

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (A-08)

Report of Reference Committee

Stephen Sherick, MD, Chair

1 In keeping with Resolution 601 (A-96), the Reference Committee recommends the
2 following consent calendar for acceptance:

3 4 5 **RECOMMENDED FOR ADOPTION**

- 6
- 7 1. Resolution 6 – Home Deliveries
- 8
- 9 2. Report F – Defensive Medicine Report (LAC)
- 10
- 11 3. Report G – Demographics (CLRP)
- 12
- 13 4. Late Resolution 5 – Global HIV/AIDS Prevention
- 14

15 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 16
- 17 5. Resolution 2 – Expansion of Eligibility Criterion for Economic Hardship
18 Deferment 20/220 Pathway
- 19
- 20 6. Resolution 4 – Provision of Child Care by Residency and Fellowship Training
21 Programs
- 22
- 23 7. Resolution 5 – Midwifery Scope of Practice and Licensure
- 24
- 25 8. Resolution 8 – Expanding AMA participation by Minority Scholar Awards Winners
- 26
- 27 9. Resolution 10 – CMS, Medicaid, & Health Insurance Corporation Ranking
28 Systems
- 29
- 30 10. Report E – Establishment of Poster Committee as a Standing Committee
- 31
- 32 11. Report H – Voting Mechanisms (CLRP)
- 33
- 34 12. Late Resolution 1 – Patient Prescriptions
- 35
- 36 13. Late Resolution 2 – Herpes Zoster Vaccine and Medicare Payment for the
37 Vaccine and Physician Administration of the Vaccine
- 38
- 39 14. Late Resolution 3 – AMA Physician Profile
- 40
- 41 15. Late Resolution 4 – Transfer Programs and AMA Physician Profile
- 42

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RECOMMENDED FOR REFERRAL

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16. Resolution 1 – Final Credentialing for Physicians who Transfer Training Programs and Graduate from the Final Residency Program

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17. Resolution 9 – Expanding Minority Voices in the AMA Resident and Fellow Section

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RECOMMENDED FOR NOT ADOPTION

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18. Resolution 3 – Appropriate Fellowship Stipends

13

14

19. Resolution 7 – Racial and Ethnic Disparities in Maternal Mortality

1
2 (1) RESOLUTION 6 – HOME DELIVERIES

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4 RECOMMENDATION:

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6 Mr. Speaker, your Reference Committee recommends that
7 resolution 6 be adopted.

8
9 **RFS ACTION: ADOPTED**

10
11 This resolution asks that our AMA-RFS support the ACOG statement that “the safest
12 setting for labor, delivery, and the immediate post-partum period is in the hospital, or a
13 birthing center within a hospital complex, that meets standards jointly outlined by the
14 AAP and ACOG, or in a freestanding birthing center that meets the standards of the
15 Accreditation Association for Ambulatory Health Care, The Joint Commission, or the
16 American Association of Birth Centers.

17
18 Limited testimony was offered on this resolution. The author expressed the desire to
19 align AMA-RFS policy with the AAP and ACOG statements.

20
21
22 (2) REPORT F - DEFENSIVE MEDICINE REPORT
23 (LEGISLATIVE AWARENESS COMMITTEE)

24
25 RECOMMENDATION:

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27 Mr. Speaker, your Reference Committee recommends that
28 the recommendations in Report F be adopted and the
29 remainder of the report be filed:

30
31 **RFS ACTION: ADOPTED**

32
33 This report recommends that (1) the AMA affirm that defensive medicine exists in many
34 forms that have variable and difficult to quantify economic consequences for patients,
35 physicians, third-party payers, insurance providers and other parties involved in the
36 delivery of health care; (2) the AMA affirm that defensive medicine in its many forms may
37 result in adverse health effects on patients through exposure to unnecessary risk from
38 tests and procedures as well as limited access to health care resources; and (3) the
39 AMA continue to work with other interested parties through legislative and public
40 awareness activities to advocate for medical liability reform which would minimize the
41 practice of defensive medicine

42
43 The chair of the RFS Legislative Awareness Committee testified on the intent, scope and
44 content of the report.

