

**INTERNATIONAL MEDICAL GRADUATES SECTION  
SUMMARY OF ACTIONS**

**2009 ANNUAL MEETING  
HYATT REGENCY CHICAGO**

**IMG SECTION AUTHORED RESOLUTIONS**

**Reference Committee C**

**1. Resolution 317 – Ensuring Diversity in the United States Medical Licensing Oversight Exam Committee**

Resolution 317 was considered along with Resolution 306, Ensuring Diversity in United States Medical Licensing Examination Exams which was submitted by Michigan.

Resolution 317 asked that our American Medical Association pursue diversity on the United States Medical Licensing Examination Step 2 Oversight Exam Committee in order to include input from the international medical graduates perspective. (Directive to Take Action.)

Resolution 306 - Ensuring Diversity in United States Medical Licensing Examination Exams asked that our American Medical Association pursue diversity on the United States Medical Licensing Examination (USMLE) Step 2 Exam Oversight Committee that reflects the diversity of the test takers.

**HOD Action: Substitute Resolution 306 Adopted**

**RESOLVED, that our American Medical Association pursue diversity on the United States Medical Licensing Examination (USMLE) test/oversight committees in order to include the perspectives from others, including international medical graduates, to better reflect the diversity of the test takers. (Directive to Take Action)**

**2. Resolution 319 – Denial of Medical Licensure to Qualified IMGs**

Resolution 319 asked:

1) That our American Medical Association oppose any state medical board's decision to deny a medical license to an international medical graduate based on his or her medical school (Reaffirm HOD Policy H-275.985);

2) That our AMA, in collaboration with the Federation of State Medical Boards, encourage state medical boards to have their own standards of licensure by not accepting another state's decision to deny licensure (Directive to Take Action); and

3) That our AMA assist state medical associations in seeking legislative remedies to address the denial of licensure based on arbitrary items such as graduating from an international medical school. (Directive to Take Action)

**HOD Action: Referred**

**3. Resolution 320 – Health Care Cost Education**

Resolution 320 asked that our American Medical Association, along with the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, and other entities, work to encourage education in health care costs during the continuum of a physicians professional life, starting in undergraduate medical education, graduate medical education and continuing medical education. (Directive to Take Action)

**HOD Action: Adopted as amended with a change in title:**

**Health Care Economics Education**

**RESOLVED, That our American Medical Association, along with the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, and other entities, work to encourage education in health care ~~costs~~ economics during the continuum of a physicians professional life, in undergraduate, graduate and continuing medical education. (Directive to Take Action)**

**4. Resolution 321 – Increasing Graduate Medical Education Positions**

Resolution 321 was considered with the following resolutions:

- Resolution 314 - Inclusion of Workforce Component to Any Federal Health Care Reform Policy (Oregon)
- Resolution 325 - Support for Graduate Medical Education (Section on Medical Schools)

Resolution 321 asked:

1) That our American Medical Association work with the Centers for Medicare and Medicaid Services to explore ways to increase graduate medical education slots to accommodate the need for more physicians in the U.S. (Directive to Take Action); and

2) That our AMA lobby Congress to find ways to increase graduate medical education funding to accommodate the projected need for more physicians. (Directive to Take Action)

Resolution 314 asked that our American Medical Association ensure that actions to bolster the physician workforce must be part of any comprehensive federal health care reform. (Directive to Take Action)

Resolution 325 asked:

- 1) That American Medical Association policies H-305.929 and D-305.967 be reaffirmed (Reaffirm HOD Policy);
- 2) That our AMA work actively and in collaboration with the Association of American Medical Colleges and other interested stakeholders to rescind funding caps for GME imposed by the Balanced Budget Amendment of 1997 (Directive to Take Action);
- 3) That our AMA actively advocate for expanded funding for entry and continued training positions in generalist and primary care disciplines (Directive to Take Action); and
- 4) That our AMA lobby Congress to find ways to increase graduate medical education funding to accommodate the projected need for more physicians. (Directive to Take Action)

