

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-11)

Report of Reference Committee

Necia Pope, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**

4

- 5 1. Resolution 7 – Elimination of the Secure Examination Requirement for
6 Maintenance of Certification
 - 7 2. Report C - AMA-RFS Sunset Mechanism: 2001 Actions to Reaffirm
 - 8 3. Report D - AMA-RFS Sunset Mechanism: 2001 Actions to Rescind
 - 9 4. Report F - Reimbursement for Phone Consultations
 - 10 5. Late Resolution 1 – Examining the Barriers to Recruiting Residents and Fellows
11 in Small, Underserved Practices
 - 12 6. Late Resolution 2 – Support for the Integrated Physician Practice Section
- 13

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

15

- 16 7. Resolution 1 - US Farm Subsidies
 - 17 8. Resolution 2 - Prescription Drug Shortages: A National Emergency
 - 18 9. Resolution 3 - Opting Out of Health Information Exchanges
 - 19 10. Resolution 4 - Preserving the Opportunity to Moonlight
 - 20 11. Resolution 5 – Health Policy Education in Medical School and Residency
 - 21 12. Resolution 6 – Making GME Financing and Reform a Priority for AMA
 - 22 13. Resolution 9 – Transparency in Consumer Communications
 - 23 14. Report E - Sectional Delegate Election Procedures
 - 24 15. Report G - Report on the Deficiency in Medical Education Relating to Autopsy
- 25

26 **RECOMMENDED FOR NOT ADOPTION**

27

- 28 16. Resolution 8 – Board Certification of Physician and Surgeons
- 29 17. Resolution 10 – Reimbursement Data for Non-physician Health Care Providers
30 from the Centers for Medicare & Medicaid Services

1
2 (1) RESOLUTION 7: ELIMINATION OF THE SECURE
3 EXAMINATION REQUIREMENT FOR MAINTENANCE OF
4 CERTIFICATION

5
6 RECOMMENDATION:

7
8 Mr. Speaker, your Reference Committee recommends that
9 Resolution 7 be **adopted**.

10
11 This resolution asks that our AMA work with the American Board of Medical Specialties
12 to remove the requirement for a secure examination as part of their Maintenance of
13 Certification program.

14
15 Limited, supportive testimony was offered for this resolution.

16
17
18 (2) REPORT C: AMA-RFS SUNSET MECHANISM: 2001
19 ACTIONS TO REAFFIRM

20
21 RECOMMENDATION:

22
23 Mr. Speaker, your Reference Committee recommends that
24 the recommendations in Report C be **adopted** and the
25 remainder of the report be **filed**.

26
27 This report contains the 2001 RFS Actions that are recommended for reaffirmation.

28
29 No testimony was offered on this report.

30
31
32 (3) REPORT D: AMA-RFS SUNSET MECHANISM: 2001
33 ACTIONS TO RESCIND

34
35 RECOMMENDATION:

36
37 Mr. Speaker, your Reference Committee recommends that
38 the recommendations in Report D be **adopted** and the
39 remainder of the report be **filed**.

40
41 This report contains the 2001 RFS Actions that are recommended for reaffirmation.

42
43 No testimony was offered on this report.

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45

1 (4) REPORT F: REIMBURSEMENT FOR PHONE
2 CONSULTATIONS

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4 RECOMMENDATION:

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6 Mr. Speaker, your Reference Committee recommends that
7 the recommendations in Report F be **adopted** and the
8 remainder of the report be **filed**.

9
10 This report asks that the AMA-RFS adopt Resolution 1 (I-10) and that this resolution be
11 immediately forwarded to the HOD at I-11.

12
13 There was limited, supportive testimony on this report.

14
15
16 (5) LATE RESOLUTION 1: EXAMINING THE BARRIERS TO
17 RECRUITING RESIDENTS AND FELLOWS TO SMALL,
18 UNDERSERVED PRACTICES

19
20 RECOMMENDATION:

21
22 Mr. Speaker, your Reference Committee recommends that
23 Late Resolution 1 be **adopted**.