45
46 The Reference Committee commends the authors for their efforts and recommends
47 adoption.

48

1 (3) REPORT G - DEMOGRAPHICS (COMMITTEE ON LONG-
2 RANGE PLANNING)
3

4 RECOMMENDATION:
5

6 Mr. Speaker, your Reference Committee recommends that
7 the recommendations of report G be adopted and the
8 remainder of the report be filed:
9

10 **RFS ACTION: ADOPTED**
11

12 This report recommends that (1) the RFS determine mechanisms to strengthen ties with
13 Specialty Societies and improve logistical support for members involved through their
14 Specialty Societies (i.e. Region 8); (2) the RFS determine a system to apportion
15 Specialty Society delegate and alternate delegate positions in the RFS assembly that
16 accounts for the number of RFS members represented by Specialty Societies and
17 ensures broad Specialty Society participation; (3) the RFS examine the ability of the
18 Region structure to meet the stated goals of disseminating RFS information to local
19 members, increasing RFS membership, and increasing involvement of RFS members at
20 the regional and local level; and (4) the RFS Governing Council report back to the RFS
21 Assembly regarding the progress of the above recommendations by A-09.
22

23 Testimony requested that the report include language to notify specialties of this
24 information. There was no other testimony offered.
25

26
27 (4) LATE RESOLUTION 5 – GLOBAL HIV/AIDS
28 PREVENTION
29

30 RECOMMENDATION:
31

32 Mr. Speaker, your Reference Committee recommends that
33 late resolution 5 be adopted.
34

35 **RFS ACTION: ADOPTED**
36

37 This resolution asks that the AMA support funding efforts to address the global AIDS
38 epidemic without mandates and extend its support of comprehensive family-life
39 education to foreign aid programs.
40

41 There was limited testimony for this resolution and no expressed opposition.
42
43

1 (5) RESOLUTION 2 - EXPANSION OF ELIGIBILITY
2 CRITERION FOR ECONOMIC HARDSHIP DEFERMENT
3 20/220 PATHWAY
4

5 RECOMMENDATION A:
6

7 Mr. Speaker, your Reference Committee recommends that
8 substitute resolution 2 be adopted:
9

10 RESOLVED, That the AMA-RFS include language advocating for expansion of
11 eligibility for economic hardship deferment for residents and fellows to the
12 greatest degree possible in advocacy activities (Directive to Take Action).
13

14 **RFS ACTION: SUBSTITUTE RESOLUTION ADOPTED AS AMENDED**
15

16 Resolution 2 asks that the AMA include specific language in advocacy activities on the
17 need to expand current eligibility guidelines for economic hardship deferment. The
18 resolution also asks that the AMA (1) study viable ways and means to increase the
19 number of eligible residents and fellows for economic hardship and (2) study alternative
20 mechanisms that better address the financial needs of post medical graduate trainees.
21

22 The Assembly expressed strong support for the spirit of this resolution. The Governing
23 Council spoke against this resolution, noting that this issue is currently being addressed
24 by advocacy efforts as well as other resolutions pending in the HOD. Additionally, there
25 was consensus that economic hardship does not apply to all residents.
26

27 The Reference Committee felt that by removal of the phrase "all residents," the Resolved
28 clauses 1-3 then reflected existing policy. Cogent testimony expressed that current AMA
29 and AMA-RFS policies do not address geographic cost of living differences and thus the
30 resolution was amended by the Reference Committee to reflect this.
31

32 (6) RESOLUTION 4 - PROVISION OF CHILD CARE BY
33 RESIDENCY AND FELLOWSHIP TRAINING PROGRAMS
34

35 RECOMMENDATION A:
36

37 Mr. Speaker, your Reference Committee recommends that
38 resolution 4 be amended by insertion and deletion as
39 follows:
40

41 ~~RESOLVED, That our AMA support an analysis on the current availability of~~
42 ~~child care provided by residency and fellowship training programs using the~~
43 ~~Freida database; and be it further~~
44

45 ~~RESOLVED, That our AMA report back on the progress made in the provision of~~
46 ~~child care and the different models being utilized by training hospitals; and be it~~
47 ~~further~~
48

