



Resident and Fellow Section

Summary of Actions

43rd Annual Business Meeting
June 6-8, 2019
Hyatt Regency Chicago
Chicago, IL

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**American Medical Association-Resident and Fellow Section
Summary of Actions (A-19)**

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
Emergency Resolution 1 – Interference with Practice of Medicine by the Nuclear Regulatory Commission	Adopted	RESOLVED, That our AMA advocate for a follow-up review by the Institute of Medicine of the Nuclear Regulatory Commission’s medical use program, specifically evaluating effects of the Nuclear Regulatory Commission’s regulatory policy in the last 25 years on the current state of nuclear medicine in the U.S. and patients’ access to care. (Directive to Action)	Immediately forwarded to HOD; Alternate Res. 719 adopted in lieu of Res. 719
Late Resolution 1 – AMA HOD Election Reform	Adopted as Amended	<p>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</p> <p>RESOLVED, That AMA-RFS support that the AMA’s speaker-appointed task force consideration should include addressing (favorably or unfavorably) the following ideas:</p> <ul style="list-style-type: none"> 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 	None; internal position statement 520.002R

		<p>f) order to facilitate timely results and minimal interruptions to the business. 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.</p> <p>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</p> <p>RESOLVED, That the AMA-RFS support that the task force report back to the HOD at the A-20 meeting.</p>	
<p>Resolution 1 - Improving Medical Clearance Policies for Cognitive Impairment</p> <p>Improving Medical Clearance Policies for Traumatic Brain Injury Patients</p>	<p>Alternate Resolution 1 referred in lieu of Resolution 1 with change in title.</p> <p>Additional Resolve adopted.</p>	<p>RESOLVED, That our AMA-RFS advocate for amending current federal and state laws to clearly include symptomatic TBI patients as prohibited from obtaining or retaining a license to carry a firearm until they are medical cleared; and be it further</p> <p>RESOLVED, That our AMA-RFS 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 in judgment, mood, perception, impulse control, intellectual ability, possibly leading to harm of self or other, and who will require continuous medical treatment for any of these issues, or has been diagnosed by a licensed physician or declared by a court to be incompetent to manage his or her affairs; and be it further</p> <p>RESOLVED, That our AMA-RFS advocate for legislation focused on physician reporting of all patients with prohibitive conditions, including symptomatic TBI patients, to appropriate state oversight agencies relating to driving and/or gun use; and be it further</p> <p>RESOLVED, That our AMA-RFS advocate for physician-led committees in each state to give recommendations to the state regarding further driving and/or gun use by individuals who are cognitively impaired and/or a danger to themselves or others.</p> <p>RESOLVED, That our AMA advocate for federal and state legislation that aides and eases the</p>	<p>None;</p> <p>Question divided:</p> <p>Resolve 1 referred;</p> <p>Resolve 2 adopted: internal position statement 110.004R</p>

		<p>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 <i>(referred)</i></p> <p>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). <i>(adopted)</i></p>	
<p>Resolution 2 - Decreasing the Use of Oximetry Monitors for The Prevention of Sudden Infant Death Syndrome</p> <p>Decreasing Use of Non-FDA Regulated Oximetry Monitors in Infants</p>	Adopted as Amended with change in title	<p>RESOLVED, That our AMA-RFS <u>oppose the sale and use of</u> publish a policy statement condemning the use of commercial, non-FDA regulated oximetry monitors to prevent sudden infant death syndrome.</p> <p><u>RESOLVED, That this resolution be forwarded to the House of Delegates at I-19.</u></p>	<p>Resolve 1 is an internal position statement 370.004R</p> <p>Will be forwarded at HOD I-19</p>
Resolution 3- Maternal Kratom Use as a Cause of Neonatal Withdrawal Syndrome	Not adopted	<p>RESOLVED, That our AMA amend policy H-95.934 by insertion to read as follows:</p> <ol style="list-style-type: none"> (1) Our AMA supports legislative or regulatory efforts to prohibit the sale or distribution of Kratom in the United States which do not inhibit proper scientific research. (2) <u>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."</u> 	None
Resolution 4- Supporting the Reclassification of Complex Rehabilitation Technology to Improve Access to Individuals with Substantially Disabling and Chronic Conditions	Adopted	RESOLVED, That our AMA-RFS support reclassifying complex rehabilitation technology equipment into its own distinct payment category under the Centers for Medicare & Medicaid Services to improve access to individuals with substantially disabling and chronic conditions.	None; Internal position statement 370.004R
Resolution 5—Breast Implant Associated	Not Adopted	RESOLVED, That our AMA support appropriate coverage of cancer diagnosis, treating surgery and	None

