

<b>Resolution</b>	<b>Recommendation</b>
B1	Accept as written
B2	Accept as written
B3	Accept as written
B4	Accept as written
B5	Accept as written
B6	Accept as amended
B7	Accept as written

B-1

**American Medical Student Association  
House of Delegates 2025**

**INTRODUCED BY:** Oscar Cazares, Michaela Whitelaw

**SCHOOL:** University of Texas Rio Grande Valley, Emory University School of Medicine

**SUBJECT:** Amendment to Principles Regarding Immigrant Health

**TYPE OF RESOLUTION:** Resolution of Principles

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WHEREAS AMSA “SUPPORTS efforts of medical students and health professionals to directly address the social determinants of immigrant health”

WHEREAS AMSA “ENCOURAGES efforts to provide medical professionals and trainees with education on the physician’s role in medical-legal immigration issues”

WHEREAS AMSA supports policy changes that can improve the health and well-being of immigrant communities

WHEREAS AMSA “SUPPORTS pathways to documented citizenship status for asylum seekers and undocumented migrants”

WHEREAS, at times, the U.S. government can be completely controlled by one political party

WHEREAS AMSA strives its governing documents to be perennial

THEREFORE IT BE RESOLVED THAT the Principles regarding IMMIGRANT HEALTH (pgs. 178-180) be AMENDED BY ADDITION and DELETION to state:

8. In regard to detention:

- a. DEMANDS that Immigration and Customs Enforcement (ICE) be defunded and dismantled; (2021)
- b. FURTHER DEMANDS that immigration systems prioritize safety and provide quality, evidence-based health care to all detainees in its custody. (2021)

c. CONDEMNS any detention facilities that do not provide quality, evidence-based health care to all detainees in its custody. (2019)

~~d. CONDEMNS the use of immigrant detention centers except when detaining immigrants convicted of violent crimes (2020)~~

d. DEMANDS any use of immigrant detention centers to be humanitarian in the case that ending immigrant detention centers, such as those of ICE, may not be feasible. (2025)

e. SUPPORT the use of Alternatives to Detention Programs and these alternatives should respect the human dignity of immigrants, migrants, and asylum seekers who are in the custody of federal agencies (2020)

Report of Reference Committee B

## DISCUSSION

The proposed amendment to AMSA's Principles Regarding Immigrant Health seeks to refine AMSA's stance on immigrant detention policies. It emphasizes the need for humane treatment of detainees and the provision of quality, evidence-based healthcare. The resolution modifies AMSA's previous demand for the abolition of detention centers, instead calling for humane alternatives while still advocating for the defunding and dismantling of Immigration and Customs Enforcement (ICE). Additionally, it supports Alternatives to Detention Programs that respect the dignity of migrants and asylum seekers.

### **BOT: Vote: 8-0-0**

The BOT supports the resolution's commitment to immigrant health while recognizing the need for practical approaches to detention reform.

## SYNTHESIS OF DISCUSSION

### **PRO:**

- Strengthens AMSA's advocacy for humane treatment and healthcare access for immigrant detainees.
- Calls for an evidence-based approach to detention reform while acknowledging political realities.
- Supports alternatives to detention that prioritize human dignity and safety.

### **CON:**

- Some members may argue that modifying AMSA's stance on detention centers weakens its previous strong opposition.
- Advocating for the defunding and dismantling of ICE may be seen as politically charged and difficult to implement.

- The resolution does not provide detailed mechanisms for ensuring healthcare quality within detention centers.

## **REFERENCE COMMITTEE COMMENTS**

The committee acknowledges the importance of ensuring humane treatment and healthcare for immigrant detainees. While there was strong support for advocating against inhumane detention conditions, some testimonies raised concerns about the feasibility of completely dismantling ICE. The committee also emphasized the importance of balancing idealistic policy goals with pragmatic solutions.

## **REFERENCE COMMITTEE RECOMMENDATION**

- ☐ Reject as written
- ☐ Accept as written
- ☐ Accept as amended

### **Motion:**

Using the information in the BOT Testimony Amendments and Copy of B-1 Resolution of Principles, the motion is to be accepted as written.

