Resolution	Recommendation
A1	Reject as written.
A2	Accept as written.
A3	Accept as written.
A4	Accept as amended.
A5	Reject as written.
A6	Accept as written.
A7	Accept as amended.
A8	Accept as amended.
A9	Accept as amended.

American Medical Student Association
House of Delegates 2025

Introduced by: Drumi Shah, Yasamin Pashmineh Azar

School(s): The University of Alabama in Huntsville, A.T. Still University School of Osteopathic Medicine in Arizona

Subject: Principles Regarding Adult Obesity

Type: Addition to Principles

WHEREAS maintaining healthy eating patterns following the appropriate calorie limits and moderate intake of essential nutrients is crucial for overall well-being; [1]

WHEREAS expanding access to fresh, local, and affordable produce through supermarkets, farmers' markets, school-based programs, and businesses will encourage healthy eating; [2]

WHEREAS obesity has significant social, economic, and health outcomes, but can be preventable; [3]

THEREFORE BE IT RESOLVED that the Principles Regarding Adult Obesity of the American Medical Student Association (pg. 191)

be AMENDED to state:

1. RECOMMENDS the use of technology, like mobile health apps and virtual nutrition counseling to promote healthy diets and physical activity. (2025)
2. ENCOURAGES the integration of mental health and stress management into obesity prevention programs, emphasizing their impact on overall well-being and healthy lifestyle habits while equipping individuals with effective coping strategies. (2025)

Fiscal Note: None

Citations

1. CDC. Obesity Strategies: What Can Be Done. Obesity. Published October 8, 2024. https://www.cdc.gov/obesity/strategies/obesity-strategies-what-can-be-done.html
2. Program: Farmers markets, mobile markets, and CSAs | Healthy food playbook. foodcommunitybenefit.noharm.org. https://foodcommunitybenefit.noharm.org/resources/implementation-strategy/program-farmers-markets-mobile-markets-and-csas
3. Anekwe CV, Jarrell AR, Townsend MJ, Gaudier GI, Hiserodt JM, Stanford FC. Socioeconomics of Obesity. Current Obesity Reports. 2020;9(3):272-279. doi:https://doi.org/10.1007/s13679-020-00398-7

Report of Reference Committee A

DISCUSSION

BOT:
One BOT member claimed the resolution needed to be more specific on what AMSA is actually supporting. They would also like some acknowledgement of supporting systemic access to healthier produce instead of just individual intervention. Another BOT member wanted to amend the resolution by adding more supporting WHEREAS statements.

Vote:
1-6-0 Nay - resubmit next year with more specific language

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members recommend to reject as written and suggest the authors resubmit next year with more specific language.

REFERENCE COMMITTEE RECOMMENDATION
Reject as written.

Motion:

A-2

American Medical Student Association
House of Delegates 2025

Introduced by: Aubrienne Silva, Yasamin Pashmineh Azar; Drumi Shah

School(s): University of California, Los Angeles; A.T. Still University School of Osteopathic Medicine in Arizona; The University of Alabama in Huntsville

Subject: Principles Regarding the Environment

Type: Addition to Principles

WHEREAS persistent organic pollutants (POPs) and per- and polyfluoroalkyl substances (PFAS) are widely used/found chemicals in the environment that are virtually unavoidable as they contaminate food, drink, and air; [1]

WHEREAS evidence demonstrates that living organisms contain POPs and PFAS in their blood due to their inability to break down easily; [1]

WHEREAS POPs and PFAS exposures have related health outcomes through their contribution to DNA methylation, thus creating transgenerational effects; [2]

WHEREAS adverse health effects of POPs and PFAS exposures include cancer, endocrine system and immune system disruptions, and reproductive/developmental defects that lead to lifelong harm; [5]

WHEREAS POPs and PFAS exposures disproportionately affect areas of lower socioeconomic status due to proximity to manufacturers, bases, plants, or landfills that have increased pollution into nearby water and food supply; [3]

WHEREAS one widely used approach to decreasing PFAS exposure is education– that is, clinicians raising awareness for PFAS in high-risk communities and providing information on how individuals can avoid exposure; [4]

THEREFORE BE IT RESOLVED that the Principles Regarding the Environment (pg. 132-135) be **AMENDED BY ADDITION** to state:

1. In regard to environmental toxins such as persistent organic pollutants (POPs) and per- and polyfluoroalkyl substances (PFAS):
    a. SUPPORTS raising awareness of exposures as well as their health effects in communities, with special attention to high-risk communities due to socioeconomic disparities and proximity to sources of exposure.
    b. ENCOURAGES the inclusion of environmental toxin topics, including POPs and PFAS, in medical and public health education curricula to better equip healthcare professionals on addressing and educating patients on risks, health impacts of exposure, and prevention methods.
    c. ADVOCATES for collaboration among public health organizations, policymakers, and healthcare professionals for developing and distributing accessible resources on addressing POPs and PFAS risks — including interventions on exposure pathways and future prevention methods.

Fiscal Note: None

Citations:

1. Environmental Protection Agency. (2024). PFAS Explained. Retrieved October 21, 2024, from https://www.epa.gov/pfas/pfas-explained
2. Schmidt, S. (2022). Marks and mechanisms: unraveling potential health impacts of PFAS via DNA methylation. *Environmental Health Perspectives, 130*(5), 54001. https://doi.org/10.1289/EHP11287
3. Liddie, J. M., Schaider, L. A., & Sunderland, E. M. (2023). Sociodemographic factors are associated with the abundance of PFAS sources and detection in U.S. community water systems. *Environmental Science & Technology*. https://doi.org/10.1021/acs.est.2c07255
4. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Division on Earth and Life Studies; Board on Population Health and Public Health Practice; Board on Environmental Studies and Toxicology; Committee on the

Guidance on PFAS Testing and Health Outcomes. (2022). *Guidance on PFAS exposure, testing, and clinical follow-up*. Washington (DC): National Academies Press (US). Retrieved October 21, 2024, from https://www.ncbi.nlm.nih.gov/books/NBK584691/
5. Stockholm Convention. (n.d.). Overview of the Stockholm Convention. Retrieved January 14, 2025, from https://www.pops.int/TheConvention/Overview/tabid/3351/Default.aspx

Report of Reference Committee A

DISCUSSION

BOT:

Vote:
7-0-0 Accept as Written

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members recommend to accept as written.

REFERENCE COMMITTEE RECOMMENDATION
Accept as written.

Motion:

A-3

American Medical Student Association
House of Delegates 2025

Introduced by: Yasamin Pashmineh Azar, Aubrienne Silva, Drumi Shah

School(s): A.T. Still University School of Osteopathic Medicine in Arizona; University of California, Los Angeles; The University of Alabama in Huntsville

Subject: Principles Regarding Immigrant Health

Type: Resolution to Principles, Amendment by Addition

WHEREAS there are an estimated 122.6 million displaced individuals and 4.4 million stateless persons as of June 2024, with the high likelihood that these numbers will rise due to ongoing conflicts; [1]

WHEREAS displaced individuals, families, and children endure numerous traumatic experiences, including separation from loved ones, exposure to violence, prejudice, discrimination, and the loss of their native language, community, and culture; [2, 3, 4]

WHEREAS such traumas can have profound, long-lasting effects on the physical, mental, and emotional well-being of populations, with children particularly at risk of compromised health due to developmental, cognitive, social, and emotional challenges; [2,3]

WHEREAS access to trauma-informed care provides individuals and children the opportunity to meet them where they are mentally, fostering trust with healthcare providers and minimizing the risk of re-traumatization; [5, 6]

WHEREAS the impact of traumatic experiences extends beyond survivors, also affecting those who engage with or support these individuals, underscoring the need for widespread implementation of trauma-informed practices; [5]

WHEREAS trauma-informed care not only promotes healing and recovery for displaced individuals and children but also strengthens society by improving human, economic, and cultural capital over the long term; [3]

THEREFORE BE IT RESOLVED that the Principles Regarding Immigrant Health of the American Medical Student Association (pg. 166-168)

be AMENDED to state:

1. SUPPORTS the creation, funding, and implementation of trauma-informed care initiatives and resources specifically for immigrant, asylum seeker, and refugee populations. (2025)

2. ADVOCATES integrating trauma-informed care principles into medical education curricula to equip healthcare professionals with the skills to serve and address the needs of these populations effectively. (2025)

Fiscal Note: None

Citations

1. UNHCR. Figures at a glance | UNHCR US. UNHCR US. Published 2022. https://www.unhcr.org/us/about-unhcr/who-we-are/figures-glance
2. Resources Specific to Immigrant or Refugee Populations. www.acf.hhs.gov. Published November 12, 2020. https://www.acf.hhs.gov/trauma-toolkit/immigrant-or-refugee-populations
3. Murphey D. *MOVING beyond TRAUMA: Child Migrants and Refugees in the United States*.; 2016. https://cms.childtrends.org/wp-content/uploads/2016/09/Moving-Beyond-Trauma-Report-FINAL.pdf

4. *Trauma-Informed Care a Guide for Community-Based Service Providers*. https://www.air.org/sites/default/files/2021-06/Trauma-informed-care-for-displaced-populations.pdf
5. Designing a Trauma-Informed Asylum System in the United States. Center for Victims of Torture. Published July 19, 2023. https://www.cvt.org/what-we-do/advocating-for-change/designing-a-trauma-informed-asylum-system-in-the-united-states/
6. Aquila Recovery Clinic. Benefits Of Trauma Informed Care. Aquila Recovery Clinic. Published November 16, 2020. https://www.aquilarecovery.com/blog/benefits-of-trauma-informed-care/

Report of Reference Committee A

DISCUSSION

BOT:

Vote:
7-0-0 Accept as Written

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members agree with the BOT to recommend to accept as written.

REFERENCE COMMITTEE RECOMMENDATION
Accept as written.

