

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

Reference Committee Report

Benjamin Meyer, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2 3 **RECOMMENDED FOR ADOPTION**

- 4
- 5 1. Resolution 4—Supporting the Reclassification of Complex Rehabilitation
6 Technology to Improve Access to Individuals with Substantially Disabling and
7 Chronic Conditions
 - 8
 - 9 2. Report B—Internal Operating Procedures Renewal
 - 10
 - 11 3. Report D—Medical Aid in Dying
 - 12
 - 13 4. Report J—Drug Costs and Shortages
 - 14

15 16 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 17
- 18 5. Late Resolution 1—AMA HOD Election Reform
 - 19
 - 20 6. Resolution 2—Decreasing Use of Non-FDA Regulated Oximetry Monitors in
21 Infants
 - 22
 - 23 7. Resolution 6—Allowing Mature Minors to Consent for Vaccinations
24 Resolution 7—Protecting Minors from Preventable Diseases
 - 25
 - 26 8. Resolution 10—Residency and Fellowship Program Director, Assistant/Associate
27 Program Director, and Core Faculty Protected Time and Salary Reimbursement
 - 28
 - 29 9. Report C—Contraceptive Access
 - 30
 - 31 10. Report G—Healthcare Coverage and Access Proposals 2019
 - 32

33 **RECOMMENDED FOR FILING**

- 34
- 35 11. Report I—Membership Development
 - 36
 - 37 12. Report K—AMA-RFS 2019-2022 Working Plan
 - 38

39 **RECOMMENDED FOR NOT ADOPTION**

- 40
- 41 13. Resolution 1—Improving Medical Clearance Policies for Traumatic Brain Injury
42 Patients
 - 43

- 1 14. Resolution 3—Maternal Kratom Use as a Cause of Neonatal Withdrawal
- 2 Syndrome
- 3
- 4 15. Resolution 5—Breast Implant Associated Anaplastic Large Cell Lymphoma
- 5
- 6 16. Resolution 8—Ensuring Trainee Access to Personal Well-Visit Appointments
- 7
- 8 17. Resolution 9—Working with Firearm Rights Groups to Reduce Firearm-Related
- 9 Morbidity/Mortality
- 10
- 11 18. Resolution 12—Facilitating Physicians in Training Seeking Mental Health Care
- 12 Through Physician Health Programs
- 13
- 14 19. Report A—Medical Technology and Augmented Intelligence: Regulated
- 15 Oversight Requirements by the FDA
- 16
- 17 20. Report H—Independent House Staff Physician Associations
- 18

19 **RECOMMENDED FOR REFERRAL**

- 20
- 21 21. Report F—Decreasing Financial Burdens on Residents and Fellows

(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.

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.

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.

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.

1
2 Your Reference Committee heard positive testimony on this report with isolated
3 testimony asking for full support of this issue. Your Reference Committee believes that
4 this report strikes a good balance on a very controversial issue and based on testimony,
5 the recommendations are in line with the will of the RFS Assembly. Therefore, your
6 Reference Committee recommends that the recommendations in Report D be adopted
7 and the remainder of the report be filed.
8

9 (4) REPORT J— DRUG COSTS AND SHORTAGES

10
11 RECOMMENDATION:

12
13 Mr. Speaker, your Reference Committee recommends that
14 the recommendations in Report J be adopted and the
15 remainder of the report be filed.
16

17 Report J asks our AMA-RFS support that the AMA advocate for legislative and regulatory
18 mechanisms to ensure more affordable generic biosimilar access without placing undue
19 burdens on drug innovation. Regarding repeal of the group purchasing organizations and
20 pharmacy benefit manager safe harbor, Report J asks our AMA-RFS to support the repeal
21 of the 1987 Safe Harbor exemption to the Anti-Kickback Statute for Group Purchasing
22 Organizations (GPOs) and PBMs (Pharmacy Benefit Managers).
23