Anaplastic Large Cell Lymphoma		other adjuvant treatment options for breast implant associated anaplastic large cell lymphoma.	
Resolution 6— Allowing Mature Minors to Consent for Vaccinations Resolution 7— Protecting Minors from Preventable Diseases	Resolution 6 adopted as amended in lieu of Resolution 7	<p>RESOLVED, That our AMA-RFS support national and state efforts for allowing <u>emancipated</u> mature minors to give their own <u>informed</u> consent for vaccinations; and be it further</p> <p>RESOLVED, That Policy H-440.970, “Nonmedical Exemptions from Immunizations” be amended by deletion <u>addition</u> to read as follows:</p> <p>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</p> <p>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at A-19.</p>	<p>None</p> <p>Resolve 1 is an internal position statement 50.008R</p> <p>Resolve 2 – existing AMA policy is unchanged</p>
Resolution 8— Ensuring Trainee Access to Personal Well-Visit Appointments	Not adopted	RESOLVED, That our AMA encourages pre-specifying protected non-clinical time trainees can use for personal health maintenance, such as medical and dental well-visits; and be it further	None

		RESOLVED, That our AMA recommends to the ACGME that training programs pre-specify protected non-clinical time trainees can use for personal health maintenance, such as medical and dental well-visits.	
Resolution 9—Working with Firearm Rights Groups to Reduce Firearm-Related Morbidity/Mortality	Not adopted	<p>RESOLVED, That our AMA work with firearm rights groups including the National Rifle Association to find areas of agreement which can be promoted to reduce firearm-related morbidity and mortality; and be it further</p> <p>RESOLVED, That our AMA work with firearm rights groups including the National Rifle Association 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.</p>	None
Resolution 10—Residency and Fellowship Program Director, Assistant/Associate Program Director, and Core Faculty Protected Time and Salary Reimbursement	Adopted as amended	<p>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</p> <p><u>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</u></p> <p>RESOLVED, That this resolution be <u>immediately</u> forwarded to the AMA HOD at 1-A-19.</p>	Immediately forwarded to HOD; Res. 324 adopted.
Resolution 12—Facilitating Physicians in Training Seeking Mental Health Care Through Physician Health Programs	Referred with report back at A-20	<p>RESOLVED, That our AMA amend the AMA Model Bill: Physician Health Programs Act, adding the definition of a “physicians in training” as a physician in an ACGME-accredited training program to Section 6. “Definitions”; and be it further</p> <p>RESOLVED, 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”:</p>	None

		<p>“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”; and be it further</p> <p>RESOLVED, That this resolution be immediately forwarded to the AMA HOD at A-19.</p>	
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II. RFS REPORTS

Report	RFS Action	Recommendation(s)	HOD Action
Report A—Medical Technology and Augmented Intelligence: Regulated Oversight Requirements by the FDA	Not adopted	<ol style="list-style-type: none"> 1. That the AMA work with the FDA and other stakeholders to restrict use of AI and technological innovations for use in human health until clinical applicability, safety, and accuracy have been verified 2. That the AMA work with the FDA and other stakeholders to ensure that FDA-approved AI and technological innovations in medicine and human health are appropriately administered with consultation from a physician or physician-led healthcare team. 3. That the American Medical Association (AMA) work with the Food and Drug Administration (FDA) and other stakeholders to ensure that appropriate warnings are issued when augmented intelligence (AI) and other technological innovations affecting human health, are used for purposes outside their intended FDA-approved medical use by individuals that are not licensed healthcare professionals. 	None
Report B—Internal Operating Procedures Renewal	Adopted and the remainder of the report filed.	[revised RFS IOPs submitted to Council on Constitution & Bylaws post-meeting]	None
Report C—Contraceptive Access	Adopted as amended and the remainder of the report filed	<ol style="list-style-type: none"> 1. Our AMA-RFS support the continued use of public funding for <u>affordable and accessible</u> family planning services that are financially and physically accessible <u>free of undue burden</u>, in an effort to reduce the rates of unplanned pregnancies. 2. Our AMA-RFS support over-the-counter access to oral <u>contraceptives</u> pills. 3. Our AMA-RFS support policies and any work the AMA does with other interested organizations to increase access to and 	None; internal position statement 390.015R

