

## AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-17)

Report of Reference Committee  
Gunjan Malhotra MD, Chair

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1 Your Reference Committee recommends the following consent calendar for acceptance:  
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### 4 **RECOMMENDED FOR ADOPTION AS AMENDED**

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- 6 1. LATE RESOLUTION 1- NETWORK ADEQUACY
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- 8 2. RESOLUTION 2 – PREVENTION OF PHYSICIAN AND MEDICAL STUDENT  
9 SUICIDE
- 10
- 11 3. RESOLUTION 5 – THE INTRACRANIAL HEMORRHAGE ANTICOAGULATION  
12 REVERSAL (ICHAR) INITIATIVE
- 13
- 14 4. RESOLUTION 7 – CLINICAL APPLICATIONS OF PATHOLOGY AND  
15 LABORATORY MEDICINE FOR MEDICAL STUDENTS, RESIDENTS AND  
16 FELLOWS
- 17
- 18 5. RESOLUTION 8 – EVOLUTION OF CHANGES TO RESIDENCY AND  
19 FELLOWSHIP APPLICATION AND MATCHING PROCESSES
- 20
- 21 6. RESOLUTION 11 – RESIDENT MATCH SYSTEMS AND TIMELINES
- 22
- 23 7. RESOLUTION 14 – SUPPORT FOR THE INCOME-DRIVEN REPAYMENT  
24 PLANS
- 25
- 26 8. RESOLUTION 15 – SUPPORT FOR THE DEVELOPMENT AND  
27 DISTRIBUTION OF HIPAA-COMPLIANT COMMUNICATION TECHNOLOGIES
- 28
- 29 9. REPORT E – AMA-RFS SUNSET MECHANISM PROCEDURE
- 30

### 31 **RECOMMENDED FOR REFERRAL**

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- 34 10. RESOLUTION 1 – REGULATING TATTOO AND PERMANENT MAKEUP INKS
- 35
- 36 11. RESOLUTION 12 – IMPROVING UTILITY OF CLINICAL DOCUMENTATION
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### 38 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

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- 41 12. RESOLUTION 6 – SETTING BOUNDARIES FOR EXTENDING RESIDENTS'  
42 TRAINING BEYOND TRADITIONAL RESIDENCY COMPLETION DATES
- 43
- 44 13. RESOLUTION 16 – PROTECTION OF FUNDING FOR FULL-SPECTRUM  
45 WOMEN'S HEALTH SERVICES
- 46

**RECOMMENDED FOR NOT ADOPTION**

14. RESOLUTION 3 – PREVENTION OF CREDIT WITHHOLDING IN RESIDENCY PROGRAMS
15. RESOLUTION 4 – RESIDENT FREEDOM TO TAKE SPECIALTY BOARD EXAMS
16. RESOLUTION 9 – PREVENTING AUTOMOBILE HEAT STROKE DEATHS
17. RESOLUTION 10 – RESIDENT/FELLOW WAGES RESOLUTION
18. RESOLUTION 13 – ACUTE CARE OF PATIENTS WITH DEMENTIA IN HOSPITALS

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1 (1) LATE RESOLUTION 1: NETWORK ADEQUACY

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3 RECOMMENDATION A:

4  
5 Madam Speaker your Reference Committee recommends that the third resolve  
6 of Late Resolution 1 be amended by deletion to read as follows:

7  
8 RESOLVED, That our AMA-RFS work with interested sections ~~and organizations~~ to  
9 ensure that out-of-network policies do not limit access to care by creating undue  
10 financial and administrative burdens for patients and physicians.

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13 RECOMMENDATION B:

14  
15 Madam Speaker your Reference Committee recommends that Late Resolution 1  
16 be adopted as amended.

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18 **RFS ACTION: Late Resolution 1 adopted as amended.**

19  
20 Late Resolution 1 asks that our AMA-RFS recognize network adequacy as a central  
21 element of access to care. It asks that our AMA-RFS recognize that network adequacy  
22 must include emergency and psychiatric care. It also asks that our AMA-RFS work with  
23 interested sections and organizations to ensure that out-of-network policies do not limit  
24 access to care by creating undue financial and administrative burdens for patients and  
25 physicians.

