



ARMA

ARIZONA MEDICAL ASSOCIATION

Physician led. Patient focused.

**COMPENDIUM OF
ADOPTED POLICIES
AND
MEDICAL ETHICAL OPINIONS**

(REVISED – September 7, 2024)

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Animal Experimentations

Anti-Vivisection Legislation: ArMA support medical research, including animal models with appropriate safeguards, to further medical knowledge. (Resolution 14-61; Readopted 39-91, 36-95; Amended 42-99; Readopted 38-03, 45-07, 49-11, 42-15, 39-19, 45-23)

Children's Health

Abusive Head Trauma: ArMA supports the implementation and widespread adoption of evidence-based diagnostic protocols for abusive head trauma, as recommended by the American Academy of Pediatrics. Resolution 11-24)

Childhood Obesity: ArMA support efforts to:

- Follow American Academy of Pediatrics guidelines for assessment of children for obesity and its medical complications and employ preventive strategies such as 5-2-1-0 counseling (5 servings of fruits and vegetables—2 or fewer hours screen time—1 hour of physical activity—no sweetened beverages daily) as part of routine pediatric care;
- Encourage schools and child care facilities to adopt best practices aligned with expert recommendations for nutrition and physical activity;
- Advocate for insurance companies to provide adequate coverage and payment for services provided by physicians and other healthcare professionals that support the expert recommendations for prevention, assessment and management of childhood obesity;
- Cover nutrition/dietician services for children;
- Maintain a sufficient nutrition/dietician network skilled in working with children and youth.
- Support funding, programming, and educational efforts to reduce and prevent childhood obesity;
- Support mental health services and trauma-informed care approaches to reduce and prevent childhood obesity.

(Resolution 14-10; Readopted 16-14; Amended 27-18; Amended 47-22)

Comprehensive Sexual Education: ArMA supports improvement of overall health by expanding access to comprehensive sexual education that is medically accurate, evidence-based, age and developmentally appropriate, in primary and secondary education settings. (Resolution 7-22)

Establishing an Equitable Farm-to-School Environment in Vulnerable K-12 Arizona Public School Districts: ArMA collaborates with national advocacy organizations such as the Farm to School Network, state organizations like the Arizona Farm to School Network, and other appropriate stakeholders with similar goals of advocacy for strengthening and expanding/rebuilding farm-to-school programs in low-income, racially diverse K-12 schools in Arizona; and that ArMA encourages the passage of legislation supporting equitable state funding for implementation and initiatives for sustainment of farm-to-school programs (such as hiring school food champions) in low-income, marginalized, and minoritized K-12 districts in Arizona. (Resolution 04-24)

Healthy Fast Food Children's Meals: ArMA supports voluntary adherence to appropriate nutritional standards in accordance with the best scientific information for meals marketed specifically to children. (Resolution 02-12; Amended 44-16; Amended 48-20; Readopted 52-24)

Increase Community Education on Speech Delay and Opportunities to Improve Language Acquisition During the Covid-19 Era: ArMA supports increased community education on the early detection of speech delay and on readily available resources for therapeutic interventions that may be performed by both families and certified therapists. (Resolution 24-22)

Pediatric Feeding Disorder: ArMA share education with its members on Pediatric Feeding Disorder (PFD); and work with the AZ Chapter of the American Academy of Pediatrics to support further research on PFD, including effective screening techniques and impact on morbidity and mortality. (Resolution 22-23)

Clinical Decisions

Access to Resources for Family Planning in Contraception Deserts: ArMA supports legislation and implementation of health policy that increases access to contraception in areas without adequate coverage throughout Arizona. (Resolution 3-22)

Anesthesia Services: Anesthesia services, including interventional pain medicine, are the practice of medicine and should be personally performed by a physician or occur under the immediate supervision of a physician. (Resolution 27-11; Readopted 25-15, 23-19, 33-23)

As Low as Reasonably Achievable (ALARA) Medical Diagnostic Radiation Principles: ArMA supports the use of the ALARA principles when using medical diagnostic imaging, particularly ionizing radiation and the use of reference material for both patients and physicians available through programs such as the Image Wisely and Image Gently (pediatrics) and Step Lightly programs. (Resolution 12-12; Readopted 23-16, 17-20; Amended 56-24)

Clinical Decisions in the Best Interests of Patients: ArMA feels that clinical decisions regarding care which is in the best interest of patients should be decided by physicians and should not be compromised because of fiscal considerations. (Resolution 18-87; Readopted 28-91; Referred to ArMA's Executive Committee as Resolution 57-95 with a report back in 1996; Readopted 25-96; Amended 30-00; Readopted 23-04; Retitled and Amended 37-08; Readopted 46-12, 40-16, 31-20, 39-24)

Conversion Therapy: ArMA joins the scientific and medical community throughout the United States and other countries in recognizing the unscientific basis for this harmful process and calls upon the Arizona Legislature to pass legislation making so-called conversion therapy illegal for minors under the age of 18. (Resolution 16-21)

Diabetes Monitoring and Teaching: ArMA endorses the concept of longitudinal care in managing diabetes and other chronic diseases and continues to explore ways to encourage insurance companies to provide coverage for all aspects of diabetic patient education. (Resolution 23-96; Amended 28-00; Readopted 21-04, 24-08, 36-12, 31-16, 24-20)

Discharge from Acute Care Institutions to Non-Acute Care Facilities: ArMA endorses the position that no transfer from an acute care institution to a non-acute care facility be considered appropriate or allowed without a legible discharge summary and proof of acceptance from the receiving attending physician. (Resolution 14-98; Readopted 21-02; Amended 35-06; Readopted 34-10, 29-14, 21-18, 34-22)

Enhancing HIV Education, Physician Training, and PrEP Access in Arizona: That ArMA encourage

- Basic HIV training, including risk reduction and transmission, to be included in the curriculum of medical schools in the state of Arizona.
- Continued physician education on PrEP and that physicians educate patients on the use of PrEP during routine health screenings.
- Arizona health system leadership to support the Ending the HIV Epidemic Campaign to ensure that future physicians are equipped with the necessary knowledge and skills to effectively address HIV/AIDS, reduce stigma, and provide optimal care for individuals living with HIV.
- Removal of barriers in receiving PrEP, such as prior authorizations, denial of insurance based on PrEP use, and other insurance-related barriers.

- supports the coverage of all PrEP regimens when clinically appropriate.

(Resolution 06-24)

Guidelines for Administration of Subcutaneous Immunotherapy: ArMA will educate its members that, per the Agency for Healthcare Research & Quality guidelines, subcutaneous allergen immunotherapy should be administered in a setting that permits the prompt recognition and management of adverse reactions, except in proven clinical safe or rare and exceptional cases when allergen immunotherapy cannot be administered in a medical facility and withholding this therapy would result in a serious detriment to the patient's health. (Resolution 09-14; Readopted 13-18; Amended 43-22)

HIV/AIDS, Hepatitis C, and Other Blood-Borne Pathogens: ArMA recognizes that HIV/AIDS, Hepatitis C and other blood-borne pathogens present a serious health threat in Arizona and elsewhere and encourage its members to:

- Recommend early screening and treatment for the HIV/AIDS and Hepatitis C viruses whenever any patient engages in high-risk activities and
- Recognize the public health risks of these diseases and encourage their patients to mitigate the spread of these diseases when engaging in high-risk activities.

(Resolution 08-03; Amended 57-07, 57-11, 50-15, 45-19; Amended 67-23)

Maintaining Independent Physician Decision Making: ArMA work to maintain the independence of medical decision-making and choice of consultants by all physicians irrespective of administrative pressures in order to make the best possible medical decisions and choice of consultants to best serve their patients' best interests. (Resolution 22-13; Readopted 19-17, 33-21)

Opposition to Compulsory Use of Generic Drugs: That Arizona physicians go on record as opposing mandatory generic prescribing as not always in the best interest of good patient care. (Resolution 01-67; Readopted 44-91, 38-95; Retitled and Amended 43-99; Readopted 39-03, 46-07, 50-11, 43-15; Amended 53-19; Readopted 55-23)

Promoting Access to Behavioral Health Services for Children in Arizona: ArMA support:

- Legislative policies which increase access to behavioral health services for children in Arizona.
- Behavioral Health Integration
- Assertive Community Treatment programs
- Telemedicine as practices to increase access to psychiatric care and other behavioral health services for children.