Motion:

A-4

American Medical Student Association
House of Delegates 2025

Introduced by: Drumi Shah, Yasamin Pashmineh Azar, Aubrienne Silva

School(s): The University of Alabama in Huntsville, A.T. Still University School of Osteopathic Medicine in Arizona, University of California, Los Angeles

Subject: Principles Regarding Wellness of Medical Students and Housestaff

Type: Addition to Principles

WHEREAS encourages medical schools to provide affordable, accessible facilities for fitness and recreation; [1, 2]

WHEREAS supports affordable, confidential counseling services and promotes awareness to reduce stigma regarding mental health; [2]

WHEREAS confidentiality advisory programs with clear guidelines are recommended to assist students with challenges; [1, 3]

WHEREAS encourage the incorporation of self-care and mindfulness education into medical curricula; [4]

WHEREAS addressing systemic wellness needs is critical to sustaining the health and success of medical students and housestaff; [3, 4]

WHEREAS committees are established to enable safe and anonymous reporting of abuse or mistreatment, ensuring that appropriate actions are taken; [5]

THEREFORE BE IT RESOLVED that the Principles Regarding Wellness of Medical Students and Housestaff of the American Medical Student Association (pg. 77-78)

be AMENDED to state:

1. RECOMMENDS the development of no-cost, high-quality, confidentiality counseling services without any discrimination. (2025)
2. URGES mental health workshops or a Balance of Life program providing ways to cope with stress, burnout, etc. (2025)
3. SUPPORTS promotion of social media initiatives geared towards medical students to destigmatize mental health challenges and encourage proactive self-care among themselves and other healthcare professionals. (2025)

Fiscal Note: None

Citations

1. University of Virginia. Support for Students | Student Health and Wellness. Virginia.edu. Published 2024. https://www.studenthealth.virginia.edu/support
2. Winters M. Medical student wellness: Blueprints for the curriculum of the future. American Medical Association. Published May 17, 2016. https://www.ama-assn.org/medical-students/medical-student-health/medical-student-wellness-blueprints-curriculum-future
3. Vassar L. How one program achieved resident wellness, work-life balance. American Medical Association. Published July 7, 2015. https://www.ama-assn.org/medical-residents/medical-resident-wellness/how-one-program-achieved-resident-wellness-work-life
4. Albert Henry T. Preventing burnout in residency programs: Mayo Clinic’s unique approach. American Medical Association. Published April 13, 2016. https://www.ama-assn.org/education/improve-gme/preventing-burnout-residency-programs-mayo-clinics-unique-approach

5. American Academy of Family Physicians. Mistreatment of Learners in Medical Education. www.aafp.org. Published April 2022. https://www.aafp.org/about/policies/all/mistreatment-learners.html

Report of Reference Committee A

DISCUSSION

BOT:
One BOT member recommends to take out the 'any' and have it just say 'without discrimination'; they also say "workshops/Balance of Life" is vague. They also claim we want to be careful in the promotion of social media campaigns for mental health because it's not regulated. Two other BOT members agree with some of these claims. Another BOT member also asked for more specific language—highlighting a part not discussed by the first BOT member mentioned; the resolution does not specify who is being urged to hold mental health workshops (medical schools or AMSA initiatives?). Another BOT member claims it may be better to use the word "affordable" instead of "no-cost" (line 23). One BOT member voted for nay because they believe the resolution is very vague and needs further refining.

Vote:
6-1-0: Accept as amended; strike out 2 entirely due to ambiguity and grammatical errors; encourage clarifying language for who is doing the counseling.

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members agree with the majority of the BOT for the recommendation to accept as amended and state the following. The committee members also suggest clarifying language for who is doing the counseling:

1. RECOMMENDS the development of affordable, high-quality, confidentiality counseling services without discrimination. (2025)
2. SUPPORTS promotion of social media initiatives geared towards medical students to destigmatize mental health challenges and encourage proactive self-care among themselves and other healthcare professionals. (2025)

REFERENCE COMMITTEE RECOMMENDATION
Accept as amended.

Motion:

A-5

American Medical Student Association
House of Delegates 2025

Introduced by: Carson Cornock, Oluwatoni Adebisi, Boluwatife Atanda

School(s): University of South Florida, All Saints University School of Medicine.
Subject: Principles Regarding Mental Health

Type: Addition to Principles

WHEREAS it is demonstrated that observance days and calls to action promote and foster a sense of community, prompting discussion and awareness.

WHEREAS it is observed that dedicated observance days have created and prompted lasting change, such as World Aids Day, MLK Jr. Day, and Earth Day. Advancing their causes and reducing stigma.

WHEREAS it has been found that 49% of medical students experience burnout and 23% developed depression due to an inability to cope. [1]

WHEREAS it was observed that the Great American Smokeout increased google searches on help to quit smoking by 22% and an increase in calls by 41% to quitlines. [2]

THEREFORE BE IT RESOLVED that the principles regarding mental health of the American Medical Student Association (pg. 113-114) be **AMENDED BY ADDITION** to state:

1. SUPPORTS and ENCOURAGES the declaration of "National AMSA Wellness Day" to prompt positive mental health outcomes, healthy wellbeing, and maintain wellness.

Fiscal Note: None

Citations

1. Chew-Graham, C. A., Rogers, A., & Yassin, N. (2021). Stress, coping strategies, and support among medical students: A qualitative study of the roles of resilience and well-being. *BMC Medical Education, 21*, Article 273. https://doi.org/10.1186/s12909-021-02734-4
2. ScienceDaily. (2016, March 31). Smokers respond to 'quit-smoking' messages differently depending on their social networks. *ScienceDaily*. https://www.sciencedaily.com/releases/2016/03/160331082503.htm

Report of Reference Committee A

DISCUSSION

BOT:

Vote:

Majority of BOT members voted Nay.

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members recommend to reject as written.

REFERENCE COMMITTEE RECOMMENDATION
Reject as written.

Motion:

A-6

American Medical Student Association
House of Delegates 2025

Introduced by: Annelise M. Silva MD EdM, Nikitha Balaji, Zena Komrokji

School(s): AMSA National President, Case Western Reserve University School of Medicine, University of South Florida

Subject: Internal Affairs Regarding Chief Executive Officer

Type: Internal Affairs

WHEREAS The Board of Trustees voted by unanimous consent to offer Jennifer Salehi the position of Interim Executive Director on the recommendation by the previous CEO, Jamie Thayer Scates.

WHEREAS Jennifer Salehi has accepted the position of Interim Executive Director to start January 1 2025.

WHEREAS The size of AMSA as a nonprofit organization coupled with its focus on social justice reflects the need for the dissolution of the corporate C-Suite structure in favor of a directorship model that is more in line with the mission and objectives of the organization.

THEREFORE BE IT RESOLVED that the SECTION VIII of the American Medical Student Association (Internal Affairs, Page 19) be AMENDED BY DELETION AND ADDITION to state:

1. The ~~Chief Executive Officer (CEO)~~ Executive Director (ED) shall be appointed by a joint commission of the Board of Trustees and the Board of Directors of the AMSA Foundation, and shall serve as the chief administrative officer of the Association. He/she shall have supervision of its administrative, membership and business personnel and direct the operations of the offices of the Association. The ~~CEO~~ (ED) shall prepare an annual budget for review by the Board of Trustees. The ~~CEO~~ (ED)shall undergo an

annual performance review that will be conducted by representatives of the Board of Trustees. The ~~CEO~~ (ED) shall attend the annual convention and the meetings of the Board of Trustees and the Board of Trustees and shall ensure that minutes of these meetings shall be prepared and distributed to the members of the Board of Trustees and shall perform such other duties as may be designated in this Constitution or in the Bylaws or by the Board of Trustees of the Association

2. An interim Executive Director may be appointed by the Board of Trustees to serve as acting executive director in the event of the resignation, termination, or vacation of duties of a permanent Executive Director. The interim Executive Director shall operate in the same capacity as the Executive Director during their interim period. The Board of Trustees may elect to propose an evaluation of the interim Executive Director for consideration to assume the permanent Executive Director role.

Fiscal Note: None

Citations: None

Report of Reference Committee A

DISCUSSION

BOT:

Vote:
5-0-2 Accept as Written

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members recommend to accept as written.

REFERENCE COMMITTEE RECOMMENDATION
Accept as written.

Motion:

A-7

American Medical Student Association
House of Delegates 2025

Introduced by: Sarah Osborn, Reproductive Justice/Women's Advocacy Coordinator, J Conrado, Gender and Sexuality Chair

School(s): St. George's University School of Medicine, Eastern Virginia Medical School at Old Dominion University

Subject: Principles Regarding Reproductive Rights, Family Planning, and Sex Education

Type: Resolution of Principles

WHEREAS AMSA supports reproductive rights, family planning options, and sex education

WHEREAS AMSA supports inclusive language and therefore the language utilized in terms of gender can be updated to be more inclusive

WHEREAS the rearrangement of ideas will allow topic groups to be together in order to create easier readability and information connectivity

WHEREAS Medicaid often does not have to cover abortion, necessary reproductive health services, or fertility treatment. No state Medicaid covers IVF. Very few state Medicaids cover infertility diagnosis or ovulation-enhancing drugs and monitoring. Private insurance companies are not regulated federally in terms of reproductive health care and therefore coverage vastly varies. Some states even have restrictions and prohibitions on what insurance can cover in terms of reproductive services, while other students are trying to intact laws to require private insurance plans to cover certain reproductive treatments. [1]

WHEREAS legislators are attempting to pass laws or amendments which allow law enforcement or other entities to view or track menstrual cycles. One recent amendment barely passed in Virginia to prohibit a search warrant from being issued to search and seize menstrual health data. [2]

WHEREAS state legislators are trying to implement criminal penalties for women who get abortions, or providers of abortion care. Currently 6 states are introducing bills to criminalize reproductive health care. For example, Georgia introduced a bill, that did not pass, but that would apply “personhood” at the moment of fertilization and allow criminalization with offenses deemed of “murder” for the pregnant patient and “assault” for the provider if an abortion occurred in-state, outside the realm of exceptions–which in Georgia is only to save the life of the pregnant female after all other reasonable alternatives were unsuccessful. [3]

