Resident and Fellow Section

Summary of Actions

42nd Interim Business Meeting
November 8-10, 2018
Gaylord National Resort & Convention Center
National Harbor, MD

American Medical Association-Resident and Fellow Section
Summary of Actions (I-18)

Actions taken by the Assembly are outlined below in two sections: I) RFS Resolutions; and II) RFS Resolutions Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 1: Extending Pregnancy Medicaid To One Year Postpartum	**Adopted**	RESOLVED, That our AMA petition CMS to extend pregnancy Medicaid to a minimum of one year postpartum.	None; Will be forwarded at A-19
Late Resolution 2: Developing Sustainable Solutions to Discharge of Chronically-Homeless Patients	**Adopted**	RESOLVED, That our AMA work with relevant stakeholders in developing sustainable plans for the appropriate discharge of chronically-homeless patients from hospitals; and be it further RESOLVED, That our AMA reaffirm H-270.962 and H-130.940; and be it further RESOLVED, That this resolution be immediately forwarded to the House of Delegates for consideration.	Immediately forwarded at I-18; HOD Action Referred
Late Resolution 3: Affirming the Medical Spectrum of Gender	**Adopted**	RESOLVED, That our AMA-RFS support initiatives that educate state and federal policymakers and legislators on and advocate for policies addressing the medical spectrum of gender identity to ensure access to quality health care; and be it further RESOLVED, That our AMA-RFS affirm that an individual's genotypic sex, phenotypic sex, sexual orientation, gender and gender identity are not always aligned or indicative of the other, and that gender for many individuals may differ from the sex assigned at birth.	None;
Resolution 1: Support for Medicare Disability Coverage of Contraception for Non-Contraceptive Use	**Adopted as amended**	RESOLVED, That our AMA ~~RFS encourage~~ work with Center for Medicare and Medicaid Services and other stakeholders ~~CMS prescription benefit plans~~ to include coverage for all FDA-approved contraception, ~~including the levonorgestrel intrauterine device,~~ for non-contraceptive use for patients covered by Medicare ~~in patients covered by Medicare disability insurance.~~	None; Will be forwarded at A-19
Resolution 2: Support for Medicare Disability Coverage of Contraception for Women of Reproductive Age	**Adopted**	RESOLVED, That our AMA-RFS encourage CMS to provide coverage for all FDA-approved contraception for reproductive aged women covered by Medicare disability insurance.	None.

Resolution 3: Increasing Rural Rotations During Residency	**Adopted**	RESOLVED, That our AMA work with state and specialty societies, medical schools, teaching hospitals, ACGME, CMS and other interested stakeholders to encourage and incentive qualified rural physicians to serve as preceptors, volunteer faculty, etc. for rural rotations in residency; and be it further RESOLVED, That our AMA work with ACGME, ABMS, FSMB, CMS and other interested stakeholders to lessen or remove regulations or requirements on residency training and physician practice that preclude formal educational experiences and rotations for residents in rural areas; and be it further resolved RESOLVED, That our AMA work with interested stakeholders to identify strategies to increase residency training opportunities with a report back to the HOD and formulate an actionable plan of advocacy with the goal of increasing residency training in rural areas.	None. Will be forwarded at A-19.
Resolution 4: Promoting Nutrition Education Among Healthcare Providers	**Reaffirmed H-465.988 in Lieu of**	AMA Policy H-465.988 be reaffirmed in lieu of Resolution 3.	None; New resolution will go forward at A-19 asking for reaffirmation of HOD policy
Resolution 5: DACA in GME	**Reaffirmed D-255.991 and D-350.986 in Lieu of**	AMA Policies D-255.991 and D-350.986 be reaffirmed in lieu of Resolution 5.	None; None; New resolution will go forward at A-19 asking for reaffirmation of HOD policy
Resolution 6: Contraception for Incarcerated Women	**Adopted as Amended**	~~RESOLVED, That our AMA supports access to contraceptive options for advocates for state and local health departments to work with correctional facilities to provide contraception to incarcerated women prior to release.; and be it further~~ RESOLVED, That our AMA supports incarcerated persons' access to evidence-based contraception counseling, access to all contraceptive methods and autonomy over contraceptive decision making prior to release. ~~RESOLVED, That our AMA encourage partnerships between healthcare providers and correctional care communities, including state and local health departments, correctional facilities and community healthcare centers, so that access to contraception among women recently released from correctional facilities may be~~	None; Will be forwarded at HOD A-19

		~~increased; and be it further~~ ~~RESOLVED, That our AMA recognize that access to contraception is a serious healthcare concern among incarcerated women; and be it further~~ ~~RESOLVED, That our AMA petition the National Commission on Correctional Healthcare to recognize that access to contraception is a serious healthcare concern among incarcerated women.~~	
Resolution 7: Decreasing Financial Burdens on Residents and Fellows	**Referred with report back at A-19.**	RESOLVED, That our AMA partner with the ACGME and other relevant stakeholders to encourage training programs to reduce financial burdens on residents and fellows by providing subsidized access to day care facilities and other basic necessities such as on call meal allowances for residents taking in-house call, and free parking on site, and further be it RESOLVED, That this resolution be forwarded to AMA-HOD at A-19.	None.
Resolution 8: Strategies to Reduce Burnout in Medical Trainees	**Reaffirmed 291.015R in Lieu of**	AMA-RFS policy 291.015R be reaffirmed in lieu of Resolution 8.	None.
Resolution 9: Medical Aid in Dying	**Referred with report back at A-19.**	RESOLVED, That our AMA-RFS support changes to AMA policy to support laws that allow for Medical Aid in Dying; and be it further RESOLVED, That our AMA-RFS support changes to AMA policy to move the AMA towards public support of Medical Aid in Dying; and be it further RESOLVED, That our AMA-RFS support changes to AMA policy which codify that it is within the AMA's Code of Medical Ethics for physicians to involve Medical Aid in Dying in their practice when allowed by law and agreed to by the patient and provider; and be it further RESOLVED, That our AMA-RFS work with appropriate external organizations to ensure that resident and fellow training includes training in Medical Aid in Dying as allowed by law and at the discretion of the trainee, and support policy changes within the AMA which seek to do the same; and be it further RESOLVED, That our AMA-RFS support the AMA in ending its practice of using the term "physician assisted suicide" and instead replace it with the term "Medical Aid in Dying."	None.

Resolution 10: Improving Patient Care Through Patient Self-Awareness of Personal Health Information	**Not Adopted**	RESOLVED, That our AMA-RFS ask our AMA to evaluate methods to garner patient responsibility to provide Protected Health Information (PHI) to their healthcare providers, and be it further RESOLVED, That our AMA-RFS ask our AMA to study the impact such methods may have on health outcomes.	None.
Resolution 11: Delegation of Informed Consent	**Adopted as Amended**	RESOLVED, That our AMA in cooperation with other relevant stakeholders advocate that a qualified physician be able to delegate his or her duty to obtain informed consent to another provider that has knowledge of the patient, the patient's condition, and the procedures to be performed on the patient. <u>RESOLVED, That our AMA study the implications of the Shinal v. Toms ruling and its potential effects on the informed consent process.</u>	None; Will be forwarded at A-19.

III. HOD RESOLUTIONS AND REPORTS

Resolution/Report	Policy	HOD Action
Resolution 203: Support for the Development and Distribution of HIPAA-Compliant Communication Technologies	RESOLVED, That our AMA advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.	Reaffirmed
Resolution 204: Restriction on IMG Moonlighting	RESOLVED, That our AMA advocate for changes to federal legislation allowing physicians with a J-1 visa in fellowship training programs the ability to moonlight.	Referred
Resolution 803: Insurance Coverage for Additional Screening Recommended in States with Laws Requiring Notification of "Dense Breasts" on Mammogram	RESOLVED, That our AMA 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.	Adopted as Amended
Resolution 911: Regulating Tattoo and Permanent Makeup Inks	RESOLVED, 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; and be it further	Adopted as amended

	RESOLVED, That our AMA study the safety of any chemical in tattoo and permanent makeup Inks.	
Resolution 912: Comprehensive Breast Cancer Treatment	RESOLVED, That our AMA amend Policy H55.973 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.	Adopted as Amended
Resolution 951: Prevention of Physician and Medical Student Suicide	RESOLVED, That our AMA request that the Liaison Committee on Medical Education and Accreditation Council of Graduate Medical Education collect data on medical student, resident and fellow suicides to identify patterns that could predict such events.	Adopted
Resolution 953: Support for Income-Driven Repayment Plans	RESOLVED, That our AMA advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.	Adopted

Resident and Fellow Section

Summary of Actions

41st Interim Business Meeting
November 9-11, 2017
Hawaii Convention Center
Honolulu, HI

American Medical Association-Resident and Fellow Section
Summary of Actions (I-17)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions and II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Emergency Resolution 1: Support of Protesting Resident Physicians in Poland	**Adopted as Amended**	RESOLVED, That the AMA-RFS support the application of its ideals regarding the health of patients and the rights of physicians in training to all situations where inadequate health care systems and/or injustice exist regardless of national affiliation.~~; and be it further~~ ~~RESOLVED, That our AMA-RFS ask the AMA to issue a statement on the issue of the Polish junior physician protests encouraging a good faith dialogue between junior physicians and members of the Polish government to achieve the mutually beneficial goals of adequate healthcare spending, a sufficient healthcare workforce and improved working conditions and pay for physicians in training; and be it further (Directive to Action)~~ ~~RESOLVED, That this resolution be immediately forwarded to the House of Delegates for consideration at the 2017 Interim Meeting (Directive to Action)~~	None; Internal RFS Policy
Late Resolution 1: Network Adequacy	**Adopted as Amended**	RESOLVED, That our AMA-RFS recognize network adequacy as a central element of access to care; and be it further RESOLVED, That our AMA-RFS recognize that network adequacy must include emergency and psychiatric care; and be it further RESOLVED, That our AMA-RFS work with interested sections ~~and organizations~~ to ensure that out-of-network policies do not limit access to care by creating undue financial and administrative burdens for patients and physicians.	None; Internal RFS Policy
Resolution 1: Regulating Tattoo and Permanent Makeup Inks	**Adopted as Amended**	RESOLVED, 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; and be it further RESOLVED, That our AMA study the safety of any ~~chemical in tattoo and permanent makeup inks encourage the FDA to ban from tattoo and permanent makeup inks any chemical for which~~	None; Will be forwarded at HOD I-18

		~~significant concern exists with regard to their carcinogenic, mutagenic,reprotoxic, and sensitizing properties~~.	
Resolution 2: Prevention of Physician and Medical Student Suicide	**Adopted as amended**	RESOLVED, That our AMA request ~~recommend~~ that the Liaison Committee on Medical Education and Accreditation Council of Graduate Medical Education ~~investigate conditions and circumstances at~~ collect data on ~~any~~ medical ~~school~~ student, resident and fellow ~~residency program that has experienced a~~ suicides to identify patterns that could predict such events.	None; Will be forwarded at HOD I-18
Resolution 3: Prevention of Credit Withholding in Residency Programs	**Not Adopted**		None.
Resolution 4: Resident Freedom to Take Specialty Board Examinations	**Not Adopted.**		None.
Resolution 5: The Intracranial Hemorrhage Anticoagulation Reversal (ICHAR) Initiative	**Adopted as Amended**	~~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.	None; Will be forwarded at HOD A-19
Resolution 6: Setting Boundaries for Extending Residents' Training Beyond Traditional Residency Completion Dates	**Reaffirmed Existing RFS policy 291.031R in lieu of adoption**		None; Reaffirmed Internal RFS Policy
Resolution 7: Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows	**Adopted as Amended**	~~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~~	None; Will be forwarded at HOD A-19

		~~competencies in pathology and laboratory medicine for medical student, resident and fellow members~~.	
Resolution 8: Evaluation of Changes to Residency and Fellowship Application and Matching Processes	**Adopted as Amended**	~~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 and 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 ~~is~~ are data which demonstrates that the proposed application components contribute to an accurate representation of the candidate c. There ~~is~~ are 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 d. The costs to medical students and residents are mitigated Oppose the introduction of new and mandatory requirements that fundamentally alter	None; Internal RFS Policy; Will be forwarded at HOD A-19

		the residency and fellowship application process until such time as the above conditions are met 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~~ ~~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~~ ~~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~~	
Resolution 9: Preventing Automobile Heat Stroke Deaths	**Not Adopted**		None.
Resolution 10: Resident/Fellow Wages	**Reaffirmed Existing RFS policy 291.002R in lieu of adoption**		None; Reaffirmed Internal RFS Policy
Resolution 11: Residency Match Systems and Timelines	**Adopted as Amended**	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.	None; Will be forwarded at HOD I-18

		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. RESOLVED, That our AMA-RFS support working 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. RESOLVED, That our AMA-RFS support working 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 support and encourage all match application systems to provide robust match data to their applicants.	
Resolution 12: Improving Utility of Clinical Documentation	**Adopted as Amended**	RESOLVED, That our AMA-RFS 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.	None; Internal RFS Policy
Resolution 13: Acute Care of Patients with Dementia in Hospitals	**Not adopted.**		None.
Resolution 14: Support for the Income-Driven Repayment Plans	**Adopted as Amended**	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.	None; Will be forwarded at HOD I-18
Resolution 15: Support	**Adopted as**	RESOLVED, That our AMA ~~advocate for~~ promote	None; Will be

for the Development and Distribution of HIPAA-compliant Communication Technologies	**Amended**	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.~~	forwarded at HOD I-18
Resolution 16: Protection of Funding for Full-Spectrum Women's Health Services	**Reaffirmed Existing RFS policy 390.009R in lieu of adoption**		None; Reaffirmed Internal RFS Policy

II. RFS REPORTS

Report	RFS Action	Policy
Report E: AMA-RFS Sunset Mechanism Procedure	**Adopted as Amended**	RESOLVED, That our AMA-RFS Governing Council present actionable sunset recommendations to RFS policy via a yearly report at our Annual Meeting; and be it further RESOLVED, That each adopted resolve or recommendation clause within an RFS policy shall be considered individually with regard to the sunsetting process; and be it further RESOLVED, That our AMA-RFS annually review ten-year-old RFS policies and recommend whether to (a) reaffirm the policy, (b) rescind the policy, (c) reconcile the policy with more recent and like policy, or (d) make editorial changes which maintain the original intent of the policy; and be it further RESOLVED, That each RFS sunset recommendation regarding RFS policy may be extracted from the Consent Calendar and handled individually by our Assembly, but may only be adopted or not adopted; and be it further RESOLVED, That an action of the RFS Assembly that retains or updates an existing RFS policy shall reset the sunset "clock," making the reaffirmed RFS policy viable for ten additional years; and be it further RESOLVED, That defeated RFS sunset recommendations be reaffirmed for one year, to be readdressed via RFS Governing Council report or resolution from the RFS Assembly at or prior to the next RFS Annual Meeting; and be it further RESOLVED, That nothing in this policy shall

		prohibit a report or resolution to sunset an RFS policy earlier than its ten-year horizon if it is no longer relevant, has been superseded by a more current RFS policy, or has been accomplished; and be it further RESOLVED, That **580.013R Sunset of AMA-RFS Policy** be rescinded.

III. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 201: Improving FDA Expedited Approval Pathways	**Referred**	None; Referred for study.
Resolution 901: Universal Prescriber Access to Prescription Drug Monitoring Programs	**Adopted as Alternate Resolution 901**	RESOLVED, That our AMA encourage primary and secondary schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep; (New HOD Policy) and be it further RESOLVED, that our AMA encourage primary care physicians to assess pediatric patients and educate parents about amount of screen time, physical activity and sleep habits. (New HOD Policy)
Resolution 952: Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training	**Adopted as Amended**	RESOLVED, That our American Medical Association: (1) 24 actively support the development and implementation of training <u>regarding</u> implicit bias, diversity and inclusion ~~as a component of medical education~~ in all medical schools and residency programs; (2) identify and publicize effective strategies for educating residents in all specialties about disparities in their fields <u>related to race, ethnicity, and all populations at increased risk</u> ~~according to race and ethnicity~~, with particular regard to access to care and health outcomes, <u>as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers</u>; and (3) support research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes ~~according to race and ethnicity~~, <u>in all at-risk populations</u>. (Directive to Take Action)
Resolution 951: Financial Protections for Doctors in Training	**Not Considered.**	None.

Resident and Fellow Section

Summary of Actions

41st Annual Business Meeting
June 8-10, 2017
Hyatt Regency Chicago
Chicago, IL

American Medical Association-Resident and Fellow Section
Summary of Actions (A-17)

Actions taken by the Assembly are outlined below in two sections: I) RFS Resolutions and II) RFS Reports

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 1: Protection of Access and Coverage of Women's Preventative and Maternity Care	**Adopted as Amended**	RESOLVE, that our AMA-RFS support ~~the continued efforts and~~ legislation and regulations that ensure~~s~~ women have comprehensive coverage and access to preventative care, contraception ~~contraceptives~~, and maternity care with no cost sharing.	None; Internal RFS Policy
Late Resolution 2: Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine	**Adopted**	RESOLVED, That our RFS support conducting studies on the participation of academic and teaching physicians, residents, fellows, and medical students, and community-based faculty members of medical schools and graduate medical education programs in organized medicine on medical school campuses and in teaching hospitals; and be it further RESOLVED, That our RFS support identifying successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine at the training sites.	Co-sponsored resolution with MSS/APS in HOD; Internal RFS Policy
Resolution 1: Improving FDA Expedited Approval Pathways	**Adopted as Amended**	RESOLVED, That our AMA work with FDA and other interested stakeholders to design and implement via legislative action (including ensuring appropriate FDA staffing) a process by which drugs which obtain FDA approval via the Fast Track, Accelerated Approval, or Breakthrough Therapy pathways be granted FDA approval on a temporary basis not to exceed 5 years, ~~until permanent approval can be granted by the FDA based on a formal review of post-marketing surveillance data, and be it further pending further evidence of safety and efficacy that is at the level set for the standard drug approval process.~~ pending further evidence of safety and efficacy that is at the level set for the standard drug approval process. RESOLVED, That our AMA work with the FDA and other interested stakeholders to define "specialty drugs" and the process for designating "specialty drugs" for expedited approval pathways. ~~in improving the process by which drugs are selected for the expedited pathway to~~	Will be forwarded to HOD at I-17.
Resolution 2: Amendment to RFS Policy 410.030R	**Adopted**	RESOLVED, That our AMA-RFS amend RFS policy 410.030R by addition to read as follows: **410.030R Emergent Communicable Disease Public Health Crises:** That our RFS	None; Amend Internal RFS Policy

		support AMA efforts in urging Congress to expeditiously act to ensure sufficient funding for research, prevention, diagnosis, control, and treatment of newly identified communicable diseases that pose a public health emergency without diverting resources from other essential health initiatives. (Resolution 6, I-16)	
Resolution 3: Harmful Effects of Screen time ~~and Blue Light Exposure with~~ Children	**Adopted as Amended with Change in Title**	RESOLVED, That our AMA encourage ~~all~~ primary and secondary schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep; and be it further ~~RESOLVED, That the AMA encourage research into the utility of blue light filtering glasses and a blue light filter option on devices such as smart phones and tablets; and be it further~~ RESOLVED, That our AMA encourage primary care physicians to assess all pediatric patients and educate all parents about amount of screen time, physical activity and sleep habits.	Will be forwarded to HOD at I-17.
Resolution 4: Education on, Screen, and Reporting of Elder Abuse and Neglect	**Adopted as Amended**	RESOLVED, That our AMA-RFS promote elder abuse screening during patient encounters when deemed appropriate by the provider. ~~RESOLVED, That our AMA promote research to ascertain if the use of educational programs and interventions improves attitude and knowledge of all caregivers and ultimately leads to the reduction of elder abuse incidents.~~	None; Internal RFS Policy
Resolution 5: RFS Sunset Mechanism	**Referred**	RESOLVED, That our AMA-RFS Governing Council present actionable sunset recommendations to RFS policy via a yearly report at our Annual Meeting; and be it further RESOLVED, That each adopted resolve or recommendation clause within an RFS policy shall be considered individually with regard to the sunsetting process; and be it further RESOLVED, That our AMA-RFS annually review ten-year-old RFS policies and recommend whether to (a) reaffirm the policy, (b) rescind the policy, (c) reconcile the policy with more recent and like policy, or (d) make editorial changes which maintain the original intent of the policy; and be it further RESOLVED, That each RFS sunset recommendation regarding RFS policy may be extracted from the Consent Calendar and handled individually by our Assembly, but may only be adopted or not adopted; and be it further RESOLVED, That an action of the RFS Assembly that retains or updates an existing RFS policy shall reset the sunset "clock," making the reaffirmed RFS policy viable for ten additional years; and be it	None; Referred for Study

		further RESOLVED, That defeated RFS sunset recommendations be reaffirmed for one year, to be readdressed via RFS Governing Council report or resolution from the RFS Assembly at or prior to the next RFS Annual Meeting; and be it further RESOLVED, That nothing in this policy shall prohibit a report or resolution to sunset an RFS policy earlier than its ten-year horizon if it is no longer relevant, has been superseded by a more current RFS policy, or has been accomplished; and be it further RESOLVED, That **580.013R Sunset of AMA-RFS Policy** be rescinded.	
Resolution 6: RFS Caucus Vote Mechanism	**Adopted as Amended; Referred the issue of introducing new RFS business to cover *ad hoc* policy actions.**	RESOLVED, That ~~prior to I-17,~~ following the conclusion of each House of Delegates meeting, not to exceed 30 days, our ~~Governing Council~~ RFS Delegate and Alternate Delegate will ~~develop a mechanism to~~ provide a brief summary of any ~~educate the RFS Assembly at large on the~~ *ad hoc* policy actions of the RFS Caucus as to allow related resolutions to be written within existing deadlines.	None; Internal RFS Policy; Referred for study the issue of introducing new RFS business to cover *ad hoc* policy actions.
Resolution 7: Background Checks on Firearm Purchases	**Reaffirmed Existing RFS policy 110.001R in lieu of adoption**		None; Reaffirmed Internal RFS Policy
Resolution 8: Financial Protections for Doctors in Training	**Adopted as Amended**	RESOLVED, That our AMA ~~support~~ study the impact of encouraging training programs to offer ~~retirement plans for all residents and fellows, which includes~~ retirement plan matching and the unique nature of vesting as applied to residents in order to further secure the financial stability of physicians in training ~~and increase financial literacy during training~~; and be it further RESOLVED, That our AMA ~~support~~ encourage ~~that all~~ training programs to provide financial education ~~advising~~ to residents and fellows.	Will be forwarded to HOD at I-17
Resolution 9: Liquid Laundry Detergent Packet Safety	**Not Adopted**		None
Resolution 10: Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training	**Adopted as Amended**	That our AMA will: (1) Actively support the development and implementation of training in implicit bias, diversity and inclusion as a component of medical education ~~in all medical schools and residency programs~~; (2) Identify and publicize effective strategies for educating residents in all specialties about disparities in their fields according to	Will be forwarded to HOD at I-17

		race and ethnicity, with particular regard to access to care and health outcomes; and (3) Support research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes ~~according to race and ethnicity~~.	