24
25 This resolution asks that the AMA-RFS support efforts to educate our members as to
26 opportunities to practice in multiple practice types and environments especially in rural or
27 underserved settings; and that our RFS remain supportive of efforts by the AMA to
28 examine the burdens placed on small practices, including but not limited to programs
29 such as the Medicare/Medicaid Recovery Audit Committee, administrative overhead
30 associated with Medicare, Medicaid, and PPACA implementation, and new coding
31 measures (e.g. ICD-10), and the implications these can have for recruiting new
32 physicians to underserved practice settings.

33
34 There was supportive testimony offered on this resolution.

35
36
37 (6) LATE RESOLUTION 2: SUPPORT FOR THE
38 INTEGRATED PHYSICIAN PRACTICE SECTION

39
40 RECOMMENDATION:

41
42 Mr. Speaker, your Reference Committee recommends that
43 Late Resolution 2 be **adopted**.

44
45 This resolution asks that the AMA-RFS support the formation of an Integrated Physician
46 Practice Section.

47
48 No testimony was offered on this resolution.

49
50

1 (7) RESOLUTION 1: US FARM SUBSIDIES

2
3 RECOMMENDATION A:

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

8
9 ~~RESOLVED, That the AMA actively lobby for reform of the~~
10 ~~US Farm Bill to reflect the above preexistent AMA policy~~
11 ~~goals; be it obesity-related, environmental, energy, price~~
12 ~~equality / reduction of crop specific subsidies, food safety,~~
13 ~~chemical use, education, caloric overconsumption of low~~
14 ~~cost foods, antimicrobial use in livestock, and excess~~
15 ~~sodium use; and be it further~~

16
17 RESOLVED, That our AMA support reform of the US Farm
18 Bill and That the AMA work with legislators to redirect
19 subsidies in the US Farm Bill budget that perpetuate are
20 calorie-dense, nutrition-poor products which high in fat,
21 cholesterol, sodium and high fructose corn syrup toward
22 programs aimed at combating obesity; and be it further

23
24 RESOLVED, That this be forwarded immediately to AMA-
25 HOD at I-11.

26
27 RECOMMENDATION B:

28
29 Mr. Speaker, your Reference Committee recommends that
30 Resolution 1 be **adopted as amended.**

31
32 This resolution asks that the AMA (1) actively lobby for reform of the US Farm Bill to
33 reflect the above preexistent AMA policy goals; be it obesity-related, environmental,
34 energy, price equality / reduction of crop specific subsidies, food safety, chemical use,
35 education, caloric overconsumption of low cost foods, antimicrobial use in livestock, and
36 excess sodium use; and (2) work with legislators to redirect subsidies in the US Farm Bill
37 budget that perpetuate products which are high in fat, cholesterol, sodium and high
38 fructose corn syrup toward programs aimed at combating obesity

39
40 Testimony generally supported the spirit of this resolution. Some opposing testimony
41 was offered based on the lack of scientific rigor and the risk of expending political
42 capital. Written testimony with suggested alternative language was also offered.
43 Additionally, some testimony opposed immediate forwarding to the HOD. The amended
44 Resolved clause best embodied the intent of the resolution and address the opposing
45 testimony.

46
47

1 (8) RESOLUTION 2: PRESCRIPTION DRUG SHORTAGES:
2 A NATIONAL EMERGENCY

3
4 RECOMMENDATION A:

5
6 Mr. Speaker, your Reference Committee recommends that
7 Resolution 2 be **amended by insertion and deletion to**
8 **read as follows:**
9

10 RESOLVED, That our AMA-RFS acknowledge ~~study~~ the
11 critical issue of unsafe and unverifiable medicines and
12 medicine shortages in the United States and support
13 legislative efforts to address these issues. ~~and report back~~
14 ~~with short and long term remedies for mitigating and/or~~
15 ~~solving the problem and be it further~~