1 ~~RESOLVED, That our AMA make recommendations on the provision of child~~
 2 ~~care based on these analyses and inform training facilities, residents, and~~
 3 ~~fellows of their findings and recommendations.~~

4
 5 RESOLVED, That our AMA begin collecting more comprehensive data on the
 6 provision of child care services or on stipends for child care by residency and
 7 fellowship programs using in the Freida database (Directive to Take Action); and
 8 be it further

9
 10 RESOLVED, That our AMA evaluate the progress made in the provision of child
 11 care and different models being utilized by training programs (Directive to Take
 12 Action).

13
 14 ~~RESOLVED, That the AMA-RFS immediately forward this resolution to the HOD~~
 15 ~~at A-08 with report back with any progress made by A-09.~~

16
 17 RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends
 18 that resolution 4 be adopted as amended.

19
 20 **RFS ACTION: ADOPTED AS AMENDED**

21
 22 Resolution 4 asks that the AMA support an analysis on the current availability of child
 23 care provided by residency and fellowship training programs and make
 24 recommendations on the provision of child care based on this analysis and inform
 25 training facilities, residents, and fellows of their findings and recommendations.

26
 27 Testimony expressed support for the intent of this resolution, with the Governing Council
 28 proposing a friendly amendment. The author accepted the Governing Council's
 29 amendment. The author expressed doubt about the accuracy of the fiscal note
 30 accompanying the resolution. No other testimony was offered.

31
 32 The Reference Committee interpreted the language of the proposed friendly amendment
 33 to imply immediate forwarding to the HOD at A-08 and so further amended the Resolved
 34 Clauses to accurately reflect this.

35
 36 (7) **RESOLUTION 5 - MIDWIFERY SCOPE OF PRACTICE**
 37 **AND LICENSURE**

38
 39 **RECOMMENDATION A:**

40
 41 Mr. Speaker, your Reference Committee recommends that
 42 resolution 5 be amended by insertion and deletion as
 43 follows:

44
 45 ~~RESOLVED, That our AMA-RFS support the licensing and credentialing of~~
 46 ~~midwives who are certified by the American College of Nurse-Midwives~~

47
 48 RESOLVED, That our AMA develop model legislation regarding appropriate
 49 physician and regulatory oversight of midwifery practice, under the jurisdiction of

1 either state nursing or medical boards (Directive to Take Action); and be it
2 further

3
4 RESOLVED, That our AMA continue to monitor state legislation activities
5 regarding the licensure and scope of practice of midwives (Directive to Take
6 Action); and be it further

7
8 RESOLVED, That our AMA work with state medical societies and interested
9 specialty societies to advocate in the interest of safeguarding maternal and
10 neonatal health regarding the licensure and the scope of practice of midwives;
11 (Directive to Take Action) and be it further

12
13 RESOLVED, That the AMA-RFS immediately forward this resolution to the HOD
14 at A-08.

15
16 RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends
17 that resolution 5 be adopted as amended.

18
19 **RFS ACTION: ADOPTED AS AMENDED**

20
21 Resolution 5 asks the AMA-RFS support the licensing and credentialing of midwives who
22 are certified by the American College of Nurse-Midwives.

23
24 Testimony expressed support for the intent of this resolution. An amendment offered by
25 the author was supported by the Governing Council. No other testimony was offered.

26
27 (8) **RESOLUTION 8 - EXPANDING AMA PARTICIPATION BY**
28 **MINORITY SCHOLAR AWARDS WINNERS**

29
30 **RECOMMENDATION A:**

31
32 Mr. Speaker, your Reference Committee recommends that
33 resolution 8 be amended by insertion and deletion:

34
35 ~~RESOLVED, That our AMA provide a free year of AMA-RFS membership,~~
36 ~~redeemable at any time during residency or fellowship, for all winners of the~~
37 ~~AMA Foundation Minority Scholars Award; and be it further~~

38
39 RESOLVED, That the AMA-RFS increase recruitment and retention of future
40 award winners (including minority scholar award winners) by developing a
41 strategic plan for leadership development (Directive to Take Action); and be it
42 further

43
44 RESOLVED, That our AMA-RFS report back on this issue at A-09.

