AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (A-19)

Reference Committee Report

Benjamin Meyer, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Resolution 4—Supporting the Reclassification of Complex Rehabilitation Technology to Improve Access to Individuals with Substantially Disabling and Chronic Conditions

2. Report B—Internal Operating Procedures Renewal

3. Report D—Medical Aid in Dying

4. Report J—Drug Costs and Shortages

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

5. Late Resolution 1—AMA HOD Election Reform

6. Resolution 2—Decreasing Use of Non-FDA Regulated Oximetry Monitors in Infants

7. Resolution 6—Allowing Mature Minors to Consent for Vaccinations Resolution 7—Protecting Minors from Preventable Diseases

8. Resolution 10—Residency and Fellowship Program Director, Assistant/Associate Program Director, and Core Faculty Protected Time and Salary Reimbursement


RECOMMENDED FOR FILING

11. Report I—Membership Development


RECOMMENDED FOR NOT ADOPTION

13. Resolution 1—Improving Medical Clearance Policies for Traumatic Brain Injury Patients
14. Resolution 3—Maternal Kratom Use as a Cause of Neonatal Withdrawal Syndrome

15. Resolution 5—Breast Implant Associated Anaplastic Large Cell Lymphoma

16. Resolution 8—Ensuring Trainee Access to Personal Well-Visit Appointments

17. Resolution 9—Working with Firearm Rights Groups to Reduce Firearm-Related Morbidity/Mortality

18. Resolution 12—Facilitating Physicians in Training Seeking Mental Health Care Through Physician Health Programs

19. Report A—Medical Technology and Augmented Intelligence: Regulated Oversight Requirements by the FDA

20. Report H—Independent House Staff Physician Associations

RECOMMENDED FOR REFERRAL

(1) RESOLUTION 4— SUPPORTING THE
RECLASSIFICATION OF COMPLEX REHABILITATION
TECHNOLOGY TO IMPROVE ACCESS TO INDIVIDUALS
WITH SUBSTANTIALLY DISABLING AND CHRONIC
CONDITIONS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that
Resolution 4 be adopted.

RFS ACTION: Resolution 4 adopted.

Your Reference Committee heard overwhelming testimony in support of this resolution.
Although there was concern about how this would improve access, your Reference
Committee notes that CMS Report 4 currently before the HOD provides sufficient
background on this topic and evidence on the need for this policy. Your Reference
Committee believes the RFS should adopt internal positions to provide testimony in
support of this report.

(2) REPORT B— INTERNAL OPERATING PROCEDURES
RENEWAL

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that
the recommendations in Report B be adopted and the
remainder of the report be filed.

RFS ACTION: Report B adopted and the remainder
of the report be filed.

Report B is the product of a comprehensive review of the current AMA-RFS IOPs that
updated and consolidated the current language, reduced redundancy of internal
passages and corrected references to AMA Bylaws.

Your Reference Committee heard limited positive testimony generally in favor of the report
with some requests for clarifications. We believe that the revised IOPs accomplished the
directive assigned the Ad-hoc Committee and we commend them for their tireless
commitment to our Section. Therefore, Your Reference Committee recommends adoption
of the recommendations in Report B and the remainder of the report be filed.

(3) REPORT D— MEDICAL AID IN DYING

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that
the recommendations in Report D be adopted and the
remainder of the report be filed.
RFS ACTION: Report D adopted and the remainder of the report be filed.

Report D asks that our AMA-RFS support our AMA in ending its practice of using the term “physician-assisted suicide” and instead replace it with “medical aid in dying.” Furthermore, it asks that our AMA-RFS support protections for physicians and patients who participate in medical aid-in-dying in states where it is legal and adopt a position of neutrality toward physician aid-in-dying.

Your Reference Committee heard positive testimony on this report with isolated testimony asking for full support of this issue. Your Reference Committee believes that this report strikes a good balance on a very controversial issue and based on testimony, the recommendations are in line with the will of the RFS Assembly. Therefore, your Reference Committee recommends that the recommendations in Report D be adopted and the remainder of the report be filed.

(4) REPORT J— DRUG COSTS AND SHORTAGES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report J be adopted and the remainder of the report be filed.

