Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED

1. LATE RESOLUTION 1 - NETWORK ADEQUACY

2. RESOLUTION 2 – PREVENTION OF PHYSICIAN AND MEDICAL STUDENT SUICIDE

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

4. RESOLUTION 7 – CLINICAL APPLICATIONS OF PATHOLOGY AND LABORATORY MEDICINE FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS

5. RESOLUTION 8 – EVOLUTION OF CHANGES TO RESIDENCY AND FELLOWSHIP APPLICATION AND MATCHING PROCESSES

6. RESOLUTION 11 – RESIDENT MATCH SYSTEMS AND TIMELINES

7. RESOLUTION 14 – SUPPORT FOR THE INCOME-DRIVEN REPAYMENT PLANS

8. RESOLUTION 15 – SUPPORT FOR THE DEVELOPMENT AND DISTRIBUTION OF HIPAA-COMPATIBLE COMMUNICATION TECHNOLOGIES

9. REPORT E – AMA-RFS SUNSET MECHANISM PROCEDURE

RECOMMENDED FOR REFERRAL

10. RESOLUTION 1 – REGULATING TATTOO AND PERMANENT MAKEUP INKS

11. RESOLUTION 12 – IMPROVING UTILITY OF CLINICAL DOCUMENTATION

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

12. RESOLUTION 6 – SETTING BOUNDARIES FOR EXTENDING RESIDENTS’ TRAINING BEYOND TRADITIONAL RESIDENCY COMPLETION DATES

13. RESOLUTION 16 – PROTECTION OF FUNDING FOR FULL-SPECTRUM WOMEN’S HEALTH SERVICES
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/FELLOWS WAGES RESOLUTION

18. RESOLUTION 13 – ACUTE CARE OF PATIENTS WITH DEMENTIA IN HOSPITALS
1 (1) LATE RESOLUTION 1: NETWORK ADEQUACY
2
3 RECOMMENDATION A:
4
5 Mr. Speaker your Reference Committee recommends that the third resolve of
6 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.
11
12 RECOMMENDATION B:
13
14 Mr. Speaker your Reference Committee recommends that Late Resolution 1 be
15 adopted as amended.
16
17 Late Resolution 1 asks that our AMA-RFS recognize network adequacy as a central
18 element of access to care. It asks that our AMA-RFS recognize that network adequacy
19 must include emergency and psychiatric care. It also asks that our AMA-RFS work with
20 interested sections and organizations to ensure that out-of-network policies do not limit
21 access to care by creating undue financial and administrative burdens for patients and
22 physicians.
23
24 Your reference committee heard overall positive testimony in support of this resolution.
25 We heard overwhelming testimony on the importance of network adequacy to residents
26 and fellows, and that that the AMA-RFS should have internal policy on this specific
27 issue. Therefore, your Reference Committee recommends that Late Resolution 1 be
28 adopted as amended.
29
30 (2) RESOLUTION 2: PREVENTION OF PHYSICIAN AND
31 MEDICAL STUDENT SUICIDE
32
33 RECOMMENDATION A:
34
35 Mr. Speaker, your Reference Committee recommends that
36 Resolution 2 be amended by insertion and deletion to read as
37 follows:
38
39 RESOLVED, That our AMA request recommend that the Liaison Committee on Medical
40 Education and Accreditation Council of Graduate Medical Education investigate
41 conditions and circumstances at collect data on any medical school student, resident
42 and fellow residency program that has experienced a suicides to identify patterns that
43 could predict such events.
RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 2 be 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 (ICAR) INITIATIVE

RECOMMENDATION A:

Mr. 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 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:

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

Resolution 5 asks 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. It asks 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. It also asks that the AMA support studying ways 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.

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

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

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 7 be amended by deletion to read as follows:

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

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

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 7 be adopted as amended.

Resolution 7 asks that our AMA strongly support the preservation of the incorporation of the clinical practice of pathology and laboratory medicine into integrated undergraduate and specialty tailored graduate medical education. It asks that our AMA in collaboration with other entities invested in medical education, provide educational resources, including guidelines for competencies in pathology and laboratory medicine for medical student, resident and fellow members.
Your Reference Committee heard mixed testimony regarding this resolution. We believe there is both a practice issue and an education issue within this resolution. The amended language aims to focus on the education issue to identify potential knowledge gaps which is within the scope of the AMA-RFS. In addition, the AMA is already involved in improving specialty tailored graduate medical education through strategic initiatives. Therefore, your Reference Committee recommends that Resolution 7 be adopted as amended.

