLVED, That our AMA-MSS encourage medical schools to have procedures in place for students to report incidents of mistreatment without fear of retaliation and that instructions on how to report incidents should be explained to students at the beginning of medical school and again before starting clinical rotations.

**MSS RESOLUTION 4 – OVER THE COUNTER ACCESS TO ORAL CONTRACEPTIVES**

**MSS ACTION: AMA POLICIES D-75.995 AND H-170.968 REAFFIRMED IN LIEU OF MSS RESOLUTION 2.**

RESOLVED, That our AMA-MSS support the AMA in recommending to the US Food and Drug Administration that manufacturers of oral contraceptives be encouraged to submit the required application and supporting evidence for the Agency to consider approving a switch in status from prescription to over-the-counter for such products ; and be it further

RESOLVED, That our AMA-MSS encourage the continued study of issues relevant to over- the-counter classification of oral contraceptives.

RESOLVED, That our AMA-MSS support action by our AMA in efforts to expand patient access to over-the-counter US Food and Drug Administration-approved oral contraceptives in conjunction with a multidisciplinary-approach to educating patients on the appropriate use of over-the-counter oral contraceptive pills.

### **MSS RESOLUTION 5 – UNIFIED MEDICAL EDUCATION**

#### **MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS support a Unified Accreditation system for allopathic and osteopathic graduate medical education programs.

### **MSS RESOLUTION 6 – BEST PRACTICES FOR MOBILE MEDICAL APPLICATIONS**

#### **MSS ACTION: AMA POLICY D-480.975 REAFFIRMED IN LIEU OF MSS RESOLUTION 6.**

RESOLVED, That our AMA-MSS supports the principles that (1) mobile medical applications should be properly referenced and/or physician reviewed; (2) a list of authors, a date of the most recent medical review, a date of the most recent software update, and any potential involvement by drug or other commercial organizations must be clearly noted; (3) mobile medical applications should not violate patient privacy; and be it further

RESOLVED, That our AMA-MSS supports research into the efficacy and risks associated with both physician and patient use of mobile medical applications and be it further

RESOLVED, That our AMA-MSS support periodic re-evaluation of the scope of mobile medical applications requiring approval by the Food and Drug Administration; and be it further

RESOLVED, That our AMA will ask the FDA to create a database of incidents where mobile medical applications were associated with a medical harm, similar to the FDA Adverse Event Reporting System.

### **MSS RESOLUTION 7 – SHARED MEDICAL APPOINTMENTS: A NOVEL HEALTHCARE MODEL**

#### **MSS ACTION: AMA POLICY H-160.911 REAFFIRMED IN LIEU OF MSS RESOLUTION 7.**

RESOLVED, That our AMA support voluntary shared medical appointments that maintain patient privacy as a supplement to current standards of follow-up chronic care.

## **MSS RESOLUTION 8 – MODERNIZATION OF HIV SPECIFIC CRIMINAL LAWS**

### **MSS ACTION: MSS RESOLUTION 8 ADOPTED AS AMENDED.**

RESOLVED, That our AMA amend policy H-20.914 via insertion and deletion as follows:

Discrimination and Criminalization Based on HIV Seropositivity

Our AMA:

(1) Remains cognizant of and concerned about society's perception of, and discrimination against, HIV-positive people; (2) Condemns any act, and opposes any legislation of categorical discrimination based on an individual's actual or imagined disease, including HIV infection; this includes Congressional mandates calling for the discharge of otherwise qualified individuals from the armed services solely because of their HIV seropositivity; (3) Encourages vigorous enforcement of existing anti-discrimination statutes; incorporation of HIV in future federal legislation that addresses discrimination; and enactment and enforcement of state and local laws, ordinances, and regulations to penalize those who illegally discriminate against persons based on disease; and (4) Encourages medical staff to work closely with hospital administration and governing bodies to establish appropriate policies regarding HIV-positive patients; and (5) Supports consistency of federal and state criminal laws with current medical and scientific knowledge and accepted human rights-based approaches to disease control and prevention, including avoidance of any imposition of unwarranted punishment based on health and disability status; and (6) Encourages public education and understanding of the stigma created by HIV criminalization statutes and subsequent negative clinical and public health consequences.

