## 2017 AMSA House of Delegates
### Reference Committee A Recommendations Tally Sheet

<table>
<thead>
<tr>
<th>No.</th>
<th>Resolution</th>
<th>Action</th>
<th>Resolution Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Bylaws Regarding Chapter Charter</td>
<td>Adopt as amended</td>
<td>A charter shall be granted to the petitioning chapter upon approval of the Board of Trustees and subject to ratification by a simple majority vote at the House of Delegates and ratification by the Board of Trustees at any point during the year. This is to prevent a chapter from having to wait to be ratified during convention by the HOD, which only convenes once per year.</td>
</tr>
<tr>
<td>A2</td>
<td>Bylaws Regarding Membership and Chapter Charter Alteration</td>
<td>Adopt as amended</td>
<td>Section 3—Alteration of Individual Membership The Board of Trustees reserves the right to alter (including, but not limited to, temporary and permanent revocation, suspension, and termination) the membership status of any individual, by at least two-thirds vote, of any individual who, as deemed by the Board of Trustees, has caused emergent defamation of AMSA’s name and/or authority.</td>
</tr>
</tbody>
</table>
| A3  | Amendment to Principles of Food and Nutrition                             | Adopt as amended | 3. In regard to water fluoridation:  
a. SUPPORTS community water fluoridation.  
b. URGES all public health departments to provide safe, optimally-fluoridated water to community members.  
c. OPPOSES non-evidence-based science against information about community water fluoridation. |
| A4  | Principles Regarding Pediatric Obesity                                     | Adopt as amended | d. SUPPORTS the creation of a development of local school wellness policy—policies and programs to promote student health and reduce childhood obesity.  
e. SUPPORTS increasing the amount of protected time that students can spend being physically active. |
| A5  | Principles Regarding the FDA’s Prohibition on Men Who Have Sex with Men From Donating Blood and Sperm Products | Adopt as amended | a) RECOGNIZES that FDA’s revised Donor Deferral policy of 2015 is discriminatory against men who have sex with men (MSM) who have tested HIV negative.  
b) RECOGNIZES level of behavioral risk, Risky behaviors should be used as a primary determinant of donor eligibility instead, regardless of sexual identity or preference, orientation, should be used as a primary determinant of donor eligibility. |
| A6  | Principles Regarding Decriminalization of HIV,AIDS                        | Refer to committee | The reference committee recommends referral to an ad-hoc committee comprised of the following |
| A7 | Principles Regarding Violence and Hate Crimes | Adopt as amended | 13. In regards to police brutality and violence against minorities people of color:
   h. SUPPORTS increased advocacy and research efforts into the effects of police brutality and fear of the police on public health outcomes;
   i. COMMITS to learning how to provide trauma-informed care and to teach this approach to students, trainees and providers;
   SUPPORTS education in how to provide trauma-informed care and to teach this approach to students, trainees and providers;
   j. COMMITS to healing communities ravaged by discriminatory criminal justice practices through engaging public health systems and using our power as constituents and leaders to insist on racial justice. |
| A8 | Principles Regarding Illegal drugs, alcohol and tobacco | Adopt as written |
| A9 | Principles Regarding Persons with Disabilities | Adopt as amended |
| A10 | Principles Regarding Resident and Student Work Hours | Adopt as written |
| A11 | Principles Regarding Preventive Medicine and Public Health (1) | Adopt as amended |
| A12 | Principles Regarding Service in | Adopt as | d. URGES the Liaison Committee on Medical Education and American Osteopathic Association Commission on Osteopathic College Accreditation and accredited schools of medicine to encourage all U.S. medical schools to establish elective in preventive medicine clerkship during the third and/or fourth years of undergraduate medical education. |
Underserved Areas and Service Obligations

amended volunteer work for a minimum of two years in an area of geographic or specialty need, such service preferably to take place following completion of graduate training;

2. In regard to financing service obligations and initiatives;
   a. SUPPORTS legislation providing tax exemptions, financial support, or other incentives for health professionals going into shortage areas;
   b. Regarding service obligations in underserved areas:
      1. SUPPORTS the Public Health Service, Indian Health Service and National Health Service Corps programs and URGES increased funding for such programs to make positions available to any qualified applicant; (1994)
      2. STRONGLY URGES the development of loan programs with loan forgiveness features tied to service in areas of geographic and specialty need; and URGES that such forgiveness be available to all individuals desiring such mechanisms and for loans from any source used to finance medical and premedical education; and further URGES that the level of such loans be commensurate with the real costs of medical education;
      3. Encourages community based partnership that incentivized students to provide later service in underserved communities through financial support while in medical school.
      4. SUPPORTS the National Health Service Corps in its efforts to deal with the problem of placing medical resources and personnel in medically needy underserved urban areas and medically underserved in addition to needy rural areas;
      5. URGES the adoption of legislation to exempt from taxation income due to service-dependent forgiveness of educational loans and scholarships;
      6. SUPPORTS the concept of federal and state incentive grants directed at meeting national health work-force objectives;

…

4. SUPPORTS the National Health Service Corps in its efforts to deal with the problem of placing medical resources and personnel in needy underserved urban areas in addition to needy rural areas;

5. OPPOSES compulsory postgraduate service in a government designated area, but believes that, should such service be imposed:
   a. all students should be at risk for service;
   b. students should receive tuition and cost-of-living expenses in exchange for service;
   c. the service program should meet the standards suggested
for voluntary service programs in point 3;
d. an equal choice between military and civilian service,
with equal pay privileges, should be offered;
e. male and female physicians should receive equal
consideration and equal obligations commensurate with
their professional capabilities.
.....
7. URGES efforts to be made to increase incomes of
providers serving in underserved communities to a level that
is on par with providers not practicing in shortage areas.
(1994)

| A13 | Principles Regarding the Environment - Environmental Justice | Adopt as amended | a. BELIEVES that all persons have the right to fair and meaningful involvement in the development of such policies, regardless of their race, color, creed, national origin, ancestry, religious or political affiliation, or socioeconomic status; identities.

b. OPPOSES efforts to disproportionately burden members of society with pollution or other environmental hazards based on their race, color, creed, national origin, ancestry, religious or political affiliation, or socioeconomic status without their knowing consent.

| A14 | Principles Regarding Terrorism | Reject as written |

| A15 | Principles Regarding Medicaid | Adopt as written |

| A16 | Principles Regarding Human Immunodeficiency Virus and HIV-related illness | Adopt as amended |

| A17 | Principles regarding sexuality | Adopt as amended | SUPPORTS transgender bathroom rights for both medical students and patients—all those who do not identify within the gender binary to use
Principles regarding minority representation and affirmative action

A18  Adopt as amended

SUPPORTS the increased representation of racial, gender, and sexual minority students in medical schools, not only as a result of concern for social equity, but also because such representation leads to positive and necessary changes in the attitudes of students, faculty and administrators, and hence to positive improvements in the health of society and in the health-care delivery systems;