RFS ACTION: Report J adopted and the remainder of the report be filed.

Report J asks our AMA-RFS support that the AMA advocate for legislative and regulatory mechanisms to ensure more affordable generic biosimilar access without placing undue burdens on drug innovation. Regarding repeal of the group purchasing organizations and pharmacy benefit manager safe harbor, Report J asks our AMA-RFS to support the repeal of the 1987 Safe Harbor exemption to the Anti-Kickback Statute for Group Purchasing Organizations (GPOs) and PBMs (Pharmacy Benefit Managers).

Your Reference Committee heard limited testimony on this report. There was concern about Recommendation 1 with regard to placing undue burdens on drug innovation being in conflict with more affordable generic biosimilars. However, your Reference Committee does not believe that making generic more affordable necessarily constitutes an undue burden as that would depend on the specific details of legislation being proposed at that time. We believe this language provides enough flexibility to our AMA’s Advocacy department to work with the appropriate stakeholders to achieve more affordable generic biosimilar access. Therefore, your Reference Committee recommends that the recommendations in Report J be adopted and the remainder of the report be filed.
(5) LATE RESOLUTION 1—AMA HOUSE OF DELEGATES
ELECTION REFORM

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Late Resolution 1 be amended by deletion.

RESOLVED, That the AMA-RFS support that the AMA create a speaker-appointed task force to re-examine election rules and logistics including regarding social media, emails, mailers, receptions and parties, ability of candidates from smaller delegations to compete, balloting electronically, and timing within the meeting, and to report back recommendations regarding election processes and procedures to accommodate improvements to allow delegates to focus their efforts and time on policy-making; and be it further

RESOLVED, That AMA-RFS support that the AMA’s speaker-appointed task force consideration should include addressing (favorably or unfavorably) the following ideas:

a) Elections being held on the Sunday morning of the annual and interim meetings of the House of Delegates.

b) Coordination of a large format interview session on Saturday by the Speakers to allow interview of candidates by all interested delegations simultaneously.

c) Separating the logistical election process based on the office (e.g. larger interview session for council candidates, more granular process for other offices)

d) An easily accessible system allowing voting members to either opt in or opt out of receiving AMA approved forms of election materials from candidates with respect to email and physical mail.

e) Electronic balloting potentially using delegates’ personal devices as an option for initial elections and runoffs in order to facilitate timely results and minimal interruptions to the business.

f) Seeking process and logistics suggestions and feedback from HOD caucus leaders, non-HOD physicians (potentially more objective and less influenced by current politics in the HOD), and other constituent groups with a stake in the election process.

 g) Address the propriety and/or recommended limits of the practice of delegates being directed on how to vote by other than their sponsoring society (e.g. vote trading, block voting, etc.); and be it further

RESOLVED, That the AMA-RFS support that the task force report back to the HOD at the A-20 meeting.
RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that
Late Resolution 1 be adopted as amended.

RFS ACTION: Late Resolution 1 adopted as amended.

Late Resolution 1 asks that our AMA-RFS support that the AMA create a speaker-appointed task force to re-examine election rules and logistics including regarding social media, emails, mailers, receptions and parties, ability of candidates from smaller delegations to compete, balloting electronically, and timing within the meeting, and to report back recommendations regarding election processes and procedures to accommodate improvements to allow delegates to focus their efforts and time on policy-making. It further asks that the AMA-RFS support that the task force report back to the HOD at the A-20 meeting.

Your Reference Committee heard testimony in support of this resolution. Your Reference Committee also believes it is timely given that HOD Res. 611, with nearly identical language, is being considered at this meeting. However, your Reference Committee believes resolve clauses 2 and 3 are overly restrictive and limit the flexibility of the RFS delegates to advocate for the overarching goals of this resolution. Therefore, your Reference Committee recommends Late Resolution 1 be adopted as amended.

(6) RESOLUTION 2—DECREASING USE OF NON-FDA REGULATED OXIMETRY MONITORS IN INFANTS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS oppose the sale and use of publish a policy statement condemning the use of commercial, non-FDA regulated oximetry monitors to prevent sudden infant death syndrome.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that a new second Resolve be amended by addition to read as follows:

RESOLVED, That this resolution be forwarded to the House of Delegates at I-19.
RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that the title of Resolution 2 be changed to read as follows:

DECREASING THE USE OF OXIMETRY MONITORS FOR THE PREVENTION OF SUDDEN INFANT DEATH SYNDROME

RECOMMENDATION D:

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

RFS ACTION: Resolution 2 adopted as amended.