26  
27 Your reference committee heard overall positive testimony in support of this resolution.  
28 We heard overwhelming testimony on the importance of network adequacy to residents  
29 and fellows, and that that the AMA-RFS should have internal policy on this specific  
30 issue. Therefore, your Reference Committee recommends that Late Resolution 1 be  
31 adopted as amended.

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34 (2) RESOLUTION 2: PREVENTION OF PHYSICIAN AND  
35 MEDICAL STUDENT SUICIDE

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37 RECOMMENDATION A:

38  
39 Madam Speaker, your Reference Committee recommends that  
40 Resolution 2 be amended by insertion and deletion to read as  
41 follows:

42  
43 RESOLVED, That our AMA ~~request recommend~~ that the Liaison Committee on Medical  
44 Education and Accreditation Council of Graduate Medical Education ~~investigate~~  
45 ~~conditions and circumstances at~~ collect data on any medical school student, resident  
46 and fellow residency program that has experienced a suicides to identify patterns that  
47 could predict such events.

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RECOMMENDATION B:

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

**RFS ACTION: Resolution 2 adopted as amended.**

Resolution 2 asks that our AMA recommend that the Liaison Committee on Medical Education investigate conditions and circumstances at any medical school or residency program that has experienced a suicide to identify patterns that could predict such events.

Your Reference Committee heard mixed testimony regarding this resolution. The positive testimony was mostly anecdotal, while the opposition testimony raised concerns of heavy oversight. This is a sensitive, timely and important issue that we believe should be addressed. Therefore, your Reference Committee recommends that Resolution 2 be adopted as amended.

(3) RESOLUTION 5: THE INTRACRANIAL HEMORRHAGE  
ANTICOAGULATION REVERSAL (ICHAR) INITIATIVE

RECOMMENDATION A:

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

~~RESOLVED, That the AMA-RFS support initiatives and legislation in the US Congress to promote the use of anticoagulation reversal medications up to date with the most current nationally recognized, evidence based stroke guidelines for patients with intracranial hemorrhage.~~

~~RESOLVED, That the AMA-RFS support initiatives and legislation in the US Congress adding requirements for stroke centers and high stroke volume hospitals to carry and use anticoagulation reversal agents or risk penalties determined by the appropriate supervising bodies.~~

RESOLVED, That that the AMA support studying ways initiatives to improve and reduce the barriers to the use of anticoagulation reversal agents in emergency settings to reduce the occurrence, disability, and death associated with hemorrhagic stroke and other life-threatening clinical indications.

RECOMMENDATION B:

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

1                   **RFS ACTION: Resolution 5 adopted as amended.**

2  
3 Resolution 5 asks that the AMA-RFS support initiatives and legislation in the US  
4 Congress to promote the use of anticoagulation reversal medications up to date with the  
5 most current nationally recognized, evidence based stroke guidelines for patients with  
6 intracranial hemorrhage. It asks that the AMA-RFS support initiatives and legislation in  
7 the US Congress adding requirements for stroke centers and high-stroke volume  
8 hospitals to carry and use anticoagulation reversal agents or risk penalties determined  
9 by the appropriate supervising bodies. It also asks that the AMA support studying ways  
10 to improve and reduce the barriers to the use of anticoagulation reversal agents in  
11 emergency settings to reduce the occurrence, disability, and death associated with  
12 hemorrhagic stroke and other life-threatening clinical indications.

13  
14 Your Reference Committee heard mixed testimony regarding this resolution. We felt that  
15 the first two resolves were a bit too prescriptive, and that they would be better addressed  
16 by specialty societies. In addition, asking the AMA-RFS to support initiatives and  
17 legislation in the US Congress is outside the scope of the AMA-RFS. The request for the  
18 AMA to study ways to improve anticoagulation is outside the scope of the AMA, but  
19 supporting other initiatives is appropriate. Therefore, your Reference Committee  
20 recommends that Resolution 5 be adopted as amended.