II. RFS REPORTS

Report	RFS Action	Policy
Report E: RFS Election Reform	**IOP Changes Adopted as Amended**	1. AMA-RFS IOP VII.D.2-5 shall be amended by insertion and deletion to read: 2) Method of Endorsement. ~~Where there is o~~ Only one resident or fellow member of the AMA ~~candidate, endorsement~~ may be endorsed by the Resident and Fellow Section (RFS) Assembly to serve as the Resident and Fellow Trustee. ~~by affirmation. When there are multiple candidates, a motion to endorse more than one candidate shall be in order. Endorsements shall be by ballot. Votes shall be cast by approval balloting, such that any candidate whom the delegate deems worthy of endorsement should be marked affirmatively by that delegate. There shall be no ranking, and it should be made clear that marking a second candidate in no way jeopardizes the chances of a first candidate to be endorsed.~~ 3) The AMA-RFS Assembly may endorse a resident or fellow member at the Interim Meeting to be a candidate for a *single election* ~~*term*~~. The Assembly may choose not to endorse any candidate for the position of Trustee. 4) ~~3. Processing.~~ Endorsements shall be by private ballot. No ballots will be cast after the expiration of the voting period. On the official ballot, votes may be cast for one candidate or for no candidates. ~~The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the boxes will be sequestered in a private location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. Counting shall proceed by counting the number of affirmative votes for each candidate. Every candidate who receives an affirmative vote from greater than 50% of those who cast legal ballots shall be endorsed.~~

		5)The candidate must receive an affirmative vote from greater than 50% of those who cast legal ballots from the AMA- RFS Assembly to be endorsed by the AMA-RFS. 6)As per RFS Internal Operating Procedures V.F.5.b, there shall be a run-off ballot between the two highest vote recipients in the event that no single candidate receives a majority of legal votes cast for a given office. 7)~~4. Validating. Upon completion of the tabulation, the Chair of the Rules Committee will validate the election results by determining that each ballot is official, that the number of ballots cast is equal to or less than the number distributed and will then certify the results in writing. He or she will then immediately forward these results to the Assembly's presiding officer.~~ The candidate who receives a majority of legal votes cast shall receive complete AMA-RFS endorsement. Upon receipt of the RFS Rules Committee's election results and verification, the presiding officer will announce the results to the Assembly. 8)~~5. Late Endorsement.~~ At the time of the RFS Annual Meeting, if no candidate has been endorsed, ~~A~~a candidate may ask for endorsement by the Assembly at the ~~a~~Annual ~~m~~Meeting ~~of the Assembly~~. This is subject to the same rules described above and additionally requires a 2/3 vote of the Assembly for endorsement. ~~In the case of an individual seeking late endorsement, any individual who has already been endorsed for the position shall be allotted equal time before the Assembly and shall have his or her materials reprinted in the Assembly handbook upon request~~. 2. AMA-RFS IOP VIII.D.2-4 shall be amended by insertion and deletion to read: 2) Method of Endorsement: ~~Where there is only one candidate for a given council, endorsement may be by affirmation. When there are multiple candidates, a motion to endorse more than one candidate shall be in order. Endorsements shall be by ballot. There shall be a separate ballot for each Council. Votes shall be cast by approval balloting, such that any candidate whom the delegate deems worthy of endorsement should be marked affirmatively by that~~

		~~delegate. There shall be no ranking, and it should be made clear that marking a second candidate in no way jeopardizes the chances of a first candidate to be endorsed.~~ Only one resident or fellow member of AMA may be endorsed by the Resident and Fellow Section (RFS) Assembly to serve as a non-appointed Council member. 3) The AMA-RFS Assembly may endorse a resident or fellow member at the Interim Meeting to be a candidate for a *single ~~election term~~*. The Assembly may choose not to endorse any candidate for the position of non-appointed Council member. 4) ~~3. Processing.~~ Endorsements shall be by private ballot. No ballots will be cast after the expiration of the voting period. On the official ballot, votes may be cast for one candidate or for no candidates. ~~The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the boxes will be sequestered in a private location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. Counting shall proceed by counting the number of affirmative votes for each candidate.~~ 5) ~~Every~~ The candidate ~~who~~ must receive~~s~~ an affirmative vote from greater than 50% of those who cast legal ballots from the AMA-RFS Assembly to ~~shall~~ be endorsed by the AMA-RFS. 6) As per RFS Internal Operating Procedures V.F.5.b, there shall be a run-off ballot between the 2 highest vote recipients in the event that no one candidate receives a majority of legal votes cast for a given office. 7) The candidate who receives a majority of legal votes cast shall receive complete AMA-RFS endorsement. Upon receipt of the Rules Committee's election results and verification, the prescribing officer will announce the results to the Assembly. 8) ~~4. Late Endorsement.~~ At the time of the RFS Annual Meeting, if no candidate has been endorsed, a ~~A~~ candidate may ask for endorsement by the AMA-RFS Assembly at the ~~a~~ Annual ~~m~~ Meeting ~~of the Assembly.~~ This is subject to the same rules described above and additionally requires a 2/3 vote of the Assembly for endorsement. ~~In the case of an individual seeking late endorsement,~~

		~~endorsed for the position shall be allotted equal time before the Assembly and shall have his or her materials reprinted in the Assembly handbook upon request.~~ 1. AMA-RFS IOP VII AND VIII shall be amended by insertion to read: G. Expiration of Endorsement. Any endorsement of a resident or fellow member, whether endorsed by a specialty society, state society or the RFS Assembly, shall only be valid for two consecutive AMA-RFS Assembly and AMA House of Delegates meetings, which includes the meeting during which the initial endorsement was obtained. If a resident or fellow member is seeking re-endorsement following expiration of previous endorsement, the member would be required to obtain new endorsement for the desired position. 1. AMA-RFS IOP V.C.1 shall be amended by insertion to read: ~~1)~~All members of the RFS, including fourth year medical students who have matched into a residency program, are eligible for election to the Governing Council, provided that they do not hold other AMA-RFS ~~Leadership Positions~~ Governing Council Positions, Board of Trustees and RFS seats on HOD Councils with terms that would overlap with the desired Governing Council position, with the exception of RFS Chair-Elect. ~~These AMA-RFS Leadership positions include: RFS Governing Council positions and RFS positions on HOD Councils~~.
Report F: Residency Transfers	**Adopted as Amended**	1) That the AMA-RFS continue to actively promote the resident and fellow vacancy page. 2) That the AMA-RFS ~~consider organizing~~ organize the information, including links to specialty society websites, on the resident and fellow vacancy page in a user-friendly format. 3) That the AMA-RFS initiate conversation to integrate the resident and fellow vacancies into FRIEDA, a resource well known to residents and fellows, to make the information more widely distributed and easily accessible. 4) That the AMA-RFS include information about procedures and logistics of transferring residency and fellowship programs or specialties.

Report G: Fellowship Start Date	**Adopted as Amended**	That the AMA survey physicians who have undergone ~~this~~ revised fellowship start date<u>s</u> to further evaluate the benefits and drawbacks from this transition.
Report H: Health Fitness Partnership	**Adopted as Amended**	We strongly urge the AMA: 1) To promote health and wellness among its members. 2) To further investigate and explore partnerships to promote health and wellness among its members, including a partnership that provides some financial benefit to AMA members.

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 101: Eliminating ~~Financial~~ Barriers for Evidence-Based HIV Pre-Exposure Prophylaxis	**Adopted as Amended with a change in Title**	RESOLVED, That our American Medical Association amend Policy H-20.895 by addition to read as follows: H-20.895, Pre-Exposure Prophylaxis <u>(PrEP)</u> for HIV 1. Our AMA will educate physicians and the public about the effective use of pre-exposure prophylaxis for HIV and the US PrEP Clinical Practice Guidelines. 2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances. <u>3. Our AMA supports the removal of insurance barriers for PrEP such as prior authorization, mandatory consultation with an infectious disease specialist and other barriers that are not clinically relevant.</u> ~~3~~<u>4. Our AMA advocates that individuals not be denied any</u> ~~various financial products, including disability~~ <u>insurance</u>~~,~~ <u>on the basis of</u> ~~HIV pre-exposure prophylaxis (PrEP)~~ <u>use</u>. (Modify Current HOD Policy)
Resolution 201: Improving Drug Affordability	**Adopted as Amended**	RESOLVED, That our American Medical Association support drug price transparency legislation that requires pharmaceutical manufacturers to disclose, in a timely fashion, the basis for the prices of all of prescription drugs, including but not limited to (1) research and development costs paid by both the manufacturer and any other entity; (2) manufacturing costs; (3) advertising and marketing costs; (4) total revenues and direct and indirect sales; (5) unit price; (6) financial assistance provided for each drug including any discounts, rebates and/or prescription drug assistance; (7) any offshoring of either jobs or profits; (8) any reverse payment settlements; (9) payments to third parties—such as wholesalers, group purchasing organizations (GPOs), managed care organizations (MCOs), and pharmacy benefit management companies (PBMs)(New HOD Policy); and be it further

		~~RESOLVED, That our AMA support legislation that requires pharmaceutical manufacturers to provide public notice before increasing the wholesale price of any brand or specialty drug by 10% or more each year or per course of treatment (New HOD Policy); and be it further~~ RESOLVED, That our AMA support legislation that authorizes the Attorney General and/or the Federal Trade Commission to take legal action to address price gouging by pharmaceutical manufacturers and increase access to affordable drugs for patients (New HOD Policy); and be it further RESOLVED, That our AMA support the expedited review of generic drug applications and prioritize review of such applications when there is a drug shortage, no available comparable generic drug, or a price increase of 10% or more each year or per course of treatment. (New HOD Policy)
Resolution 301: Mental Health Disclosures on Physician Licensing Applications	**Recommendation B referred, and the remainder of Resolution 301 Adopted as Amended**	RESOLVED, That our American Medical Association encourage state medical boards to consider physical and mental conditions similarly (New HOD Policy); and be it further RESOLVED, That our AMA encourage state medical boards to recognize that the presence of a mental health condition does not <u>necessarily</u> equate with an impaired ability to practice medicine (New HOD Policy); and be it further RESOLVED, That our AMA encourage state medical societies to advocate that state medical boards not sanction physicians based solely on the presence of a psychiatric disease, irrespective of treatment or behavior. (New HOD Policy)
Resolution 403: Tobacco Harm Reduction: A Comprehensive Nicotine Policy to Reduce Death and Disease Caused by Smoking	**Referred**	
Resolution 404: Support for Standardized Diagnosis and Treatment of Hepatitis C Virus in the Population of Incarcerated Persons	**Policy H-440.902 Adopted as Amended**	RESOLVED, That our American Medical Association support the implementation of routine screening for Hepatitis C virus (HCV) in prisons (New HOD Policy); and be it further RESOLVED, That our AMA advocate for the initiation of treatment for HCV <u>when appropriate</u> in ~~all~~ incarcerated patients with the ~~disease~~ <u>infection who are</u> and seeking treatment (New HOD Policy); and be it further RESOLVED, That our AMA support negotiation for affordable pricing for therapies to treat and

		cure HCV among correctional facility health care providers, correctional facility health care payors, and drug companies to maximize access to these disease-altering medications. (New HOD Policy)

Resident and Fellow Section

Summary of Actions

41st Annual Business Meeting
June 8-10, 2017
Hyatt Regency Chicago
Chicago, IL

American Medical Association-Resident and Fellow Section
Summary of Actions (A-17)

Actions taken by the Assembly are outlined below in two sections: I) RFS Resolutions and II) RFS Reports

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 1: Protection of Access and Coverage of Women's Preventative and Maternity Care	**Adopted as Amended**	RESOLVE, that our AMA-RFS support ~~the continued efforts and~~ legislation and regulations that ensure~~s~~ women have comprehensive coverage and access to preventative care, contraception ~~contraceptives~~, and maternity care with no cost sharing.	None; Internal RFS Policy
Late Resolution 2: Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine	**Adopted**	RESOLVED, That our RFS support conducting studies on the participation of academic and teaching physicians, residents, fellows, and medical students, and community-based faculty members of medical schools and graduate medical education programs in organized medicine on medical school campuses and in teaching hospitals; and be it further RESOLVED, That our RFS support identifying successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine at the training sites.	Co-sponsored resolution with MSS/APS in HOD; Internal RFS Policy
Resolution 1: Improving FDA Expedited Approval Pathways	**Adopted as Amended**	RESOLVED, That our AMA work with FDA and other interested stakeholders to design and implement via legislative action (including ensuring appropriate FDA staffing) a process by which drugs which obtain FDA approval via the Fast Track, Accelerated Approval, or Breakthrough Therapy pathways be granted FDA approval on a temporary basis not to exceed 5 years, ~~until permanent approval can be granted by the FDA based on a formal review of post-marketing surveillance data, and be it further~~ pending further evidence of safety ~~and efficacy that is at the level set for the standard drug approval process.~~ pending further evidence of safety and efficacy that is at the level set for the standard drug approval process. RESOLVED, That our AMA work with the FDA and other interested stakeholders to define "specialty drugs" and the process for designating "specialty drugs" for expedited approval pathways. ~~in improving the process by which drugs are selected for the expedited pathway to~~	Will be forwarded to HOD at I-17.
Resolution 2: Amendment to RFS Policy 410.030R	**Adopted**	RESOLVED, That our AMA-RFS amend RFS policy 410.030R by addition to read as follows: **410.030R Emergent Communicable Disease Public Health Crises:** That our RFS	None; Amend Internal RFS Policy

		support AMA efforts in urging Congress to expeditiously act to ensure sufficient funding for research, prevention, diagnosis, control, and treatment of newly identified communicable diseases that pose a public health emergency without diverting resources from other essential health initiatives. (Resolution 6, I-16)	
Resolution 3: Harmful Effects of Screen time ~~and Blue Light Exposure with~~ Children	**Adopted as Amended with Change in Title**	RESOLVED, That our AMA encourage ~~all~~ primary and secondary schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep; and be it further ~~RESOLVED, That the AMA encourage research into the utility of blue light filtering glasses and a blue light filter option on devices such as smart phones and tablets; and be it further~~ RESOLVED, That our AMA encourage primary care physicians to assess all pediatric patients and educate all parents about amount of screen time, physical activity and sleep habits.	Will be forwarded to HOD at I-17.
Resolution 4: Education on, Screen, and Reporting of Elder Abuse and Neglect	**Adopted as Amended**	RESOLVED, That our AMA-RFS promote elder abuse screening during patient encounters when deemed appropriate by the provider. ~~RESOLVED, That our AMA promote research to ascertain if the use of educational programs and interventions improves attitude and knowledge of all caregivers and ultimately leads to the reduction of elder abuse incidents.~~	None; Internal RFS Policy
Resolution 5: RFS Sunset Mechanism	**Referred**	RESOLVED, That our AMA-RFS Governing Council present actionable sunset recommendations to RFS policy via a yearly report at our Annual Meeting; and be it further RESOLVED, That each adopted resolve or recommendation clause within an RFS policy shall be considered individually with regard to the sunsetting process; and be it further RESOLVED, That our AMA-RFS annually review ten-year-old RFS policies and recommend whether to (a) reaffirm the policy, (b) rescind the policy, (c) reconcile the policy with more recent and like policy, or (d) make editorial changes which maintain the original intent of the policy; and be it further RESOLVED, That each RFS sunset recommendation regarding RFS policy may be extracted from the Consent Calendar and handled individually by our Assembly, but may only be adopted or not adopted; and be it further RESOLVED, That an action of the RFS Assembly that retains or updates an existing RFS policy shall reset the sunset "clock," making the reaffirmed RFS policy viable for ten additional years; and be it	None; Referred for Study

		further RESOLVED, That defeated RFS sunset recommendations be reaffirmed for one year, to be readdressed via RFS Governing Council report or resolution from the RFS Assembly at or prior to the next RFS Annual Meeting; and be it further RESOLVED, That nothing in this policy shall prohibit a report or resolution to sunset an RFS policy earlier than its ten-year horizon if it is no longer relevant, has been superseded by a more current RFS policy, or has been accomplished; and be it further RESOLVED, That **580.013R Sunset of AMA-RFS Policy** be rescinded.	
Resolution 6: RFS Caucus Vote Mechanism	**Adopted as Amended; Referred the issue of introducing new RFS business to cover *ad hoc* policy actions.**	RESOLVED, That ~~prior to I-17,~~ following the conclusion of each House of Delegates meeting, not to exceed 30 days, our ~~Governing Council~~ RFS Delegate and Alternate Delegate will ~~develop a mechanism to~~ provide a brief summary of any ~~educate the RFS Assembly at large on the~~ *ad hoc* policy actions of the RFS Caucus as to allow related resolutions to be written within existing deadlines.	None; Internal RFS Policy; Referred for study the issue of introducing new RFS business to cover *ad hoc* policy actions.
Resolution 7: Background Checks on Firearm Purchases	**Reaffirmed Existing RFS policy 110.001R in lieu of adoption**		None; Reaffirmed Internal RFS Policy
Resolution 8: Financial Protections for Doctors in Training	**Adopted as Amended**	RESOLVED, That our AMA ~~support~~ study the impact of encouraging training programs to offer ~~retirement plans for all residents and fellows, which includes~~ retirement plan matching and the unique nature of vesting as applied to residents in order to further secure the financial stability of physicians in training ~~and increase financial literacy during training~~; and be it further RESOLVED, That our AMA ~~support~~ encourage ~~that all~~ training programs to provide financial education ~~advising~~ to residents and fellows.	Will be forwarded to HOD at I-17
Resolution 9: Liquid Laundry Detergent Packet Safety	**Not Adopted**		None
Resolution 10: Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training	**Adopted as Amended**	That our AMA will: (1) Actively support the development and implementation of training in implicit bias, diversity and inclusion as a component of medical education ~~in all medical schools and residency programs~~; (2) Identify and publicize effective strategies for educating residents in all specialties about disparities in their fields according to	Will be forwarded to HOD at I-17

		race and ethnicity, with particular regard to access to care and health outcomes; and (3) Support research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes ~~according to race and ethnicity~~.	

