I. AMA House of Delegates
During the 2018 House of Delegates Interim Meeting (I-18), your Resident and Fellow Section Delegation took ad-hoc stances on three items of business by way of caucus vote.

(1) Resolution 952:
   • IMG Section Member Representation on Committees/Task Forces/Councils

Resolved Clause(s):
RESOLVED, That the American Medical Association ask the Educational Commission for Foreign Medical Graduates (ECFMG) to increase the number of international medical graduates (IMGs) proportionate to the percentage of IMGs serving in the U.S. on their councils, committees, and/or task forces. (Directive to Take Action)

Rationale:
Upon initial review of Resolution 952 it was determined that the RFS had no strong existing policy on the subject nor a necessitating interest, so a position of WATCH was taken. However, the authors of Resolution 952 (representatives of the International Medical Graduates Section) approached the RFS and requested support. As a result, your Delegates elected to discuss the merits of the resolution with the delegation and take a caucus vote on support.

Vote:
22 of 38 credentialed delegates were present, meeting quorum. 12 of 22 voting delegates voted in favor of supporting the resolution and the RFS position was changed to SUPPORT.

HOD Outcome:
The resolution authors had further conversations with members of the ECFMG and determined that efforts were already underway to increase representation of IMGs on the commission without any such resolution pushing for it. Following this conversation Resolution 952 was WITHDRAWN with the authors’ feeling their goals were being met.

(2) CEJA Report 4:
   • CEJA Role in Implementing H-140.837, “Anti-Harassment Policy”

Resolved Clause(s):
The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:

That provision (3) of H-140.837, “Anti-Harassment Policy” be rescinded (Directive to Take Action); and

That the process for implementing AMA’s anti-harassment policy be referred to the Board of Trustees for further study. (Directive to Take Action)
Rationale:
Upon initial review of CEJA Report 4 it was determined that the RFS had no strong existing policy on the subject nor a necessitating interest, so a position of WATCH was taken. However, following testimony in Reference Committee it became apparent that there were strong feelings on the issue amongst a majority of the delegation. When the Reference Committee recommended to NOT ADOPT the report it was communicated that this item would be extracted by other entities in the House. Given the importance of the issue and the overwhelming concern amongst the delegation as to its impact on our organization, your Delegates elected to discuss the merits of the resolution with the delegation and take a caucus vote on support of the Reference Committee’s recommendation to not adopt.

Vote:
23 of 34 credentialed delegates were present, meeting quorum. 18 of 23 voting delegates voted in favor of supporting the Reference Committee’s recommendation and the RFS position was changed to NOT ADOPT.

HOD Outcome:
CEJA Report 4 was not extracted and ultimately was NOT ADOPTED.

(3) Emergency Resolution 1:
- Harassment Issues within the AMA

Resolved Clause(s):
RESOLVED, That our American Medical Association immediately engage outside consultants to evaluate current processes and, as needed, implement new processes for the evaluation and adjudication of sexual and non-sexual harassment claims involving staff, members, or both with report back regarding said processes and implementation at the 2019 Annual Meeting.

(Directive to Take Action)

Rationale:
Immediately following the vote on CEJA Report 4, an emergency resolution relating to further reforming the processes by which the AMA adjudicates sexual harassment claims was introduced. Given the importance of this issue to the AMA, the strong feelings within the delegation about CEJA Report 4 and the previous vote to take a public position on that item, your Delegates felt it was important to give the delegation an opportunity to also take a position on this related resolution.

Vote:
Unlike the other two votes, this caucus vote was held electronically. 26 of 34 credentialed delegates were present, meeting quorum. 26 of 26 voting delegates voted in favor of supporting the emergency resolution and the RFS took a public position of SUPPORT.

HOD Outcome:
Emergency Resolution 1 was ADOPTED WITH AMENDMENT.
II. **RFS Assembly Meeting**

During I-18 your RFS Delegates also advocated for eight resolutions originating from the RFS, and one report that resulted from an RFS resolution referred at I-17. The results of those items of business are as follows:

1. **Resolution 203:**
   - **Support for the Development and Distribution of HIPAA-Compliant Communication Technologies**

   **Resolved Clause(s):**
   RESOLVED, That our American Medical Association promote the development and use of Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant technologies for text messaging, electronic mail and video conferencing.

