



Banner Year for SPS at House of Delegates:
Policy Development is a Team Sport!
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Your SPS Delegation was extremely gratified to achieve unprecedented adoption of all five of our resolutions at A-22 HOD. [This followed on lesser (but not insubstantial) success with one resolution adopted at both N-21, and J-21. There were insurmountable barriers to consideration of other issues at each of these Special meetings.]

Our sweep was a lengthy process, which could never have transpired without intense collaboration. Our five resolutions were first written and then refined by excellent suggestions in our SPS Policy Development Committee/Liaison Meeting, our GC, and in our Online Member Forum, culminating in ultimate SPS approval at our Virtual Assembly. Additional useful information and affirmation was found through the AMA Virtual Reference Committee and SPS Assembly.

We received invaluable co-sponsorship and advice from many SPS Liaison members, and also from allies in OMSS, AAN, AAPM&R, AAPHP, MSSNY, OH, CO, ACR, CAP, PPPS, WPS, RFS, YPS, MSS, and many others. We also gained support from MA/New England, PacWest, EMSC, RSC, SSS and others through onsite lobbying by GC attendees.

Ultimate passage was graciously facilitated by advice from seasoned SPS HOD veteran and student Delegates, who also testified convincingly on behalf of our issues at Virtual and actual Reference Committees, as well as in the House.

Our Resolutions:

#113 "Prevention of Hearing Loss-Associated-Cognitive-Impairment through Earlier Recognition and Remediation", initially written by our member Matthew Gold

#114 "Oral Healthcare IS Healthcare"

#125 "Education, Forewarning and Disclosure regarding Consequences of Changing Medicare Plans"

#515 "Reducing Polypharmacy as a Significant Contributor to Senior Morbidity"

#610 "Making AMA Meetings Accessible"

We opened eyes to the hearing-dementia connection, to dental inequity, Medicare complexity, and polypharmacy. One critical Resolved of #610 was referred; but many hearts were opened to pervasive inequities in society and to disability discrimination in organized medicine. The door is now cracked to fuller inclusion.