AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 209

(A-24)

Introduced by: Medical Student Section

Subject: Native American Voting Rights

Referred to: Reference Committee B

Whereas, our American Medical Association "acknowledges voting is a social determinant of health and significantly contributes to the analyses of other social determinants of health as a key metric"; and be it further

Whereas, the Association of American Medical Colleges (AAMC) supports medical schools and teaching hospitals facilitating nonpartisan voter registration efforts¹; and

Whereas, health facilities' nonpartisan voter registration efforts demonstrate improved civic engagement and are protected by the National Voter Registration Act and IRS code²⁻⁵; and

Whereas, 1.2 million Native Americans (34%) are not registered to vote due to vast differences in experiences and opportunities, especially for voters on reservations who experience discrimination and unique challenges with voter identification laws (e.g., no addresses on reservations, inability to use tribal-federal membership cards)⁶⁻¹¹; and

 Whereas, the distinct political and dual citizenship status of Native Americans as members of sovereign Tribal nations underscores the importance of their voter participation, as federal and state elected officials are responsible for working with their Tribal governments to enact laws governing Tribal authority and treaty rights⁸; and

Whereas, as Native Americans comprise over 10% of the electorate in many states, Congress has repeatedly introduced the Native American Voting Rights Act, which would in part establish a Native American voting task force grant program to increase turnout⁸; and

Whereas, President Biden's Executive Order on Promoting Access to Voting strongly encourages federal agencies, including Veterans Health Administration (VHA) and Indian Health Service sites to seek designation as voter registration sites¹²; and

Whereas, other federal health and social programs such as the VHA, Medicaid, and SNAP/WIC offer voter registration services, and the Health Resources and Services Administration even offers guidance for Federally Qualified Health Centers to organize such efforts^{3,13-14}; and

Whereas, civic engagement efforts are limited at Indian Health Service, Tribal, and Urban Indian Health Programs, which are crucial interfaces with Native American patients and Tribal governments¹⁵⁻¹⁶; therefore be it

RESOLVED, that our American Medical Association support Indian Health Service, Tribal, and Urban Indian Health Programs becoming designated voter registration sites to promote nonpartisan civic engagement among the American Indian and Alaska Native population. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

Received: 4/19/2024

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RELEVANT AMA Policy

Support for Safe and Equitable Access to Voting H-440.805

- 1. Our AMA supports measures to facilitate safe and equitable access to voting as a harm-reduction strategy to safeguard public health and mitigate unnecessary risk of infectious disease transmission by measures including but not limited to: (a) extending polling hours; (b) increasing the number of polling locations; (c) extending early voting periods; (d) mail-in ballot postage that is free or prepaid by the government; (e) adequate resourcing of the United States Postal Service and election operational procedures; (f) improved access to drop off locations for mail-in or early ballots; and (g) use of a P.O. box for voter registration.
- 2. Our AMA opposes requirements for voters to stipulate a reason in order to receive a ballot by mail and other constraints for eligible voters to vote-by-mail.
- 3. Our AMA: (a) acknowledges voting is a social determinant of health and significantly contributes to the analyses of other social determinants of health as a key metric; (b) recognizes that gerrymandering which disenfranchises individuals/communities limits access to health care, including but not limited to the expansion of comprehensive medical insurance coverage, and negatively impacts health outcomes; and (c) will collaborate with appropriate stakeholders and provide resources to firmly establish a relationship between voter participation and health outcomes. [Res. 18, I-21; Appended: Res. 422, A-22]