(Resolution 22-21)

Supporting Novel and Emerging Research for Psychiatric Treatment: ArMA supports research in entheogenic therapies and the continued development of other novel and emerging therapies for psychiatric treatment. (Resolution 23-23)

Testosterone Therapy: ArMA encourages appropriate healthcare providers to review the most recent American Urological Association Guidelines and the Endocrine Society Guidelines regarding Testosterone Therapy in Adult Men with testosterone deficiency. A thorough discussion of the risk versus benefit of testosterone therapy should be discussed between the provider and patient and documented. (Resolution 08-14; Amended 26-18; Amended 38-22)

Treating Traumatic Injury Survivorship As A Chronic Disease: ArMA supports the view that traumatic injury survivorship is a chronic disease in which survivors should receive comprehensive outpatient follow-up aimed at improving the quality of life in all domains of traumatic injury survivorship (independence for activities of daily living, PTSD, depression, and chronic pain) via the use of multidisciplinary care (physician or advanced

practitioner, psychologist, social worker, and physical therapist); and collaborates with other appropriate stakeholders to support legislation that addresses comprehensive care and improved quality of life for traumatic injury survivors. (Resolution 20-23)

Death & Dying

End of Life Policy: ArMA assist the physician community to engage effectively with patients and families regarding decisions, options, and care for these patients that include but is not limited to ArMA policy:

- Becoming fully informed of state law, which provides for health care power of attorney, living wills, advance directives, do-not-resuscitate orders and surrogate decision making where patients may lack such capacity;
- Guidance for discussing advance directives with patients prior to the medical need for a medical power of attorney, living will or do not resuscitate order;
- That medical schools be encouraged to include in curriculum dealing with death and dying;
- That physicians are made aware of the importance of the diagnosis and treatment of depression in end of life care;
- That Arizona physicians be afforded full knowledge, with ethical and legal support, as to the proper use of pain medication for the terminally ill patient and, if indicated, that necessary permissive pharmaceutical legislation be secured;
- That Arizona physicians become more informed regarding usage of the hospice system. That hospice is supported by Medicare and the insurance industry, and that 90 percent of hospice care is presently accomplished in a family home setting; and
- That our patients' legislators and the responsible media be informed as to the traditional use of medication administered to the terminal patient for primary pain control, which may well have as a secondary effect an earlier patient demise, but that this ethical therapy by the physician is clearly differentiated from physician-assisted suicide or active euthanasia.

(Resolution 20-96; Readopted 26-00, 32-04; Amended & Readopted 39-08; Readopted 47-12; Retitled & Amended 10-16; Retitled & Amended 41-20; Readopted 47-24)

Medical Ethical Opinion: Physician-Assisted Suicide: ArMA oppose enactment of any type of Federal or State legislation that would require a physician to provide the medicines, techniques, or advice necessary for a patient to pursue a course of suicide, or which would require a physician who is unwilling to participate in suicide to refer the patient to a physician who would be willing to do so. (Adopted 6/8/91)

[Guidelines adopted in 1990 regarding ArMA's Committee on Bioethics and its opinions, to which the committee continues to adhere during its deliberations, etc., are:

"The functions of the Committee on Bioethics are to:

- Develop and implement bioethical educational programs to the benefit of the public, the community of health care providers, and the profession;
- Review Association policies and positions of other organizations with respect to their bioethical considerations;
- Selectively accept requests for bioethics reviews;
- Coordinate bioethical research among Arizona's physicians; and
- Communicate with the Arizona Bioethics Network or its successor and respond to committee assignments and referrals from the House of Delegates.

"The Committee shall be comprised of physicians with consultants being appointed by the chair when deemed appropriate. During its deliberations, the committee shall take into consideration the opinions of the Council on Ethical and Judicial Affairs of the American Medical Association. All committee reports, which may or may not require action, shall be arrived at by a two-thirds majority of a quorum and shall be presented to the Board of Directors as majority reports; minority reports will be presented to the Board when offered.

"Formal Opinions of the Committee shall be arrived at by consensus and submitted to the House of Delegates for action. The committee on Reports and Resolutions shall either recommend acceptance or rejection of each Formal Opinion, but shall not amend or alter same. The House of Delegates may either accept or reject each Formal Opinion, but shall not amend or alter same."

**On 5/31/2016, the ArMA Board of Directors voted to change the name of the Committee on Bioethics to Committee on Medical Ethics.

Medical Ethical Opinion: Termination of Life: ArMA oppose the participation of a physician in the termination of a patient's life by the administration of any agent or the use of any means to terminate a patient's life. (Adopted 6/8/91)

Physician Orders for Life-Sustaining Treatment (POLST): ArMA support changes to Arizona Regulations and Statutes to allow full implementation of Physician Orders for Life-Sustaining Treatment (POLST) / Arizona Medical Orders for Scope of Treatment (AzMOST) throughout the State of Arizona. (Resolution 04-17; Amended 48-21)

Provider Orders for Life-Sustaining Treatment (POLST): ArMA support POLST in Arizona. (Resolution 3-15; Readopted 13-19, 28-23)

Disaster / Pandemic Policies

Disaster Planning: ArMA continues to develop and refine readily available information for office-based physicians as to their role in various disaster situations. (Resolution 18-07; Readopted 34-11, 30-15, 27-19, 35-23)

Mass Destruction: ArMA helps national, state, and county health departments with their efforts to prepare to respond to any events of mass destruction. (Resolution 08-01; Readopted 18-05, 22-09, 28-13, 23-17, 37-21)

Pandemic Preparedness: ArMA urges the following actions by state and local public health authorities as well as hospitals:

- the use of sensitive screening methods for illness;
- the development of plans for surge capacity and periodic exercises; and
- acquiring prudent reserves of essential drugs and equipment.

(Resolution 03-20; Amended 53-24)

Public Health Crisis Mandates: ArMA's Legislative and Government Affairs Committee review as necessary governmental or executive public health mandates made as an emergency declaration and forward their recommendation to the Executive Committee for decision. (Resolution 05-20)

Drugs & Tobacco

Advocating for Increased Utilization and Access to Long-Acting Injectable Medications for the Seriously Mentally Ill:

ArMA recognizes

- (1) the impact Long-Acting injectable medications (LAM) have for the individual whose illness precludes them from medication adherence;
- (2) The proven benefits of increased LAM use to the healthcare system and greater community as patients have increased employment, decreased readmission, and decreased legal consequences.

(Resolution 16-24)

Appropriate Use of Antimicrobial Medications: ArMA urge the development and deployment of education and training, by the state public health agency and by hospitals and other health care organizations, for physicians and other health care providers on the appropriate prescription and use of antibiotics in order to minimize the emergence of resistant strains. (Resolution 12-16; Readopted 11-20, 23-24)

Cannabis Use in Arizona: ArMA considers recreational use of cannabis an issue of public health concern.

Advocate for:

- Additional research into the effects of cannabis and research into toxicity and levels that indicate impairment from a legal standpoint.
- And engage in educational campaigns regarding the dangers associated with adolescent use of cannabis and potential dangers for exploratory ingestions among toddlers and risks for some adult user
- Clear and concise labeling on medicinal and recreational cannabis with regard to harms of use
- Accountability and transparency from the Arizona Department of Health Services as it relates to the regulation of both medicinal and recreational cannabis and associated facilities.

(Resolution 21-21)

Education on Long-Term Opioid Therapy (LOT) in the Outpatient Setting: ArMA supports physician education regarding the use of risk mitigation strategies when seeing patients with chronic pain and using Long-Term Opioid Therapy (LOT) in the Outpatient setting to avoid the risk of ER admissions. (Resolution 10-24)

Encouraging Distribution of Naloxone to Patients at Risk for Opioid Overdose in the Emergency Department:

ArMA encourages emergency department staff to:

- routinely offer a naloxone rescue kit to all patients at risk for opioid overdoses upon discharge from the emergency department; and
- offer information on naloxone and its use, Medication-Assisted Treatment, and the Opioid Assistance and Referral Line to patients at risk for opioid overdose upon discharge from the emergency department.

(Resolution 20-22)

Health Protections Against the Introduction of Contagious Diseases Due to Population Migration: ArMA work with state officials and other appropriate stakeholders to ensure that all migrants, refugees, and asylum seekers coming to Arizona are provided with appropriate: health screenings for diseases including but not limited to chronic, infectious, and psychiatric disease; and information to receive follow up care for the diseases with which they are screened for. (Resolution 06-19; Readopted 24-23)

Medical Cannabis Funding: ArMA support the concept that the surplus funding from taxation revenue related to cannabis be appropriately allocated to medical cannabis research. (Resolution 15-13; Amended 36-17, 45-21)

Need for More Research on Psychedelic-Assisted Therapy:

ArMA recommends the State of Arizona and the Veterans Affairs to fund and continue researching MDMA-assisted therapy for PTSD, and psilocybin-assisted therapy for addiction & depression, and training clinicians on the safe administration of MDMA and psilocybin-assisted therapy. (Resolution 02-24)

Needle and Syringe Exchange Programs: ArMA support efforts to educate the public and Arizona physicians of the benefits of needle and syringe exchange programs and how to improve access to Medication-Assisted Treatment, naloxone, HCV and HIV testing, PrEP therapy, and other harm reduction resources. (Resolution 18-21)

Prohibition on the Herbal Supplement Kratom: ArMA support the conduct of ethically and scientifically sound research to evaluate beneficial or harmful effects of Kratom and its pharmacologically active derivatives; and prohibition of the sale or distribution of Kratom or its derivatives in Arizona until it is deemed safe by the Food and Drug Administration. (Resolution 10-18; Readopted 29-22)

Recreational Marijuana: Until such time as additional research into the potential effects of cannabis is sufficient for a different position to be taken, ArMA opposes the legalization of the recreational use of cannabis.