B-2

### **American Medical Student Association House of Delegates 2025**

INTRODUCED BY: Michaela Whitelaw, Oscar Cazares, Israa Ismail, Mariam Abolaji, Ajanaku Shalom

SCHOOL: Emory University School of Medicine, University of Texas Rio Grande Valley, Weill Cornell Medicine, All Saints University School of Medicine, All Saints University School of Medicine

SUBJECT: Amendment to the Principles regarding admission to medical school

TYPE OF RESOLUTION: Resolution of Principles

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WHEREAS in 2019 policy makers under the Trump administration attempted to dismantle DACA, claiming it to be “illegal and unconstitutional,” which would have left DACA recipients without a legal immigration status.

WHEREAS DACA recipients have a limited number of medical schools to which they are eligible to apply.

WHEREAS AMSA recognizes the importance of having equitable representation in medicine of people from different racial, ethnic, and socioeconomic backgrounds

THEREFORE BE IT RESOLVED THAT the Principles regarding admission to medical school

The American Medical Student Association:

1. SUPPORTS a greater use of noncognitive selection criteria such as those that assess an applicant's motivation, social awareness and ability to communicate with others, and supports the expansion of admission committees to include students and other persons qualified to assess such criteria;
2. SUPPORTS the revising of the Medical College Admission Test (MCAT) to exclude culturally biased questions and to include, where possible, sections which measure non-cognitive criteria;
3. OPPOSES the requirement of forced practice within the state as a prerequisite for admission;
4. SUPPORTS special incentives and admission consideration for medical school applicants for rural areas in need of physicians;
5. STRONGLY URGES the American Osteopathic Association to amend the "Accreditation Standards and Procedures for Colleges of Osteopathic Medicine (COM), Part 2.4.A.2.(f)" to read "The selection of students for admission to a COM shall not be influenced by race, color, sex, religion, creed, national origin, age, handicap or sexual orientation and gender identity." (1989)
6. SUPPORTS the concept that information regarding applicants' ability and/or means to finance their medical education should not be requested prior to their acceptance, nor should such information be considered as a criteria for acceptance.
7. BELIEVES that secondary application fees should not serve as a barrier to medical school admission. Therefore, AMSA SUPPORTS that secondary application fees be minimized and standardized as in the primary AMCAS application. (2007)
8. SUPPORTS holistic applicant review processes that provide a global assessment of individuals and fosters a diverse physician workforce. (2011)
9. BELIEVES that medical school admissions offices should, where possible, utilize technology to reduce costs associated with the interview process for applicants. (2011)
10. ENCOURAGES the development and implementation of admissions processes that advance the social mission of medical education. (2013)
11. SUPPORTS the ability of DACA-eligible students to apply and matriculate into medical school. (2015)

12. STRONGLY ENCOURAGES medical schools to implement supportive internal policies regarding DACA-eligible applicants including non-discrimination, financial eligibility, and student services. (2015)
13. STRONGLY ENCOURAGES all United States medical institutions to accept DACA recipients.

Sources:

Totenberg N. Supreme Court Rules For DREAMers, Against Trump. *NPR*.

<https://www.npr.org/2020/06/18/829858289/supreme-court-upholds-daca-in-blow-to-trump-administration>. June 18, 2020. Accessed January 3, 2025.

MSAR Report for Applicants and Advisors:

<https://students-residents.aamc.org/media/7031/download>

Report of Reference Committee B

## DISCUSSION

The proposed amendment reinforces AMSA's commitment to equitable medical school admissions by advocating for policies that support Deferred Action for Childhood Arrivals (DACA) recipients. It addresses systemic barriers these applicants face, including limited medical school eligibility and financial inaccessibility. The resolution encourages holistic admissions processes and urges medical schools to establish internal policies that ensure DACA applicants receive fair consideration.

### **BOT: Vote: 8-0-0**

The BOT supports the resolution as it aligns with AMSA's principles of diversity, equity, and inclusion in medical education.