Resolution 2 asks our AMA to publish a policy statement condemning the use of commercial, non-FDA regulated oximetry monitors to prevent sudden infant death syndrome.

Your Reference Committee heard overwhelming testimony in support of this resolution. Both strong anecdotal and scientific evidence presented made it apparent that these devices are not tied to improved patient outcomes or patient safety and do not prevent sudden infant death syndrome. In addition, there is concern that there are increased costs associated with unnecessary admissions and parental anxiety. Therefore, your Reference Committee recommends Resolution 2 be adopted as amended.

(7) RESOLUTION 6—ALLOWING MATURE MINORS TO CONSENT FOR VACCINATIONS

RESOLUTION 7—PROTECTING MATURE MINORS FROM PREVENTABLE DISEASES

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first, second, and third resolves be amended by addition and deletion to read as follows.

RESOLVED, That our AMA-RFS support national and state efforts for allowing emancipated mature minors to give their own informed consent for vaccinations; and be it further

RESOLVED, That Policy H-440.970, "Nonmedical Exemptions from Immunizations" be amended by deletion addition to read as follows:

Our American Medical Association believes that nonmedical (religious, philosophic, or personal belief) exemptions from immunizations endanger the health of the unvaccinated individual
and the health of those in his or her group and the community at large. Therefore, our AMA (1) supports the immunization recommendations of the Advisory Committee on Immunization Practices (ACIP) for all individuals without medical contraindications; (2) supports legislation eliminating nonmedical exemptions from immunization; (3) encourages state medical associations to seek removal of nonmedical exemptions in statutes requiring mandatory immunizations, including for childcare and school attendance; (4) encourages physicians to grant vaccine exemption requests only when medical contraindications are present; (5) encourages state and local medical associations to work with public health officials to develop contingency plans for controlling outbreaks in medically-exempt populations and to intensify efforts to achieve high immunization rates in communities where nonmedical exemptions are common; and (6) recommends that states have in place: (a) an established mechanism, which includes the involvement of qualified public health physicians, of determining which vaccines will be mandatory for admission to school and other identified public venues (based upon the recommendations of the ACIP); and (b) policies that permit immunization exemptions for medical reasons only; and (7) encourages states to allow mature minors to consent for CDC-recommended vaccinations if deemed by the physician as in their best interest; and be it further:

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at A-19.

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that Resolution 6 be adopted as amended in lieu of Resolution 7.

RFS ACTION: Resolution 6 adopted as amended in lieu of Resolution 7.

Resolution 6 asks that our AMA support national and state efforts for allowing mature minors to give their own consent for vaccinations and amend Policy H-440.970 to encourage states to allow mature minors to consent. It also asks for this resolution to be immediately forwarded to the HOD at A-19.

Resolution 7 asks that our AMA recognize that it is medically unreasonable for parents to decline age-appropriate, standard vaccinations for their children in the absence of a medical contraindication. In addition, it asks our AMA to work with appropriate national and state organizations to support policies that would permit mature minors to consent for, and have access to age-appropriate immunizations without the need for parental approval.

Your Reference Committee heard testimony that was overwhelmingly in support of this resolution. However, your Reference Committee identified Res. 011 being considered in
the HOD at A-19 as sufficiently addressing these concerns. In order to better provide testimony, your Reference Committee determined value in having an internal position statement to guide our delegates’ testimony. Your Reference Committee believes that there is no additional benefit to submitting additional resolutions on this topic at this meeting and therefore recommends that Resolution 6 be adopted as amended in lieu of Resolution 7.

