

A TMA Resolution Writing Guide for Medical Students (originally written by Stanley Wang, JD - TMA-MSS Chair 1998-99)

I. Introduction

So, you want to make a difference, and you want your voice to be heard. How would you like to have your ideas acted upon by some of the most powerful and visible national (AMA) and statewide (TMA) health care advocates? On more than one occasion, a medical student's idea has led to legislative action in Congress and thus to widespread changes in health policy.

Resolution writing is the primary means by which a medical student can affect health policy through the AMA or TMA. A resolution (Fig. 1) consists of at least one call to action ("Resolved clause") accompanied by supporting statements or facts ("Whereas clauses"). Once a resolution is written, it is submitted to the AMA-MSS or TMA-MSS where it is debated. At the TMA, we have the opportunity as a MSS to have it heard directly by the House of Delegates (HOD, aka the formal voting body). Whereas at the AMA, the MSS must vote on the resolution as a body, and there must be a request in the resolve to forward it to the AMA HOD for it to be heard by the formal voting body.

Then the resolution may be adopted, not adopted, amended, or referred to committee for further study. If passed by the MSS and, subsequently, the HOD, the resolution becomes part of the external policy of the organization and a binding call to action by which the AMA or TMA will abide. This call to action can lead to legislative proposals and lobbying efforts, national or statewide medical recommendations, or numerous other activities through which the AMA and TMA affect health policy.

Writing a resolution and seeing it through to fruition can be an intimidating process. This resolution writing guide is intended to explain the process (and hopefully encourage more medical students to write resolutions) by providing step-by-step descriptions and suggestions for writing a resolution.

II. Developing the Resolution

First, you must come up with an idea, a way to improve medicine and the public health. Often, resolutions are written to correct a new problem or implement a new procedure, but many resolutions simply seek to clarify or modify existing medical, legal, or ethical standards.

There are many sources of ideas for resolutions: personal experiences, medical journals (JAMA, NEJM, etc.), general publications (New York Times, Medscape, Politico, USA Today), email listservs and social media (Kevinmd.com, AMA Morning Rounds is a great summary), government documents (CDC reports, FDA notices, etc.), and so on. Once you have an idea, evaluate it by asking yourself some questions:

Will it improve the public's health or the practice of medicine? Is this the most efficient and practical way to do it? Are we the right group to do this? Are there any potentially negative consequences?

Second, before going any further, you should research existing AMA or TMA policy (on the Policy Compendium). One of the most common downfalls of MSS resolutions is REDUNDANCY! Ask yourself:

Will the resolution be significantly different from existing policy? Does it conflict with existing policy? If

so, is this desirable and defensible?

YOU MUST extensively keyword search the AMA and TMA policy handbooks

o AMA Policy Compendium using the PolicyFinder or MSS Digest of Actions, Digest of Policy Actions

Sources of existing TMA policy include:

- [TMA Policy Compendium](#)
- [TMA Audit Trail Library](#)

Reach out to your MSS Executive Council and coordinator to get feedback on your idea and to help you find other collaborators. You should also contact the student representatives on the various AMA and TMA councils and committees.

You may also want to check existing federal and state laws and regulations to ensure that your resolution does not duplicate or conflict with existing legal requirements (unless conflict is desirable and defensible).

Third, do the necessary background research to support your cause. Try to find relevant and recent AMA or TMA policies, statistics, analyses, surveys, commentaries, etc. both for and against your resolution. Be sure to keep a record of your references. This information will be used to develop your Whereas clauses and may also affect what you say and how you say it when you defend your resolution during debate at the MSS (or HOD!) Assembly.

Sources of background information include:

Existing AMA/TMA policies MEDLINE Libraries (medical, law, public, etc.) Internet (Yahoo, AMA/TMA web sites, government/Congressional web sites, etc.) Medical journals and other journals.

Another great source of information is the TMA Knowledge Center. You can call the TMA Knowledge Center and have them do searches and pull articles for you on a given topic for free. Inquire at (800) 880-7955.

III. Writing the Resolution

Please refer to Figure 1 as necessary.