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23                   (4)       **RESOLUTION 7: CLINICAL APPLICATIONS OF**  
24                               **PATHOLOGY AND LABORATORY MEDICINE FOR**  
25                               **MEDICAL STUDENTS, RESIDENTS AND FELLOWS**

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27                   **RECOMMENDATION A:**

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29                   Madam Speaker, your Reference Committee recommends  
30                   that Resolution 7 be amended by deletion to read as  
31                   follows:

32  
33 ~~RESOLVED, That our AMA strongly support the preservation of the incorporation of the~~  
34 ~~clinical practice of pathology and laboratory medicine into integrated undergraduate and~~  
35 ~~specialty tailored graduate medical education.~~

36  
37 ~~RESOLVED, That our AMA study current standards within medical education regarding~~  
38 ~~pathology and laboratory medicine to identify potential gaps in training in collaboration~~  
39 ~~with other entities invested in medical education, provide educational resources,~~  
40 ~~including guidelines for competencies in pathology and laboratory medicine for medical~~  
41 ~~student, resident and fellow members.~~

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43                   **RECOMMENDATION B:**

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45                   Madam Speaker, your Reference Committee recommends  
46                   that Resolution 7 be adopted as amended.

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48                   **RFS ACTION: Resolution 7 adopted as amended.**

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1  
2 Resolution 7 asks that our AMA strongly support the preservation of the incorporation of  
3 the clinical practice of pathology and laboratory medicine into integrated undergraduate  
4 and specialty tailored graduate medical education. It asks that our AMA in collaboration  
5 with other entities invested in medical education, provide educational resources,  
6 including guidelines for competencies in pathology and laboratory medicine for medical  
7 student, resident and fellow members.  
8

9 Your Reference Committee heard mixed testimony regarding this resolution. We believe  
10 there is both a practice issue and an education issue within this resolution. The  
11 amended language aims to focus on the education issue to identify potential knowledge  
12 gaps which is within the scope of the AMA-RFS. In addition, the AMA is already involved  
13 in improving specialty tailored graduate medical education through strategic initiatives.  
14 Therefore, your Reference Committee recommends that Resolution 7 be adopted as  
15 amended.  
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18 (5) RESOLUTION 8: EVALUATION OF CHANGES TO  
19 RESIDENCY AND FELLOWSHIP APPLICATION AND  
20 MATCHING PROCESSES  
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22 RECOMMENDATION A:  
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24 Madam Speaker, your Reference Committee recommends  
25 that Resolution 8 amend by insertion and deletion to read as  
26 follows:  
27

28 ~~RESOLVED, That our AMA and AMA-RFS support proposed changes to residency and~~  
29 ~~fellowship application requirements only when those changes have been evaluated by~~  
30 ~~working groups which have students and residents as representatives, there is data~~  
31 ~~which demonstrates that the proposed application components contribute to an accurate~~  
32 ~~representation of the candidate, there is data available to demonstrate that the new~~  
33 ~~application requirements reduce, or at least do not increase, the impact of implicit bias~~  
34 ~~that affects medical students and residents from underrepresented minority~~  
35 ~~backgrounds, and the costs to medical students and residents are mitigated.~~  
36

37 ~~RESOLVED, That it asks that our AMA and AMA-RFS oppose the introduction of new~~  
38 ~~and mandatory requirements that fundamentally alter the residency and fellowship~~  
39 ~~application process until such time as the above conditions are met.~~  
40

41 ~~RESOLVED, That it also asks that our AMA and AMA-RFS continue to work with~~  
42 ~~specialty societies, the Association of American Medical Colleges, the National Resident~~  
43 ~~Matching Program and other relevant stakeholders to improve the application process in~~  
44 ~~an effort to accomplish these requirements.~~  
45

46 RESOLVED, That our AMA and AMA-RFS  
47

- 48 1. Support proposed changes to residency and fellowship application requirements  
49 only when

- 1 a. Those changes have been evaluated by working groups which have  
2 students and residents as representatives
- 3 b. There ~~is~~ are data which demonstrates that the proposed application  
4 components contribute to an accurate representation of the candidate
- 5 c. There ~~is~~ are data available to demonstrate that the new application  
6 requirements reduce, or at least do not increase, the impact of implicit  
7 bias that affects medical students and residents from underrepresented  
8 minority backgrounds
- 9 d. The costs to medical students and residents are mitigated
- 10 2. Oppose the introduction of new and mandatory requirements that fundamentally  
11 alter the residency and fellowship application process until such time as the  
12 above conditions are met
- 13 3. Continue to work with specialty societies, the Association of American Medical  
14 Colleges, the National Resident Matching Program and other relevant  
15 stakeholders to improve the application process in an effort to accomplish these  
16 requirements.