   **HOD Outcome:**
   Given extensive existing AMA policy promoting HIPAA and HIPAA-compliant communication methods, Resolution 203 was placed on the REAFFIRMATION consent calendar, which the HOD affirmed.

2. **Resolution 204:**
   - **Restriction on IMG Moonlighting**

   **Resolved Clause(s):**
   RESOLVED, That our American Medical Association advocate for changes to federal legislation allowing physicians with a J-1 visa in fellowship training programs the ability to moonlight.

   **HOD Outcome:**
   The discussion on Resolution 204 was robust and far ranging. It touched on implications of changes to the J-1 visa program for access to care of underserved populations, the original federal intent of the J-1 visa program for cultural and educational exchange as opposed to work, and the ramifications on fellow fatigue, stress, licensing, payment and liability. Given the broad nature of the topic and the potential for unintended consequences, the Reference Committee recommended the resolution be REFERRED for study, which the HOD affirmed.

3. **Resolution 951:**
   - **Prevention of Physician and Medical Student Suicide**

   **Resolved Clause(s):**
   RESOLVED, That our American Medical Association request that the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education collect data on medical student, resident and fellow suicides to identify patterns that could predict such events.

   **HOD Outcome:**
   Testimony on this resolution garnered widespread and heartfelt support. While the Council on Medical Education is currently working on an extensive study on this topic to be delivered at A-19, the Reference Committee nonetheless saw fit to recommend ADOPT for Resolution 951, which the HOD affirmed.
(4) Resolution 953:

- Support for the Income-Driven Repayment Plans

Resolved Clause(s):

RESOLVED, That our American Medical Association advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.

HOD Outcome:

Resolution 953 was supported by uniformly positive testimony, with income-driven repayment plans recognized as critical programs for reducing educational debt as well as promoting educational opportunities to an economically diverse physician workforce. The Reference Committee recommended ADOPT, which the HOD affirmed.

(5) Resolution 803:

- Insurance Coverage for Additional Screening Recommended in States with Laws Requiring Notification of "Dense Breasts" on Mammogram

Resolved Clause(s):

RESOLVED, That our American Medical Association support insurance coverage for supplemental screening recommended for patients with “dense breast” tissue following a conversation between the patient and their physician; and be it further

RESOLVED, That our AMA 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.

HOD Outcome:

There was a robust discussion on Resolution 803 in Reference Committee, with representatives from the American College of Obstetricians and Gynecologists, the American College of Surgeons, the American College of Radiology and the Women Physician’s Section all delivering testimony. Much of the debate centered around making sure that the AMA was advocating for data-driven practices, even while many state legislatures have passed laws mandating patient notification of breast tissue density, causing confusion and distress among many patients in the absence of strong data to provide context around the implications of dense breast tissue. Given the concerns expressed by multiple groups, the Reference Committee recommended ADOPTION OF SUBSTITUTE LANGUAGE, to read:

RESOLVED, That our American Medical Association (AMA) reaffirm Policy H-525.993, which supports insurance coverage for screening mammography (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA reaffirm Policy H-525.977, which opposes state requirements for mandatory notification of breast tissue density to patients (Reaffirm HOD Policy); and be it further
RESOLVED, That our AMA encourage research on the benefits and harms of adjunctive screening for breast cancer for women identified to have dense breasts on an otherwise negative screening mammogram, in order to guide appropriate and evidence-based insurance care and coverage of the service (New HOD Policy); and be it further

RESOLVED, That our AMA support insurance coverage for and adequate access to supplemental screening recommended for patients with “dense breast” tissue following a discussion between the patient and their physician which integrates secondary risk characteristics (New HOD Policy).

This was extracted in the HOD for further debate, which ultimately was ADOPTED SUBSTITUTE LANGUAGE.