45
46 RECOMMENDATION B: Mr. Speaker, your Reference
47 Committee recommends that resolution 8 be adopted as
48 amended.

49
50 **RFS ACTION: ADOPTED AS AMENDED**

1 This resolution asks that the AMA provide one free year of AMA-RFS membership to all
2 winners of the AMA Foundation Minority Scholars Award.

3
4 Although testimony expressed support for the spirit of this resolution, considerable
5 testimony raised questions about implementing the resolution. There was concern that
6 the resolution applied only to minority scholar award winners as opposed to all award
7 winners. Additionally, the Governing Council proposed an amendment to facilitate
8 involvement of award winners in the RFS.

9
10 The Reference Committee took into consideration the intent of the original resolution as
11 well as the amendments and testimony given. The Reference Committee felt that this
12 resolution presented an opportunity to comprehensively address participation and
13 leadership in the AMA.

14
15
16 (9) RESOLUTION 10 - CMS, MEDICAID, & HEALTH
17 INSURANCE CORPORATION RANKING SYSTEMS

18
19 RECOMMENDATION A:

20
21 Mr. Speaker, your Reference Committee recommends that
22 resolution 10 be amended by insertion and deletion as
23 follows:

24
25 ~~RESOLVED, That the AMA investigate and study the benefit of implementation of~~
26 ~~an AMA-sponsored health care evaluation system which would allow for the~~
27 ~~ranking of centers for Medicare and Medicaid services, health insurance~~
28 ~~corporations, and private health corporations.~~

29
30 RESOLVED, That the AMA-RFS supports current AMA efforts to evaluate health
31 insurers, as exemplified by BOT Report 11 (A-08).

32
33 RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends
34 that resolution 10 be adopted as amended.

35
36 **RFS ACTION: ADOPTED AS AMENDED**

37
38 This resolution asks that the AMA study the benefit of implementing an AMA-sponsored
39 health care evaluation system which would allow for the ranking of centers for Medicare
40 and Medicaid services, health insurance corporations, and private health corporations.

41
42 There was limited, mixed testimony on this resolution. The authors explained they want
43 to rank insurers and that this information would be made available as a member benefit.
44 The Governing Council suggested reaffirmation of existing policy and mentioned that
45 BOT Report 11 presented at A-08 addresses this issue. Additional testimony revealed
46 that this issue is also currently being researched through AMA Private Sector Advocacy.

47
48 The Reference Committee took into consideration current AMA efforts on this issue as
49 well as the offered testimony on this resolution. The Reference Committee felt that the
50 intent of this resolution is currently being addressed by the AMA.

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2
3 (10) REPORT E - ESTABLISHMENT OF POSTER
4 COMMITTEE AS A STANDING COMMITTEE

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6 RECOMMENDATION A:

7
8 Mr. Speaker, your Reference Committee recommends that
9 the title of report E be changed to read as follows:

10
11 ADDITION OF POSTER COMMITTEE AS A STANDING COMMITTEE AND
12 EXPANDING OPTIONS FOR FILLING STANDING COMMITTEES

13
14 RECOMMENDATION B: Mr. Speaker, your Reference
15 Committee recommends that report E be amended by
16 insertion and deletion as follows:

- 17
18
19 1. That the AMA-RFS Internal Operating Procedures be amended by
20 insertion and deletion as follows:

21
22 Section

23
24 ~~IX.H.6. Poster Committee. A Poster Committee shall be selected by the~~
25 ~~Governing Council. This committee shall be chaired by the Vice~~
26 ~~Speaker and shall have the responsibility of reviewing submissions,~~
27 ~~making decisions of acceptance and finally of reviewing posters and~~
28 ~~assigning awards. This committee may have members who are not of~~
29 ~~the Resident and Fellow Section.~~

30
31 Section

32
33 **XI B. Standing Committees of the Resident and Fellow Section.** The
34 Governing Council shall annually appoint standing committees including,
35 but not limited to, long range planning, public health, medical education,
36 legislative awareness, membership and the poster symposium,
37 composed of members of the Section to serve annual terms to further
38 the mission of the Section. The Governing Council shall make an open
39 solicitation of applications from the members of the section and shall
40 select from among those who have applied. Should there be insufficient
41 applications in order to adequately staff these committees, the
42 Governing Council shall be empowered to make direct solicitations and
43 appointments to the committees.