16
17 ~~RESOLVED, That our AMA immediately communicate its~~
18 ~~concern to the White House, the Institute of Medicine and~~
19 ~~HHS, and ask that the Administration join with the AMA to~~
20 ~~immediately address this public health emergency.~~

21
22 RECOMMENDATION B:

23
24 Mr. Speaker, your Reference Committee recommends that
25 Resolution 2 be **amended by change in title to read as**
26 **follows:**
27

28 PRESCRIPTION DRUG SHORTAGES AND RELATED SAFETY CONCERNS

29
30 RECOMMENDATION C:

31
32 Mr. Speaker, your Reference Committee recommends that
33 Resolution 2 be **adopted as amended.**
34

35 This resolution asks that our AMA study the critical issue of unsafe and unverifiable
36 medicines and medicine shortages in the United States and report back with short and
37 long term remedies for mitigating and/or solving the problem; and that the AMA
38 immediately communicate its concern to the White House, the Institute of Medicine and
39 HHS, and ask that the Administration join with the AMA to immediately address this
40 public health emergency.

41
42 Testimony supported the intent of this resolution. Testimony confirmed current
43 legislative efforts and current AMA study of this issue. Adopting internal policy allows
44 future RFS advocacy on this issue.
45
46

1 (9) RESOLUTION 3: OPTING OUT OF HEALTH
2 INFORMATION EXCHANGES

3

4

RECOMMENDATION A:

5

6

Mr. Speaker, your Reference Committee recommends that
7 Resolution 3 be **amended by change in title to read as**
8 **follows:**

9

10

PROTECTING PATIENT PRIVACY IN HEALTH INFORMATION EXCHANGES

11

12

Mr. Speaker, your Reference Committee recommends that
13 Resolution 3 be **amended by insertion and deletion to**
14 **read as follows:**

15

16

RECOMMENDATION B:

17

18

Mr. Speaker, your Reference Committee recommends that
19 **Substitute Resolution 4 be adopted:**

20

21

RESOLVED, That our AMA include in its current ongoing
22 **study of health information exchanges, concern for**
23 **potential risks to patient privacy and safeguards against**
24 **compromise of patient information.**

25

26

This resolution asks the AMA to work toward legislation at the federal level allowing
27 patients to opt out of inter-health system (not intra-health system) information
28 exchanges, as well as state and federal level health information exchanges, at no cost to
29 patients that choose this option.

30

31

Substantial opposing testimony discussed the need for physicians to freely access
32 patient information and the risk of unintended consequences.

33

1
2 (10) RESOLUTION 4: PRESERVING THE OPPORTUNITY TO
3 MOONLIGHT

4
5 RECOMMENDATION:

6
7 Mr. Speaker, your Reference Committee recommends that
8 **Substitute Resolution 4 be adopted:**

9
10 RESOLVED, That our AMA work with ACGME, AOA and
11 GME programs to discourage denying resident and fellow
12 physicians the opportunity for internal and external
13 moonlighting that complies with current ACGME or AOA
14 policy; and be it further

15
16 RESOLVED, That this resolution be immediately forwarded
17 to the AMA-HOD at I-11.

18
19 This resolution asks that the AMA (1) discourage residency programs from allowing only
20 internal moonlighting and banning external moonlighting; and (2) support the opportunity
21 for residents to moonlight with appropriate supervision and duty hour oversight as
22 moonlighting eases the burden of medical school debt and provides incentives for
23 residents who may choose to enter primary care fields or academic positions.

24
25 Testimony generally supported this resolution. Written testimony was offered to better
26 illustrate the intent of the resolution. Testimony was heard regarding the ACGME being
27 the appropriate body to address this issue.