(8) RESOLUTION 10 — RESIDENCY AND FELLOWSHIP PROGRAM DIRECTOR, ASSISTANT/ASSOCIATE PROGRAM DIRECTOR, AND CORE FACULTY PROTECTED TIME AND SALARY REIMBURSEMENT

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first, second and third Resolves be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS support amending the ACGME Common Program Requirements to allow flexibility in the specialty-specific ACGME program requirements enabling specialties to require salary reimbursement or “protected time” for resident and fellow education by “core faculty,” program directors, and assistant/associate program directors of a given residency or fellowship and work with the ACGME and other relevant stakeholders to accomplish this goal; and be it further

RESOLVED, That our AMA work with the ACGME and other relevant stakeholders to amend the ACGME Common Program Requirements to allow flexibility in the specialty-specific ACGME program requirements enabling specialties to require salary reimbursement or “protected time” for resident and fellow education by “core faculty,” program directors, and assistant/associate program directors; and be it further

RESOLVED that this resolution be immediately forwarded to the AMA HOD at I-A-19.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 10 be adopted as amended.

RFS ACTION: Resolution 10 adopted as amended.

Resolution 10 asks that our AMA-RFS support amending the ACGME Common Program Requirements to allow flexibility in the specialty-specific ACGME program requirements enabling specialties to require salary reimbursement or “protected time” for resident and
fellow education by “core faculty,” program directors, and assistant/associate program
directors of a given residency or fellowship and work with the ACGME and other relevant
stakeholders to accomplish this goal. It further asks that this resolution be forwarded to
the AMA HOD at I-19.

Your Reference Committee heard testimony primarily in support of this resolution and the
need for action to protect GME across multiple specialties. There was concern that there
are active conversations taking place with ACGME on this issue. Given the importance of
preserving adequate resident education your Reference Committee believes that this
issue is of significant importance to warrant support and immediate forwarding in order to
take part in the discussion before these changes are expected to take effect in July 2019.
Therefore, your Reference Committee recommends that Resolution 10 be adopted as
amended.

(9) REPORT C—CONTRACEPTIVE ACCESS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report C be amended by addition
and deletion to read as follows:

1. Our AMA-RFS support the continued use of public funding for affordable and accessible family planning services that
   are financially and physically accessible free of undue burden, in an effort to reduce the rates of unplanned pregnancies.

2. Our AMA-RFS support over-the-counter access to oral contraceptives pills.

3. Our AMA-RFS support policies and any work the AMA does with other interested organizations to increase access
to and awareness of over-the-counter emergency contraception (H75.985, D75,997).

4. Our AMA-RFS support affordable Long-Acting Reversible Contraception access for all patients, including those in the
   immediate postpartum period.

5. Our AMA-RFS support training and financial assistance for providers to offer Long-Acting Reversible Contraception.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report C be adopted as amended
and the remainder of the report be filed.

RFS ACTION: Report C adopted as amended and the remainder of the report be filed.

Report C asks that our AMA-RFS support the continued use of public funding for family
planning services that are financially and physically accessible in an effort to reduce
the rates of unplanned pregnancies. It further asks the RFS to support over-the-counter access to oral contraceptive pills, support policies and any work the AMA does with other interested organizations to increase access to and awareness of over-the-counter emergency contraception and training and financial assistance for providers to offer Long-Acting Reversible Contraception.

Your Reference Committee heard generally positive testimony with concerns surrounding Recommendation 2 not covering the full gamut of contraceptive options that should be available over-the-counter and thereby placing an undeserved burden on women to locate and finance contraceptives to appropriately time a pregnancy and attempt to optimize their health prior to pregnancy. Therefore, your Reference Committee recommends that the recommendations in Report C be adopted as amended and the remainder of the report be filed.

(10) REPORT G—HEALTHCARE COVERAGE AND ACCESS PROPOSALS 2019

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the following recommendations be adopted in lieu of the recommendations in Report G:

1. AMA-RFS supports proposals that increase access to healthcare coverage across all ages and income levels, do not discriminate or limit coverage based on pre-existing conditions, and encompass comprehensive coverage of routine healthcare needs of patients including women’s health and reproductive services.

2. AMA-RFS supports proposals that cap premiums and limit cost sharing to a reasonable level.

3. AMA-RFS supports proposals that include adequate networks of providers and physician-led healthcare teams.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report G be adopted as amended and the remainder of the report be filed.

RFS ACTION: Report G adopted as amended and the remainder of the report be filed.