24 Your Reference Committee heard limited testimony on this report. There was concern
25 about Recommendation 1 with regard to placing undue burdens on drug innovation being
26 in conflict with more affordable generic biosimilars. However, your Reference Committee
27 does not believe that making generic more affordable necessarily constitutes an undue
28 burden as that would depend on the specific details of legislation being proposed at that
29 time. We believe this language provides enough flexibility to our AMA's Advocacy
30 department to work with the appropriate stakeholders to achieve more affordable generic
31 biosimilar access. Therefore, your Reference Committee recommends that the
32 recommendations in Report J be adopted and the remainder of the report be filed.
33
34
35

36 (5) LATE RESOLUTION 1—AMA HOUSE OF DELEGATES
37 ELECTION REFORM

38
39 RECOMMENDATION A:

40
41 Mr. Speaker, your Reference Committee recommends that
42 Late Resolution 1 be amended by deletion.
43

44 RESOLVED, That the AMA-RFS support that the AMA create a speaker-appointed task
45 force to re-examine election rules and logistics including regarding social media, emails,
46 mailers, receptions and parties, ability of candidates from smaller delegations to
47 compete, balloting electronically, and timing within the meeting, and to report back
48 recommendations regarding election processes and procedures to accommodate

1 improvements to allow delegates to focus their efforts and time on policy-making; and be
2 it further

3
4 ~~RESOLVED, That AMA-RFS support that the AMA's speaker-appointed task force~~
5 ~~consideration should include addressing (favorably or unfavorably) the following ideas:~~

- 6 a) ~~Elections being held on the Sunday morning of the annual and interim~~
7 ~~meetings of the House of Delegates.~~
8 b) ~~Coordination of a large format interview session on Saturday by the Speakers~~
9 ~~to allow interview of candidates by all interested delegations simultaneously.~~
10 c) ~~Separating the logistical election process based on the office (e.g. larger~~
11 ~~interview session for council candidates, more granular process for other~~
12 ~~offices)~~
13 d) ~~An easily accessible system allowing voting members to either opt in or opt~~
14 ~~out of receiving AMA approved forms of election materials from candidates~~
15 ~~with respect to email and physical mail.~~
16 e) ~~Electronic balloting potentially using delegates' personal devices as an option~~
17 ~~for initial elections and runoffs in order to facilitate timely results and minimal~~
18 ~~interruptions to the business.~~
19 f) ~~Seeking process and logistics suggestions and feedback from HOD caucus~~
20 ~~leaders, non-HOD physicians (potentially more objective and less influenced~~
21 ~~by current politics in the HOD), and other constituent groups with a stake in~~
22 ~~the election process.~~
23 g) ~~Address the propriety and/or recommended limits of the practice of delegates~~
24 ~~being directed on how to vote by other than their sponsoring society (e.g.~~
25 ~~vote trading, block voting, etc.); and be it further~~

26 ~~RESOLVED, That the AMA-RFS support that the task force report back to the HOD at~~
27 ~~the A-20 meeting.~~

28
29 RECOMMENDATION B:

30
31 Mr. Speaker, your Reference Committee recommends that
32 Late Resolution 1 be adopted as amended.

33
34 Late Resolution 1 asks that our AMA-RFS support that the AMA create a speaker-
35 appointed task force to re-examine election rules and logistics including regarding social
36 media, emails, mailers, receptions and parties, ability of candidates from smaller
37 delegations to compete, balloting electronically, and timing within the meeting, and to
38 report back recommendations regarding election processes and procedures to
39 accommodate improvements to allow delegates to focus their efforts and time on policy-
40 making. It further asks that the AMA-RFS support that the task force report back to the
41 HOD at the A-20 meeting.

42
43 Your Reference Committee heard testimony in support of this resolution. Your Reference
44 Committee also believes it is timely given that HOD Res. 611, with nearly identical
45 language, is being considered at this meeting. However, your Reference Committee

1 believes resolve clauses 2 and 3 are overly restrictive and limit the flexibility of the RFS
2 delegates to advocate for the overarching goals of this resolution. Therefore, your
3 Reference Committee recommends Late Resolution 1 be adopted as amended.