28
29
30 (11) RESOLUTION 5: HEALTH POLICY EDUCATION IN
31 MEDICAL SCHOOL AND RESIDENCY

32
33 RECOMMENDATION A:

34
35 Mr. Speaker, your Reference Committee recommends that
36 Resolution 5 be **amended by insertion to read as**
37 **follows:**

38
39 RESOLVED, That our AMA work with interested
40 organizations to develop and incorporate a health policy
41 curriculum into ~~for~~ medical school and residency training
42 that is based on a list of core topics integral to the
43 fundamental understanding of health policy (Directive to
44 Take Action).

45
46 RECOMMENDATION B:

47
48 Mr. Speaker, your Reference Committee recommends that
49 Resolution 5 be **adopted as amended.**

50

1 This resolution asks the AMA to work with interested organizations to develop a health
2 policy curriculum for medical school and residency training that is based on a list of core
3 topics integral to the fundamental understanding of health policy.

4
5 Testimony expressed strong support for the spirit of this resolution. Written testimony
6 was submitted to suggest the incorporation of this curriculum into medical school and
7 training programs.

8
9
10 (12) RESOLUTION 6: MAKING GME FINANCING AND
11 REFORM A PRIORITY FOR AMA

12
13 RECOMMENDATION:

14
15 Mr. Speaker, your Reference Committee recommends that
16 Resolution 6 be **amended by deletion to read as**
17 **follows:**

18
19 RESOLVED, That our AMA recognize that funding for and
20 distribution of positions for graduate medical education
21 (GME) are in crisis in the United States and that
22 meaningful and comprehensive reform is urgently needed;
23 and be it further

24
25 RESOLVED, That our AMA immediately work with
26 Congress to expand medical residencies in a balanced
27 fashion based on expected specialty needs throughout our
28 nation to produce a geographically distributed and
29 appropriately sized physician workforce; and to make
30 increasing support and funding for GME programs and
31 residencies a top priority of the AMA in its national political
32 agenda; (Directive to take action) ~~and be it further~~

33
34 ~~RESOLVED, That our AMA conduct a study of the current~~
35 ~~status of the GME system of the United States of the depth~~
36 ~~and scope of the Flexner Report's analysis of medical~~
37 ~~school education, with an emphasis on the problems~~
38 ~~related to the funding and distribution of residency~~
39 ~~positions; (Directive to take action) and be it further~~

40
41 ~~RESOLVED, That our AMA furnish a study of the current~~
42 ~~status of the GME system as a guideline for funding~~
43 ~~reforms and for future expansion of residency programs to~~
44 ~~help correct specialty shortages in physician workforce;~~
45 ~~and be it further~~

46
47 ~~RESOLVED, That our AMA report back to the HOD on the~~
48 ~~progress of this study no later than Interim 2012.~~
49

1 RECOMMENDATION B:
2

3 Mr. Speaker, your Reference Committee recommends that
4 Resolution 6 be **adopted as amended.**
5

6 This resolution asks that the AMA immediately work with Congress to expand medical
7 residencies in a balanced fashion based on expected specialty needs throughout our
8 nation to produce a geographically distributed and appropriately sized physician
9 workforce; and to make increasing support and funding for GME programs and
10 residencies a top priority of the AMA in its national political agenda; The resolution also
11 asks that our AMA conduct a study of the current status of the GME system of the
12 United States of the depth and scope of the Flexner Report's analysis of medical school
13 education, with an emphasis on the problems related to the funding and distribution of
14 residency positions.
15

16 The author accepted as a friendly amendment the deletion of three Resolved clauses,
17 which is consistent with the resolution being considered in the HOD at I-11.
18
19

1 (13) RESOLUTION 9: TRANSPARENCY IN CONSUMER
2 COMMUNICATIONS

3
4 RECOMMENDATION A:

5
6 Mr. Speaker, your Reference Committee recommends that
7 Resolution 9 be **amended by insertion and deletion as**
8 **follows:**
9