## **MSS RESOLUTION 9 – CONTINUED SUPPORT FOR THE VIRTUAL REFERENCE COMMITTEE AND THE CREATION OF AN ONLINE RESOLUTION FORUM**

### **MSS ACTION: MSS RESOLUTION 9 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS support the continued implementation and utilization of the Virtual Reference Committee, including the use of online testimony to develop a Reference Committee report, prior to each AMA and AMA-MSS national meeting.

## **MSS RESOLUTION 10 – HIGH RATES OF CESAREAN DELIVERIES**

### **MSS ACTION: MSS RESOLUTION 10 ADOPTED.**

RESOLVED, That the AMA-MSS will ask the AMA to support the American Congress of Obstetricians and Gynecologists' 2013 opinion that recommended vaginal delivery instead of cesarean section in the absence of maternal or fetal indications; and be it further

RESOLVED, That the AMA-MSS will ask the AMA to encourage appropriate agencies and organizations to study the indications for cesarean section in order to achieve a greater degree of standardization in their use; and be it further

## **MSS RESOLUTION 11 – IMPROVING HOME HEALTH CARE**

### **MSS ACTION: SUBSTITUTE MSS RESOLUTION 11 ADOPTED.**

RESOLVED, That our AMA support the establishment of state-based certification for home health care workers and regulatory oversight over home health agencies.

## **MSS RESOLUTION 12 – CONFORMING BIRTH CERTIFICATE POLICIES TO EVOLVING MEDICAL STANDARDS FOR TRANSGENDER PATIENTS**

### **MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS support policies that reduce barriers to and allow for a change of sex designation on birth certificates for transgender individuals based upon verification by a health care provider that the individual is undergoing or has undergone gender transition according to applicable medical standards of care; and be it further

RESOLVED, That our AMA-MSS support that sex designation on an individual's birth certificate, or any change thereof, not hinder access to appropriate medical care.

## **MSS RESOLUTION 13 – PROVIDING COMPLETE MATERNITY CARE UNDER THE AFFORDABLE CARE ACT**

### **MSS ACTION: MSS RESOLUTION 13 ADOPTED AS AMENDED.**

RESOLVED, That our AMA advocate for expanding coverage of maternity care to dependent women under the age of 26 on their parents' large group plans.

## **MSS RESOLUTION 14 – ELIMINATING NONCLINICAL ANTIBIOTIC USAGE IN LIVESTOCK**

### **MSS ACTION: AMA POLICIES H-440.895 AND D-100.976 REAFFIRMED IN LIEU OF MSS RESOLUTION 14.**

RESOLVED, That our AMA oppose the use of critically important antibiotics in livestock for nonclinical reasons; and be it further

RESOLVED, That our AMA support legislative and policy measures that eliminate the nonclinical use of antibiotics in livestock.

## **MSS RESOLUTION 15 – MONITORING ACCOUNTABILITY FOR ACCREDITATION FOLLOWING DELETION OF IS-2 STANDARD FOR GOVERNANCE BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION**

### **MSS ACTION: MSS RESOLUTION 15 NOT ADOPTED.**

RESOLVED, That our AMA, with input from COCA and the LCME, study and continually monitor the impact of domestic for-profit medical schools and for-profit host institutions on the quality of undergraduate medical education, availability of clinical clerkship spots for medical students at existing schools, medical student debt, and access to residency training positions; and be it further

RESOLVED, That our AMA consider opposing the existence of domestic for-profit medical schools and for-profit host institution governance models, should it deem that these entities fail to provide quality undergraduate medical education or that they adversely impact the availability of clinical clerkships for medical students at existing schools.

### **MSS RESOLUTION 16 – INCORPORATION OF COMPARATIVE ANALYSES OF THE HEALTHCARE SYSTEMS OF OTHER NATIONS INTO THE MEDICAL CURRICULUM**

**MSS ACTION: MSS RESOLUTION 16 NOT ADOPTED.**

RESOLVED, That our AMA amend Resolution H-295.924 to include a fourth clause that supports the recognition and incorporation of comparative analyses of various nations' healthcare systems into US medical curricula.

