

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS**

**2008 ANNUAL MEETING
CHICAGO, ILLINOIS**

**MSS RESOLUTION 1 – RESTRICTION OF NON-VETERINARY ANTIMICROBIALS IN
COMMERCIAL LIVESTOCK TO REDUCE ANTIBIOTIC RESISTANCE**

MSS ACTION: MSS RESOLUTION 1 ADOPTED AS AMENDED.

HOD ACTION: AMA RESOLUTION 530 ADOPTED AS AMENDED.

RESOLVED, That our AMA 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; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at A-08.

MSS RESOLUTION 2 – MARIJUANA: MEDICAL USE AND RESEARCH

MSS ACTION: MSS RESOLUTION 2 ADOPTED AS AMENDED.

RESOLVED, That our AMA support reclassification of marijuana's status as a Schedule I controlled substance into a more appropriate schedule; and be it further

RESOLVED, That this resolution be forwarded to the House of Delegates at I-08.

MSS RESOLUTION 3 – HEALTH POLICY EDUCATION IN MEDICAL SCHOOLS

MSS ACTION: MSS RESOLUTION 3 REFERRED FOR REPORT.

RESOLVED, That our AMA strongly encourage medical schools to include within their core curricula health policy education examining the political, economic, and social policies influencing health care, as well as medical decision making; and be it further

RESOLVED, That our AMA work with the Association of American Medical Colleges (AAMC) to integrate health policy education into the core medical school curricula and establish basic topics regarding health policy education that should be included within medical education; and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates.

MSS RESOLUTION 4 – THE PATIENT-CENTERED MEDICAL HOME CONCEPT

**MSS ACTION: SUBSTITUTE MSS RESOLUTION 4 ADOPTED AS AMENDED IN
LIEU OF MSS RESOLUTION 4.**

RESOLVED, That our AMA adopt only 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*: (1) Personal physician, (2) Physician directed medical practice, (3) Whole person orientation, (4) Care is coordinated and/or integrated, (5) Quality and safety, (6) Enhanced access, and (7) Payment; and be it further

RESOLVED, That our AMA 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 be it further

RESOLVED, That our AMA advocate that every American have access to medical services within the setting of a patient-centered medical home; and be it further

RESOLVED, That this resolution be forwarded to the HOD at I-08.

MSS RESOLUTION 5 – BENEFITS OF MARRIAGE

MSS ACTION: MSS RESOLUTION 5 ADOPTED AS AMENDED WITH CHANGE IN TITLE.

STUDYING MARRIAGE-BASED HEALTH DISPARITIES AMONG GAY, LESBIAN, BISEXUAL, AND TRANSGENDER FAMILIES

RESOLVED, That our AMA-MSS support 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 RESOLUTION 6 – INCREASED FUNDING FOR AMA-MSS REGIONAL MEETINGS

MSS ACTION: MSS RESOLUTION 6 NOT ADOPTED.

RESOLVED, That the AMA-MSS request the House of Delegates of the AMA to support a resolution that would increase funding for the seven AMA-MSS Regional meetings beyond the present amount of \$1,000 annually.

MSS RESOLUTION 7 – SURVIVAL OF THE J-1 VISA WAIVER PROGRAM

MSS ACTION: MSS RESOLUTION 7 REFERRED FOR REPORT.

RESOLVED, That our AMA-MSS GC form an ad hoc committee to study whether the changes in the decisions of foreign medical graduates to practice in rural underserved areas based on visa requirements justify immediate forwarding to the AMA House of Delegates for study of the problems presented by the current decline in J1 visa waiver program and the alternative H1B visa.

MSS RESOLUTION 8 – FUNDAMENTAL MELANOMA EDUCATION

MSS ACTION: MSS RESOLUTION 8 NOT ADOPTED.

RESOLVED, That our AMA recommend that U.S. accredited medical schools provide education about the fundamentals of melanoma screening and prevention to medical students during their first two years (or equivalent basic science years) of medical education.

MSS RESOLUTION 9 – SUPPORT FOR INCREASE IN FEDERAL FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH

MSS ACTION: SUBSTITUTE MSS RESOLUTION 9 ADOPTED IN LIEU OF MSS RESOLUTION 9.

RESOLVED, That our AMA support sufficient increases in National Institutes of Health funding to cover the rising cost of research.