II. RFS REPORTS

Report	RFS Action	Policy
Report E: RFS Election Reform	**IOP Changes Adopted as Amended**	1. AMA-RFS IOP VII.D.2-5 shall be amended by insertion and deletion to read: 2) Method of Endorsement. ~~Where there is o~~ Only one resident or fellow member of the AMA ~~candidate, endorsement~~ may be endorsed by the Resident and Fellow Section (RFS) Assembly to serve as the Resident and Fellow Trustee. ~~by affirmation. When there are multiple candidates, a motion to endorse more than one candidate shall be in order. Endorsements shall be by ballot. Votes shall be cast by approval balloting, such that any candidate whom the delegate deems worthy of endorsement should be marked affirmatively by that delegate. There shall be no ranking, and it should be made clear that marking a second candidate in no way jeopardizes the chances of a first candidate to be endorsed.~~ 3) The AMA-RFS Assembly may endorse a resident or fellow member at the Interim Meeting to be a candidate for a *single election* ~~*term*~~. The Assembly may choose not to endorse any candidate for the position of Trustee. 4) ~~3. Processing.~~ Endorsements shall be by private ballot. No ballots will be cast after the expiration of the voting period. On the official ballot, votes may be cast for one candidate or for no candidates. ~~The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the boxes will be sequestered in a private location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. Counting shall proceed by counting the number of affirmative votes for each candidate. Every candidate who receives an affirmative vote from greater than 50% of those who cast legal ballots shall be endorsed.~~

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		~~endorsed for the position shall be allotted equal time before the Assembly and shall have his or her materials reprinted in the Assembly handbook upon request.~~ 1. AMA-RFS IOP VII AND VIII shall be amended by insertion to read: G. Expiration of Endorsement. Any endorsement of a resident or fellow member, whether endorsed by a specialty society, state society or the RFS Assembly, shall only be valid for two consecutive AMA-RFS Assembly and AMA House of Delegates meetings, which includes the meeting during which the initial endorsement was obtained. If a resident or fellow member is seeking re-endorsement following expiration of previous endorsement, the member would be required to obtain new endorsement for the desired position. 1. AMA-RFS IOP V.C.1 shall be amended by insertion to read: ~~1)~~All members of the RFS, including fourth year medical students who have matched into a residency program, are eligible for election to the Governing Council, provided that they do not hold other AMA-RFS ~~Leadership Positions~~ Governing Council Positions, Board of Trustees and RFS seats on HOD Councils with terms that would overlap with the desired Governing Council position, with the exception of RFS Chair-Elect. ~~These AMA-RFS Leadership positions include: RFS Governing Council positions and RFS positions on HOD Councils~~.
Report F: Residency Transfers	**Adopted as Amended**	1) That the AMA-RFS continue to actively promote the resident and fellow vacancy page. 2) That the AMA-RFS ~~consider organizing~~ organize the information, including links to specialty society websites, on the resident and fellow vacancy page in a user-friendly format. 3) That the AMA-RFS initiate conversation to integrate the resident and fellow vacancies into FRIEDA, a resource well known to residents and fellows, to make the information more widely distributed and easily accessible. 4) That the AMA-RFS include information about procedures and logistics of transferring residency and fellowship programs or specialties.

Report G: Fellowship Start Date	**Adopted as Amended**	That the AMA survey physicians who have undergone ~~this~~ revised fellowship start date<u>s</u> to further evaluate the benefits and drawbacks from this transition.
Report H: Health Fitness Partnership	**Adopted as Amended**	We strongly urge the AMA: 1) To promote health and wellness among its members. 2) To further investigate and explore partnerships to promote health and wellness among its members, including a partnership that provides some financial benefit to AMA members.

		~~delegate. There shall be no ranking, and it should be made clear that marking a second candidate in no way jeopardizes the chances of a first candidate to be endorsed.~~ Only one resident or fellow member of AMA may be endorsed by the Resident and Fellow Section (RFS) Assembly to serve as a non-appointed Council member. 3) The AMA-RFS Assembly may endorse a resident or fellow member at the Interim Meeting to be a candidate for a *single ~~election term~~*. The Assembly may choose not to endorse any candidate for the position of non-appointed Council member. 4) ~~3. Processing.~~ Endorsements shall be by private ballot. No ballots will be cast after the expiration of the voting period. On the official ballot, votes may be cast for one candidate or for no candidates. ~~The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the boxes will be sequestered in a private location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. Counting shall proceed by counting the number of affirmative votes for each candidate.~~ 5) ~~Every~~ The candidate ~~who~~ must receive~~s~~ an affirmative vote from greater than 50% of those who cast legal ballots from the AMA-RFS Assembly to ~~shall~~ be endorsed by the AMA-RFS. 6) As per RFS Internal Operating Procedures V.F.5.b, there shall be a run-off ballot between the 2 highest vote recipients in the event that no one candidate receives a majority of legal votes cast for a given office. 7) The candidate who receives a majority of legal votes cast shall receive complete AMA-RFS endorsement. Upon receipt of the Rules Committee's election results and verification, the prescribing officer will announce the results to the Assembly. 8) ~~4. Late Endorsement.~~ At the time of the RFS Annual Meeting, if no candidate has been endorsed, a ~~A~~ candidate may ask for endorsement by the AMA-RFS Assembly at the ~~a~~ Annual ~~m~~ Meeting ~~of the Assembly.~~ This is subject to the same rules described above and additionally requires a 2/3 vote of the Assembly for endorsement. ~~In the case of an individual seeking late endorsement,~~

		~~endorsed for the position shall be allotted equal time before the Assembly and shall have his or her materials reprinted in the Assembly handbook upon request.~~ 1. AMA-RFS IOP VII AND VIII shall be amended by insertion to read: G. Expiration of Endorsement. Any endorsement of a resident or fellow member, whether endorsed by a specialty society, state society or the RFS Assembly, shall only be valid for two consecutive AMA-RFS Assembly and AMA House of Delegates meetings, which includes the meeting during which the initial endorsement was obtained. If a resident or fellow member is seeking re-endorsement following expiration of previous endorsement, the member would be required to obtain new endorsement for the desired position. 1. AMA-RFS IOP V.C.1 shall be amended by insertion to read: ~~1)~~All members of the RFS, including fourth year medical students who have matched into a residency program, are eligible for election to the Governing Council, provided that they do not hold other AMA-RFS ~~Leadership Positions~~ Governing Council Positions, Board of Trustees and RFS seats on HOD Councils with terms that would overlap with the desired Governing Council position, with the exception of RFS Chair-Elect. ~~These AMA-RFS Leadership positions include: RFS Governing Council positions and RFS positions on HOD Councils~~.
Report F: Residency Transfers	**Adopted as Amended**	1) That the AMA-RFS continue to actively promote the resident and fellow vacancy page. 2) That the AMA-RFS ~~consider organizing~~ organize the information, including links to specialty society websites, on the resident and fellow vacancy page in a user-friendly format. 3) That the AMA-RFS initiate conversation to integrate the resident and fellow vacancies into FRIEDA, a resource well known to residents and fellows, to make the information more widely distributed and easily accessible. 4) That the AMA-RFS include information about procedures and logistics of transferring residency and fellowship programs or specialties.

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Resident and Fellow Section

Summary of Actions

40th Interim Business Meeting
November 10-12, 2016
Swan Dolphin Resort
Orlando, FL

American Medical Association-Resident and Fellow Section
Summary of Actions (I-16)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Emergency Resolution 2: ACGME Common Program Requirements	**Referred to Report Back**		None
Late Resolution 3: The DEA Order to Reduce Opioid Production	**Adopted**	RESOLVED, That our AMA encourage relevant stakeholders to research the overall effects of opioid production cuts; and RESOLVED, That our AMA encourage the DEA to postpone any opioid production cuts until the potential effects of production quotas are better elucidated; and, RESOLVED, That our AMA encourage the DEA to be more transparent when developing medication production guidelines; and RESOLVED, That this resolution be immediately forwarded to the AMA-HOD at Interim 2016.	Immediately forwarded to HOD (Res.927 — Ref. Com. K)
Resolution 1: Tobacco Harm Reduction: A Comprehensive Nicotine Policy to Reduce Death and Disease Caused by Smoking	**Adopted**	RESOLVED, That our AMA advocate for tobacco harm reduction approaches to be added to existing tobacco treatment and control efforts; and be it further RESOLVED, That our AMA educate physicians and patients on the myriad health effects of different nicotine products and emphasize the critical role of smoke and combustion in causing disease; and be it further RESOLVED, That our AMA encourage physicians to adopt patient-specific, individualized approaches to smoking cessation, particularly for patients with disease secondary to smoking and for patients who have otherwise failed traditional methods for smoking cessation; and be it further RESOLVED, That our AMA continue its focus on research to identify and expand options that may assist patient to transition away from smoking, including nicotine replacement therapies and noncombustible nicotine products (including e-cigarettes); and be it further RESOLVED, That the AMA reaffirm its position on strong enforcement of FDA and other agency	Will be forwarded to HOD at A-17.

		regulations for the prevention of use of all electronic nicotine delivery systems (ENDS) and tobacco products by anyone under the legal minimum purchase age. This shall include marketing to children, direct use or purchasing by children and indirect diversion to children. Further, the AMA shall reaffirm physician education of patients to limit these products for children in any and all capacity.	
Resolution 2: Legislative Pain Care Restrictions	**Adopted as Amended**	RESOLVE, that our AMA-RFS oppose legislative or other policies that harm patients by restricting their ~~arbitr aril y r es tr ic t a pa t ient 's~~ ability to receive effective, patient-specific, evidence-based, comprehensive pain care.	None; Internal RFS Policy
Resolution 3: Eliminating Financial Barriers for Evidence-Based HIV Pre-Exposure Prophylaxis	**Adopted as Substituted**	RESOLVE, That our AMA amend policy H-20.895 by addition to read as follows: **Pre-Exposure Prophylaxis for HIV H-20.895** 1. Our AMA will educate physicians and the public about the effective use of pre-exposure prophylaxis for HIV and the US PrEP Clinical Practice Guidelines. 2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances (Res. 106, A-16) 3. Our AMA advocate that individuals not be denied various financial products, including disability insurance, on the basis of HIV pre-exposure prophylaxis (PrEP) use.	Will be forwarded to HOD at A-17.
Resolution 4: Support for Standardized Diagnosis and Treatment of Hepatitis C Virus in the Population of Incarcerated Persons	**Adopted as Amended**	RESOLVED, That our AMA will support the implementation of routine screening for HCV in prisons; and be it further RESOLVED, That our AMA will advocate for the initiation of treatment for HCV in all incarcerated patients with the disease and seeking treatment; and be it further RESOLVED, That our AMA will support negotiation for affordable pricing for therapies to treat and cure Hepatitis C virus ~~Direct Acting Antiviral Medication therapies between~~ among correctional facility health care providers, correctional facility health care payors, and drug companies to maximize access to these disease-altering medications.	Will be forwarded to HOD at A-17.
Resolution 6: Funding for Emergent Communicable Disease Public Health Crises ~~Zika Control and Research~~	**Adopted as Amended with a change in Title**	~~RESOLVED, That our RFS support AMA efforts in urging Congress to enact legislation that provides increased and sufficient funding for research, prevention, control, and treatment of illnesses associated with the Zika virus commensurate with the public health emergency that the virus poses without diverting resources from other essential health initiatives.~~ RESOLVED, That our RFS support AMA efforts in urging Congress to expeditiously act to ensure sufficient funding for research, prevention, control, and treatment of newly identified communicable	None; Internal RFS Policy

		diseases that pose a public health emergency without diverting resources from other essential health initiatives.	
Resolution 7: Fair Access to Evidence-Based Family Planning Methods	**Adopted as Amended**	~~RESOLVE, That our AMA-RFS support all family planning methods including medical or surgical termination of pregnancy which are supported by evidence of improvements in health outcomes in patients of reproductive age.~~ RESOLVE, That our AMA-RFS recognize that choices regarding family planning and medical or surgical termination of pregnancy are personal and autonomous and are to be made by a patient in concert with their health care provider ~~as they see fit.~~ RESOLVE, That our AMA-RFS support changes to public and private payment mechanisms that would make evidence-based family planning methods and medical or surgical termination of pregnancy accessible to all patients, regardless of socioeconomic background. ~~RESOLVE, That our AMA-RFS support sufficient compensation by public and private payors for the acquisition of family planning supplies and the delivery of services by clinicians.~~ ~~RESOLVE, That our AMA-RFS recognize that family planning is a personal and autonomous decision to be made by a patient with consultation of the clinician and partner, as desired.~~	None; Internal RFS Policy
Resolution 8: Mental Health Disclosures on Physician Licensing Applications	**Adopted as Amended**	RESOLVED, That our AMA encourage state medical boards to consider physical and mental conditions similarly. RESOLVED, That our AMA encourage state medical boards to recognize that the presence of a mental health condition does not equate with an impaired ability to practice medicine. RESOLVE, that our AMA amend policy Licensure Confidentiality H-275.970 by addition and deletion to read as follows: **Licensure Confidentiality H-275.970** The AMA (1) encourages specialty boards, hospitals, and other organizations involved in credentialing, as well as state licensing boards, to take all necessary steps to assure the confidentiality of information contained on application forms for credentials; (2) encourages boards to include in application forms only requests for information that can reasonably be related to medical practice; (3) encourages state licensing boards to exclude from license application forms information that refers to psychoanalysis, counseling, or psychotherapy required or undertaken as part of medical	Will be forwarded to HOD at A-17.

		training; (4) encourages state medical societies and specialty societies to join with the AMA in efforts to change statutes and regulations to provide needed confidentiality for information collected by licensing boards; and (5) encourages state licensing boards to require disclosure of physical or mental health history by physician health programs or providers only if they believe the illness of the physician they are treating is likely to impair the physician's practice of medicine or presents a public health danger. ~~that, if an applicant has had psychiatric treatment, the physician who has provided the treatment submit to the board an official statement that the applicant's current state of health does not interfere with his or her ability to practice medicine.~~ (CME Rep. B, A-88 Reaffirmed: BOT Rep. 1, I-933 CME Rep. 10 - I-94 Reaffirmed: CME Rep. 2, A-04 Reaffirmed: CME Rep. 2, A-14) RESOLVED, That our AMA encourage state medical societies to advocate that state medical boards not ~~change policies which reserve the right to issue~~ sanctions ~~to~~ physicians based solely on the presence of a psychiatric disease, irrespective of treatment or behavior.	
Resolution 9: Interpretation of Governing Council Responsibilities Regarding Actions of the RFS Sectional Delegate Caucus	**Adopted as Amended**	~~RESOLVED, That our RFS Governing Council present actual language adopted by ad hoc actions of the AMA-RFS Caucus in a Consent Calendar format, subject to extraction and amendment by individual item.~~ ~~RESOLVED, That our AMA-RFS Caucus, acting as a Standing Committee of the RFS, introduce a single report for each meeting of the AMA House of Delegates that discusses, separately, each ad hoc action of the RFS Caucus which includes formal and actionable policy recommendations subject to debate and vote.~~ RESOLVED, That our AMA-RFS Governing Council Report on *ad hoc* actions of the AMA-RFS Caucus identify the names and endorsing groups of all attending members of the Caucus.	None; Internal RFS Policy
Resolution 10: Improving Drug Affordability	**Adopted as Amended**	RESOLVED, That our AMA supports drug price transparency legislation that requires pharmaceutical manufacturers to disclose, in a timely fashion, the basis for the prices of all of prescription drugs, including but not limited to (1) research and development costs paid by both the manufacturer and any other entity; (2) manufacturing costs; (3) advertising and marketing costs; (4) total revenues and direct and indirect sales; (5) unit price; (6) financial assistance provided for each drug including any discounts, rebates and/or prescription drug assistance; (7) any offshoring of either jobs or profits; (8) any reverse payment settlements; (9) payments to	Will be forwarded to HOD at A-17.

		third parties—such as wholesalers, group purchasing organizations (GPOs), managed care organizations (MCOs), and pharmacy benefit management companies (PBMs); and be it further RESOLVED, That our AMA support legislation that requires pharmaceutical manufacturers to provide public notice before increasing the wholesale price of any brand or specialty drug by 10% or more each year or per course of treatment; and be it further RESOLVED, That our AMA support legislation that authorizes the Attorney General and/or the Federal Trade Commission to take legal action to address price gouging by pharmaceutical manufacturers and increase access to affordable drugs for patients. RESOLVED, That our AMA support the expedited review of generic drug applications and prioritize review of such applications when there is a drug shortage, no available comparable generic drug, or a price increase of 10% or more each year or per course of treatment.	
Resolution 11: Reimbursement Neutrality in the Merit-Based Incentive Payment System (MIPS) of MACRA	**Adopted**	RESOLVED, That our AMA-RFS limit support of initiatives included in the Merit-Based Incentive Payment System (MIPS) to those which are projected to be neutral with respect to geography and specialty; and be it further RESOLVED, That our AMA-RFS advocate for transparency among public and private payors in the creation and utilization of formulas intended to rank physicians for the purposes of reimbursement of public comparison.	None; Internal RFS Policy

II. RFS REPORTS

Report	RFS Action	Policy
Report 6: Sunset Mechanism (Review of 2006 Policy and earlier)	**Adopted as Amended**	The following policies from Report D Part I: 2006 (and earlier) AMA-RFS Actions Recommended for Reaffirmation were extracted from the consent calendar and recommended for rescission: • 140.996R Management of Housestaff as Critical Care Patients in Teaching Hospitals • 310.582R Effect of Nursing Shortage on Medical Education • 325.999R Submitting Annual Reports • 505.999R No Smoking • 555.997R Refocusing Our American Medical Association • 630.992R Change the Name of the Resident Physicians Section

		• 645.999R Election Procedures The following policies from Report D Part II: 2006 (and earlier) AMA-RFS Actions Recommended for Rescission were extracted from the consent calendar and recommended for reaffirmation: • 275.999R Psychotherapy for Medical Students and Residents • 630.999R Fiscal Affairs of the Resident and Fellow Section
Report E: Resident Engagement In and Awareness of Value-Based Care and Reimbursement Strategies	**Adopted as Amended**	The American Medical Association Resident and Fellow Section Committee on Quality Improvement and Patient Safety recommends the following be adopted and the remainder of this report be filed: 1) That our AMA-RFS support efforts to gather data on resident awareness of reimbursement models and the transition to quality-based and value-based reimbursement models 2) That our AMA-RFS develop education materials for current residents and medical students that familiarize them with the concepts and theory of value-based reimbursement and the current and proposed value-based reimbursement strategies offered by major insurers 3) That our AMA-RFS develop education materials designed to help physicians understand the role of quality metrics in designing a practice or in their contractual service to an employer 4) That our AMA work with governing bodies in medical education to encourage integration of value-based care training into graduate medical education programs 5) That our AMA advocate that the positive and negative impacts of value-based care and reimbursement on resident education to be studied, longitudinally followed, and reported nationally.