INTRODUCED BY: You should list the author(s) of the resolution. If there are multiple authors, they are often (but not always) listed in order of decreasing contribution to the resolution. Authors should be identified according to the school(s) which they attend. Once the resolution is passed by a body of students, that body may be listed as the introducing party (e.g. if the resolution is passed by the TMA-MSS and forwarded to the AMA-MSS, the resolution would then read "Introduced by: Texas Delegation").

TITLE. This is the first impression people get of your resolution. The title should succinctly state the main issue addressed by the resolution. The title should not mislead readers as to the content of the resolution (e.g. "Prenatal Care" for a resolution that seeks primarily to ban abortions).

WHEREAS CLAUSES. Each Whereas clause should provide a clear statement or fact in support of the Resolved clause or its necessity. Each Whereas clause should be succinct — no more than one sentence long. Whereas clauses can describe the problem that the Resolved clause is intended to address, explain how the Resolved clause will correct the problem, or otherwise defend or support the Resolved clause in

any other way. Statements of fact should generally be footnoted with an appropriate reference.

RESOLVED CLAUSE(S). Each Resolved clause must be able to stand on its own. Commonly, during the debate of a resolution with two Resolved clauses, one Resolved clause is defeated or eliminated by amendment, leaving only the remaining Resolved clause. Thus, it is very important that each Resolved clause contains an actionable request and makes sense when read alone. Resolved clauses should each be a single sentence in length. Be aware of the difference between an “internal” resolution which affects MSS policy (Resolved, That the TMA-MSS ...) and an “external” resolution which affects the entire AMA or TMA (Resolved, That the TMA ...). Use separate Resolved clauses for internal and external action items. **FISCAL NOTE.** Do not put a fiscal note on the resolution that you submit. Staff will add its fiscal evaluation after the resolution has been submitted.

IV. Submitting the Resolution

Be aware of all AMA or TMA deadlines for resolutions. If the resolution is urgent, it may be submitted after a deadline; however, it will then be up to the Rules Committee and a vote of approval by 2/3 of the Assembly or HOD to determine whether your resolution is truly urgent and deserving of immediate consideration.

To submit your resolution to the AMA-MSS, refer to instructions from the AMA MSS resolution guide. Also, consider submitting your AMA-MSS resolution through the TMA-MSS or AMA-MSS Region III , where it can be debated, approved, and forwarded to the AMA-MSS. This gives your resolution the advantage of having the full support of the large, influential Texas Delegation or Section III to the AMA-MSS Assembly. Lastly, your County Medical Society can be an important ally in gaining support for your resolution. Find out when their business meeting is and ask to have your resolution considered on the agenda for discussion and the County’s support.

To submit your resolution for consideration by the TMA-MSS, see TMA MSS Resolution Packet for timeline and instructions.

V. Debating the Resolution

Debate on your resolution begins prior to the Assembly. It helps if you can have preliminary discussions with AMA-MSS or TMA-MSS members from other medical schools. Not only will you develop rapport with these students and probably gain their support at the Assembly (as well as the support of those whom they influence), you may also learn of new arguments for and against your resolution and thus be able to prepare yourself more fully for debate at the Assembly.

Avenues of communication for these preliminary discussions include:

- Direct contact with members of the TMA-MSS Facebook group
<https://www.facebook.com/groups/TMAMSS/>
- Direct contact with members of the AMA-MSS Facebook group
<https://www.facebook.com/groups/MSS.Region3/>
- Discussion at school or state caucuses

It is important to be there to testify for your resolution at the Assembly, or to have someone who is familiar with your resolution be there to do it for you. At the TMA House of Delegates, only section delegates can defend resolutions on the floor of the House. This also applies to the AMA-HOD. However,

non- HOD members are allowed to testify on behalf of a resolution during the TMA-HOD and/or AMA-HOD Reference Committee Hearings. (You might be able to speak just as an author at HOD as well.) Many resolutions have been defeated simply because nobody was there to answer an easy question brought up at the Assembly.

Work the crowds at the Assembly beforehand. Simply meeting people and making new friends, even while not discussing your resolution, can improve your chances for winning the approval of the Assembly when the time comes for voting on your resolution.