(6) Resolution 826:
• Developing Sustainable Solutions to Discharge of Chronically-Homeless Patients

Resolved Clause(s):
RESOLVED, That our American Medical Association work with relevant stakeholders in developing sustainable plans for the appropriate discharge of chronically-homeless patients from hospitals (Directive to Take Action); and be it further

RESOLVED, That our AMA reaffirm H-270.962 and H-130.940. (Reaffirm HOD Policy)

HOD Outcome:
Testimony on Resolution 826 was mixed, with most of the opposition expressing concern that the resolution could unintentionally create an unfunded mandate on hospitals. As a result of this concern the Reference Committee recommended Resolution 826 be REFERRED FOR STUDY. Your Delegates extracted this item and moved that the report be delivered no later than A-19 due to the time-sensitive nature of the state laws set to go into effect on this subject. This motion was passed and the resolution was REFERRED FOR STUDY WITH REPORT BACK BY A-19.

(7) Resolution 911:
• Regulating Tattoo and Permanent Makeup Inks

Resolved Clause(s):
RESOLVED, That our American Medical Association encourage the Food and Drug Administration 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 (New HOD Policy); and be it further

RESOLVED, That our AMA study the safety of any chemical in tattoo and permanent makeup inks. (Directive to Take Action)

HOD Outcome:
Resolution 911 was discussed in reference committee with the RFS speaking in favor of the resolution and offering amended language that was vetted by members of CSAPH prior to submission. This amended language was received with positive testimony, and the Reference
Committee recommended AMENDMENT BY ADDITION and ADOPTION OF AMENDED LANGUAGE, to read:

1. The AMA encourages the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures to protect the public health; and encourages tattoo artists, tattoo facilities, and physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program.

2. The AMA encourages manufacturers of tattoo inks to provide a list of their ingredients to protect public health;

3. The AMA encourages tattoo artists and tattoo facilities to obtain informed consent from their clients, that includes potential risks, prior to performing a tattooing procedure;

4. The AMA, in consultation with relevant stakeholders, develop model state legislation for regulation of tattoo artists and tattoo facilities to ensure adequate procedures to protect the public health and safety. (Modify HOD Policy)

This was not extracted in the HOD and was therefore ADOPTED AS AMENDED.

(8) Resolution 912:

- Comprehensive Breast Cancer Treatment

Resolved Clause(s):
RESOLVED, That our AMA amend Policy H-55.973, “Breast Reconstruction,” by addition and deletion as follows:

Our AMA: (1) believes that reconstruction of the breast for rehabilitation of the postmastectomy cancer post-treatment 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. (Modify Current HOD Policy)

HOD Outcome:
Resolution 912 was discussed in reference committee with the RFS speaking in favor of the resolution, followed by largely positive testimony with minor amendments discussed by members of the American College of Obstetricians and Gynecologists, the American College of Radiology, and others. Given these comments, the Reference Committee recommended ADOPTION OF AMENDED LANGUAGE as a second order motion, to read:

RESOLVED, That our American Medical Association amend Policy H-55.973, “Breast Reconstruction,” by addition and deletion as follows:
Our AMA: (1) believes that reconstruction of the breast for post-treatment rehabilitation of patients the postmastectomy cancer post-treatment 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 salpingo-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. (Modify Current HOD Policy)

This was not extracted in the HOD and was therefore ADOPTED AS AMENDED.

(9) CSAPH Report 2:

• **FDA Expedited Review Programs and Processes**

**Recommendations:**
The Council on Science and Public Health recommends that Policy H-100.992 be amended by addition and deletion to read as follows in lieu of Res-201-I-17, and the remainder of the report be filed:

(1) Our AMA reaffirms its supports for the principles that:

(a) an FDA decision to approve a new drug, to withdraw a drug's approval, or to change the indications for use of a drug must be based on sound scientific and medical evidence derived from controlled trials and/or postmarket incident reports as provided by statute;
(b) the evidence for drug approval should be evaluated by the FDA, in consultation with its Advisory Committees and expert extramural advisory bodies;
(c) expedited programs for drug approval serve the public interest as long as sponsors for drugs that are approved based on surrogate endpoints or limited evidence conduct confirmatory trials in a timely fashion to establish the expected clinical benefit and predicted risk-benefit profile;
(d) confirmatory trials for drugs approved under expedited programs should be planned and underway at the time of expedited approval;
(e) the FDA should pursue having in place a systematic process to ensure that sponsors adhere to their obligations for confirmatory trials, and Congress should establish a firmer threshold to trigger expedited withdrawal when sponsors fail to fulfill their postmarketing study obligations;
(d f) any risk-benefit analysis or relative safety or efficacy judgments should not be grounds for limiting access to or indications for use of a drug unless the weight of the evidence from clinical trials and postmarket reports shows that the drug is unsafe and/or ineffective for its labeled indications; and,
(g) FDA should consider a simple system to assign a grade for each approval of prescription drugs occurring via expedited programs in order to signal, and provide in a transparent manner, the quality of clinical trial evidence used to establish safety and effectiveness, and whether confirmatory trials are required for labeled indications.
(2) The AMA believes that social and economic concerns and disputes per se should not be permitted to play a significant part in the FDA’s decision-making process in the course of FDA devising either general or product specific drug regulation.