(5) RESOLUTION 8: EVALUATION OF CHANGES TO RESIDENCY AND FELLOWSHIP APPLICATION AND MATCHING PROCESSES

RECOMMENDATION A:

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

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

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

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

RESOLVED, That our AMA-RFS

1. Support proposed changes to residency and fellowship application requirements only when
   a. Those changes have been evaluated by working groups which have students and residents as representatives
   b. There are data which demonstrates that the proposed application components contribute to an accurate representation of the candidate
   c. There are data available to demonstrate that the new application requirements do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds
d. The costs to medical students and residents are mitigated

2. Oppose the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application process until such time as the above conditions are met

3. Continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program and other relevant stakeholders to improve the application process in an effort to accomplish these requirements; and be it further

RESOLVED, That our AMA

1. Support proposed changes to residency and fellowship application requirements only when
   a. Those changes have been evaluated by working groups which have students and residents as representatives
   b. There are data which demonstrates that the proposed application components contribute to an accurate representation of the candidate
   c. There are data available to demonstrate that the new application requirements do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds
   d. The costs to medical students and residents are mitigated

2. Oppose the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application process until such time as the above conditions are met

3. Continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program and other relevant stakeholders to improve the application process in an effort to accomplish these requirements

RECOMMENDATION B:

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

Resolution 8 asks that our AMA and AMA-RFS support proposed changes to residency and fellowship application requirements only when those changes have been evaluated by working groups which have students and residents as representatives, there is data which demonstrates that the proposed application components contribute to an accurate representation of the candidate, there is data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds, and the costs to medical students and residents are mitigated. It asks that our AMA and AMA-RFS oppose the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application process until such time as the above conditions are met. It also asks that our AMA and AMA-RFS continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program and other relevant stakeholders to improve the application process in an effort to accomplish these requirements.
Your Reference Committee heard uniformly positive testimony in support of this resolution. There were no substantive changes made to the wording of this resolution, only stylistic changes. We feel this is important and timely policy. Therefore, your Reference Committee recommends that Resolution 8 be adopted as amended.

(6) RESOLUTION 11: RESIDENCY MATCH SYSTEMS AND TIMELINES

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 11 be amended by insertion and deletion to read as follows:

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

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

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

RECOMMENDATION B:

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

Resolution 11 asks that our AMA work with all invested stakeholders, specialties and application systems in the residency match excluding the military match to support and ensure parity with the match timeline and the ability to couples match by moving towards a unified and standardized process. It asks that our AMA work with all invested stakeholders to design a provisional match system whereby medical students matching into preliminary (PGY-1) and, separately, advanced (PGY-2) residency programs match through a staggered system so that the PGY-2 match is timed with the match for all categorical PGY-1 positions and the match for preliminary PGY-1 programs is subsequently delayed to allow for a reduction in application and travel costs with the SOAP to follow the staggered match. It also asks that our AMA support and encourage all match application systems to provide robust match data to their applicants.
Your Reference Committee heard overwhelmingly positive testimony in support of this resolution. This resolution attempts to address inequities and inefficiencies in the match system. Medical students applying to residency in separate PGY-1 and PGY-2 years have to endure significant financial and logistical burden. We believe this resolution aims to address these issues by better coordination by entities involved in the Match. Therefore, your Reference Committee recommends that Resolution 11 be adopted as amended.

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

RECOMMENDATION A:

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

RESOLVED, That our AMA collaborate with interested third party organizations to advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.

RECOMMENDATION B:

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

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

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

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

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 15 be amended by insertion and deletion to read as follows:

RESOLVED, That our AMA advocate for promote the development and use of HIPAA-compliant technologies for text messaging, electronic mail and video conferencing.
RESOLVED, That our AMA develop a database of existing HIPAA-compliant technologies to be made accessible to the medical community.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 15 be adopted as amended.