### **MSS RESOLUTION 17 - IMPROVING PHYSICIAN MENTAL HEALTH AND REDUCING STIGMA THROUGH REVISION OF MEDICAL LICENSURE APPLICATIONS.**

**MSS ACTION: RESOLUTION 17 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS aim to reduce stigmatization mental health issues in the medical community by (a) opposing state medical boards' practice of issuing licensing applications that equate seeking help for mental health issues with the existence of problems sufficient to create professional impairment and (b) opposing the breach in a physician's private health record confidentiality by requiring access to these records when an applicant reports treatment.

### **MSS RESOLUTION 18 – PREVENTION AND AWARENESS OF IN-FLIGHT SYNCOPE INCIDENCE**

**MSS ACTION: AMA POLICIES H-45.979, H-45.978, AND H-45.983 REAFFIRMED IN LIEU OF MSS RESOLUTION 18.**

RESOLVED, That our AMA work with the Federal Aviation Administration and the Aerospace Medical Association to support physician and patient awareness of the risk of syncope and presyncope in-flight, particularly on longer flights; and be it further

RESOLVED, That our AMA promote the use and availability of in-flight therapeutic supplemental oxygen; and be it further

RESOLVED, That our AMA work with the Federal Aviation Administration and the Aerospace Medical Association to track the incidence of in-flight medical emergencies related to syncope in

order to establish improved guidelines and identify relevant additional risk factors; and be it further

RESOLVED, That our AMA promote awareness of in-flight medical complications of syncope and its resulting sequelae such as hospitalization and possible death.

### **MSS RESOLUTION 19 – STUDYING HOSPITAL-ENFORCED ADMISSIONS, TESTING, AND PROCEDURE QUOTAS**

#### **MSS ACTION: SUBSTITUTE MSS RESOLUTION 19 ADOPTED.**

RESOLVED, That our AMA study the extent to which U.S. hospitals inappropriately interfere in physicians' independent exercise of medical judgment, including but not limited to the use of admissions, testing, and procedure quotas.

### **MSS RESOLUTION 20 – SUPPORT FOR INCORPORATION AND RESEARCH OF GLUCAGON PEN UTILIZATION IN HYPOGLYCEMIC EPISODES IN BASIC LIFE SUPPORT TRAINING AND GLUCAGON PEN PLACEMENT IN PUBLIC DOMAINS**

#### **MSS ACTION: MSS RESOLUTION 20 NOT ADOPTED.**

RESOLVED, That our AMA-MSS encourage independent research by appropriate third parties to study the implementation of glucagon pens or glucagon tablets in public places adjacent to the location of the AED, to manage hypoglycemic episodes in diabetics and others suffering from hypoglycemic episodes; and be it further

RESOLVED, That our AMA-MSS encourage independent research by appropriate third parties to study the incorporation of glucagon pens implementation in Basic Life Support training.

### **MSS RESOLUTION 21 – SHARED DECISION-MAKING IN MEDICAL EDUCATION**

#### **MSS ACTION: MSS RESOLUTION 21 ADOPTED AS AMENDED.**

RESOLVED, That Our AMA amend policy D.373.999 by insertion as follows:

Our AMA will work with state and specialty societies, medical schools, and others as appropriate to educate and communicate to medical students and to physicians about the importance of shared decision-making guidance through publications and other educational methods and assist the medical community in moving towards patient-centered care; and be it further

RESOLVED, That our AMA will collaborate with the appropriate medical education organizations to develop undergraduate medical education recommendations that ensure proficiency in shared decision making and effective use of shared decision-making tools, such as patient decision aids.

## **MSS RESOLUTION 22 – COST TRANSPARENCY THROUGH CLINICAL REPORT DOCUMENTATION**

### **MSS ACTION: MSS RESOLUTION 22 NOT ADOPTED.**

RESOLVED, That our AMA urge the Centers for Medicare and Medicaid Service to require hospitals to include documentation of submitted charges for all diagnostic or therapeutic procedures and tests on clinical reports submitted to the ordering physician.

