Introduction
At the 2014 Resident and Fellow Section (RFS) Interim Meeting, Resolution 2 – Allowing the AMA-RFS Delegation to the HOD to Act as a Representative Body was adopted as follows:

RESOLVED, That the AMA-RFS Delegation to the AMA-HOD be allowed, after a 2/3 plus 1 majority vote of the Delegation (that can be called by any member of the delegation) to take vocal action on a resolution before the AMA-HOD that is outside the bounds of current AMA-RFS policy; and be it further

RESOLVED, That in such instances where the AMA-RFS Delegation takes action outside the bound of the AMA-RFS policy compendium such action will be reported to the AMA-RFS Assembly at its next meeting in the form of a report by the AMA-RFS Delegate that details the resolution in questions, the action taken, motivation for taking such action, and suggestions of specific AMA-RFS policy on the issue in question that the AMA-RFS Delegation believes should be adopted by the AMA-RFS Assembly.

At the 2015 RFS Annual Meeting, the RFS Assembly adopted Report B – AMA-RFS Caucus Structure and Function. This resulted in Section X. RFS Caucus of the AMA House of Delegates being added to the RFS Internal Operating Procedures (IOPs). This report is the result of Section X.C.1. Reporting of Caucus Actions, which states:

The RFS Delegate and Alternate shall be responsible for authorizing a report of actions taken, which shall be presented to the RFS Assembly at the next national meeting. This report will list the resolved clauses of all AMA HOD resolutions for which the RFS took a position, and will specifically identify those resolutions for which the RFS Caucus took a position that was not grounded in existing internal policy. It will also detail the action taken, motivation for taking such action, and suggestions for new AMA-RFS policy on the issue in question.

At the 2017 RFS Annual Meeting, the RFS Assembly adopted policy 550.009R, which states:

550.009R RFS Caucus Vote Mechanism: That following the conclusion of each House of Delegates meeting, not to exceed 30 days, our RFS Delegate and Alternate Delegate will provide a brief summary of ad hoc policy actions of the RFS Caucus as to allow related resolutions to be written with existing deadlines. (Resolution 6, A-17)
Accordingly, this summary is presented in order to provide information pertaining to the actions of the RFS Caucus at the 2017 Annual Meeting of the AMA American Medical Association (AMA) House of Delegates (HOD) including suggestions for internal RFS policy in order to satisfy the newly adopted policy and to provide the Assembly with sufficient notice to draft resolutions for submission at the upcoming 2017 RFS Interim Meeting. A

Background
RFS sectional delegates are elected by the RFS assembly to represent the interests of residents and fellows. As resident and fellow representation has grown, and the pace of healthcare policy change in the US has increased, the RFS Caucus has increasingly found itself in situations where the HOD is debating a question of great importance and relevance to physicians in training, and yet because of a lack of existing RFS policy specifically addressing the issue, they have no clear directive. GC Report B from I-15 ameliorated this issue by proposing a system wherein the RFS Caucus adheres strictly to RFS internal policy when applicable, but which allows it to speak on important resolutions not touched on in internal policy with the approval of a 2/3rds majority of an appropriately sized quorum of sectional delegates. The purpose of this report has been to detail all actions of the assembly with additional attention paid to caucus votes on items without previous RFS policy.

Summary of Items Requiring RFS Caucus Vote

Resolution 115: Out of Network Care
RESOLVED, that our AMA supports network adequacy as a central element of providing access to care. This include coverage for emergency or otherwise unexpected out-of-network care.

Rationale: The AMA RFS caucus believes in the central tenant of the above resolved, in that strong networks are vital to the success of adequate care. Modified language was proposed and supported, that stated, “That our RFS support network adequacy as a central element of access to care. This should include coverage for emergency or otherwise unexpected out-of-network care.”

Caucus Vote: Support
Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created, as the topic is relevant and will likely continue to be a health care issue.

Resolution 9: Commercial Exploitation and Human Trafficking of Minors
RESOLVED, That our American Medical Association support the development of laws and policies that utilize a public health framework to address the commercial sexual exploitation and sex trafficking of minors by promoting care and services for victims instead of arrest and prosecution. (New HOD Policy)

Rationale: The AMA RFS caucus is sensitive to public health issues, and every year, this body sees numerous resolutions promoting the health and safety of our patients. This resolution is consistent and in line with our current policies. These individuals are often victims of
circumstances beyond our control and it is important we stand up for them and not criminalize minors who are sexually exploited.

Caucus Vote: **Support**

Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created, as the topic is relevant and will likely continue to be a health care issue. However, we believe a resolution addressing human trafficking generally is better suited for the RFS.

**Immediately Forwarded MSS 018: Patient and Physician Rights Regarding Immigration Status**

RESOLVED, That our AMA supports protections that prohibit U.S. Immigration and Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies from utilizing information from medical records to pursue immigration enforcement actions against patients who are undocumented.

RESOLVED, That Resolution 15 be immediately transmitted to the House of Delegates at its 2017 Annual Meeting.