ArMA takes no position at this time on the criminality of recreational marijuana use. ArMA recognizes the mounting scientific evidence that marijuana use is not benign, as it is associated with medical, psychiatric and developmental harms, particularly among adolescent and chronic users. (Adopted September 21, 2016, by the Executive Committee; Amended August 22, 2020, by the Board of Directors)

Studying the Dangers of Electronic Cigarette Use and Combined Hormonal Contraceptives: ArMA support research initiatives that investigate the relationship between electronic vapor product use with concurrent oral contraceptive use, and the risk of cardiovascular events. ArMA Collaborate with the Arizona Board of Pharmacy and other relevant stakeholders to add counseling regarding the potential effects of electronic vapor product use while taking oral contraceptives. (Resolution 26-21)

Tobacco and Other Nicotine-Delivery Systems Policy: ArMA reaffirm its consolidated policy on tobacco and nicotine-delivery systems to state that ArMA:

- Support legislative efforts aimed at reducing minors' access to tobacco and other nicotine products, and reducing the number of people who choose to use these products;
- Support state and local public health efforts aimed at reducing the number of people who choose to use these products such as through the use of education campaigns, educational curricula for schools and community programs warning about the health risks of e-cigarette use by adolescents and young adults.
- Encourage all hospitals and all school districts in Arizona to implement policies discouraging the use of tobacco and other nicotine products;
- Support initiatives to abolish the sale of tobacco products in health-related organizations, including drug stores; and
- Urge elected officials and public health authorities to extend existing laws that govern the protection of minors from tobacco products to cover e-cigarettes;
- Support a ban on the use of e-cigarettes and vaporizers in public indoor areas, a requirement that these products be sold only by vendors licensed to sell tobacco, and a restriction on sales to minors, including a ban on online sales to minors.
- Support undergraduate and graduate medical training regarding screening for electronic vapor product use during routine health visits and using evidence-based counseling and treatment resources for e-cigarette use cessation.

(Resolution 04-91; Readopted 24-95; Referred to Executive Committee as Resolution 49-99 for review and revision as necessary; Readopted 05-01; Amended 33-05; Readopted 34-09, 37-13; Amended & Retitled 39-17; Amended 25-21)

Executions

Physician Participation in Legal Executions: ArMA support the AMA's position by opposing any and all attempts by state law, rules or regulations which would enable or require physician participation in executions, except for the legal determination and certification of death. (Resolution 04-92; Readopted 26-96, 16-00, 19-04; Amended 34-08; Readopted 43-12; Amended 50-16; Readopted 39-20, 45-24)

Health Policy – Including Public Health

Addressing the Healthcare Needs of Lesbian, Gay, Bisexual, Transgender, and Queer Populations: ArMA affirm the importance of a physician's ability to support the health needs of lesbian, gay, bisexual, transgender, or queer (LGBTQ+) patients by recognizing their identities in a non-judgmental manner; and supports access to high-quality care for LGBTQ+ patients by encouraging medical educational entities (such as medical school, residency programs, continuing medical education, etc.) to provide education regarding best practices in meeting the unique healthcare needs of LGBTQ+ individuals. (Resolution 6-22)

Advantage Plan Home Visits Without Established Relationship: ArMA seek to prohibit insurance companies from mandating home visits conducted by physicians or other health care providers who do not have an established provider-patient relationship. (Resolution 15-12; Readopted 26-16, 20-20, 29-24)

ArMA Support Reduction in Air Pollution: ArMA support finding effective solutions to air pollution. (Resolution 29-03; Amended 60-07; Readopted 37-11, 31-15, 28-19, 36-23)

Climate Change and Public Health: ArMA support physician education on the health impacts of climate change. (Resolution 05-17; Readopted 27-21)

Controlling Spread of Mosquito-Borne Illnesses: ArMA support State and Federal efforts to control the spread of mosquito-borne illnesses in Arizona, and encourage the provision of the necessary funding to support these efforts. (Resolution 11-16; Readopted 10-20; Amended 54-24)

Destigmatizing and Endorsing Equitable Treatment of the Disease of Obesity: ArMA

- Encourages the use of person-first language (patients with obesity), encourages the use of preferred terms (weight, unhealthy weight), and discourages stigmatizing terms (obese, morbidly obese, fat) in all discussions with patients, between healthcare professionals, and in legislation.
- Supports public health interventions addressing obesity that avoids stigmatizing language and shame as a motivator for improved health behavior and acknowledges the multifactorial pathogenesis of obesity.
- Encourages the implementation of weight-inclusive policies in clinical practice and research, including weight-inclusive facilities, furniture, equipment, and clothing.
- Encourages medical schools, residency programs, and employers of physicians within Arizona to include education on the harms of obesity stigma, explicit and implicit weight bias, and weight-inclusive practices within their diversity and inclusion curriculum.
- Works with AHCCCS to ensure insurance coverage is comprehensive and complete for all evidence-based treatment of obesity, including glucagon-like peptide-1 agonists and bariatric surgery, through education, negotiation, regulation, or other appropriate means to achieve this goal.

(Resolution 19-23)

Exercise is Medicine: ArMA encourage physicians to review and assess their patients' physical activity level and, where appropriate and following risk assessment for safety, counsel patients on the benefits of exercise and, where appropriate, write prescriptions for exercise and make referrals. (Resolution 04-12; Readopted 18-16, 13-20; 25-24)

Firearm Harm Reduction: ArMA encourage the renewal of federal funding to the Centers for Disease Control for gun violence research. (Resolution 13-15; Readopted 15-19, 29-23)

Food and Drug Administration: ArMA continue to urge the Arizona's congressional delegation to support legislation that would ensure adequate input by practicing physicians into all Food and Drug Administration regulations. (Resolution 13-74; Readopted 51-91, 42-95, 36-99, 33-03, 40-07, 46-11, 39-15, 36-19; Amended 66-23)

Food Safety Concerns: ArMA encourage the promotion of physician and public education concerning food safety and food borne illness, including food selection, storage, handling and preparation and the ArMA Committee on Public Health continue to work with appropriate agencies, such as DHS, to promote food safety. (Resolution 03-07; Readopted 28-11, 26-15, 24-19, 34-23)

Gender Inclusive Medical Care: ArMA supports Gender-affirming care as an essential component of patient-centered medical care. (Resolution 8-22)

Health Information Sharing: ArMA support the collaboration between methods of health information sharing into a common method. (Resolution 06-11; Amended, Retitled, and Adopted 57-15; Readopted 51-19, 53-23)

Hepatitis B: ArMA support Hepatitis B screening, vaccinations and education for high-risk Hepatitis B populations throughout the state of Arizona. (Resolution 19-13; Amended 37-17; Readopted 46-21)

Improving Patient Access to Physicians and Medical Facilities: ArMA work with the Department of Insurance & Financial Institutions and other relevant stakeholders to define the nature and extent of conditions that interfere with patients seeing appropriate physicians in a timely manner and to develop solutions including possible legislation to correct these conditions, and requiring insurance products maintain transparency and accuracy of their provider networks. (Resolution 15-16; Amended 43-20; Readopted 49-24)

Improving Veteran Mental Health in Arizona: That ArMA Supports:

- Physician and healthcare provider education on the recognition, referral, and treatment of stress disorders in veterans in the state of Arizona.
- The removal of barriers in receiving mental health care for veterans.
- Efforts to increase the mental health workforce to address the mental health professional shortfalls.

(Resolution 08-24)

Managed Care Responsibility for Follow-up Care after Emergency Department Consultation: ArMA continue to seek legislation and/or regulation clearly defining the responsibility of managed care plans and state health agencies to approve and compensate for both immediate and necessary follow up care provided by non-contracted providers to patients acquired through emergency department consultation and/or in situations where a contracted provider cannot be secured in a timely manner regardless of the health-care setting. (Resolution 23-99; Amended 48-03; Readopted 55-07; Amended 59-11; Readopted 52-15, 46-19, 49-23)

Medical Home: ArMA support the concept of the "medical home" and appropriate funding for the provision of health care in coordination with primary care and other physicians and care providers and the maintenance of an accessible, comprehensive central medical record that contains all pertinent information about the patient while preserving confidentiality. (Resolution 05-08; Readopted 29-12, 28-16, 22-20, 31-24)

Mold Exposures and Health Risks Awareness: ArMA should work to encourage physician and public awareness of mold-related illnesses and mold exposure risks. (Resolution 17-21)

Patient Confidentiality; Electronic Information Exchanges: ArMA encourage physicians to educate their patients about the drawbacks as well as the advantages of participation in health information exchanges. (Resolution 07-11; Readopted 19-15, 19-19, 31-23)

Physician Wellbeing: ArMA pledge a continuing commitment to physician and physician trainee wellbeing to ensure the best possible patient care and medical education environments; and supports education about and the promotion of research into improving physician and physician trainee wellness, specifically the mental health of physician and physician trainees. (Resolution 08-18; Amended 41-22)

Preventing Discrimination and Reducing Risk of Suicide in the Transgender Population: ArMA supports legislation and public health policy that is inclusive and supportive and prevents discrimination and neglect towards the transgender population to reduce the risk for suicide and adverse outcomes. (Resolution 5-22)

Principles of Patient-Centered Formularies: ArMA support the development of a unified process for rational, patient-centered formulary management. (Resolution 19-99; Amended 45-03; Readopted 52-07, 54-11, 47-15, 42-19, 47-23)

Promoting Access to Behavioral Health Services for Children in Arizona: ArMA supports:

- Legislative policies which increase access to behavioral health services for children in Arizona.
- Behavioral Health Integration
- Assertive Community Treatment programs
- Telemedicine as practices to increase access to psychiatric care and other behavioral health services for children.

(Resolution 22-21)

Promoting Sun Protective Behaviors Among Arizona Residents:

That ArMA:

- Supports the implementation of educational initiatives and the promotion of sun-protective behaviors among the residents of Arizona.
- Collaborates with appropriate local and national organizations to promote the education of sun-protective behaviors and the risks of skin cancer among school-aged children in public schools.
- Endorses sun protective behaviors among the residents of Arizona, including the use of a broad-spectrum sunscreen with SPF of 15 or greater, UV protective clothing, wide-brimmed hats, sunglasses with UVA and UVB protection, and avoidance of time in the sun during peak hours (10 AM-4 PM).
- Works with its Public Health Committee to best determine how to disseminate information to Arizona citizens regarding sun-protective behaviors and the risk of sun exposure in the development of skin cancer.