4
5 (6) RESOLUTION 2— DECREASING USE OF NON-FDA
6 REGULATED OXIMETRY MONITORS IN INFANTS

7
8 RECOMMENDATION A:

9
10 Mr. Speaker, your Reference Committee recommends that
11 the first Resolve be amended by addition and deletion to
12 read as follows:

13
14 RESOLVED, That our AMA-RFS oppose the sale and use of ~~publish a policy~~
15 ~~statement condemning the use of commercial, non-FDA regulated oximetry~~
16 monitors to prevent sudden infant death syndrome.

17
18 RECOMMENDATION B:

19
20 Mr. Speaker, your Reference Committee recommends that
21 a new second Resolve be amended by addition to read as
22 follows:

23
24 RESOLVED, That this resolution be forwarded to the House of Delegates at I-19.

25
26 RECOMMENDATION C:

27
28 Mr. Speaker, your Reference Committee recommends that
29 the title of Resolution 2 be changed to read as follows:

30
31 DECREASING THE USE OF OXIMETRY MONITORS FOR
32 THE PREVENTION OF SUDDEN INFANT DEATH
33 SYNDROME

34
35 RECOMMENDATION D:

36
37 Mr. Speaker, your Reference Committee recommends that
38 Resolution 2 be adopted as amended.

39
40 Resolution 2 asks our AMA to publish a policy statement condemning the use of
41 commercial, non-FDA regulated oximetry monitors to prevent sudden infant death
42 syndrome.

43
44 Your Reference Committee heard overwhelming testimony in support of this resolution.
45 Both strong anecdotal and scientific evidence presented made it apparent that these
46 devices are not tied to improved patient outcomes or patient safety and do not prevent
47 sudden infant death syndrome. In addition, there is concern that there are increased costs
48 associated with unnecessary admissions and parental anxiety. Therefore, your Reference
49 Committee recommends Resolution 2 be adopted as amended.

50

(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 mature minors to give their own 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.

1 RECOMMENDATION C:
2

3 Mr. Speaker, your Reference Committee recommends that
4 Resolution 6 be adopted as amended in lieu of Resolution
5 7.
6

7 Resolution 6 asks that our AMA support national and state efforts for allowing mature
8 minors to give their own consent for vaccinations and amend Policy H-440.970 to
9 encourage states to allow mature minors to consent. It also asks for this resolution to be
10 immediately forwarded to the HOD at A-19.
11

12 Resolution 7 asks that our AMA recognize that it is medically unreasonable for parents to
13 decline age-appropriate, standard vaccinations for their children in the absence of a
14 medical contraindication. In addition, it asks our AMA to work with appropriate national
15 and state organizations to support policies that would permit mature minors to consent for,
16 and have access to age-appropriate immunizations without the need for parental approval.
17

18 Your Reference Committee heard testimony that was overwhelmingly in support of this
19 resolution. However, your Reference Committee identified Res. 011 being considered in
20 the HOD at A-19 as sufficiently addressing these concerns. In order to better provide
21 testimony, your Reference Committee determined value in having an internal position
22 statement to guide our delegates' testimony. Your Reference Committee believes that
23 there is no additional benefit to submitting additional resolutions on this topic at this
24 meeting and therefore recommends that Resolution 6 be adopted as amended in lieu of
25 Resolution 7.
26

27 (8) RESOLUTION 10— RESIDENCY AND FELLOWSHIP
28 PROGRAM DIRECTOR, ASSISTANT/ASSOCIATE
29 PROGRAM DIRECTOR, AND CORE FACULTY
30 PROTECTED TIME AND SALARY REIMBURSEMENT
31

32 RECOMMENDATION A:
33

34 Mr. Speaker, your Reference Committee recommends that
35 the first, second and third Resolves be amended by addition
36 and deletion to read as follows:
37

