Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. LATE RESOLUTION 2 – IMPROVING MEDICAL STUDENT, RESIDENT/FELLOW AND ACADEMIC PHYSICIAN ENGAGEMENT IN ORGANIZED MEDICINE

2. RESOLUTION 2 – AMENDMENT TO RFS POLICY 410.030R

3. REPORT H – HEALTH FITNESS PARTNERSHIP REPORT

**RECOMMENDED FOR ADOPTION AS AMENDED**

4. LATE RESOLUTION 1 – PROTECTION OF ACCESS AND COVERAGE OF WOMEN’S PREVENTATIVE AND MATERNITY CARE

5. RESOLUTION 1 – IMPROVING FDA EXPEDITED APPROVAL PATHWAYS

6. RESOLUTION 3 – HARMFUL EFFECTS OF SCREEN TIME AND BLUE LIGHT EXPOSURE

7. RESOLUTION 4 – EDUCATION ON, SCREEN, AND REPORTING OF ELDER ABUSE AND NEGLECT

8. RESOLUTION 6 – RFS CAUCUS VOTE MECHANISM

9. RESOLUTION 8 – FINANCIAL PROTECTIONS FOR DOCTORS IN TRAINING

10. REPORT E – RFS ELECTION REFORM

11. REPORT F - RESIDENCY TRANSFER REPORT

12. REPORT G - FELLOWSHIP START DATE

**RECOMMENDED FOR REFERRAL**

13. RESOLUTION 5 – RFS SUNSET MECHANISM

**RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

14. RESOLUTION 7 – BACKGROUND CHECKS ON FIREARM PURCHASES
15. RESOLUTION 10 – IMPLICIT BIAS, DIVERSITY AND INCLUSION IN MEDED AND RESIDENCY TRAINING

RECOMMENDED FOR NOT ADOPTION

16. RESOLUTION 9 – LIQUID LAUNDRY DETERGENT PACKET SAFETY

17. RESOLUTION 11 – SUPPORT FOR STANDARDIZED MEDICAL VOLUNTEERING DURING IN-FLIGHT MEDICAL EMERGENCIES
(1) LATE RESOLUTION 2: IMPROVING MEDICAL STUDENT, RESIDENT/FELLOW AND ACADEMIC PHYSICIAN ENGAGEMENT IN ORGANIZED MEDICINE

RECOMMENDATION:

Mr. Speaker your Reference Committee recommends that Late Resolution 2 be adopted.

RFS ACTION: Late Resolution 2 adopted.

Late Resolution 2 asks that our AMA study the participation of academic and teaching physicians, residents, fellows, and medical students in organized medicine on medical school campuses and in teaching hospitals. It asks that our AMA study the participation of community-based faculty members of medical schools and graduate medical education programs in organized medicine. It also asks that our AMA identify successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine at the training sites.

Your Reference Committee heard limited but positive testimony in support of this resolution. We believe the section voiced its support in favor of co-authoring this resolution with APS and this resolution directed at the RFS effectively provides our sectional delegates with clear direction in how to move forward in this respect. Therefore, your Reference Committee recommends that Late Resolution 2 be adopted.

(2) RESOLUTION 2: AMENDMENT TO RFS POLICY 410.030R

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 2 be adopted.

RFS ACTION: Resolution 2 adopted.

Resolution 2 asks that our AMA-RFS amend RFS policy 410.030R by addition to read as follows:

410.030R Emergent Communicable Disease Public Health Crises: That our RFS support AMA efforts in urging Congress to expeditiously act to ensure sufficient funding for research, prevention, diagnosis, control, and treatment of newly identified communicable diseases that pose a public health emergency without diverting resources from other essential health initiatives. (Resolution 6, I-16)

Your Reference Committee heard overwhelming testimony in support of this resolution. We agree with the author’s language and the addition of the term “diagnosis” in order to clarify and complete this policy. We commend the author for following proper procedure
of amending existing RFS policy. Therefore, your Reference Committee recommends that Resolution 2 be adopted.

(3) REPORT H: HEALTH FITNESS PARTNERSHIP

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report H be adopted.

RFS ACTION: Report H adopted.

Report H recommends that the AMA promote health and wellness among its members and further investigate and explore partnerships to promote health and wellness among its members, including a partnership that provides some financial benefit to AMA members.

Your Reference Committee heard no testimony regarding this report’s recommendation. However, we believe that health and wellness is important to residents and fellows given the current practice environment and interest in burnout prevention. Therefore, your Reference Committee recommends that Report H be adopted.