(Resolution 05-24)

Protection Against Gun Violence: ArMA support evidence-based interventions to reduce gun violence; and full background checks for all firearm purchases. (Resolution 09-18; Amended 42-22)

Public Education on Acute Cardiovascular Disease: ArMA support:

- Awareness of cardiovascular disease as a major cause of mortality
- Public education on important preventive measures as well as the manifestations and presentation of cardiovascular disease, and specifically, myocardial infarction in women.

(Resolution 24-21)

Public Health Funding in Arizona: ArMA support the provision of increased, strategic and transparent funding at the state and county levels for public health. (Resolution 13-16; Readopted 12-20, 24-24)

Recognizing the Impact of Climate Change on Human Health: ArMA acknowledges the data-driven scientific consensus that the adverse effects of global climate change negatively impact public health, with disproportionate impacts on vulnerable populations, including children, the elderly, people experiencing poverty and homelessness, etc.; and support efforts to mitigate the negative effects of climate change on patient health. (Resolution 16-22)

Recognizing Racism as a Public Health Treat: ArMA recognize racism as a public health threat and make this official ArMA policy. (Resolution 20-21)

Restrictions on Hand-Held Devices While Driving: ArMA encourage physicians to educate their patients regarding the public health risks of text messaging and all other uses of hand-held devices while operating motor vehicles or machinery. (Resolution 12-15; Amended 56-19; Readopted 58-23)

Retail Medical Clinics: ArMA urge the appropriate state and federal agencies to regulate ventures between store-based clinics and the stores in which they are located with an emphasis on the inherent conflicts of interest in such relationships, patients' welfare and risk and professional liability concerns; and urge the director of AZDHS ensure that its licensing division has applied and will continue to apply the same standards to retail clinics as to other outpatient treatment center licensees as are appropriate to their limited scope of practice. (Resolution 2-08; Readopted 28-12; Amended 47-16; Readopted 36-20, 42-24)

Silicosis from Work with Engineered Stone: That ArMA should

- Encourage physicians, including pulmonologists, radiologists and pathologists, as well as other health-care professionals, to report all diagnosed or suspected cases of silicosis in accordance with OSHA guidance.
- Advocate for the establishment of preventive measures to reduce exposure of workers to silica levels above the OSHA permissible exposure level (PEL) for respirable crystalline silica, which is a time-weighted average (TWA) of 50 micrograms per cubic meter ($\mu\text{g}/\text{M}^3$) of air.
- Advocate for the establishment of a registry of cases of silicosis to be maintained for workers diagnosed with silicosis resulting from engineered stonework or from other causes, either by the Arizona Department of Health Services or the Arizona Division of Occupational Safety and Health (ADOSH).
- Advocate for the establishment of a fund by the State of Arizona to compensate workers who have been diagnosed with silicosis resulting from their work with silica, to recognize the progression and the need for increasing levels of compensation over time.
- Bring this resolution to the attention of the American Medical Association, with the recommendation that other State Medical Associations should take similar actions with respect to the prevention of silicosis and to the recognition and compensation of affected workers.

(Resolution 07-23)

Support for the Evidence-Based Environmental Statutes and Regulations: ArMA supports evidence-based environmental statutes and regulations intended to regulate air and water pollution and to reduce greenhouse gas emissions and believes that environmental health regulations should not be modified or rescinded without scientific justification. (Resolution 06-17; Amended 49-21)

Support for Universal Access to Care: ArMA expresses its support for universal access to comprehensive, affordable, high-quality health care. (Resolution 11-21)

Support Increased Access to Care: ArMA work with state efforts to develop a plan to improve access to care for all residents of the state. (Resolution 11-07; Readopted 31-11, 28-15; Amended 58-19; Readopted 60-23)

Supporting Valley Fever Awareness, Education and Funding: ArMA take the following actions to accomplish Valley Fever awareness, education and funding:

- Use ArMA media such as its website, magazine, and press releases to promote *Coccidioidomycosis* visibility, its importance as a public health problem, and how its members could improve their clinical practices to the benefit of their patients;
- Ally itself with the Arizona Osteopathic Medical Association, the Arizona Lung Association, the Arizona Family Practice Academy, the Arizona Chapter of the American Lung Association, the Arizona Chapter of the American College of Physicians, the Arizona Chapter of the American Academy of Pediatrics, the Arizona Infectious Diseases Society, any other appropriate stakeholders, and jointly take a public position that *Coccidioidomycosis* is an important public health issue;
- Encourage (but not mandate) ongoing physician education on *Coccidioidomycosis*, especially for physicians seeking an Arizona license who have not been trained in Arizona;
- Work with the deans of the medical schools in Arizona to encourage the teaching of *Coccidioidomycosis* in their curriculum; and
- Work with the directors of residency and fellowship programs to emphasize the importance of teaching about *Coccidioidomycosis*. Refer the tutorial on Valley Fever jointly sponsored by ArMA and freely distributed by the Valley Fever Center for Excellence.

(Resolution 10-15; Amended 55-19; Readopted 57-23)

Tax Credit to Disadvantaged Area Medical Practices: ArMA support federal legislation to grant federal income tax credit to medical practices established in disadvantaged communities and areas of critical physician need and state legislation to grant state income tax credit to physicians who establish medical practices in disadvantaged communities and areas of critical physician need. (Resolution 04-73; Readopted 49-91, 40-95, 34-99, 31-03; Amended 44-07; Readopted 48-11, 41-15, 38-19, 44-23)

Tissue and Organ Donors: ArMA encourage education of physicians, hospital personnel, lay groups and the general public to improve the donation of tissue and organs for transplant. (Resolution 04-82; Readopted; 19-86, 20-90, 26-94, 42-98; Referred 40-02, Amended & Readopted 03-03; Readopted 30-07, 38-11, 32-15, 29-19, 37-23)

Violence Against Physician at Workplace: ArMA support legislation to address violence against physicians; urge hospitals to develop and deploy their policy and procedures to safeguard physicians and other healthcare workers; and through its newsletter and website provide information to educate physicians about their rights with regards to the violence or abuse at the workplace and encourage them to file any such incidence. (Resolution 04-21)

Hospital Relationships

Corporate Compliance Resolution: ArMA oppose any requirement that physicians sign hospital corporate compliance policies in order to obtain hospital privileges. (Resolution 15-99; Readopted 20-03, 32-07, 40-11, 33-15, 30-19, 38-23)

Hospital Involvement: ArMA support the appointment of medical staff members to hospital governing boards. (Resolution 01-84; Amended 13-88; Readopted 29-92; Amended 38-96; Readopted 22-00; Amended 31-04, 28-08; Readopted 39-12, 34-16; Amended 45-20; Readopted 50-24)

Hospital Medical Staff Self-Governance: ArMA believe that the organizational and structural mechanism best suited to protecting patients' interests is the self-governing medical staff and supports essentials of self-governance for hospital medical staffs which, at a minimum, include:

- Initiation, development and adoption of medical staff bylaws, rules and regulations;
- Approval or disapproval of amendments to the medical staff bylaws, rules and regulations;
- Selection and removal of medical staff officers;
- Establishment and enforcement of criteria and standards for medical staff membership;
- Establishment and maintenance of patient care standards; and
- Accessibility to a use of independent legal counsel.

(Resolution 16-89; Amended 33-93; Readopted 33-97, 33-01, 26-05, 29-09, 33-13, 27-17, 40-21)

Hospitalists: ArMA support the right of qualified physicians to see their patients in all settings and to bill for their services and the right of patient choice of hospitalists as appropriate when requested by the attending physician or the patient. (Resolution 06-02; Amended 33-06; Referred to Executive Committee as Resolution 33-06; Amended & Readopted 03-11; Readopted 18-15, 18-19, 30-23)

Medical Staff Responsibility for Patient Care: ArMA continue to support the concept of the medical staff responsibility for quality of care of hospitalized patients. (Resolution 07-83; Readopted 23-87, 32-91, 31-95, 29-99, 27-03, 36-07, 42-11, 35-15, 32-19, 40-23)

Open Staff Policy in Arizona Hospitals: ArMA oppose any action by any community hospital or group of hospitals, which would, by action or implication, interfere with the present successful "open staff" policy in effect in the community hospitals of Arizona and will lend its continued support and encouragement to the programs of hospitals practicing "open staff" policy. (Resolution 23-67; Readopted 46-91, 39-95, 33-99, 30-03, 38-07, 44-11, 37-15, 34-19, 42-23)

Physician Members on Boards of Directors of Hospitals: ArMA urge the governing boards of all Arizona hospitals to provide voting membership on the governing board to the chief or president of the medical staff and additional staff physicians as appropriate. (Resolution 15-66; Readopted 43-91, 37-95; Combined with 51-91 in 1999 and Readopted 47-99; Readopted 43-03, 50-07, 53-11, 46-15, 41-19, 46-23)

Workforce Burnout by Administrative Burdens: ArMA pledge a continuing commitment to preventing physician burnout, including reducing the mental, emotional and time burden imposed every month by administrative and non-clinical requirements by hospitals to maintain privileges. (Resolution 06-23)

Immunizations

Education and Public Awareness on Vaccine Safety and Efficacy: ArMA oppose legislation that would have the intended or actual effect of increasing or promoting vaccine hesitancy. (Resolution 08-19; Readopted 25-23)

