Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. Resolution 16 – Insurance Coverage for Additional Screening Recommended in States with Laws Requiring Notification of “Dense Breasts” on Mammogram

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

2. Resolution 2 – Comprehensive Breast Cancer Treatment

3. Resolution 3 – Mandating Critical Congenital Heart Defect Screening in Newborns

4. Resolution 4 – Fertility Preservation in Pediatric and Reproductive Aged Cancer Patients

5. Resolution 5 – Removal of the Food and Drug Administration Risk Evaluation and Mitigation Strategy for Mifepristone Use in Early Pregnancy Failure

6. Resolution 6 – Access to Care

7. Resolution 9 – Ownership and Sale of Medical Data

8. Resolution 10 – Coordinating Correctional and Community Healthcare

9. Resolution 11 – A Study to Evaluate Barriers to Medical School Matriculation for Students with Disabilities

10. Resolution 14 – Investigation into Residents, Fellows, and Physician Unions

11. Resolution 17 – Internal Operating Procedures Revision

   Resolution 1 – Naming Conventions for AMA-RFS Policy

**RECOMMENDED FOR REFERRAL**

12. Resolution 8 – Medical Technology and Artificial Intelligence: Regulation and Oversight Requirements by the Food and Drug Administration

13. Resolution 12 – Support for Deferred Action Childhood Arrivals (DACA) Medical Students and Physicians

14. Resolution 13 – Scholarly Activity by Resident and Fellow Physicians
RECOMMENDED FOR NOT ADOPTION

15. Informational Report D – Sunset Mechanism

Conflict of Interest Disclosure
As an author of Resolutions 6, 8, 9, 14, and 16, Gunjan Malhotra, MD recused herself from the Reference Committee’s deliberations and had no voice in the recommendations presented herein on these items of business.

As an author of Resolution 13, Scott H. Pasichow, MD, MPH recused himself from the Reference Committee’s deliberations and had no voice in the recommendations presented herein on this item of business.

The following resolutions were withdrawn:

- Resolution 7 – Support for a Public Option Insurance Program
- Resolution 15 – Study Comparing Physician Led Care to Independent Care Provided by Advanced Practice and Allied Healthcare Professionals and Addressing the Physician Shortage with Data Proven Methods
(1)  RESOLUTION 16 - INSURANCE COVERAGE FOR ADDITIONAL SCREENING RECOMMENDED IN STATES WITH LAWS REQUIRING NOTIFICATION OF "DENSE BREASTS" ON MAMMOGRAM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 16 be adopted.

RFS ACTION: Resolution 16 adopted

Resolution 16 calls upon our AMA to support insurance coverage for supplemental screening recommended for patients with “dense breast” tissue following a conversation between the patient and their physician.

Resolution 16 further calls upon our AMA to advocate for insurance coverage for and adequate access to supplemental screening recommended for patients with “dense Breast” tissue following a conversation between the patient and their physician.

While testimony was limited, all who spoke were supportive of the intent of Resolution 16 and felt that Resolution 16 was well crafted.

(2)  RESOLUTION 2 - COMPREHENSIVE BREAST CANCER TREATMENT

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 2 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS: (1) believes that reconstruction of the breast for rehabilitation of the post-treatment cancer patient with in situ or invasive breast neoplasm should be considered reconstructive surgery rather than aesthetic surgery; (2) supports education for physicians and breast cancer patients on breast reconstruction and its availability; (3) recommends that third party payers provide coverage and reimbursement for medically necessary breast cancer treatments including but not limited to prophylactic contralateral mastectomy and/or oophorectomy; and (4) recognizes the validity of contralateral breast procedures needed for the achievement of symmetry in size and shape, and urges recognition of these ancillary procedures by Medicare and all other third parties for reimbursement when documentation of medical necessity is provided (New RFS Policy); and be it further
RESOLVED, That our AMA-RFS acknowledge that access to breast reconstruction is a pivotal part of the breast cancer care pathway (New RFS Policy); and be it further

RESOLVED, That our AMA-RFS advocate that reconstructive techniques for partial mastectomy be covered to the same degree as reconstruction following complete mastectomy (New RFS Policy); and be it further