WHEREAS the internet, social media, and politics, all have documented cases of spreading misinformation or manipulating scientific evidence with the purpose of pushing their own agenda. This has been done by people of their own free will, but there have also been laws to mandate this misinformation be given to patients. One legal example is the introduction of abortion counseling laws, which are put into place to undermine the informed consent providers must legally give to their patients with the goal to promote childbirth. These laws require abortion providers to tell their patients misinformation such as that getting an abortion will cause breast cancer, negative mental health outcomes, or future fertility problems. [4]

WHEREAS 9 states currently allow individual health care providers to refuse to provide contraceptive services. 7 states allow pharmacists to refuse to dispense prescribed contraception, and 3 states allow public institutions to refuse to provide contraception services. [5]

WHEREAS currently 20 states require that emergency rooms must provide information about emergency contraception for sexual assault victims and 16 of those states require them to dispense drug on request for sexual assault victims. 8 states also give pharmacists the ability to dispense emergency contraception without a prescription as long as that pharmacist meets certain conditions and follows state protocol. [6]

WHEREAS the World Health Organization (WHO) recognizes and provides evidence-based guidelines supporting abortion access as a fundamental human right to ensure health. The guidelines provide evidence demonstrating how restrictive abortion laws cause harm to women by making abortion unsafe. The WHO recommendations include removal of any legal or policy barriers that hinder any aspect of abortion care. These guidelines also recognize that restrictive abortion laws disproportionately harm underserved communities. The 2022 updated guidelines add in a stronger focus for quality abortion care with available, accessible, and accurate information; supportive, accessible, affordable, and well-functioning health care system; and respect for human rights that includes creating supportive laws and policies. The guidelines recommend changing laws and policies to fully decriminalize abortion, provide access to medication abortion, repeal laws/regulations that restrict or delay abortion for any reasons, and end regulations on abortion providers that limit their ability to provide care or add penalties. [7, 8]

WHEREAS people with both wanted and unwanted pregnancies, patients developing obstetric complication, or patients that learn of a severe fetal diagnosis are being denied abortions which has caused pregnancy-related mortality to increase (since Roe was overturned). There has also been an increase in infant mortality shown by 2022 data from Texas showing that infant mortality increased by 11.5% and infant deaths caused by severe fetal diagnosis (genetic or birth defects) rose by 21.6%. The U.S. already has the highest rate of maternal deaths among high-income countries, and abortion bans are making the rate increase. [9]

WHEREAS maternal mortality is higher in states that have restricted abortion access. [9]

WHEREAS access to safe and legal abortion is supported by a multitude of leading medical associations including the AMA, ACOG, and WHO. [9]

WHEREAS most state Medicaids do not provide coverage for abortions. To increase accessibility, some states are enacting laws providing funding directly to abortion facilities and nonprofits for abortion care. However, other states are creating more restrictions of Medicaid covering abortion, use of any public funds for abortion, and even prohibiting any providers that perform abortions from participating in the state Medicaid program. [1]

WHEREAS currently 44 states allow any healthcare institution to refuse to provide abortion services. 31 of these states allow public institutions to refuse those services. [5]

WHEREAS states have been attempting to define into law fetal and embryo personhood and apply criminal consequences for patients, their families, and providers who are deemed to have adverse pregnancy outcomes, or fertility care (including IVF). [1]

WHEREAS the World Health Organization recommends the use of two medications together to include a medication abortion; mifepristone and misoprostol. And the WHO guidelines state that medication abortions are safe for pregnant individuals who are less than 12 weeks pregnant. [10]

WHEREAS more than half of all abortions in the United States are medication abortions using mifepristone and misoprostol. [11]

WHEREAS the U.S. Food and Drug Administration approved the use of mifepristone for medication abortion in 2000. [11]

WHEREAS medication based abortion can be administered on an outpatient basis in their own homes or other locations, including via telemedicine, to allow people to access abortion services even if they live in an area without abortion care. Medication abortion is often less costly, therefore providing more access to people with lower incomes, or people denied insurance coverage for their abortion. [10]

WHEREAS lawsuits have already been filed to try and prevent medication abortions and laws proposed to ban abortion medication. One example is of a lawsuit filed in November 2022 in a Texas federal district court that was filed by anti-abortion advocates against the FDA to seek to remove FDA's approval of mifepristone making it illegal to use and prescribe. This lawsuit went through multiple stages of decisions and appeals but eventually resulted on June 13th, 2024, by the U.S. Supreme Court ruling that the lawsuit did not have standing and therefore the wide use of mifepristone was able to remain accessible through telemedicine and pharmacies. [11]

WHEREAS pre-roe abortion bans were in place before 1973 when Roe vs Wade made them unenforceable, but some states never repealed these bans meaning that since the overturn of Roe, states can try and reimplement these bans. [12]

WHEREAS trigger bans were passed while Roe was constitutional to set up for total abortion bans to go into effect the movement the Supreme Court overturned Roe. [12]

WHEREAS pre-viability gestational bans aim to prohibit any abortion before viability, but viability varies between states based on their unique definitions. These laws would be considered unconstitutional if Roe was still in place. [12]

WHEREAS reason bans are laws that prohibit an abortion based on any factual or potentially sought reasons. Bands typically state genetic abnormalities (regardless of survival chance or impact on the mother's health) as a reason to prohibit abortion. [12]

WHEREAS criminalization of self-managed abortion would target and cause jail/prison time, or financial fines to pregnant people who end their pregnancies outside of a health care setting. This law can criminalize people for having medication induced abortions which often occur at home and provide abortion access for people in areas without abortion care. [12]

WHEREAS SB-8 was implemented in Texas in September 2021 which bans abortion at an early gestational age. This law is enforced by members of the public by allowing any person to sue abortion providers and/or people that help others access abortion care. Other states are creating similar laws deemed “SB-8 copycats”. [12]

WHEREAS targeted regulation of abortion providers (TRAP) laws create legal requirements and burdens for physicians who provide abortion care. These requirements create extra burdens for abortion care providers including extra costs and even unnecessary facility modifications. There are several different types of laws, but can include regulation on location of where an abortion can be provided, specific abortion facility specifications, specific provider qualifications, and even reporting requirements. This type of law counters evidence-based medicine clinical guidelines. [12]

WHEREAS parental laws that require providers or clinics to provide notification to or get consent from parents or legal guardians of young people. These laws include a process to allow the patient to submit a petition to a judge to approve the abortion without parental involvement. Other bills focused on parental involvement include judicial bypass restrictions to make it more difficult for a young person to get an abortion without parental notification or consent. [12]

WHEREAS consent laws focus on requiring pregnant people to receive specific biased, and often inaccurate counseling, procedures (ultrasounds), or wait periods between counseling/ultrasound and getting abortion care all with the purpose to dissuade pregnant people from making a “wrong decision” of getting an abortion. [12]

WHEREAS the Hyde Amendment, passed in 1976, and renewed by Congress every year since, prohibits any federal funding to be used for abortions. Federal funding includes Medicaid and other low-income programs. [12]

WHEREAS states ban people from providing support to pregnant young people who want an abortion and must travel out of state for it. Support includes logistical, financial, and emotional. Some states also include abortion funds and support organizations in the ban as well as friends and family. This restricts young people from being able to travel across state lines and get the abortion care they need. Some laws deem this “abortion trafficking”, an effort by anti-abortion legislators to cast a negative light on abortion by saying abortion is human trafficking. This language also creates more stigma around abortion and those who provide or receive them. [1]

WHEREAS some states are trying to introduce and pass legislation that make it illegal to possess, mail, or provide abortion medication from other states. Other states are trying to pass legislation to prohibit organizations from any type of advertising or sharing information about abortion services even if that organization is outside the state, which violates the federal interstate commerce clause and First Amendment. [1]

WHEREAS many states have criminal penalties for abortions including incarceration and fines for pregnant people seeking or who got an abortion. [1]

WHEREAS states are passing legislation to allow religious exemptions and therefore not requiring providers and institutions to participate in or perform abortion care or insurance to cover abortion care, even if the abortion is deemed a medical emergency. [1]

WHEREAS 46 states allow individual health care providers to refuse to provide abortion services regardless of their religious beliefs or medical associations. [5]

WHEREAS states have requirements of providers to share medically inaccurate and stigmatizing information to patients before providing abortion care. Other states require providers to inform patients about palliative care and perinatal hospice for fatal fetal diagnosis and the information required to be provided is biased from anti-abortion groups which is medically inaccurate. [1]

WHEREAS states are funding anti-abortion centers with the goals to discourage people from getting abortions and do not provide any true abortion care. The majority of these centers do not have any medically trained or licensed staff. These centers deceptively advertise that they provide abortion care, but when patients come into the center, they will not provide abortion care. Same states provide millions of dollars to these centers and since Roe was overturned more than $489 million dollars has been given to anti-abortion centers. [1]

WHEREAS states can pass a constitutional amendment to affirm the right to abortion, which protects the citizens that start the opportunity to choose abortion. The state amendment is not affected by and is separate from any federal constitutional right. [12]

WHEREAS since the overturn of Roe, 11 states have voted to add the right to an abortion in their state constitution. [1]

WHEREAS interstate shield laws protect abortion providers, patients, and those helping patients who provide/receive an abortion as to/as an out-of-state resident. This includes protections from any civil and criminal consequences of the state in which the patient is a resident of. Not only do interstate shield laws protect reproductive health care, they also typically extend to transgender health care. Many shield laws also include protection for telehealth providers who provide mail abortion medications across states. [1, 13]

WHEREAS the Emergency Medical Treatment and Labor Act (EMTALA), a federal law requires hospitals that receive any Medicare payments to provide stabilizing care to all patients. Abortion bans, such as Idaho's abortion ban, would not allow for emergency abortion care. In 2024, the U.S. Supreme Court ruling for *Moyle v. United States* stated that EMTALA hospitals, even those residing in states with abortion bans, provide abortion care when it is needed to stabilize the pregnant patient during an emergency medical situation. However, this ruling does not apply to all hospitals and therefore states with abortion bans can prevent hospitals not receiving medicare payments from providing emergency abortion care. THere have been states that introduced legislation to explicitly require all hospitals within the state to provide emergency abortion care. [1]