Improving Childhood Vaccination Rates: ArMA support adopting requirements that parents (or guardians) who do not wish to have their children vaccinated shall receive public health-approved counseling that provides scientifically accurate information about the childhood diseases, the available vaccines, the potential adverse outcomes from catching the disease, the risks unvaccinated children pose to children who cannot be vaccinated for medical reasons, the risks of vaccine side effects, and the procedures that are implemented to exclude unvaccinated children if an outbreak of disease occurs in the area administered by the local or state public health agency; that ArMA supports adopting requirements that parents annually sign an affirmative statement that acknowledges the risks they are accepting for their own children and the children of others by claiming a personal

exemption from mandatory vaccination requirements; and that ArMA work with the Arizona Department of Health Services to include in the affirmative statement an acknowledgement of the risk to other children, pregnant females and immune suppressed individuals. (Resolution 09-15; Amended 54-19; Readopted 56-23)

Routine Childhood Immunizations: ArMA work to ensure that all insurers, health maintenance organizations and managed care companies that cover immunizations for children provide and pay at a reasonable rate, in a timely manner, for routine childhood immunizations in compliance with the annual Recommended Childhood Immunization Schedule. (Resolution 21-99; Amended 47-03; Readopted 54-07; Amended 65-11; Readopted 56-15, 50-19, 52-23)

Safety & Efficacy of Vaccines: ArMA will promote the safety and efficacy of vaccines while rejecting claims that have no foundation in science; encourage the development of educational materials that can be distributed to patients and their families clearly articulating the benefits and risks of immunizations and informing patients of the Vaccine Injury Compensation Program; and will encourage universal pediatric vaccination for admission to all childcare facilities and schools; and endorse the U.S. Childhood Immunization Schedule and the U.S. Adult Immunization Schedule set by the Centers for Disease Prevention and Control (CDC) based on recommendations from the Advisory Committee on Immunization Practices (ACIP). (Resolution 07-17 and Resolution 03-93 which was Readopted 28-97, 29-01; Amended 39-05; Readopted 38-09, 39-13; Amended & Retitled 40-17; Amended 50-21)

Universal Immunization Access: ArMA continue to:

- Actively work with interested parties to develop and enact the means whereby affordable vaccines are made available to physicians' offices creating greater access to immunizations for primary immunization programs;
- Educate providers with respect to Arizona's immunization efforts: and
- Inform citizens about the importance of immunizations.

(Resolution 11-92; Readopted 27-96, 17-00, 20-04; Amended 35-08; Readopted 44-12, 38-16, 29-20, 37-24)

Insurance

ACO Realizing Equity, Access, and Community Health (ACO-REACH): ArMA send the attached letter within 30-days of this resolution being adopted to Health and Human Services Secretary, Xavier Becerra, and President Biden requesting that the Accountable Care Organizations (ACO) Realizing Equity, Access, and Community Health (REACH) and similar programs be terminated; and ArMA opposes the ACO-REACH and similar programs. (Resolution 15-23)

AHCCCS Continuity of Care: ArMA lobby to promote continuity of care for AHCCCS patients and their families with their AHCCCS physician of choice. (Resolution 21-01; Readopted 21-05, 25-09, 30-13, 25-17, 38-21)

Allowing AMA Discussion Regarding Health Care Reform to Include Single-Payer (Medicare for All) Proposals: The ArMA American Medical Association delegation will continue to support discussion of all health care options. (Resolution 10-19; Readopted 27-23)

Assistive Hearing Technology: ArMA supports policies that seek to improve both public and private health insurance coverage to ensure all hearing-impaired individuals have access to appropriate audiological and medical services, including hearing aids and other hearing technologies, and encourages the promotion of physician and patient evidence-based education on the proper role of over-the-counter hearing aids, including their indications and potential cost savings. (Resolution 14-24)

Co-Payments in Prisons: ArMA advocates for the prohibition of the use of copayments to access healthcare services in correctional facilities. (Resolution 12-22)

Diabetes Monitoring and Teaching: ArMA endorses the concept of longitudinal care in managing diabetes and other chronic diseases and continues to explore ways to encourage insurance companies to provide coverage for all aspects of diabetic patient education. (Resolution 23-96; Amended 28-00; Readopted 21-04, 24-08, 36-12, 31-16, 24-20, 33-24)

District Contracting Entities: That ArMA writes a letter to Health and Human Services Secretary Xavier Becerra and President Biden requesting that the Direct Contracting Entities program be terminated; and inform physicians about this program through educational resources so that they can make intelligent decisions about participation. (Resolution 9-22)

Direct Physician Payment for Non-Contracted Emergency Services: ArMA work with the Arizona Department of Insurance and Financial Institutions to ensure direct payment to physicians providing non-contracted emergency care. (Resolution 09-07; Readopted 30-11, 27-15, 25-19; Amended 64-23)

Eliminate Mandatory Medicare Budget Cuts: that ArMA

- Reach out to all physician representative organizations to engage as a larger advocacy group in order to advocate against physician pay cuts and for Medicare physician payment reform.
- Reach out to the Arizona Congressional delegation to advocate for new legislation on Medicare physician payment reform.
- Ask the AMA to continue to advocate for new legislation on Medicare physician payment reform.

(Resolution 21-23)

Expanding AHCCCS for Undocumented Individuals: ArMA recognizes health disparities in undocumented individuals living in Arizona and supports the reduction of these disparities. (Resolution 18-24)

Health Insurance and Tax Law Changes: ArMA endorse legislation:

- Eliminating pre-existing condition exclusions that permit insurers to exclude artificial “communities” of the healthy for insurance coverage;
- Advocating for multiple options or pathways that will help low-income families purchase medical insurance;
- Promoting freedom of individual choice by encouraging access to multiple options for healthcare coverage; and
- Guaranteeing rights of physicians and patients to contract privately.

(Resolution 13-94; Readopted 35-98, 29-02, 25-06, 27-10, 23-14, 17-18; Amended 45-22)

Health System Reform: ArMA support health reform with a pluralistic, competitive system which includes fee-for-service, managed care organizations, and any other systems which can provide competent, scientific medical care to the citizens of Arizona. (Resolution 14-94; Readopted 36-98, 30-02, 26-06, 28-10, 24-14, 18-18, 32-22)

Insurance Coverage for Contraceptives: ArMA, in cooperation with the Arizona Section of American Congress of Obstetricians and Gynecologists, seek to increase the insurance coverage for contraceptives including long-acting reversible contraceptives through education, negotiation, regulation or other appropriate means to achieve this goal. (Resolution 15-00; Readopted 18-04, 23-08, 35-12; Amended 49-16; Readopted 38-20, 44-24)

Level Playing Field: ArMA support the elimination of contract language that contains "best price clauses" or contracts that allow for "silent PPO networks" that negatively impact physician payment." (Resolution 15-08; Readopted 32-12; 30-16, 23-20, 32-24)

Mandatory Full Disclosure by Insurance Companies: ArMA recommend to the Arizona Department of Insurance and Financial Institutions that it more closely monitor mandatory full disclosure of coverage, in terms of cost, compliance of coverage, and relationship of coverage to current medical and hospital costs, so that the patient clearly understands his coverage. (Resolution 10-74; Readopted 50-91, 41-95, 35-99, 32-03, 39-07, 45-11, 38-15, 35-19; Amended 65-23)

Mental Health Parity: ArMA supports parity in the treatment of mental health conditions, and in reimbursement, through the implementation of rules and regulations for the enforcement of the reporting and compliance called for under Title 20, Arizona Revised Statutes, Chapter 28, Mental Health Parity, and the Mental Health Parity and Addiction Equity Act. (Resolution 02-20; Readopted 20-24)

Payment for Physician Services: ArMA work to convince, or seek legislation to require, health plans to offer actuarially sound payments to physicians. (Resolution 20-99; Readopted 46-03, 53-07, 55-11, 48-15, 43-19, 48-23)

Payment Terminology: ArMA undertake a program to change the terminology used regarding physician compensation from "reimbursement" to "payment." (Resolution 19-07; Amended 62-11; Readopted 55-15, 49-19, 51-23)

Preventing Medication Regimen Change: ArMA support legislation prohibiting changes in a medication regimen due to a change in the patient's health insurance company, pharmacy benefit manager or formulary change without written notification to both the patient and prescribing physician; and that any changes in a medication regimen due to a change in the patient's health insurance company, pharmacy benefit manager or formulary change not be effective for at least 90 days after such notification. (Resolution 06-10; Amended 37-14; Readopted 25-18; Amended 46-22)

Private Contracting: ArMA support the right of physicians:

- To contract directly with their patients;
- To actively educate physicians concerning their right to become non-participating physicians; to opt out of Medicare and to decline to sign or to terminate contracts with insurance companies, the mechanisms for doing so, the advantages and potential disadvantages in doing so, and the ethical pitfalls and conflicts of interest inherent in third-party contracts.