RESOLVED, That our AMA amend Policy H-55.973 by addition and deletion as follows:

Our AMA: (1) believes that reconstruction of the breast for rehabilitation of the post mastectomy post treatment cancer patient with in situ or invasive breast neoplasm should be considered reconstructive surgery rather than aesthetic surgery; (2) supports education for physicians and breast cancer patients on breast reconstruction and its availability; (3) recommends that third party payers provide coverage and reimbursement for medically necessary breast cancer treatments including but not limited to prophylactic contralateral mastectomy and/or oophorectomy; and (4) recognizes the validity of contralateral breast procedures needed for the achievement of symmetry in size and shape, and urges recognition of these ancillary procedures by Medicare and all other third parties for reimbursement when documentation of medical necessity is provided. (Amend HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 2 be adopted as amended.

RFS ACTION: Resolution 2 adopted as amended.

Resolution 2 calls upon our AMA to: (1) express the belief that reconstruction of the breast for rehabilitation of the post-treatment cancer patient be considered reconstructive surgery rather than aesthetic surgery; (2) support education for physicians and breast cancer patients on breast reconstruction and its availability; (3) recommend that third party payers provide coverage and reimbursement for medically necessary breast cancer treatments including but not limited to prophylactic contralateral mastectomy and/or oophorectomy; and (4) recognize the validity of contralateral breast procedures needed for the achievement of symmetry in size and shape, and urge recognition of these ancillary procedures by Medicare and all other third parties for reimbursement when documentation of medical necessity is provided.

Resolution 2 further calls upon our AMA to acknowledge that access to breast reconstruction is a pivotal part of the breast cancer care pathway and to advocate for
reconstructive techniques for partial mastectomy be covered to the same degree as reconstruction following complete mastectomy.

Lastly, Resolution 2 calls upon our AMA to amend Policy H-55.973 by addition and deletion to ready as follows:

Our AMA: (1) believes that reconstruction of the breast for rehabilitation of the postmastectomy post-treatment cancer patient should be considered reconstructive surgery rather than aesthetic surgery; (2) supports education for physicians and breast cancer patients on breast reconstruction and its availability; (3) recommends that third party payers provide coverage and reimbursement for medically necessary breast cancer treatments including but not limited to prophylactic contralateral mastectomy and/or oophorectomy; and (4) recognizes the validity of contralateral breast procedures needed for the achievement of symmetry in size and shape, and urges recognition of these ancillary procedures by Medicare and all other third parties for reimbursement when documentation of medical necessity is provided.

Your Reference Committee heard mostly supportive testimony for this resolution. Alternate language was suggested and accepted to specify the type of treatment that should be considered for reconstructive surgery reimbursement; this was particularly included in order to cover partial mastectomies. Amendments were made to create internal policy.

(3) RESOLUTION 3 - MANDATING CRITICAL CONGENITAL HEART DEFECT SCREENING IN NEWBORNS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 3 be amended by deletion to read as follows:

RESOLVED, That our AMA supports mandated screening for critical congenital heart defects by pulse oximetry for newborns following delivery prior to hospital discharge. (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 3 be adopted as amended.

RFS ACTION: Resolution 3 adopted as amended.

Resolution 3 calls upon our AMA to support mandated screening for critical congenital heart defects by pulse oximetry for newborns following delivery prior to hospital discharge.

Testimony for Resolution 3 was supportive. All but seven states in the United States recommend screening for congenital heart defects, and the intent of the resolution was to
push toward 100% of states adopting similar recommendations. Those who testified expressed a preference for removing the mandate for screening and for broadening language specifying which test should be used.

(4) RESOLUTION 4 - FERTILITY PRESERVATION IN PEDIATRIC AND REPRODUCTIVE AGED CANCER PATIENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 4 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA encourage full disclosure to cancer patients on risks to fertility when gonadotoxicity due to cancer treatment is unavoidable a possibility (New RFS Policy); and be it further

RESOLVED, That our AMA support enhanced training of pediatric oncology fellows and reproductive endocrinology fellows in providing thorough counseling to oncology patients education for providers who counsel patients who may benefit from fertility preservation. (New RFS Policy)

RECOMMENDATION B:

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

RFS ACTION: Resolution 4 adopted as amended.