Report G asks for the RFS to support universal healthcare coverage, proposals that cap premiums and limit cost sharing to a reasonable level and support proposals that include adequate networks of providers and physician-led healthcare teams.
Your Reference Committee heard testimony from the authors reiterating the importance of the topic. After review of the recommendations, your Reference Committee believes that the RFS is in general support, but should be more consistent with the format of the RFS Digest of Actions. Therefore, your Reference Committee recommends adopting the substituted recommendations in Report G and the remainder of the report be filed.

(11) REPORT I—MEMBERSHIP DEVELOPMENT

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report I be filed.

RFS ACTION: Report I filed.

Report I summarizes RFS membership trends since 2014 and explores member benefits that could be highlighted in membership recruitment efforts including FREIDA, JAMA Network, and STEPS Forward. Additionally, it surveys the current volume of AMA policy pertinent to the resident and fellow constituency and identifies gaps where the development of future policy can strengthen the RFS positions on relevant issues affecting physicians-in-training.

(12) REPORT K—AMA-RFS 2019-2022 WORKING PLAN

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report K be filed.

RFS ACTION: Report K filed.

Report K provides the Section with an updated the three-year working plan to guide the direction and focus of RFS activities from 2019-2022. Among other issues, Report K specifically addressed the status of the National Meetings to highlight their importance to the success of the RFS by giving a strong, well-researched, and comprehensive voice within the AMA for residents and fellows nationwide.

(13) RESOLUTION 1—IMPROVING MEDICAL CLEARANCE POLICIES FOR TRAUMATIC BRAIN INJURY PATIENTS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 1 not be adopted.
RFS ACTION: Alternate Resolution 1 referred in lieu of Resolution 1 with a change in title. Additional Resolve adopted.

RESOLVED, That our AMA advocate for federal and state Legislation that aides and eases the burden to report Individuals with severe and/or concerning cognitive impairments with functional problems to appropriate boards and other authorities responsible for the public health, safety of the state relating to driving gun use; and be it further

RESOLVED, That our AMA-RFS support advocacy for physician-led committees (i.e. medical advisory boards) in each state to give recommendations to the state regarding further driving and/or gun use by individuals who are cognitively impaired and possibly a danger to themselves or others, as stated in federal law 18 U.S.C. § 922(g)(4).

IMPROVING MEDICAL CLEARANCE POLICIES FOR COGNITIVE IMPAIRMENT

Resolution 1 calls upon our AMA-RFS to advocate for amending current federal and state laws to clearly include symptomatic traumatic brain injury (TBI) patients as prohibited from obtaining or retaining a license to carry a firearm until they are medically cleared. Further, it asks the RFS to create policy, advocate for, and support any state legislation that expands medical clearance requirements and firearm purchasing restrictions to all individuals that have medical conditions likely to cause substantial impairment or that have been declared incompetent. Finally, it asks that the RFS advocate for physician-led reporting committees and legislation focused on physician reporting of all patients with prohibitive conditions to appropriate state oversight agencies.

Your Reference Committee heard extensive mixed testimony regarding this resolution. While there was clearly a concern that firearms should not be in the hands of those who are likely to harm themselves or others, testimony highlighted the challenges with determining competency and the problems associated with a potential reporting mechanism. Your Reference Committee notes that competency is determined by the courts, whereas capacity, when determined by a physician, is done at a specific point in time for a particular action or decision. Your Reference Committee notes that there are additional concerns of unintended consequences including discriminating against vulnerable populations by creating a registry of people with mental illness. Further, there are concerns about patient privacy, which TBIs are reportable, and who should be reporting and at what threshold. Finally, there is concern that this reporting requirement may damage the physician-patient relationship. Therefore, your Reference Committee recommends that Resolution 1 not be adopted.

(14) RESOLUTION 3— MATERNAL KRATOM USE AS A CAUSE OF NEONATAL WITHDRAWAL SYNDROME
RECOMMENDATION:

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

RFS ACTION: Resolution 3 not adopted.

Resolution 3 asks our AMA to amend policy H-95.934 by adding a second clause that reads “Our AMA supports legislation or regulations that require advertisements and packaging for Kratom to carry a legible, boxed warning such as, “Warning: Kratom use during pregnancy may result in withdrawal symptoms in infants after birth.”