17  
18 ~~RESOLVED, That our AMA~~

- 19  
20 ~~1. Support proposed changes to residency and fellowship application requirements~~  
21 ~~only when~~
  - 22 ~~a. Those changes have been evaluated by working groups which have~~  
23 ~~students and residents as representatives~~
  - 24 ~~b. There are data which demonstrates that the proposed application~~  
25 ~~components contribute to an accurate representation of the candidate~~
  - 26 ~~c. There are data available to demonstrate that the new application~~  
27 ~~requirements do not increase, the impact of implicit bias that affects~~  
28 ~~medical students and residents from underrepresented minority~~  
29 ~~backgrounds~~
  - 30 ~~d. The costs to medical students and residents are mitigated~~
- 31 ~~2. Oppose the introduction of new and mandatory requirements that fundamentally~~  
32 ~~alter the residency and fellowship application process until such time as the~~  
33 ~~above conditions are met~~
- 34 ~~3. Continue to work with specialty societies, the Association of American Medical~~  
35 ~~Colleges, the National Resident Matching Program and other relevant~~  
36 ~~stakeholders to improve the application process in an effort to accomplish these~~  
37 ~~requirements~~

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39 RECOMMENDATION B:

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41 Madam Speaker, your Reference Committee recommends  
42 that Resolution 8 be adopted as amended.

43  
44 **RFS ACTION: Resolution 8 adopted as amended.**

45  
46 Resolution 8 asks that our AMA and AMA-RFS support proposed changes to residency  
47 and fellowship application requirements only when those changes have been evaluated  
48 by working groups which have students and residents as representatives, there is data  
49 which demonstrates that the proposed application components contribute to an accurate

1 representation of the candidate, there is data available to demonstrate that the new  
2 application requirements reduce, or at least do not increase, the impact of implicit bias  
3 that affects medical students and residents from underrepresented minority  
4 backgrounds, and the costs to medical students and residents are mitigated. It asks that  
5 our AMA and AMA-RFS oppose the introduction of new and mandatory requirements  
6 that fundamentally alter the residency and fellowship application process until such time  
7 as the above conditions are met. It also asks that our AMA and AMA-RFS continue to  
8 work with specialty societies, the Association of American Medical Colleges, the National  
9 Resident Matching Program and other relevant stakeholders to improve the application  
10 process in an effort to accomplish these requirements.

11  
12 Your Reference Committee heard uniformly positive testimony in support of this  
13 resolution. There were no substantive changes made to the wording of this resolution,  
14 only stylistic changes. We feel this is important and timely policy. Therefore, your  
15 Reference Committee recommends that Resolution 8 be adopted as amended.

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18 (6) RESOLUTION 11: RESIDENCY MATCH SYSTEMS  
19 AND TIMELINES

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21 RECOMMENDATION A:

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

26  
27 RESOLVED, That our ~~AMA-RFS support the AMA to~~ work with all invested  
28 stakeholders, specialties and application systems in the residency match excluding the  
29 military match to support and ensure parity with the match timeline and the ability to  
30 couples match by moving towards a unified and standardized process.

31  
32 RESOLVED, That our ~~AMA-RFS request the AMA to~~ work with all invested stakeholders  
33 to design a provisional match system whereby medical students matching into  
34 preliminary (PGY-1) and, separately, advanced (PGY-2) residency programs match  
35 through a staggered system so that the PGY-2 match is timed with the match for all  
36 categorical PGY-1 positions and the match for preliminary PGY-1 programs is  
37 subsequently delayed to allow for a reduction in application and travel costs with the  
38 SOAP to follow the staggered match.

39  
40 RESOLVED, That our ~~AMA-RFS request the AMA to~~ support and encourage all match  
41 application systems to provide robust match data to their applicants.

42  
43 RESOLVED, That our AMA-RFS support working with all invested stakeholders,  
44 specialties and application systems in the residency match excluding the military match  
45 to support and ensure parity with the match timeline and the ability to couples match by  
46 moving towards a unified and standardized process.