Resolution 4 calls upon our AMA to encourage full disclosure to cancer patients on risks to fertility when gonadotoxicity due to cancer treatment is unavoidable.

Resolution 4 further calls upon our AMA to support enhanced training of pediatric oncology fellows and reproductive endocrinology fellows in providing thorough counseling to oncology patients who may benefit from fertility preservation.

Testimony on Resolution 4 was vigorous and generally supported the overall intent of the resolution. Many of those who testified expressed a preference for less prescriptive language that would not limit conversations about preserving fertility in cancer patients only to the most obvious specialties, such as pediatric oncologists and reproductive endocrinologists. The testimony also asked that the reference committee report reflect that an educational component on this important topic be offered to all providers and not just fellows. While some expressed concern that the language about an educational component may be interpreted to be a curricular mandate, most believed that it did not reach that level. Also, since the resolution was written with younger patients in mind, several commenters mentioned that parents should be involved in the decision to discuss
fertility preservation. However, others believed that the informed consent process patients undergo prior to treatment covers any such discussion and no further consent is necessary, and your reference committee agrees with this interpretation.

(5) RESOLUTION 5 - REMOVAL OF THE FOOD AND DRUG ADMINISTRATION RISK EVALUATION AND MITIGATION STRATEGY FOR MIFEPRISTONE USE IN EARLY PREGNANCY FAILURE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 5 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS encourage the FDA to remove support the removal of the FDA Risk Evaluation and Mitigation Strategy for mifepristone in early pregnancy failure (Directive to Take Action); and be it further

RESOLVED, That our AMA-RFS support increase education and training of practitioners who diagnose and are allowed to treat early pregnancy failure with mifepristone rather than an inferior regimen. (New RFS Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 5 be adopted as amended.

RFS ACTION: Resolution 5 adopted as amended.

Resolution 5 calls upon our AMA to encourage the Food and Drug Administration to remove Risk Evaluation and Mitigation Strategy for mifepristone in early pregnancy failure.

Resolution 5 further calls upon our AMA to increase education and training of practitioners who diagnose and are allowed to treat early pregnancy failure with mifepristone rather than an inferior regimen.

Resolution 5 was introduced to attempt to ensure that women who suffer miscarriages are offered the most efficacious treatment by using the drug Mifepristone, and those who testified generally support its intent. Your reference committee was informed that the AMA HOD will consider a nearly identical resolution at this meeting, and therefore, it is recommended that this resolution be retained as an internal policy only at this time. In addition, your reference committee supports wider education and training of practitioners in the use of mifepristone in early pregnancy failure.
RESOLUTION 6 - ACCESS TO CARE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 6 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS advocate for changes to federal legislation allowing physicians with a J-1 visa in fellowship training programs the ability to moonlight bill Medicare and Medicaid (Directive to Take Action); and be it further

RESOLVED, That this resolution be forwarded to the AMA House of Delegates at I-18. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 6 be adopted as amended.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Resolution 6 be changed to read as follows:

RESTRICTION ON IMG MOONLIGHTING

RFS ACTION: Resolution 6 adopted as amended with title change.

Resolution 6 calls upon our AMA-RFS to advocate for changes to federal legislation allowing physicians with a J-1 visa in fellowship training programs the ability to bill Medicare and Medicaid, and that this resolution be forwarded to the AMA House of Delegates at I-18.

Your Reference Committee heard mixed testimony on this resolution. Some believed that the overall intent of the resolution, which is to allow J-1 visa holders to moonlight, should be stated explicitly and not couched in terms of access to medical care. Several testified that demographic data of practicing physicians does not support the statement that foreign-born IMGs are more likely to practice in underserved or rural areas. There was also testimony indicating that those working under the J-1 visa program are protected from abusive work practices and that, by moonlighting, these protections could be diminished. It was also suggested that the resolution be broadened to include not only fellows, but also all physicians with J-1 visa status.
(7) RESOLUTION 9 - OWNERSHIP AND SALE OF MEDICAL DATA

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 9 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association (AMA) support our AMA’s development of model legislation concerning ownership of medical records. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 9 be adopted as amended.