(3) It is the position of our AMA that the Food and Drug Administration should not permit political considerations or conflicts of interest to overrule scientific evidence in making policy decisions; and our AMA urges the current administration and all future administrations to consider our best and brightest scientists for positions on advisory committees and councils regardless of their political affiliation and voting history.

HOD Outcome:
CSAPH 2 was discussed in reference committee with the RFS speaking in favor of the report as it was well-written and reflected the principles of our original resolution. Other testimony was largely in favor except for testimony asking for less prescriptive resolved clauses. Given these concerns, the Reference Committee recommended ADOPTION OF AMENDED LANGUAGE, to read:

1(b) this evidence for drug approval should be evaluated by the FDA, in consultation with its Advisory Committees and expert extramural advisory bodies, as appropriate;

1(d) confirmatory trials for drugs approved under expedited programs accelerated approval should be planned and underway at the time of expedited approval;

(e) the FDA should pursue having in place a systematic process to ensure that sponsors adhere to their obligations for conducting confirmatory trials, and Congress should establish a firmer threshold to trigger expedited withdrawal when sponsors fail to fulfill their postmarketing study obligations;

1(g) FDA should make the annual summary of drugs approved under expedited programs more readily available and consider adding information on confirmatory clinical trials for such drugs to the drugs trials snapshot a simple system to assign a grade for each approval of prescription drugs occurring via expedited programs in order to signal, and provide in a transparent manner, the quality of clinical trial evidence used to establish safety and effectiveness, and whether confirmatory trials are required for labeled indications.

This item was extracted in HOD for further debate to clarify language on “expedited programs” as “accelerated approval,” adding “conducting”, and shortening language requesting an annual report from the FDA. These changes are reflected above and along with other reference committee recommendations, they were ultimately ADOPTED AS AMENDED.
The composition of the delegation is listed below. Please note that changes occurring as individuals left the conference or joined other delegations will be reflected in-line. A special thanks to our reference committee team leaders, who helped lead the review of over 150 items of business. Their names will be bolded below.

**RFS Delegate:** Mark Kashtan  
**RFS Alternate Delegate:** Amar Kelkar

**Sectional Delegates:**
Naiim Ali (Replaced by Josh Lesko), Grayson Armstrong, Hans Arora, **Eudy Bosley**, Michelle Falcone, Sean Figy, **Ankit Agarwal, Jacob Burns**, Laura Halpin, Marla Rejbi, **Scott Pasichow, Erin Schwab**, Aaron Kithkart, Raymond Lorenzoni (Replaced by Jessica Cho), Michael Lubrano (Replaced by Anna Yap), Benjamin Meyer, Matthew Mc Nelley, Andrew Klobuka, Hunter Pattison, Raghuveer Puttagunta, Sarah Marsicek (Replaced by Christopher Libby), Luke Selby, Megan Srinivas, Colin Murphy (Replaced by **Valerie Lockhart**), Tani Malhotra, Monica Wood

**Sectional Alternate Delegates:**
Joshua Lesko, Michael Metzner, Courtney Moors, Kunj Patel, Jessica Cho, Anna Yap, Toyin Okanlawon, Christopher Libby, Laurel Bessey, Kristy Truong, Valerie Lockhart, Sarp Aksel, Christiana Shoushtari

This concludes the Delegate Report for I-18.

Sincerely,
Mark Kashtan, Delegate  
Amar Kelkar, Alternate Delegate