**TO**: Members of The American Medical Association’s Resident and Fellows Section

**FROM**: Mark Kashtan, MD, MPH, Delegate; and Amar Kelkar, MD, Alternate Delegate

**RE**: RFS Delegates’ Report of the 2019 AMA Annual House of Delegates

**DATE**: Sunday, June 16, 2019

**Caucus Votes**

During the 2019 Annual Meeting of the AMA House of Delegates (A-19), your Resident and Fellows Section (RFS) Delegation took ad hoc stances on five items of business by way of caucus vote. This report details those votes.

**Resolution 432:**

**Decriminalization of Human Immunodeficiency Virus (HIV) Status Non-Disclosure in Virally Suppressed Individuals**

Resolved Clauses:

RESOLVED, That our American Medical Association support repealing legislation that criminalizes non-disclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV who have an undetectable viral load. (New HOD Policy)

Rationale:

The RFS has strong existing positions in favor of supporting the rights of vulnerable populations including individuals with HIV in particular, as well as policies to advocate for reducing stigma in these populations. This resolution however advocates for a more specific policy than is covered our current compendium in asking to decriminalize non-disclosure of HIV status, as well as to the use of an undetectable viral load as the appropriate standard. Given these considerations, it was deemed appropriate to take a caucus vote.

Vote:

28 of 51 credentialed delegates were present, meeting quorum. 28 of 28 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT WITH AMENDMENT.

HOD Outcome:

The Reference Committee proposed amendments which strengthened “support repealing” to “advocate for repeal,” and eliminated undetectable viral load as a condition for decriminalization, as it was discussed this would contribute to stigma. The resolution was then extracted from the consent calendar to add a second resolved clause which expanded upon AMA support for destigmatizing HIV. This amendment was considered friendly, and the HOD voted to ADOPT WITH AMENDMENT.

**Resolution 607:**

**Re-establishment of National Guideline Clearinghouse**

Resolved Clauses:

RESOLVED, That our American Medical Association reaffirm Policy H-410.965, “Clinical Practice Guidelines, Performance Measures, and Outcomes Research Activities” (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA research possible and existing alternatives for the functions of the National Guidelines Clearinghouse with a report back to the House of Delegates. (Directive to Take Action)

Rationale:

The RFS has extensive existing positions promoting the use of evidence based-guidelines on a wide variety of clinical and public health issues. However, there is no specific past action addressing the use of a national guidelines clearinghouse specifically. Given this preponderance of peripheral positions, as well as the overriding interest of the resident and fellow community in having strong and accessible evidence-based guidelines to facilitate our medical training, it was deemed appropriate to take a caucus vote.

Vote:

31 of 51 credentialed delegates were present, meeting quorum. 26 of 26 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT.

HOD Outcome:

Resolution 607 was ADOPTED.

**Resolution 615:**

**Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Healthcare Leadership**

Resolved Clauses:

RESOLVED, That our American Medical Association change existing automatic paper JAMA subscriptions to opt-in paper subscriptions by the year 2020, while preserving the option to receive paper JAMA, in order to support broader climate change efforts. (Directive to Take Action)

Rationale:

The RFS has existing positions in favor of moving towards a paperless meeting to reduce the climate impact of our organizational activates. As of yet, the RFS does not have any general positions towards green initiatives in other venues. Given that this existing position lays out the priorities of the section as very closely aligned with this resolution, but does not explicitly address AMA publications, it was deemed appropriate to take a caucus vote. It was also discussed that an amendment to extend this resolution to cover all AMA publications, not just JAMA, would be more comprehensive.

Vote:

31 of 51 credentialed delegates were present, meeting quorum. 29 of 29 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT WITH AMENDMENT.

HOD Outcome:

Resolution 615 was REFERRED to allow for study of the financial impact of moving to an opt-in system, given the difference in electronic versus print ad revenue.

**Resolution 616:**

**TIME’S UP Healthcare**

Resolved Clauses:

RESOLVED, That our American Medical Association evaluate TIME’S UP Healthcare program and consider participation as a TIME’S UP partner in support of our mutual objectives to eliminate harassment and discrimination in medicine with report back at the 2019 Interim Meeting. (Directive to Take Action)

Rationale:

While the RFS has in the past expressed strong support for efforts to reduce harassment in the profession of medicine and in our AMA organization in particular, there are not explicit durable actions addressing this specific method for doing so. Given the strong feelings of the RFS caucus in taking an affirmative position on this issue, as well as it's timely importance to ongoing discussions within the House of Delegates, it was deemed appropriate to take a caucus vote.