(4) LATE RESOLUTION 1: PROTECTION OF ACCESS AND COVERAGE OF WOMEN’S PREVENTATIVE AND MATERNITY CARE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Late Resolution 1 be amended by insertion and deletion to read as follows:

RESOLVE, that our AMA-RFS support the continued efforts and legislation and regulations that ensures women have comprehensive coverage and access to preventative care, contraception contraceptives, and maternity care with no cost sharing.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Late Resolution 1 be adopted as amended.

RFS ACTION: Late Resolution 1 adopted as amended.

Late Resolution 1 asks that our AMA support the continued efforts and legislation that ensures women have comprehensive coverage and access to preventative care, contraceptives, and maternity care.
Your Reference Committee heard positive testimony regarding this resolution. Several speakers noted current AMA policy that covered the main intent of this resolution, including H-180.958, H-75.984, H-435.976, H-185.997. However, the RFS does not have policy on this topic. We think it’s important to provide internal policy that allows our sectional delegates to speak on this subject on behalf of the RFS. Therefore, your Reference Committee recommends that Late Resolution 1 be adopted as amended.

(5) RESOLUTION 1: IMPROVING FDA EXPEDITED APPROVAL PATHWAYS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 1 amend by insertion and deletion to read as follows:

RESOLVED, That our AMA work with FDA and other interested stakeholders to design and implement via legislative action (including ensuring appropriate FDA staffing) a process by which drugs which obtain FDA approval via the Fast Track, Accelerated Approval, or Breakthrough Therapy pathways be granted FDA approval on a temporary basis not to exceed 5 years, until permanent approval can be granted by the FDA based on a formal review of post-marketing surveillance data, and be it further pending further evidence of safety and efficacy that is at the level set for the standard drug approval process, pending further evidence of safety and efficacy that is at the level set for the standard drug approval process.

RESOLVED, That our AMA work with the FDA and other interested stakeholders to define “specialty drugs” and the process for designating “specialty drugs” for expedited approval pathways, in improving the process by which drugs are selected for the expedited pathway to improve the prevalence of these drugs that are classified as “specialty drugs.”

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 1 be adopted as amended.

RFS ACTION: Resolution 1 adopted as amended.

Resolution 1 asks that our AMA work with FDA and other interested stakeholders to design and implement via legislative action (including ensuring appropriate FDA staffing) a process by which drugs which obtain FDA approval via the Fast Track, Accelerated Approval, or Breakthrough Therapy pathways be granted FDA approval on a temporary basis not to exceed 5 years, pending further evidence of safety and efficacy that is at the level set for the standard drug approval process. It also asks that our AMA work with the FDA and other interested stakeholders in improving the process by which drugs are selected for the expedited pathway to improve the prevalence of these drugs that are classified as “specialty drugs.”
Your Reference Committee heard testimony in support of this resolution. Your Reference Committee took into consideration the recommended amendments and the friendly amendments offered by the author of this resolution. We agree with the spirit of the first resolve clause. However, the amended language better clarifies the intent of the resolve. Therefore, your Reference Committee recommends that Resolution 1 be adopted as amended.

(6) RESOLUTION 3: HARMFUL EFFECTS OF SCREEN TIME AND BLUE LIGHT EXPOSURE IN CHILDREN

RECOMMENDATION A:
Mr. Speaker, your Reference Committee recommends that the title of Resolution 3 be changed to read as follows:

HARMFUL EFFECTS OF SCREEN TIME EXPOSURE IN CHILDREN

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

RESOLVED, That our AMA encourage all primary and secondary schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep; and be it further

RESOLVED, That the AMA encourage research into the utility of blue light filtering glasses and a blue light filter option on devices such as smart phones and tablets; and be it further

RESOLVED, That our AMA encourage primary care physicians to assess all pediatric patients and educate all parents about amount of screen time, physical activity and sleep habits.

RECOMMENDATION C:
Mr. Speaker, your Reference Committee recommends that Resolution 3 be adopted as amended with change in title.

RFS ACTION: Resolution 3 adopted as amended with change in title.