10 ~~RESOLVED, That our AMA be directed to add the~~
11 ~~following language to their model truth in advertising~~
12 ~~legislation (Directive to Take Action): *An advertisement for*~~
13 ~~*health care services that includes a licensed medical*~~
14 ~~*doctor or doctor of osteopathic medicine's name shall not*~~
15 ~~*include a statement that he or she is "board certified"*~~
16 ~~*unless that board is: an American Board of Medical*~~
17 ~~*Specialties member board or American Osteopathic*~~
18 ~~*Association certifying board, a board with equivalent*~~
19 ~~*requirements approved by that person's medical licensing*~~
20 ~~*authority, or a board requiring a postgraduate training*~~
21 ~~*program that provides complete training in the person's*~~
22 ~~*specialty or subspecialty approved by the Accreditation*~~
23 ~~*Council for Graduate Medical Education and shall disclose*~~
24 ~~*the name of the board or association in which the person is*~~
25 ~~*certified; and be it further*~~
26

27 RESOLVED, That our AMA request Federal Trade
28 Commission (FTC) investigation of whether advertising
29 which refers to certain "board certifications" is false and
30 misleading under the FTCA and FTC regulations when it
31 refers to boards that are so-called "knock-off boards," (i.e.
32 those which have weak certification standards and give the
33 false appearance of certification by a competent certifying
34 body) (Directive to Take Action); and be it further
35

36 RESOLVED, That our AMA ~~federal government relations~~
37 ~~staff investigate the feasibility of adding the following~~
38 ~~advocate for language from section 4 (a) the current AMA~~
39 ~~Truth in Advertising Campaign model bill be added to~~
40 ~~current legislation on health care transparency~~ (Directive to
41 Take Action).
42

43 RECOMMENDATION B:

44
45 Mr. Speaker, your Reference Committee recommends that
46 Resolution 9 be **adopted as amended.**
47

48 This resolution asks that the AMA add language to the AMA's Truth in Advertising
49 Campaign.
50

1 Testimony on this resolution was generally supportive. Testimony suggested that the
2 resolution be amended to reflect the updated Truth in Advertising Campaign, which
3 incorporates this updated language.
4

5
6 (14) REPORT E: SECTIONAL DELEGATE ELECTION
7 PROCEDURES
8

9 RECOMMENDATION A:

10
11 Mr. Speaker, your Reference Committee recommends that
12 the recommendations in Report E be **amended by**
13 **insertion and deletion to read as follows:**
14

15 iii. Unfilled Seats/Runoff Elections. If there are unfilled
16 Sectional Delegate seats after the election, a runoff election will
17 be held between the remaining candidates receiving the most
18 votes with the exact number of candidates participating in the
19 runoff to be determined by the formula $2n+1$, where n equals the
20 number of seats up for election, or the total number of remaining
21 candidates, whichever is less. ~~the Governing Council based upon~~
22 ~~the results of the initial balloting.~~ During the run-off election,
23 the candidate(s) who receive(s) the highest number of votes, with
24 a majority of legal votes cast, shall be elected. If any runoff
25 election results in no seats being filled (due to no candidate
26 achieving a majority), the candidate receiving the lowest number
27 of votes shall be eliminated from balloting for the subsequent
28 runoff election. This process will continue until all Sectional
29 Delegate and Alternate Delegate seats are filled. If unfilled seats
30 remain after elections are completed, one additional Sectional
31 Delegate and Alternate Delegate per endorsing state/specialty
32 society will be allowed in a subsequent balloting period. This
33 process will continue through as many counting rounds as
34 needed until all Sectional Delegate and Alternate Delegate seats
35 are filled.
36

37 RECOMMENDATION B:

38
39 Mr. Speaker, your Reference Committee recommends that
40 the recommendations in Report E be **adopted as**
41 **amended** and the remainder of the report be filed.
42

43 This report clarifies the sectional delegate election process.
44

45 Limited testimony was offered on this report. The governing council testified in support
46 of the resolution and one member of the assembly offered alternate language in the form
47 of written testimony. The language used in the report was suggested by the AMA's
48 Council on Constitution and Bylaws.
49
50