Your Reference Committee heard mixed testimony with the majority being in opposition. While we recognize there is concern about Kratom’s increased use and opioid-like properties, there is a lack of robust evidence to support it as a major public health concern. Your Reference Committee noted that the AMA already has policy opposing the sale and distribution of Kratom (H-95.934). Therefore, your Reference Committee Resolution 3 not be adopted.

(15) RESOLUTION 5— BREAST IMPLANT ASSOCIATED ANAPLASTIC LARGE CELL LYMPHOMA

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 5 not be adopted.

RFS ACTION: Resolution 5 not adopted.

Resolution 5 asks our AMA support appropriate coverage of cancer diagnosis, treating surgery and other adjuvant treatment options for breast implant associated anaplastic large cell lymphoma.

Your Reference Committee heard mixed testimony, a majority of which supported the spirit of the resolution. There was broad support for early access to cancer treatment and appropriate coverage, however there were concerns related to the need for this specific resolution due to the rarity of the disease. Your Reference Committee noted HOD policy H-55.973, which recommends that “third party payers provide coverage and reimbursement for medically necessary breast cancer treatments…” Your Reference Committee believes this policy sufficiently covers the intent of this resolution as well as unforeseen new rare breast cancers and therefore recommends Resolution 5 should not be adopted.

(16) RESOLUTION 8— ENSURING TRAINEE ACCESS TO PERSONAL WELL-VISIT APPOINTMENTS
RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 8 not be adopted.

RFS ACTION: Resolution 8 not adopted.

Resolution 8 asks our AMA to encourage pre-specifying protected non-clinical time for trainees to be used for personal health maintenance, as well as recommending that training programs pre-specify protected non-clinical time trainees can use for personal health maintenance to the ACGME.

Your Reference Committee heard mixed testimony on this resolution with the majority supporting the spirit yet voicing concerns such as medical appointments potentially not being available during prespecified protected nonclinical time. Furthermore, testimony observed that AMA already has policy on this issue and your Reference Committee agrees that HOD policy H-295.858 (1)(C) sufficiently addresses the concern by stating that our AMA “encourage and promote routine health screening among medical students and resident/fellow physicians and consider designating some segment of already -allocated personal time off (if necessary, during scheduled work hours) specifically for routine health screening and preventive services, including physical, mental, and dental care;” Therefore, your Reference Committee recommends that Resolution 8 not be adopted.

(17) RESOLUTION 9— WORKING WITH FIREARM RIGHTS GROUPS TO REDUCE FIREARM-RELATED MORBIDITY/MORTALITY

RECOMMENDATION:

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

RFS ACTION: Resolution 9 not adopted.

Resolution 9 asks that our AMA work with firearm rights groups including the National Rifle Association (NRA) to find areas of agreement which can be promoted to reduce firearm-related morbidity and mortality and to publish a joint statement on measures to reduce firearm-related morbidity/mortality and develop model legislation with the goal of reducing firearm related morbidity/mortality.

Your Reference Committee heard testimony uniformly in opposition to this resolution. It was noted that there have been previous attempts to engage with the NRA. However, due to the fundamentally oppositional goals of the organizations, it was unsuccessful. We note that the AMA already has policy D-145.996 which was developed at A-15 from a similar resolution. Therefore, your Reference Committee recommends that Resolution 9 not be adopted.
(18) RESOLUTION 12—FACILITATING PHYSICIANS IN TRAINING SEEKING MENTAL HEALTH CARE THROUGH PHYSICIAN HEALTH PROGRAMS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 12 not be adopted.

RFS ACTION: Resolution 12 referred.

Resolution 12 asks that our AMA amend the AMA Model Bill: Physician Health Programs (PHP) Act, adding the definition of a “physicians in training” as a physician in an ACGME-accredited training program to Section 6. “Definitions.” Further, it asks that our AMA amend the AMA Model Bill: Physician Health Programs Act, adding the following subsection within the section “Application to a PHP for voluntary assistance”:

“a physician in training who voluntarily requests participation in a PHP for a substance use disorder, mental health condition or other medical disease shall have his or her training program directly and actively involved in all stages of PHP assessment, treatment planning, enrollment, and monitoring.” Finally, it asks for an immediate forward to HOD at A-19.