**HOD Action: Substitute Resolution 314 adopted with a change in title:**

**Increasing Graduate Medical Education Positions As A Component  
To Any Federal Health Care Reform Policy**

**RESOLVED, That our American Medical Association ensure that actions to bolster the physician workforce must be part of any comprehensive federal health care reform (Directive to Take Action); and be it further**

**RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services to explore ways to increase graduate medical education slots to accommodate the need for more physicians in the U.S. (Directive to Take Action); and be it further**

**RESOLVED, That American Medical Association policies H-305.929 and D-305.967 be reaffirmed (Reaffirm HOD Policy); and be it further**

**RESOLVED, That our AMA work actively and in collaboration with the Association of American Medical Colleges and other interested stakeholders to rescind funding caps for GME imposed**

by the Balanced Budget Act of 1997 (Directive to Take Action);  
and be it further

**RESOLVED, That our AMA actively advocate for expanded funding for entry and continued training positions in specialties and geographic regions with documented medical workforce shortages (Directive to Take Action); and be it further**

**RESOLVED, That our AMA lobby Congress to find ways to increase graduate medical education funding to accommodate the projected need for more physicians. (Directive to Take Action)**

**5. Resolution 525 – Research Visa Waiver for Physician Scientists**

Resolution 525 asked that our American Medical Association urge Congress to create a new visa waiver program exclusively for research for IMG physicians who choose to pursue a research career in medicine, which will help improve the shortage of physician scientists in the U.S. (Directive to Take Action)

**HOD Action: Placed on reaffirmation calendar to reaffirm the following policies:**

- H-460.995 Support for Careers in Research
- H-460.994 Support for Careers in Research
- D-255.991 Visa Complications for IMGs in GME

**6. Resolution 618 – Increased Representation of Women, Young Physicians, Minority and IMG Members in the House of Delegates**

Resolution 618 asked that our American Medical Association study ways to increase representation of women, young physicians, underrepresented minorities and international medical graduate physicians in the AMA House of Delegates and report back with recommendations at the 2010 Annual Meeting. (Directive to Take Action)

Resolution 618 was considered in conjunction with Council on Long Range Planning and Development Report 2 – Section and Member Group Definitions and Criteria. CLRPD Report 2 recommended that AMA develop criteria in the consideration of requests pertaining to the establishment and functions of component groups of our AMA; and that a report on such criteria be prepared no later than A-11.

**HOD Action: Council on Long Range Planning and Development Report adopted in lieu of Resolution 618 and remainder of report filed.**

7. **Resolution 409 – Guiding Principles for Eliminating Racial and Ethnic Health Care Disparities**

The IMG Section cosponsored this resolution along with the Minority Affairs Consortium and National Medical Association. Resolution 409 asked:

- 1) That our American Medical Association adopt the Guiding Principles document of the Commission to End Health Care Disparities as AMA policy (New HOD Policy);
- 2) That our AMA, in collaboration with the National Medical Association and the National Hispanic Medical Association, distribute these guiding principles to all members of the federation and encourage them to adopt and use these principles when addressing policies focused on racial and ethnic health care disparities (Directive to Take Action); and
- 3) That our AMA shall work with the Commission to End Health Care Disparities to develop a national repository of state and specialty society policies, programs and other actions focused on studying, reducing and eliminating racial and ethnic health care disparities. (Directive to Take Action)

**HOD Action: Adopted**

**OTHER HOD RESOLUTIONS OF INTEREST TO IMG SECTION**

**Reference Committee on Constitution and Bylaws**

8. **Board of Trustees Report 1 - Guidelines For Handling Prejudiced Patients recommended the following:**