WHEREAS there is no federal law to prohibit private data brokers from collecting, sharing, or selling health care information. Some states have created protections that would prohibit

collection, sharing, or selling of health care information. Some laws also prohibit the creation of geofences around abortion clinics. These protections help to expand confidentiality in health care, especially in terms of abortion for providers, patients, and those assisting patients. While current states have just been focusing on reproductive health care information, this should also be expanded to all healthcare. [1]

WHEREAS private and public insurance coverage varies by state. Some states prohibit insurance from covering abortion, others do not require private insurance to cover abortion, and few require insurance plans to cover abortion. This can lead to costly expenses for patients seeking an abortion, creating a larger socio-economic gap in patients who are able to access abortion care. [1]

WHEREAS the Sex Education Collaborative created the Professional Learning Standards for Sex Education form by 14 national and state-based organizations that provide teacher training for sex education. These groups worked together to create goals, strategies, implementation improvement, and principles of sex education that should be taught across the nation to provide young people with quality sex education supported by medical evidence and that is non-directive to allow young people to make their own decisions. This organization provides training to teachers and the standards to stay up to date on content, teaching methods, and professional disposition. This document expands upon the National Sex Education Standards published in 2012 and followed by 41% of school districts. This document also aligns with the National Teacher Preparation Standards for Sex Education. [14]

WHEREAS in 2019, multiple organizations spearheaded an effort to have Sex Ed for All Month be recognized in May. Since then, each year these organizations have provided national activities to deliver school based sex education. [15]

WHEREAS laws surrounding sex education in schools range vastly between states. Only 29 states currently mandate that sex education be taught in schools, and only 11 of those states require sex ed to be LGBTQ+ inclusive. 15 states that mandate sex ed, do not require the content taught to be medically accurate, complete, and evidence-informed. States also vary in education laws surrounding abstinence only teaching, consent, abortion, contraception, HIV, STD/STIs, and "opt-out" policies. [16, 17]

WHEREAS current laws in 18 states allow qualified individual healthcare providers to refuse to provide sterilization services for any reason and 16 states allow healthcare institutions to refuse to provide sterilization services, also for any reason. [5]

WHEREAS oocytes can be interchanged with egg, but by true definition of IVF, only mature eggs are cryopreserved, in which not oocytes are mature eggs. Only mature eggs are used for insemination to create an embryo also known as a fertilized egg. Embryos can also be cryopreserved. Eggs are from the female only, while embryos are a combination of an egg from a female and sperm from a male. [18]

WHEREAS insurance (including Medicaid) coverage for fertility care vastly ranges between states and insurance companies. A single cycle of IVF can cost $30,000. Some insurance laws

state that fertility care will only be covered for females married to a male, which excludes single people and LGBTQ+ couples from accessing fertility care. Other state insurance laws include age restrictions and strict requirements that must be met which almost always include the ability to prove infertility. Medicaid almost never covers fertility treatment including IVF. Some states also include specific language in their insurance laws to prohibit the use of medicaid for IVF and fertility treatments. [1, 19]

WHEREAS insurance (including Medicaid) coverage for fertility preservation depends on state laws, and therefore fertility preservation is not a standard of care for patients dealing with iatrogenic infertility. Iatrogenic infertility is defined as any necessary medical treatment that indirectly or directly will affect the reproductive organs or processes and includes surgery, radiation, and chemotherapy. Some states also include specific language in their insurance laws to prohibit the use of medicaid for IVF and fertility treatments. [19]

WHEREAS IVF is used to provide patients dealing with infertility an opportunity to start a family, however the legal landscape has introduced barriers for patients to receive IVF and for providers. In February 2024, the Alabama State Supreme Court made a decision that the state's "Wrongful Death of a Minor Act" applied to "all unborn children, without limitation". This decisions includes cryopreserved embryos therefore any fertility care provider could face signification civil wrongful death liability for the destruction of an embryo which includes, but not limited to unsuccessful thawing of a cryopreserved embryo, unsuccessful transfer of an embryo (ie. embryo did not implant and lead to pregnancy), and even discarding embryos by patient request. This ruling led to Alabama's three largest fertility clinics pausing any IVF care. However, other states have introduced bills to create the right to and support of IVF. Some laws even include the prohibition of embryos being moved out of state to be discarded. [1]

WHEREAS surrogacy is a critical way to build families. Surrogates do not contribute their own gametes to the child and do not parent the child, instead embryos are created from the parents via IVF and after birth, the baby is given to the parents. Surrogates are compensated for medical care and beyond. The amount exceeding medical care reimbursements is defined in the contract the surrogate and parent(s) sign. While this is a great option for people who cannot carry a pregnancy and others wanting a different family planning option, there are many legal problems surrounding surrogacy. Some states have passed and others need to pass legislation to regulate surrogacy including health insurance requirements of surrogates, ability of the surrogate to retain medical decision-making authority, payment to the surrogate to include both reasonable expenses and for acting as the surrogate, legal parentage orders that establish parental rights and responsibilities immediately after the birth of the child, and to allow single people and same-sex couples to legally contract a surrogate. Some current legislation does not clearly give the parents their legal rights after birth of the child, and other legislation has wording to only legally allow surrogates for couples composed of a male and a woman. [1]

WHEREAS condom distribution is affordable as condoms are one of the least expensive forms of contraception. Condoms also provide protection from STIs/STDs and HIV transmission. There are multiple organizations who provide free condoms like certain pharmacies and student health care clinics. Research has also been done over free condoms and transmission and one

journal showed that by providing free condoms at a public sex venue, they could reduce the transmission of STIs/STDs and HIV. [20]

WHEREAS current studies show that incarcerated pregnant people have higher rates of miscarriage, stillbirth, and preterm birth. And incarcerated pregnant people do not have protections that prohibit the use of restraints or pregnant people or provide them with prenatal care or an option to have a support person while giving birth. [1]

THEREFORE BE IT RESOLVED that the Principles Regarding Reproductive Rights, Family Planning, and Sex Education of the American Medical Student Association (pg. 52-57) which currently reads as below be AMENDED BY ADDITION and MODIFICATION to state:

1. BELIEVES that reproductive health services, reproductive rights and reproductive health education - as a means for any person ~~women and adolescents~~ to have self-determination in all aspects of their reproductive lives, including sexuality, health, and parenthood - are essential to any person's ~~women's~~ and families' overall health and well-being; and SUPPORTS universal and ready access to all~~ men's and women's~~ reproductive health services and education as a means for improving health disparities. (2025, 2006)
2. In regard to reproductive rights, AMSA:
    a. SUPPORTS full access to the entire range of reproductive services, including but not limited to, birth control, abortion, fertility services, family planning (including surrogacy and adoption), sex education, and pregnancy care, and improving access in rural and urban areas; (2025, 2006)
    b. BELIEVES matters of reproductive health to be private and sensitive, and SUPPORTS the right of patients to make these decisions in confidence with their physician without the interference of any third party; (2006)
    c. RECOGNIZES patients' right to have accurate, unbiased information regarding the full range of their reproductive health options, and STRONGLY URGES all physicians to provide evidence-based, scientifically accurate information and to counsel patients on the entire range of options available for any reproductive health issue, regardless of any moral or religious beliefs about particular options. (2006)
    d. ~~CONDEMNS legislation that mandates ultrasound for family planning patients. (2014) ~~Moved to section 5.m.xii. for grouping of information and idea expansion.
    e. CONDEMNS any legislation that prevents an individual's reproductive rights and ability to access care, including but not limited to, abortion, birth control, pregnancy, fertility services, consent, and mandatory reporting. (2025)
    f. BELIEVES and SUPPORTS that all insurance coverage, including Medicaid, should cover costs of reproductive care like any other medication, treatment, diagnosis, or disease. Reproductive care includes, but is not limited to, family planning, birth control. abortion, fertility treatments, sterility procedures, all parts of pregnancy (pre, during, and post), and maternal health. (2025)
    g. CONDEMNS the tracking of reproductive health information including, but not limited to, menstrual cycles (2025)
    h. CONDEMNS legisation that would criminalize any aspect of reproductive health care–including, but not limited to, abortions and miscarriages–for patients, those supporting or helping patients, or providers (2025)

i. CONDEMNS the intentional spread of misinformation or manipulation of evidence-based information regarding any reproductive rights, health, or education (2025)

j. OPPOSES any legislation mandating the dissemination of misinformation or manipulation of evidence-based information regarding reproductive healthcare with intent to limit access (2025)

3. AMSA BELIEVES in the concept of reproductive justice and that
    a. It is a framework built upon social activism surrounding the right to non-politicized and scientifically backed educational resources.
    b. The right to an individual's ability to exercise self-determination of their reproductive life and beyond.
    c. The equitable access to reproductive care services regardless of a person's socioeconomic background.
    d. RECOGNIZES the reproductive justice framework as a methodical and holistic approach to supporting the right to and accessibility of reproductive healthcare, including but not limited to:
        i. Family Planning
        ii. Contraception
        iii. Abortion Care
        iv. Access to Health Care
        v. Pre and Postnatal Maternal Support
        vi. Reproductive Health Education
    e. UNDERSTANDS the impacts of race, class, gender and sexual identity oppressions are not additive but integrative, producing the paradigm of intersectionality.
    f. SUPPORTS the use of this intersectional approach in healthcare setting to improve reproductive healthcare on the level of patient and provider as well as any parent healthcare institutions or network.
    g. OPPOSES the separation of abortion rights from other areas of social justice, reproductive rights from human rights issues, especially with regard to equitable access to quality healthcare.
    h. STRONGLY URGES that all medical schools create reproductive health curricula in the image of the reproductive justice framework to further solidify the need for a holistic approach to reproductive health care and intervention
4. In regard to contraception:
    a. BELIEVES that unintended pregnancies can place an undue burden on the pregnant person, ~~women~~ and their families; (2025, 2008)
    b. BELIEVES birth control to be a form of preventive medicine;
    c. SUPPORTS responsibly safe and cost-effective birth control, as follows:
        i. primary forms of birth control methods that prevent conception should be encouraged through:
            1. education, which should include the potential and limits of varying contraceptive methods in preventing pregnancy as well as protecting from sexually transmitted diseases, and (1997)
            2. increasing availability of those methods; (1997) including legislation that would increase subsidies for birth control for