Your Reference Committee heard testimony largely in opposition to this resolution. There were concerns about privacy as well as inappropriate involvement of residency programs in trainees’ personal health. Your Reference Committee believes this may create a disincentive to participate in a PHP if a residency program expects residents to update them regularly on participation. Finally, your Reference Committee notes that a resolution calling for the amendment of an AMA Model Bill is not the most effective mechanism to achieve this end. Therefore, your Reference Committee recommends that resolution 12 not be adopted.

(19) REPORT A—MEDICAL TECHNOLOGY AND AUGMENTED INTELLIGENCE: REGULATION OVERSIGHT REQUIREMENTS BY THE FDA

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report A be not be adopted.

RFS ACTION: Report A not adopted.

Report A recommends that our AMA work with the FDA and other stakeholders to restrict use of Augmented Intelligence (AI) and technological innovations for use in human health until clinical applicability, safety, and accuracy have been verified. Further it asks that our AMA work to ensure they are appropriately administered with consultation from a physician or physician-led healthcare team, and ensure that appropriate warnings are issued when AI and other technological innovations affecting human health are used for purposes outside their intended FDA-approved medical use.
We heard limited testimony on this report with partial support but noting concern for potential unintended consequences. Your Reference Committee supports the spirit of the second recommendation and makes note of HOD policies H-480.940 and H480.996. Your Reference Committee believes that current policy already supports our AMA’s continued work with the FDA and other stakeholders to ensure appropriate use of AI and technological innovations. In regards to the first and third recommendations, your Reference Committee is concerned that it may impede the ability of physicians to appropriately use technology in their practice. Furthermore, your Reference Committee acknowledges that physicians frequently use medications outside their FDA-approved use, and this constitutes appropriate patient care. Therefore, your Reference Committee recommends that Report A not be adopted.

(20) REPORT H— INDEPENDENT HOUSE STAFF PHYSICIAN ASSOCIATIONS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report H not be adopted.

RFS ACTION: Report H not adopted.

Report H asks our AMA-RFS to make resources pertaining to joining and sustaining an independent house staff physician association available to AMA-RFS members, that it research and develop a platform to support them, and that these recommendations be forwarded to the AMA House of Delegates at I-19.

Your Reference Committee heard limited positive testimony regarding this report clarifying the primary intent being to protect residents and fellows and not necessarily to create unions. An amendment was submitted recommending our AMA research and develop alternatives to independent housestaff physician associations. The Reference Committee also noted Res. 606 is being considered in the HOD, and if adopted, will result in a report on independent housestaff physician associations. Therefore, it is prudent to wait for the results of this study before adopting further internal positions or forwarding additional resolutions to the HOD. Therefore, your Reference Committee recommends that the recommendations in Report H not be adopted.

(21) REPORT F— DECREASING FINANCIAL BURDENS ON RESIDENTS AND FELLOWS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report F be referred.

RFS ACTION: Report F referred.

Report F asks that our AMA include expanded information on employee benefits in the AMA FRIEDA database, such as, but not limited to: subsidized access to day care
facilities, on call meal allowances for residents taking in-house call, and free parking on site.

Testimony was uniformly in opposition. There were concerns raised that there needs to be a report-back mechanism and that the recommendation was not in the spirit of what was being asked. While your Reference Committee does think the recommendation in and of itself is not unreasonable, your Reference Committee recommends this report be referred for further study. Therefore, your Reference Committee recommends that the recommendations in Report F be referred.
Mr. Speaker, this concludes the Resident and Fellow Section Reference Committee Report. I would like to thank Sophia Yang, MD, MS, Christopher Libby, MD, MPH, Sarp Aksel, MD, Christopher Clifford, MD, Theresa Phan, MD, MPH and all those who testified before the Committee.

Benjamin Meyer, MD, Chair
Wisconsin Medical Society

Sophia Yang, MD, MS
California Medical Association

Christopher Libby, MD, MPH
Florida Medical Association

Sarp Aksel, MD
American College of Obstetricians and Gynecologists

Christopher Clifford, MD
Medical Society of the State of New York

Myphuong Theresa Phan, MD, MPH
Texas Medical Association