1. That our American Medical Association (AMA) reaffirm Ethical Opinion E-9.123, "Disrespect and Derogatory Conduct in the Patient-Physician Relationship." (Reaffirm Ethical Opinion)
2. That our AMA work with appropriate organizations to encourage hospitals, health care systems, and organizations to adopt uniform guidelines for physicians to follow in non-life threatening emergencies when they encounter patients who verbally abuse practitioners because of the physician's [or "the practitioner's"] race, ethnicity, or other personal characteristic. Central issues to be addressed would include the importance of recognizing the patient's right to choose his or her physician, the importance of ensuring that each patient has an identified physician responsible for the patient's care, appropriate institutional mechanisms to address abusive behavior by patients (e.g., through patient services or social services), appropriate psychiatric referral or consultation as part of the treatment plan if the derogatory conduct is a consequence of a mental disorder, and an appropriate mechanism to ensure continuity of care for a patient who persistently

declines care from the responsible practitioner/attending physician. (Directive to Take Action)

**HOD Action: Board of Trustees Report 1 adopted as amended and the remainder of the report filed.**

**Reference Committee B**

**9. Resolution 206 – Interpretive Services**

Resolution 206 was submitted by the Illinois Delegation which asked that our American Medical Association initiate legislation or regulation that physicians be reimbursed for the cost of providing interpretive services. (Directive to Take Action).

**HOD Action: Placed on Reaffirmation calendar to reaffirm the following existing policies:**

- H-160.924 Use of Language Interpreters in the Context of the Patient-Physician Relationship
- H-385.928 Patient Interpreters
- D-385.978 Language Interpreters
- D-160.992 Appropriate Reimbursement for Language Interpretive Services
- H-385.929 Availability and Payment for Medical Interpreters Services in Medical Practices
- D-270.998 Oppose Scope of Limited English Proficiency Guidance

**Reference Committee C**

**10. Resolution 305 – Rationalize Visa and Licensure Process for IMGs**

Resolution 305 was submitted by the Michigan Delegation which asked that our American Medical Association work to ensure the granting of J-1 and H-1 Visas for the length of the residency program. (Directive to Take Action)

**HOD Action: Referred**

**Reference Committee D**

**11. Resolution 410 – Hispanic Population and Access to the U. S. Healthcare System (Minority Affairs Consortium)**

Resolution 410 asked:

- 1) That our American Medical Association encourage promotion of educational information in Spanish and assistance in listing media resources to help care for this growing population with regards to preventative medicine and disease management (Directive to Take Action); and

2) That our AMA continue to encourage and promote physicians to go to federally designated health shortage areas to increase the pool of physicians to care for the Hispanic population and encourage physicians to become more involved in the Hispanic community in their areas. (Directive to Take Action)

**HOD Action: Adopted as amended by substitution of the second resolve.**

**RESOLVED, That our AMA support an increase in the pool of physicians who can provide care for the Hispanic population in areas with documented physician shortages.**

### Reference Committee F

#### 12. Report of The Speakers' Special Advisory Committee on The House Of Delegates

Report A – The Speakers' Special Advisory Committee on the House of Delegates was considered along with the following Resolutions:

- Resolution 601 – Elimination of the Interim Meeting submitted by:
  - American Academy of Family Physicians
  - American College of Obstetricians and Gynecologists
  - American College of Emergency Physicians
  - American College of Physicians
  - American College of Occupational and Environmental Medicine
  - American Academy of Neurology
  - American Academy of Physical Medicine and Rehabilitation
  - Society of Nuclear Medicine
  - American Association of Clinical Urologists
  - American College of Preventive Medicine)

Resolution 601 asked that Section 2.51 of the Bylaws of the American Medical Association be amended to read:

2.50 Meetings of the House of Delegates. 2.51 Regular Meetings of the House of Delegates. The House of Delegates shall meet twice once annually at the Annual Meeting, and an Interim Meeting, and that Section 2.511 shall be repealed. (Directive to Take Action)