47  
48 RESOLVED, That our AMA-RFS support working with all invested stakeholders to  
49 design a provisional match system whereby medical students matching into preliminary  
50 (PGY-1) and, separately, advanced (PGY-2) residency programs match through a



1 staggered system so that the PGY-2 match is timed with the match for all categorical  
2 PGY-1 positions and the match for preliminary PGY-1 programs is subsequently delayed  
3 to allow for a reduction in application and travel costs with the SOAP to follow the  
4 staggered match.

5  
6 RESOLVED. That our AMA-RFS support and encourage all match application systems  
7 to provide robust match data to their applicants.

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9 RECOMMENDATION B:

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

13  
14 **RFS ACTION: Resolution 11 adopted as amended.**

15  
16 Resolution 11 asks that our AMA work with all invested stakeholders, specialties and  
17 application systems in the residency match excluding the military match to support and  
18 ensure parity with the match timeline and the ability to couples match by moving towards  
19 a unified and standardized process. It asks that our AMA work with all invested  
20 stakeholders to design a provisional match system whereby medical students matching  
21 into preliminary (PGY-1) and, separately, advanced (PGY-2) residency programs match  
22 through a staggered system so that the PGY-2 match is timed with the match for all  
23 categorical PGY-1 positions and the match for preliminary PGY-1 programs is  
24 subsequently delayed to allow for a reduction in application and travel costs with the  
25 SOAP to follow the staggered match. It also asks that our AMA support and encourage  
26 all match application systems to provide robust match data to their applicants.

27  
28 Your Reference Committee heard overwhelmingly positive testimony in support of this  
29 resolution. This resolution attempts to address inequities and inefficiencies in the match  
30 system. Medical students applying to residency in separate PGY-1 and PGY-2 years  
31 have to endure significant financial and logistical burden. We believe this resolution  
32 aims to address these issues by better coordination by entities involved in the Match.  
33 Therefore, your Reference Committee recommends that Resolution 11 be adopted as  
34 amended.

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37 (7) RESOLUTION 14: SUPPORT FOR THE INCOME-  
38 DRIVEN REPAYMENT PLANS

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40 RECOMMENDATION A:

41  
42 Madam Speaker, your Reference Committee recommends  
43 that Resolution 14 be amended by deletion to read as follows:

44  
45 ~~RESOLVED, That our AMA collaborate with interested third party organizations to~~  
46 ~~advocate for continued funding of programs including Income-Driven Repayment plans~~  
47 ~~for the benefit of reducing medical student loan burden.~~  
48  
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1 RECOMMENDATION B:

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

5  
6 **RFS ACTION: Resolution 14 adopted as amended.**

7  
8 Resolution 14 asks that our AMA collaborate with interested third party organizations to  
9 advocate for continued funding of programs including Income-Driven Repayment plans  
10 for the benefit of reducing medical student loan burden.

11  
12 Your Reference Committee heard mostly positive testimony in support of this resolution.  
13 While AMA policy addresses student loan repayment, this resolution specifically  
14 addresses a very timely issue regarding student loan debt and income-based repayment  
15 plans. Therefore, your Reference Committee recommends that Resolution 14 be  
16 adopted as amended.

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19 (8) RESOLUTION 15: SUPPORT FOR THE DEVELOPMENT  
20 AND DISTRIBUTION OF HIPAA-COMPLIANT  
21 COMMUNICATION TECHNOLOGIES

22  
23 RECOMMENDATION A:

24  
25 Madam Speaker, your Reference Committee recommends  
26 that Resolution 15 be amended by insertion and deletion to  
27 read as follows:

28  
29 RESOLVED, That our AMA ~~advocate for~~ promote the development and use of HIPAA-  
30 compliant technologies for text messaging, electronic mail and video conferencing.

31  
32 ~~RESOLVED, That our AMA develop a database of existing HIPAA-compliant~~  
33 ~~technologies to be made accessible to the medical community.~~

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36 RECOMMENDATION B:

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38 Madam Speaker, your Reference Committee recommends  
39 that Resolution 15 be adopted as amended.

40  
41 **RFS ACTION: Resolution 15 adopted as amended.**

42  
43 Resolution 15 asks that our AMA advocate for the development and use of HIPAA-  
44 compliant technologies for text messaging, electronic mail and video conferencing. It  
45 asks that our AMA develop a database of existing HIPAA-compliant technologies to be  
46 made accessible to the medical community.