44
45 RECOMMENDATION C: Mr. Speaker, your Reference
46 Committee recommends that the recommendations in
47 Report F be adopted as amended and the remainder of
48 the report be filed.

49
50 **RFS ACTION: ADOPTED AS AMENDED**

1 The report proposes RFS IOP changes to add the poster committee as a standing
 2 committee and enables the direct solicitation of committee members if necessary to fill
 3 standing committees.

4
 5 The Governing Council explained the recommendations in this report. Written testimony
 6 was offered to expand the IOP to allow the creation of additional standing committees.
 7 No other testimony was offered.

8
 9 (11) REPORT H - VOTING MECHANISMS (COMMITTEE ON
 10 LONG-RANGE PLANNING)

11
 12 RECOMMENDATION A:

13
 14 Mr. Speaker, your Reference Committee recommends that
 15 the recommendations in report H be amended by insertion
 16 and deletion:

- 17
 18 1. That instructions explaining the voting mechanism accompany all
 19 ballots used in RFS Sectional Delegate and Alternate Delegate
 20 elections.
 21
 22 2. That the voting system to be used in the RFS Sectional Delegate
 23 and Alternate Delegate elections be ~~selected or reaffirmed during~~
 24 ~~the A-08 RFS business meeting from the following~~:
 25 a. An approval-based, plurality-at-large voting system;
 26 b. The voter may select up to and including the number of
 27 candidate positions;
 28 c. Majority of votes is not required (~~requires a bylaws change~~)
 29 b. ~~Borda Count~~ (~~requires a bylaws change~~)
 30 c. ~~Instant Runoff~~ (~~reaffirmation~~)

31
 32 RECOMMENDATION C: Mr. Speaker, your Reference Committee recommends
 33 that the recommendations in Report H be adopted as amended and the
 34 remainder of the report be filed.

35
 36 **RFS ACTION: ADOPTED AS AMENDED**

37
 38 Though some testimony was offered in favor of Instant Runoff, testimony was
 39 overwhelmingly in support of Plurality-at-large. No testimony was offered in support of
 40 or in opposition to Borda Count. The Reference Committee recommends the report be
 41 adopted as amended by insertion and deletion. The Reference Committee would like to
 42 commend the authors for this report and the lead author for her testimony explaining
 43 each voting mechanism referred to in the report.

44
 45 Current procedures (IOP XIII) dictate that:

- 46
 47
 48
 49
- The Governing Council will script IOP language which reflects this new voting system to be voted upon at I-08.
 - If the IOP language is adopted at I-08, the new voting system will be enacted for I-09.

1 (12) LATE RESOLUTION 1 – PATIENT PRESCRIPTIONS

2
3 RECOMMENDATION A:

4
5 Mr. Speaker, your Reference Committee recommends that
6 late resolution 1 be amended by insertion and deletion as
7 follows:

8
9 RESOLVED, That the American Medical Association ~~study~~ work with relevant
10 organizations to improve the issue of prescription labeling for visually or
11 otherwise impaired patients and to increase awareness of available resources.
12 ~~to seek possible improvements.~~

13
14 RECOMMENDATION B: Mr. Speaker, your Reference
15 Committee recommends that late resolution 1 be adopted
16 as amended.

17
18 **RFS ACTION: ADOPTED AS AMENDED**

19
20 Late resolution 1 asks that the AMA study the issue of prescription labeling for visually or
21 otherwise impaired patients to seek possible improvements.

22
23 Testimony from the Governing Council proposed expanding the scope of the resolution
24 to address health literacy issues and language barriers. Testimony also encouraged
25 coordinating with other health organizations to study this issue. Additional testimony
26 expressed concern for the AMA absorbing the cost of this research.