## SYNTHESIS OF DISCUSSION

### **PRO:**

- Strengthens AMSA's stance on diversity in medical school admissions, emphasizing fair opportunities for DACA recipients.
- Advocates for supportive policies within medical schools to address financial and institutional barriers faced by undocumented students.
- Encourages a holistic admissions process that evaluates candidates beyond academic performance, promoting a diverse and representative physician workforce.

### **CON:**

- Some may argue that prioritizing DACA applicants in medical school admissions could be perceived as preferential treatment.
- The resolution does not outline specific mechanisms to enforce medical schools' compliance with DACA-friendly policies.
- Financial limitations of medical institutions may restrict their ability to offer expanded support to undocumented applicants.

## **REFERENCE COMMITTEE COMMENTS**

The committee recognizes the importance of fair admissions policies and the need to address barriers faced by DACA recipients. Testimonies highlighted strong support for ensuring these students have equitable access to medical education. However, some concerns were raised regarding how medical schools will implement and sustain such policies.

## **REFERENCE COMMITTEE RECOMMENDATION**

- ☐ Reject as written
- ☐ Accept as written
- ☐ Accept as amended

### **Motion:**

Using the information in the BOT Testimony Amendments and Copy of B-2 Resolution of Principles, the motion is to be accepted as written.

## **B-3 American Medical Student Association House of Delegates 2025**

INTRODUCED BY: Michaela Whitelaw, Oscar Cazares, Israa Ismail, Mariam Abolaji, Ajanaku Shalom

SCHOOL: Emory University School of Medicine, University of Texas Rio Grande Valley, Weill Cornell Medicine, All Saints University School of Medicine, All Saints University School of Medicine

SUBJECT: Amendment to the Principles regarding medical student wellness for DACA recipients

TYPE OF RESOLUTION: Resolution of Principles

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WHEREAS AMSA supports the health and well-being of medical students

WHEREAS AMSA believes that medical students' mental and physical health are crucial to medical student success and therefore should be protected through policies, procedures, and support systems

WHEREAS AMSA recognizes that every medical student enters medical school with different circumstances and privileges

THEREFORE BE IT RESOLVED THAT the Principles regarding wellness of medical students and housestaff be AMENDED BY ADDITION to state:

1. In regard to student health services and health insurance:
  - a. RECOGNIZES there are disparities in access to health services amongst medical students that influence mental and physical health (2025)
  - b. URGES medical schools to develop policies and procedures that support students who, despite existing services offered, may face difficulties receiving care due to immigration status, financial access, gender identity, pregnancy and other circumstances that influence accessibility and affordability. This should include specific barriers that DACA recipients face in obtaining health care (2025)
  - c. SUPPORTS the timely access to needed preventive, diagnostic, and therapeutic medical and mental health services at sites in reasonable proximity to the locations of their required educational experiences.
  - d. URGES that students be supplied with information about where and how access health services at all locations where required training occurs.
  - e. URGES medical schools to adopt policies and/or practices that permit students to be excused from class or clinical activities to seek needed care in accordance with LCME accreditation standards.
  - f. URGES all schools of higher education to ensure comprehensive preventive medical care are available to students at a reasonable cost and include services recommended by the United States Preventive Services Task Force.
  - g. URGES that all care be available without parental consent and without the disclosure of care being communicated to parents, guardians or school officials;
  - h. URGES that all records be maintained in a strictly confidential manner, subject to release or other access only upon written consent of the patient involved, and, that in the event medical students participate in clinical activities in any student health center, that they neither have access to other medical students' records nor provide patient care to them;
  - i. URGES all medical schools to offer an affordable group health insurance policy to its students that includes 75tail and disability components and without caps or excessive cost-sharing and that the provisions of this plan conform to the definition of comprehensive health insurance coverage described in Principles