RFS ACTION: Resolution 9 adopted as amended.

Resolution 9 asks that our AMA develop model legislation concerning ownership of medical records.

Your Reference Committee heard testimony that reflected the complicated nature of this topic but also its timeliness and importance to physicians and patients. The AMA HOD also recognizes a need for physician guidance on this complex topic and will present Board Report 21 at this meeting summarizing its activities in this area, which include offering model legislation.

Your Reference Committee therefore recommends that this resolution be retained as internal policy and that the RFS offer its support of our AMA as it responds to rapidly changing developments in the use of medical data.

(8) RESOLUTION 10 - COORDINATING CORRECTIONAL AND COMMUNITY HEALTHCARE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 10 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support linkage of those incarcerated to community clinics upon release in order to accelerate linkage access to primary care and improve health outcomes among this vulnerable patient population, as well as adequate funding (Directive to Take Action); and be it further
RESOLVED, That our AMA support the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 10 be adopted as amended.

RFS ACTION: Resolution 10 adopted as amended.

Resolution 10 calls upon our AMA to support linkage of those incarcerated to community clinics upon release in order to accelerate linkage to primary care and improve health outcomes among this vulnerable patient population.

Resolution 10 further calls upon our AMA to support the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community.

Your Reference Committee heard uniformly supportive testimony for Resolution 10. When those who have been incarcerated are released from prison, their drug treatment regimens and other healthcare interventions end, leaving this already vulnerable population at even higher risk of poor health outcomes. In addition to proposing active coordination of care between primary care physicians in the community and prison physicians, the resolution should also ask for such programs to be funded, and an amendment was offered to that effect.

(9) RESOLUTION 11 - A STUDY TO EVALUATE BARRIERS TO MEDICAL SCHOOL MATRICULATION EDUCATION FOR STUDENTS TRAINEES WITH DISABILITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 11 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA and AMA-RFS partner with relevant stakeholders to increase outreach efforts directed at students with disabilities to support a culture of inclusion (Directive to Take Action); and be it further

RESOLVED, That our AMA and AMA-RFS work with relevant stakeholders to study available data on medical trainees with disabilities and consider revision of technical standards for medical school admission education programs. (Directive to Take Action)
RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 11 be adopted as amended.

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the title of Resolution 11 be changed to read as follows:

A STUDY TO EVALUATE BARRIERS TO MEDICAL EDUCATION FOR TRAINEES WITH DISABILITIES

RFS ACTION: Resolution 11 adopted as amended with title change

Resolution 11 calls upon our AMA and AMA-RFS to work with relevant stakeholders to increase outreach efforts directed at students with disabilities to support a culture of inclusion.

Resolution 11 further calls upon our AMA and AMA-RFS to work with relevant stakeholders to study and consider revision of technical standards for medical school admission.

Testimony on Resolution 11 supported the author’s intent to minimize discrimination toward and improve accommodation of medical trainees who are disabled. Even so, several who testified believed that the first resolved clause was premature in that it recommended increasing outreach efforts toward disabled trainees without first examining the technical standards in place and studying what optimal standards might be. Others pointed out that not every specialty will have the same technical standards. Disabilities must be carefully evaluated with the intent to make sure people possess the physical requirements necessary to perform a job safely.

Your Reference Committee believes that the RFS is included in the “relevant stakeholders” and our AMA is more qualified to conduct the study.

(10) RESOLUTION 14 - INVESTIGATION INTO RESIDENTS, FELLOWS, AND PHYSICIAN UNIONS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 14 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS ask our AMA to support a change to internal policies and its stance on unions; and be it further...
RESOLVED, That the AMA-RFS support and ask our AMA to support study the feasibility of a national house-staff union to represent all interns, residents and fellows; and be it further

RESOLVED, That our AMA investigate, with internal resources, the possibility, feasibility, and advisability of the AMA in organizing and running a physician union that prohibits actions that affect patient care while collectively representing all physicians as a true union and present a report on its findings no later than the AMA Annual Meeting 2019; and be it further

RESOLVED, That our AMA-RFS forward this resolution to the AMA House of Delegates at the 2018 Interim Meeting.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 14 be adopted as amended.