Rationale: The AMA RFS caucus strongly believes in the privacy and protection of patients’ medical records. The doctor patient relationship remains sovereign because of our continued efforts to defend it, and we will continue to treat any threat in similar fashion. Allowing access as described above, regardless of the reason, represents a dangerous precedent that must not be allowed to occur.

Caucus Vote: **Support**

Existing relevant RFS policy: The AMA-RFS has current policy 300.003R, which opposes external access of a patient's medical record without a valid legal justification or patient approval. As it stands, the protection of confidentiality of information included in a patient's medical record has been upheld, and allowing law enforcement entities access would set a dangerous precedent and threaten the trust inherent in the doctor patient relationship.

Existing RFS Policy: 300.003R **Protecting Patient Privacy Against Federal Judicial Intrusion**: That our AMA oppose intrusions on the physician-patient relationship and oppose any requests by outside bodies for confidential patient medical records without a valid legal justification or without appropriate patient authorization. (Substitute Resolution 6, A-04) (Reaffirmed Report D, I-14) [See also: AMA HOD Resolution 232, adopted, A-04]

**Immediately Forwarded MSS 524: Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis**

RESOLVED, That our AMA work with state and local health departments to achieve the legalization and implementation of facilities that provide a supervised framework and
enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services.

RESOLVED, that this be immediately forwarded to the AMA HOD.

Rationale: The AMA RFS has existing policy in support of needle exchange programs (policy 70.001R) which supports the central idea of the above resolution. The above resolution looked to achieve a further step by asking for the legalization and implementation of programs, with liability protections for those working at the facilities. This resolution covered a gap in our existing RFS policy in addressing protections for those working or volunteering in these facilities, hence supporting this resolution was a natural extension from our existing policy.

Caucus vote: Support

Existing relevant RFS policy: No current RFS resolution on liability and protection, however current policy does exist to address needle exchanges.

Existing Policy: 70.001R Needle Exchange Programs: Asked that the AMA encourage governmental funding of needle exchange programs that provide the opportunity to participate in a drug rehabilitation program. (Substitute Resolution 4, A-96) (Reaffirmed Report C, I-06)

70.002R Harm Reduction Strategies for Patients at Risk of Opioid Overdose: Asked that our AMA: (1) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (2) study appropriate treatments and risk mitigation methods for patients at risk for opioid overdose. (Resolution 4, A-12)

Immediately Forwarded YPS 16: Consideration of the Health and Welfare of U.S. Minor Children in Deportation Proceedings against their Undocumented Parents

RESOLVED, That our American Medical Association support that the mental health, physical well-being, and welfare of U.S. citizen minors should be taken into consideration in determining whether undocumented parents of U.S. citizen minors may be detained or deported (New HOD Policy); and be it further.

RESOLVED, That our AMA work with local and state medical societies and other relevant stakeholders to address the importance of considering the health and welfare of U.S. citizen minors in cases where the parents of those minors are in danger of detention or deportation. (Directive to Take Action)

Rationale: The AMA RFS caucus is sensitive to public health issues, and every year, this body sees numerous resolutions promoting the health and safety of our patients. This resolution is consistent and in line with our current policies as they pertain to physical and mental health. While the RFS does not have specific existing policy on the above topic, the above resolution seems like a natural progression to our existing policy compendium. These individuals are often engaged in circumstances beyond our control and it is important we stand up for them by not only providing adequate health care, but ensuring their social situations lend towards health as well.
Caucus vote: Support

Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created with respect to the first resolve, as the topic is relevant and will likely continue to be a health care issue.

Immediately Forwarded YPS 128: Protecting Patients’ Access to Emergency Services

RESOLVED, that the AMA should work with state insurance regulators, insurance companies and other stakeholders to immediately take action to halt the implementation of policies that violate the “prudent layperson” standard of determining when to seek emergency care.

Rationale: Our AMA RFS believes in the underlying tenant of the above resolution, that emergency care should be accessible to all those in need and unnecessary or discriminatory barriers should not be built around access and health. A “prudent layperson” is defined as one who possesses an average knowledge of medicine, and the standard establishes the criteria that insurance coverage is based not on end diagnosis, but on whether a prudent layperson consider their situation to be emergent in nature. Stripping this standard away would place many patients in compromising situations, where they may not have their visits covered by insurance, or may be disincentivized from seeking care in the first place. This goes against many of our RFS core values, hence why our caucus voted to support the above resolution.

Caucus vote: Support

Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created, as the topic is relevant and will likely continue to be a health care issue.

Conclusion
The flexibility afforded to the caucus by GC Report B allowed for the RFS voice to be heard on topics outside the scope of our formal RFS Digest of Actions. This summary now provides the RFS Assembly a sufficient amount of time to draft and submit resolutions on the recommended subject areas mentioned in this report. If a topic is narrow in scope, we recommend submitting an RFS resolution broader in scope to indicate that the RFS supports this area and to provide the RFS the flexibility to support these broader topics in HOD. Generating broader RFS policy also avoids the problem of duplicating AMA policy with the RFS Digest of Actions, as the RFS is governed by adopted AMA policy.