- j. URGES student health centers to keep opening hours such that students may be seen without missing courses or clinical responsibilities.
- k. RECOGNIZES that physician impairment is a serious problem requiring early intervention and prevention;(1986) (2016)
- l. SUPPORTS efforts by medical schools and residency training programs to develop confidential counseling services outside of the training program;
- m. URGES the establishment of confidential “Aid to Impaired Medical Students” programs in medical schools according to AAMC chemical impairment guidelines, and believes that students have a critical role in their development and subsequent functioning; (1990)
- n. CONDEMNS elements of the medical education system which contribute to and foster impairment, and URGES medical schools and training programs to decrease in-hospital time demands on physicians-intraining,decrease the amount of time spent in activities of little to no educational value, and increase scheduling flexibility;
- o. SUPPORTS efforts undertaken by medical students, residents, medical schools and residency training programs that underscore the importance of physician well-being and develop wellness programs aimed at prevention of impairment and health promotion; CONDEMNS discrimination by medical schools and residency programs of students or residents who are recovering from impairment, and URGES effective advocacy for their reassimilation into the training process.
- p. CONDEMNS discrimination by medical schools and residency programs of students or residents who are recovering from impairment, and URGES effective advocacy for their reassimilation into the training process.

Report of Reference Committee B

## **DISCUSSION**

This resolution expands AMSA’s Principles regarding medical student wellness, particularly in addressing disparities faced by Deferred Action for Childhood Arrivals (DACA) recipients. It urges medical schools to implement policies that ensure equitable access to healthcare services, mental health support, and student health insurance. The resolution also condemns elements of the medical education system that contribute to impairment and urges schools to create a more supportive environment for all students, regardless of immigration status.

## **BOT: Vote: 8-0-0**

The BOT supports the resolution as it aligns with AMSA’s mission to promote the well-being of all medical students, including those with unique barriers to healthcare access.

## **SYNTHESIS OF DISCUSSION**

### **PRO:**

- Recognizes the disparities in access to healthcare services among medical students, particularly for DACA recipients.
- Urges medical schools to develop policies ensuring accessibility to mental and physical healthcare without financial or immigration-related barriers.
- Strengthens AMSA's stance on student wellness, confidentiality, and access to comprehensive health insurance.

### **CON:**

- Some may argue that focusing on DACA recipients specifically may overlook other student populations facing similar healthcare challenges.
- The resolution encourages institutional policies that may be difficult to implement universally across different medical schools.
- Concerns about the financial feasibility of offering affordable comprehensive health insurance to all students.

## **REFERENCE COMMITTEE COMMENTS**

The committee acknowledges the importance of medical student wellness and supports efforts to eliminate barriers to care. Testimonies highlighted the need for schools to offer tailored support for students with immigration-related healthcare access challenges. There was broad agreement on the importance of mental health support and advocacy for student well-being.

## **REFERENCE COMMITTEE RECOMMENDATION**

- ☐ Reject as written
- ☐ Accept as written
- ☐ Accept as amended

### **Motion:**

Using the information in the BOT Testimony Amendments and Copy of B-3 Resolution of Principles, the motion is to be accepted as written.

B-4

**American Medical Student Association  
House of Delegates 2025**

INTRODUCED BY: Michaela Whitelaw, Oscar Cazares, Israa Ismail, Mariam Abolaji, Ajanaku Shalom

SCHOOL: Emory University School of Medicine, University of Texas Rio Grande Valley, Weill Cornell Medicine, All Saints University School of Medicine, All Saints University School of Medicine

SUBJECT: Amendment to Principles regarding Immigrant Health

TYPE OF RESOLUTION: Resolution of Principles

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WHEREAS AMSA “SUPPORTS efforts of medical students and health professionals to directly address the social determinants of immigrant health”

WHEREAS AMSA “ENCOURAGES efforts to provide medical professionals and trainees with education on the physician’s role in medical-legal immigration issues”

WHEREAS AMSA supports policy changes that can improve the health and well-being of immigrant communities

WHEREAS AMSA has always encouraged diversification in medical school student bodies and the inclusion of students regardless of immigration status

THEREFORE IT BE RESOLVED THAT the Principles regarding IMMIGRANT HEALTH be AMENDED BY ADDITION to state:

The American Medical Student Association: (2009)