47  
48 Your Reference Committee heard mixed testimony regarding this resolution. The AMA is  
49 already working on improving technologies for HIPAA-compliant communications and

1 the amended resolve clause supports that effort. Therefore, your Reference Committee  
2 recommends that Resolution 15 be adopted as amended.

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4  
5 (9) REPORT E: AMA-RFS SUNSET MECHANISM  
6 PROCEDURE

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8 RECOMMENDATION:

9  
10 Madam Speaker, your Reference Committee recommends  
11 that Report E be adopted as amended.

12  
13 Report E recommends reaffirming policy 580.013R Sunset of AMA-RFS Policy and that  
14 the remainder of the report be filed. Your Reference Committee heard very limited  
15 negative testimony with regards to Report E. We only heard opposing testimony to the  
16 report which favored having a policy in place. In addition, this issue has been previously  
17 debated in length at previous meetings. Based on the limited testimony, we support the  
18 original resolved clauses that were presented at the 2017 RFS Annual Meeting in  
19 Resolution 5 titled "RFS Sunset Mechanism." Therefore, your Reference Committee  
20 recommends that Report E be adopted as amended.

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22  
23 (10) RESOLUTION 1: REGULATING TATTOO AND  
24 PERMANENT MAKEUP INKS

25  
26 RECOMMENDATION A:

27  
28 Madam Speaker your Reference Committee recommends that Resolution 1 be  
29 amended by deletion of resolve 1.

30  
31  
32 RECOMMENDATION B:

33  
34 Madam Speaker your Reference Committee recommends that Resolution 1 be  
35 referred.

36  
37 **RFS ACTION: Resolution 1 adopted as amended.**

38  
39 RESOLVED, That our AMA encourage the Food and Drug Administration (FDA)  
40 to adopt regulatory standards for tattoo and permanent makeup inks that include  
41 at minimum the disclosures expected for injectable drugs and cosmetics and  
42 mandate that this information be available to both the body licensed to perform  
43 the tattoo and to the person receiving the tattoo; and be it further

44  
45 RESOLVED, That our AMA study the safety of any chemical in tattoo and  
46 permanent makeup inks encourage the FDA to ban from tattoo and permanent  
47 makeup inks any chemical for which significant concern exists with regard to their  
48 carcinogenic, mutagenic, reprotoxic, and sensitizing properties.  
49

1 Resolution 1 asks that our AMA encourage the Food and Drug Administration (FDA) to  
2 adopt regulatory standards for tattoo and permanent makeup inks that include at  
3 minimum the disclosures expected for injectable drugs and cosmetics and mandate that  
4 this information be available to both the body licensed to perform the tattoo and to the  
5 person receiving the tattoo. It asks that our AMA encourage the FDA to ban from tattoo  
6 and permanent makeup inks any chemical for which significant concern exists with  
7 regard to their carcinogenic, mutagenic, reprotoxic, and sensitizing properties.  
8

9 Your Reference Committee heard mixed minimal testimony regarding this resolution.  
10 We feel that further research on this topic would be helpful, as this is a rather  
11 complex matter. We are unsure what the ramifications may be to the medical and  
12 tattoo industry and what the FDA currently does with regards to tattoo ink. We  
13 support further study as to Resolve 2, but recommend that Resolve 1 be deleted.  
14 Therefore, your Reference Committee recommends that Resolution 1 be referred.

15  
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17 (11) RESOLUTION 12: IMPROVING UTILITY OF CLINICAL  
18 DOCUMENTATION

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20 RECOMMENDATION A:

21  
22 Madam Speaker, your Reference Committee recommends  
23 that Resolution 12 be amended by deletion of resolve 1.

24  
25  
26 RECOMMENDATION B:

27  
28 Madam Speaker, your Reference Committee recommends  
29 that Resolution 12 be referred.

30  
31 **RFS ACTION: Resolution 12 adopted as amended.**

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33 RESOLVED, That our AMA-~~RFS~~ ~~regulatory~~ advocate that the appropriate ~~regulatory~~ institutions  
34 determine level of care and reimbursement based more on complexity of medical  
35 diagnoses and medical decision making rather than quantity of components in medical  
36 documentation.