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 202: Inclusion of Sexual Orientation and Gender Identity Information in Electronic Health Records	**Resolution 212 Adopted as Amended in Lieu of Resolution 202**	RESOLVED, That our American Medical Association support the voluntary inclusion of a patient's biological sex, current gender identity, sexual orientation, and preferred gender pronoun(s)~~, and (if applicable) surrogate identifications~~ in medical documentation and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner. (New HOD Policy)

Resolution 203: Universal Prescriber Access to Prescription Drug Monitoring Programs	**Adopted**	RESOLVED, That our AMA support legislation and regulatory action that would authorize all prescribers of controlled substances, including residents, to have access to their state prescription drug monitoring program.
Resolution 301: Improving Residency Training In the Treatment of Opioid Dependence ~~Expanding Treatment of Opiate Dependence Using Medication-Assisted Treatment by Physicians in Residency Training Programs~~	**Adopted as Amended with a change in Title**	RESOLVED, That our AMA encourage the expansion of residency and fellowship training opportunities to provide clinical experience in the ~~medication-assisted~~ treatment of opioid use disorders, under the supervision of an appropriately trained physician; and be it further RESOLVED, That our AMA support additional funding to overcome the financial barriers that exist for trainees seeking clinical experience in the ~~medication-assisted~~ treatment of opioid use disorders.
Resolution 302: Protecting Trainees' Breast-Feeding Rights ~~the Rights of Breastfeeding Resident and Fellows~~	**Adopted as Amended with a change in Title**	RESOLVED, That our AMA work with appropriate bodies, such as the ACGME, to mandate language in housestaff manuals or similar policy references of all training programs on the protected time and locations for milk expression and storage of breast milk; and be it further RESOLVED, That our AMA work with appropriate bodies, such as the ACGME and AAMC, to include language related to the learning and work environments for breast feeding mothers in regular program reviews.
Resolution 303: Primary Care and Mental Health Training in Residency	**Adopted**	RESOLVED, That our AMA encourage primary care and psychiatry residency training programs to create and expand opportunities for residents to obtain clinical experience working in an integrated mental health and primary care model, such as the collaborative care model; and be it further RESOLVED, That our AMA advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.
Resolution 304: Improving Cultural Competency Training Opportunities ~~Access to Care and Health Outcomes~~	**Adopted as Amended with a change in Title**	RESOLVED, That our AMA ~~support~~ encourage training opportunities for students and residents, as members of the physician-led team, to learn cultural competency from community health workers, when this exposure can be integrated into existing rotation and service assignments.(New HOD Policy)
Resolution 305: Privacy Personal Use and Funding of Mobile Devices	**Adopted as Amended**	RESOLVED, That our AMA encourage further research in integrating mobile devices into clinical care, particularly to address challenges of reducing work burden while maintaining clinical autonomy for residents and fellows. (New HOD Policy) RESOLVED, That our AMA collaborate with the Liaison Committee on Medical Education and ACGME to develop germane policies,

		especially with consideration of potential financial burden and personal privacy of trainees, to ensure a more uniform regulation for use of mobile devices in medical education and clinical training. (Directive to Take Action) RESOLVED, That our AMA encourage medical schools and residency programs to educate all trainees on proper hygiene and professional guidelines ~~in~~ for using personal mobile devices in clinical environments. (New HOD Policy)
Resolution 803: Reducing Perioperative Opioid Consumption	**Reaffirmed Policy D-120.947 in lieu of Resolution 803**	
Resolution 905: Chronic Traumatic Encephalopathy (CTE) Awareness	**Adopted as Amended**	~~RESOLVED, That our AMA amend part one of H-470.954 by addition and deletion to read as follows:~~ ~~**Reduction of Sports-Related Injury and Concussion H-470.954:**~~ ~~1. Our AMA will: (a) work with appropriate agencies and organizations to promote awareness of programs to reduce concussion and other sports-related injuries across the lifespan; and (b) promote awareness that even mild cases of traumatic brain injury may have serious and prolonged consequences.; and (c) promote education for physicians and the public on the detection, treatment and prognosis of chronic traumatic encephalopathy (CTE).; and be it further~~ RESOLVED, That our AMA support ~~work with interested agencies and organizations to advocate for further~~ research into the detection, causes, and prevention of ~~and treatments for~~ injuries along the continuum from subconcussive head impacts to conditions such as chronic traumatic encephalopathy (CTE). (Directive to Take Action)
Resolution 906: Universal Color Scheme for Respiratory Inhalers	**Referred**	
Resolution 907: Clinical Implications and Policy Considerations of Cannabis Use	**Referred**	
(RFS Late Res.3 Immediately FWD to HOD) Resolution 927: The DEA Order to Reduce Opioid Production	**Second resolve Referred for Decision; Remainder Adopted as Amended**	RESOLVED, That our AMA encourage relevant stakeholders to research the overall effects of opioid production cuts; and RESOLVED, That our AMA encourage the DEA to be more transparent when developing medication production guidelines. RESOLVED, That our AMA and the physician community reaffirm their commitment to

		delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality.

Resident and Fellow Section

Summary of Actions

40th Annual Business Meeting
June 9-11, 2016
Hyatt Regency Chicago
Chicago, IL

American Medical Association-Resident and Fellow Section
Summary of Actions (A-16)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 2: Specialty-Specific Allocation of GME Funding	**Adopted**	RESOLVED, that our AMA support specialty-specific enhancements to GME funding that neither directly nor indirectly reduce funding levels for any other specialty; and be it further RESOLVED, that this resolution be immediately forwarded to the HOD at A-16.	Immediately forwarded to HOD (Res.319—Ref. Com. C)
Resolution 1: Expansion of Public Service Loan Forgiveness	**Adopted as Amended**	RESOLVED, that our AMA study mechanisms to allow residents and fellows working in for-profit institutions to be eligible for Public Service Loan Forgiveness, and be it further ~~RESOLVED, that this resolution be forwarded~~ immediately to A-16 HOD meeting.	Immediately forwarded to HOD (Res.318 — Ref. Com. C)
Resolution 2: Inclusion of Sexual Orientation and Gender Identity ~~(SOGI) Data Collection in~~ Information in Electronic Health Records (~~EHRs)~~	**Adopted as Amended**	RESOLVED, that our AMA advocate ~~federal agencies to include~~ for inclusion of sexual orientation and gender identity ~~(SOGI) data collection~~ in electronic health records (EHRs). ~~RESOLVED, that our AMA supports efforts to optimize~~ sexual orientation and gender identity ~~(SOGI)~~ information ~~data collection within standardized nomenclature systems.~~ ~~RESOLVED, that our AMA advocate for SOGI data collection in federal surveys and studies where appropriate.~~	Will be forwarded to HOD at I-16.
Resolution 3: Universal Prescriber Access to Prescription Drug Monitoring Programs	**Adopted**	RESOLVED, that our AMA support legislation and regulatory action that would authorize all prescribers of controlled substances, including residents, to have access to their state prescription drug monitoring program.	Will be forwarded to HOD at I-16.
Resolution 4: Eliminating Legacy Admissions	**Adopted as Amended**	RESOLVED, that our AMA-RFS oppose the use of legacy status in medical school application~~s~~ forms. ~~RESOLVED, that our AMA oppose the use of legacy status in the residency application process.~~	None; Internal RFS policy.
Resolution 6: Expanding GME Concurrently with UME	**Adopted as Amended**	RESOLVED, that our AMA study the effect of medical school expansion that occurs without corresponding graduate medical education expansion, and be it further ~~RESOLVED, that this resolution be immediately~~ forwarded to the AMA-HOD at A-16.	Immediately forwarded to HOD (Res.320 — Ref. Com. C)
Resolution 7: Chronic Trauma Encephalopathy (CTE)	**Adopted**	RESOLVED, that our AMA amend H-470.954 to include a part (C)that appropriate agencies "promote education for physicians and the public	Will be forwarded to HOD at I-16.

Awareness		on the detection, treatment and prognosis of chronic traumatic encephalopathy (CTE)." RESOLVED, that the AMA work with interested agencies and organizations to advocate for further research into the causes of and treatments for chronic traumatic encephalopathy (CTE).	
Resolution 8: Tax Exemption for Direct-to-Consumer Advertising	**Reaffirmed RFS policy 440.970R Direct to Consumer Advertising, in lieu of adopting Resolution 8**		None; Reaffirmation of Internal RFS Policy 440.970R
Resolution 9: Firearm Background Checks	**Adopted as Amended**	RESOLVED, that our ~~AMA amend H-145.996 as follows:~~ **~~H-145.996 Handgun Availability~~** ~~The~~ AMA-RFS (1) advocates a waiting period and background check for all ~~handgun~~ firearm purchasers; (2) encourages state and federal legislation that enforces a waiting period for all transactions, ~~and~~ background check for all purchasers~~, and a license for all sellers~~ during firearm transactions ~~handgun purchasers~~; and (3) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.	None; Internal RFS Policy
Resolution 10: Reducing Perioperative ~~Narcotic~~ Opioid Consumption	**Adopted as Amended**	RESOLVED, that our AMA encourage hospitals to adopt practices for the management of perioperative pain that include services dedicated to acute pain management and the use of multimodal analgesia strategies aimed at ~~decreasing~~ ~~appropriate~~ ~~narcotic~~ minimizing opioid administration without compromising adequate pain control during the perioperative period. ~~RESOLVED, that our AMA encourage relevant stakeholders to introduce perioperative pain management billing codes and insurance reimbursement strategies.~~	Will be forwarded to HOD at I-16.
Resolution 11: Expanding the Treatment of Opiate Dependence Using Medication-Assisted Treatment By Physicians in Residency Training Programs	**Adopted as Amended**	RESOLVED, that our AMA encourage the expansion of residency and fellowship training opportunities to provide clinical experience in the medication-assisted treatment of opioid use disorders, under the supervision of an ~~addiction medicine~~ appropriately trained physician. RESOLVED, that our AMA support additional funding to overcome the financial barriers~~, such as buprenorphine training and waivers, supervision by experienced addiction medicine physicians, and clinical infrastructure~~ that exist for trainees seeking	Will be forwarded to HOD at I-16.

		clinical experience in the medication-assisted treatment of opioid use disorders.	
Resolution 12: Protecting Rights of Breastfeeding Residents and Fellows	**Adopted**	RESOLVED, that our AMA work with appropriate bodies, such as the ACGME, to mandate language in housestaff manuals or similar policy references of all training programs on the protected time and locations for milk expression and storage of breast milk; and be it further RESOLVED, that our AMA work with appropriate bodies, such as the ACGME and AAMC, to include language related to the learning and work environments for breast feeding mothers in regular program reviews.	Will be forwarded to HOD at I-16;
Resolution 13: Primary Care and Mental Health Training in Residency	**Adopted as Amended**	~~RESOLVED, that our AMA advocate for enhanced funding for residency training programs which emphasize the integration of mental health and primary care.~~ RESOLVED, that our AMA advocate for the ~~inclusion~~ incorporation of integrated mental health and primary care services into existing psychiatry and primary care training programs' clinical settings. RESOLVED, that our AMA encourage primary care and psychiatry residency training programs to create and expand opportunities for residents to obtain clinical experience working in an integrated mental health and primary care model, such as the collaborative care model. RESOLVED, that our AMA advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.	Will be forwarded to HOD at I-16.
Resolution 14: Universal Color Scheme for Respiratory Inhalers	**Adopted**	RESOLVED, that our AMA work with leading respiratory inhaler manufacturing companies and health agencies such as the Federal Drug Administration (FDA) and the American Pharmacists Association (APhA) to develop consensus of a universal color scheme for short-acting beta-2 agonist respiratory inhalers that are used as "rescue inhalers" in the United States. RESOLVED, that our AMA work with leading respiratory inhaler manufacturing companies to ensure the universal color scheme for respiratory inhalers would allow for the least disruption possible to current inhaler colors, taking into account distribution of each brand and impact on current users if color were to change. RESOLVED, that our AMA work with leading respiratory inhaler manufacturing companies to ensure that universal color scheme for respiratory inhalers be designed for adherence and sustainability, including governance for future companies entering the respiratory inhaler market,	Will be forwarded to HOD at I-16.

		and reserving colors for possible new drug classes in the future.	
Resolution 15: Mitigating Abusive Pre-Certification/Pre-Authorization Practices	**Adopted as Amended**	RESOLVED, that our AMA-RFS oppose abusive practices by health insurance entities in pre-certification and pre-authorization of services and medications. RESOLVED, that our AMA encourage residency programs to offer administrative resources to housestaff for practice-based support including but not limited to pre-certification and pre-authorization of medications and services. RESOLVED, that this resolution be immediately forwarded to AMA-HOD at A-16.	First Resolve Clause to be Internal RFS Policy; Second Resolve Clause to be Immediately forwarded to HOD (Res.716 — Ref. Com. G)
Resolution 16: Improving Access to Care Health Outcomes	**Adopted as Amended**	~~RESOLVED, that our AMA encourages states to incorporate community health workers (CHW) in health care systems.~~ RESOLVED, that our AMA support training opportunities for students and residents to learn cultural competency from community health workers ~~(CHW)~~. ~~RESOLVED, that our AMA support legislation for reimbursement of community health workers (CHW).~~	Will be forwarded to HOD at I-16.
Resolution 17: Accident Prevention: Concussions	**Adopted as Amended**	RESOLVED, that our AMA ~~RFS encourages states~~ support state-based initiatives to require prevention for all contact sports in pediatric and young adult populations by (1) ~~mandating~~ encouraging the use of protective equipment in sports, (2) ~~requiring~~ encouraging sports physicals to include a basic neurocognitive screening ~~evaluation~~ by qualified healthcare professionals ~~physicians~~ for pediatric and young adults populations ~~ages 8 to 21~~ playing contact sports (3) urging policy on return to play protocol for athletes to achieve optimal recovery and reduce or avoid long term health outcomes (4) advocating for education on increasing concussion awareness among the public, coaches and the medical community.	None; Internal RFS Policy

II. RFS REPORTS

Report	RFS Action	Policy
Report E: Sunset Mechanism (Review of 2005 Policy)	**Adopted as Amended**	The following policies from Report E Part II: 2005 AMA-RFS Actions Recommended for Rescission be extracted from the consent calendar and recommended for reaffirmation: **15.999R Promoting Protective Guards and Helmet Use in In-Line Skating**: Asked (1) that the AMA work with other organizations concerned with health and safety to ensure

		widespread distribution of information and educational materials about in-line skating including the use of protective wrist, elbow, and knee guards and helmets. (Resolution 29, I-94) (Reaffirmed Report F, A-05) **200.994R Physicians as National and Regional Health Board Members**: Asked that the AMA vehemently oppose components of any health care proposal which excludes practicing physicians as members of national or regional regulatory boards. (Substitute Resolution 20, A-94) [AMA Sub. Res. 127, A-94 was adopted in lieu of Resolution 127 and Resolution 149. See also: AMA Policy H-165.960] (Reaffirmed Report F, A-05)
Report F: Privacy Personal Use and Funding of Mobile Devices	**Adopted**	Recommends that the AMA-RFS Governing Council recommends the following be adopted and the remainder of this report be filed: 1. That our AMA encourage further research in integrating mobile devices in clinical care, particularly to address challenges of reducing work burden while maintain clinical autonomy for residents and fellows; 2. That our AMA collaborate with the ACGME to develop germane policies, especially with consideration of potential financial burden and personal privacy of trainees, to ensure a more uniformed regulation of mobile devices in medical education and clinical training. 3. That our AMA encourage medical schools and residency programs to educate all trainees on proper hygiene and professional guidelines in using personal devices in clinical environment.
Report G: ~~Marijuana and the Cannabinoid Conundrum:~~ Clinical Implications and Policy Considerations <u>of Cannabis Use</u>	**Adopted as Amended**	<u>Medicinal Cannabis:</u> 1. That the RFS support state and federal based legalization of ~~marijuana/cannabinoids~~ <u>cannabis</u> for ~~both~~ medicinal ~~and recreational~~ use ~~so they may be regulated and taxed similar to tobacco products~~. 2. <u>That the RFS support regulation of medicinal cannabis in states that have legalized its use.</u> 3. That the RFS support funding and other efforts to continue research into the efficacy and <u>side effects</u> ~~public health consequences~~ of ~~both~~ medicinal ~~and recreational marijuana/cannabinoid~~ <u>cannabis</u> use. <u>Recreational Cannabis:</u> 4. <u>The RFS supports the decriminalization of recreational cannabis.</u> 5. That the RFS <u>supports taxation and regulation of recreational cannabis in states that have legalized the sale and use of recreational cannabis.</u> ~~encourage states who have legalized and currently tax~~

		~~marijuana/cannabinoids to allocate a portion of tax revenue towards marijuana/cannabinoid education and harm reduction public health strategies.~~ 6. That the RFS supports funding, including the allocation of a portion of cannabis sales tax revenue, toward cannabis abuse education programs, harm reduction strategies, and continued research into public health consequences of recreational cannabis use. Medicinal and Recreational Cannabis Use: 7. That the RFS support public health based strategies, rather than incarceration, in handling of individuals possessing cannabis for personal use in states where it is not currently legal. ~~That the RFS support restrictions on marijuana/cannabinoids the sale of recreational cannabis sale for both medicinal and recreational use to non-minors. and those otherwise deemed old enough to consume alcohol.~~ ~~That Policy **H-170.992** " A lc oho l an d Dru g A bus e Educ at io n", P ol ic y **H-95.936** " Cann ab is Warnings for Pregnant and Breastfeeding W om en", and Po lic y **H-95.938** " Im m unit y Fr om Federal Prosecution for Physicians Rec om m ending Ca nna bis " be r eaf f irm ed b y t he RFS.~~ Policy Amendments: 8. That our ~~the RFS ask the~~ AMA ~~to~~ amend policy **H-95.998** by addition and deletion to read as follows: Our AMA believes that (1) cannabis is a dangerous drug and as such is a public health concern; (2) ~~sale of cannabis should not be legalized; (3)~~ public health based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use; and ~~(4)~~ (3) additional research should be encouraged. 9. That our ~~the RFS ask the~~ AMA ~~to~~ amend policy **D-95.976** by deletion to read as follows: Our AMA will educate the media and legislators as to the health effects of cannabis use as elucidated in CSAPH Report 2, I-13, A Contemporary View of National Drug Control Policy, and CSAPH Report 3, I-09, Use of Cannabis for Medicinal Purposes, and as additional scientific evidence

		is completed on the public health, medical, economic and social consequences of use of cannabis and, instead, support the expansion of such research. 3. Our AMA will also increase its efforts to educate the press, legislators and the public regarding its policy position that stresses a "public health", as contrasted with a "criminal," approach to cannabis. 4. Our AMA shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. ~~It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States.~~"

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
(RFS Late Res.2 Immediately FWD to HOD) Resolution 319: Specialty-Specific Allocation of GME Funding	**Adopted**	RESOLVED, that our AMA support specialty-specific enhancements to GME funding that neither directly nor indirectly reduce funding levels for any other specialty.
(RFS Res.1 Immediately FWD to HOD) Resolution 318: Expansion of Public Service Loan Forgiveness	**Adopted**	RESOLVED, that our AMA study mechanisms to allow residents and fellows working in for-profit institutions to be eligible for Public Service Loan Forgiveness.
(RFS Res.6 Immediately FWD to HOD) Resolution 320: Expanding GME Concurrently with UME	**Adopted**	RESOLVED, that our AMA study the effect of medical school expansion that occurs without corresponding graduate medical education expansion.
(RFS Res.15 Immediately FWD to HOD) Resolution 716: Mitigating Abusive Pre-Certification/Pre-Authorization Practices	**Adopted as Amended**	RESOLVED, that our American Medical Association <u>work with the Accreditation Council for Graduate Medical Education to</u> encourage residency programs to offer administrative resources to housestaff for practice-based support including but not limited to pre-certification and pre-authorization of medications and services.
Resolution 002: Clarification of Medical Necessity for Treatment of Gender Dysphoria	**Resolution 005: Clarification of Medical Necessity for Treatment of Gender Dysphoria be Adopted as Amended in lieu of Resolution 002.**	<u>RESOLVED, That our AMA amend Policy-185.950 by addition and deletion to read as follows: (Modify Current HOD Policy)</u> <u>Removing Financial Barriers to Care for Transgender Patients H-1850.950</u> <u>Our AMA supports public and private health insurance coverage for treatment of gender ~~identity disorder~~ dysphoria as recommended by the p ati ent 's ph ys ic i an.</u>
Resolution 006: Definition of Resident and Fellow	**Adopted as Amended**	RESOLVED, that the AMA Council on Constitution and Bylaws develop amendments to the existing bylaws to accomplish the following:

		For purposes of membership in the AMA-RFS, the term Resident shall be applied to any physician who meets at least one of the following criteria: 1) Members who are enrolled in a residency approved by the ACGME or the AOA 2) Members who are active duty military or public health service residents required to provide service after their internship as general medical officers (including ~~dive~~ undersea medical officers or flight surgeons) before their return to complete a residency program. ~~and are within the first five years of service after internship~~ 3) Members serving, as their primary occupation, in a structured educational or research program of at least one year to broaden competency in a specialized field prior to completion of their residency For purposes of membership in the AMA-RFS, the term Fellow shall be applied to any physician who has graduated from residency, and meets at least one of the following criteria: 1) Members serving in fellowships approved by the ACGME or AOA 2) Members serving, as their primary occupation, in a structured clinical, educational, or research training program of at least one year to broaden competency in a specialized field, provided it is prior to their working as an independent attending physician; and be it further; and For purposes of membership in the AMA-RFS, any physician meeting the definition of Resident or Fellow shall be eligible for discounted membership dues to the AMA and membership within the AMA Resident and Fellow Section.
Resolution 202: Supporting Legislation to Create Student Loan Savings Accounts	**Adopted**	RESOLVED, That our American Medical Association advocate for federal legislation to support the creation of student loan savings accounts that allow for pre-tax dollars to be used to pay for student loans. (New HOD Policy)
Resolution 301: Recognizing Cost of Actual Student Loans	**Adopted as Amended**	RESOLVED, that our AMA ~~ask~~ work with appropriate organizations, such as the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges, to collect data and report on student indebtedness that includes total costs at ~~time of graduation~~ completion of graduate

		medical education training. (Directive to Take Action)
Resolution 304: Evaluation of Factors During Residency and Fellowship that Impact Routine Health Maintenance	**Referred**	RESOLVED, that our American Medical Association study ways to improve access and reduce barriers to seeking preventative and routine physical and mental health care for trainees in graduate medical education programs.
Resolution 401: Evidence-Based Sexual Education Enforcement in School	**Adopted as Amended**	RESOLVED, That our American Medical Association encourage physicians and all interested parties to develop best-practice, evidence-based guidelines for ~~developmentally appropriate~~ sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate. (New HOD Policy)
Resolution 502: In-Flight Medical Emergencies	**Reaffirmed HOD policies H-45.978 In-flight Medical Emergencies, H-45.979 Air Travel Safety, and H-45.981 Improvement in US Airlines Aircraft Emergency Kits, in lieu of adopting Resolution 502**	
Resolution 504: Conservation, Recycling and Environmental Stewardship	**Reaffirmed HOD policy H-135.939 Green Initiatives and the Health Care Community, in lieu of adopting Resolution 504**	
Resolution 601: Childcare at the AMA Meetings	**Adopted as Amended**	~~RESOLVED, That our American Medical Association survey recent attendees of the AMA Section meetings as well as the HOD on whether or not they have brought their children to AMA meetings and on the desire and need for onsite childcare and report back on these results at the 2016 Interim Meeting. (Directive to Take Action)~~ RESOLVED, That our American Medical Association review best practices and initiate a three-year pilot of onsite childcare at AMA Annual and Interim meetings of the House of Delegates and Sections beginning at the 2017 Annual Meeting with a report back regarding utilization and its impact on participation at AMA meetings. (Directive to Take Action)
Resolution 701: Online Access to Prescription Drug Formularies	**Adopted as Amended**	RESOLVED, That our American Medical Association promote the value of online access

		to up-to-date and accurate prescription drug formulary plans from all insurance providers nationwide (New HOD Policy); and be it further RESOLVED, That our AMA support state medical societies in advocating for state legislation ~~of~~ to ensure online access to up-to-date and accurate prescription drug formularies for all insurance plans ~~in the state health exchanges~~. RESOLVED, That our AMA reaffirm Policy H-125.979, which states that our AMA will work with pharmacy benefit managers, health insurers, and pharmacists to enable physicians to receive accurate, real-time formulary data at the point of prescribing. (Reaffirm HOD Policy)

Resident and Fellow Section

Summary of Actions

39th Interim Business Meeting
November 13-15, 2015
Hilton Atlanta
Atlanta, GA

American Medical Association-Resident and Fellow Section Summary of Actions (I-15)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 1: Clarification of Medical Necessity for Treatment of Gender Dysphoria	**Adopted as Amended**	RESOLVED, that our AMA recognize that treatment for gender dysphoria should be determined by shared decision making between patient and physician, consistent with generally-accepted standards of medical and surgical practice; and be it further RESOLVED, that our AMA ~~advocate for access to and reimbursement for medically necessary and appropriate treatment for individuals with gender dysphoria.~~ amend H-185.950 as follows: **H-185.950 Removing Financial Barriers to Care for Transgender Patients** Our AMA supports public and private health insurance coverage for treatment of gender ~~identity disorder~~ dysphoria as recommended by the patient's physician.	Will be forwarded to HOD at A-16.
Late Resolution 2: Non-Medical Indications for Hospitalization	**Adopted as Amended**	RESOLVED, that our AMA oppose arbitrary time requirements of inpatient services in determination of eligibility for inpatient, outpatient or extended recovery, rehabilitative, or other post-hospital extended care services; and be it further RESOLVED, that our AMA oppose public and/or private insurance statutes, policies, and regulations that require hospitalization longer than medically necessary ~~for determination of benefit eligibility, including eligibility in order to be eligible~~ necessary for determination of benefit eligibility, including eligibility for skilled nursing facility care and other post-hospital extended care services; and be it further RESOLVED, that our AMA-RFS support changes in regulations that would include all continuous time spent in the hospital, including time spent in the emergency department, observational status or inpatient status, count toward any minimum length of stay requirement, should they exist.	First and Second Resolve Clauses to be forwarded to HOD at A-16; Internal RFS Policy
Late Resolution 3:	**Adopted as**	RESOLVED, that our AMA-RFS advocate for	None; Internal

Abuse of Free-Market Pharmaceuticals	**Amended**	pharmaceutical pricing that ~~the appropriate regulatory bodies of the federal government ex erc is e its " m arc h -in-r ights " author it y un der the Bayh-Dole Act to assure the availability of pharmaceuticals at~~ is fair and reasonable ~~prices~~ to consumers, and be it further ~~RESOLVED, that our AMA-RFS reaffirms its policy of advocating that Medicare be granted the right to negotiate of drug prices with pharmaceutical companies.~~ RESOLVED, that our AMA-RFS advocate that the Centers for Medicare and Medicaid Services be granted the right to negotiate drug prices with pharmaceutical companies.	RFS Policy
Resolution 1: Healthcare is a Human Right	**Not Adopted**		None
Resolution 2: Privacy Personal Use and Funding of Mobile Devices	**Referred For Study**	RESOLVED, that our AMA-RFS support that physicians should not be required to use personal funding to purchase mobile devises (tablets, laptops, cell phones, PDAs, etc.) or their data plans for work-related purposes; and be it further RESOLVED, that our AMA-RFS support that all physicians should retain their right to keep their personal information private and separate from the workplace, such as their home address and personal telephone number; and be it further RESOLVED, that our AMA-RFS support that if a person elects to use their own device, employers should provide full disclosure prior to use regarding their ability to monitor and access personal information; and be it further RESOLVED, that our American Medical Association work with the Accreditation Council of Graduate Medical Education and other interested parties to develop and support policies that protect physicians' privacy relating to the use of personal technology in the workplace while minimizing financial burden.	None; Referred for RFS Study.
Resolution 3: Opposing Funding Reductions on Health Centers Receiving Title X and/or Medicaid Funding	**Adopted as Amended**	RESOLVED, that our AMA support ~~men's and wom en's~~ access to preventative and reproductive health services for all patients and oppose ~~non-evidence-based~~ legislation and restrictions that diminish funding and/or access to such services; and be it further RESOLVED, that our AMA oppose ~~non-evidence-based~~ restrictions for funding of all providers and clinics who provide preventive and reproductive health services, when those	Immediately forwarded to HOD (Res.224 — Ref. Com. B)

		providers and clinics otherwise meet the usual standards for eligibility; and be it further RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at Interim 2015.	
Resolution 5: Supporting Legislation to Create Student Loan Savings Accounts	**Adopted**	RESOLVED, that our AMA advocate for federal legislation to support the creation of student loan savings accounts that allow for pre-tax dollars to be used to pay for student loans.	Will be forwarded to HOD at A-16.
Resolution 6: Conservation, Recycling, and Environmental Stewardship	**Adopted**	RESOLVED, that our AMA encourages all health systems to facilitate effective and robust recycling programs with a recommended goal of a 25% rate when feasible; and be it further RESOLVED, that our AMA encourages all undergraduate and graduate medical education programs to facilitate effective and robust recycling programs when feasible; and be it further RESOLVED, that our AMA encourages health systems, medical schools, and graduate medical education offices to evaluate their overall environmental impact, create goals for improvement, and create a plan and a timeline to meet those goals; and be it further RESOLVED, that our AMA supports resources and incentives that aid and encourage hospital employees and physicians who partake in environmentally conscientious activities (benefits for carpooling or taking the bus, showers at work for biking/jogging to work, etc.).	Will be forwarded to HOD at A-16.
Resolution 7: Recognizing the Actual Costs of Student Loans	**Adopted as Amended**	RESOLVED, that our AMA ~~recognize the total cost of student loans includes not only interest rates, but also loan origination fees as well as appreciate the value of some loans in terms of other benefits such as tax deductibility and loan forgiveness; and be it further~~ consider the total cost of loans including loan origination fees and benefits of federal loans such as tax deductibility or loan forgiveness when advocating for a reduction in student loan interest rates; and be it further RESOLVED, that our AMA amend D-305.984 to include Grad-PLUS loans ~~and reflect the actual total cost of loans such that we not only advocate for loan rates, but also other costs of loans~~, as follows: ; ~~and be it further~~	Will be forwarded to HOD at A-16.

		D-305.984 Reduction in Student Loan Interest Rates 1. Our American Medical Association will actively lobby for legislation aimed at establishing an affordable student loan structure with a variable interest rate capped at no more than 5.0%. 2. Our AMA will work in collaboration with other health profession organizations to advocate for a reduction of the fixed interest rate of the Stafford student loan program and the Grad-PLUS loan program. RESOLVED, that our AMA advocate for policies which lead to equal or less expensive loans (in terms of loan benefits, origination fees, and interest rates) for Grad-PLUS loans as this would change the status quo of high-borrowers paying higher interest rates and fees in addition to having a higher overall loan burden; and be it further RESOLVED, that our AMA ask the AAMC to collect data and report student indebtedness that includes total loan costs at time of graduation.	
Resolution 8: Information for Resident Grievances ~~Hotline and Website~~	**Adopted as Amended with Title Change**	RESOLVED, that our AMA-RFS should include on ~~add to~~ its RFS website a link to general information and resources addressing resident grievances. ~~to assist and help direct residents with grievances to the appropriate venue. Said webpage would contain basic guidelines for filing a report, references to the resident bill of rights, and links to outside sources such as the NRMP, ACGME, etc. in order to guide a resident to resources to pursue to find a resolution for workforce issues and grievances; and be it further~~ ~~RESOLVED, that our AMA-RFS should request that the ACGME consider establishing an anonymous way for residents to submit grievances without fear or retaliation, either by a web submission form without identifying information via their website or a confidential grievance phone line as a resource.~~	None; Internal RFS Policy
Resolution 9: ~~Physician Education in~~ In-Flight ~~Medicine~~ Medical Emergencies	**Adopted As Amended with Title Change**	~~RESOLVED, that our AMA-RFS encourage all resident training programs to promote familiarization of available inflight medical supplies, common IFMEs, and legal protections when responding to IFMEs.~~ ~~RESOLVED, that our AMA-RFS study physician familiarity with IFMEs and in-flight~~	Will be forwarded to HOD at A-16.

		~~medical supplies.~~ RESOLVED, that our AMA work with the FAA and other appropriate organizations to require airlines provide a list of available inflight medical supplies in accessible locations. RESOLVED, that our AMA work with the FAA and other appropriate organizations to facilitate the creation of a centralized and standardized system to report all medical emergencies requiring assistance from a medically-trained passenger or from ground-based communications. RESOLVED, that our AMA work with the FAA and other appropriate organizations to ensure that a routine process exists to verify functionality of medical equipment and medicines used for in-flight medical emergencies.	
Resolution 10: Evidence-Based Sexual Education Enforcement in School	**Adopted As Amended**	~~RESOLVED, that our AMA advocate strongly for the promotion of evidence-based comprehensive sexuality education programs including but not limited to the following actions: 1) Encourage the Department of Health and Human Services to mandate evidence-based sexual education for all recipients of federally-derived sexual education programs funding; and 2) Encourage all States and US Territories to require primary and secondary school sexual education that is medically, factually and technically accurate.~~ RESOLVED, that our AMA encourage all interested parties to develop best-practice, evidence-based guidelines for developmentally appropriate sexual education curricula that are medically, factually, and technically accurate.	Will be forwarded to HOD at A-16;
Resolution 11: Online Access to Prescription Drug Formularies	**Adopted**	RESOLVED, that our AMA promote the value of online access to prescription drug formulary plans from all insurance providers nationwide; and be it further RESOLVED, that our AMA support state medical societies in advocating for state legislation of online access to prescription drug formularies for all insurance plans in the state health exchanges.	Will be forwarded to HOD at A-16.

II. RFS REPORTS

Report	RFS Action	Policy
Report E: "One Endorsee is Not Enough"	**Not Adopted**	

Report F: Childcare at the AMA Meetings	**Adopted as Amended**	~~1. That our American Medical Association (AMA) not directly provide options for on-site childcare at this time.~~ 1.~~2.~~ That our AMA ~~RFS ask the AMA and/or relevant subcommittee(s) to prepare a brief survey directed towards meeting attendees addressing the desire and need for future onsite childcare and report back on these results by A-17.~~ survey recent attendees of the AMA section meetings as well as the HOD on whether or not they have brought their children to AMA meetings and on the desire and need for onsite childcare and report back on these results at I-16. (Directive to Take Action) 2.~~3.~~ That ~~until such time as said survey is completed,~~ our AMA RFS Hospitality Committee and other relevant organizations ~~be asked to~~ publicize family friendly activity information within each meeting's respective host cities. (Directive to Take Action)

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
(RFS Res.3 Immediately FWD to HOD) Resolution 224: ~~Opposing Funding Reductions on Health Centers Receiving Title X and/or Medicaid Funding~~ Support For Access to Preventative Reproductive Health Services	**Substitute Language Adopted as Amended with Title Change**	RESOLVED, That our American Medical Association support access to preventive and reproductive health services for all patients and oppose legislative ~~proposals~~ and regulatory actions that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population.
Resolution 912: Evaluation of Factors During Residency and Fellowship that Impact Routine Health Maintenance	**Not Considered**	
Resolution 913: Mental Health Services for Medical Staff	**Referred**	RESOLVED, that our AMA offer education in business and economics to residents and fellows in the form of online modules, live seminars or other already planned AMA strategies for dissemination of educational materials; and be it further RESOLVED, that our AMA encourage medical schools and residency programs to make educational resources on personal finance and healthcare economics available to all of their trainees.
Resolution 914: Education in Business and Economics	**Reaffirm Existing Policies H-295.864, H-295.924, D-295.321, H-295.961 in lieu of Adoption**	

Resolution 915: ~~Resident Health and Wellness~~ Mental Health Services for Medical Students and Resident and Fellow Physicians	**Adopted as Amended with Title Change and Reaffirm Existing Policies D-320.968 and H-310.912**	~~RESOLVED, That our American Medical Association support educational initiatives to raise awareness about burnout, including but not limited to depression and suicide prevalence, among resident and fellow physicians (New HOD Policy); and be it further~~ ~~RESOLVED, That our AMA collaborate with the Accreditation Council on Graduate Medical Education (ACGME), Commission on Osteopathic College Accreditation (COCA), and other interested parties to promote training for residency and fellowship programs on recognizing, screening, and intervening in cases of resident and fellow physician burnout (Directive to Take Action); and be it further~~ ~~RESOLVED That our AMA collaborate with the ACGME COCA, and other interested parties to assist residency and fellowship programs in developing resident and fellow physician wellness initiatives (Directive to Take Action); and be it further~~ ~~RESOLVED, That our AMA promote a culture of resident physician wellness within physician training programs (New HOD Policy); and be it further~~ RESOLVED, That our AMA promote confidential, ~~and~~ accessible, and affordable mental health services for medical students and resident and fellow physicians (New HOD Policy) ~~RESOLVED, That our AMA encourage further research on the causal factors of resident and fellow physician burnout and its sequelae, including but not limited to its effect on quality of healthcare delivery and patient health outcomes (New HOD Policy).~~

Resident and Fellow Section

Summary of Actions

39th Annual Business Meeting
June 4-6, 2015
Hyatt Regency Chicago
Chicago, IL

American Medical Association-Resident and Fellow Section Summary of Actions (A-15)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Resolution 1: Filming Patients for News or Entertainment	**Adopted as Amended**	RESOLVED, That our AMA-RFS ~~adopt policy which states assert~~ that ~~study whether when filming in the health care setting,~~ efforts to disguise a patient (such as blurring the face, changing the voice, or any other technique) do not ~~may~~ obviate the need to obtain consent as outlined in AMA Policy E-5.045 for publication of any material related to the treatment of a patient.	None; Internal RFS Policy
Resolution 2: Smoke Free Residential Housing	**Adopted as Amended**	RESOLVED, That our AMA-RFS shall encourage health care institutions that provide employee housing to make such housing smoke free to the extent allowed by applicable local laws.	None; Internal RFS Policy
Resolution 4: Improving Physician Well-Being by Exploring Partnerships with Companies that Promote Health and Fitness	**Adopted as Amended**	RESOLVED, That our AMA-RFS ~~Board of Trustees ask AMA management to~~ evaluate entering into arrangements with companies which promote health and fitness that are willing to provide discounts to AMA-RFS members.	None; Internal RFS Policy
Resolution 5: Evaluation of Factors During Residency and Fellowship that Impact Routine Health Maintenance	**Adopted as Amended**	RESOLVED, that our AMA study ways to improve access and reduce barriers to seeking ~~mechanisms, such as through existing accreditation and survey processes, to track whether residency programs are adequately providing for their trainees' ability to access necessary~~ preventive and routine physical and mental health care for trainees in graduate medical education programs.	Will be forwarded to HOD at I-15.
Resolution 6: Evaluation of Resident and Fellow Compensation Levels	**Adopted as Amended**	RESOLVED, That our AMA develop recommendations for appropriate ~~adjustments~~ protections and increases to resident and fellow compensation and benefits with input from residents, fellows, and other involved parties including residency and fellowship programs.~~; and be it further~~ ~~RESOLVED, That our AMA assess the impact on the compensation and benefits of residents and fellows from future or current implementation of the Institute of Medicine's report on the Governance and Financing of Graduate Medical Education.~~	Immediately forwarded to HOD at A-15; (Res. 328 Reference Committee C)

		RESOLVED, That our American Medical Association advocate that resident and fellow trainees should not be financially responsible for their training; and be it further RESOLVED, That our AMA evaluate and work to establish consensus regarding the appropriate economic value of resident and fellow services, and address this in upcoming reports regarding graduate medical education financing.	
Resolution 7: Discrimination Against Persons with HIV/AIDS Seeking Rehabilitative, Residential, and Nursing Care Placements	**Adopted as Amended**	RESOLVED, that our AMA-RFS oppose discrimination against persons with HIV/AIDS seeking rehabilitative, residential, and nursing care placements for the reason of HIV/AIDS-positive status.~~; and be it further~~ ~~RESOLVED, that our AMA oppose discrimination against persons with HIV/AIDS seeking rehabilitative, residential, and nursing care placements for the reason of HIV/AIDS-positive status; and be if further~~ ~~RESOLVED, that our AMA encourage practices and policies, consistent with existing federal, state, and local law and regulations, that protect and affirm the rights of persons with HIV/AIDS seeking rehabilitative, residential, and nursing care placements.~~	None; Internal RFS Policy
Resolution 8: Definition of Resident and Fellow	**Adopted as Amended**	RESOLVED, that the AMA Council on Constitution and Bylaws develop amendments to the existing bylaws to accomplish the following: For purposes of membership in the AMA-RFS, the term Resident shall be applied to any physician who meets at least one of the following criteria: 1) Members who are enrolled in a residency approved by the ACGME or the AOA 2) Members who are active duty military or public health service residents required to provide service after their internship as general medical officers (including dive medical officers or flight surgeons) before their return to complete a residency program and are within the first five years of service after internship 3) Members serving, as their primary occupation, in a structured educational, vocational, or research program of at least one year to broaden competency in a specialized field prior to completion of their residency For purposes of membership in the AMA-RFS, the term Fellow shall be applied to any physician who has graduated from residency, and meets at least one of the following criteria:	Will forward to HOD at I-15.