38 RESOLVED, That our AMA-RFS support amending the
39 ACGME Common Program Requirements ~~to allow flexibility~~
40 ~~in the specialty-specific ACGME program requirements~~
41 ~~enabling specialties to require salary reimbursement or~~
42 ~~"protected time" for resident and fellow education by "core~~
43 ~~faculty," program directors, and assistant/associate program~~
44 ~~directors of a given residency or fellowship and work with the~~
45 ~~ACGME and other relevant stakeholders to accomplish this~~
46 ~~goal; and be it further~~
47

48 RESOLVED, That our AMA work with the ACGME and other
49 relevant stakeholders to amend the ACGME Common
50 Program Requirements to require salary reimbursement or

1 “protected time” for resident and fellow education by “core
2 faculty,” program directors, and assistant/associate program
3 directors; and be it further

4
5 RESOLVED that this resolution be immediately forwarded to
6 the AMA HOD at I-A-19.

7
8 RECOMMENDATION B:

9
10 Mr. Speaker, your Reference Committee recommends that
11 Resolution 10 be adopted as amended.

12
13 Resolution 10 asks that our AMA-RFS support amending the ACGME Common Program
14 Requirements to allow flexibility in the specialty-specific ACGME program requirements
15 enabling specialties to require salary reimbursement or “protected time” for resident and
16 fellow education by “core faculty,” program directors, and assistant/associate program
17 directors of a given residency or fellowship and work with the ACGME and other relevant
18 stakeholders to accomplish this goal. It further asks that this resolution be forwarded to
19 the AMA HOD at I-19.

20
21 Your Reference Committee heard testimony primarily in support of this resolution and the
22 need for action to protect GME across multiple specialties. There was concern that there
23 are active conversations taking place with ACGME on this issue. Given the importance of
24 preserving adequate resident education your Reference Committee believes that this
25 issue is of significant importance to warrant support and immediate forwarding in order to
26 take part in the discussion before these changes are expected to take effect in July 2019.
27 Therefore, your Reference Committee recommends that Resolution 10 be adopted as
28 amended.

29
30 (9) REPORT C—CONTRACEPTIVE ACCESS

31
32 RECOMMENDATION A:

33
34 Mr. Speaker, your Reference Committee recommends that
35 the recommendations in Report C be amended by addition
36 and deletion to read as follows:

- 37
38 1. Our AMA-RFS support the continued use of public funding
39 for affordable and accessible family planning services that
40 are ~~financially and physically accessible~~ free of undue
41 burden, in an effort to reduce the rates of unplanned
42 pregnancies.
43 2. Our AMA-RFS support over-the-counter access to ~~oral~~
44 contraceptives pills.
45 3. Our AMA-RFS support policies and any work the AMA
46 does with other interested organizations to increase access
47 to and awareness of over-the-counter emergency
48 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.

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.

1 RECOMMENDATION B:

2
3 Mr. Speaker, your Reference Committee recommends that
4 the recommendations in Report G be adopted as amended
5 and the remainder of the report be filed.
6

7 Report G asks for the RFS to support universal healthcare coverage, proposals that cap
8 premiums and limit cost sharing to a reasonable level and support proposals that include
9 adequate networks of providers and physician-led healthcare teams.

10
11 Your Reference Committee heard testimony from the authors reiterating the importance
12 of the topic. After review of the recommendations, your Reference Committee believes
13 that the RFS is in general support, but should be more consistent with the format of the
14 RFS Digest of Actions. Therefore, your Reference Committee recommends adopting the
15 substituted recommendations in Report G and the remainder of the report be filed.
16

17 (11) REPORT I— MEMBERSHIP DEVELOPMENT

18
19 RECOMMENDATION:

20
21 Mr. Speaker, your Reference Committee recommends that
22 Report I be filed.
23

24 Report I summarizes RFS membership trends since 2014 and explores member
25 benefits that could be highlighted in membership recruitment efforts including
26 FREIDA, JAMA Network, and STEPS Forward. Additionally, it surveys the current
27 volume of AMA policy pertinent to the resident and fellow constituency and identifies
28 gaps where the development of future policy can strengthen the RFS positions on
29 relevant issues affecting physicians-in-training.
30

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

33
34 RECOMMENDATION:

35
36 Mr. Speaker, your Reference Committee recommends that
37 Report K be filed.
38

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

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

4
5 RECOMMENDATION:

6
7 Mr. Speaker, your Reference Committee recommends that
8 Resolution 1 not be adopted.