Vote:

31 of 51 credentialed delegates were present, meeting quorum. 30 of 30 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT.

HOD Outcome:

Resolution 616 was ADOPTED.

**Resolution 618:**

**Stakeholder Input to Reports of the House of Delegates**

Resolved Clauses:

RESOLVED, That our American Medical Association study and propose a process for interested stakeholders represented in the House of Delegates to view an online list of AMA Council and Board reports under development and a mechanism for stakeholder input on draft reports, and report back at the 2019 Interim Meeting. (Directive to Take Action)

Rationale for Vote 1:

The RFS has no previous actions on this specific issue. However, the section does have an overarching interest in it due to the high turnover of its membership and the resulting challenges in maintaining institutional memory. Having a list of reports currently in progress would help fill part of this role and could help the section avoid writing duplicative reports or resolutions addressing issues that are currently being considered more comprehensively by Councils or the Board of Trustees. This general need was separated from the issue of a mechanism for stakeholder input to draft reports, which is discussed below.

Vote 1:

31 of 51 credentialed delegates were present, meeting quorum. 30 of 30 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT.

Rationale for Vote 2:

The RFS has no previous actions on this specific issue. However, it is recognized that reports are carefully crafted by our experienced leaders and staff, including legal staff, and that input from experts is sought when necessary. Interfering in this process by allowing all stakeholders to weigh in while the reports are still in draft form would subvert the existing process for these items of business and introduce substantial logistic and political complications into our process. Given this concern and the RFS position to support the first half of this resolution following the prior caucus vote, it was deemed appropriate to take a caucus vote on this part as well.

Vote 2:

31 of 51 credentialed delegates were present, meeting quorum. 26 of 26 voting delegates voted in favor of amending the resolution by deleting the phrases referencing a mechanism for stakeholder input, and so the RFS position was changed to SUPPORT WITH AMENDMENT.

HOD Outcome:

The Reference Committee amended the Resolution 618 to allow for posting a list of in-process reports, while deleting the section about proposing a mechanism for stakeholder input, and replacing it with the posting of a staff contact for each report, who could be contacted with stakeholder input. Resolution 618 was then ADOPTED WITH AMENDMENT.

**RFS-Authored Reports and Resolutions**

During A-19 your RFS Delegates also advocated for eighteen resolutions originating from the RFS Assembly, one report that resulted from an RFS resolution referred at I-18, and one report of special interest to the section. The outcomes of those reports and resolutions are as follows:

**Resolution 007:**

**Delegation of Informed Consent**

Resolved Clauses:

RESOLVED, That our American Medical Association in cooperation with other relevant stakeholders advocate that a qualified physician be able to delegate his or her duty to obtain informed consent to another provider that has knowledge of the patient, the patient’s condition, and the procedures to be performed on the patient (Directive to Take Action); and be it further

RESOLVED, That our AMA study the implications of the Shinal v. Toms ruling and its potential effects on the informed consent process. (Directive to Take Action)

HOD Outcome:

The Reference Committee recommended an amendment to the first resolved clause to both clarify that ultimate responsibility for informed consent fell on the physician performing the procedure and clarify wording and intent around what exactly could be delegated and to whom. This amendment reads:

RESOLVED, That our American Medical Association in cooperation with other relevant stakeholders advocate that a qualified physician, while retaining the ultimate responsibility for all aspects of the informed consent process, be able to delegate tasks associated with the process to other qualified members of the health care team ~~or her duty to obtain informed consent to another provider that~~ who ~~has~~ have knowledge of the patient, the patient’s condition, and the procedures to be performed on the patient (Directive to Take Action)

The amended language was not extracted from the Reference Committee report, and so Resolution 007 was ADOPTED WITH AMENDMENT.

**Resolution 117:**

**Support for Medicare Disability Coverage of Contraception for Non-Contraceptive Use**

Resolved Clauses:

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 for non-contraceptive use for patients covered by Medicare. (Directive to Take Action)

HOD Outcome:

The Reference Committee recommended amendments to broaden the scope, while also changing the title of the resolution to read “Support for Medicare Coverage of Contraceptive Methods.” The other amendments read:

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~~ contraceptive methods for contraceptive and non-contraceptive use for all patients covered by Medicare, regardless of eligibility pathway (age or disability). (Directive to Take Action)

The amended language was not extracted from the Reference Committee report, and so Resolution 117 was ADOPTED WITH AMENDMENT.

