



**INTERNATIONAL MEDICAL GRADUATES SECTION  
2018 ANNUAL MEETING SUMMARY OF ACTIONS  
HYATT REGENCY - CHICAGO**

**IMG SECTION (IMGS) AUTHORED RESOLUTIONS**

**I. Reference Committee B**

A. Resolution 228 – Medicare Quality Incentives

Resolution 228 asked that the American Medical Association work with the Department of Health and Human Services in incentivizing small groups, and more senior physicians, regardless of their volume of patients total billing in dollars, with “small group”, and “senior” deferments against penalties and, bonuses for continued practice. (Directive to Take Action)

**HOD Action: Recommended for reaffirmation of HOD Policies:** MIPS and MACRA Exemption, H-390.838; Preserving Patient Access to Small Practices Under MACRA, D-390.949.

B. Resolution 229 – Green Card Backlog for Immigrant Doctors on H-1B Visa

Resolution 229 asked that the American Medical Association to work with the Office of the Inspector General, the Veterans Affairs Administration, United States Citizenship and Immigration Services and the Executive Branch of the United States Government to create a separate path to obtain green cards & citizenship for physicians which would allow these physicians to work unrestricted and allowing them to work within the Veterans Affairs Hospital network to address the current and expected future physician shortage in these institutions. (Directive to Take Action).

**HOD Action: Substitute Resolution 229 adopted in lieu of original Resolution 229.**

RESOLVED, That our American Medical Association work with all relevant stakeholders to clear the backlog for conversion from H1-B visas for physicians to permanent resident status. (Directive to Take Action)

**II. Reference Committee C**

A. Resolution 308 – Foreign Trained IMGs Obtaining a U.S. License Without U.S. Residency – **WITHDRAWN**

Resolution 308 asked that the American Medical Association accept it as a policy that IMGs who have completed residency programs in their own countries, have passed the USMLE I, II, and III should be eligible for a license to practice medicine without additional residency training in the U.S. (Directive to Take Action)

B. Resolution 309 – Foreign Trained IMGs Competency-Based Specialty Exam Without U.S. Residency

Resolution 309 asked our American Medical Association work with other stakeholders including the Accreditation Council of Graduate Medical Education, Association of American Medical Colleges and the American Board of Medical Specialties, to advocate that International Medical Graduates who have completed residency programs in their own countries should be eligible to take the specialties exam without being required to complete additional residency training in the U.S. (Directive to Take Action)

**HOD Action: Resolution 309 not adopted.**

C. Resolution 310 – U.S. Institutions with Restricted Medical Licensure – ***WITHDRAWN***

Resolution 310 asked: 1) That the American Medical Association work with the Organized and Medical Staff Section and other stakeholders to prevent hospitals from restricting the practice of medicine only to American Board certified physicians (Directive to Take Action); and 2) That the AMA work with the Federation of State Medical Boards and other stakeholders to develop a process to grant unrestricted licensure for those who have practiced at least 10 years in U.S. academic institutions under institutional or faculty temporary licensure. (Directive to Take Action)

**III. Other House of Delegates Reports/Resolutions of Interest**

A. Resolution 201- Removing Barriers to Obesity Treatment (*Obesity Medicine Association/Minority Affairs Section*)

Resolution 201 asked: 1) that our American Medical Association work with state and specialty societies to identify states in which physicians are restricted from providing the current standard of care with regards to obesity treatment (Directive to Take Action); and 2) that our AMA actively lobby with state medical societies and other interested stakeholders to remove out-of-date restrictions at the state and federal level prohibiting healthcare providers from providing the current standard of care to patients affected by obesity. (Directive to Take Action)

**HOD Action: Resolution 201 adopted as amended.**

B. Resolution 230 - Opposition to Funding Cuts for Programs that Impact the Health of Populations (*Minority Affairs Section*)

Resolution 230 asked that our American Medical Association actively advocate that Congress, the White House, and senior cabinet officials ensure that programs

designed to meet daily needs, support changes in individual behavior, and improve the health of populations remain funded at current levels and remain available without additional restrictions or rules. (Directive to Take Action).

**HOD Action: Resolution 230 adopted as amended.**

C. Resolution 304 – Persons with Intellectual and Developmental Disabilities Designated as a Medically Underserved Population

Resolution 304 asked: 1) that our American Medical Association advocate that the Health Resources and Services Administration include persons with intellectual and developmental disabilities (IDD) as a medically underserved population, and 2) that our AMA encourage medical schools and graduate medical education programs to include IDD-related competencies and objectives in their curricula.