RFS ACTION: Resolution 14 adopted as amended.

Resolution 14 calls upon our AMA-RFS to ask our AMA to support a change to internal policies and its stance on unions.

Resolution 14 further call upon the AMA-RFS to support and ask our AMA to support a national house-staff union to represent all interns, residents, and fellows.

Additionally, resolution 14 calls upon our AMA to investigate, with internal resources, the possibility, feasibility, and advisability of our AMA organizing and running a physician union that prohibits actions that affect patient care while collectively representing all physicians as a true union and present a report on its findings no later than A-19.

Lastly, Resolution 14 asks our AMA-RFS to forward this resolution to the AMA House of Delegates at the I-18.

Testimony on Resolution 14 was lively but divided. Every year more physicians become employees of hospitals or group practices, raising questions about how to enact appropriate protections for the workplace. Testimony uniformly opposed physician strikes, and some believe that they are already protected by Federal laws related to collective bargaining. Others disagreed and want our AMA to actively investigate the possibility of residents forming a union.

Your Reference Committee researched past unionization activities by our AMA. The House of Delegates received a comprehensive informational report from the Board of Trustees at the 2015 Interim Meeting, which highlighted AMA policy and experience with physician unions, including the fact that our AMA facilitated, by providing financial support, the establishment of a national labor organization known as, "Physicians for Responsible Negotiation (PRN)" as an option for employed physicians and for resident and fellow
physicians. A substantial investment on the venture yielded few physician participants and our AMA discontinued financial support of the project.

Your Reference Committee acknowledges the differing beliefs regarding physicians’ unions and believes that, due to the complexity of the topic, actions taken by the AMA must be carefully considered.

(11) RESOLUTION 17 - INTERNAL OPERATING PROCEDURES REVISION
RESOLUTION 1 - NAMING CONVENTIONS FOR AMA-RFS POLICY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 17 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS will form an ad hoc committee (Committee) broadly representing the membership of the Assembly for the purpose of reviewing and revising the AMA-RFS IOPs with a progress report at I-18.; and be it further

RESOLVED, That our AMA-RFS will receive from the Governing Council at A-19 a comprehensive draft report from the Committee reviewing the IOPs and detailing proposed revisions thereto; and be it further

RESOLVED, That the Governing Council will make the draft report available electronically to the membership of the AMA-RFS Assembly at least 42 days prior to A-19; and be it further

RESOLVED, That our AMA-RFS will dedicate time during the A-19 business meeting for comment on the draft report and the proposed revisions to the IOPs; and be it further

RESOLVED, That our AMA-RFS will receive from the Governing Council at I-19 a final report from the Committee detailing final proposed revisions to the IOPs based on comment obtained at A-19; and be it further

RESOLVED, That the Governing Council will make the final report available electronically to the membership of the AMA-RFS Assembly at least 2 months prior to I-19; and be it further
RESOLVED, That our AMA-RFS Speaker call for a vote either to approve or to refer the final report of the Governing Council in the normal course of business at I-19, unless such order of business be modified by the will of the Assembly; and be it further

RESOLVED, That our AMA-RFS Speaker may call for a vote to approve or refer individual bylaws or groups of bylaws using the discretion afforded by the Rules of Parliamentary Procedure to reflect the will of the RFS Assembly and to maintain internal consistency in the approved bylaws; and be it further

RESOLVED, That the Governing Council will return with a revised report from the Committee addressing all referred items at each subsequent meeting during which a vote will be taken to either approve or refer the report as a whole or in part; and be it further

RESOLVED, That our AMA-RFS follow normal operating procedure by submitting revised IOPs to the AMA for approval only after the RFS Assembly has approved a complete set of IOP revisions through this process; and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 17 be adopted as amended in lieu of Resolution 1.