low-income women and students or that would provide safe birth control prescriptions over the counter; and (2008)

ii. as a secondary means, emergency contraception and/or abortion, with totally informed consent, should be fully accessible to all. (2008)

d. BELIEVES that the display and sale of contraceptive devices and the distribution of contraceptive information to all persons, regardless of age, should be legal; (2025)

e. SUPPORTS the proposal that cost be no barrier in availability of birth control information, devices and medications;

f. SUPPORTS contraceptive equity - insurance coverage for contraceptive devices and medications, including emergency contraception, at the same rate as other covered medications - for both private and public insurance, including Medicaid, to achieve fair access and lower costs to patients; (2025, 2006)

g. SUPPORTS federal guidelines requiring all insurance plans to cover birth control without co-pay as part of prevention health care and OPPOSES any exceptions for religiously affiliated plans; (2012)

h. URGES the strong opposition of legislative initiatives, which impair a physician's capacity to respect the right of a person's ~~woman to~~ self-determination in matters of reproduction; (2025)

i. SUPPORTS over-the-counter availability of emergency contraception, and other contraceptive medications deemed as safe and effective by the FDA for over-the-counter use, to all persons ~~women~~ regardless of age and CONDEMNS age-based restrictions on over-the-counter access to Plan B; (2025, 2012)

j. OPPOSES the infiltration of politics into the scientific decision-making process of the FDA, especially with regard to contraceptive devices and medications; (2006)

k. URGES counseling about and access to emergency contraception as the standard of care for victims of sexual violence; (2006)

l. TAKES THE POSITION and STATES publicly that a convenient, effective, and safe form of contraception for ~~either men or women~~ any person, regardless of sex, has not yet been produced and should become the goal of government and industry co-sponsored development programs; (2025, 2006)

m. CONDEMNS the utilization of religious or moral exemptions to curtail coverage of contraception, perinatal care, or reproductive health from employer sponsored health insurance plans, thereby making them prohibitively expensive or unavailable to a wide range of persons with uteruses who have no recourse.

n. OPPOSES legislation that allows health care providers and/or public healthcare institutions to refuse to provide medically safe contraception services on the basis of personal beliefs (2025)

o. OPPOSES legislation that allows pharmacists to refuse to dispense medically safe prescribed contraceptives on the basis of personal beliefs (2025)

p. SUPPORTS states that require all hospital emergency departments to provide information about and offer emergency contraceptiveservices to any victim of sexual assault regardless of age, and URGES other states to institute similar laws to provide expanded emergency contraception access to sexual assault victims (2025)

5. In regard to abortion:

a. BELIEVES that all patients, regardless of age, social status, ~~or~~ marital status, wanted/unwanted pregnancy, obstetric complications, need for life-saving procedure, or severe fetal diagnosis have the right to obtain a legal, safe, voluntary abortion and abortion care.~~;~~ (2025, 2021, 2006)
b. SUPPORTS the use of federal, state, and local funds, including Medicaid and other public funds, to provide abortions for patienst who are unable to afford them; and OPPOSES restrictions on the availability of funds for family planning clinics that offer, counsel for, or refer for abortion; and OPPOSES laws to prevent Medicaid or other public money from funding abortions and blocking abortion providers from participating in Medicaid programs. (2025, 2021, 2006)
c. BELIEVES that voluntary induced abortions should be available from all public hospitals on the same basis as any other medical or surgical procedure; and OPPOSES any law that would allow healthcare institutions to refuse to provide abortion services, including institutions that are public and without religious affiliation (2025)
d. OPPOSES policies that restrict funding for training residents and medical students in abortion procedures at federally funded institutions; (2006)
e. BELIEVES that all medical schools should include education on abortion as part of their mandatory curricula, as set forth in AMSA's Principles on Medical Education; (2008)
f. BELIEVES that all Obstetrics/Gynecology and Family Medicine residencies should offer training in abortion procedures; (2008)
g. OPPOSES any policy at the local, state, or federal level that causes delay and increased medical risk in the delivery of abortion services to patients of any age, including but not limited to, prohibiting abortion counseling and referral in health care settings which receive federal funds (2021, 1992)
h. OPPOSES the use of explicit visual and/or verbal representation of the products of abortion that tend to produce emotional trauma rather than provide useful information to the pregnant person ~~a woman~~ considering an abortion; (2025, 2003)
i. BELIEVES that the question of when a conceptus acquires personhood is a complex, religious, moral, and personal question that cannot be answered by medical science, OPPOSES all legislation attempting to define personhood of a conceptus, and OPPOSES all legislation applying criminal consequences to fetal or embryo personhood laws; (2025)
j. Regarding clinic violence, AMSA:
    i. SUPPORTS a pregnant person's ~~woman's~~ right to an abortion performed in a safe and secure environment; (2025)
    ii. OPPOSES any law that would require fetal remains, from a miscarriage or abortion to be buried or cremated. (2017)
    iii. CONDEMNS the violence directed against abortion clinics and family planning centers as a violation of the right of access to health care; (1985)
    iv. SUPPORTS the Freedom of Access to Clinic Entrances law, and urges its enforcement to the fullest extent wherever possible; (1995)
    v. CONDEMNS any inflammatory rhetoric that encourages violence surrounding the abortion debate; (1995)

vi. STRONGLY URGES all health professional organizations/associations to publicly condemn violence directed against abortion providers, clinic workers and patients; (1995)
vii. STRONGLY URGES all health professional organizations/associations to demand the investigation and prosecution of perpetrators of clinic violence by all appropriate law enforcement agencies, including federal, state, and local governments. (1995)

k. ~~OPPOSES the prohibition of intact dilation and extraction abortion. (1999)~~ Moved to section 5.m.v. for grouping of information and idea expansion.

l. In regard to medical abortifacients:
   i. SUPPORTS the continued research and clinical use of all pharmaceutical abortifacients. (1998)
   ii. RECOGNIZES that pharmaceutical abortifacients, although effective, do not replace the need for surgical abortion. (1998)
   iii. SUPPORTS the use of medication abortion through the use of two medications together: mifepristone and misoprostol (2025)
   iv. SUPPORTS accessibility of medication based abortion and mailing of abortion medication (2025)
   v. CONDEMNS and OPPOSES any laws put into place to make mifepristone and misoprostol illegal, to prevent telemedicine, and/or mailing of abortion medication (2025)

m. OPPOSES and CONDEMNS any legislation at the local, state, or federal level that put restrictions on abortion or any criminalization related to abortion, for patients, providers, and those assisting patients, including but not limited to the following; (2025)
   i. Pre-Roe bans
   ii. Trigger bans
   iii. Pre-viability gestational bans
   iv. Method bans including dilation and extraction procedures and dilation and evacuation procedures, and medication abortions
   v. Reason bans
   vi. Telemedicine bans
   vii. Criminalization of self-managed abortion (SMA)
   viii. SB-8 and copycats
   ix. Targeted regulation of abortion providers (TRAP)
   x. Parental notification or consent
   xi. Consent laws, including but not limited to requiring inaccurate counseling, procedures like ultrasounds, waiting periods, or requirement of spouse's consent before getting abortion care
   xii. Hyde Amendment
   xiii. Abortion Support Bans ("Abortion Trafficking")
   xiv. Cross-border restrictions
   xv. Abortion-Related Criminal Penalties
   xvi. Religious exemptions for providers, institutions, and insurance companies
   xvii. Provider refusal laws which allow individual health care providers to refuse to provide abortion services

xviii. Biased counseling requirements such as requiring providers to share medically inaccurate and/or stigmatizing information with patients before they can receive an abortion. Required medically inaccurate information includes but is not limited to specific information about options that exclude abortion care. Stigmatizing information includes but is not limited to legislation requiring providers to inform patients about palliative care and/or perinatal hospice for fatal fetal diagnosis.

xix. Funding for Anti-Abortion Centers, also known as Crisis Pregnancy Centers or Fake Clinicas, that have the goal to deceive and discourage people seeking abortion care.

n. SUPPORTS and ENCOURAGES legislation on local, state, and federal level to be passed to provide abortion protections including but not limited to; (2025)
   i. State based constitutional right to abortion
   ii. Interstate shield laws
   iii. Emergency abortion care
   iv. Data privacy laws

o. SUPPORTS and ENCOURAGES states to implement private and public (including Medicaid) insurance policy coverage laws to include coverage of abortion and OPPOSES laws that prevent insurance policies from covering abortion or provide employers with religious exemption. (2025)