1. SUPPORTS programs that provide pathways to citizenship for immigrants and refugees who face medical barriers to naturalization, including but not limited to the ability to pass the required English and civics exams.
2. SUPPORTS pathways to documented citizenship status or work programs like DACA for asylum seekers and undocumented migrants.
3. SUPPORTS immigration reform policies that align with AMSA’s stated Principles and ensures a pathway to citizenship for DACA recipients without barriers that hinder entrance to this pathway including but not limited to financial barriers and usage of government social services. (2025)
4. STRONGLY CONDEMNS any policy that threatens the rights and legal status of DACA recipients, including those in or applying to medical school in the United States (2025)
5. STRONGLY ENCOURAGES medical institutions to support the continuation of DACA (2025)

Report of Reference Committee B

## **DISCUSSION**

The proposed amendment expands AMSA's Principles regarding Immigrant Health by advocating for pathways to citizenship for immigrants and refugees facing medical barriers to naturalization. It also calls for policies that protect Deferred Action for Childhood Arrivals (DACA) recipients and encourages medical institutions to support DACA's continuation. The resolution aligns with AMSA's longstanding support for diversity and equitable access to healthcare and education for immigrants.

### **BOT: Vote: 8-0-0**

The BOT supports the resolution and its alignment with AMSA's advocacy for immigrant health and rights.

## **SYNTHESIS OF DISCUSSION**

### **PRO:**

- Strengthens AMSA's commitment to immigrant rights and health equity by advocating for pathways to citizenship for immigrants facing medical barriers.
- Provides explicit support for DACA recipients, including those in medical school, reinforcing AMSA's stance on inclusivity.
- Calls on medical institutions to actively support DACA and protect undocumented medical students.

### **CON:**

- Some members may express concerns about AMSA engaging in immigration policy advocacy beyond healthcare-specific issues.
- Legal and political challenges may impact the feasibility of implementing pathways to citizenship.
- Critics may argue that AMSA should focus on healthcare-related policies rather than broader immigration reform.

## **REFERENCE COMMITTEE COMMENTS**

The committee acknowledges the resolution's alignment with AMSA's mission to support immigrant health and access to medical education. Testimonies highlighted strong support for protecting DACA recipients and promoting pathways to citizenship. However, some concerns were raised about whether AMSA should take a more healthcare-centered approach rather than advocating for broader immigration policies.

## **REFERENCE COMMITTEE RECOMMENDATION**

- ☐ Reject as written
- ☐ Accept as written
- ☐ Accept as amended

**Motion:**

Using the information in the BOT Testimony Amendments and Copy of B-4 Resolution of Principles, the motion is to be accepted as written.

B-5

**American Medical Student Association  
House of Delegates 2025**

**Introduced by: Yasamin Pashmineh Azar**

**School(s): A.T. Still University School of Osteopathic Medicine in Arizona**

**Subject:** Principles Regarding Admission to Medical School

**Type: Amendment by Addition and Deletion**

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WHEREAS utilizing technology has the potential to reduce the costs associated with applying to medical school, including through innovations such as virtual interviews and evaluations;

WHEREAS artificial intelligence (AI) could be used to assist in screening applicants for interview invitations, yet AI systems are inherently trained on human data, which often perpetuates societal biases, particularly against marginalized groups;<sup>1,2</sup>

WHEREAS the use of AI in applicant selection has been shown to result in discriminatory outcomes, as evidenced by Amazon discontinuing an AI hiring algorithm found to favor male candidates over others;<sup>1</sup>

WHEREAS while implicit and explicit bias training can help mitigate bias among human reviewers, AI systems without explicit guidance risk compounding these biases, leading to inequitable decision-making;<sup>2</sup>

WHEREAS ongoing advancements in AI models have improved the mitigation of overt racism, yet research indicates covert forms of racism persist and, in some cases, have worsened;<sup>3</sup>

WHEREAS many major language models continue to reproduce outdated and harmful racial stereotypes originating from pre-Civil Rights era biases;<sup>3</sup>

**THEREFORE BE IT RESOLVED** that the Principles Regarding Admission to Medical School of the American Medical Student Association (pg. 17, clause #9) which currently reads as

*"BELIEVES that medical school admissions offices should, where possible, utilize technology to reduce costs associated with the interview process for applicants (2011),"*

be AMENDED to state:

1. **SUPPORTS the implementation of "distance-friendly" admission processes, including virtual interviews and evaluations, particularly for applicants from low-income backgrounds or rural areas. (2025)**