**Resolution 224:**

**Extending Pregnancy Medicaid to One Year Postpartum**

Resolved Clauses:

RESOLVED, That our American Medical Association petition the Centers for Medicare and Medicaid Services to extend pregnancy Medicaid to a minimum of one year postpartum. (Directive to Take Action)

HOD Outcome:

The Reference Committee recommended an alternate resolution to broaden the scope and combine this resolution with a similar resolution (Resolution 221) co-authored and presented by several societies, while also changing the title of the resolution to read “Extending Medicaid Coverage for One Year Postpartum.” The alternate resolution reads:

RESOLVED, That our American Medical Association work with relevant stakeholders to support extension of Medicaid coverage to 12 months postpartum. (Directive to Take Action)

The alternate language was not extracted from the Reference Committee report, and the alternate resolution was ADOPTED in lieu of Resolutions 221 and 224.

**Resolution 225:**

**DACA in GME**

Resolved Clauses:

RESOLVED, That American Medical Association Policy D-255.991, “Visa Complications for IMGs in GME,” be reaffirmed (Reaffirm HOD Policy); and be it further

RESOLVED, That AMA Policy D-350.986, “Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages,” be reaffirmed. (Reaffirm HOD Policy)

HOD Outcome:

Resolution 225 was REAFFIRMED

**Resolution 313:**

**Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows**

Resolved Clauses:

RESOLVED, That our American Medical Association study current standards within medical education regarding pathology and laboratory medicine to identify potential gaps in training. (Directive to Take Action)

HOD Outcome:

The Reference Committee recommended amendments to standardize language and clarify the potential gaps in training within the text of the resolution to focus the intent of the resolution. The amended language reads:

RESOLVED, That our American Medical Association study current ~~standards~~ practices within medical education regarding the clinical use of pathology and laboratory medicine information to identify potential gaps in training in the principles of decision making and the utilization of quantitative evidence. (Directive to Take Action)

The amended language was not extracted from the Reference Committee report, and so Resolution 313 was ADOPTED WITH AMENDMENT.

**Resolution 314:**

**Evaluation of Changes to Residency and Fellowship Application and Matching Processes**

Resolved Clauses:

RESOLVED, That our American Medical Association support proposed changes to residency and fellowship application requirements only when (a) those changes have been evaluated by working groups which have students and residents as representatives; (b) there are data which demonstrates that the proposed application components contribute to an accurate representation of the candidate; (c) there are data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds; and (4) the costs to medical students and residents are mitigated (New HOD Policy): and be it further

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); and be it further

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)

HOD Outcome:

The Reference Committee recommended amendments to the first resolved clause to expand its scope to any potential bias in proposed policy changes and felt that these changes addressed the concerns raised in the second resolved clause, thus recommending its deletion. The amended language reads:

RESOLVED, That our American Medical Association ~~support~~ oppose ~~proposed~~ changes to residency and fellowship application requirements ~~only when~~ unless (a) those changes have been evaluated by working groups which have students and residents as representatives; (b) there are data which demonstrates that the proposed application components contribute to an accurate representation of the candidate; (c) there are data available to demonstrate that the new application requirements 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): and be it further

~~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); and be it further~~

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)

The amended language was not extracted from the Reference Committee report, and so Resolution 314 was ADOPTED WITH AMENDMENT.

**Resolution 315:**

**Scholarly Activity by Resident and Fellow Physicians**

Resolved Clauses:

RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further

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 activity which would satisfy faculty requirements for scholarly activity. (Directive to Take Action)

HOD Outcome:

The Reference Committee heard broadly positive testimony, but recommended amendments to the first resolved clause to include the core of the second resolved clause and remove redundancy between clauses. The amended language reads:

RESOLVED, That our American Medical Association 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. (New HOD Policy)~~; and be it further~~

~~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 activity which would satisfy faculty requirements for scholarly activity. (Directive to Take Action)~~

The amended language was not extracted from the Reference Committee report, and so Resolution 315 was ADOPTED WITH AMENDMENT.

**Resolution 317:**

**A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities**

Resolved Clauses:

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)

HOD Outcome:

The Reference Committee heard broadly positive testimony, but also heard testimony asking to collect and study similar data in medical graduates with disabilities, so a second resolved clause was added. The amended language reads:

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); and be it further

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)

The amended language was not extracted from the Reference Committee report, and so Resolution 317 was ADOPTED WITH AMENDMENT.