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

Your Reference Committee heard mixed testimony regarding this resolution. The AMA is already working on improving technologies for HIPAA-compliant communications and the amended resolve clause supports that effort. Therefore, your Reference Committee recommends that Resolution 15 be adopted as amended.

REPORT E: AMA-RFS SUNSET MECHANISM PROCEDURE

RECOMMENDATION:

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

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

RESOLUTION 1: REGULATING TATTOO AND PERMANENT MAKEUP INKS

RECOMMENDATION A:

Mr. Speaker your Reference Committee recommends that Resolution 1 be amended by deletion of resolve 1.

RECOMMENDATION B:

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

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

(11) RESOLUTION 12: IMPROVING UTILITY OF CLINICAL DOCUMENTATION

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 12 be amended by deletion of resolve 1.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 12 be referred.

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

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

(12) RESOLUTION 6: SETTING BOUNDARIES FOR EXTENDING RESIDENTS’ TRAINING BEYOND TRADITIONAL RESIDENCY COMPLETION DATES

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends RFS Policy 291.031 be reaffirmed in lieu of Resolution 6:

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

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

(13) RESOLUTION 16: PROTECTION OF FUNDING FOR FULL-SPECTRUM WOMEN’S HEALTH SERVICES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that RFS policy 390.009R be reaffirmed in lieu of Resolution 16.

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

Your Reference Committee heard mixed testimony in support of this resolution. While we commend the author for submitting this resolution, your Reference Committee believes that the RFS and AMA have policy that sufficiently addresses this issue. It was also raised by some members of the delegation that there could be “unforeseen consequences” if this was brought up again in the AMA House of Delegates. Therefore, your Reference Committee recommends that RFS policy 390.009R be reaffirmed in lieu of Resolution 16.

(14) RESOLUTION 3: PREVENTION OF CREDIT WITHHOLDING IN RESIDENCY PROGRAMS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 3 be not adopted:

Resolution 3 asks that our AMA advocate that all residency programs report passing of rotations on a monthly basis to specialty boards. It asks that our AMA advocate that all residency programs document passing of rotations on a monthly basis directly to residents. It also asks that our AMA advocate for a partial-year option for GME funding from the U.S. government to support residents.
Your Reference Committee heard mixed testimony regarding this resolution. We believe this resolution is too specialty specific for us to consider. We appreciate the spirit of the resolution and the goal of addressing abuses of power, however, resolves 1 and 2 are too onerous. Resolve 3 might also open Pandora’s Box regarding GME funding. Therefore, your Reference Committee recommends that Resolution 3 be not adopted.

(15) RESOLUTION 4: RESIDENT FREEDOM TO TAKE SPECIALTY BOARD EXAMINATIONS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 4 be not adopted.

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

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

(16) RESOLUTION 9: PREVENTING AUTOMOBILE HEAT STROKE DEATHS

RECOMMENDATION:

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

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

Your Reference Committee heard mixed testimony regarding this resolution. While we believe in the spirit of this resolution, we believe that the current AMA House of Delegates Policy H-15.949 adequately addresses this issue. Therefore, your Reference Committee recommends that Resolution 9 be not adopted.
RESOLUTION 10: RESIDENT/FELLOW WAGES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 10 be not adopted.

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

Your Reference Committee heard mostly positive testimony in support of this resolution. However, there is recent existing AMA policy that addresses the language in the resolve clause. This resolution does not address the gaps that may exist within existing policy regarding resident and fellow wages such as transparency of spending GME dollars, and we believe these issues would be better addressed with future policy. Therefore, your Reference Committee recommends that Resolution 10 be not adopted.

RESOLUTION 13: ACUTE CARE OF PATIENTS WITH DEMENTIA IN HOSPITALS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 13 be not adopted.

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

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

____________________________________________________
Gunjan Malhotra, MD, Chair                               Ankit Agarwal, MD, MBA
American College of Radiology                           UNC Chapel Hill

____________________________________________________
Amar Kelkar, MD                                          Raymond Lorenzoni III, MD
University of Illinois College of Medicine              Children’s Hospital at Montefiore
in Peoria

____________________________________________________
Benjamin Meyer, MD                                      Colin Murphy, MD
Medical College of Wisconsin Affiliated                 College of American Pathologists
Hospitals

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