Fiscal Note: None

#### Citations

1. IBM Data and AI Team. AI Bias Examples | IBM [Internet]. Ibm.com. IBM; 2023. Available from: <https://www.ibm.com/think/topics/shedding-light-on-ai-bias-with-real-world-examples>
2. Boutin C. There's More to AI Bias than Biased Data, NIST Report Highlights [Internet]. NIST. NIST; 2022. Available from: <https://www.nist.gov/news-events/news/2022/03/theres-more-ai-bias-biased-data-nist-report-highlights>
3. Miller K. Covert Racism in AI: How Language Models Are Reinforcing Outdated Stereotypes [Internet]. Stanford HAI. Stanford University; 2024. Available from: <https://hai.stanford.edu/news/covert-racism-ai-how-language-models-are-reinforcing-outdated-stereotypes>

## DISCUSSION

The proposed amendment aims to refine AMSA's stance on the use of technology in medical school admissions, particularly regarding virtual interviews and artificial intelligence (AI)-assisted screening. While technology has the potential to reduce financial and geographic barriers, concerns regarding AI bias and accessibility disparities remain significant. The amendment seeks to ensure that distance-friendly admissions processes prioritize equity and fairness.

### **BOT: Vote: 8-0-0**

The BOT acknowledges the potential benefits of virtual admission processes but recognizes the risks associated with AI in applicant screening.

## SYNTHESIS OF DISCUSSION

### **PRO:**

- Supports virtual interviews and evaluations to reduce financial and geographic barriers, particularly for low-income and rural applicants.

- Encourages technology-driven improvements in accessibility and affordability in the medical school admissions process.
- Recognizes ethical concerns surrounding AI-based applicant screening and highlights the need for bias mitigation.

#### **CON:**

- AI-based selection tools risk perpetuating biases, potentially leading to inequitable admissions decisions.
- Virtual interviews may not fully capture applicants' interpersonal skills and non-verbal communication, potentially disadvantaging some candidates.
- A "distance-friendly" process may still create a digital divide, as not all applicants have equal access to reliable internet or quiet spaces for interviews.

#### **REFERENCE COMMITTEE COMMENTS**

The committee acknowledges the value of virtual admissions processes but stresses the importance of safeguards against AI-driven bias. Concerns were raised about how medical schools implement AI screening systems and the necessity of bias mitigation strategies. There was broad agreement on increasing accessibility for applicants facing financial or geographic challenges.

#### **REFERENCE COMMITTEE RECOMMENDATION**

- ☐ Reject as written
- ☐ Accept as written
- ☐ Accept as amended

#### **Motion:**

Using the information in the BOT Testimony Amendments and Copy of B-5 Resolution of Principles, the motion is to be accepted as written.

B-6

#### **American Medical Student Association House of Delegates 2025**

**Introduced by:** Zena Komrokji, Premedical Trustee; Annelise M. Silva, National President; Trevor Lyford, Vice President for Leadership Development; Rico Carter, Vice President for Membership-Elect; Adjoa Cofie, Vice President for Programming Development; Nikitha Balaji,

President-Elect

**School(s):** University of South Florida, Wright State University Boonshoft School of Medicine, Eastern Virginia Medical School, Case Western Reserve University School of Medicine

**Subject:** Amendment to the Constitution and Bylaws of Internal Affairs Regarding Voting Members of the Board of Trustees

**Type:** Constitution or Bylaws Amendment

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WHEREAS The Board of Trustees (BOT) is responsible for the operational and financial affairs of the Association including upholding the Constitution and Bylaws (CBIA) and the Preambles, Purposes, and Principles (PPP)

WHEREAS The BOT is empowered to direct the Internal Affairs and the future of the Association by enacting policy changes through a formal  $\frac{2}{3}$  vote

WHEREAS The BOT consists of 14 total members, all of which are voting members except the Vice President for Membership-Elect and the ex officio Chief Executive Officer and Immediate Past President

WHEREAS all BOT members, including elect positions, are required to actively participate and engage in virtual biweekly meetings and four annual in-person meetings

WHEREAS all BOT members, including elect positions, share the responsibility of representing the Association, serving as leaders, and providing support for its members