Resolution 3 asks that our AMA encourage all schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep. It asks that the AMA encourage research into the utility of blue light filtering glasses and a blue light filter option on devices such as smart phones and tablets. It also asks that our AMA encourage physicians to assess all patients and educate all parents about amount of screen time, physical activity and sleep habits.
Your Reference Committee heard testimony regarding this resolution. As indicated by
the whereas clauses and research available, there is not sufficient evidence on the
impact of blue light exposure in order for the RFS to take a strong stance on this subject.
However, there are strong evidence-based guidelines regarding screen time, which is
also addressed in this resolution and was discussed in testimony. As a result, your
Reference Committee felt it appropriate to focus this resolution on the evidence-based
topic of screen time and adjusted the title to reflect that change. Additionally, we agree
with the testimony regarding narrowing the scope of the resolution to focus on children
and primary care providers, which we believe to be the spirit of this resolution. In order to
keep this resolution in line with current evidence-based guidelines on screen time,
As a result, your Reference Committee recommends that Resolution 3 be amended with change in title.

(7) RESOLUTION 4: EDUCATION ON, SCREENING, AND
REPORTING OF ELDER ABUSE AND NEGLECT

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that
Resolution 4 be amended by insertion and deletion to read
as follows:

RESOLVED, That our AMA-RFS promote elder abuse screening during patient
encounters when deemed appropriate by the provider; and be it further

RESOLVED, That our AMA promote research to ascertain if the use of educational
programs and interventions improves attitude and knowledge of all caregivers and
ultimately leads to the reduction of elder abuse incidents.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that
Resolution 4 be adopted as amended.

RFS ACTION: Resolution 4 adopted as amended.

Resolution 4 asks that our AMA-RFS promote elder abuse screening during patient
encounters when deemed appropriate by the provider. It also asks that our AMA
promote research to ascertain if the use of educational programs and interventions
improves attitude and knowledge of all caregivers and ultimately leads to the reduction
of elder abuse incidents.

Your Reference Committee heard mixed testimony in support of this resolution. Because
the RFS does not have the resources available to research this issue, we find that this
policy is better suited for the House. Many speakers mentioned existing HOD policy
(8) RESOLUTION 6: RFS CAUCUS VOTE MECHANISM

RECOMMENDATION A:
Mr. Speaker, your Reference Committee recommends that Resolution 6 be amended by deletion of resolve 1, 2, 3, 4, 5, 6, and 8.

RECOMMENDATION B:
Mr. Speaker, your Reference Committee recommends that Resolution 6 be amended by insertion and deletion of resolve 7 to read as follows:

RESOLVED, That prior to I-17, following the conclusion of each House of Delegates meeting, not to exceed 30 days, the Governing Council RFS Delegate and Alternate Delegate will develop a mechanism to provide a brief summary of any educate the RFS Assembly at large on the ad hoc policy actions of the RFS Caucus as to allow related resolutions to be written within existing deadlines; and be it further

RECOMMENDATION C:
Mr. Speaker your Reference Committee recommends that Resolution 6 be adopted as amended.

RFS ACTION: Resolution 6 adopted as amended; referred the issue of introducing new RFS business to cover ad hoc policy actions.

Resolution 6 asks our AMA-RFS limit support of health system reform proposals to those which include (1) Guaranteed insurability, including those with pre-existing conditions, without medical underwriting, (2) Income-dependent tax credits to subsidize private health insurance for eligible patients, (3) Federal funding for the expansion of Medicaid to 138% of the federal poverty level in states willing to accept expansion, as per current AMA policy (D-290.979), (4) Maintaining dependents on family insurance plans until the age of 26, (5) Coverage for preventive health services, (6) Medical loss ratios set at no less than 85% to protect patients from excessive insurance costs. It asks that our AMA-RFS support safe design, storage, and disposal requirements for medical needles and syringes. It asks that our AMA-RFS support needle exchange programs in communities with IV drug abuse problems. It asks that our AMA-RFS advocate against the incarceration of children under the age of 18 in adult prisons for non-violent crimes. It asks that our AMA-RFS support early intervention and rehabilitation of children under the age of 18 who have been incarcerated in adult prisons. It asks that our AMA-RFS support maintenance of current legal status for current US physicians and medical students who are Deferred Action for Childhood Arrivals (DACA) recipients. It asks that
prior to I-17, our Governing Council will develop a mechanism to educate the RFS Assembly at large on the *ad hoc* policy actions of the RFS Caucus as to allow related resolutions to be written within existing deadlines. It also asks that our Governing Council be ultimately responsible for introducing business to cover *ad hoc* policy actions of the RFS Caucus not addressed by a resolution at the meeting of the RFS Assembly immediately following the meeting of the AMA HOD where *ad hoc* policy positions were crafted.