		<p>awareness of over-the-counter emergency contraception (H75.985, D75,997).</p> <ol style="list-style-type: none"> Our AMA-RFS support affordable Long-Acting Reversible Contraception access for all patients, including those in the immediate postpartum period. Our AMA-RFS support training and financial assistance for providers to offer Long- Acting Reversible Contraception. 	
Report D—Medical Aid in Dying	Adopted and the remainder of the report filed	<ol style="list-style-type: none"> That our AMA-RFS support the AMA ending its practice of using the term “physician-assisted suicide” and instead replace it with “medical aid in dying”; That our AMA-RFS support protections for physicians and patients who participate in medical aid-in-dying in states where it is legal; and That our AMA-RFS adopt a position of neutrality toward physician aid in dying. 	None; internal position statement 100.005R
Report F—Decreasing Financial Burdens on Residents and Fellows	Referred	<ol style="list-style-type: none"> 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. 	None
Report G—Healthcare Coverage and Access Proposals 2019	Adopted as amended and the remainder of the report filed	<ol style="list-style-type: none"> Coverage: Ideal health plans should strive to achieve universal healthcare coverage. Therefore, the 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. Affordability: The issue of affordability is critical in healthcare proposals. Healthcare plans should be affordable to people across the United States, and affordability should not hinder patients’ access to care. Therefore, the AMA-RFS supports proposals that cap premiums and limit cost sharing to a reasonable level. Access: Patients should be able to access providers that are best able to serve their medical needs. Therefore, the AMA-RFS supports proposals that include adequate networks of providers and physician-led healthcare teams. 1. <u>AMA-RFS supports proposals that increase access to healthcare coverage across all ages and income levels, do not discriminate or limit</u> 	None; internal position statement 140.009R

		<p><u>coverage based on pre-existing conditions, and encompass comprehensive coverage of routine healthcare needs of patients including women's health and reproductive services.</u></p> <p>2. <u>AMA-RFS supports proposals that cap premiums and limit cost sharing to a reasonable level.</u></p> <p>3. <u>AMA-RFS supports proposals that include adequate networks of providers and physician-led healthcare teams.</u></p>	
Report H—Independent Physician Housestaff Associations	Not adopted	<p>1. Our AMA-RFS make resources pertaining to joining and sustaining an independent house staff physician association available to AMA-RFS members.</p> <p>2. Our AMA-RFS research and develop a platform to support independent house staff physician associations.</p> <p>3. These recommendations be forwarded to the AMA House of Delegates at I-19.</p>	None
Report I—Membership Development	Filed	<i>(informational)</i>	None
Report J—Drug Costs and Shortages	Adopted and the remainder of the report filed	<p>1. 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.</p> <p>2. Our AMA-RFS support the repeal of the 1987 Safe Harbor exemption to the Anti-Kickback Statute for Group Purchasing Organizations (GPOs) and PBMs (Pharmacy Benefit Managers).</p>	None; internal position statement 80.008R
Report K—AMA-RFS 2019-2022 Working Plan	Filed	<i>(informational)</i>	None

II. HOD RESOLUTIONS AND REPORTS

Resolution/Report	HOD Action	Policy
Resolution 007—Delegation of Informed Consent	Adopted as amended	RESOLVED, That our American Medical Association in cooperation with other relevant stakeholders advocate that a qualified physician, <u>while retaining the ultimate responsibility for all aspects of the informed consent process</u> , be able to delegate <u>tasks associated with the process to other qualified members of the health care team</u> or her duty to obtain informed consent to another provider who that has have knowledge of the patient,

		the patient's condition, and the procedures to be performed on the patient. (Directive to Take Action)
Resolution 117—Support for Medicare coverage of Contraceptive Methods Support for Medicare Disability Coverage of Contraception for Non-Contraceptive Use	Adopted as amended with change in title	RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and other stakeholders to include coverage for all US Food and Drug Administration-approved contraception <u>contraceptive methods</u> for <u>contraceptive and non-contraceptive use</u> for <u>all patients covered by Medicare, regardless of eligibility pathway (age or disability)</u> . (Directive to Take Action)
Resolution 224—Extending Pregnancy Medicaid to One Year Postpartum	Alternate resolution adopted in lieu of resolutions 221 and 224	EXTENDING MEDICAID COVERAGE FOR ONE YEAR POSTPARTUM RESOLVED, That our American Medical Association work with relevant stakeholders to support extension of Medicaid coverage to 12 months postpartum. (Directive to Take Action)
Resolution 225—DACA in GME	Included on the Reaffirmation Consent calendar and was not addressed by the Reference Committee	None
Resolution 313—Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents, and Fellows	Adopted as amended	RESOLVED, That our American Medical Association study current standards <u>practices</u> within medical education regarding <u>the clinical use of pathology and laboratory medicine information</u> to identify potential gaps in training <u>in the principles of decision making and the utilization of quantitative evidence</u> . (Directive to Take Action)
Resolution 314—Evaluation of Changes to Residency and Fellowship Application and Matching Processes	Adopted as amended	RESOLVED, That our American Medical Association support <u>oppose</u> proposed changes to residency and fellowship application requirements only when <u>unless</u> (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 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 (d) the costs to medical students and residents are mitigated. (New HOD Policy)