Be the first to speak on your resolution [at the MSS Assembly (and/or TMA-HOD or AMA-HOD if you are a delegate) and in any reference committees beforehand]. Introduce yourself, thank the chair, state you are speaking in favor of the resolution, and briefly explain why the resolution is necessary and should be passed. Defuse the main arguments against your resolution before they can be brought up, while letting marginal arguments against your resolution lie (especially those you came up with yourself), as they may not even be brought up in debate. If you feel that your counter-arguments are forceful and persuasive, you may consider leaving yourself open for the opposing argument so that you can eloquently state your counter-arguments. Be amenable to editorial changes, or even minor amendments, if they do not change the effect of your resolution. You will win the votes of those who suggested or supported those changes.

After all is said and done, your resolution will be voted upon. If defeated, do not be discouraged. Many good resolutions have been defeated in the past, often for insignificant reasons. If referred to committee, take note and consider submitting additional information to the committee (or even making a personal appearance at the committee to defend your resolution or rebut arguments made on the floor). If passed, follow up on your resolution at the HOD and through implementation.

VI. Concluding Remarks

I hope that this guide is helpful to you, and I encourage you to develop your ideas into resolutions and submit them. The only way to ensure that national and state health policy is well-considered is to make sure that all ideas are available for debate, and the only way to ensure that is for you to voice your ideas through the resolution writing process. Please feel free to contact any member of your TMA Executive Council if you have any questions or would like advice about any part of this process.

Stanley Wang, JD - TMA-MSS Chair 1998-1999 (minor updates by Rachel Solnick, MSS Vice Chair 2015)

VII. Sample of past student resolutions

If stated below, they are available in TMA Policy Compendium, so you can easily look them up to read their resolves and get a better feel of the assortment of student resolutions that have been successful in the HoD.

- [2012 Resolution 201, Medical School Admission Policy](#) – Adopted
- [Resolution 202, Loan Deferral During Residency](#) – Adopted
- [Resolution 203, Restoring Parity and Interest Subsidies to Federal Graduate Student Loans](#) – Amended, Referred to Council on Medical Education and Council on Legislation for implementation
- [Resolution 305, Automated Electronic Defibrillator Availability and Access](#) – Referred with a report back, Adopted with amendment

- [Resolution 306, Patient Autonomy and Accuracy of Information in Informed Consent for Abortion](#)– Adopted by amending the second resolved
- [Resolution 307, Discouraging Home Deliveries](#) – Adopted
- [Resolution 104, Physicians Retaining Autonomous Clinical Decision-Making Authority](#) – Adopted by amending the second resolve.
- [Resolution 204, Fair Access to Science and Technology Research Act for Improved Access to Medical Research](#) – Adopted as amended by deleting the first and second resolves
- [Resolution 302, Eligibility of Sugar-Sweetened Beverages for SNAP](#) – Adopted as amended by changing the third resolve
- [Resolution 409, Long-Term Care Funding and Quality Improvement](#) – Adopted as amended by deleting the second resolve and changing the first resolve

VIII. Summary of TexMed 2018 House of Delegates Results for TMA-MSS Resolutions

<u>HOD Res#</u>	<u>Resolution Title</u>	<u>Result</u>
Financial and Organizational Affairs		
108	Inclusion of Medical Students in Good Samaritan Laws and Policies for Disaster Settings	Adopted as amended: Resolution that the Texas Medical Association: (1) support medical students volunteering inside of their institutional affiliations during times of disaster and emergency, due to both the need for and the competency of medical students, as demonstrated by previous research and disaster situations; and (2) study the involvement of medical students in natural disaster and emergency situations in order to develop TMA policy regarding medical student roles in disaster situations.
Medical Education and Health Care Quality		
201	Incorporating High-Value Care into Undergraduate and Graduate Medical Education in Texas	Adopted as amended: Resolution that the Texas Medical Association support the inclusion and integration of topics of health care value in medical education.
202	Addressing Gender Bias in Undergraduate Medical Education with Implicit Bias	Referred

