



**International Medical Graduates Section  
AMA House of Delegates  
November, 2006 – Interim Meeting**

**Summary of Actions**

As a result of the House of Delegates Resolutions Committee review, the following IMG Section Resolutions will be submitted at the 2007 June Annual meeting instead of the 2006 Interim Meeting.

- *Resolution 1 – License Reciprocity*
- *Resolution 2 – Health Impacts of High Fructose Corn Syrup*
- *Resolution 4 – Observerships for IMGs*

**Resolution 612 - Health Care Reform Recommendations was a Resolution submitted by the IMG Section and was considered jointly with the following Resolutions 607 and 611.**

Resolution 612 asked:

1. That our American Medical Association support the Citizens for Healthcare Working Group 2006 recommendations (Directive to Take Action);
2. That our AMA support strategies that simultaneously enable the American health care delivery and financing systems to provide a sustainable standard set of core health care benefits for all Americans; (Directive to Take Action) and,
3. That our AMA lobby Congress to transform the Citizens for Healthcare Working Group suggestions into policy that benefit all Americans. (Directive to Take Action)

**Resolution 607 – National Health Care Policy Agenda**

Resolution 607 asked:

1. That our American Medical Association synthesize current AMA policy for the specific purpose of advocating a comprehensive, patient-centered National Health Care Policy Agenda (Directive to Take Action);
2. That this agenda strongly address the most important issues affecting American physicians and patients, such as public- and private-sector financing and delivery, wellness and personal responsibility, liability, patient safety, and health information technology, and recommend comprehensive and workable solutions (Directive to Take Action);
3. That our AMA present a draft of the National Health Care Policy Agenda to the House of Delegates at the 2007 Annual Meeting for vigorous deliberation and approval (Directive to Take Action);
4. That our AMA use the National Health Care Policy Agenda as a framework to convene strategic discussions among the leaders of United States' medicine, business, health care, employers and government (Directive to Take Action); and
5. That our AMA present the National Health Care Policy Agenda to the President of the United States, the Congress, the American people, and the major political parties by August 31, 2007, so that it can appropriately frame and drive the health care policy debate in the 2008 presidential election. (Directive to Take Action)

**Resolution 611 – AMA Vision or Comprehensive Health Care System Reform**

Resolution 611 asked :

That our American Medical Association utilize the expertise of its councils, established policy, and reports on health care system issues, to develop a comprehensive document of recommendations and implementation strategy for addressing national health care system reform, to include but not be limited to: health care coverage for all; Medicare, Medicaid, Managed care and other forms of insurance; administrative costs; payment transparency and negotiation; Graduate Medical Education and its financing; medical liability; regulatory and administrative relief; anti-trust; pharmaceutical costs and research; public health and disaster preparedness; healthy lifestyles; patient safety and quality improvement; quality measurement and best practices; long-term care; programs and funding for the disabled and mentally challenged; workforce and scope of practice issues; research funding; science and technology; and professionalism and ethics. (Directive to Take Action).

**HOD Action: Resolution 607 adopted as amended in lieu of Resolutions 611 and 612.**

**CME Report 1 – I-06 – Strategies for Enhancing Diversity in the Physician Workforce  
Resolution 828 – Opposition to Funding Cuts for HRSA Programs  
Resolution 830 – Opposing Legislation to Cut Funding to the HRSA Health Careers Opportunity Program and the HRSA Centers of Excellence Program**

Council on Medical Education Report 1 recommended that our AMA support increased diversity in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, and socioeconomic origin; and independently and in collaboration with other groups

such as the Association of American Medical Colleges (AAMC), actively work and advocate for funding at the federal and state levels and in the private sector to support the following:

- Pipeline programs to prepare and motivate members of underrepresented groups to enter medical school;
- Diversity or minority affairs offices at medical schools;
- Financial aid programs for students from groups that are underrepresented in medicine; and
- Financial support programs to recruit and develop faculty members from underrepresented groups.

The report also recommended that our AMA work to obtain full restoration and protection of federal Title VII funding, and similar state funding programs, for the Health Careers Opportunity Program, Area Health Education Centers, and other programs that support physician training, recruitment, and retention in geographically-underserved areas; take a leadership role in efforts to enhance diversity in the physician workforce, including engaging in broad-based efforts that involve partners within and beyond the medical profession and medical education community; encourage the Liaison Committee on Medical Education to assure that medical schools demonstrate compliance with its requirements for a diverse student body and faculty. It further recommends that, through the identification of models and strategies at the national and state/regional levels, our AMA study and report back at the 2009 Annual Meeting on the following:

- The status of efforts to assure adequate funding for diversity initiatives;
- The current status of underservice and access to care in the US (regionally and by population); and
- The recruitment and retention of physicians to practice in underserved areas and to work with underserved populations.

Further, CME Report 1 recommended that our AMA collaborate with the AAMC, the Educational Commission for Foreign Medical Graduates, and the Federation of State Medical Boards to study the contribution of international medical graduates to the overall diversity and distribution of the US medical workforce and report at the 2008 Annual Meeting.

Resolution 828 asked that our AMA work with other interested organizations to educate the public about the importance of the Health Careers Opportunity Program and the Centers of Excellence Program, which encourage underrepresented minorities to consider a career in medicine and help increase the supply of minority health professionals; and publicly oppose any proposed legislation to reduce or eliminate funding for the Health Careers Opportunity Program and the Centers of Excellence Program.

Resolution 830 asked that our AMA publicly oppose any reduction or elimination of funding for the Health Careers Opportunity Program and the Centers of Excellence Program; and work with other interested organizations to seek increased public and private sector funding for the Health Careers Opportunity Program and the Centers of Excellence Program.

**Recommendation 1 amended.**

That our American Medical Association support increased diversity across all specialties in the physician workforce in the

categories of race, ethnicity, gender, sexual orientation/gender identity, and socioeconomic origin and persons with disabilities.  
(New HOD Policy)

**Recommendation 3 amended:**

3. That our AMA work to obtain full restoration and protection of federal Title VII funding, and similar state funding programs, for the Centers of Excellence Program, Health Careers Opportunity Program, Area Health Education Centers, and other programs that support physician training, recruitment, and retention in geographically-underserved areas. (Directive to Take Action)

**HOD Action: Council on Medical Education Report 1 adopted as amended in lieu of Resolutions 828 and 830 and remainder of report filed.**