

**REFERENCE COMMITTEE *Committee on Amendments to Constitution & Bylaws***  
**SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION**  
 Prepared by: *Scott Pasichow, MD & Lee Perrin, MD*

**Please list two questions for the Candidate Interviews based on the topics represented within your reference committee.**

1. Should our AMA modify its opposition to physician-aided dying to a stance of “engaged neutrality”?
2. Do you see a difference between non-compete clauses in the private practice setting as opposed to the hospital-owned practice setting?

**CONSENT CALENDAR FOR APPROVAL**

- BOT Report 0 2**      **New Specialty Organizations Representation in the House of Delegates**  
 Informational Report citing the eligibility of American Academy of Sleep Medicine and the American Society of Cytopathology to be admitted to the HOD.
- BOT Report 2 6**      **Research Handling of De-Identified Patient Information**  
 Excellent report that recommends reaffirming several existing policies, advocating for state-based efforts to protect patient’s privacy including disclosure of whether the information is being sold (with an opt out) and a request to CEJA to reexamining relevant existing guidance.
- CC&B Report 0 1**      **Clarification to the Bylaws: Delegate Representation, Registration and Credentialing**  
 Bylaws changes that would make it so HOD Delegates and Alt Delegates have to be members of the societies they are representing (applies to both state Medical Societies or Specialty Societies).
- CEJA Report 0 1**      **Competence, Self-Assessment and Self-Awareness**  
 This report fills a gap in the AMA *Code of Medical Ethics* regarding this subject. It is well-written and includes a recommendation that physicians should strive to recognize when they are and are not able to provide competent, appropriate care.
- 001 (IL)**      **Opposing Attorney Presence at and/or Recording of Independent Medical Examinations**  
 Creates new policy to oppose court observers or lawyers watching the evaluation of patients in the presence of a physician.
- 002 (MN)**      **Addressing Existential Suffering in End-of-Life Care**  
 Asks CEJA to review Opinion 5.6 to address appropriate treatments beyond social, psychological or spiritual support and to recognize a patient’s previously expressed wishes with end-of-life care.
- 004 (NY)**      **Reimbursement for Care of Practice Partner Relatives**  
 Asks AMA to support changes in Medicare guidelines to allow a physician to see relative of another member of their shared practice and receive payment. Current Medicare guidelines exclude payment. The resolution uses the term “partner”. As this is rarely true, we should suggest that this be changed to a more accurate term.
- 005 (NY)**      **Right for Gamete Preservation Therapies**  
 Adopts new policy that supports gamete preservation as an option and defines it as a right.
- 006 (WI)**      **Use of Person-Centered Language**  
 Asks the AMA to encourage the use of person-centered language. This is consistent with a prior resolution on obesity.

- 007 (RFS) Delegation of Informed Consent**  
Asks the AMA to work with stakeholders to ensure that physicians can delegate the responsibilities of informed consent to other providers, so long as the providers know the patient, the procedure, and the patient's condition. This is based off of a Pennsylvania Supreme Court ruling that only a physician who is performing the procedure is allowed to obtain consent for the procedure.
- 009# (MAS) References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment**  
Asks the AMA to study where discrimination and harassment language is used and send those examples to MAS, WPS, and the Advisory Committee on LGBTQ issues so that optimal language can be identified and implemented.
- 011# (MI) Mature Minor Consent to Vaccinations**  
Amends current policy to support state laws that allow adolescent minors to consent for their own vaccines.
- 014# (MSS) Disclosure of Funding Sources and Industry Ties of Professional Medical Associations and Patient Advocacy Organizations**  
Asks the AMA to support guidelines for Federation members and patient advocacy organizations for disclosure of donations, sponsorships, and other financial transactions. Fairly broad mandate. Would probably need to go to CEJA or another council to develop the guidelines, so we should see them before they go into effect.
- 015# (MSS) Opposing Mandated Reporting of People Who Question Their Gender Identity**  
Creation of a new policy for the AMA to oppose mandatory reporting of patients undergoing gender identity exploration. This is consistent with existing AMA policy on patient autonomy and confidentiality (H-315.983), and policy on affirmation of gender identity (D-295.312, H-65.965) and that mandatory reporting could undermine the non-judgmental collection of patient demographics (H160.991).
- 016# (MSS) Sexual and Gender Minority Populations in Medical Research**  
Asks our AMA to amend policy H-315.967 to advocate for the collection of data regarding sexual orientation, gender identity and other sexual and gender minority traits such as differences/ disorders of sex development for the purposes of research into patient and population health.
- 018# (MSS) Support for Requiring Investigations into Deaths of Children in Foster Care**  
Asks that the AMA support legislation requiring investigations into the deaths of children in the foster care system that occur while the child is in the foster care system.
- 019# (MSS) Opposition to Requirements for Gender-Based Medical Treatments for Athletes**  
Asks our AMA to oppose hormone level-based guidelines to determine sex classification for sports participation, and requirement for medical treatment or surgery to allow competition alignment with their gender identity. This is based off of a recent IAAF rule change about an athlete (Caster Semenya) who is no longer allowed to compete with women because she has testosterone levels that give her, in the eyes of some of her comparators and the IAAF, an unfair advantage.
- 021# (NED) Health, In All Its Dimensions, Is a Basic Right**  
Seeks to define health care a basic human right for the purposes of enjoyment of life, and that we all have an ethical obligation to optimize the social determinant of health.