	Training	
Science and Public Health		
301	Synthetic Cannabis Educational Resources for Providers	Adopted as amended, as follows: Resolution that the Texas Medical Association: (1) advocate for research on the prevalence, effects, and implications of synthetic cannabinoid use; and (2) encourage the development and circulation of evidence-based educational materials on synthetic cannabinoids for physicians to share with patients.
304	Improving the LGBTQI + Patient Health Care Experience	Not adopted
305	Addressing Food Deserts in Texas	Not adopted
306	Addressing H.B. No. 3859 – A Misstep in the Protection of Foster Care Children	Referred
308	Texas Prescription Drug Monitoring Program Data Integration into Electronic Health Record Technology	Adopted as amended: Resolution that the Texas Medical Association advocate for integration of real-time prescription drug monitoring program data into Texas electronic health record systems and electronic prescribing systems should be at no cost to the physician.
309	Implementing Blood Glucose Screening in Texas Schools	Not adopted
310	Community Health Workers and HPV Vaccination	Not adopted
311	Encouraging Unstructured Playtime in School	Adopted
Socioeconomics		
404	Opposition to Pain Score as Contributor to Hospital Financial	Adopted

	Incentives	
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Figure 1. Sample resolution submitted to TMA-MSS Assembly

TEXAS MEDICAL ASSOCIATION MEDICAL STUDENT SECTION

Resolution: #1

Introduced by: Stanley Wang, University of Texas Southwestern Medical School/University of Pennsylvania Law School K. Christopher McMains, University of Texas Southwestern Medical School Vishal Nigam, Baylor College of Medicine Monique Spillman, University of Texas Southwestern Medical School

Subject: Out-of-Hospital Do-Not-Resuscitate (DNR) Orders

Whereas, The right of a competent person to refuse medical treatment is a constitutionally protected liberty interest¹; and

Whereas, A Do-Not Resuscitate (DNR) order represents an exertion of this legal right; and

Whereas, The AMA supports the use of DNR orders requested by “chronically and terminally ill patients confined to home or other community setting”² or “patients at risk of cardiac or respiratory failure”³; and

Whereas, The wording of current policy might be construed as being applicable in only certain out-of-hospital situations²; and

Whereas, While the use of in-hospital DNRs is common, there is no national standard for out-of-hospital DNRs, and patients residing in non-institutional settings may thus be revived against their wishes; and

Whereas, The Texas legislature has recently passed legislation which allows patients to legally utilize out-of-hospital DNR orders⁴ and calls for the use of DNR identification devices to facilitate the determination of a patient’s DNR status by medical personnel⁵; therefore be it

RESOLVED, That the AMA support the extension of the right of terminally and chronically ill patients to utilize DNR orders in all non-hospital settings; and be it further

RESOLVED, That the AMA develop model legislation similar to the Texas statute which protects the rights of terminally and chronically ill patients to have their DNR wishes honored by emergency personnel in all out-of-hospital settings.

References:

1 This interest is protected under the Due Process clause of the Fourteenth Amendment to the U.S. Constitution. *Cruzan v. Director, Missouri Department of Health*, 497 U.S. 261, 278 (1990); *Washington v. Harper*, 494 U.S. 210 (1990); *Winston v. Lee* 470 U.S. 753 (1985); *Mills v. Rogers*, 457 U.S. 291 (1982); *Schmerber v. California*, 384 U.S. 757 (1966). Note, however, that in some compelling circumstances a competing state interest may override the individual’s liberty interest. *Jacobson v. Massachusetts*, 197 U.S. 11 (1905); *Youngberg v. Romeo*, 457 U.S. 307 (1982).

2 American Medical Association. Policy Compendium. HOD Policy 140.962.

3 American Medical Association. Policy Compendium. CEJA Opinion E-2.22.

4 1995 TX S.B. 673, as amended by 1995 TX S.B. 1161 (codified at Tex. Health & Safety Code §§674.001-674.024 (1997)). 5 Texas Health & Safety Code §674.010 (1997).¹

*****Relevant TMA and/or AMA Policy**

¹Last updated: 9/2018, Pruthali Kulkarni and Alice Jean, TMA Delegate Co-Chairs 2018-2019