(Resolution 07-08; Amended 50-12, 42-16; Amended 47-20; Retitled 58-24)

Prostate Cancer Screening Without Cost Sharing: ArMA supports prostate cancer screening without cost sharing and will lobby for all health insurers operating within the state to provide such coverage. (Resolution 23-21)

Step Therapy Protocol Mandates: ArMA actively works with the Arizona Legislature and the Arizona Department of Insurance and Financial Institutions to create clear and transparent processes for physicians and patients to request exceptions to step therapy protocols with predetermined timeframes for a response to each request. (Resolution 10-11; Readopted 22-15, 21-19; Amended & Retitled 62-23)

Tax Deductions for Purchase of Health Insurance: ArMA seek legislation to provide state tax deductions for the individual purchase of health insurance, to the extent equal to the benefit enjoyed by employers. (Resolution 17-97; Amended 37-01; Readopted 30-05; Amended 31-09; Readopted 34-13, 28-17, 41-21)

Legislative / Election Policies

ArMA Mandate Policy: That pending legislation containing an insurance mandate should be individually evaluated using the following progressive criteria:

- Is it good for the individual patient? If no, Non-support. If yes, question #2;
- Is it beneficial to the people of Arizona? If no, Non-support. If yes, question #3;
- Does the entity being mandated support it? If yes, Support. If no, question #4; and
- Evaluate societal benefit vs. cost; potential precedence for other issues; consider other possible options to meet needs without mandate; consider position of Active Study.

(Resolution 13-12; Readopted 24-16, 18-20, 27-24)

Commitment to and Support of the Arizona Medical Political Action Committee (ArMPAC): ArMA reaffirm its support of ArMPAC and dedicate itself to the continuation and growth of the political action movement in Arizona. (Resolution 06-82; Readopted 19-86, 22-90, 28-94, 46-98, 36-02, 30-06, 31-10, 27-14; Amended 29-18; Readopted 37-22)

Criminalizing Medical Practice: ArMA oppose any attempt by the Congress or the Arizona Legislature to enact laws which place a criminal penalty on the legitimate practice of medicine and oppose rhetoric that labels or equates legal medical practice with criminal conduct. (Resolution 02-11; Readopted 17-15, 17-19; Amended 61-23)

Death Investigation/Certification: ArMA supports changes to the Medical Examiner Act (ARS 11-594b) that will require any death meeting the criteria of a Medical Examiner Death Case (ARS11-593) must be seen by a pathologist. (Resolution 15-15; Amended 57-19; Readopted 59-23)

Department of Insurance & Financial Institutions Legislation: ArMA:

- Seek legislation, including necessary funding, to establish within the Arizona Department of Insurance and Financial Institutions (DIFI) a department whose responsibility it is to accept and resolve problems identified and presented by providers and patients regarding insurance company practices that impact the provision of medical services by physicians and other health care providers; and
- Facilitate the authority within the DIFI to establish requirements for insurance companies to expedite the credentialing and activation process for physicians, including residents, in a timely manner.

Further:

- The DIFI be tasked to evaluate the timeliness of payments and to take corrective action to assure they are in compliance with statute;
- The DIFI review and correct where necessary retrospective denial of payments for procedures already authorized and performed; and
- The DIFI assess the impact on quality of patient care by unjustified delays in service authorizations and take corrective action to address this problem.

(Resolution 03-16; Retitled and Amended 40-20; Readopted 46-24)

Evidence-Based Medical Regimens: ArMA work to oppose legislative efforts to require physicians to follow medical regimens that are recognized by the medical community as less effective and/or less safe. (Resolution 20-13; Readopted 18-17, 32-21)

Foreign Language Requirements: ArMA continue to monitor activity regarding modification or elimination of the Policy Guidance on Implementing Federal Executive Order 13166 (which requires the provision of translators for any given language in physicians' offices at the expense of the physicians) and report to the Board of Directors as appropriate. (Resolution 03-01; Amended 32-05; Readopted 33-09, 36-13, 30-17, 43-21)

Health Care Legislation: Any health care commission or panel designed and mandated by the Arizona Legislature include a practicing physician recommended by ArMA and licensed in Arizona as a full voting member. (Resolution 02-84; Readopted 14-88, 30-92; Amended 39-96, 33-00; Readopted 25-04, 25-08, 37-12, 32-16, 25-20, 34-24)

Preservation of Arizona's Sunrise Process: ArMA work to ensure that the Arizona Sunrise Process be utilized when considering the licensing and regulation of health care professions and oppose legislation that circumvents the Sunrise Process as outlined in statute. (Resolution 09-19; Readopted 26-23)

Reinstatement of Mandatory Helmet Laws: ArMA support the passage of mandatory helmet laws in Arizona (Resolution 20-87; Readopted 29-91, 30-95, 28-99, 26-03, 35-07, 41-11, 34-15, 31-19, 39-23)

Medical & Graduate Education

Arizona Board of Regents (ABOR) Relationship: it is ArMA's desire to continue to be a working partner with ABOR to keep medical education exemplary at the University of Arizona Colleges of Medicine Phoenix and Tucson. (Resolution 08-17; Amended & Retitled 47-21)

College of Medicine Increases: ArMA work to minimize tuition increases for Arizona medical students in order to keep student education debt low enough that students will stay and practice in all Arizona locations, metropolitan and rural; and work with the legislature to create incentives to encourage medical students to remain in Arizona or return to Arizona after post-graduate training. (Resolution 14-02; Readopted 18-06, 24-10, 20-14, 16-18, Amended 44-22)

Defining What Constitutes Proper Use of The Terms "Residency" and "Fellowship" When Referring to Medical and Subspecialty Training: ArMA develops a position statement that highlights the historical value and current nature of the terminology "residency" and "fellowship" to describe physician post-graduate training, and addresses the ramifications of non-physician practitioner groups utilizing similar nomenclature. (Resolution 05-21)

Destigmatizing Mental Health Disorders and Treatment: ArMA, in line with the AMA encourage Arizona medical schools to provide medical students with access to confidential and affordable mental health and substance use disorder services; and ArMA partner with local or national organizations such as the National Alliance on Mental Illness (NAMI) to promote a stigma-free culture in the workplace, among its members and the public. (Resolution 06-21)

Expanding Dermatologic Medical Education to Specifically Include Presentations with Skin of Color: ArMA encourages Arizona medical educators to provide comprehensive education by including patient presentations of dermatologic pathologies (including melanoma) specifically in skin of color. (Resolution 22-22)

Family Planning for Medical Students and GME Programs: ArMA:

- Encourages medical schools and GME programs to:
 - create informative resources addressing parenthood and the path to parenthood;
 - provide easily accessible information to prospective and current students, residents, and fellows regarding family planning at their institution including policies on parental leave and relevant makeup work, education on options to preserve fertility, breastfeeding policies, accommodations during pregnancy, and resources for childcare that span the institution and surrounding area;
 - formulate, and make readily available, concrete plans for each year of schooling such that continuous weeks of parental leave may be flexibly incorporated into the curriculum; and

- make these formal policies transparent and easily accessible for both current and prospective students, residents, and fellows;
- Supports:
 - the development of comprehensive requirements for medical and GME programs regarding guidelines and resources for family leave and parenthood;
 - medical schools and GME programs providing parental leave for medical students, residents, and fellows of all genders, and medical school or broader licensure-related policies that allow for students, residents, and fellows to take leave without academic or disciplinary penalties; and
- Opposes discrimination against students, residents, and fellows who take family/parental leave.

(Resolution 4-22)

Graduate Medical Education: ArMA:

- Support increased graduate medical education funding in Arizona and oppose any proposed funding cuts since cuts will undoubtedly result in further physician shortages and be detrimental to medical education in this country;
- Support preserving physician residency programs in Arizona as a focus for a long-term solution that will maintain access to care for Americans and help to diminish upcoming physician shortages; and
- Pursue these goals by all means possible, including legislation.

(Resolution 05-14; Readopted 12-18, 30-22)

Graduate Medical Education Funding: ArMA work to maintain and increase funding for Arizona graduate medical education. (Resolution 14-13; Amended 35-17, 44-21)

Increasing Positions for Graduate Medical Education to Address Physician Shortages: ArMA supports policy and other measures in favor of increasing the number of GME positions in Arizona, particularly in underserved areas most affected by a lack of access to physician services, in order to address physician shortages.

(Resolution 25-22)

Infectious Disease Education: ArMA advocate for CME concerning parasitic and vector-borne diseases (including Chagas, plague, amebiasis, dengue, malaria, and encephalitis.) (Resolution 19-24)

Medical School Autonomy: ArMA work to ensure that the Liaison Committee on Medical Education (LCME) accredited medical schools have independent governance, under the direction of the Dean, who has both responsibility and authority to direct the medical school. (Resolution 06-16; Readopted 08-20)

Medical Trainee Suicide Prevention and Awareness: ArMA encourage all Arizona medical schools and their affiliated institutions to identify and implement suicide prevention education and promote awareness training and interventions for all faculty and staff involved in medical education; and ArMA encourage legislation requiring suicide prevention and awareness training for all faculty and staff involved in medical education in Arizona's medical institutions. (Resolution 08-21)

Promoting Mental Health Awareness Among Medical Students and Physician Trainees: ArMA work with relevant stakeholders to establish a Medical Student and Resident Mental Health Awareness Week in an effort to raise awareness of personal mental health among our future physicians. Create a sub-committee on Mental Health within the Public Health Committee tasked with improving the mental health and overall wellbeing of medical students, residents, fellows, and physicians. The new committee include student and faculty representatives from each Arizona medical school to identify solutions for barriers negatively impacting medical student mental health. (Resolution 09-21)

Non-Physician Providers

Creating an AMA Taskforce Dedicated to the Alignment of Specialty Designations for Advanced Practice Providers with their Supervising Physicians:

the ArMA AMA delegation asks that the AMA create a national taskforce that will make recommendations for the best process for Advanced Practice Providers (APP's) to develop specialty designations and an associated apprenticeship process that is parallel to the specialties of the physicians that supervise them; and ask that the AMA work with appropriate stakeholders to insure that the new specialty designations for APP's developed by the AMA taskforce, after an appropriate transition period, become an established practice expectation for APP collaboration with their supervisory physicians of the same or similar specialty. (Resolution 08-23)