6. In regard to sex education:
   a. BELIEVES that appropriate, comprehensive, evidence-based, medically-accurate, sex education will contribute to health and well-being by improving adolescents' understanding of sex and sexuality and by reducing risky sexual practices, sexual violence, abuse, and assault, unintended pregnancy, and the transmission of sexually transmitted infections amoung adolescents; and that sex-education programs should be evaluated on these outcomes to determine their effectiveness. (2019, 2006)
   b. BELIEVES that educating children and adults about sexuality from birth to adulthood should come from many sources including, but not limited to, schools, health professionals and home. (1995)
   c. BELIEVES that sex and sexuality education should be based on, though not limited to, the following principles:
      i. enhancing self-esteem, such that young people feel good about themselves and are not available for exploitation and do not exploit others;
      ii. understanding love and self-respect as the basic components of a person's sexuality;
      iii. preparation for making responsible decisions in critical areas of sexuality, based on a universal value of not hurting or exploiting others;
      iv. contributing to knowledge and understanding of the sexual dimension of our lives, focusing on feelings, communication and values;
      v. emphasizing situational and life skills; (1995)
      vi. using honest and open communication and avoiding scare tactics to help young people develop knowledge of human sexuality; (2006)

vii. helping young people understand that lesbian, gay, bisexual and transgender people exist in their communities and should be treated with respect regardless of their sexual orientation or gender identity; (2008)
viii. recognizing that lesbian, gay, bisexual and transgender youth are students as well, and provide a safe environment for young people to be open about sexual orientation and gender identity; (2008)
ix. increasing knowledge of the unique health needs specific to adolescents, including lesbian, gay, bisexual and transgender youth; (2008)
x. helping young people understand the need for equal opportunities for all genders; (2021, 2006)
xi. understanding that parenthood requires responsibilities and interpersonal skills that strengthen family life, such as communication and compromise; (2006)
xii. understanding that affirmative consent is required in all sexual encounters and can be withdrawn at any time; (2019)
xiii. understanding that affirmative consent cannot be given in some circumstances, including but not limited to age and decision-making capacity; (2019)
xiv. knowledge of reproductive sexual anatomy and physiology is important in maintaining good health; (2019)

d. SUPPORTS the establishment and the administration of comprehensive, evidence-based, medically-accurate sexual education programs that include adequate information on and discussion of abstinence, contraception, barrier methods, and other evidence-based safer sex and family planning practices; and strongly URGES the federal government and local school boards to provide preferential funding for such programs; (2019, 2006)
e. SUPPORTS education that is age appropriate, nondirective, medically accurate, comprehensive, and starts at a young age; (2025, 1995)
    i. SUPPORTS education that is appropriate for children, adolescents, and adults with intellectual disabilities or other special needs;
f. SUPPORTS the establishment of programs for parents regarding adult sexuality, adolescent sexuality and their role as sex educators, with funding not compromising existing sex education programs;
g. URGES that physicians and medical students play a more integral role in teaching youth about sexuality. (1992)
h. SUPPORTS the use of randomized controlled trials to determine the effectiveness of sexual education programs (as outlined in 5.a) and refuses to support any additional federal funding for abstinence-only programs - as allowed under Section 510 of Title V of the Social Security Act or otherwise - as long as these programs are found to be either ineffective or less effective than comprehensive sexual education programs. (2002)
i. STRONGLY recommends that individuals conducting sexual education programs receive standardized training and material to be distributed to students and that students should be randomly polled on the amount and type of information received to ensure ~~insure~~ the program meets its original goal: increasing comprehensive sexual education. (2002)

i. SUPPORTS the utilization of the Professional Learning Standards for Sex Education (PLSSE) created and published by the Sex Education Collaborative for sex education standardization through training teachers to provide comprehensive, inclusive, unbiased, and medically accurate information. (2025)
    1. SUPPORTS the PLSSE's training for teachers which includes; (2025)
        a. Education over the benefits of sex education for young people
        b. How to create a safe learning environment
        c. How to discuss values without influencing their students
        d. How to acknowledge conscious and unconscious bias and how reduce those from influencing their teaching
        e. How to maintain professional boundaries including personal disclosure
        f. How to handle potentially sensitive topics including race, reproductive justice, sexual health inequities, gender identity, sexual orientation, social status, and physical/intellectual ability.
        g. How to utilize the trauma-informed approach when teaching sex education
        h. How to actively involve parents/guardians/caregivers of their students in a sex education program
        i. What responsibilities they have as a mandated reporter and unique state requirements/procedures
    2. SUPPORTS the PLSSE's key principles to be taught to students which includes; (2025)
        a. Healthy and unhealthy relationships including those with family, friends, and romantic partners (covering abuse and interpartner violence)
        b. Communication skills
        c. Technology and relationships
        d. Setting and respecting personal boundaries
        e. Consent and situations that can impair consent
        f. Sex trafficking and state specific laws
        g. Bodily autonomy
        h. Prevention and interventions in bullying
        i. Strategies on how to identify a trusted adult
        j. Sexual orientation, sexual identity, and sexual behavior
        k. Gender identity and gender expression
        l. Inclusive and affirming language
        m. Groups at disproportionate risk for health disparities
        n. Puberty including physical, social, and emotional changes
        o. Medically accurate terms and explanations of function for sexual and reproductive anatomy (including all genitals)
        p. Stages of human sexual response cycle

q. Fertilization, implantation, conception, and pregnancy
r. Effective condom use, and how to access condoms
s. Emergency contraception and the abortion pill
t. Methods of contraception including "the pill" and IUDs
u. Pregnancy options including parenting, adoption, and abortion
v. State laws that can affect youth's access to reproductive and sexual health care
w. HIV, STDs/STIs, prevention, how to get tested, and treatment options
x. Resources for youth survivors of sexual assault, abuse, incest, or interpartner violence
y. Resources for youth for support or information related to sexual orientation, sexual identity, sexual behavior, gender identity, gender expression, and transgender
z. Resources for youth that provide HIV and STD/STI testing and treatment

j. STRONGLY URGES neutral, third party scientific oversight of the content of federally- or state-supported sex education curricula. (2006)
k. STRONGLY URGES physicians to thoroughly discuss reproductive and family planning options with transgender patients prior to hormone replacement therapy and gender confirmation surgeries in addition to post-treatment reproductive and family planning assessments.
l. STRONGLY URGES that sex education include discussion on rape culture and sexual assault. (2017)
m. SUPPORTS education that includes topics of sex trafficking and other forms of exploitation, thereby increasing awareness and preventing at-risk populations from being exploited. (2019)
n. ENCOURAGES the recognition of May as National Sex Ed for All Month established by national effort by a coalition called the Sex Education Collaborative, with the goal of showcasing the need for and providing equitable and accessible sex education. (2025)
o. STRONGLY URGES federal legislation (or every state legislation) to introduce laws to mandate sex education in all schools, and that this education must be medically accurate, evidence-informed, comprehensive and non-directing. Mandates should include that sex education must be LGBTQ+ inclusive, abstinence cannot be emphasized as the primary or only socially acceptable prevention method, and must contain topics regarding all principles stated above in 6.c. (2025)
    i. CONDEMNS any state law that has a sex education mandate without any language to state the content must be medically accurate or mandates that require any sex education to include any of the following; (2025)
        1. Abstinence only teaching, abstinence emphasis teaching, or curriculum that stresses abstinence (2025)
        2. Abstinence as the expected social standard and/or preferred behavior, that abstinence should be an important personal and/or

desirable goal, and/or social/religious benefits of abstinence only practice (2025)

3. Benefits of heterosexual marriage, that a faithful monogamous heterosexual marriage is the only way to avoid STDs, that homosexuality is not acceptable, and/or that homosexuality is a criminal offense (2025)

7. In regard to fertility and sterility:
    a. BELIEVES that every person has the right to control their own fertility; (2021)
    b. SUPPORTS sterilization as an acceptable form of birth control when totally informed consent has been given by the individual involved;
        i. OPPOSES sterilization by other than free, uncoerced choice or as a genocidal or discriminatory device (2015)
            1. OPPOSES the use of sterilization or long-acting reversible contraception as part of legal settlements, criminal sentencing, and plea bargains (2020)
            2. BELIEVES that no sterilizations should be performed by healthcare providers employed by federal or state detention centers (2021)
            3. BELIEVES that in the case that sterilization or long acting reversible contraception is medically indicated and/or desired by a detainee, the procedure should be made available and performed by a healthcare provider who does not have conflict of interest (2021)
    c. SUPPORTS the availability of sterilization of adults without requirements concerning parity and marital state; and OPPOSES laws that allow qualified individual health care providers or public healthcare institutions to refuse to provide sterilization services (2025)
    d. SUPPORTS coverage for fertility treatment, including ~~oocyte~~ egg or embryo cryopreservation; (2025, 2015)
    e. SUPPORTS clear recognition of the person from which the eggs were retrieved to have full ~~woman's~~ ownership and control of their eggs ~~her oocytes~~; legal measures should be developed to confirm the owner's ~~woman's~~ right to decide whether to produce or not produce embryos via insemination ~~eggs~~, store eggs or embryos via cryopreservation ~~them~~, ~~have them inseminated,~~ or transfer full or partial control of their eggs or embryos to a spouse, partner, physician, bank, or researcher; (2025, 2015)
    f. URGES further research into and legislation regulating the commercialization of eggs and undue influence on the person in which the eggs were retrieved from to have a ~~woman's~~ choice to donate or freeze their ~~her~~ eggs ; (2025, 2015)
    g. URGES legislation to be created on local, state, and federal levels (including Medicaid) to require insurance to cover fertility care, including IVF, that is inclusive to all people, and OPPOSES legislation that prevents insurance from covering fertility care for single people and LGBTQ+ couples, exclusions based on age, or requirements to prove infertility, and CONDEMNS the utilization of religious or moral exemptions to curtail coverage for fertility treatment, thereby

making it prohibitively expensive or unavailable to a wide range of persons. (2025)

h. URGES legislation to be created on local, state, and federal levels (including Medicaid) to require insurance to cover fertility preservation and establish fertility preservation as the standard of care for patients with iatrogenic infertility, OPPOSES laws that place limitations or prevent insurance from providing fertility preservation, and CONDEMNS the utilization of religious or moral exemptions to curtail coverage for fertility treatment, thereby making it prohibitively expensive or unavailable to a wide range of persons. (2025)
    i. Iatrogenic infertility is defined as medically necessary treatment including but not limited to surgery, radiation, and chemotherapy, that may indirectly or directly affect reproductive organs or the reproductive process. (2025)
i. SUPPORTS the right to IVF and legislation to protect IVF use, and CONDEMNS legislation that would prevent, criminalize, penalize, or block providers from providing IVF or patients from receiving IVF. (2025)
j. SUPPORTS the option of surrogacy (which includes the IVF process) as a way to treat infertility and provide an option for family planning, including for LGBTQ+ persons, persons who cannot become pregnant, or persons who cannot carry a pregnancy to term; URGES legislation be created to provide clear legal requirements of surrogates, legal status of children born via surrogacy, and provide protections to families developed via surrogacy; OPPOSES legislation that adds legal barriers to surrogacy. (2025)