Your Reference Committee heard robust testimony from a limited number of people. Based on concerns that resolves one through six lack any background information, research or whereas clauses, your Reference Committee agrees that it is inappropriate to create so many divergent policies without utilizing the proper policy mechanisms. We agree that this is not the proper route to developing sound RFS policy. We also believe that it is not ultimately the Governing Council’s job to develop resolutions to cover *ad hoc* policy actions. We agree that this is overly burdensome and out of scope. However, we do share concerns that past *ad hoc* decisions were not communicated in a timely fashion to the Assembly. Therefore, your Reference Committee recommends that Resolution 6 be adopted as amended.

(9) RESOLUTION 8: FINANCIAL PROTECTIONS FOR DOCTORS IN TRAINING

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 8 be amended by insertion and deletion to read as follows:

RESOLVED, That our AMA support study the impact of encouraging training programs to offer retirement plans for all residents and fellows, which includes retirement plan matching and the unique nature of vesting as applied to residents in order to further secure the financial stability of physicians in training and increase financial literacy during training; and be it further

RESOLVED, That our AMA support encourage that all training programs to provide financial education advising to residents and fellows.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 8 be adopted as amended.

RFS ACTION: Resolution 8 adopted as amended.

Resolution 8 asks that our AMA support retirement plans for all residents and fellows, which includes retirement plan matching in order to further secure the financial stability
of physicians and increase financial literacy during training. It also asks that our AMA support that all programs provide financial advising to resident and fellows.

Your Reference Committee heard mixed testimony regarding this resolution. We agree that the AMA should study the impact of encouraging financial benefits and retirement matching programs. We heard testimony regarding the potential impact on GME funding and agree that it’s better to study this issue than to pass policy that could lead to unintended consequences. We believe the second resolve as amended is in line with the intent of the resolution. Your Reference Committee recommends that Resolution 8 be adopted as amended.

(10) REPORT E: RFS ELECTION REFORM

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Report E third recommendation be amended by insertion and deletion to read as follows:

1. AMA-RFS IOP V.C.1 shall be amended by insertion and deletion to read:

1) All members of the RFS, including fourth year medical students who have matched into a residency program, are eligible for election to the Governing Council, provided that they do not hold other AMA-RFS Leadership Positions, Governing Council Positions, Board of Trustees and RFS seats on HOD Councils with terms that would overlap with the desired Governing Council position, with the exception of RFS Chair-Elect. These AMA-RFS Leadership positions include: RFS Governing Council positions and RFS positions on HOD Councils.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Report E be adopted as amended.

AMA-RFS IOP VII.D.3-4 and AMA-RFS IOP VIII.D.3-4 shall be amended by insertion and deletion to read:

3) The AMA-RFS Assembly may endorse a resident or fellow member at the Interim Meeting to be a candidate for a single election term. The Assembly may choose not to endorse any candidate for the position of non-appointed Council member.

4) Processing. Endorsements shall be by private ballot. No ballots will be cast after the expiration of the voting period. On the official ballot, votes may be cast for one candidate or for no candidates. The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and
the boxes will be sequestered in a private location. At this time the Chair of
the Rules Committee will open the ballot box and the Rules Committee will
then count the ballots and tabulate the results. Counting shall proceed by
counting the number of affirmative votes for each candidate.


Report E recommends amendments to the RFS Internal Operating Procedures. It
suggests amendments to Section VII.D.2-5 and VIII.D.2-4 regarding the
endorsement of the AMA-RFS Trustee and the non-appointed Councils which include
amendments regarding the method of endorsement, the term of such endorsement by
private ballot, the percentage of vote required for endorsement, run-off ballots, and
options available if no candidate has been endorsed. It recommends amending Section
VII and VIII by adding a section regarding the expiration of endorsement. It also
suggests amendments to Section V.C.1 regarding the members holding multiple
RFS leadership positions simultaneously.

Your Reference Committee heard limited but positive testimony regarding this report.
There was concern regarding the definition of leadership positions. We amended that
section in order to reflect the spirit and intent of the recommendation. Therefore, your
Reference Committee recommends that Report E be adopted as amended.

(11) REPORT F: RESIDENCY TRANSFERS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that
Report F be amended by insertion and deletion to read as
follows:

Report F recommends:

1) That the AMA-RFS continue to actively promote the resident and fellow vacancy
page.

2) That the AMA-RFS consider organizing the information, including links
to specialty society websites, on the resident and fellow vacancy page in a user-
friendly format.