27
28 The Reference Committee took into consideration the fact that there is limited policy on
29 accommodations for the visually impaired. Substantial AMA policy exists on health
30 literacy; therefore, it is not necessary to broaden this resolution. The Reference
31 Committee's proposed language synthesizes the intent of the original resolution as well
32 as the testimony of the Assembly.

33
34
35 (13) LATE RESOLUTION 2 - HERPES ZOSTER VACCINE
36 AND MEDICARE PAYMENT FOR THE VACCINE AND
37 PHYSICIAN ADMINISTRATION OF THE VACCINE

38
39 RECOMMENDATION A:

40
41 Mr. Speaker, your Reference Committee recommends that
42 late resolution 2 be amended by insertion and deletion:

43
44 RESOLVED, That the American Medical Association lobby for Medicare to pay
45 for both the cost of the vaccine and the cost of administration by physicians of all
46 vaccines covered under Medicare Part D; and be it further ~~and for the cost to~~
47 ~~administer the herpes zoster vaccine by physicians.~~

48
49 RESOLVED, That the AMA-RFS immediately forward this resolution to the HOD
50 at A-08.

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RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends that late resolution 2 be adopted as amended.

RFS ACTION: ADOPTED AS AMENDED

Late resolution 2 asks that the AMA lobby for Medicare to pay for both the cost of the vaccine and for the cost to administer the herpes zoster vaccine by physicians.

The Assembly supported the intent of the resolution, but wanted to expand the scope to include all vaccines covered by Medicare. There was some concern that the resolution may be redundant with existing policy (HOD H-440.875) but the amended resolution aims to create new policy.

(14) LATE RESOLUTION 3 – AMA PHYSICIAN PROFILE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that late resolution 3 be amended by insertion as follows:

RESOLVED, That the American Medical Association ensure that the AMA Physician Profile and AMA Masterfile include the complete name of the training program (i.e. "Program Name" as listed on the Accreditation Council for Graduate Medical Education (ACGME) website); and be it further

RESOLVED, That the AMA ensure that the AMA Physician Profile and AMA Masterfile stop deleting from Physician Profiles and the Masterfile the name of the medical school or training program that is already listed and verified in the Physician Profile as it corresponds to the name of the institution at the time of the physician's graduation; and be it further

RESOLVED, That if the AMA Physician Profile and AMA Masterfile include the new updated name of a medical school or training program, this information be included in addition to but not in place of the name of the medical school or training program at the time of the physician's graduation; ~~and be it further~~

~~RESOLVED, That the AMA-RFS immediately forward this resolution to the HOD at A-08.~~

RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends that late resolution 3 be adopted as amended.

RFS ACTION: ADOPTED

Late resolution 3 asks that the AMA ensure that the AMA Physician Profile and AMA Masterfile (1) include the complete name of the training program, (2) retain the name of

1 the medical school or training program that is already listed (as it corresponds to the
2 name of the institution at the time of the physician's graduation), and (3) include an
3 updated name of a medical school or training program in addition to the current
4 information, not in place of the previous name of the medical school or training program.

5
6 Testimony was limited with no expressed opposition to the original resolution. There
7 was conflicting testimony on the proposed amendment addressing the inclusion of
8 subspecialty approved fellowship training.

9
10 The proposed amendment was not recommended for adoption given the lack of
11 consensus on what constituted an "approved" subspecialty program for inclusion in the
12 AMA Masterfile.

13
14
15 (15) LATE RESOLUTION 4 - TRANSFER PROGRAMS AND
16 AMA PHYSICIAN PROFILE

17
18 RECOMMENDATION A:

19
20 Mr. Speaker, your Reference Committee recommends that
21 late resolution 4 be amended by insertion:

22
23 RESOLVED, That when the American Medical Association Physician Profile
24 does its routine standard primary source verification confirming residency
25 graduation, it states on the Profile "**Completed Training: Program reports
26 specialty training at this institution as 'Completed'**" for the program from
27 which a resident was graduated; and be it further

28
29 RESOLVED, That the AMA-RFS forward this resolution immediately to the HOD
30 at A-08.