Resolution 17 calls upon our AMA-RFS to:

- form an ad hoc committee (Committee) broadly representing the membership of the Assembly for the purpose of reviewing and revising our AMA-RFS Internal Operating Procedures (IOPs);

- receive from the Governing Council, at least 42 days prior to I-18, a comprehensive draft report from the Committee reviewing the IOPs and detailing proposed revisions thereto;

- dedicate time during the I-18 Business meeting for comment on the draft report and the proposed revisions to the IOPs;
receive electronically from the Governing Council, at least two months prior to A-19, a final report from the Committee detailing final proposed revisions to the IOPs based on comment obtained at I-18;

- have our AMA-RFS Speaker call for a vote either to approve or to refer the final report of the Governing Council in the normal course of business at A-19, unless such order of business be modified by the will of the Assembly;

- have our AMA-RFS Speaker call for a vote to approve or refer individual bylaws or groups of bylaws using the discretion afforded by the Rules of Parliamentary Procedure to reflect the will of the RFS Assembly and to maintain internal consistency in the approved bylaws;

- have the Governing Council return with a revised report from the Committee addressing all referred items at each subsequent meeting during which a vote will be taken to either approve or refer the report as a whole or in part;

- follow normal operating procedure by submitting revised IOPs to our AMA for approval only after the RFS Assembly has approved a complete set of IOP revisions through this process; and

- reconvene the Committee every 10 years to modify, as needed, our IOPs except as otherwise provided in future revisions of the IOPs.

RFS ACTION: Resolution 1 & 17 adopted as amended.

Resolution 1 asks that all policies within the AMA-RFS digest of actions reading “our AMA” be editorially changed to read “our AMA-RFS” without changing the sunset date.

Resolution 1 further asks that beginning at I-18, all resolutions brought to the AMA-RFS Assembly be written “our AMA-RFS” with a separate resolve clause included as necessary to have the resolutions (or selected resolve clauses with the resolution) forwarded to the AMA House of Delegates at a specific meeting.

Lastly, Resolution 1 asks that any resolution forwarded from the AMA-RFS to the AMA House of Delegates (HOD) be editorially changed from reading “our AMA-RFS” to “our AMA” in the version submitted to the AMA HOD.

Your Reference Committee received testimony favoring creation of an ad hoc committee to review and revise the AMA-RFS Internal Operating Procedures. Additionally, there was consensus around not being overly prescriptive and there was minimal support for stopgap measures that have the potential to produce unintended consequences given that our Digest of Actions includes policies, directives, proceedings, and records of operational changes.

Your Reference Committee concurs with the testimony and would add that the complexity of our AMA-RFS policymaking process precludes attempts to reconcile and streamline our governance operations on the floor or our Assembly. All who testified expressed a commitment to get this right and to get it done in a timely manner. Lastly, the Governing
Council embraced the bundling of Resolutions 1 and 17, as well as the defeat of Informational Report D.

(12) RESOLUTION 8 - MEDICAL TECHNOLOGY AND ARTIFICIAL INTELLIGENCE: REGULATION AND OVERSIGHT REQUIREMENTS BY THE FOOD AND DRUG ADMINISTRATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 8 be referred.

RFS ACTION: Resolution 8 referred.

Resolution 8 calls upon our AMA to work with the Food and Drug Administration (FDA) to ensure that warnings are issued when artificial intelligence and technological innovations, regarding human health, are used for purposes outside their intended FDA approved medical use by individuals that are not licensed medical professionals.

Resolution 8 further calls upon our AMA to work with the FDA to restrict use of artificial intelligence and technological innovations in medicine and human health to be in consult with physicians and physician-led health care teams comprised of licensed medical professionals after verification of clinical applicability, safety, and accuracy.

Your Reference Committee heard varied testimony on this resolution, and noted that the AMA HOD will consider Board Report 41 on this topic at this meeting. The overall intent of the resolution is to protect patients against health applications of artificial intelligence that may not be efficacious or safe. It was also noted that the FDA has not evaluated or approved many of these applications. While the Board report is good starting point, the first resolved clause specifically mentioning FDA approval is not addressed by the report.