**Resolution 324:**

**Residency and Fellowship Program Director, Assistant/Associate Program Director, and Core Faculty Protected Time and Salary Reimbursement**

Resolved Clauses:

RESOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education (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. (Directive to Action)

HOD Outcome:

Resolution 324 was ADOPTED

**Resolution 420:**

**Coordinating Correctional and Community Healthcare**

Resolved Clauses:

RESOLVED, That our American Medical Association support linkage of those incarcerated to community clinics upon release in order to accelerate access to primary care and improve health outcomes among this vulnerable patient population, as well as adequate funding (New HOD Policy); and be it further

RESOLVED, That our AMA support the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community. (New HOD Policy)

HOD Outcome:

The Reference Committee heard broadly positive testimony, but also heard testimony asking to expand the scope of this resolution beyond primary care to include mental health and substance abuse services by amendments to the first resolved clause. The amended language reads:

RESOLVED, That our American Medical Association support linkage of those incarcerated to community clinics upon release in order to accelerate access to ~~primary~~ comprehensive health care, including mental health and substance abuse disorder services, and improve health outcomes among this vulnerable patient population, as well as adequate funding (New HOD Policy); and be it further

RESOLVED, That our AMA support the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community. (New HOD Policy)

The amended language was not extracted from the Reference Committee report, and so Resolution 420 was ADOPTED WITH AMENDMENT.

**Resolution 421:**

**Contraception for Incarcerated Women**

Resolved Clauses:

RESOLVED, That our American Medical Association support incarcerated persons’ access to evidence-based contraception counseling, access to all contraceptive methods and autonomy over contraceptive decision-making prior to release. (New HOD Policy)

HOD Outcome:

The Reference Committee received a proposed amendment from ACOG brought due to concerns that the original language could include irreversible procedures such as sterilization. Testimony on the amended language was broadly positive. The amended language reads:

RESOLVED, That our ~~American Medical Association~~ AMA support an ~~incarceration~~ ~~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.

The amended language was extracted from the Reference Committee report, to remove the phrase “prior to release” to broaden individual rights and protections, which was accepted as a second-order amendment. Resolution 421 was then ADOPTED WITH AMENDMENT.

**Resolution 422:**

**Promoting Nutrition Education Among Healthcare Providers**

Resolved Clauses:

RESOLVED, That American Medical Association Policy H-150.995, “Basic Courses in Nutrition,” be reaffirmed (Reaffirm HOD Policy); and be it further

RESOLVED, That AMA Policy H-150.953, “Obesity as a Major Public Health Problem,” be reaffirmed. (Reaffirm HOD Policy)

HOD Outcome:

Resolution 422 was REAFFIRMED

**Resolution 510:**

**The Intracranial Hemorrhage Anticoagulation Reversal Initiative**

Resolved Clauses:

RESOLVED, That our American Medical Association support initiatives to improve and reduce the barriers to the use of anticoagulation reversal agents in emergency settings to reduce the occurrence, disability, and death associated with hemorrhagic stroke and other life-threatening clinical indications. (New HOD Policy)

HOD Outcome:

The Reference Committee recommended amended language to clarify that lack of resources was one of the primary barriers to use of anticoagulation reversal agents. This language read:

RESOLVED, That our American Medical Association support initiatives to improve education, and reduce ~~the~~ barriers, (including lack of resources) for ~~to~~ the use of anticoagulation reversal agents, in emergency settings to reduce the occurrence, disability, and death associated with hemorrhagic stroke and other life-threatening conditions ~~clinical indications~~. (New HOD Policy)

The amended language was not extracted from the Reference Committee report, and so Resolution 510 was ADOPTED WITH AMENDMENT.

**Resolution 511:**

**Mandating Critical Congenital Heart Defect Screening in Newborns**

Resolved Clauses:

RESOLVED, That our American Medical Association support screening for critical congenital heart defects for newborns following delivery prior to hospital discharge (New HOD Policy)

HOD Outcome:

Resolution 511 was ADOPTED

**Resolution 512:**

**Fertility Preservation in Pediatric and Reproductive Aged Cancer Patients**

Resolved Clauses:

RESOLVED, That our American Medical Association encourage disclosure to cancer patients on risks to fertility when gonadotoxicity due to cancer treatment is a possibility (New HOD Policy); and be it further