## **MSS RESOLUTION 23 – EQUITABLE BILLING PRACTICES**

### **MSS ACTION: MSS RESOLUTION 23 NOT ADOPTED.**

RESOLVED, That the AMA-MSS support that charges billed by health care providers or health care facilities be directly and transparently tied to the cost to providers to deliver said goods and services, which may include overhead expenses; and be it further

RESOLVED, That the AMA-MSS support that patients possessing no insurance, insufficient insurance, or who otherwise pay medical bills largely out-of-pocket should not be excessively charged by health care providers or health care facilities for goods and services out of proportion to the cost to the provider or to the amount charged to insured beneficiaries; and be it further

RESOLVED, That the AMA-MSS support that not-for-profit health care facilities should bill patients with financial hardship possessing no insurance, insufficient insurance, or who otherwise pay medical bills largely out-of-pocket based on recouping expenses for goods and services, including overhead, without generating a profit; and be it further

RESOLVED, That the AMA actively oppose practices that inhibit price transparency in healthcare, including non-disclosure agreements between health care providers and the manufacturers or marketers of medical devices and goods.

## **MSS RESOLUTION 24 – INVESTING IN AMERICA’S FUTURE PHYSICIANS**

### **MSS ACTION: MSS RESOLUTION 24 REFERRED.**

RESOLVED, That our AMA-MSS ask the AMA to direct the Board of Trustees to allocate a dedicated pool of funds, to be utilized at the discretion of the MSS Governing Council, for the specific purpose of inviting expert speakers and providing resources to deliver educational programs that invest in the personal and professional development of America’s future physicians.

## **MSS RESOLUTION 25 – PROVISION OF SOCIAL SERVICES IN PRIMARY CARE SETTINGS**

### **MSS ACTION: MSS RESOLUTION 25 NOT ADOPTED.**

RESOLVED, That our AMA support the provision of employees and, in cases of limited budgets, the expansion of model programs such as Health Leads within primary care settings to assist

low-income individuals, such as those who are eligible for Medicare, Medicaid, or a state-run subsidized health insurance program, access basic needs resources, including but not limited to health insurance, food assistance programs, affordable housing, employment, continuing education, gas and electric discounts, transportation assistance, clothing, childcare subsidies, and legal services.

#### **MSS RESOLUTION 26 – SUNSCREEN AND SUN PROTECTION COUNSELING BY PHYSICIANS**

##### **MSS ACTION: SUBSTITUTE RESOLUTION 26 ADOPTED.**

RESOLVED, That our AMA encourage physicians to counsel their patients on sun-protective behavior.

#### **MSS RESOLUTION 27 – MOTIVATIONAL INTERVIEWING IN MEDICAL EDUCATION**

##### **MSS ACTION: MSS RESOLUTION 27 ADOPTED AS AMENDED.**

RESOLVED, That our AMA-MSS support the incorporation of motivational interviewing into medical school curriculum.

#### **MSS RESOLUTION 28 – DEVELOPMENT OF A STANDARDIZED POST-CONDUCTED ELECTRICAL DEVICE EXPOSURE MEDICAL PROTOCOL AND EDUCATIONAL CAMPAIGN**

##### **MSS ACTION: MSS RESOLUTION 28 ADOPTED AS AMENDED.**

RESOLVED, That our American Medical Association encourage appropriate organizations and medical specialty societies to develop a standardized, post-exposure medical protocol for the use of conducted electrical devices (CEDs) using recent advances in the understanding of the risks associated with CEDs; and be it further

RESOLVED, That our American Medical Association support the incorporation of a standardized post-conducted electric device (CED)-exposure medical protocol into law enforcement procedures and training.

#### **MSS RESOLUTION 29 – PREVENTIVE SCREENING AND TREATMENT OF MALNUTRITION IN HOSPITAL PATIENTS**

##### **MSS ACTION: MSS RESOLUTION 25 ADOPTED AS AMENDED.**

RESOLVED, That our AMA support the standardization and accreditation of interdisciplinary nutrition support team services for provision of comprehensive nutritional screening, assessment, and management in hospitals; and be it further

RESOLVED That our AMA support the establishment of national registries for the sharing of information on prevalence of malnutrition, health outcomes, costs, and other metrics associated

with the performance of nutrition support teams and other preventive nutritional interventions; and be it further

RESOLVED, That our AMA support the reimbursement of assessment and interventions provided by nutrition support teams as preventive services where they are used to preclude or mitigate adverse health outcomes, rather than manage disease-related malnutrition.