Other testimony reflected the fast-changing characteristics of the field of artificial and augmented intelligence in medicine and that the AMA itself does not currently have policy. More time is needed to allow policy and potential advocacy interventions to develop, and so to adopt RFS policy at this time would be premature. Instead, your Reference Committee recommends actively monitoring the pending AMA action and studying this topic.

(13) RESOLUTION 12 - SUPPORT FOR DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) MEDICAL STUDENTS AND PHYSICIANS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 12 be referred.
RFS ACTION: Resolution 12 adopted as amended.

Resolution 12 calls upon our AMA to reaffirm support for the Deferred Action for Childhood Arrivals (DACA) through a statement of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are Deferred Action for Childhood Arrivals recipients.

Resolution 12 further calls upon our AMA to continue supporting any legislation to protect DACA recipients.

Your Reference Committee heard limited testimony on this resolution. It was pointed out that our AMA is very actively involved in advocacy efforts for physicians with DACA status, and that asking for further action would be redundant. Nevertheless, others believed that our AMA’s efforts in this area are not widely understood and that our AMA’s successes with legislation or other strategies should be more widely promoted.

In order to better assess the current threats to DACA physicians and to highlight our AMA’s involvement in DACA issues, your Reference Committee recommends referral for a report.

(14) RESOLUTION 13 - SCHOLARLY ACTIVITY BY RESIDENT AND FELLOW PHYSICIANS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 13 be referred.

RFS ACTION: Resolution 13 adopted as amended.

Resolution 13 calls upon our AMA-RFS to define resident and fellow scholarly activity as any resident or fellow experience that involves the discovery, integration, application, or teaching of knowledge.

Resolution 13 further calls upon our AMA to work with partner organizations to ensure that scholarly activity requirements for residents, fellows, and faculty are not restricted to only peer-reviewed publications; and resident and fellow scholarly activity requirements can be fulfilled by the breadth of experiences permitted within faculty requirements.

Your Reference Committee heard mixed testimony on this resolution. Much of the testimony pointed out that, while there is undisputed value in contributing to peer-reviewed publications, it is only one activity that brings insight into the scientific research process. Scholarly activity should be more broadly defined and supported by graduate training programs, including involvement in advocacy, policy, and leadership. An expanded list of qualified activities will still demand an evaluation process that retains high and rigorous standards.

Your Reference Committee acknowledges this testimony and believes that the complexity of the issue lends itself to further study. Resources are available that can assist in crafting a broader definition of scholarly activities and ways to evaluate them, including consulting
experts in the Council on Medical Education, the Academic Physicians Section, ACGME, research, publishing, and our AMA’s Education Center.

(15) INFORMATION REPORT D – SUNSET MECHANISM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Information Report D not be adopted.

RFS ACTION: Information report D not adopted.

Informational Report D presents recommendations on the disposition of our AMA-RFS 2007 policies that are deemed outmoded, irrelevant, duplicative, and/or inconsistent.

Your Reference Committee noted that at the 2017 Interim Meeting, the RFS Assembly adopted the following policy regarding RFS sunset recommendations:

Defeated RFS sunset recommendations will be reaffirmed for one year and readdressed via RFS Governing Council report or resolution from the RFS Assembly at or prior to the next RFS Annual Meeting.

Thus, not adopting this sunset report will thereby reset the sunset timeline for one year, allowing for the RFS Ad Hoc Committee that will be reviewing our policymaking process over the next year to provide recommendations for the appropriate handling of the entirety of current RFS policy.
Madam Speaker, this concludes the Resident and Fellow Section Reference Committee Report. I would like to thank Ankit Agarwal, MD, Kathleen Doo, MD, Ray Lorenzoni, MD, Gunjan Malhotra, MD, Scott Pasichow, MD, and all those who testified before the Committee.

Ankit Agarwal, MD  
North Carolina Medical Society

Gunjan Malhotra, MD  
American College of Radiology

Kathleen Doo, MD  
Medical Society of the State of New York

Scott H. Pasichow, MD, MPH  
Emergency Medicine Residents’ Association

Ray Lorenzoni, MD  
Children’s Hospital at Montefiore

Hunter Pattison, MD  
California Medical Association  
Chair