RESOLVED, That our AMA support education for providers who counsel patients that may benefit from fertility preservation. (New HOD Policy)

HOD Outcome:

The Reference Committee recommended amendments to strengthen the language as well as broaden it to apply to any patients undergoing potentially gonadotoxic therapies, not just cancer patients. They also recommended a change in title, to read “Disclosure of Risk to Fertility with Gonadotoxic Treatment.” The text of the remaining amendments read:

RESOLVED, That our American Medical Association (AMA) ~~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~~ (New HOD Policy); and be it further

RESOLVED, That our AMA support ongoing education for providers who counsel patients ~~that~~ who may benefit from fertility preservation. (New HOD Policy)

The amended language was not extracted from the Reference Committee report, and so Resolution 512 was ADOPTED WITH AMENDMENT.

**Resolution 606:**

**Investigation into Residents, Fellows and Physician Unions**

Resolved Clauses:

RESOLVED, That our American Medical Association study the feasibility of a national house-staff union to represent all interns, residents and fellows. (Directive to Take Action)

HOD Outcome:

The Reference Committee recommended amended language to focus the study on collective bargaining specifically, and to include both physicians and physicians in training. It was pointed out that national house staff unions already exist, so “feasibility” was too low of a bar. It was also noted that the AMA cannot legally create a union, but had supported efforts in the past, though unsuccessfully. This underpinned the change to focus on “collective bargaining” specifically over unionization in general. The amended language read:

RESOLVED, That our American Medical Association to study the ~~feasibility of a national house staff union to represent all interns, residents and fellows~~ risks and benefits of collective bargaining for physicians and physicians-in- training in today’s health care environment. (Directive to Take Action)

The amended language was not extracted from the Reference Committee report, and so Resolution 606 was ADOPTED WITH AMENDMENT.

**Resolution 608:**

**Financial Protections for Doctors in Training**

Resolved Clauses:

RESOLVED, That our American Medical Association support retirement 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 resident and fellows. (New HOD Policy)

HOD Outcome:

The Reference Committee recommended referral based on a robust discussion of numerous ways in which residents and fellows were financially vulnerable, and a myriad of potential avenues to address some of these issues. It was considered that a comprehensive report would allow for more specific steps to be outlined and taken than allowed for by this resolution as written. Given the overall support for the spirit of the resolution and the potential benefit of such a report being authored, the Reference Committee’s recommendation was accepted, and Resolution 608 was REFERRED.

**Resolution 719:**

**Interference with Practice of Medicine by the Nuclear Regulatory Commission**

Resolved Clauses:

RESOLVED, That our American Medical Association 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)

HOD Outcome:

The Reference Committee heard broadly positive testimony, but due to the timeliness and complexity of the issue, recommended Resolution 719 be REFERRED FOR DECISION.

The item was extracted in the HOD and an alternate resolution was proposed to address the concerns regarding timeliness and ensure that the issue was addressed as intended by the authors and affected specialty societies. The alternate resolution reads:

RESOLVED, That our AMA express its opposition to the imminent proposed changes to the Section 10 CFR Part 35.390(b) by the Nuclear Regulatory Commission (NRC) which would weaken the requirements for Authorized Users of Radiopharmaceuticals (AUs), including shortening the training and experience requirements, the use of alternative pathways for AUs, and expanding the use of non-physicians, with AMA advocacy for such during the open comment period ending July 3, 2019. (Directive to Action)

Alternate Resolution 719 was voted on in the HOD and was ADOPTED in lieu of Resolutions 719.

UPDATE: In response to the adopted Alternate Resolution 719 and ahead of the July 3, 2019 deadline, a formal letter to the NRC with comments on the “Draft Approaches for Addressing Training and Experience Requirements for Radiopharmaceuticals Requiring a Written Directive” was submitted by the BOT and CEO James Madara, MD on July 1, 2019.