8. In regard to sexually transmitted infections:
    a. SUPPORTS the reporting to proper authorities of each case of a sexually transmitted infection in accordance with the laws of each state, and URGES the medical community to recognize its contribution to the incidence of sexually transmitted infections as a consequence of laxity in such required reportings. (2003)
    b. SUPPORTS the widespread availability of safe and effective vaccines for sexually transmitted infections when and if they become available; (2006)
    c. SUPPORTS access to sexually transmitted infection testing and treatment without co-pay as part of preventive health care. (2012)
    d. SUPPORTS access to free condoms as a method of preventing the transmission of STIs. (2025)
9. In regards to the rights of pregnant individuals:
    a. STRONGLY URGES pregnant individuals to avoid practices, which may be hazardous to themselves or their fetuses; (1987)
    b. ENCOURAGES patients to consult with a health care professional, but SUPPORTS the legal right of patients to make the ultimate decisions regarding their pregnancies and births; (2021, 1987)
    c. OPPOSES any new legislation or interpretation of existing laws, which would criminalize any otherwise legal actions by pregnant individuals, whether or not such actions are deemed to be medically injurious to a fetus; (1987)
    d. OPPOSES any policies that punish pregnant individuals, more so than non-pregnant individuals, who commit criminal acts that may also harm their

fetus based on concern for/injury to the fetus, including, but not limited to, illicit drug use; (2021, 2006)

e. OPPOSES court ordered medical interventions, irrespective of the indications for such procedures, where the woman is legally competent of informed consent; (1987)
f. URGES the active support of legislation designed to expand options available to childbearing patients, including federal financial support for those unable to provide for a child, federal support of child-care programs for working and student parents, and federal financial support for prenatal and postnatal health care; (2021, 1988)
g. BELIEVES every pregnant person in the United States has the right to and must be guaranteed access to comprehensive maternity and infant care regardless of location or ability to pay. (2021) Where:
    i. Comprehensive maternity and infant services should be defined as the full range of maternity and well child services, included but not limited to early and continuing prenatal care, medical, psychosocial, educational and nutritional services, and postpartum care including family planning services, inpatient neonatal services and well-child services up to the age of 5 years.
    ii. The pregnant woman has choice of providers from among all types of licensed medical and health providers, including physicians and state licensed midwives and certified nurse midwives, health departments and community health centers.
    iii. Pregnant individuals should have the choice of licensed facilities in which to deliver, including Joint Commission on Accreditation of Hospitals, certified hospitals and accredited birthing centers.
    iv. In providing for such services, it must be recognized that early prenatal care is for the benefit of the child and that early care is of the essence. Therefore, incentives and education on the issue of the importance of prenatal health care to encourage the mother's early participation should be considered.
    v. Pregnant individuals should have the choice to deliver at home and be attended by their choice of consenting physicians, state licensed midwives and certified nurse midwives.
h. SUPPORTS implementation of standards of care for pregnant persons in prison and jail that are of the same standards for those pregnant persons not incarcerated (2025)
i. SUPPORTS protections for incarcerated pregnant people including but not limited to prohibiting the use of restraints, providing prenatal care, and giving the pregnant person the option to have a support person with them while giving birth (2025)

Fiscal Note: None

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Report of Reference Committee A

DISCUSSION

BOT:

BOT recommends the following. Each item title created by the Reference Committee is in bold with capitalized roman numerals:

Item I.

Change the bold text to "according to evidence-based medicine" in sub-item 2.a.

a. (SUPPORTS full access to the entire range of reproductive services, **including but not limited to, birth control, abortion, fertility services, family planning (including surrogacy and adoption), sex education, and pregnancy care,** and improving access in rural and urban areas; (2025, 2006))

Item II.

Change the bold text to change to the "full range of evidence-based reproductive health care" in sub-item 2.e.

e. CONDEMNS any legislation that prevents an individual's reproductive rights and ability to access care, **including but not limited to, abortion, birth control, pregnancy, fertility services, consent, and mandatory reporting**. (2025)

Item III.

Consider adding "unconsented tracking" and "misuse of tracking personal information" in sub-item 2.g.

g. CONDEMNS the tracking of reproductive health information including, but not limited to, menstrual cycles (2025)

Would be changed to: g. CONDEMNS the misuse of tracking personal information and unconsented tracking of reproductive health information including, but not limited to, menstrual cycles (2025)

Item IV.

Remove the bold text in sub-item 5.m. because it is too specific:

m. OPPOSES and CONDEMNS any legislation at the local, state, or federal level that put restrictions on abortion or any criminalization related to abortion, for patients, providers, and those assisting patients, **including but not limited to the following; (2025)**

> **i.Pre-Roe bans**
>
> **ii.Trigger bans**
>
> **iii.Pre-viability gestational bans**
>
> **iv.Method bans including dilation and extraction procedures and dilation and evacuation procedures, and medication abortions**
>
> **v.Reason bans**
>
> **vi.Telemedicine bans**
>
> **vii.Criminalization of self-managed abortion (SMA)**
>
> **viii.SB-8 and copycats**
>
> **ix.Targeted regulation of abortion providers (TRAP)**
>
> **x.Parental notification or consent**
>
> **xi.Consent laws, including but not limited to requiring inaccurate counseling, procedures like ultrasounds, waiting periods, or requirement of spouse's consent before getting abortion care**
>
> **xii.Hyde Amendment**

xiii.Abortion Support Bans ("Abortion Trafficking")

xiv.Cross-border restrictions

xv.Abortion-Related Criminal Penalties

xvi.Religious exemptions for providers, institutions, and insurance companies

xvii.Provider refusal laws which allow individual health care providers to refuse to provide abortion services

xviii.Biased counseling requirements such as requiring providers to share medically inaccurate and/or stigmatizing information with patients before they can receive an abortion. Required medically inaccurate information includes but is not limited to specific information about options that exclude abortion care. Stigmatizing information includes but is not limited to legislation requiring providers to inform patients about palliative care and/or perinatal hospice for fatal fetal diagnosis.

xix.Funding for Anti-Abortion Centers, also known as Crisis Pregnancy Centers or Fake Clinicas, that have the goal to deceive and discourage people seeking abortion care.

Item V.

Remove the bold text in Item 5.n. because it is too specific:

n. SUPPORTS and ENCOURAGES legislation on local, state, and federal level to be passed to provide abortion **protections including but not limited to; (2025)**

i.State based constitutional right to abortion

ii.Interstate shield laws

iii.Emergency abortion care

iv.Data privacy laws

Item VI.

Remove entire sub-sub-item 6.i.i. for two reasons: 1) It is not recommended to cite a specific organization due to the fact that organizations can change over time, so it is difficult to recommend a set of standards from a single organization. 2) The text is too specific.

Item VII.

Replace *"federal legislation (or every state legislation)"* with *"legislation at every level"* in sub-item 6.o. It should read as follows after the replacement:

o. STRONGLY URGES legislation at every level to introduce laws to mandate sex education in all schools, and that this education must be medically accurate, evidence-informed, comprehensive and non-directing. Mandates should include that sex education must be LGBTQ+ inclusive, abstinence cannot be emphasized as the primary or only socially acceptable prevention method, and must contain topics regarding all principles stated above in 6.c. (2025)

Item VIII.

Add a paragraph to sub-item 7.h. It is the one in blue in the following text:

h.URGES legislation to be created on local, state, and federal levels (including Medicaid) to require insurance to cover fertility preservation and establish fertility preservation as the standard of care for patients with iatrogenic infertility,

> i. OPPOSES laws that place limitations or prevent insurance from providing fertility preservation, and
>
> ii.CONDEMNS the utilization of religious or moral exemptions to curtail coverage for fertility treatment, thereby making it prohibitively expensive or unavailable to a wide range of persons. (2025)
>
> iii.Iatrogenic infertility is defined as medically necessary treatment including but not limited to surgery, radiation, and chemotherapy, that may indirectly or directly affect reproductive organs or the reproductive process. (2025)

Item IX.

Add a new sub-sub-item. 7.i.i. The new text is in blue:

i.SUPPORTS the right to IVF and legislation to protect IVF use, and

> i.CONDEMNS legislation that would prevent, criminalize, penalize, or block providers from providing IVF or patients from receiving IVF. (2025)

Item X.

The BOT recommended changes of format, which were already adjusted in the original resolution text.

Vote:
7-0-0 Accept as Amended

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members agree with the majority of the BOT for the recommendation to accept as amended according to the suggestions in the document.

REFERENCE COMMITTEE RECOMMENDATION
Accept as amended.

Motion:

A-8

American Medical Student Association
House of Delegates 2025

Introduced by: Sarah Osborn, Reproductive Justice/Women's Advocacy Coordinator, J Conrado, Gender and Sexuality Chair

School(s): St. George's University School of Medicine, Eastern Virginia Medical School at Old Dominion University

Subject: Principles Regarding Representation of Women in Medicine

Type: Resolution of Principles

WHEREAS AMSA has a long standing history of supporting women in medicine

WHEREAS AMSA has strategic collaborations with AMWA (American Medical Women's Association) furthing support of women in medicine

WHEREAS AMSA has supported women to be represented in medicine in all levels of education including medical school, residency, fellowship, attending, faculty, and administration.