31
32 RECOMMENDATION B: Mr. Speaker, your Reference
33 Committee recommends that late resolution 4 be adopted
34 as amended.

35
36 **RFS ACTION: ADOPTED**

37
38 Late resolution 4 asks that the AMA Physician Profile indicate the program from which a
39 resident graduated.

40
41 There was limited testimony for this resolution and no expressed opposition. The author
42 submitted an amendment proposing immediate forwarding of the resolution to the HOD
43 at A-08.

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45

1 (16) RESOLUTION 1 - FINAL CREDENTIALING FOR
2 PHYSICIANS WHO TRANSFER TRAINING PROGRAMS
3 AND GRADUATE FROM THE FINAL RESIDENCY
4 PROGRAM
5

6 RECOMMENDATION:
7

8 Mr. Speaker, your Reference Committee recommends that
9 resolution 1 be referred.

10
11 **RFS ACTION: REFERRED**
12

13 Resolution 1 asks that the AMA work with accrediting bodies to ensure that credentialing
14 forms are requested from the final training program that is in a position to provide a final
15 recommendation about the physicians' qualifications and competencies to practice their
16 chosen specialties.
17

18 The Assembly expressed support for the spirit of this resolution. There was some
19 testimony that the scope of the resolution was too broad. Questions about the
20 differences between credentialing and licensing and the AMA's role in these processes
21 were raised by the Assembly. There was no clear consensus on the resolution or
22 answers to the questions raised.
23
24

25 (17) RESOLUTION 9 - EXPANDING MINORITY VOICES IN
26 THE AMA RESIDENT AND FELLOW SECTION
27

28 RECOMMENDATION:
29

30 Mr. Speaker, your Reference Committee recommends that
31 resolution 9 be referred.
32

33 **RFS ACTION: REFERRED**
34

35 This resolution asks that the AMA revise its bylaws to allow seating of a delegate to the
36 AMA Resident and Fellow Section assembly for one representative from each national
37 minority medical organization.
38

39 Testimony expressed overwhelming support to refer this resolution to the Governing
40 Council based on the complexity of the issue and potential consequences.
41
42

43 (18) RESOLUTION 3 - APPROPRIATE FELLOWSHIP
44 STIPENDS
45

46 RECOMMENDATION:
47

48 Mr. Speaker, your Reference Committee recommends that
49 resolution 3 be not adopted.
50

RFS ACTION: NOT ADOPTED

Resolution 3 asks that the AMA recommend fellowship programs to pay fellowship candidates at their PGY level as governed by the ACGME.

Although the Assembly respected the intent of this resolution, overwhelming testimony on this resolution revealed concern about potential unintended consequences due to the logistics of implementing this resolution. No testimony was offered in support of this resolution.

(19) RESOLUTION 7 - RACIAL AND ETHNIC DISPARITIES IN MATERNAL MORTALITY**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that resolution 7 be not adopted.

RFS ACTION: NOT ADOPTED

This resolution asks that the AMA work with other organizations to (1) seek funding for educational efforts to expand awareness of providers, hospitals, and patient organizations about the increasing risk of maternal mortality and the importance of preconception care to reduce these risks (2) seek funding to study racial disparities in maternal mortality.

Testimony expressed that current AMA policy addresses the issue of racial and ethnic disparities in medicine. The Governing Council also presented written testimony that it may be inappropriate to target one specific area (maternal mortality) when disparities are such a widespread, multi-disciplinary problem.

- 1 Mr. Speaker, this concludes the report of the Reference Committee. I would like to
- 2 thank Brooke Albright, MD, Alyssa Browning, MD, Stephen Patrick, MD, Kayla Pope,
- 3 MD, Claudia Reardon, MD, and all those who testified before the Committee.

Brooke Albright, MD
Medical Society of the State of New York

Kayla Pope, MD
American Academy of Child and
Adolescent Psychiatry

Alyssa Browning, MD
Tennessee Medical Association

Claudia Reardon, MD
Wisconsin Medical Society
Alternate

Stephen Patrick, MD
American Academy of Pediatrics

Stephen Sherick, MD
Oregon Medical Association
Chair