~~2.511 Business of the Interim Meeting. The business of an Interim Meeting shall be focused on advocacy and legislation. Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at any Interim Meeting. In addition, any other business may be considered at any Interim Meeting upon majority vote of delegates present and voting.~~

- Resolution 613 – Eliminating the Interim Meeting submitted by:
  - Alaska, Guam, Iowa, Maine, Ohio, South Carolina, Maryland and Vermont Delegations
  - American Academy of Otolaryngic Allergy
  - American College of Emergency Physicians

Resolution 613 asked:

- 1) That our American Medical Association eliminate the Interim meeting of the House of Delegates in its current form and investigate alternative methods of enhancing our advocacy efforts through other venues (Directive to Take Action); and
- 2) That Section 2.51 of the Bylaws of the American Medical Associations be amended to read: (Modify Bylaws)

Regular Meetings of the House of Delegates. The House of Delegates shall meet twice once annually at an Annual Meeting and an Interim Meeting and that Section 2.511 shall be repealed. (Directive to Take Action)

Business of Interim Meeting. The business of an Interim Meeting shall be focused on advocacy and legislation. Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting. In addition, any other business may be considered at an Interim Meeting upon majority vote of delegates present and voting.

- Resolution 625 – Second Business Meeting for AMA-RFS submitted by the Resident and Fellow Section asked that our American Medical Association hold a second business meeting, in addition to the Annual Meeting, for all relevant AMA sections, to ensure that the sections continue to operate effectively. (Directive to Take Action)

The Speakers' Special Advisory Committee on the House of Delegates submitted a comprehensive report with 18 recommendations. The Committee Chair indicated that the Speakers will guide and oversee the follow-up work based on the HOD's actions. The Reference Committee strongly concurred with these actions.

**HOD Action: Recommendations outlined in Reference Committee Report F for the Report of the Speakers' Special Advisory Committee on the House of Delegates adopted as amended.**

### 13. Resolution 603 – AMA Election Campaigns

Resolution 603 was submitted by the Florida Delegation which asked that our American Medical Association develop a single campaign event or candidate forum for AMA elections with the cost of the event being shared by each state and specialty society that has a candidate and that each state's and specialty society's cost be prorated according to the number of delegates in each state and specialty society. (Directive to Take Action)

**HOD Action: Not Adopted**

**14. Resolution 606 – Next Steps Following AMA Apology to African American Physicians**

Resolution 606 was submitted by the AMA, Minority Affairs Consortium and National Medical Association which asked:

- 1) That our American Medical Association and National Medical Association create a joint advisory group comprised of physician leaders of both organizations to develop recommendations for future initiatives that will assure advancement of the agenda (Directive to Take Action);
- 2) That that advisory group shall consist of representatives from the AMA Minority Affairs Consortium, the Commission to End Health Care Disparities, various state associations, local societies and members of the Federation's specialty societies (Directive to Take Action); and
- 3) That the advisory group will work with the Association of American Medical Colleges, Office of Minority Health, National Institutes of Health, other government health agencies and any other resources available to accomplish its tasks and the advisory group will report back to the AMA House of Delegates its progress and findings for broad and general dissemination. (Directive to Take Action)

**HOD Action: Not Adopted**

**Reference Committee G**

**15. Resolution 717 – Short Term Physician Volunteer Opportunities Within the United States**

Resolution 717 was submitted by the Michigan Delegation which asked:

- 1) That our American Medical Association work with the National Practitioner Data Bank (or a similar credentialing data source) and state licensure boards to provide adequate information and ease of access for volunteer organizations to check the veracity of physicians' credentials at no cost or nominal fee (Directive to Take Action); and
- 2) That our AMA initiate and oversee cooperative effort among state licensure boards to allow short-term (fewer than 90 days) licensure and indemnity across state lines for

volunteer physicians who wish to assist any organizations providing health care to the uninsured, regardless of the affiliation of the organization. (Directive to Take Action)

**HOD Action: Not Adopted**