37  
38 Resolution 12 asks that our AMA advocate that the appropriate regulatory institutions  
39 reduce the requirements for unnecessary, non-relevant components in clinical  
40 documentation. It asks that our AMA advocate that the appropriate regulatory  
41 institutions determine level of care and reimbursement based more on complexity of  
42 medical diagnoses and medical decision making rather than quantity of components in  
43 medical documentation.

44  
45 Your Reference Committee heard limited testimony in support of this resolution. The  
46 complex and sensitive nature of this resolution requires further consideration before  
47 being submitted to the AMA House of Delegates. In addition, the first resolve of this  
48 resolution is already existing policy (H-70.952). Therefore, your Reference Committee  
49 recommends that Resolution 12 be referred.

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1 (12) RESOLUTION 6: SETTING BOUNDARIES FOR  
2 EXTENDING RESIDENTS' TRAINING BEYOND  
3 TRADITIONAL RESIDENCY COMPLETION DATES  
4

5 RECOMMENDATION:  
6

7 Madam Speaker, your Reference Committee recommends  
8 RFS Policy 291.031R be reaffirmed in lieu of Resolution 6:  
9

10 **RFS ACTION: RFS Policy 291.031R reaffirmed in lieu of Resolution 6.**  
11

12 Resolution 6 asks that our AMA asks the specialty boards to reaffirm institutional criteria  
13 for extending residency not to include making-up sick leaves within the parameters  
14 specified by ACGME or penalizing residents for poor formative assessment.  
15

16 Your Reference Committee heard limited mixed testimony regarding this resolution.  
17 While we commend the author for submitting this resolution, your Reference Committee  
18 believes that the AMA-RFS has policy that sufficiently addresses this issue. In addition,  
19 the AMA House of Delegates also has recent policy on this issue. Therefore, your  
20 Reference Committee recommends that RFS Policy 291.031 be reaffirmed in lieu of  
21 Resolution 6.  
22

23  
24 (13) RESOLUTION 16: PROTECTION OF FUNDING FOR  
25 FULL-SPECTRUM WOMEN'S HEALTH SERVICES  
26

27 RECOMMENDATION:  
28

29 Madam Speaker, your Reference Committee recommends  
30 that RFS policy 390.009R be reaffirmed in lieu of Resolution  
31 16.  
32

33 **RFS ACTION: RFS Policy 390.009R reaffirmed in lieu of Resolution 16.**  
34

35 Resolution 16 asks that our AMA support continued public funding of all full-spectrum  
36 women's health services.  
37

38 Your Reference Committee heard mixed testimony in support of this resolution. While  
39 we commend the author for submitting this resolution, your Reference Committee  
40 believes that the RFS and AMA have policy that sufficiently addresses this issue. It was  
41 also raised by some members of the delegation that there could be "unforeseen  
42 consequences" if this was brought up again in the AMA House of Delegates. Therefore,  
43 your Reference Committee recommends that RFS policy 390.009R be reaffirmed in lieu  
44 of Resolution 16.  
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1 (14) RESOLUTION 3: PREVENTION OF CREDIT  
2 WITHHOLDING IN RESIDENCY PROGRAMS  
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4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 3 be not adopted:  
8

9 **RFS ACTION: Resolution 3 not adopted.**

10  
11 Resolution 3 asks that our AMA advocate that all residency programs report passing of  
12 rotations on a monthly basis to specialty boards. It asks that our AMA advocate that all  
13 residency programs document passing of rotations on a monthly basis directly to  
14 residents. It also asks that our AMA advocate for a partial-year option for GME funding  
15 from the U.S. government to support residents.  
16

17 Your Reference Committee heard mixed testimony regarding this resolution. We believe  
18 this resolution is too specialty specific for us to consider. We appreciate the spirit of the  
19 resolution and the goal of addressing abuses of power, however, resolves 1 and 2 are  
20 too onerous. Resolve 3 might also open Pandora's Box regarding GME funding.  
21 Therefore, your Reference Committee recommends that Resolution 3 be not adopted.  
22

23  
24 (15) RESOLUTION 4: RESIDENT FREEDOM TO TAKE  
25 SPECIALTY BOARD EXAMINATIONS  
26

27 RECOMMENDATION:

28  
29 Madam Speaker, your Reference Committee recommends that  
30 Resolution 4 be not adopted:  
31