MSS RESOLUTION 10 – DEFINITION OF MSS STANDING COMMITTEES AND TRANSPARENCY OF THE STANDING COMMITTEE APPLICATION PROCESS

MSS ACTION: MSS RESOLUTION 10 ADOPTED AS AMENDED.

RESOLVED, That the definition of AMA-MSS Standing Committees be explicitly written into the AMA-MSS Internal Operating Procedures as follows:

A new article (Article VII) titled “MSS Standing Committees” to be inserted after the current Article VI and which states: “The Standing Committees shall be appointed by the Governing Council. These committees are to generally support the mission of the AMA-MSS.”

MSS RESOLUTION 11 – A CALL TO FURTHER RECOGNIZE AND EXPEDITE THE NATIONWIDE HEALTH INFORMATION NETWORK

MSS ACTION: MSS RESOLUTION 11 NOT ADOPTED.

RESOLVED, That our AMA recognize the efforts of the Department of Health and Human Services Nationwide Health Information Network (NHIN) initiative and push for an accelerated implementation of the program earlier than 2014; and be it further

RESOLVED, That our AMA support an initiative to unite the development of HIPAA compliant health information software between government and for-profit corporations and encourage interoperability; and be it further

RESOLVED, That this issue be forwarded to our AMA’s House of Delegates meeting in June 2008.

MSS RESOLUTION 12 – ONE HEALTH

MSS ACTION: MSS RESOLUTION 12 ADOPTED AS AMENDED.

RESOLVED, That our AMA-MSS engage in dialog with the Student American Veterinary Medical Association to promote collaboration with the public health and veterinary professional and educational communities; and be it further

RESOLVED, That our AMA-MSS 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 LATE RESOLUTION 2 – PRESUMED CONSENT FOR ORGAN DONATION

MSS ACTION: MSS LATE RESOLUTION 2 REFERRED FOR REPORT.

RESOLVED, That our AMA draft and support legislation at the federal and state levels that:

1. Establishes “presumed consent” as the idea that “deceased individuals are presumed to be organ donors unless they indicate their refusal to donate;”
2. Establishes “presumed consent” as defined by E-2.155 as the model for cadaveric organ donation in the United States;
3. Protects the right of families to refuse organ donation of the deceased individual; and
4. Requires that refusal to donate be recorded in a manner that is easily accessible to the appropriate health care professionals.

MSS LATE RESOLUTION 3 – GLOBAL HIV/AIDS PREVENTION

MSS ACTION: MSS LATE RESOLUTION 3 ADOPTED AS AMENDED.

HOD ACTION: SPONSOR GRANTED LEAVE TO WITHDRAW AMA RESOLUTION 438.

RESOLVED, That our AMA 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 be it further

RESOLVED, That our AMA 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; and be it further

RESOLVED, That this be immediately forwarded to the AMA House of Delegates.

MSS LATE RESOLUTION 4 – INDUSTRY SUPPORT OF PROFESSIONAL EDUCATION IN MEDICINE

MSS ACTION: SUBSTITUTE MSS LATE RESOLUTION 4 ADOPTED AS AMENDED IN LIEU OF MSS LATE RESOLUTION 4.

RESOLVED, That our AMA-MSS encourage aggressively decreasing reliance on industry support for medical education and support alternative funding mechanisms to finance quality medical education.

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION REPORTS**

**2008 ANNUAL MEETING
CHICAGO, ILLINOIS**

GC REPORT A – MEDICAL STUDENT SECTION POLICY MAKING PROCEDURES

**MSS ACTION: RECOMMENDATIONS OF GC REPORT A ADOPTED AND
REMAINDER OF REPORT FILED.**

1. That 645.022MSS – Medical Student Section Policy Making Procedures be rescinded.
2. That, as part of its annual review of MSS policies set to sunset at I-08, the MSS Governing Council undertake policy consolidation for at least one issue, and report back with recommendations for future policy consolidation efforts.
3. That, when deemed necessary by the MSS Delegate and Alternate Delegate, the MSS employ a ranking/prioritization process for MSS resolutions intended to be forwarded to the AMA House of Delegates.
4. That the MSS Governing Council 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. That the MSS continue to use a Reaffirmation Consent Calendar, modeling it in the style of the House of Delegates Reaffirmation Consent Calendar.
6. That the MSS Governing Council educate the Section, specifically representatives to the MSS Assembly, on the purpose and functioning of the MSS Reaffirmation Consent Calendar.
7. That the MSS continue to use and enforce the mandatory MSS Resolution Checklist.
8. That when MSS policy comes up for sunset, the MSS Delegate and Alternate Delegate, at their discretion, consider reforwarding to the House of Delegates MSS policy that was previously forwarded but not adopted.