		1) Members serving in fellowships approved by the ACGME or AOA 2) Members serving, as their primary occupation, in a structured clinical, educational, vocational, or research training program of at least ~~one year~~ six months to broaden competency in a specialized field, ~~provided it is prior to their working as an independent attending physician;~~ and be it further; and For purposes of membership in the AMA-RFS, any physician meeting the definition of Resident or Fellow shall be eligible for discounted membership dues to the AMA and membership within the AMA Resident and Fellow Section.	
Resolution 9: Formalizing the MSS-RFS-YPS Coalition	**Not Adopted**		N//A
Resolution 10: Childcare and Family Entertainment at AMA Meetings	**Adopted as Amended**	RESOLVED, that our AMA-RFS study and report back, by I-15, on the feasibility of working with ~~our AMA Alliance and other~~ interested organizations to provide: ~~1)Structured activities for travelling family members of members of our House of Delegates, including:~~ a)~~the number of spouses/significant others/family members who travel to the Annual and Interim meetings of the House of Delegates and its member sections and the number of spouses/significant others/family members who would travel to the House of Delegates meetings if structured activities were available~~ ~~2)~~ 1) Onsite, low cost, age-appropriate ~~activities and~~ childcare ~~for~~ during AMA meetings, ~~children of our House of Delegates and its member sections,~~ including but not limited to: a) the appropriate hours to providing such childcare, b) the cost associated with such childcare, c) the number of members of our House of Delegates and its member sections who bring their children to the meeting as well as the number of members of our House of Delegates and its member sections who would bring their children to the meeting were such childcare available	None; Internal RFS Policy;
Resolution 11: Increasing Awareness of Nootropic Use	**Adopted as Amended**		N/A

Resolution 12: Physician and Health Institution Publicity and Responsibility	**Adopted as Amended**	RESOLVED, That our AMA encourage physicians when engaged in public discourse <u>related to health and medical science</u> to disclose whether stated positions are based on rigorously tested evidence, standard of care, or personal opinion.	Will be forwarded to HOD at I-15.
Resolution 14: Banning the Artificial Use of Trans Fats in the United States	**Adopted as Amended**	RESOLVED, that our AMA<u>-RFS</u> support a <u>total</u> ban on using <u>artificial trans fats</u> ~~partially hydrogenated oil~~ in food products.	None; Internal RFS Policy
Resolution 15: Balloting Procedures	**Referred**	RESOLVED, that our AMA-RFS study alternate procedures for balloting including but not limited to: (1) coordinating with the MSS, OMSS, and any other AMA entities to use pre-existing AMA balloting equipment before HOD sessions; (2) develop or have outside vendors develop a unique computer program to handle AMA-RFS elections; (3) use an existing Internet or non-Internet based ballot counting computer program; and implement such measures found to be most appropriate by Interim 2015.	None; Referred for RFS Study.
Resolution 16: Telemedicine in Graduate Medical Education	**Adopted**	RESOLVED, that our AMA advocate for educating resident and fellow physicians during their training on the use of tele-health technology in their future practices, and be it further RESOLVED, that our AMA study the barriers to optimizing the use of tele-health technology for the purposes of tele-education and specifically tele-precepting in Graduate Medical Education and the solutions to overcoming these barriers, and be it further RESOLVED, that this resolution be forwarded to the House of Delegates at A-15.	Immediately forwarded to HOD at A-15; (Res. 330—Reference Committee C)
Resolution 17: Mental Health Services for Medical Staff	**Adopted**	RESOLVED, that our AMA encourage health systems, hospitals, and medical schools to offer physicians and medical students access to confidential and comprehensive mental health services not affiliated with their place of employment.	Will be forwarded to HOD at I-15.
Resolution 18:Non-Medical Vaccination Exemptions	**Adopted**	RESOLVED, That our AMA-RFS advocate for the removal of all state-based, non-medical exemptions to vaccination in accordance with each state's list of required vaccinations; and be it further RESOLVED, That our AMA-RFS support legislative efforts that would establish national vaccination requirements for minors.	None; Internal RFS Policy.
Resolution 20: Principles of GME Funding Reform	**Adopted as Amended**	~~RESOLVED, That our AMA supports the following principles for Graduate Medical Education Funding Reform:~~ ~~(1) Funding for Graduate Medical Education~~	Immediately Forwarded to HOD at A-15; (Res. 329 – Reference Committee C)

		~~should be based on the actual costs to train and educate a resident/fellow including yearly adjustments for geographic and inflation-based cost-of-living;~~ RESOLVED, That our AMA supports that federal funding for Graduate Medical Education should be based on the actual costs to train and educate a resident/fellow (including but not limited to salary and benefits and institutional support for training and education) including yearly adjustments for geographic and inflation-based cost-of-living; and be it further RESOLVED, That our AMA supports~~(2)~~ that the allocation of Graduate Medical Education funds within an institution should be transparent and accountable to all stakeholders; and be it further RESOLVED, That our AMA support that ~~(3)~~ federal funding for Graduate Medical Education should strive to meet the health needs of the public including but not limited to size of the training program, geographic distribution, and specialty mix; and be it further ~~(4) Federal funding for Graduate Medical Education from the Centers for Medicare/Medicaid Services or a federal successor should be disbursed through a single transparent funding stream.~~ ~~RESOLVED, That our AMA Support that federal funding for graduate Medical Education should strive to meet the health needs of the public including but not limited to the size of the training program, geographic distribution, and specialty mix; and be it further~~ RESOLVED, That our AMA support that federal funding for Graduate Medical Education from the Centers for Medicare/Medicaid Services or ~~a~~ any federal successors should be disbursed through a single transparent funding stream while maintaining opportunities for a multi-payor system; and be it further ~~that provides flexibility for innovation in training and education in addition to current levels of funding; and be it further~~ RESOLVED, That our AMA support additional federal funding for Graduate Medical Education that provides flexibility for innovation in training and education above and beyond current levels of funding; and be it further RESOLVED, That this resolution be immediately forwarded to our AMA House of Delegates at A-15.	

Resolution 21: Ethical Physician Conduct in the Media	**Adopted as Amended**	RESOLVED, That our AMA report on the professional ethical obligations for physicians in the media, including guidelines for the endorsement and dissemination of general medical information and advice via television, radio, internet, print media, or other forms of mass audio or video communication; and be it further RESOLVED, That our AMA study disciplinary pathways for physicians who violate ethical responsibilities through their position on a media platform; and be it further RESOLVED, That our AMA release a statement affirming the professional obligation of physicians in the media to provide quality medical advice supported by evidence-based principles and transparent to any conflicts of interest, while denouncing the dissemination of dubious or inappropriate medical information through the public media including television, radio, internet, and print media.~~;~~ and be it further RESOLVED, that this resolution be immediately forwarded to our AMA House of Delegates at A-15.	Immediately Forwarded to HOD at A-15; (Res. 016 – Reference Committee on Amendments to Constitution and Bylaws)

II. RFS REPORTS

Report	Action	Policy	HOD Action
Report A: Education in Business and Economics	**Adopted and the remainder of the report Filed**	The American Medical Association Resident and Fellow Section Governing Council recommends the following be adopted and the remainder of this report be filed: 1. That our AMA collaborate with appropriate organizations and committees to develop business and economics educational materials to be incorporated into graduate and undergraduate medical education. These materials could include, but are not limited to: 1) a model curriculum; 2) a competency evaluation mechanism; and 3) a strategy for elucidating the effect of such education on important outcomes including: physician readiness to practice, patient outcomes, and health care service utilization and physician satisfaction. 2. That our AMA offer education in business and economics to residents and fellows in the form of online modules, live seminars or other already planned AMA strategies for	Will forward to HOD at I-15.

		dissemination of educational materials. 3. That our AMA encourage medical schools and residency programs to make educational resources on personal finance and healthcare economics available to all of their trainees.	
Report B: AMA-RFS Caucus Structure and Function	**Adopted and the remainder of the report Filed**	Recommendations 1. That our AMA-RFS amend its Internal Operating Procedures to reflect the following structure and rules of the Residents and Fellows Caucus of the AMA House of Delegates: A. RFS Caucus Structure 1. The RFS sectional and alternate delegates, together with the RFS Delegate and Alternate, form the RFS Caucus. 2. The RFS Delegate and RFS Alternate Delegate should be considered the chair and vice chair of the caucus respectively and their responsibilities in those positions include, but are not limited to: a. Overseeing debate, discussion, and voting that occurs within the caucus, or designating a member of the caucus to fulfill this role if they are unable to perform it themselves. b. Assigning sectional and alternate delegates to reference committees c. Speaking on behalf of the RFS in reference committee hearings and the HOD, or delegating the responsibility to speak on behalf of the RFS to other members of the section. d. Developing general RFS strategy for passing or defeating resolutions e. Coordinating and negotiating with the leadership of other groups within the HOD. 3. Other resident and fellow delegates to the AMA HOD, including residents or fellows appointed to their state or specialty delegations, are not considered members of the caucus. They are encouraged to take part in	IOP Change Necessary; will forward to CCB at I-15.

		RFS Caucus meetings and participate in discussions. If willing, they may still be assigned to speak on behalf of the RFS by the RFS Delegate. B. Determining RFS Caucus Positions on AMA HOD Resolutions 1. For all RFS Caucus activities requiring a vote, all members of the caucus shall be given one vote. 2. A quorum of at least 50% of voting members must participate for a vote to be valid. 3. In the AMA HOD, the RFS Caucus must take positions on resolutions that are consistent with the existing policy of the RFS as defined in the RFS Digest of Actions whenever possible. 4. In areas where relevant RFS policy exists, but the interpretation is uncertain, a majority vote of a quorum of delegates will determine the caucus's interpretation. 5. When a resolution is before the AMA HOD for which RFS policy does not exist, any member of the RFS Caucus may move that the RFS take a position on the resolution. Such a movement requires a second by another caucus member and a 2/3rds majority vote to pass. 6. Positions set using the procedures described in section B.5 are valid for the duration of that meeting only, and do not apply to future interim or annual meetings. C. Reporting of Caucus Actions 1. The RFS Delegate and Alternate shall be responsible for authoring 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.	
Report C: Resident and Fellow Physician Health and Wellness	**Adopted and the remainder of the report Filed.**	Recommendations The American Medical Association Resident and Fellow Section Public Health Committee recommends the following be adopted and the remainder of this report be filed: 1. The AMA support educational initiatives to raise awareness about burnout, including but not limited to depression and suicide prevalence, among resident and fellow physicians. 2. The AMA collaborate with the ACGME, COCA, and other interested parties to promote training for residency and fellowship programs on recognizing, screening, and intervening in cases of resident and fellow physician burnout. 3. The AMA collaborate with the ACGME, COCA, and other interested parties to assist residency and fellowship programs in developing resident and fellow physician wellness initiatives. 4. The AMA promote a culture of resident physician wellness within physician training programs. 5. The AMA promote confidential and accessible mental health services for resident and fellow physicians. 6. The AMA encourage further research on the causal factors of resident and fellow physician burnout and its sequelae, including but not limited to its effect on quality of healthcare delivery and patient health outcomes.	Will forward to the HOD at I-15.
Report D: Sunset Mechanism	**Adopted and the remainder of the report Filed**		N/A – Internal RFS Policy

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 005: Principles of Human Subjects Research Shall Apply to Online Research Projects	**Adopted as Amended**	RESOLVED, That our American Medical Association declare social media sites' terms of service as an insufficient proxy for informed consent prior to being enrolled in ~~an~~ any medical experiment (New HOD Policy); and be it further

		RESOLVED, That our AMA recommend that online social networks provide users with specific informed consent outlining the aims, risks and possible benefits of ~~an~~ any medical experimental study prior to study enrollment. (New HOD Policy)
Resolution 006: Physician and Health Institution Publicity and Responsibility	**Adopted as Amended**	RESOLVED, That our American Medical Association encourage physicians when engaged in public discourse related to health and medical science to disclose whether stated positions are based on ~~rigorously tested evidence~~ published peer-reviewed evidence, standard of care, or personal opinion. (New HOD Policy)
Resolution 310: Mitigation of Physician Performance Metrics on Trainee Autonomy and Education	**Substitute Resolution 310 Adopted**	MITIGATION OF PHYSICIAN PERFORMANCE METRICS ON TRAINEE EDUCATION RESOLVED, That our AMA ask the Accreditation Council for Graduate Medical Education and other organizations to use data to evaluate the impact of supervising physicians' performance metrics on trainees' learning experience. (Directive to Take Action)
Resolution 407: Encouraging Protocols to Assist with the Management of Obese Patients	**Adopted as Amended with Change in Title**	ENCOURAGING PROTOCOLS TO ASSIST WITH THE MANAGEMENT OF PATIENTS WITH OBESITY DURING POSITIONING AND TRANSPORTATION RESOLVED, That our American Medical Association encourage health care ~~providers~~ professionals to learn about techniques and devices to prevent potential injury and to provide safe and effective care for ~~obese~~ patients with obesity. (New HOD Policy)
Resolution 408: Sustainable Community-Based Falls Prevention Programs to Optimize Functional Outcomes in Elderly Populations	**Adopted as Amended with Change in Title**	COMMUNITY-BASED FALLS PREVENTION PROGRAMS RESOLVED, That our American Medical Association work with relevant organizations to ~~encourage research into~~ support community-based falls prevention programs. (Directive to Take Action)
Resolution 409: Addressing Immigrant Health Disparities	**Adopted as Amended**	RESOLVED, That our American Medical Association urge federal and state government agencies to ensure standard public health screening and indicated prevention and treatment for immigrant children, regardless of legal status, based on medical evidence and disease epidemiology (New HOD Policy); and be it further RESOLVED, That our AMA, advocate for

		~~against~~ and publicize~~ally correct~~ medically ~~in~~accurate information ~~accusations that contribute~~ to reduce anxiety, fear, and marginalization of specific populations (New HOD Policy); and be it further RESOLVED, That our AMA advocate for policies to make available and effectively deploy resources needed to ~~narrow~~ eliminate health disparities ~~borne by~~ affecting immigrants, refugees or asylees. (New HOD Policy)

Resident and Fellow
Section

Summary of Actions

38th Interim Business Meeting
November 6-8, 2014
Hilton Anatole
Dallas, TX

American Medical Association-Resident and Fellow Section
Summary of Actions (I-14)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Resolution 1: Principles of Human Subjects Research Shall Apply to Online Research Projects	**Adopted as Amended**	RESOLVED, That our AMA shall declare social media sites' Terms of Service as an insufficient proxy for informed consent prior to being enrolled in an experiment; and be it further RESOLVED, That our AMA recommend that ~~any member of an~~ online social network~~s be given~~ provide users with specific informed consent outlining the aims, risks and possible benefits of an experimental ~~research~~ study prior to ~~their~~ study enrollment~~.~~; ~~and be it further~~ ~~RESOLVED, That this resolution be immediately forward to the AMA-HOD at I-14.~~	Will be forwarded to HOD at A-15
Resolution 2: Allowing the AMA-RFS Delegation to Act as a Representative Body	**Adopted**		IOP Amendment Needed; Resolution will go forth at A-15
Resolution 3: Reorganization of RFS Regions to Mimic HOD Caucuses	**Referred For Report**		N/A - Generate internal RFS Report by A-15.
Resolution 4: Establishment of an AMA-RFS Quality Improvement Forum	**Referred for Decision**		N/A - Referred for GC Decision
Resolution 5: AMA Response to Epidemics and Pandemics	**Adopted as Amended**	RESOLVED, That our AMA provide regular updates in a timely manner on any disease classified by the World Health Organization as urgent epidemics or pandemics potentially affecting the US population; and be it further RESOLVED, That our AMA work with the CDC and international health organizations to provide organizational assistance to curb epidemics, including calling on American physicians to provide needed resources such as human capital and patient care related supplies; and be it further RESOLVED, That our AMA encourage relevant specialty societies to educate their members on specialty-specific issues relevant to new and emerging epidemics and pandemics; and be it further	Immediately Forwarded to HOD at I-14; Adopted as combined Resolution 925 at HOD.

		RESOLVED, That this resolution be immediately forwarded to the HOD at I-14.	
Resolution 6: Encouraging Protocols to Assist with the Management of Obese Patients	**Adopted as Amended**	~~RESOLVED, That our AMA encourage providers to address the logistical requirements of caring for obese patients safely, efficiently and effectively and develop obesity protocols to address issues including but not limited to equipment, imaging machines, and transportation devices; and be it further~~ RESOLVED, That our AMA encourage ~~providers to train~~ healthcare <u>providers</u> ~~professionals and protect them from~~ <u>to learn about techniques and devices to prevent</u> potential injury <u>and to provide safe and efficient care</u> ~~in caring~~ for obese patients.	Will be forwarded to HOD at A-15.
Resolution 7: Mitigation of Physician Performance Metrics on Trainee Autonomy and Education	**Adopted as Amended**	RESOLVED, that our AMA ~~study the~~ <u>assess ways to mitigate the negative</u> effects of physician performance <u>metrics on trainee autonomy and clinical experience during</u> ~~reporting programs on the quality of~~ residency and fellowship training<u>.</u>~~; and be it further~~ ~~RESOLVED, that our AMA advocate that Sunshine Act disclosures related to clinical training for residents and fellows be exempt from reporting.~~	Will be forwarded to HOD at A-15.
Resolution 9: Addressing Immigrant Health Disparities	**Adopted as Amended**	RESOLVED, That our AMA urge federal and state government agencies to ensure standard public health screening and indicated prevention and treatment for immigrant <u>children</u> ~~populations~~ regardless of legal status, based on medical evidence and disease epidemiology; and be it further RESOLVED, That our AMA, ~~as a professional society , commit to standing against scaremongering, profiling and other stigmatizing and discriminatory practices, intentional or unintentional,~~ <u>advocate against and publically correct medically inaccurate accusations</u> that contribute to anxiety, fear, and marginalization of specific populations ~~based on inaccurate accusations that they pose a threat to public health working with state chapters, educating members, taking public positions and providing professional guidance against scaremongering~~; and be it further RESOLVED, That our AMA advocate for policies to make available and effectively deploy resources needed to narrow health disparities borne by immigrants, refugees or asylees.	Will be forwarded to HOD at A-15.
Resolution 10: Sustainable Community-	**Adopted as**	RESOLVED, That our AMA to work with ~~the CDC, Department of Public Health, and~~ relevant ~~agencies~~ <u>organizations</u> to ~~support~~	Will be forwarded to HOD at A-15.

Based Falls Prevention Programs to Optimize Functional Outcomes in Elderly Populations	**Amended**	encourage research into community-based falls prevention programs. ~~to strengthen their overall efficacy and sustainability and to optimize functional outcomes for the elderly.~~	
Resolution 11: Relocation Stipend for Residents and Fellows to Training Programs	**Not adopted**		N/A
Resolution 12: Physician and Health Institution Publicity and Responsibility	**Adopted as Amended**	RESOLVED, That our AMA encourage physicians when engaged in public discourse related to health and medical science to disclose whether stated positions are based on rigorously tested evidence, standard of care, or personal opinion.	Will be forwarded to HOD at A-15.