32 **RFS ACTION: Resolution 4 not adopted.**

33  
34 Resolution 4 asks that our AMA advocate for the right of medical residents to sit for  
35 specialty board exams at any time any year of their choosing during officially schedules  
36 administrations. It asks that our AMA recommend that the specialty board exam, written  
37 and oral for those specialties with oral exams, be considered "Step 1" of a two-part  
38 process in credentialing.  
39

40 Your Reference Committee heard predominately negative testimony against this  
41 resolution. We believe that this resolution is too specialty specific. We do not believe that  
42 this resolution would be feasible considering the vast differences between specialty  
43 trainings, and that it would likely increase costs. This issue would be better addressed by  
44 specialty societies. Therefore, your Reference Committee recommends that Resolution  
45 4 be not adopted.  
46  
47

1 (16) RESOLUTION 9: PREVENTING AUTOMOBILE  
2 HEAT STROKE DEATHS  
3

4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 9 be not adopted.  
8

9 **RFS ACTION: Resolution 9 not adopted.**

10  
11 Resolution 9 asks that our AMA support the passage of legislature in the House of  
12 Representatives and the Senate that will help prevent unnecessary injury or death of a  
13 child as a result of a vehicular heatstroke. It asks that our AMA support the requirement  
14 of cars to come equipped with technology to alert drivers if a child is left in the back seat  
15 once the car is turned off.  
16

17 Your Reference Committee heard mixed testimony regarding this resolution. While we  
18 believe in the spirit of this resolution, we believe that the current AMA House of  
19 Delegates Policy H-15.949 adequately addresses this issue. Therefore, your Reference  
20 Committee recommends that Resolution 9 be not adopted.  
21

22  
23 (17) RESOLUTION 10: RESIDENT/FELLOW WAGES  
24

25 RECOMMENDATION:

26  
27 Madame Speaker, your Reference Committee recommends that  
28 Resolution 10 be not adopted.  
29

30 **RFS ACTION: RFS Policy 291.002R reaffirmed in lieu of Resolution 10.**

31  
32 Resolution 10 asks that our AMA work with appropriate stakeholders to create a  
33 guideline with indexed residency salaries to inflation taking into account cost of living  
34 and resident expenses, which hospitals and residency programs may use as a guideline  
35 to assist in determining residency salaries.  
36

37 Your Reference Committee heard mostly positive testimony in support of this resolution.  
38 However, there is recent existing AMA policy that addresses the language in the resolve  
39 clause. This resolution does not address the gaps that may exist within existing policy  
40 regarding resident and fellow wages such as transparency of spending GME dollars, and  
41 we believe these issues would be better addressed with future policy. Therefore, your  
42 Reference Committee recommends that Resolution 10 be not adopted.  
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44  
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1 (18) RESOLUTION 13: ACUTE CARE OF PATIENTS WITH  
2 DEMENTIA IN HOSPITALS  
3

4 RECOMMENDATION:  
5

6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 13 be not adopted.  
8

9 **RFS ACTION: Resolution 13 not adopted.**  
10

11 Resolution 13 asks that our AMA support research into determining how to best provide  
12 acute care for patients with dementia in the Hospital setting. It asks that our AMA work  
13 with appropriate stakeholders to develop guidelines for the implementation in hospitals  
14 for acute care of patients with dementia.  
15

16 Your Reference Committee heard limited mixed testimony in support of this resolution.  
17 We feel that this resolution is outside the scope of the AMA because the AMA does not  
18 write clinical guidelines. In addition, the goal of this resolution would be better  
19 addressed by specialty societies. Therefore, your Reference Committee recommends  
20 that Resolution 13 be not adopted.  
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1 Madam Speaker, this concludes the Report of the Reference Committee. I would like to  
2 thank all those who testified before the Committee.

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6 \_\_\_\_\_  
7 Gunjan Malhotra, MD, Chair  
8 American College of Radiology

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Ankit Agarwal, MD, MBA  
UNC Chapel Hill

9  
10 \_\_\_\_\_  
11 Amar Kelkar, MD  
12 University of Illinois College of Medicine  
13 in Peoria

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Raymond Lorenzoni III, MD  
Children's Hospital at Montefiore

14  
15 \_\_\_\_\_  
16 Benjamin Meyer, MD  
17 Medical College of Wisconsin Affiliated  
18 Hospitals

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Colin Murphy, MD  
College of American Pathologists

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