9
10 Resolution 1 calls upon our AMA-RFS to advocate for amending current federal and state
11 laws to clearly include symptomatic traumatic brain injury (TBI) patients as prohibited from
12 obtaining or retaining a license to carry a firearm until they are medically cleared. Further,
13 it asks the RFS to create policy, advocate for, and support any state legislation that
14 expands medical clearance requirements and firearm purchasing restrictions to all
15 individuals that have medical conditions likely to cause substantial impairment or that have
16 been declared incompetent. Finally, it asks that the RFS advocate for physician-led
17 reporting committees and legislation focused on physician reporting of all patients with
18 prohibitive conditions to appropriate state oversight agencies.

19
20 Your Reference Committee heard extensive mixed testimony regarding this resolution.
21 While there was clearly a concern that firearms should not be in the hands of those who
22 are likely to harm themselves or others, testimony highlighted the challenges with
23 determining competency and the problems associated with a potential reporting
24 mechanism. Your Reference Committee notes that competency is determined by the
25 courts, whereas capacity, when determined by a physician, is done at a specific point in
26 time for a particular action or decision. Your Reference Committee notes that there are
27 additional concerns of unintended consequences including discriminating against
28 vulnerable populations by creating a registry of people with mental illness. Further, there
29 are concerns about patient privacy, which TBIs are reportable, and who should be
30 reporting and at what threshold. Finally, there is concern that this reporting requirement
31 may damage the physician-patient relationship. Therefore, your Reference Committee
32 recommends that Resolution 1 not be adopted.

33
34 (14) RESOLUTION 3— MATERNAL KRATOM USE AS
35 A CAUSE OF NEONATAL WITHDRAWAL SYNDROME

36
37 RECOMMENDATION:

38
39 Mr. Speaker, your Reference Committee recommends that
40 Resolution 3 not be adopted.

41
42 Resolution 3 asks our AMA to amend policy H-95.934 by adding a second clause that
43 reads “Our AMA supports legislation or regulations that require advertisements and
44 packaging for Kratom to carry a legible, boxed warning such as, “Warning: Kratom use
45 during pregnancy may result in withdrawal symptoms in infants after birth.”

46
47 Your Reference Committee heard mixed testimony with the majority being in opposition.
48 While we recognize there is concern about Kratom’s increased use and opioid-like
49 properties, there is a lack of robust evidence to support it as a major public health concern.
50 Your Reference Committee noted that the AMA already has policy opposing the sale and

1 distribution of Kratom (H-95.934). Therefore, your Reference Committee Resolution 3 not
2 be adopted.

3
4 (15) RESOLUTION 5— BREAST IMPLANT
5 ASSOCIATED ANAPLASTIC LARGE CELL LYMPHOMA

6
7 RECOMMENDATION:

8
9 Mr. Speaker, your Reference Committee recommends
10 that Resolution 5 not be adopted.

11
12 Resolution 5 asks our AMA support appropriate coverage of cancer diagnosis, treating
13 surgery and other adjuvant treatment options for breast implant associated anaplastic
14 large cell lymphoma.

15
16 Your Reference Committee heard mixed testimony, a majority of which supported the spirit
17 of the resolution. There was broad support for early access to cancer treatment and
18 appropriate coverage, however there were concerns related to the need for this specific
19 resolution due to the rarity of the disease. Your Reference Committee noted HOD policy
20 H-55.973, which recommends that “third party payers provide coverage and
21 reimbursement for medically necessary breast cancer treatments...” Your Reference
22 Committee believes this policy sufficiently covers the intent of this resolution as well as
23 unforeseen new rare breast cancers and therefore recommends Resolution 5 should not
24 be adopted.