### **MSS RESOLUTION 30 – INCREASED GRADUATE MEDICAL EDUCATION FUNDING THROUGH AFFORDABLE CARE ACT REVENUE**

#### **MSS ACTION: MSS RESOLUTION 30 NOT ADOPTED.**

RESOLVED, That the AMA advocate for the funding generated by the Affordable Care Act through its excise tax on indoor tanning services<sup>9</sup> be directed toward increasing graduate medical education funding with the intention of expanding the number of available residency positions and maintaining the positions offered now; and be it further

RESOLVED, That the AMA advocate that the revenue generated through the Affordable Care Act's annual fee on branded prescription pharmaceutical manufacturers and importers<sup>9</sup> be directed toward increasing graduate medical education funding with the intention of expanding the number of available residency positions and maintaining the positions offered now.

### **MSS RESOLUTION 31 – THE ROLE OF MEDICAL STUDENTS IN THE DEVELOPMENT OF HEALTH INFORMATION TECHNOLOGY**

#### **MSS ACTION: SUBSTITUTE RESOLUTION 31 ADOPTED.**

RESOLVED, That our AMA-MSS work with our AMA and other relevant organizations to (a) facilitate active and timely medical student input in Health Information Technology research and development; (b) continually determine how best our AMA-MSS can assist in the improvement of Health Information Technology.

### **MSS RESOLUTION 32 – THE REPRESENTATION OF HEALTH AND MEDICINE IN SOCIAL MEDIA**

#### **MSS ACTION: MSS RESOLUTION 32 NOT ADOPTED.**

RESOLVED, That our AMA encourage physicians to take a stance against misinformation in social media, and it be further

RESOLVED, That our AMA encourage physicians to take a strong stance against misinformation in social media, and be it further

RESOLVED, That our AMA actively work to improve its social media presence and distribute credible health information, and be it further

RESOLVED, That our AMA utilize social media in order to inform the public about major health

issues by making primary research outcomes easily readable and accessible to patients.

### **MSS RESOLUTION 33 – PHYSICIAN ATTIRE AUTONOMY**

#### **MSS ACTION: AMA POLICY H-440.856 REAFFIRMED IN LIEU OF MSS RESOLUTION 33**

RESOLVED, That our AMA promote physician and medical student use of context-appropriate, professional attire in all health care settings, recognizing long sleeves, white coats, unsecured long neck ties, and other articles of clothing as possible vectors for health care-associated infections; and be it further

RESOLVED, That our AMA recognize differences in regional customs, age, religion, culture, education, socioeconomic status and other health care setting infection risk, and promote physician autonomy in attire selection when weighing patient beneficence and an endeavor to prevent health care-associated infections, against any risk of possible patient non-adherence.

### **MSS RESOLUTION 34 – IMPARTIAL AND UNCONFLICTED PANELS TO GUIDE RESEARCH FUNDING TO DETERMINE EFFICACY OF A DRUG**

#### **MSS ACTION: MSS RESOLUTION 34 NOT ADOPTED.**

RESOLVED, That our American Medical Association establish Funding Direction Panels, which will consist entirely of volunteer members with no relevant conflict of interests within the past five years, to direct funding from pharmaceutical and medical device companies seeking to fund testing of their products towards researchers in a neutral and unbiased manner, removing the ability of companies to influence results by selecting researchers. Companies seeking to perform Phase III trials of their products can approach these panels with their proposed research. These panels must then select a researcher qualified and capable of performing the study. The manner and criteria of selection should be publicly announced; and be it further

RESOLVED, That our AMA study the ethical issues surrounding a medical journal publishing a study that has been directly funded by a pharmaceutical company without the use of a funding direction panel to reduce bias and the 1st, 2nd and 5th Principles of the AMA Code of Medical Ethics; and be it further

RESOLVED, That our AMA study the ethical issues surrounding a medical journal publishing a study that does not publicly disclose all of its patient-level data and protocols and the 1st, 2nd and 5th Principles of the AMA Code of Medical Ethics.

### **MSS RESOLUTION 35 – LEAD CASE MANAGERS**

#### **MSS ACTION: MSS RESOLUTION 35 NOT ADOPTED.**

RESOLVED, That our AMA promote the incorporation of a case manager who would be in charge of lead exposure prevention and management at all primary care settings in high-risk areas.