WHEREAS The Vice President for Membership-Elect serves a two-year term, transitioning into the Vice President for Membership in their second year, whose duties during both years include overseeing the domestic medical student body, assisting other Trustees in membership recruitment, and working alongside Membership Directors

**THEREFORE BE IT RESOLVED** that the Constitution and Bylaws regarding the Board of Trustees of the American Medical Student Association (page 16, Section II) be AMENDED BY DELETION AND ADDITION to state:

## **Section II. The Board of Trustees**

- A. The Board of Trustees (BOT) of the Association shall be composed of the President, President-Elect, Vice President for Membership, **Vice President for Membership-Elect**, Vice President for Internal Affairs, Vice President for Leadership Development, Vice President for Program Development, Secretary, Premedical Trustee, International Trustee, Graduate Trustee, and The New Physician Magazine Student Editor, all of whom are voting members of the BOT. ~~The Vice President for Membership-Elect shall be a non-voting member of the BOT.~~ In addition, the Immediate Past President and the Chief Executive Officer shall serve as ex officio, non-voting members.
- B. The BOT will meet a minimum of four times per annum. Emergency meetings of the BOT may be called by a majority of the members of the Board.



- C. The BOT shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law for trustees of corporations. It will be the responsibility of the BOT to see that the policy determined by the HOD is carried out and interpreted correctly, and that the Association is responsive to local chapters and membership.
- D. The BOT shall bear the responsibility of assuring the HOD and the Membership-at-Large that it is functioning responsibly: that it is carrying out and interpreting the Association's policy in light of the sentiment of the Membership-at-Large and the HOD.
- E. The Board of Trustees shall not amend or change AMSA's Constitution and Bylaws section by creating interim policy of the Association. The Board of Trustees shall be authorized by a 2/3 vote to create new policies in the Internal Affairs and Principles section of the PPP if timely issues arise between meetings of the House of Delegates. Creation of and implementation of interim policy in Principles shall occur in consultation with the appropriate national leadership and Student Office Fellow. The passing of any interim policy of the Association shall be voted on at the next House of Delegates meeting for official adoption.

Fiscal Note: None

Citations: None

Report of Reference Committee B

## **DISCUSSION**

The proposed amendment seeks to clarify the governance structure of the Board of Trustees (BOT) by specifying the Vice President for Membership-Elect as a non-voting member while maintaining all other trustees as voting members. The change aims to align the voting privileges with direct leadership responsibilities and ensure effective decision-making within AMSA's governance framework.

**BOT: Vote: 8-0-0**

The BOT supports the resolution to clarify the voting status of its members.

## **SYNTHESIS OF DISCUSSION**

### **PRO:**

- Enhances governance clarity by defining the Vice President for Membership-Elect as a non-voting member.

- Ensures consistency across leadership roles by reinforcing the distinction between transitional and fully active trustee positions.
- Maintains an efficient decision-making process by restricting voting rights to those with immediate leadership responsibilities.

#### **CON:**

- Some members believe removing the Vice President for Membership-Elect's voting rights could limit their ability to influence key decisions.
- Given the role's responsibilities in membership recruitment and student representation, retaining voting rights might be justified.
- Concerns were raised regarding whether this change could impact leadership transition and succession planning.

#### **REFERENCE COMMITTEE COMMENTS**

The committee acknowledged the importance of defining the governance structure to maintain AMSA's operational efficiency. While some testimonies supported the change for clarity, others debated the necessity of removing voting rights from a position involved in membership matters. Overall, there was a consensus on ensuring AMSA's decision-making remains transparent and structured.

#### **REFERENCE COMMITTEE RECOMMENDATION**

- ☐ Reject as written
- ☐ Accept as written
- ☐ Accept as amended

#### **Motion:**

Using the information in the BOT Testimony Amendments and Copy of B-6 Resolution of Principles, the motion is to be accepted as amended.