Laser Surgery: ArMA adopt as policy the following definition of "surgery" from the American College of Surgeons Statement ST-11: "Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed or manipulated by closed reductions for major dislocations or fractures or otherwise altered by mechanical, thermal, light-based, electromagnetic or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife or scalpel." Further, ArMA adopts as policy, AMA policy which states that patient safety and quality of care are paramount and, therefore, patients should be assured that individuals who perform these types of surgery are licensed physicians (defined as doctors of medicine or osteopathy) who meet appropriate professional standards. (Resolution 18-91; Readopted 28-95, 27-99, 25-03; Referred to Executive Committee as Resolution 25-03 for review and revision as necessary; Amended 9-08; Readopted 30-12; Amended 48-16; Readopted 37-20, 43-24)

Optometrists and the Use of Drugs: ArMA oppose any legislation, the purpose of which is to directly or indirectly extend to optometrists the authority to practice medicine or surgery. (Resolution 04-77; Readopted 56-91; Amended 52-95; Readopted; 40-99, 36-03, 43-07, 47-11, 40-15, 37-19, 43-23)

Pharmacist Prescribing: ArMA oppose federal and state legislation allowing pharmacists to independently dispense medication beyond the limits of the original prescription of the prescribing practitioner. (Resolution 06-12; Amended 46-16, 35-20, 41-24)

Physician Supervision of Paramedical Specialists: ArMA support the concept that a physician be involved in the supervision of all professionally related paramedical specialists. (Resolution 10-83; Readopted 24-87, 33-91, 32-95, 30-99, 28-03, 37-07, 43-11, 36-15, 33-19, 41-23)

Other / Miscellaneous

Artificial Intelligence/Robotics: ArMA supports the establishment of state and federal policies clearly limiting the practice of medicine to a human being, defined as a natural person in Arizona's revised statutes, and prohibiting the independent practice of medicine by any form of technology. This resolution should be directed for consideration to the American Medical Association's House of Delegates through ArMA's AMA Delegation. (Resolution 03-24)

Commendation of Physicians in Public Service: ArMA commends those physicians who have committed their time, talent and financial resources to campaign for and serve in public office or in US uniformed services. (Resolution 15-89; Readopted 32-93, 32-97, 32-01, 25-05; Retitled and Amended 28-09; Readopted 32-13, 26-17, 39-21)

Duty-Free Medical Equipment and Supplies Donated to Foreign Countries: ArMA supports duty-free donations of medical supplies and equipment to Mexico intended for the care of the medically underserved and not for resale or profit. (Resolution 05-04; Amended 30-08; Readopted 41-12, 36-16; Amended 46-20; Readopted 51-24)

Scientific Integrity: ArMA continues to urge the Arizona legislature and federal government to use only sound medical science to formulate public health decisions to safeguard scientific integrity in federal policymaking. (Resolution 08-04; Amended 31-08; Readopted 42-12, 37-16, 28-20; Amended 57-24)

Patient Relations/Privacy

Elimination of Intrusion into the Doctor/Patient Relationship and Protection of Patient Confidentiality: ArMA strongly:

- Support the sanctity of the doctor/patient relationship;
- Believe no physician should ever be compelled to betray the private trust inherent in this relationship;
- Believe medical records should remain private and inviolate;
- Believe medical information should never be shared outside of the physicians engaged in direct patient care without the written consent of the patient.

(Resolution 15-98; Readopted 22-02, 20-06, 26-10, 22-14; Amended 28-18; Readopted 36-22)

Patient Physician Relationship: That ArMA is committed to protecting the sanctity of the patient-physician relationship. Critical to this goal is protecting the standard of scientific evidence and the principle of patient autonomy, and ArMA will work to ensure that physicians have the right to determine appropriate treatment options for each individual patient and to be able to maintain open, scientifically based, confidential communications with their patients. ArMA will address issues of a clinical or scientific nature at the legislature, and elsewhere as determined necessary, to ensure that factual scientific information is available to elected or appointed policy makers; and will oppose legislative language that forces a physician to compromise their medical judgment as to what information or treatment is in the best interest of the patient.

Patient Rights in the Health Care Environment: ArMA adopt the following patient right principles: the ability of patients to freely choose and continue to see the physician of their own choice; and the ability of patients to obtain standardized information about all health plans offered in the state. (Resolution 22-96; Amended 27-00; Readopted 33-04, 29-08, 40-12, 35-16, 27-20, 36-24)

The Right of All Patients to Purchase Medical Care: ArMA urge the government not to interfere with the right of contract between patients and physicians, and that this include the right of patients to pay and physicians to accept a mutually agreeable fee. (Resolution 14-05; Readopted 20-09, 27-13, 22-17, 36-21)

Prescriptions/Pharmacies

Mandated Prescription Policy: ArMA support policy that does not:

- Allow any insurance company or pharmacy benefit manager to mandate that patients receive maintenance medication by mail;
- Restrict maintenance medication to a one-month supply at a local pharmacy;
- Impose a financial penalty for choosing a three-month supply at a local pharmacy, rather than by mail; or
- Mandate that only a 30-day or 90-day supply will be covered by insurance through action of the DOI and pursue legislation if appropriate.

(Resolution 14-12; Readopted 25-16, 19-20, 28-24)

Pharmacist Therapeutic Substitution: ArMA work with the Arizona Board of Pharmacy to discourage therapeutic substitution based solely on financial incentives, and there should be a valid clinical reason or formulary preference for requesting such changes. (Resolution 07-12; Readopted 19-16, 14-20, 55-24)

Transdermal Contraceptive Patch Color Variability: ArMA increases awareness of the limited color availability of the current transdermal contraceptive patch and its associated barriers to women of all skin colors in order to drive future investigation and development of transdermal contraceptive patch color variability. (Resolution 23-22)

Prior Authorization

Action on Prior Authorization Delays and Transparency: ArMA ensure that the prior authorization process does not hinder patient care, the practice of medicine, or the doctor/patient relationship; and that the process is transparent, efficient, fair and enforceable. (Resolution 27-98; Readopted 26-02, 23-06; Amended 45-10; Readopted 35-14; Amended & Retitled 30-18; Readopted 39-22)

Improving the Prior Authorization Process: ArMA sponsor legislation at the state level and the ArMA AMA delegation promote this concept at the next AMA meeting, that all medication denials from insurance companies, pharmacy benefit managers or retail pharmacies provide the approved formulary alternatives in the same class of medications or the step edit requirements at the time of the denial to the prescribing physician; and insurance companies, PBMs or retail pharmacies be required to inform the patient of the discount cash price for the medication in question. (Resolution 03-21)

Prescription Denials and Prior Authorizations: ArMA craft legislation and/or rule changes at the Department of Insurance & Financial Institutions, and/or at the Board of Pharmacy, which would require that all prescription denials or requests for prior authorization contain information regarding substitute medications which are on formulary or do not require a prior authorization. (Resolution 08-16; Amended 42-20; Readopted 48-24)

Prior Authorization Payments to Physicians: ArMA pursue any channels available in order to ensure that whenever a physician or other medical provider is required to obtain prior authorization, the provider is entitled to bill and be paid, similar to any other service provided. (Resolution 09-11; Readopted 21-15, 20-19, 32-23)

Regulations / Licensure

Arizona Licensure Uniformity: ArMA:

- Support medical licensure by examination or reciprocity based on documented adequate medical education, knowledge, skill and competency;
- Oppose discrimination in medical licensure, hospital staff appointments and re-credentialing of privileges based upon graduation from a medical school outside the United States and Canada; and
- Oppose any legislative policies or actions that foster discrimination based on graduation from a medical school outside the United States and Canada.

(Resolution 13-90; Readopted 23-94, 39-98, 32-02, 27-06, 29-10, 25-14, 19-18, 33-22)

Arizona Medical Board; Physician Advocacy: ArMA continue to monitor the activities of the AMB and to advocate that all appropriate due process be accorded physicians involved in AMB investigations. (Resolution 10-00; Amended 28-04; Readopted 26-08, 38-12, 33-16, 26-20, 35-24)

Board Certification and Licensure: ArMA oppose any effort to require board certification, maintenance of certification or maintenance of licensure programs, such as the Federation of State Medical Boards Program, as a

condition of licensure or re-licensure either by legislative means or by policy of the AMB. (Resolution 18-12; Readopted 27-16, 21-20, 30-24)

Board Certification – Truth in Advertising: ArMA work to broaden the awareness of physicians who advertise that they are “board certified” without listing the agency, organization or entity granting this standing; that they are at risk of penalty or investigation by the AMB for unprofessional conduct. (Resolution 12-11; Amended 58-15; Readopted 52-19, 54-23)

Encouraging Arizona State Board of Nursing Website to List Advance Practice Nurses’ Information: ArMA support efforts to encourage the Arizona State Board of Nursing to list on its website the same categories of information for advanced practice nurses as are listed on the AMB website for physicians and physician assistants. (Resolution 15-09; Readopted 24-13, 20-17, 34-21)

Equal Pay for Physicians: ArMA opposes pay gaps in medicine that exist based on identities, including, but not limited to race, gender, or ethnicity. (Resolution 21-22)

Expert Witness Testimonial Abuse: ArMA continue to support the development of standards of professionalism that encompass guidelines for (1) impartial and fair testimony, (2) reasonable compensation for that testimony and (3) professional relations with colleagues. (Resolution 02-05; Amended 16-09; Amended 42-13; Readopted 34-17; Amended 40-22)