II. RFS REPORTS

Report	Action	Policy	HOD Action
Report D: Sunset Mechanism	**Adopted**		N/A – Internal RFS Policy

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 007: Delegate Counts for Assembly Meetings	**Adopted**	
Resolution 935: AMA Response to Epidemics and Pandemics	**Substitute Resolution 925 adopted as amended in lieu of Resolutions 925, 933, 935 and 936.**	AMA ROLE IN ADDRESSING EBOLA RESOLVED, That our American Medical Association (AMA) strongly support U.S. and global efforts to fight ~~the Ebola Epidemic~~ epidemics and pandemics, including Ebola, and the need for improved public health infrastructure and surveillance in affected countries; (New HOD Policy) and be it further RESOLVED, That our AMA strongly support those responding to the Ebola epidemic and other epidemics and pandemics in affected countries, including all health care workers and volunteers, U.S. Public Health Service and U.S. military members; (New HOD Policy) and be it further RESOLVED, That our AMA reaffirm Ethics Policy E-2.25, The Use of Quarantine and Isolation as Public Health Interventions, which states that the medical profession should collaborate with public health colleagues to take an active role in ensuring that quarantine and isolation interventions are based on science; (Reaffirm HOD Policy) and be it further RESOLVED, That our AMA collaborate in the development of recommendations and guidelines for medical professionals on appropriate treatment of patients infected with or potentially infected with Ebola, and widely disseminate such guidelines through its communication channels; (Directive to Take Action) and be it further RESOLVED, That our AMA continue to be a trusted source of information and education for physicians, health professionals and the public on ~~Ebola, including maintaining the Ebola Resource Center on the AMA's website, as long as Ebola remains an epidemic in affected countries~~; urgent epidemic or pandemics affecting the U.S. population, such as Ebola; (Directive to Take Action) and be it further RESOLVED, That the AMA encourage relevant specialty societies to educate their members on specialty-specific issues relevant to new and emerging epidemics and pandemics. (New HOD Policy)

Resolution 809: Insurance Coverage for Fertility Preservation in Patients Receiving Cytotoxic or Immunomodulatory Agents	**Adopted as amended**	RESOLVED, That American Medical Association Policy H-185.990, Infertility and Fertility Preservation Insurance Coverage be amended by insertion and deletion to read as follows: 1. The AMA encourages third party payer health insurance carriers to make available insurance benefits for the diagnosis and treatment of recognized male and female infertility. 2. Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments ~~oncologic treatments cytotoxic and/or immunomodulatory therapies~~ as determined by a licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments ~~oncologic treatments cytotoxic and/or immunomodulatory therapies~~ as determined by a licensed physician. (Modify Current HOD Policy)
BOT Report 4: AMA Participation in Medical Student Debt	**Accepted as Informational Report**	

Resident and Fellow
Section

Summary of Actions

38th Annual Business Meeting
June 5-7, 2014
Hyatt Regency Chicago
Chicago, IL

American Medical Association-Resident and Fellow Section
Summary of Actions (A-14)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 1: Protecting the Right of a Residency Trained Physician to Practice Medicine Within His/Her Scope of Practice and Maintain Board Certification While Doing So	**Adopted**		N/A – Internal RFS Policy
Resolution 1: One Endorsee is Enough	**Referred**	N/A	N/A – Internal RFS Policy.
Resolution 2: Facilitating Resident Transfers In and Out of Residency Programs	**Adopted as Amended**	EVALUATING RESIDENT TRANSFERS IN AND OUT OF RESIDENCY PROGRAMS RESOLVED, That our AMA-RFS study the issue of resident transfers between programs to better identify the scope of this issue.	N/A – Internal RFS Policy.
Resolution 3: Environmental Toxins and Reproductive Health	**Adopted as Amended**	RESOLVED, that our AMA-RFS support rigorous scientific investigation into the causes and prevention of birth defects; and be it further RESOLVED, that our AMA-RFS support rigorous scientific investigation into the linkages between environmental hazards and adverse reproductive and developmental health outcomes; and be it further RESOLVED, that our AMA-RFS support policies to identify and reduce exposure to environmental toxic agents; and be it further RESOLVED, that our AMA-RFS support policies to address the consequences of exposure to environmental toxic agents, including the reporting of identified environmental hazards to appropriate agencies; and be it further RESOLVED, that our AMA-RFS encourage physicians to learn about toxic environmental agents common in their community and educate patients on how to avoid toxic environmental agents; and be it further RESOLVED, that our AMA-RFS support policies and practices that support a healthy food system~~.; and be it further~~ ~~RESOLVED, that our AMA reaffirm its policy H-~~	N/A – Internal RFS Policy

		~~150.947, to encourage pregnant and breastfeeding women, as well as women in the preconception period, to eat carefully washed fruits and vegetables and to avoid fish containing high levels of methyl mercury (such as shark, swordfish, king mackerel, and tilefish).~~	
Resolution 4: AMA Participation in Medical Student Debt	**Adopted as Amended**	RESOLVED, that our ~~American Medical Association explore the feasibility~~ AMA-RFS support the exploration of the development of an affinity program in which student, resident and fellow members of the AMA could consolidate existing educational loans or obtain new educational loans from one or multiple national banks or other financial intermediaries. ~~Membership in the AMA would be required during the life of the loan (typically 10 years or more following medical school), and such activitie4s or program would neither result in the AMA becoming subject to regulation as a f inanc ia l ins ti tut ion n or im pair t he AM A ' s ability to continue to be treated as a not-for-profit entity; and be it further~~ ~~RESOLVED, that our AMA HOD receive a progress report on these discussions by the 2014 Interim Meeting (Directive to Take Action); and be it further~~ ~~RESOLVED, that this resolution be immediately forwarded to the AMA at A-14.~~	N/A – Internal RFS Policy.
Resolution 5: Insurance Coverage for Fertility Preservation in Patients Receiving Cytotoxic or Immunomodulatory Agents	**Adopted**		N/A – Internal RFS Policy
Resolution 6: Recognition of Infertility as a Public Health Issue	**Not Adopted**		N/A
Resolution 7: Calling for a Presidential Executive Order to Increase Access to Primary Care in the United States	**Not Adopted**		N/A
Resolution 8: Overemphasis on P-Values in Medical Literature	**Adopted as Amended**	RESOLVED, that our AMA-RFS and AMA discourage the use of generalized qualitative statements of significance, such as through the use of p-values, without the reporting of effect-size, such as through the use of confidence intervals; and be it further RESOLVED, that our AMA-RFS and AMA encourage the formation of a clear distinction between statistical significance and clinical significance in the planning and reporting stages of scientific research; and be it further RESOLVED, that our AMA-RFS encourage, through formal communication to major medical	N/A – Internal RFS Policy

		journals and publications, efforts to improve scientific integrity in medical literature by: • discouraging the reporting of hypothesis testing with generalized phrases such as "significant" or "p-value < 0.05"; • promoting the reporting of effect size and measures of spread or variability, such as confidence intervals and standard deviations; • requiring that authors clearly distinguish between accepted levels of statistical significance and clinical significance; and • making efforts to anticipate and avoid language that may mislead as to the importance or impact of a statistical outcome when communicating the results of medical studies to the general public; and be it further RESOLVED, that our AMA-RFS support efforts to incorporate ongoing education on statistical interpretation and reporting in undergraduate, graduate, and continuing medical education with an emphasis on interpreting the distinction	
Resolution 9: The Ban on All Recreational Use of Scheduled Drugs, Substances, and Chemicals with Example of Marijuana as Case in Point as Violating Federal Statute	**Not adopted**		N/A
Resolution 10: Promoting Mitochondrial DNA Transfer as a Modality of Mitochondrial Disease Prevention	**Not adopted**		N/A
Resolution 11: Development and Promotion of Use of Single National Prescription Drug Monitoring Program (PDMP)	**Adopted as Amended**	RESOLVED, that our AMA encourage the creation of one national prescription drug monitoring program (PDMP) database of controlled substances for physicians to detect and monitor prescription drug abuse; and be it further RESOLVED, that our AMA oppose ~~*Ensuring Patient Access and Effective Drug Enforcement Act of 2014* (H.R. 4069) and any similar~~ requirements that ~~require~~ physicians must ~~to~~ consult such programs before prescribing medications; and be it further ~~RESOLVED, that our AMA support the creation of a national PDMP database which allows for an online log of patient controlled prescriptions filled and with proactive mechanisms that alert physicians to suspicious prescribing behavior under their name and patient receiving similar controlled substances from multiple prescribers; and be it further~~	Immediately Forwarded at A-14; Referred for Report

		RESOLVED, that this resolution be immediately forwarded to the HOD at A-14. ~~The AMA-RFS consider sending to AMA HOD at A-14 given the urgency of H.R. 4069.~~	
Resolution 13: Access to Radioactive Fallout Measures for Patient Prophylaxis and Treatment	**Not Adopted**		N/A
Resolution 14: Improving Familiarity and Utilization of Mobile Medical Technology	**Adopted as Amended**	RESOLVED, that our AMA-RFS support the development of educational programming ~~develop programming to educate residents and fellows~~ on how to use ~~these~~ mobile medical applications for clinical decision- making support, for communication with patients, and how to advise patients to best use mobile technology for health benefit; and be it further RESOLVED, that our AMA-RFS encourage our AMA to work with other interested stakeholders such as the innovators of existing mobile applications and other medical societies to develop or improve existing mobile applications to deliver accurate medical information based on current medical guidelines. ~~; and be it further~~ RESOLVED, that our AMA-RFS encourage our AMA to educate physicians on discerning between evidence-based mobile applications and mobile applications that are not medically accurate. ~~,and de ve lo p a li s t of " quali t y m obi le app lic at ions " t hat are e vi de nc e bas e d an d us er friendly for provider use and for providers to recommend to their patients; and be it further~~	N/A – Internal RFS Policy
Resolution 15: Regulation of Electronic Nicotine Delivery Systems (ENDS)	**Adopted as Amended**	RESOLVED, that our AMA-RFS support taxing, labelling and regulating electronic nicotine delivery systems (ENDS) as tobacco products and drug delivery devices; and be it further RESOLVED, that our AMA-RFS support legislation that restricts the minimum age, locations of permissible use, advertising, promotion, and sponsorship of ENDS to that of tobacco products; and be it further RESOLVED that our AMA-RFS support transparency and disclosure concerning the design, content and emissions of ENDS; and be it further RESOLVED, that our AMA-RFS recommend secure, child proof, tamper proof packaging and design of ENDS; and be it further RESOLVED, that our AMA-RFS support enhanced labelling that warns of the potential	N/A – Internal RFS Policy

		consequences of ENDS use~~, restriction of ENDS marketing as tobacco cessation tools~~, restriction of ENDS marketing as tobacco cessation tools until clear evidence based research arises suggesting the contrary, as well as restriction of the use of characterizing flavors in ENDS; and be it further RESOLVED, that our AMA-RFS encourage basic, clinical, and epidemiological research concerning ENDS. ~~; and be it further~~ ~~RESOLVED, that our AMA-RFS forward this resolution to the AMA HOD at A-14.~~	

II. RFS REPORTS

Report	Action	Policy	HOD Action
Report E: Delegate Counts for Assembly Meetings	**Adopted**		N/A – Internal RFS Policy

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 302: Providing Residency Applicants a Timely Response to Residency Application Outcome	**Adopted as Amended**	RESOLVED, that our American Medical Association Policy H-310.998 Residency Interview Schedules be amended by addition and deletion as below: (Modify Current HOD Policy) Our ~~The~~ AMA encourages ~~accredited~~ residency and fellowship programs to incorporate in their residency interview dates increased flexibility, whenever possible, to accommodate applicants' schedules. Our ~~The~~ AMA encourages the ACGME and other accrediting bodies to require residency programs to provide, by electronic or other means, representative contracts to applicants prior to the interview. Our ~~The~~ AMA encourages residency and fellowship programs to inform applicants in a timely manner confirming receipt of application and ongoing changes in the status of consideration of the application ~~of their application materials and timely notification of when an applicant is no longer under consideration for an interview~~. ~~about their interview status and provide a time frame of notification dates in the application materials.~~
Resolution 303: Protecting Residents Against Avoidable Financial Constraint Related to Reimbursed Work-Related Expenses	**Adopted as amended**	RESOLVED, That our AMA encourage training programs to develop a budget and strategy for planned expenses versus unplanned expenses, where planned expenses should be estimated using historical data, and should include trainee reimbursements for items such as educational materials, attendance at conferences, and entertaining applicants. Payment in advance or within one month of document submission is strongly recommended ~~in advance but at a minimum, reimbursement should be completed at 2 weeks and not to exceed 1 month after submission of relevant reimbursement documents; and unplanned expenses which includes money spent collectively above the planned amount by trainees is strongly recommended to be reimbursed by 1 month after submission of relevant reimbursement documents, with a period not to exceed 6 weeks~~. (New HOD Policy).
Resolution 304: Graduate Medical Education Funding and Quality of Resident Education	**Adopted**	
Resolution 305: Transparency on Maternity and Paternity Leave Policies for Trainees	**Adopted as amended**	POLICIES FOR MATERNITY, PATERNITY, FAMILY AND MEDICAL NECESSITY LEAVE RESOLVED, That the American Medical Association House of Delegates Policy H-405.960, Policies for Maternity, Family and Medical Necessity Leave, be amended by insertion as below (Modify Current HOD Policy): AMA adopts as policy the following guidelines for, and encourage the implementation of, Maternity, Family and Medical Necessity Leave for Medical Students and

		Physicians: (1) Our ~~The~~ AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of ~~written~~ ~~and publicly available~~ leave policies, including parental, family, and medical leave policies as part of the physician's standard benefit agreement; (14) These policies above should be freely available online and in writing to all applicants to medical school, residency or fellowship.
Resolution 503: Comprehensive Access to Safety Data from Clinical Trials	**Adopted as amended**	ACCESS TO CLINICAL TRIAL DATA RESOLVED, That our American Medical Association urge the ~~Federal~~ Food and Drug Administration to investigate and develop means by which ~~academic~~ scientific investigators can access original source safety data from industry-sponsored trials upon request (Directive to Take Action); and be it further RESOLVED, That our AMA support the adoption of universal policy by medical journals requiring ~~principal~~ participating investigators to have independent access to all study data from industry sponsored trials. (New HOD Policy)

Resident
and Fellow
Section

Summary of Actions

37th Interim Business Meeting
November 15-16, 2013
Gaylord National Resort
National Harbor, MD

American Medical Association-Resident and Fellow Section
Summary of Actions (I-13)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD

I. RFS RESOLUTIONS

Report	Action	Policy	HOD Action
Emergency Resolution 1: AMA-HOD Resolution 819 (I-13) on "Health Insurance Carriers Canceling Coverage for Hundreds of Thousands of Patient Across the Country"	**Adopted as Amended**	~~RESOLVED, that our AMA-RFS encourage our American Medical Association to work with the President, legislators, and the Centers for Medicare and Medicaid Services, so that *individual subscribers to health insurance plans that were not in compliance with Affordable Care Act standards, and who therefore experienced cancellations of their health insurance*, be able to renew or otherwise extend their existing insurance contracts until such time that affordable and comparable replacements are available through the Exchanges or within the private market. (Directive to Take Action)~~ RESOLVED, that our AMA-RFS support President Obama's plan to allow individual subscribers to health insurance plans that were not in compliance with the Affordable Care Act (ACA), and who therefore experienced cancellations of their health insurance, be able to renew their recently-cancelled insurance contracts for one year; and be it further RESOLVED, that our AMA-RFS work with other interested stakeholders to delay penalties for non-insurance under the Affordable Care Act (ACA) for one year and extend the deadline to enroll for insurance under the ACA for one year, only for those who experienced cancellations of their individual health insurance due to noncompliance with the ACA; and be it further RESOLVED, that our AMA-RFS work with other interested stakeholders to help implement fixes to the Affordable Care Act that will help individual subscribers to health insurance plans that were not in compliance with the Affordable Care Act (ACA), and who therefore experienced cancellations of their health insurance	N/A – Internal RFS policy.
Late Resolution 3: Exemption of Fellows from Requirements of Physician Payment Sunshine Act	**Adopted as Amended**	Resolved, that our AMA advocate in conjunction with appropriate stakeholders, that the CMS use our AMA definition of Resident when formulating rules and regulations. ~~Resolved, that our AMA work in conjunction with all appropriate state and specialty societies to conduct a study to determine the impact of the Physician Payment Sunshine Act on Fellows, as~~	Referred with a report back at the 2014 Annual Meeting.

		~~defined by CMS, and be it further~~ ~~Resolved, that our AMA develop recommendations regarding further action to clarify the status of Fellows and prevent inappropriate or unanticipated reporting under the requirements of the Physician Payment Sunshine Act, with a report back at A-14, and be it further~~ Resolved, that this resolution be immediately forwarded for consideration during the 2013 Interim Meeting of the AMA House of Delegates.	
Resolution 1: Providing Residency Applicants a Timely Response to Residency Application Outcome	**Adopted as Amended**	~~RESOLVED, that our AMA encourage the AAMC and ACGME to propose a standardized timeframe for residency programs to provide a timely response of rejection to residency applicants.~~ <u>RESOLVED, that HOD policy H-310.998 Residency Interview Schedules be amended by addition and deletion as below:</u> The AMA encourages ~~accredited~~ residency <u>and fellowship</u> programs to incorporate in their ~~residency~~ interview dates increased flexibility, whenever possible, to accommodate applicants' schedules. The AMA encourages the ACGME <u>and other accrediting bodies</u> to require ~~residency~~ programs to provide, by electronic or other means, representative contracts to applicants prior to the interview. The AMA encourages residency <u>and fellowship</u> programs to inform applicants in a timely manner <u>confirming receipt of their application materials and timely notification of when an applicant is no longer under consideration for an interview.</u> ~~about their interview status and provide a time frame of notification dates in the application materials.~~ (Res. 93, I-79; Reaffirmed: CLRPD Rep. B, I-89; Appended: Res. 302 and Res. 313, I-97; Reaffirmed: CME Rep. 2, A-07)	Will be forwarded to the HOD at A-14
Resolution 2: Incentive to Improve Medicaid Patients' Access to Care	**Not Adopted**		N/A
Late Report F: Protecting Residents Against Avoidable Financial Constraint Related to Reimbursed Work-Related Expenses	**Adopted as Amended**	Resolved, that our AMA promote training programs to evaluate their own institution's process for repayment and develop a leaner approach. This includes disbursement of funds by direct deposit as opposed to a paper check and an online system of applying for funds. Resolved, that our AMA encourage a system of expedited repayment for purchases of $200 or less, for example through payment directly from	Will be forwarded to HOD at A-14

		their programs (in contrast to following traditional workflow for reimbursement). Resolved, that our AMA encourage training programs to develop a budget and strategy for planned expenses versus unplanned expenses, where *Planned expenses* should be estimated using historical data, and should include trainee reimbursements for items such as educational materials, attendance at conferences, and entertaining applicants. Payment is strongly recommended in advance but at a minimum, reimbursement should be completed at 2 weeks and not to exceed 1 month <u>after submission of relevant reimbursement documents</u>; and *Unplanned expenses* which includes money spent collectively above the planned amount by trainees is strongly recommended to be reimbursed by 1 month <u>after submission of relevant reimbursement documents</u>, with a period not to exceed 6 weeks. <u>Resolved, that this report and its recommendations as adopted by our Assembly be transmitted to GME programs nationwide.</u>	
Report D: Sunset Mechanism	**Adopted**		N/A – Internal RFS Policy
Report E: Amending the ACGME Residency Due Process Requirements	**Adopted as Amended**	That our ~~American Medical Association~~ <u>AMA-RFS</u> advocate for the amendment of the ACGME's Institutional Requirements to specifically require that institutional grievance policies governing the dismissal or non-renewal of a resident or fellow include the following principles, in writing:	N/A – Internal RFS Policy

II. RFS REPORTS

Report	Action	Policy	HOD Action
Late Report H – AMA-RFS 2013-2016 Working Plan	**Adopted as Amended**	V. RECOMMENDATIONS In the Realm of **National Meetings** 1. The RFS Governing Council should work with the AMA to encourage RFS participation ~~in a second business meeting to occur after the annual~~ between meetings and that; a. The RFS should continue to work to ensure that the MSS/RFS research poster symposia continues to be held at a national meeting; b. The RFS Governing Council will continue to work with staff to increase resident and fellow attendance at leadership training events, including the National Advocacy Conference and AMA leadership retreats 2. The RFS Governing Council should continue to improve the process of election procedures to ensure adequacy, transparency and integrity of the results; 3. The RFS Governing Council should continue to work to improve content at national meetings that will be relevant to members and that will engage them in the core areas of AMA involvement, Advocacy, Public Health, Community Service, Legislative Policy, Leadership Development and Membership; In the realm of **Advocacy** that; 4. The RFS should continue to make preserving and improving GME funding and addressing future physician workforce issues a key priority of our advocacy actions; 5. The RFS Governing Council should continue to annually identify key issues and mobilize the grassroots network to involve our section in advocating for RFS friendly positions on said issues and continue to educate the general assembly on these issues; 6. That the RFS should continue to work with other resident and fellow based organizations to ensure that the RFS serve as the national spokesperson for all resident and fellow centered issues including student debt, graduate medical education, medical licensure, and resident work hours. In the realm of **Membership and Outreach**; 7. The RFS and RFS Governing Council should investigate mechanisms to increase retention of members as they transition from one section to another including;	N/A – Internal RFS Policy

		a. Members transitioning from MSS to RFS; b. Members transitioning from the RFS to the YPS; c. Members transitioning out of IPM programs; 8. The RFS should continue to work with the MSS and the YPS to improve mentoring strategies and increase mentoring opportunities such as combined networking events, mentoring panels, combined working groups and specific events targeted by specialty, year or location; 9. The RFS should continue to examine and improve the role of the regions within the RFS, which should include: a. Current contact information for region leadership and their contact information available online for access by members; b. The current level of activity in each region and ways to increase involvement; c. The roles and responsibilities of the region leadership; d. Novel ways to improve communication, foster leadership and increase membership; e. Collaboration with MSS and YPS Sections, including joint region meetings and community service events; 10. The RFS Governing Council should work to establish local membership liaisons that will work directly with GME programs to reach out to residency programs and recruit members; 11. The RFS should continue to work with AMA membership staff to assist with planning local membership recruitment programs and coordinate the involvement of local RFS leaders in said programs; 12. RFS leaders should continue to encourage Section participants to introduce the Introduction of the Practice of Medicine program to their relevant academic and medical center faculty. In the realm of **Communication:** 13. The RFS and RFS Governing Council should work to establish online social media portals to encourage involvement in RFS activities and increase RFS awareness; 14. The RFS Governing Council should investigate methods to ensure there is effective communication with the region leadership on a regular basis; 15. The -RFS Governing Council should establish a mechanism to provide Governing Council updates and direct communication to our membership and work with AMA staff to ensure that these updates be disseminated to all RFS members; 16. The RFS Governing Council should actively work to increase utilization of the RFS list-serve and make it available to new members;	

		Lastly, in general the Committee recommends that: 17. The RFS recommend that a Working Plan be developed by the Committee on Long Range Planning for the RFS Governing Council and approved by the assembly at least every 3 years.	