GC REPORT B – USE OF RADIO FREQUENCY IDENTIFICATION TAGS IN SURGICAL SPONGES

**MSS ACTION: RECOMMENDATION OF GC REPORT B NOT ADOPTED AND
REMAINDER OF REPORT FILED.**

That our AMA support the use of RFID technology as a means by which to prevent the retention of surgical sponges in order to improve patient safety and reduce subsequent sequelae.

GC REPORT C – LIABILITY COVERAGE FOR MEDICAL STUDENTS COMPLETING EXTRAMURAL ELECTIVES

MSS ACTION: RECOMMENDATIONS OF GC REPORT C ADOPTED AND REMAINDER OF REPORT FILED.

1. That our AMA-MSS 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.
2. That our AMA-MSS and AMA 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.
3. That our AMA 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.
4. That our AMA 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.

GC REPORT D – MEMBERSHIP DEPENDENT VOTING APPORTIONMENT

MSS ACTION: GC REPORT D FILED.

GC REPORT E – NATIONAL MEDICAL STUDENT REPRESENTATION IN THE MSS ASSEMBLY

MSS ACTION: RECOMMENDATIONS OF GC REPORT E ADOPTED AS AMENDED AND REMAINDER OF REPORT FILED.

HOD ACTION: AMA RESOLUTION 16 ADOPTED.

1. That the following organizations 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. That the eligibility criteria for National Medical Student Organizations (NMSOs) as set forth in the AMA Bylaws and the MSS IOPs be amended 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. That the AMA Bylaws and MSS IOPs be amended 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. That the AMA Bylaws and MSS IOPs be amended 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.
5. That the recommendations of this report be forwarded to the AMA House of Delegates at A-08

GC REPORT F – ANTIMICROBIAL RESISTANCE: DEARTH OF NOVEL ANTIBIOTICS

MSS ACTION: RECOMMENDATION OF GC REPORT F ADOPTED AS AMENDED WITH CHANGE IN TITLE AND REMAINDER OF REPORT FILED.

NOVEL ANTIBIOTICS AND ANTIMICROBIAL RESISTANCE

1. That our AMA 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.

**SUMMARY OF ACTIONS
MEDICAL STUDENT SECTION RESOLUTIONS
FORWARDED TO THE AMA HOUSE OF DELEGATES**

**2008 ANNUAL MEETING
CHICAGO, ILLINOIS**

**AMA RESOLUTION 2 – PROMOTING REPRESENTATIVE EQUALITY AT THE MSS
BUSINESS MEETING**

HOD ACTION: AMA RESOLUTION 2 ADOPTED.

RESOLVED, That our American Medical Association Bylaws be amended to reflect the following Medical Student Section Business Meeting representation criteria for central and satellite campuses:

1. The AMA medical student members of each educational program as defined in Bylaw 7.331 that has more than one campus may select one representative and one alternate representative from each campus.
2. 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.
3. A satellite campus is redefined 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 instruction over a period of time not less than one academic year (and that specific reference in AMA Bylaws to the Charles R. Drew University of Medicine and Science is no longer necessary because that campus qualifies for representation under the proposed definition of a satellite campus).

**RESOLUTION 16 – NATIONAL MEDICAL STUDENT ORGANIZATION REPRESENTATION
IN THE MSS ASSEMBLY**

HOD ACTION: AMA RESOLUTION 16 ADOPTED.

RESOLVED, That our American Medical Association bylaws pertaining to National Medical Student Organizations (NMSOs) be amended 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; and be it further

RESOLVED, That the AMA Bylaws be amended 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; and be it further

RESOLVED, That the AMA Bylaws be amended 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.

AMA RESOLUTION 113 – REEXAMINING MARKET BASED HEALTH CARE REFORM

HOD ACTION: POLICY H-165.888 REAFFIRMED IN LIEU OF AMA RESOLUTION 113.

RESOLVED, That our American Medical Association 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 the 2009 Annual Meeting.

AMA RESOLUTION 114 – REMOVING BARRIERS TO CARE FOR TRANSGENDER PATIENTS

HOD ACTION: AMA RESOLUTION 122 ADOPTED AS AMENDED IN LIEU OF AMA RESOLUTIONS 114 AND 115.

RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician.

AMA RESOLUTION 307 – STUDENT LOAN EMPOWERMENT

HOD ACTION: AMA RESOLUTION 307 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association support a requirement that medical schools inform students of all government loan opportunities along with private loans, and requires disclosure of reasons that preferred lenders were chosen.

AMA RESOLUTION 308 – ENCOURAGEMENT OF INTERPROFESSIONAL EDUCATION AMONG HEALTH PROFESSIONS STUDENTS

HOD ACTION: RESOLUTION 308 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association recognize that interprofessional education and partnerships are a priority of the American medical education system; and be it further

RESOLVED, That our AMA explore the feasibility of the implementation of Liaison Committee on Medical Education and American Osteopathic Association accreditation standards requiring interprofessional training in medical schools.

AMA RESOLUTION 309 – INCREASING MEDICAL SCHOOL CLASS SIZES

HOD ACTION: RESOLUTION 309 ADOPTED.

RESOLVED, That our American Medical Association support increasing the number of medical students, provided that such expansion would not jeopardize the quality of medical education.

AMA RESOLUTION 310 – SOLUTIONS TO TACKLING THE INCREASING COST OF MEDICAL EDUCATION

HOD ACTION: SUBSTITUTE AMA RESOLUTION 310 ADOPTED IN LIEU OF AMA RESOLUTION 310 WITH CHANGE IN TITLE.

TRANSPARENCY IN MEDICAL SCHOOLS' UTILIZATION OF FUNDS FROM TUITION AND FEE INCREASES

RESOLVED, That our American Medical Association encourage the development of policies by Liaison Committee on Medical Education- and American Osteopathic Association-accredited medical schools that ensure information on the use of funds from tuition and fee increases is disclosed in a standardized format and in a timely manner to prospective and current medical students.

AMA RESOLUTION 421 - IMPLEMENTATION OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED) IN HIGH-SCHOOL AND COLLEGE SPORTS PROGRAMS

HOD ACTION: AMA RESOLUTION 421 ADOPTED.

RESOLVED, That our American Medical Association 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 and trained personnel on its premises; and be it further

RESOLVED, That our AMA support state legislation and/or state educational policies encouraging athletic coaches, sports medicine personnel, and student athletes to be trained and certified in cardiovascular-pulmonary resuscitation (CPR), automated external defibrillators (AED), basic life support, and recognizing the signs of sudden cardiac arrest.

AMA RESOLUTION 438 – GLOBAL HIV/AIDS PREVENTION

HOD ACTION: SPONSOR GRANTED LEAVE TO WITHDRAW AMA RESOLUTION 438.

RESOLVED, That our AMA 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 be it further

RESOLVED, That our AMA 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.

AMA RESOLUTION 514 – ADOPTING A DEFINITION FOR METABOLIC SYNDROME

HOD ACTION: AMA RESOLUTION 514 NOT ADOPTED.

RESOLVED, That our American Medical Association support the development of a consensus statement defining metabolic syndrome.

AMA RESOLUTION 515 – ESSENTIAL MEDICINES FOR THE DEVELOPING WORLD

HOD ACTION: AMA RESOLUTION 515 ADOPTED.

RESOLVED, That our American Medical Association support universities engaging nontraditional partners, including public-private partnerships, grant-making organizations, nonprofits, and developing-world research institutions, in order to create new opportunities for neglected disease drug development; and be it further

RESOLVED, That our AMA support the protection of fair access to essential medicines in developing countries.

AMA RESOLUTION 530 – RESTRICTION OF NON-VETERINARY ANTIMICROBIALS IN COMMERCIAL LIVESTOCK TO REDUCE ANTIBIOTIC RESISTANCE

HOD ACTION: AMA RESOLUTION 530 ADOPTED AS AMENDED.

RESOLVED, That our American Medical Association work with interested partners to develop new, or improve existing, FDA guidelines concerning the prudent use of antibiotics in livestock to protect patients from the dangers of antimicrobial-resistant pathogens.

AMA RESOLUTION 607 – TOWARD ENVIRONMENTAL RESPONSIBILITY

HOD ACTION: AMA RESOLUTIONS 605 AND 607 REFERRED.

RESOLVED, That our American Medical Association 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 be it further

RESOLVED, That our AMA conduct an internal assessment of its environmental footprint and research creative solutions to minimize it, and report back at 2008 Interim Meeting.