1 (15) REPORT G: REPORT ON THE DEFICIENCY IN
2 MEDICAL EDUCATION RELATING TO AUTOPSY

3
4 RECOMMENDATION A:

5
6 Mr. Speaker, your Reference Committee recommends that the
7 recommendations in Report G be **amended by insertion and**
8 **deletion to read as follows:**
9

- 10 1. That our AMA continue to work with all relevant
11 organizations to advocate for participation in an autopsy
12 during medical school or residency training.
13
14 2. That our AMA continue to work with all relevant
15 organizations to overcome legislative and other barriers to
16 improving autopsy rates.
17
18 3. That our AMA (RFS) work with all relevant parties to
19 develop ~~a standard~~ a model curriculum or teaching module
20 on discussion of autopsy, obtaining consent, and autopsy
21 results as part of a patient care specialty.
22

23 RECOMMENDATION B:

24
25 Mr. Speaker, your Reference Committee recommends that
26 the recommendations in Report G be **adopted as**
27 **amended** and the remainder of the report be filed.
28

29 This report asks that our (1) AMA continue to work with all relevant organizations to
30 advocate for participation in an autopsy during medical school or residency training; (2)
31 AMA continue to work with all relevant organizations to overcome legislative and other
32 barriers to improve autopsy rates; (3) AMA-RFS work with all relevant parties to develop
33 a standard curriculum or teaching module on discussion of autopsy, obtaining consent,
34 and autopsy results as part of a patient care specialty.
35

36 Supportive testimony was offered on this report.
37

38 (16) RESOLUTION 8: BOARD CERTIFICATION OF
39 PHYSICIAN AND SURGEONS

40
41 RECOMMENDATION:

42
43 Mr. Speaker, your Reference Committee recommends that
44 Resolution 8 be **not adopted.**
45

46 This resolution asks our AMA to work toward removing obstacles and barriers from
47 physicians and surgeons from participating in fellowships outside their primary
48 disciplines.
49

1 Substantial opposing testimony was offered on this resolution, including multiple
2 requests for the author to clarify the language and intent, as well as suggestions to not
3 adopt.

4
5
6 (17) RESOLUTION 10: REIMBURSEMENT DATA FOR NON-
7 PHYSICIAN HEALTH CARE PROVIDERS FROM THE
8 CENTERS FOR MEDICARE & MEDICAID SERVICES.

9
10 RECOMMENDATION:

11
12 Mr. Speaker, your Reference Committee recommends that
13 Resolution 8 be **not adopted**.

14
15 This resolution asks that the AMA work with CMS to institute a rule that would provide
16 comprehensive de-identified, aggregated and not individual specific, data on total billed
17 and total collected reimbursement by non-physician health care providers, broken down
18 by provider type, provider subspecialty, CPT code, and if applicable, identified by the
19 appropriate physician modifiers for the number of non-physician providers utilized.

20
21 Limited testimony was offered on this resolution. The author offered a friendly
22 amendment in the form of written testimony, but opposing testimony suggested that the
23 resolution needs significant clarification. Based on the discrepancy in the original and
24 amended resolution, the lack of supportive testimony (with the exception of the author),
25 and the usefulness of the information being sought, non adoption is recommended.

1 Mr. Speaker, this concludes the report of the Reference Committee. I would like to thank
2 Nick Johnson, MD, Steve Lee, MD, Brian Thomas, MD, and Venu Vadlamudi, MD and
3 all those who testified before the Committee.
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7
8 _____
9 Nick Johnson, MD
10 American Academy of Neurology

Steve Lee, MD
Massachusetts Medical Society

11
12
13
14 _____
15 Brian Thomas, MD
16 MedChi, Maryland State Medical Society

Venu Vadlamudi, MD
Michigan State Medical Society

17
18
19
20 _____
21 Necia Pope, MD
22 Maj., USAF, MC, FS
United States Air Force