3) That the AMA-RFS initiate conversation to integrate the resident and fellow
vacancies into FRIEDA, a resource well known to residents and fellows, to make
the information more widely distributed and easily accessible.

4) That the AMA-RFS include information about procedures and logistics of
transferring residency and fellowship programs or specialties.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that
Report F be adopted as amended.
RFS ACTION: Report F adopted as amended.

Report F recommends that the AMA-RFS continue to actively promote the resident and fellow vacancy page, the AMA-RFS consider organizing the information on the resident and fellow vacancy page in a user-friendly format, and the AMA-RFS initiate conversation to integrate the resident and fellow vacancies into FRIEDA, a resource well known to residents and fellows, to make the information more widely distributed and easily accessible.

Your Reference Committee heard positive testimony in support of this resolution including personal stories about difficulties transferring programs. The AMA-RFS is in a unique position to offer resources and information to residents and fellows. These recommendations will leverage existing resources. Therefore, your Reference Committee recommends that Report F be adopted as amended.

(12) REPORT G: FELLOWSHIP START DATE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Report G be amended by insertion and deletion to read as follows:

We recommend that the AMA survey physicians who have undergone this revised fellowship start date to further evaluate the benefits and drawbacks from this transition.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Report G be adopted as amended.


Report G recommends that the AMA survey physicians who have undergone this revised fellowship start date to further evaluate the benefits and drawbacks from this transition.

Your Reference Committee heard limited testimony regarding this report recommendation. Deferred start dates is a complex issue and we agree that surveys are warranted. Therefore, your Reference Committee recommends that Report G be adopted as amended.

(13) RESOLUTION 5: RFS SUNSET MECHANISM
RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 5 be referred.

RFS ACTION: Resolution 5 referred.

Resolution 5 asks that our AMA-RFS Governing Council present actionable sunset recommendations to RFS policy via a yearly report at our Annual Meeting. It asks that each adopted resolve or recommendation clause within an RFS policy shall be considered individually with regard to the sunset process. It asks that our AMA-RFS annually review ten-year-old RFS policies and recommend whether to (a) reaffirm the policy, (b) rescind the policy, (c) reconcile the policy with more recent and like policy, or (d) make editorial changes which maintain the original intent of the policy. It asks that each RFS sunset recommendation regarding RFS policy may be extracted from the Consent Calendar and handled individually by our Assembly, but may only be adopted or not adopted. It asks that an action of the RFS Assembly that retains or updates an existing RFS policy shall reset the sunset “clock,” making the reaffirmed RFS policy viable for ten additional years. It asks that defeated RFS sunset recommendations be reaffirmed for one year, to be readdressed via RFS Governing Council report or resolution from the RFS Assembly at or prior to the next RFS Annual Meeting. It asks that nothing in this policy shall prohibit a report or resolution to sunset an RFS policy earlier than its ten-year horizon if it is no longer relevant, has been superseded by a more current RFS policy, or has been accomplished. Also asks that 580.013R Sunset of AMA-RFS Policy be rescinded.

Your Reference Committee heard extensive and mixed testimony from a limited amount of Assembly members. The lack of testimony from other members, coupled with the complexity of the issue, led the Reference Committee to determine that this is best suited for referral. We hope subsequently that a report will be generated to help our Assembly understand the sunset process as it currently exists, and any recommendations to address confusion. Therefore, your Reference Committee recommends that Resolution 5 be referred.

(14) RESOLUTION 7: BACKGROUND CHECKS ON FIREARM PURCHASES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends RFS policy 110.001R be reaffirmed in lieu of Resolution 7.

RFS ACTION: RFS policy 110.001R be reaffirmed in lieu of Resolution 7.