B-7

**American Medical Student Association  
House of Delegates 2025**

**Introduced by: Derrick Purdy and Samuel Moura Brito**

**School(s): University of South Florida**

**Subject: Principles Regarding Cardiopulmonary Resuscitation and Automated**

## **External Defibrillators**

### **Type: Resolution of Principles**

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WHEREAS AMSA has always supported a medical education curriculum which includes cardiopulmonary resuscitation (CPR) training to students prior to being exposed to patients. [PPP pg. 11]

WHEREAS nearly 350,000 people die of out-of-hospital cardiac arrests (OHCA) each year in the United States. [1]

WHEREAS effective bystander CPR greatly increases survival outcomes in OHCA, with estimates of doubling or tripling chances of survival. [2]

WHEREAS many states in the US still do not have any laws requiring CPR training in High School, and there is no standardization on requirements for instructor or content. [3]

WHEREAS studies indicate that the median proportion of survivors after OHCA where an automated external defibrillator (AED) was confirmed to have defibrillated the patient was 40.0% compared to <10% overall. [4]

WHEREAS a study reported that between 2013 and 2016 AEDs were only used in 10% of out-of-hospital cardiac arrests. [5]

**THEREFORE BE IT RESOLVED** that the PPP of the American Medical Student Association be edited to add a section “**Principles Regarding Cardiopulmonary Resuscitation and Automated External Defibrillators**” which states:

The American Medical Student Association:

1. ACKNOWLEDGES the key role that both cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) play in increasing survival odds of sudden cardiac arrest.
2. SUPPORTS measures which increase public awareness of how to perform CPR and use AEDs in order to prevent sudden cardiac arrest fatalities.
3. ENCOURAGES the implementation of legislation requiring adequate CPR training in high school for states in which this legislation does not already exist.
4. SUPPORTS increasing access to AEDs in public areas.

Fiscal Note: None

Citations

1. Tsao, C.W., et al., *Heart Disease and Stroke Statistics-2023 Update: A Report From the American Heart Association*. Circulation, 2023. **147**(8): p. e93-e621.
2. Park, G.J., et al., *Timely bystander CPR improves outcomes despite longer EMS times*. Am J Emerg Med, 2017. **35**(8): p. 1049-1055.
3. Brown, L.E., et al., *CPR Instruction in U.S. High Schools: What Is the State in the Nation?* J Am Coll Cardiol, 2017. **70**(21): p. 2688-2695.
4. Baekgaard, J.S., et al., *The Effects of Public Access Defibrillation on Survival After Out-of-Hospital Cardiac Arrest: A Systematic Review of Observational Studies*. Circulation, 2017. **136**(10): p. 954-965.
5. Andersen, L.W., et al., *Neighborhood characteristics, bystander automated external defibrillator use, and patient outcomes in public out-of-hospital cardiac arrest*. Resuscitation, 2018. **126**: p. 72-79.

Fiscal Note: None

Citations: None

Report of Reference Committee B

## DISCUSSION

The resolution was introduced to emphasize the importance of cardiopulmonary resuscitation (CPR) training and increasing access to automated external defibrillators (AEDs) to improve survival rates for out-of-hospital cardiac arrest (OHCA). Testimonies highlighted the significant role of CPR and AEDs in reducing mortality and the need for legislative support to standardize CPR training in high schools.

**BOT: Vote:8-0-0**

The BOT accepts the resolution as written.

**SYNTHESIS OF DISCUSSION****PRO:**

- CPR and AED usage significantly improve survival rates in OHCA cases.
- Public awareness and accessibility measures can help address disparities in bystander intervention.
- Standardizing CPR training requirements in high schools ensures that more individuals are prepared to respond effectively.

**CON:**

- Implementation of standardized CPR training may face logistical and funding challenges in certain states.
- The resolution does not outline specific measures to ensure proper AED placement or training standards.

**REFERENCE COMMITTEE COMMENTS**

The majority of testimony agreed to accept the resolution as amended according to the BOT. However, there was discussion regarding potential challenges in implementation and whether additional language should be included to address these concerns.

**REFERENCE COMMITTEE RECOMMENDATION**

- ☐ Reject as written
- ☐ Accept as written
- ☐ Accept as amended

**Motion:**

Using the information in the BOT Testimony Amendments and Copy of B-7 Resolution of Principles, the motion is to accept as written.