Report F – Amending the ACGME Residency Due Process Requirements	**Referred for Report**	III. Recommendations The American Medical Association Resident and Fellow Section recommends that the following be adopted and that the remainder of this report be filed. 1. That our American Medical Association advocate for the amendment of the ACGME's Institutional Requirements to specifically require that institutional grievance policies governing the dismissal or non-renewal of a resident or fellow include the following principles, in writing: 1) Notification must be issued to a resident when disciplinary action is to be taken, the reasons for the adverse action, a detailed outline of the due process procedure, including the resident's rights, if applicable, to a hearing and any time limitation for an appeal to the action; 2) If the action involves the non-promotion, contract non-renewal, termination or dismissal of a resident, the appellate process must include the right to a fair, objective, and independent hearing before a multi-person review committee, the composition of which is clearly listed in the grievance policy, during which the resident should be entitled to present a defense to the charges against him or her; 3) Review committees should be comprised of physicians and include at least 20% representation from persons a consequential number of persons, 20% or at least one, at a similar level of training (20% or at least one) as the aggrieved resident. The standard of review for the resident's actions should be whether the actions of the resident were reasonable with respect to a similarly situated resident of the same level of training. to judge whether the actions of the resident were reasonable based on the perception of a fellow trainee similarly situated. To avoid any potential negative repercussions, residents or fellows serving on review committees should be selected from a different program or institution than the aggrieved resident and the committee should render its decision through a secret ballot to avoid any potential negative repercussions for those who serve on these committees; 4) Review committees should not include any person directly involved in the circumstances surrounding the incident(s) giving rise to the action against the resident. Residents should	**N/A – Generate an Internal RFS Report**

		retain the right to challenge the impartiality of any member or hearing officer of the appellate committee reviewing their grievance. Smaller programs that have difficulty meeting this standard should consider seeking committee members from other nearby institutions; 5) All material information obtained by the review committee regarding the subject of the review hearing should be made available to the resident, or his or her attorney, in a timely manner prior to the hearing with redacted versions of materials presented when anonymity is required; 6) Program directors and residents should have the right to be represented by an attorney during review hearings regarding termination or contract non-renewal. Program directors, residents, or their respective attorneys should be permitted to call and examine/cross-examine witnesses and present evidence during the review hearing; 7) Program directors, residents, or their respective attorneys should receive a written statement of the review committee's recommendation and the basis for the decision; 8) Residency program disciplinary policies should state whether a resident will continue to receive their compensation pending a final decision on any disciplinary action; if continued compensation will affect IRP funding in future years, then residents must be informed of this issue, how it may impact them in future years and then given the option of continuation or discontinuation of funding especially if the matter is rolling into a new funding year; 9) Residency program disciplinary policies should include a reasonable process by which residents can obtain their training record for any reason.	
Report G – Comprehensive Access to Safety Data from Clinical Trials	**Adopted**	RESOLVED, That our AMA urge the Federal Drug Administration to investigate and develop means by which academic investigators can access original source safety data from industry-sponsored trials upon request; and be it further RESOLVED, That our AMA support the adoption of universal policy by medical journals requiring principal investigators to have independent access to all study data from industry-sponsored trials.	Will be forwarded to the HOD at the 2014 Annual Meeting.

III. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 004: Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients	**Adopted as Amended**	RESOLVED, That our American Medical Association support policies that allow for a change of sex designation on birth certificates for transgender individuals based upon verification by ~~an health care provider~~ a physician (MD or DO) that the individual has undergone transition according to applicable medical standards of care. (New HOD Policy)
Resolution 005: Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients	**Referred for Report**	N/A
Resolution 306: Evaluating the Effect of ACGME Resident Work Hours Reforms	**Adopted as Amended**	RESOLVED, That our American Medical Association recommend that the Accreditation Council for Graduate Medical Education ~~only introduce new duty hour rules if they are~~ use, where possible, recommendations from respective specialty societies and evidence-based approaches to any future revision or introduction of resident duty hour rules. (New HOD Policy)
Resolution 307: Support for Residents and Fellows During Family and Medical Leave Time	**Adopted as Amended**	RESOLVED, That our American Medical Association ~~work with~~ encourage ~~the~~ specialty boards, the Accreditation Council for Graduate Medical Education and residency review committees to ~~develop~~ study alternative mechanisms and pathways based on competency evaluation to ~~graduate for keeping those~~ ensure that individuals who have taken family and medical leave graduate as close to ~~on track within their residency and fellowship training so as to abide by their traditional graduation target~~ their original completion date as possible. (Directive to Take Action)
CME Report 5: Physician Workforce Shortage, Going Forward with Reforming GME Financing	**Adopted as Amended**	Amended by addition of a new recommendation: 4. That our AMA work with the Association of American Medical Colleges and other key stakeholders to continue to examine alternative models of funding for graduate medical education, with a report back at the 2014 Annual Meeting. (Directive to Take Action)
CME Report 8: The Changing Training Environment: Access to Procedural Training for Residents and Fellows	**Adopted as Amended**	Recommendation 1 was amended by addition and deletion to read as follows: That our American Medical Association (AMA) support the concept that procedural training is a critical portion of resident education and the

		augmentation of patient care by ~~mid-level~~ non-physician practitioners should not interfere with a resident's ability to achieve competence in the performance of required procedures. Recommendation 2 was amended by addition an deletion to read as follows: That our AMA ask the Accreditation Council for Graduate Medical Education to evaluate the trend in the number of cases, and roles in these cases, of graduating residents since the implementation and revision of duty hour restrictions to determine whether duty hour standards may have adversely impacted ~~surgical~~ residents' ability to ~~perform~~ participate in a sufficient number of ~~surgical procedures~~ cases to make them proficient and well qualified for independent practice, and that this information be used to further refine change in resident education under the Next Accreditation System.
Resolution 405: The Health Costs of Hydraulic Fracturing	**Adopted as Substituted**	THE HEALTH RISKS OF HYDRAULIC FRACTURING RESOLVED, That our AMA encourage appropriate agencies and organizations to study the potential human and environmental health risks and impacts of hydraulic fracturing. (New HOD Policy)
Resolution 504: Skin Cancer Surveillance through Hairdresser and Barber Education	**Adopted as Substituted**	SKIN CANCER SURVEILLANCE THROUGH LAY PROFESSIONAL EDUCATION RESOLVED, That our American Medical Association support mechanisms for the education of lay professionals, such as hairdressers and barbers, on self skin examination to encourage early skin cancer referrals to qualified health care professionals. (New HOD Policy)
Board Report 30: Future of the Interim Meeting of the House of Delegates	**Not Adopted**	N/A

Resident
and Fellow
Section

Summary of Actions

37th Annual Business Meeting
June 13-15, 2013
Hyatt Regency
Chicago, IL

American Medical Association-Resident and Fellow Section
Summary of Actions (A-13)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions, II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD

I. RFS RESOLUTIONS

Report	Action	Policy	HOD Action
Late Resolution 1 – Addressing the Physician Workforce Shortage by Increasing GME Funding	**Adopted as Amended**	RESOLVED, that our AMA-RFS, work with the AMA and in ~~with~~ consultation with ~~of~~ interested stakeholders, to develop a comprehensive framework for a sustainable GME financing plan that addresses the physician workforce shortage and could be implemented at both the state and federal levels, and be it further RESOLVED, that our AMA-RFS work with the AMA to support pilot projects supported through state and federal funding in medically under-served areas that foster resident training programs, offer loan repayment, and support independent practice development as a means to address the physician workforce shortage.	N/A Internal RFS Policy
Resolution 1 – Protecting Residents Against Avoidable Financial Constraint Related to Reimbursed Work-Related Expenses	**Referred for Report**	RESOLVED, that our AMA-RFS encourage residency programs to protect residents against avoidable financial constraint related to reimbursable work-related expenses by allowing for advanced reimbursement when feasible and by providing reimbursement for expenses within a one-month period for expenses totaling greater than or equal to $200.	N/A – Generate an Internal RFS Report
Resolution 2 – Simulation: An Educational Tool for Training and Skill Maintenance	**Adopted as Amended**	RESOLVED, that our AMA-RFS encourage medical schools and teaching hospitals to incorporate simulation as an educational tool and develop ways in which it could become a method of evaluating medical student/physician performance.	N/A – Internal RFS Policy
Resolution 3 – Transparency on Maternity and Paternity Leave Policies for Trainees	**Adopted as Amended**	RESOLVED, that our AMA encourages all medical education and training programs ~~facilities~~ to make maternity~~, and~~ paternity, and adoption ~~and family and medical~~ leave policies transparent and readily available to any applicant in a manner which ~~unequivocally states if and how leave may be taken~~ for these events without incurring extension of training. ~~removes fear of prejudice for having requested that information. Graduate medical training programs should create an anonymous means of obtaining that information, whether it be available in writing or online, to all applicants for a training program; and be it further~~ ~~RESOLVED, that this resolution be immediately forwarded for consideration during the 2013 Annual meeting of the AMA House of Delegates.~~	Will be forwarded to the HOD at the 2014 Annual Meeting.

		Amended by change in title to read: TRANSPARENCY ON MATERNITY, PATERNITY, AND ADOPTION LEAVE POLICIES FOR TRAINEES	
Resolution 4 – Graduate Medical Education Funding and Quality of Resident Education	**Adopted as Amended**	RESOLVED, that our AMA explore innovative funding models for incremental increases in funded residency positions related to quality of resident education and provision of patient care as evaluated by appropriate medical education organizations such as the ACGME.	Will be forwarded to the HOD at the 2014 Annual Meeting.
Emergency Resolution 1 - Policy-making meetings for MSS and RFS	**Adopted**	RESOLVED, that our AMA-RFS support one policy making meeting per year for the AMA-HOD.	N/A – Internal RFS Policy

II. RFS REPORTS

Report	Action	Policy	HOD Action
Late Report H – AMA-RFS 2013-2016 Working Plan	**Adopted as Amended**	V. RECOMMENDATIONS In the Realm of **National Meetings** 1. The RFS Governing Council should work with the AMA to encourage RFS participation ~~in a second business meeting to occur after the annual~~ between meetings and that; a. The RFS should continue to work to ensure that the MSS/RFS research poster symposia continues to be held at a national meeting; b. The RFS Governing Council will continue to work with staff to increase resident and fellow attendance at leadership training events, including the National Advocacy Conference and AMA leadership retreats 2. The RFS Governing Council should continue to improve the process of election procedures to ensure adequacy, transparency and integrity of the results; 3. The RFS Governing Council should continue to work to improve content at national meetings that will be relevant to members and that will engage them in the core areas of AMA involvement, Advocacy, Public Health, Community Service, Legislative Policy, Leadership Development and Membership; In the realm of **Advocacy** that; 4. The RFS should continue to make preserving and improving GME funding and addressing future physician workforce issues a key priority of our advocacy actions; 5. The RFS Governing Council should continue to annually identify key issues and mobilize the grassroots network to involve our section in advocating for RFS friendly positions on said issues and continue to educate the general assembly on these issues; 6. That the RFS should continue to work with other resident and fellow based organizations to ensure that the RFS serve as the national spokesperson for all resident and fellow centered issues including student debt, graduate medical education, medical licensure, and resident work hours. In the realm of **Membership and Outreach**; 7. The RFS and RFS Governing Council should investigate mechanisms to increase retention of members as they transition from one section to another including;	N/A – Internal RFS Policy

		a. Members transitioning from MSS to RFS; b. Members transitioning from the RFS to the YPS; c. Members transitioning out of IPM programs; 8. The RFS should continue to work with the MSS and the YPS to improve mentoring strategies and increase mentoring opportunities such as combined networking events, mentoring panels, combined working groups and specific events targeted by specialty, year or location; 9. The RFS should continue to examine and improve the role of the regions within the RFS, which should include: a. Current contact information for region leadership and their contact information available online for access by members; b. The current level of activity in each region and ways to increase involvement; c. The roles and responsibilities of the region leadership; d. Novel ways to improve communication, foster leadership and increase membership; e. Collaboration with MSS and YPS Sections, including joint region meetings and community service events; 10. The RFS Governing Council should work to establish local membership liaisons that will work directly with GME programs to reach out to residency programs and recruit members; 11. The RFS should continue to work with AMA membership staff to assist with planning local membership recruitment programs and coordinate the involvement of local RFS leaders in said programs; 12. RFS leaders should continue to encourage Section participants to introduce the Introduction of the Practice of Medicine program to their relevant academic and medical center faculty. In the realm of **Communication:** 13. The RFS and RFS Governing Council should work to establish online social media portals to encourage involvement in RFS activities and increase RFS awareness; 14. The RFS Governing Council should investigate methods to ensure there is effective communication with the region leadership on a regular basis; 15. The -RFS Governing Council should establish a mechanism to provide Governing Council updates and direct communication to our membership and work with AMA staff to ensure that these updates be disseminated to all RFS members; 16. The RFS Governing Council should actively work to increase utilization of the RFS list-serve and make it available to new members;	

		Lastly, in general the Committee recommends that: 17. The RFS recommend that a Working Plan be developed by the Committee on Long Range Planning for the RFS Governing Council and approved by the assembly at least every 3 years.	

Report F – Amending the ACGME Residency Due Process Requirements	**Referred for Report**	III. Recommendations The American Medical Association Resident and Fellow Section recommends that the following be adopted and that the remainder of this report be filed. 1. That our American Medical Association advocate for the amendment of the ACGME's Institutional Requirements to specifically require that institutional grievance policies governing the dismissal or non-renewal of a resident or fellow include the following principles, in writing: 1) Notification must be issued to a resident when disciplinary action is to be taken, the reasons for the adverse action, a detailed outline of the due process procedure, including the resident's rights, if applicable, to a hearing and any time limitation for an appeal to the action; 2) If the action involves the non-promotion, contract non-renewal, termination or dismissal of a resident, the appellate process must include the right to a fair, objective, and independent hearing before a multi-person review committee, the composition of which is clearly listed in the grievance policy, during which the resident should be entitled to present a defense to the charges against him or her; 3) Review committees should be comprised of physicians and include at least 20% representation from persons a consequential number of persons, 20% or at least one, at a similar level of training (20% or at least one) as the aggrieved resident. The standard of review for the resident's actions should be whether the actions of the resident were reasonable with respect to a similarly situated resident of the same level of training. to judge whether the actions of the resident were reasonable based on the perception of a fellow trainee similarly situated. To avoid any potential negative repercussions, residents or fellows serving on review committees should be selected from a different program or institution than the aggrieved resident and the committee should render its decision through a secret ballot to avoid any potential negative repercussions for those who serve on these committees; 4) Review committees should not include any person directly involved in the circumstances surrounding the incident(s) giving rise to the action against the resident. Residents should	**N/A – Generate an Internal RFS Report**

		retain the right to challenge the impartiality of any member or hearing officer of the appellate committee reviewing their grievance. Smaller programs that have difficulty meeting this standard should consider seeking committee members from other nearby institutions; 5) All material information obtained by the review committee regarding the subject of the review hearing should be made available to the resident, or his or her attorney, in a timely manner prior to the hearing with redacted versions of materials presented when anonymity is required; 6) Program directors and residents should have the right to be represented by an attorney during review hearings regarding termination or contract non-renewal. Program directors, residents, or their respective attorneys should be permitted to call and examine/cross-examine witnesses and present evidence during the review hearing; 7) Program directors, residents, or their respective attorneys should receive a written statement of the review committee's recommendation and the basis for the decision; 8) Residency program disciplinary policies should state whether a resident will continue to receive their compensation pending a final decision on any disciplinary action; if continued compensation will affect IRP funding in future years, then residents must be informed of this issue, how it may impact them in future years and then given the option of continuation or discontinuation of funding especially if the matter is rolling into a new funding year; 9) Residency program disciplinary policies should include a reasonable process by which residents can obtain their training record for any reason.	
Report G – Comprehensive Access to Safety Data from Clinical Trials	**Adopted**	RESOLVED, That our AMA urge the Federal Drug Administration to investigate and develop means by which academic investigators can access original source safety data from industry-sponsored trials upon request; and be it further RESOLVED, That our AMA support the adoption of universal policy by medical journals requiring principal investigators to have independent access to all study data from industry-sponsored trials.	Will be forwarded to the HOD at the 2014 Annual Meeting.

III. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
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Resolution 005: Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients	**Referred for Report**	N/A
Resolution 306: Evaluating the Effect of ACGME Resident Work Hours Reforms	**Adopted as Amended**	RESOLVED, That our American Medical Association recommend that the Accreditation Council for Graduate Medical Education ~~only introduce new duty hour rules if they are~~ use, where possible, recommendations from respective specialty societies and evidence-based approaches to any future revision or introduction of resident duty hour rules. (New HOD Policy)
Resolution 307: Support for Residents and Fellows During Family and Medical Leave Time	**Adopted as Amended**	RESOLVED, That our American Medical Association ~~work with~~ encourage ~~the~~ specialty boards, the Accreditation Council for Graduate Medical Education and residency review committees to ~~develop~~ study alternative mechanisms and pathways based on competency evaluation to ~~graduate for keeping those~~ ensure that individuals who have taken family and medical leave graduate as close to ~~on track within their residency and fellowship training so as to abide by their traditional graduation target~~ their original completion date as possible. (Directive to Take Action)
CME Report 5: Physician Workforce Shortage, Going Forward with Reforming GME Financing	**Adopted as Amended**	Amended by addition of a new recommendation: 4. That our AMA work with the Association of American Medical Colleges and other key stakeholders to continue to examine alternative models of funding for graduate medical education, with a report back at the 2014 Annual Meeting. (Directive to Take Action)
CME Report 8: The Changing Training Environment: Access to Procedural Training for Residents and Fellows	**Adopted as Amended**	Recommendation 1 was amended by addition and deletion to read as follows: That our American Medical Association (AMA) support the concept that procedural training is a critical portion of resident education and the

		augmentation of patient care by ~~mid-level~~ non-physician practitioners should not interfere with a resident's ability to achieve competence in the performance of required procedures. Recommendation 2 was amended by addition an deletion to read as follows: That our AMA ask the Accreditation Council for Graduate Medical Education to evaluate the trend in the number of cases, and roles in these cases, of graduating residents since the implementation and revision of duty hour restrictions to determine whether duty hour standards may have adversely impacted ~~surgical~~ residents' ability to ~~perform~~ participate in a sufficient number of ~~surgical procedures~~ cases to make them proficient and well qualified for independent practice, and that this information be used to further refine change in resident education under the Next Accreditation System.
Resolution 405: The Health Costs of Hydraulic Fracturing	**Adopted as Substituted**	THE HEALTH RISKS OF HYDRAULIC FRACTURING RESOLVED, That our AMA encourage appropriate agencies and organizations to study the potential human and environmental health risks and impacts of hydraulic fracturing. (New HOD Policy)
Resolution 504: Skin Cancer Surveillance through Hairdresser and Barber Education	**Adopted as Substituted**	SKIN CANCER SURVEILLANCE THROUGH LAY PROFESSIONAL EDUCATION RESOLVED, That our American Medical Association support mechanisms for the education of lay professionals, such as hairdressers and barbers, on self skin examination to encourage early skin cancer referrals to qualified health care professionals. (New HOD Policy)
Board Report 30: Future of the Interim Meeting of the House of Delegates	**Not Adopted**	N/A