## **MSS RESOLUTION 36 – PREVENTION OF MOSQUITO TRANSMITTED DISEASES**

### **MSS ACTION: MSS RESOLUTION 34 ADOPTED AS AMENDED.**

RESOLVED, That our AMA encourage physicians to discuss and promote protective practices specific for mosquitoes, such as those developed by the Centers for Disease Control, with patients when clinically appropriate.

## **MSS RESOLUTION 37 – NON-DISCRIMINATION FOR CANNABIS USE IN EMPLOYEE DRUG SCREENING**

### **MSS ACTION: MSS RESOLUTION 35 NOT ADOPTED.**

RESOLVED, That our AMA support policies to eliminate discrimination against positive cannabis drug screens in current and/or prospective employees; and be it further

RESOLVED, That our AMA encourage employers who choose to drug screen for cannabis follow guidelines consistent with their alcohol and tobacco screening policies; and be it further

RESOLVED, That our AMA recommend employers drug screen only in circumstances where an employee is impaired due to suspected drug use; and be it further

RESOLVED, That our AMA urge termination of employment should not be based on a positive drug screen, but on impaired working ability or noncompliance with substance abuse programs.

## **MSS RESOLUTION 38 – FOOD ALLERGIC REACTIONS IN SCHOOLS, AIRPLANES, AND RESTAURANTS**

### **MSS ACTION: MSS RESOLUTION 38 NOT ADOPTED.**

RESOLVED, That our AMA amend previous policy H-440.884 by insertion of the following phrase:

“and (4) that restaurants have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the restaurant staff, such as the manager, be trained in the indications for and techniques of their use.”

RESOLVED, That our AMA amend the title of previous policy H-440.884 to “Food Allergic Reactions in Schools, Airplanes, and Restaurants”; and be it further

RESOLVED, That our AMA-MSS amend MSS policy 150.012 to reflect the amended language of H-440.884.

## **MSS RESOLUTION 39 – IMPLEMENTING BIKE LANES TO IMPROVE OVERALL BICYCLIST SAFETY**

### **MSS ACTION: SUBSTITUTE MSS RESOLUTION 39 ADOPTED.**

RESOLVED, That our AMA-MSS supports research on the safety and efficacy of the implementation of various forms of bicycle lanes in reducing crash incidence and severity.

**MSS RESOLUTION 40 – INCREASING HEALTHY FOOD OPTIOJNS IN SCHOOL MEALS FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS**

**MSS ACTION: AMA POLICIES H-150.944 AND H-150.962 REAFFIRMED IN LIEU OF MSS RESOLUTION 40.**

RESOLVED, That our AMA develop a guideline of foods, including fruits and vegetables, that are considered healthy and could be made available in schools; and be it further

RESOLVED, That our AMA lobby for the use of a guideline of healthy foods in determining school lunches, including but not limited to those provided for the National School Lunch Program; and be it further

RESOLVED, That our AMA encourage public schools to collaborate with local farmers in an effort to provide fresher food options and to increase the servings of fruits and vegetables in school lunches; and be it further

RESOLVED, That our AMA reaffirm H-150.962 Quality of School Lunch Program.

**SUMMARY OF ACTIONS  
MEDICAL STUDENT SECTION REPORT**

**2013 INTERIM MEETING  
NATIONAL HARBOR, MARYLAND**

**GC REPORT B-I-13 – POLICY SUNSET REPORT FOR 2008 AMA-MSS POLICIES**

**MSS ACTION: GC REPORT B-I-13 ADOPTED.**

Your AMA-MSS Governing Council recommends that the following be adopted and that the remainder of this report be filed:

1. That the policies specified for retention in Appendix 1 be retained as official, active policies of the AMA-MSS.

**SUMMARY OF ACTIONS  
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SUBMITTED TO THE AMA HOUSE OF DELEGATES**

**2013 INTERIM MEETING  
NATIONAL HARBOR, MARYLAND**

**HOD RESOLUTION 601 – REGULATIONS IN TIMES OF ARMED CONFLICT**

**HOD ACTION: POLICY H-520.998 REAFFIRMED IN LIEU OF 10 HOD RESOLUTION 601.**

RESOLVED, That our AMA endorse the World Medical Association's "Regulation in Times of Armed Conflict" as policy on the topic of medical neutrality; and be it further

RESOLVED, That our AMA advocate that the United States use its voice in international affairs to protect medical neutrality.