		<p>RESOLVED, That our AMA 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 (New HOD Policy)</p> <p>RESOLVED, That our AMA 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. (Directive to Take Action)</p>
Resolution 315—Scholarly Activity by Resident and Fellow Physicians	Adopted as amended	<p>RESOLVED, That our American Medical Association <u>a) define resident and fellow scholarly activity as any rigorous, skill-building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer-reviewed publications, national leadership positions within health policy organizations, local quality improvement projects, curriculum development, or any activity which would satisfy faculty requirements for scholarly activity, and b) encourage partner organizations to utilize the inclusion of this definition to ensure that residents and fellows are able to fulfill scholarly activity requirements.</u> (New HOD Policy)</p> <p>RESOLVED, That our AMA work with partner organizations to ensure that residents and fellows are able to fulfill scholarly activity requirements with any rigorous skill building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer-reviewed publications, national leadership positions within health policy organizations, local quality improvement projects, curriculum development, or any scholarly activity which would satisfy faculty requirements for scholarly activity. (Directive to Take Action)</p>
Resolution 317—A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities	Adopted as amended	<p>RESOLVED, That our American Medical Association work with relevant stakeholders to study available data on medical trainees with disabilities and consider revision of technical standards for medical education programs. (Directive to Take Action)</p>

		RESOLVED, That our AMA work with relevant stakeholders to study available data on medical graduates with disabilities and challenges to employment after training. (Directive to Take Action)
Resolution 420—Coordinating Correctional and Community Healthcare	Adopted as amended	RESOLVED, That our American Medical Association support linkage of those incarcerated to community clinics upon release in order to accelerate access to <u>primary comprehensive health care, including mental health and substance abuse disorder services,</u> and improve health outcomes among this vulnerable patient population, as well as adequate funding. (New HOD Policy)
Resolution 421—Contraception for Incarcerated Women	Adopted as amended	RESOLVED, That our AMA support <u>an incarcerated person's' right prior to release to (1) accessible, comprehensive, to evidence-based contraception counseling education, (2) access to all reversible contraceptive methods, and (3) autonomy over contraceptive the decision-making prior to release process without coercion.</u> (New HOD Policy)
Resolution 422—Promoting Nutrition Education Among Healthcare Providers	Handled via the reaffirmation consent calendar	Reaffirmed H-150.995 “Basic Courses in Nutrition”; and H-150.953 “Obesity as a Major Public Health Problem”
Resolution 510—The Intracranial Hemorrhage Anticoagulation Reversal (ICHAR) Initiative	Adopted as amended	RESOLVED, That our American Medical Association support initiatives to improve <u>education, and reduce the barriers, (including lack of resources) for the use of anticoagulation reversal agents, in emergency settings to reduce the occurrence, disability, and death associated with hemorrhagic stroke and other life-threatening conditions clinical indications.</u> (New HOD Policy)
Resolution 511—Mandating Critical Congenital Heart Defect Screening in Newborns	Adopted	RESOLVED, That our American Medical Association support screening for critical congenital heart defects for newborns following delivery prior to hospital discharge. (New HOD Policy)
Resolution 512—Disclosure of Risk to Fertility with Gonadotoxic Treatment Fertility Preservation in Pediatric and Reproductive Aged Cancer Patients	Adopted as amended with change in title	RESOLVED, That our American Medical Association (AMA) <u>encourage supports as best practice the disclosure to cancer and other patients on of risks to fertility when gonadotoxic gonadotoxicity due to cancer treatment is used. a possibility</u> (New HOD Policy) RESOLVED, That our AMA support <u>ongoing education for providers who counsel patients</u>

		that who may benefit from fertility preservation. (New HOD Policy)
Resolution 606—Investigation into Residents, Fellows, and Physician Unions	Adopted as amended	RESOLVED, That our American Medical Association to study the feasibility of a national house staff union to represent all interns, residents, and fellows <u>risks and benefits of collective bargaining for physicians and physicians-in-training in today's health care environment.</u> (Directive to Take Action)
Resolution 608—Financial Protections for Doctors in Training	Referred	RESOLVED, That our American Medical Association support retirements plans for all residents and fellows, which includes retirement plan matching in order to further secure the financial stability of physicians and increase financial literacy during training (New HOD Policy); and be it further RESOLVED, That our AMA support that all programs provide financial advising to residents and fellows. (New HOD Policy)