Increasing Physician Workforce for Physicians Holding Valid Working Visas: ArMA works with the Arizona Medical Board to decrease the time requirements for licensure for any physician holding a valid working visa including the J-1 Visa. (Resolution 19-11; Readopted 23-15, 22-19; Amended & Retitled 63-23)

International Medical Graduate Licensing Requirement: ArMA encourages the Arizona Medical Board to investigate the disparity in medical licensing requirements for International Medical Graduates in order to create a more equitable path to licensure. (Resolution 07-21)

Maintenance of Certification (MOC): ArMA investigate legislation such as that proposed in other states to prohibit hospitals from denying admitting privileges solely on the basis of failure to participate in MOC, or to prohibit insurers from refusing to pay for services rendered by a physician who has not maintained certification. (Resolution 05-16; Readopted 07-20, 21-24)

National Physician Licenses: ArMA declare that the State of Arizona, through its licensing board should always retain the right to decide whether or not to grant a medical license and work to defeat any effort by the Arizona Legislature or the AMB to waive Arizona’s right to medical licensing decisions or to abide by a national licensing protocol. (Resolution 05-12; Readopted 45-16, 34-20, 40-24)

Peer Review; Best Practices: ArMA work to ensure that hospital peer review be unbiased so that it shall only be used to make valid clinical decisions that improve patient care. (Resolution 13-10; Readopted 15-14, 15-18, 31-22)

Protecting Physicians’ Due Process Rights: ArMA declare that physicians shall refrain from enabling any process that deprives a colleague of procedural or substantive due process and that engaging in sham peer review shall constitute unethical conduct. (Resolution 02-06; Amended 38-10; Readopted 32-14, 24-18, 35-22)

Regulation of Group Home: that the Arizona Medical Association supports legislation that more carefully regulates group homes in Arizona. (Resolution 09-24)

Review of the Arizona Medical Board: ArMA upon request, by any member, consider convening an impartial group of physicians to review the process of the Arizona Medical Board activities. (Resolution 23-97; Amended 38-01; Readopted 40-05, 39-09, 40-13, 32-17; Amended 52-21)

Salary Caps Health Care Leaders: ArMA oppose actions that cap salaries or benefits of personnel, including physicians. (Resolution 09-16; Readopted 09-20, 22-24)

Sham Peer Review Education: ArMA educate physicians about the existence, characteristics and legal implications of sham peer review and how physicians involved in peer review can make the system work in a fair and just manner. (Resolution 15-07; Amended 61-11; Readopted 54-15, 48-19, 50-23)

Social Issues

Decreasing Food Insecurity in Arizona: ArMA supports:

- The 2025 Phoenix Food Action Plan and encourages the development of similar local and state-level initiatives throughout Arizona; and
- Efforts that increase access to affordable, healthy, and culturally appropriate food for people living in Arizona, such as, but not limited to, the implementation of food pharmacies and other similar efforts.

(Resolution 18-22)

Isolated Confinement in Prisons: ArMA

- oppose the use of solitary confinement except for extraordinary circumstances when an individual is at acute risk of harm to self or others, in which cases confinement be used for as short a time as possible; and
- opposes the use of solitary confinement for disciplinary purposes in correctional facilities; and
- supports efforts to ensure that the mental and physical health of all individuals placed in solitary confinement is routinely monitored by licensed medical professionals; and be it further
- supports evidence-based legislation aimed at reducing the negative physical and mental health impacts of isolated confinement.

(Resolution 11-22)

Physician Involvement in Voter Registration: Physician who chooses to become involved in the political affairs of our nation do his/her part to ensure that their patients

- Understand the importance of voting, of NOT remaining silent.
- Have easy access to instructions on how to register to vote.
- Have easy access to the printed forms required for registration – in case their patients do not have access to the Internet.
- Provide information without expectation of the results of the patient's actions.

(Resolution 10-21)

Recognizing and Supporting Voting Access as a Social Determinant of Health: ArMA recognizes voting as a social determinant of health and supports efforts to study and understand the relationship between voter participation and health outcomes; and ArMA supports safe and equitable voting access as a means of improving community and individual health, including opposing gerrymandering, inflexible voting hours, polling place closures, and voter registry purges. (Resolution 17-23)

Recognizing Housing as a Social Determinant of Health: ArMA recognizes housing as a social determinant of health and supports efforts to understand the relationship between homelessness and health outcomes, and ArMA

- Support physician education about the distinct healthcare and social needs of patients experiencing homelessness in order to reduce stigma and implicit bias and promote improved interactions between individuals experiencing homelessness and the healthcare system.
- Encourage interdisciplinary collaboration between physicians, insurance companies, social service organizations, governmental agencies, stakeholders, hospitals and health systems to develop policies and plans to address the needs of patients experiencing homelessness.
- Recognizes that stable, affordable housing, without mandated therapy or compliance with services, is critical to the health of patients, families, and communities and supports evidence-based plans, such as the Housing First approach, to eradicate homelessness.
- Support effective, evidence-based research and plans to implement and evaluate Medical Respite Care for patients experiencing homelessness.
- Encourage support, expansion, and funding of physician-led, team-based Street Medicine programs.
- Support legislation and initiatives that protect the human rights of individuals experiencing homelessness while opposing those that criminalize vital activities that are carried out in public spaces (i.e. eating or resting) when a private space is not available as an alternative location for these activities.
- Recognizes that homelessness is a spectrum unique to each individual and supports the use of adaptive strategies based on personal, regional, and community variations and characteristics with an understanding that state and local resources are necessary to address the deep-rooted health and social complexities associated with homelessness.

(Resolution 18-23)

Support Training Programs to Reduce Physical and Verbal Abuse by Law Enforcement: ArMA encourage law enforcement to recognize mental illness as a contributing cause of physical and verbal violence between law enforcement officers and individuals. (Resolution 12-21)

Tort Reform/Liability

Arizona Medical Liability Reform: ArMA's House of Delegates favor continuing efforts aimed at meaningful, comprehensive medical liability reform. (Resolution 13-05; Retitled and Amended 19-09; Readopted 26-13, 21-17, 35-21)

Medical Liability Standard: ArMA work to increase the legal standard for all malpractice and tort reform legal issues in Arizona to clear and convincing (Resolution 16-13; Readopted 16-17, 27-21)

Minimum Liability Insurance Limits: ArMA lawfully assist physicians and medical societies to oppose requirements that hospital-based or hospital-affiliated physicians or groups carry minimum medical professional liability insurance with limits greater than that determined by appropriate medical staff or consistent with industry standards; and vigorously oppose physicians being required to contractually indemnify hospitals for liability and assist in educating its members on all issues surrounding medical liability insurance limits. (Resolution 09-12; Readopted 20-16, 15-20, 26-24)

Women's Health

Abortion: ArMA recognizes that abortion is a generally safe, legal medical procedure with known risks; and opposes legislative interference in the patient-physician relationship. (Resolution 15-21)

Access to Feminine Hygiene Products: ArMA recognizes the adverse physical and mental health consequences of limited access to feminine hygiene products; and supports the distribution of menstrual products and inclusion of menstrual product disposal systems in educational institutions. (Resolution 17-22)

In-Vitro Fertilization (IVF): ArMA work to remove barriers to assistive reproductive technology, oppose efforts to criminalize the practice of medicine or create additional or duplicative reporting requirements and support efforts to protect confidentiality of patient record. (Resolution 18-13; Readopted 17-17; 31-21)

Labor Epidural/Spinal Analgesia: ArMA endorse the policy that labor epidural/spinal analgesia procedures should be a medical decision made between a woman in labor and her physician. (Resolution 24-96; Amended 29-00; Readopted 22-04; Amended 36-08; Readopted 45-12, 39-16, 30-20, 38-24)

Lay Midwifery: ArMA affirm it is not in the best medical interests of women and their newborns to be delivered by non-medical personnel and reaffirm its endorsement of certified nurse midwives as appropriate providers of obstetrical care. (Resolution 21-93; Readopted 30-97; Amended 40-01; Readopted 31-05, 32-09, 35-13, 29-17, 42-21)

Planned Home Births: ArMA not support planned home delivery in the case of prior cesarean section, breech presentation or multiple gestation. (Resolution 13-13; Readopted 15-17, 29-21)

Reproductive Health: ArMA affirms that reproductive health care is essential to people's overall health. Pregnancy termination is an essential component of reproductive health care, especially in cases of rape, incest, or danger to the life of the mother, and should not be criminalized. (Resolution 13-22)

Substance Use & Pregnant or Postpartum People: That legislation and local and state initiatives for pregnant and postpartum people who are experiencing substance use promote harm reduction strategies, reduce stigma, and increase resources for family support and that such programs implement evidence-based practices; and that ArMA actively support legislation that promotes such programs and oppose legislation that penalizes pregnant people due to substance use disorder. (Resolution 04-23)

Transparency By Organizations That Provide Prenatal Or Pregnancy Services, Including Crisis Pregnancy Centers: ArMA encourages any organization offering prenatal or pregnancy services to offer evidence-based health information or to fully inform the patient that any non-evidence-based information is not proven as safe or is experimental and supports policies which require facilities that offer prenatal or pregnancy services to disclose the educational background, affiliations, financial disclosures, medical licensure, or lack thereof, and training or lack thereof of its staff and volunteers to patients at the time of service. (Resolution 10-22)