- 022# (NED) Opposition to Involuntary Civil Commitment for Substance Use Disorder**  
Our resolution asking the AMA to oppose this when it occurs without judicial involvement for reasons solely related to substance-use disorder and that AMA works to advance policy and programmatic efforts to address gaps in voluntary substance-use treatment services.
- 023\* (Texas) Distribution and Display of Human Trafficking Aid Information in Public Places**  
Asks the AMA to make information regarding human trafficking available in medical settings; provide downloadable materials displaying the National Human Trafficking Hotline number; and urge the federal government to change laws to advocate for the broad posting of the Hotline number in medical settings.
- 024\* (Texas) Eliminating use of the Term “Mental Retardation” by Physicians in Clinical Settings**  
Asks the AMA to recommend that physicians adopt the term “intellectual disability” instead of “mental retardation” in clinical settings.

<b><i>CONSENT CALENDAR FOR DENIAL</i></b>
---

- 010# (NM) Covenants not to Compete**  
Asks the AMA to use NM’s covenant not to compete statute as a model and asks CEJA to reconsider their blanket opposition to these covenants. (In NM, covenant applies to hospital owned practices, but not non-hospital owned practices. Massachusetts does not recognize as valid non-compete clauses in contracts.

<b><i>RESOLUTIONS FOR DISCUSSION</i></b>
--

- CEJA Report 0 2 Physician Assisted Suicide**  
States that 1) the use of “Physician Assisted Suicide” is the most specific and accurate term, 2) that the medical code of ethics provides justification for opposition and allowance of PAS, and 3) that no changes be made to the medical code of ethics.
- CEJA Report 0 3 CEJA's Sunset Review of 2009 House Policies**  
H-140.952 (reaffirm, as it speaks to ethical principles that both sides of the issue agree upon) on Physician Assisted Suicide will probably get some discussion as part of CEJA Report 2 on this subject.
- 003 Conforming Sex and Gender Designation on Government IDs and Other Documents**  
**(GLMA: Health Professionals Advancing LGBTQ Equality)**  
Expands existing policy from the ability of transgender individuals to change their gender on birth certificates to apply to all government issued documents.
- 008# (MAS/GLMA) Preventing Anti-Transgender Violence**  
Asks the AMA to: 1) Partner with others to educate people; 2) advocate for law enforcement to collect and report data on hate crimes, etc. to identify trends; 3) advocate for a central law enforcement database to collect data about hate crimes that correctly identifies birth sex and gender identity; 4) advocate for stronger policies regarding law enforcement interactions; 5) advocate for increased access to mental health treatment and develop models designed to address the health disparities that LGBTQ individuals experience; and 6) Issue a press release regarding the prevalence of physical and mental health conditions and barriers faced by the LGBTQ community. My concern is whether this press release will overshadow other accomplishments of the HOD.
- 012# (MSS) Improving Body Donation Regulation**  
Asks that the AMA recognize the need for ethical, transparent, and consistent body donation regulations. (Good as far as it goes, but perhaps should be asking for advocacy, as well.)

**013# (MSS)    **Opposing Office of Refugee Resettlement's Use of Medical and Psychiatric Records for Evidence in Immigration Court****

Asks the AMA to advocate for medical care provided to immigrants to be focused on their health and wellbeing, and to oppose the use of their medical records in deportation hearings. Resolved 1 is already codified in existing AMA policy (D-60.968 asks “medical societies and all clinicians to work together with other child-serving sectors to ensure that new immigrant children receive timely and age-appropriate services that support their health and well-being”) so can be reaffirmed. Resolved 2 should be adopted as new policy since this practice is not allowed for citizens, and there is no reason that we should be protecting these individuals less. Also, this discoverability may prevent accurate documentation and interfere with quality medical care.

**017# (MSS)    **National Guidelines for Guardianship****

Asks our AMA to collaborate with other in encouraging federal creation of national standards for guardianship along with funding and quality control. While national standards and guidelines are useful, I’m not sure who the federal agency would be that would oversee this, or how the federal government would have standing to regulate this issue. **I would strike those words and adopt the rest of the policy.** I also wonder who would spearhead this action since it asks the AMA to collaborate.

**020# (NM)    **Changes to E-5.7, “Physician-Assisted Suicide”****

Asks for CEJA to be encouraged to remove from the Code of Medical Ethics Opinion 3-5.7 judgmental, stigmatizing language that isn’t evidence based and is at odds with CEJA Report 2 in recognizing shared values of care, compassion, respect, and dignity. Asks for changing “Physician-assisted suicide” to “Physician-assisted dying”, deleting language that PAD is a form of doing harm; et. al.

In addition, it requests that CEJA be encouraged to modify the code by adopting the ethical position of “Engaged Neutrality” similar to Massachusetts and a number of other states.

**# Contained in the Handbook Addendum**

**\* Contained in the Sunday Tote**