WHEREAS there are shown correlations between mentorship leading to career advancement and higher satisfaction with same-sex mentors, whoever there is a significant amount of females in medicine without mentors and without same-sex mentors. [1]

WHEREAS a focus group study showcased that their female identifying physician participants in various career stages, identified times where implicit biases were present in their workplace and had negative effects [2]

WHEREAS women commonly experience gender harassment with almost one in three women reporting gender harassment in academic medicine. [3]

WHEREAS interview surveys have shown that questions regarding gender, marital status, and family planning occur at a higher rate for females than males and can affect interview outcomes. The National Resident Matching Program deems these questions "illegal" but yet, during their follow up studies, found that applicants get asked illegal questions with female respondents being asked at a higher rate than male for questions about gender, marital status, and family planning. [4, 5, 6]

WHEREAS women physicians in leadership roles such as deans, division chiefs, and other positions have grown in the past years, there is still a gender gap. The AAMC most recent report shows that women physicians make up only 27% of U.S. medical school deans and 25% of department chairs. [7, 8, 9]

WHEREAS female residents and fellow percentages are becoming closer to male percentages, there are still gender gaps in certain specialties deemed "typically-male" residency and fellowships. The ACGME most recent (2021) resident and fellow sex breakdown showcases that throughout all specialties males make up 52.7% and females make up 47.3%, however, over half of specialities are majority male with some having a large gender gap such as cardiovascular disease (74.4%), interventional cardiology (80.2%), neurological surgery (78.5%), neuroradiology (79.8%), orthopedic surgery (81.8%), pain medicine and pain management (77.4%), radiology and diagnostic radiology (72.3%), thoracic surgery (70.5%), and urology (69.5%). [10]

WHEREAS there is some recent evidence that outcomes are improved for patients whose surgeries were performed by female surgeons compared to male surgeons. [11]

THEREFORE BE IT RESOLVED that the Principles Regarding Representation of Women in Medicine of the American Medical Student Association (pg. 85) which currently reads as below be AMENDED BY ADDITION AND MODIFICATION to state:

1. SUPPORTS and ENCOURAGES the application and admission of qualified women, including transgender women and all gender minorities to medical schools, residency programs for all specialties, and fellowship programs for all specialities, and DISCOURAGES disqualification of applicants solely on the basis of sex, sexual orientation, ~~and~~ gender identity, marital status, and/or parental status; (2025, 2019, 2015)
2. URGES federal support to encourage more women to enter the field of medicine and for recruitment of women as medical school faculty and administrators;
3. SUPPORTS financial incentives for schools, residency programs, and fellowship programs to progress toward achieving a percentage of women physician faculty and physician administrators at each rank equal to the percentage of women in the general population; (2025)

4. URGES the AAMC to make available data from its faculty register which will show the status of each school with regard to the number of women in tenured teaching positions.
5. RECOMMENDS, SUPPORTS, and URGES ~~that~~ medical institutions to put actionable policies in place that promote equal pay ~~and~~ , safe~~,~~ and encouraging environments, ~~in which women can secure mentorships~~ opportunities for women to secure mentorships with other women, ~~have~~family-friendly working arrangements, ~~become actively involved in their chose specialities~~active involvement in their chosen specialty, ~~and seek opportunities~~ opportunities for leadership positions, policies to decrease implicit biases, and policies that condemn gender and sexual harassment. (2025, 2015)
6. ENCOURAGES the recognition of Women in Medicine Month established by the AMA to honor the growing number of women serving in the healthcare professions. (2022)
7. SUPPORTS the investing in pipeline programs and initiatives at the premedical and medical level to increase the number of women hired in medicine and OPPOSES the discrimination against women that occurs through biases in hiring criteria and social barriers. (2022)
8. ENCOURAGES goals for hospital administrations to promote more women of color into roles of senior management/administration to combat underrepresentation in leadership and SUPPORTS equal pay for women in healthcare roles (2022).
9. SUPPORTS increased funding for women conducting research within the healthcare field to close the gender gap in science research funding. (2022)
10. ENCOURAGES health institutions-sponsored health insurance policies for medical trainees to include coverage for IVF, artificial insemination, and oocyte cryopreservation AND ENCOURAGES health institutions to provide leave for the above. (2024)
11. BELIEVES institutions with residency and fellowship programs to publicly display fertility care benefits such as reproductive and fertility preservation services for residents and fellows on their institutional website. (2024)
12. CONDEMNS any interview at any level (medical school, residency, fellowship, attending, faculty, administration), which asks candidates about their relationship status, sexual orientation, their gender, the gender identity of their partner(s), number of children they currently have, thoughts/desires about having children in the future, fertility, if they are a caretaker for anyone, or any other questions pertaining to their future family planning/goals. (2025)
13. SUPPORTS and ENCOURAGES medical schools to appoint women physicians as department chairs, deans, and other leadership roles to close the gender gap. (2025)
14. SUPPORTS and ENCOURAGES all residency and fellowship programs to admit equal numbers of females as there are males, especially in male-predominated fields, including but not limited to, cardiology, radiology, all surgical specialties, and urology, and URGES federal support and financial incentives for programs to reach equal numbers. (2025)

Fiscal Note: None

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Report of Reference Committee A

DISCUSSION

BOT:
One BOT member said Item 14 includes gender-binary language. Another BOT member mentioned Item 14 is actually a quota which is illegal so some language adjustment here about potentially closing a gender gap in specialties rather than enforcing equal numbers. The consensus was to remove suggestion of quota and ensure suggestion is evidence-based.

Vote:
7-0-0 Accept as amended

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS
All committee members agree with the majority of the BOT for the recommendation to accept as amended and for Item 14 to specifically state:

14. SUPPORTS and ENCOURAGES all residency and fellowship programs to close the gender gap in medical specialties, and URGES federal support and financial incentives for programs to reach equal numbers. (2025)

REFERENCE COMMITTEE RECOMMENDATION
Accept as amended.

Motion:

A-9

American Medical Student Association
House of Delegates 2025-Pending

Introduced by: Board of Trustees (Emergency Resolution) Passed by majority

School(s)/Program(s): AMSA

Subject: Clarification of Relationships with Industry

Type: Amendment by DELETION and ADDITION

WHEREAS in the aftermath of the COVID-19 pandemic, AMSA acknowledges the challenges posed by its membership decline, which limits the ability of the organization to support member activities

WHEREAS AMSA remains committed to addressing these challenges while maintaining its core values and mission.

WHEREAS AMSA recognizes the importance of ensuring transparency and integrity in its financial practices.

WHEREAS AMSA will clearly outline restrictions on pharmaceutical funding to ensure alignment with its Conflict of Interest Policy, mission, and organizational objectives

THEREFORE BE IT RESOLVED that the CBIA of the American Medical Student Association Section XXII be AMENDED BY DELETION AND ADDITION to state:

Section XXII. Governance of Industry Relationships

The following guidelines are to be used by the Association for ~~pharmaceutical and medical device~~ industry relationships:

1. Regarding direct pharmaceutical, health insurance and medical device industry relationships, AMSA will:
    a. ~~Not accept funding for general budget support—which includes grants and funds for programs and research.~~ Accept general budget support if the organization advances AMSA's goals, or provides unique educational value without direction or conditions, and cumulative funding does not exceed 25% of AMSA's total operating budget. Restricted funds are prohibited for website advertising, chapter visits, AMSA Academy, list sales, and co-branded events
    b. ~~Not accept income from journal advertising, exhibit hall fees, or any other form of sponsorship.~~Accept journal advertising and exhibit hall fees when providing educational value or advancing AMSA priorities with the understanding that affiliations with the pharmaceutical and medical device industries will clearly be disclosed for members.

c. Prohibit samples of medical supplies except in circumstances that protect the integrity of education (e.g. sutures, IUDs, etc.) and prevent the use of samples as a marketing tool.
d. Allow contributions of unrestricted medical device samples at the chapter level for educational programs that are independent of any industry input or control and unaccompanied by marketing materials.

2. Regarding non-profit organizations or foundations affiliated with the pharmaceutical, health insurance or medical device industry, AMSA will:
    a. Accept general budget support if the organization advances AMSA's goals, or provides unique educational value without direction or conditions, and cumulative funding does not exceed 25% of AMSA's total operating budget.
    b. Accept journal advertising and exhibit hall fees when providing educational value or advancing AMSA priorities with the understanding that affiliations with the pharmaceutical and medical device industries will clearly be disclosed to ~~displayed for~~ members.
    c. Affirm that all dictated funding terms grants must align with AMSA's priorities and all other funds are truly unrestricted such that AMSA maintains its independence in the use of the funds and given to support the mission of AMSA.
    d. Affirm that the autonomy of AMSA will be preserved to sustain the freedom to follow its own course, modify both its goals and priorities, and exercise the freedom to take positions on issues that may be unfavorable to its funder.
    e. Consider non-monetary collaboration with these organizations to be acceptable if they advance AMSA's priorities.

3. Regarding organizations that may accept some funding from the pharmaceutical or medical device industry, AMSA will:

a. Accept funding and income by the nature of being at least one degree removed from the industry.

b. Accept journal advertising and exhibit hall fees in the absence of any other conflicts of interest.

c. Collaborate with these organizations in the absence of any other conflicts of interest.

4. Regarding educational medical device and related organization relationships, AMSA will:

a. Prioritize independent foundations, non-profit organizations, or relevant programs by governmental institutions (e.g. NIH) to provide education on medical devices but in their absence, relationships with companies supplying educational medical devices are acceptable if the devices:

i. Are commonly used in medical school training.

ii. Are produced by at least two or more manufacturers.

iii. Are not de novo.

b. Partner with educational medical device companies and non-profit organizations or foundations affiliated with educational medical device companies, if:

i. Funding for general budget support, except for journal advertising revenue and exhibit hall fees, will not cumulatively exceed 25% of AMSA's total operating budget.

ii. Income from journal advertising or exhibit hall fees is absent any other conflicts of interest.

iii. All dictated funding terms ~~grants~~ align with AMSA's priorities and all other funds are truly unrestricted such that AMSA maintains its independence in use of the funds and given for the purpose of supporting the mission of AMSA.

iv. The autonomy of AMSA will be preserved to sustain the freedom to follow its own course, modify both its goals and priorities, and exercise the freedom to take positions on issues that may be unfavorable to its funder.

REPORT OF REFERENCE COMMITTEE A

DISCUSSION

BOT:
One BOT member wants us to consider the following: remove the mentions of health insurance; add a clause to hold AMSA accountable to COI training; the need to specify a limit for journal/exhibit hall fees; the need to relook at sub-item 1c. Two other BOT members want us to relook at 1b/2b; 1b and 2b: elaborate upon mechanisms to regulate journal advertising/exhibit hall sessions, especially if educational content will be included. The BOT's consensus is to add more clarifications on 1B; enhance to add more safeguards.

Vote:
7-0-0 Accept as amended

SYNTHESIS OF DISCUSSION

REFERENCE COMMITTEE COMMENTS

All committee members agree with the majority of the BOT for the recommendation to accept as amended.

REFERENCE COMMITTEE RECOMMENDATION
Accept as amended.