25
26
27 (16) RESOLUTION 8— ENSURING TRAINEE ACCESS
28 TO PERSONAL WELL-VISIT APPOINTMENTS

29
30 RECOMMENDATION:

31
32 Mr. Speaker, your Reference Committee recommends that
33 Resolution 8 not be adopted.

34
35 Resolution 8 asks our AMA to encourage pre-specifying protected non-clinical time for
36 trainees to be used for personal health maintenance, as well as recommending that
37 training programs training programs pre-specify protected non-clinical time trainees can
38 use for personal health maintenance to the ACGME.

39
40 Your Reference Committee heard mixed testimony on this resolution with the majority
41 supporting the spirit yet voicing concerns such as medical appointments potentially not
42 being available during prespecified protected nonclinical time. Furthermore, testimony
43 observed that AMA already has policy on this issue and your Reference Committee agrees
44 that HOD policy H-295.858 (1)(C) sufficiently addresses the concern by stating that our
45 AMA “encourage and promote routine health screening among medical students and
46 resident/fellow physicians and consider designating some segment of already -allocated
47 personal time off (if necessary, during scheduled work hours) specifically for routine health
48 screening and preventive services, including physical, mental, and dental care;”
49 Therefore, your Reference Committee recommends that Resolution 8 not be adopted.

50

1 (17) RESOLUTION 9— WORKING WITH FIREARM
2 RIGHTS GROUPS TO REDUCE FIREARM-RELATED
3 MORBIDITY/MORTALITY
4

5 RECOMMENDATION:
6

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

10 Resolution 9 asks that our AMA work with firearm rights groups including the National Rifle
11 Association (NRA) to find areas of agreement which can be promoted to reduce firearm-
12 related morbidity and mortality and to publish a joint statement on measures to reduce
13 firearm-related morbidity/mortality and develop model legislation with the goal of reducing
14 firearm related morbidity/mortality.
15

16 Your Reference Committee heard testimony uniformly in opposition to this resolution. It
17 was noted that there have been previous attempts to engage with the NRA. However, due
18 to the fundamentally oppositional goals of the organizations, it was unsuccessful. We note
19 that the AMA already has policy D-145.996 which was developed at A-15 from a similar
20 resolution. Therefore, your Reference Committee recommends that Resolution 9 not be
21 adopted.
22

23
24 (18) RESOLUTION 12— FACILITATING PHYSICIANS
25 IN TRAINING SEEKING MENTAL HEALTH CARE
26 THROUGH PHYSICIAN HEALTH PROGRAMS
27

28 RECOMMENDATION:
29

30 Mr. Speaker, your Reference Committee recommends that
31 Resolution 12 not be adopted.
32

33 Resolution 12 asks that our AMA amend the AMA Model Bill: Physician Health Programs
34 (PHP) Act, adding the definition of a “physicians in training” as a physician in an ACGME-
35 accredited training program to Section 6. “Definitions.” Further, it asks that our AMA
36 amend the AMA Model Bill: Physician Health Programs Act, adding the following
37 subsection within the section “Application to a PHP for voluntary assistance”:
38 “a physician in training who voluntarily requests participation in a PHP for a substance use
39 disorder, mental health condition or other medical disease shall have his or her training
40 program directly and actively involved in all stages of PHP assessment, treatment
41 planning, enrollment, and monitoring.” Finally, it asks for an immediate forward to HOD at
42 A-19.
43

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

1 achieve this end. Therefore, your Reference Committee recommends that resolution 12
2 not be adopted.