**RESOLUTION 801 - PRIVACY ISSUES FOR MINORS REGARDING INSURANCE COMPANY EXPLANATION OF BENEFITS**

**HOD ACTION: HOD RESOLUTION 801 REFERRED.**

RESOLVED, That our AMA advocate for maintaining privacy regarding the doctor patient relationship for adults and dependents who are insured through their spouse, parent, or guardian; and be it further

RESOLVED, That our AMA advocate against allowing insurance companies to send Explanations of Benefits containing sensitive medical information regarding both adults and dependents to anyone other than the patient or their health care provider; and be it further

RESOLVED, That our AMA advocate that Explanations of Benefits be made available only if an insurance claim has been denied, and in this case for the information to be sent directly to the (adult or dependent) patient, who may then choose to discuss it with their physician or share it with their spouse, parent, or guardian.

**RESOLUTION 902 – MEDICAL ETHICS GUIDELINES FOR UNDERGRADUATE MEDICAL EDUCATION**

**HOD ACTION: POLICY H-295.961 REAFFIRMED IN LIEU OF RESOLUTION 902.**

RESOLVED, That our AMA recognize the importance of addressing the disparity between current outcomes and the ideal status of undergraduate medical education in bioethics and humanities; and be it further

RESOLVED, That our AMA, in partnership with the AMA-MSS, leverage its internal resources and its relationships with professional society stakeholders to create suggested guidelines for undergraduate medical education of bioethics and humanities guided by Liaison Committee on

Medical Education requirements and the American Society for Bioethics and Humanities Task Force; and be it further

RESOLVED, That our AMA advocate for the national adoption of a set of suggested guidelines for undergraduate medical education in bioethics and humanities by allopathic and osteopathic medical schools.

### **RESOLUTION 903 - GUN SAFETY COUNSELING IN UNDERGRADUATE MEDICAL EDUCATION**

**HOD ACTION: HOD RESOLUTION 903 ADOPTED AS AMENDED WITH A TITLE CHANGE.**

#### **FIREARM SAFETY COUNSELING IN PHYSICIAN-LED HEALTH CARE TEAMS**

RESOLVED, That our AMA will amend Policy H-145.976 by insertion and deletion as follows:

H-145.976 Censorship of Physician Discussion of Firearm Risk  
Our AMA: (1) will oppose any restrictions on physicians' and other members of the physician-led health care team's ability to inquire and talk about firearm safety issues and risks with their patients; and (2) will oppose any law restricting physicians' and other members of the physician-led health care team's discussions with patients and their families about ~~guns~~ firearms as an intrusion into medical privacy; and be it further

RESOLVED, That our AMA encourage dissemination of educational materials related to firearm safety to be used in undergraduate medical education.

### **HOD RESOLUTION 904 – EVALUATIONS OF STANDARDIZED CLINICAL SKILLS EXAMS**

**HOD ACTION: HOD RESOLUTION 904 ADOPTED AS AMENDED.**

RESOLVED, That our AMA evaluate the cost/value equation, benefits, and consequences of the implementation of standardized clinical exams as a step for licensure, along with the barriers to more meaningful examination feedback for both examinees and U.S. medical schools, and provide recommendations based on these findings; and be it further

RESOLVED, That our AMA evaluate the consequences of the January 2013 changes to the USMLE Step II Clinical Skills exam and their implications for U.S. medical students and international medical graduates.

### **HOD RESOLUTION 905 – ATHLETE CONCUSSION MANAGEMENT AND CHRONIC TRAUMATIC ENCEPHALOPATHY PREVENTION**

**HOD ACTION: HOD RESOLUTION 905 ADOPTED AS AMENDED.**

RESOLVED, That our AMA support the adoption of evidence-based guidelines for the evaluation and management of concussions by all athletic organizations; and be it further

RESOLVED, That our AMA encourage further research into the diagnosis, treatment, and prevention of chronic traumatic encephalopathy.