**HOD Action: The first Resolve of Resolution adopted, and Policy H-90.968 reaffirmed in lieu of the second Resolve of Resolution 304.**

D. Council on Medical Education Report 1 - Sunset Review of 2008 House Policies

Council on Medical Education Report 1 recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated, with the exception of H-200.975, “Availability, Distribution and Need for Family Physicians,” which should be retained, and H-295.993, “Inclusion of Medical Students and Residents in Medical Society Impaired Physician Programs,” which should be amended by addition and deletion, to read as follows:

H-295.993, “Inclusion of Medical Students and Residents in Medical Society Impaired Physician Programs”

Our AMA: (1) recognizes the need for (a) appropriate mechanisms to include medical students and resident physicians in the monitoring and advocacy services of state existing medical society impaired physician health programs; and (b) these wellness and other programs to include activities to prevent impairment and burnout; and (2) encourages medical school administration and students to work together to develop creative ways to inform students concerning available student assistance programs and other related services medical school impairment treatment programs and that schools ensure that these services are provided confidentially.

**HOD Action: The recommendations in Council on Medical Education Report 1 adopted as amended and the remainder of report filed.**

E. Council on Medical Education Report 2 – Update on Maintenance of Certification and Osteopathic Continuous Certification

CME Report 2 asked: 1) That our American Medical Association (AMA) continue to work with the medical societies and the American Board of Medical Specialties (ABMS) member boards that have not yet moved to a process to improve the Part III secure, high-stakes examination to encourage them to do so; and 2) That our AMA, through its Council on Medical Education, continue to be actively engaged in following the work of the ABMS Continuing Board Certification: Vision for the Future Commission.

**HOD Action: The recommendations in Council on Medical Education Report 2 adopted and the remainder of the report filed.**

F. Council on Medical Education Report 3 – Expanding UME Without Concurrent GME Expansion asked:

1) That Policy D-305.967 (31), “The 45 Preservation, Stability and Expansion of Full Funding for Graduate Medical Education,” be rescinded, as having been fulfilled by this report; 2) That our American Medical Association (AMA) encourage all existing and planned allopathic and osteopathic medical schools to thoroughly research match statistics and other career placement metrics when developing career guidance plans; 3) That our AMA encourage legislators, private sector partnerships, and existing and planned osteopathic and allopathic medical schools to create and fund graduate medical education (GME) programs that can accommodate the equivalent number of additional medical school graduates; and 4) That our AMA encourage the Liaison Committee on Medical Education (LCME), the Commission on Osteopathic College Accreditation (COCA), and other accrediting bodies, as part of accreditation of allopathic and osteopathic medical schools, to prospectively and retrospectively monitor medical school graduates’ rates of placement into GME as well as GME completion.

**HOD Action: The recommendations in Council on Medical Education Report 3 adopted as amended and the remainder of the report filed.**

3) That our AMA encourage strongly advocate for and work with legislators, private sector partnerships, and existing and planned osteopathic and allopathic medical schools to create and fund graduate medical education (GME) programs that can accommodate the equivalent number of additional medical school graduates consistent with the workforce needs of our nation. (Directive to Take Action)

G. Council on Medical Education Report 4 – Evaluation of Clinical Documentation Training

CME Report 4 asked : 1) That Policy D-295.314, “Study of Current Trends in Clinical Documentation,” be rescinded, as having been fulfilled by this report; 2) That our American Medical Association (AMA) encourage medical schools and residency programs to design clinical documentation and electronic health records (EHR) training that provides evaluative feedback regarding the value and effectiveness of

the training, and, where necessary, make modifications to improve the training; 3) That our AMA encourage medical schools and residency programs to provide clinical documentation and EHR training that can be evaluated and demonstrated as useful in clinical practice; and 4) That our AMA encourage medical schools and residency programs to provide EHR professional development resources for faculty to assure appropriate modeling of EHR use during physician/patient interactions.

**HOD Action: The recommendations in Council on Medical Education Report 4 adopted and the remainder of the report filed.**

H. Council on Medical Education Report 5 – Study of Declining Native American Medical Student Enrollment

CME Report 5 addresses the concern regarding Native American student enrollment and the Native American physician workforce is supported by Native American population health outcomes data, Native American health care accessibility data, student enrollment data, workforce data, and the quest for a culturally diverse and culturally competent physician workforce able to meet the health care needs of people from all ethnic backgrounds.

**HOD Action: CME Report 5 accepted as an informational report only.**

I. Council on Medical Education Report 6 – Mental Health Disclosures on Physician Licensing Applications

CME Report 6 asked that: 1) that our American Medical Association (AMA) amend Policy H-275.970, Part 5, “Licensure Confidentiality,” by addition and deletion to read as follows:

The AMA (5) encourages state licensing boards to require disclosure of physical or mental health conditions only when a physician is currently suffering from any condition that impairs his/her judgment or that would otherwise adversely affect his/her ability to practice medicine in a competent, ethical, and professional manner, or when the physician presents a public health danger. that, if an applicant has had psychiatric treatment, the physician who has provided the treatment submit to the board an official statement that the applicant's current state of health does not interfere with his or her ability to practice medicine.; and

2. That our AMA encourage those state medical boards that wish to retain questions about the health of applicants on medical licensing applications to use the language recommended by the Federation of State Medical 10 Boards American Psychiatric Association for which you are 12 not being appropriately treated that reads, “Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No).” (Directive to Take Action)

**HOD Action: The recommendations in Council on Medical Education Report 6 adopted as amended and the remainder of the report filed.**