3
4 (19) REPORT A—MEDICAL TECHNOLOGY AND
5 AUGMENTED INTELLIGENCE: REGULATION
6 OVERSIGHT REQUIREMENTS BY THE FDA

7
8 RECOMMENDATION:

9
10 Mr. Speaker, your Reference Committee recommends
11 that the recommendations in Report A be not be adopted.

12
13 Report A recommends that our AMA work with the FDA and other stakeholders to restrict
14 use of Augmented Intelligence (AI) and technological innovations for use in human health
15 until clinical applicability, safety, and accuracy have been verified. Further it asks that our
16 AMA work to ensure they are appropriately administered with consultation from a
17 physician or physician-led healthcare team, and ensure that appropriate warnings are
18 issued when AI and other technological innovations affecting human health are used for
19 purposes outside their intended FDA-approved medical use.

20
21 We heard limited testimony on this report with partial support but noting concern for
22 potential unintended consequences. Your Reference Committee supports the spirit of the
23 second recommendation and makes note of HOD policies H-480.940 and H480.996. Your
24 Reference Committee believes that current policy already supports our AMA's continued
25 work with the FDA and other stakeholders to ensure appropriate use of AI and
26 technological innovations. In regards to the first and third recommendations, your
27 Reference Committee is concerned that it may impede the ability of physicians to
28 appropriately use technology in their practice. Furthermore, your Reference Committee
29 acknowledges that physicians frequently use medications outside their FDA-approved
30 use, and this constitutes appropriate patient care. Therefore, your Reference Committee
31 recommends that Report A not be adopted.

32
33 (20) REPORT H— INDEPENDENT HOUSE STAFF
34 PHYSICIAN ASSOCIATIONS

35
36 RECOMMENDATION:

37
38 Mr. Speaker, your Reference Committee recommends that
39 the recommendations in Report H not be adopted.

40
41 Report H asks our AMA-RFS to make resources pertaining to joining and sustaining an
42 independent house staff physician association available to AMA-RFS members, that it
43 research and develop a platform to support them, and that these recommendations be
44 forwarded to the AMA House of Delegates at I-19.

45
46 Your Reference Committee heard limited positive testimony regarding this report clarifying
47 the primary intent being to protect residents and fellows and not necessarily to create
48 unions. An amendment was submitted recommending our AMA research and develop
49 alternatives to independent housestaff physician associations. The Reference Committee
50 also noted Res. 606 is being considered in the HOD, and if adopted, will result in a report

1 on independent housestaff physician associations. Therefore, it is prudent to wait for the
2 results of this study before adopting further internal positions or forwarding additional
3 resolutions to the HOD. Therefore, your Reference Committee recommends that the
4 recommendations in Report H not be adopted.

5
6 (21) REPORT F— DECREASING FINANCIAL
7 BURDENS ON RESIDENTS AND FELLOWS

8
9 RECOMMENDATION:

10
11 Mr. Speaker, your Reference Committee recommends that
12 the recommendations in Report F be referred.

13
14 Report F asks that our AMA include expanded information on employee benefits in the
15 AMA FRIEDA database, such as, but not limited to: subsidized access to day care
16 facilities, on call meal allowances for residents taking in-house call, and free parking
17 on site.

18
19 Testimony was uniformly in opposition. There were concerns raised that there needs
20 to be a report-back mechanism and that the recommendation was not in the spirit of
21 what was being asked. While your Reference Committee does think the
22 recommendation in and of itself is not unreasonable, your Reference Committee
23 recommends this report be referred for further study. Therefore, your Reference
24 Committee recommends that the recommendations in Report F be referred.

- 1 Mr. Speaker, this concludes the Resident and Fellow Section Reference Committee
- 2 Report. I would like to thank Sophia Yang, MD, MS, Christopher Libby, MD, MPH, Sarp
- 3 Aksel, MD, Christopher Clifford, MD, Theresa Phan, MD, MPH and all those who testified
- 4 before the Committee.

Benjamin Meyer, MD, Chair
Wisconsin Medical Society

Sophia Yang, MD, MS
Texas 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