Resolution 7 asks that our AMA-RFS supports legislation to require anyone who purchases a firearm to wait at least one week before taking delivery of the firearm. It asks that our AMA-RFS supports expansion of the Brady Handgun Violence Protection
Act of 1998, to require background checks for all firearms purchasers including sales by
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gun dealers, sales at gun shows, sales made online, and private gun transfers between
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individuals. It also asks that our AMA-RFS supports state legislation to mandate
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universal background checks, either as part of a permit to purchase licensing system for
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all gun sales, or by mandating universal background checks in the absence of a permit
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law.
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Your Reference Committee heard a lot of supportive testimony regarding gun control.
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While we commend the author for submitting this resolution, your Reference Committee
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believes that the RFS has policy that sufficiently addresses this issue. Therefore, your
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Reference Committee recommends that RFS policy 110.001R be reaffirmed in lieu of
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Resolution 7.
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(15) RESOLUTION 10: IMPLICIT BIAS, DIVERSITY
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AND INCLUSION IN MEDICAL EDUCATION AND
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RESIDENCY TRAINING
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(1) Actively support the development and implementation of training implicit bias,
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diversity and inclusion as a component of medical education in all medical
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schools and residency programs;
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(2) Identify and publicize effective strategies for educating residents in all specialties
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about disparities in their fields according to race and ethnicity, with particular
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regard to access to care and health outcomes; and
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(3) Support research to identify the most effective strategies for educating physicians
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on how to eliminate disparities in health outcomes according to race and
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ethnicity.
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RECOMMENDATION:
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Mr. Speaker, your Reference Committee recommends that RFS
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policy 350.002R be reaffirmed in lieu of Resolution 10.
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RFS ACTION: Resolution 10 adopted as amended.
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Resolution 10 asks that our AMA will (1) actively support the development and
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implementation of training implicit bias, diversity and inclusion as a component of
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medical education in all medical schools and residency programs; (2) identify and
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publicize effective strategies for educating residents in all specialties about disparities in
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their fields according to race and ethnicity, with particular regard to access to care and
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health outcomes; and (3) support research to identify the most effective strategies for
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educating physicians on how to eliminate disparities in health outcomes according to
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race and ethnicity.
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Your Reference Committee heard testimony in favor of the spirit of the resolution, but
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several speakers expressed concerns regarding the narrow focus and the curricular
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mandate. In addition, your Reference Committee recognizes that current RFS policy
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covers the intent of the second and third resolves. As a result, your Reference
Committee recommends that RFS policy 350.002R be reaffirmed in lieu of Resolution 10.

(16) RESOLUTION 9: LIQUID LAUNDRY DETERGENT PACKET SAFETY

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends that Resolution 9 not be adopted.

RFS ACTION: Resolution 9 not be adopted.

Resolution 9 asks that our AMA support the ASTM International safety standards for liquid laundry detergent packets. It asks that our AMA further study the safety of liquid laundry detergent packets and the potential clinical risk they pose to children. It also asks that our AMA promote increased education for parents and caregivers regarding the safe storage and use of liquid laundry detergent packets around children.

Your Reference Committee heard testimony in opposition of this resolution. We agree that the AMA is not the appropriate organization to conduct a study of liquid laundry detergent and is outside of the scope of the organization. Additionally, the AMA has existing policy (D.60.967) in support of detergent poisoning and child safety. As a result, your Reference Committee recommends that Resolution 9 not be adopted.

(17) RESOLUTION 11: SUPPORT FOR STANDARDIZED MEDICAL VOLUNTEERING DURING IN-FLIGHT MEDICAL EMERGENCIES

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends that Resolution 11 not be adopted.

RFS ACTION: Resolution 11 not be adopted.

Resolution 11 asks that our AMA work directly with the Federal Aviation Authority to design a system-wide process to volunteer in advance of in-flight medical emergencies using the National Provider Identifier number as a means of verification during flight booking and check-in. It asks that our AMA support efforts to improve data collection on in-flight medical emergencies to further direct and improve care during these situations. It asks that our AMA oppose policy obligating physician participation during in-flight medical emergencies. It also asks that our AMA continue to support legislative provisions protecting physicians and other medical professionals acting in the role of a Good Samaritan during an in-flight medical emergency.

Your Reference Committee heard testimony in opposition of this resolution. There were numerous concerns expressed during testimony, including the use of NPI numbers and the unnecessary need to reaffirm existing HOD policy. We agree that
passing resolve three has the potential of painting physicians in a bad light.

Therefore, your Reference Committee recommends that Resolution 11 not be adopted.

Mr. Speaker, this concludes the Report of the Reference Committee. I would like to thank all those who testified before the Committee.

_______________________________  _________________________________
Stephanie Guarino, MD, Chair  Bradley Burmeister, MD
Medical Society of Delaware  Wisconsin Medical Society

_______________________________  _________________________________
Matt Magyar, MD  Gunjan Malhotra, MD
Illinois State Medical Society  American College of Radiology

_______________________________  _________________________________
Colin Murphy, MD  Amar Kelkar, MD
College of American Pathologists  American Society of Hematology

*All members of the Reference Committee have signed off on this report.*