**Board of Trustees Report 16:**

**Developing Sustainable Solutions to Discharge of Chronically-Homeless Patients**

Recommendations:

The Board of Trustees recommends that the following be adopted in lieu of Resolution 826-I-18 and that the remainder of the report be filed:

1. That our American Medical Association partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians’ role therein, in addressing these needs. (Directive to Take Action)

2. That our AMA encourage the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital. (New HOD Policy)

3. That our AMA encourage the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients. (New HOD Policy)

4. That our AMA reaffirm Policy H-160.903, Eradicating Homelessness, which "supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost-effective approaches which recognize the positive impact of stable and affordable housing coupled with social services." (Reaffirm HOD Policy)

5. That our AMA reaffirm Policy H-160.978, The Mentally Ill Homeless, which states that “public policy initiatives directed to the homeless, including the homeless mentally ill population, should…[promote] care that is sensitive to the overriding needs of this population for food, clothing, and residential facilities.” (Reaffirm HOD Policy)

6. That our AMA reaffirm Policy H-160.942, Evidence-Based Principles of Discharge and Discharge Criteria, which "calls on physicians, specialty societies, insurers, and other involved parties to join in developing, promoting, and using evidence-based discharge criteria that are sensitive to the physiological, psychological, social, and functional needs of patients." (Reaffirm HOD Policy)

7. That our AMA reaffirm Policy H-130.940, Emergency Department Boarding and Crowding, which “supports dissemination of best practices in reducing emergency department boarding and crowding.” (Reaffirm HOD Policy)

8. That our AMA reaffirm Policy H-270.962, Unfunded Mandates, which “vigorously opposes any unfunded mandates on physicians.” (Reaffirm HOD Policy)

HOD Outcome:

The Reference Committee heard broadly positive testimony addressing homelessness as an exacerbating factor in emergency department overuse, excess hospitalization, and preventable readmissions, as well as a need for collaborative partnerships and felt that the BOT report addressed the intent of the original RFS-authored resolution.

Board of Trustees Report 16 was ADOPTED and the remainder of the report FILED.

**Council on Constitution and Bylaws Report 1:**

**Clarification to the Bylaws: Delegate Representation, Registration and Credentialing**

Recommendations:

Extensive. Please see original report

HOD Outcome:

CCB Report 1 was not authored by the RFS, but was of such overwhelming interest to the section that it required extensive and coordinated opposition by your Delegates, and so is properly included in this report. The original intention of the report was to bring the AMA Bylaws regarding credentialing in the House of Delegates into alignment with existing practices, while also addressing various issues in need of improvement. While much of the report was inoffensive, two recommendations in particular inspired grave concern. The recommendation to AMA Bylaw 2.3 would have codified that medical student representatives, endorsed by their state medical societies and elected by their peers, would have had a representative responsibility to their endorsing societies only. The recommendation to AMA Bylaw 2.10.4 would have done away with the mechanism for credentialing delegates for the House of Delegates on site, a mechanism that is used disproportionately by medical students, residents and fellows to maintain representation in the face of higher in-meeting turnover relative to other entities within the House. Your Delegates worked closely with Delegates from the Medical Student Section and Young Physicians Section to oppose the report, raising our concerns with other sections and societies in the House as well as with the Council directly in writing. There was widespread support for the MSS/RFS/YPS position as a result of this campaign, and CCB Report 1 was REFERRED to allow for these issues to be addressed.

**Resident and Fellows Section Delegation**

The composition of the RFS delegation is listed below. Please note that changes occuring as individuals left the conference will be reflected in-line. A special thanks to our reference committee team leaders, who helped lead the review of nearly 300 items of business. Their names will be bolded below.

Sectional Delegates:

Brett Youngerman

Grayson Armstrong

**Sarah Marsicek**

Scott Pasichow

Tani Malhotra

Gunjan Malhotra

Laura Halpin

**Ankit Agarwal**

Erin Schwab

Michael Lubrano

Hans Arora

Anna Yap

Jacob Burns

Hunter Pattison (sub. Sophia Yang)

Valerie Lockhart (sub. Colin Murphy)

**Christopher Libby**

Christiana Shoushtari

Megan Srinivas, Jessica Cho

**Pratistha Koirala**

**Helene Nepomuceno**

Luke Selby (sub. Sarp Aksel, sub. Amy Peebles)

Eudy Bosely

Anupriya Dayal

**Ellia Ciammaichella**

Benjamin Meyer

Michelle Falcone

Olutoyin Okanlawon (sub. Jayme Looper, sub. Ariel Anderson)

Sectional Alternate Delegates:

Pelumi Adedayo (sub. Omar Harfouch)

**Sarp Aksel** (sub. Lily Criscione)

Mark Ard

Nikesh Bajaj

Elisa Giusto (sub. Rebecca Obeng)

Greg Goldgof

Frances Mei Hardin

Jayme Looper

**Raymond Lorenzoni**

Asha McClurg

Michael Metzner

Tim Parker

Romela Petrosyan (sub. Laura McGuire)

Danielle Rochlin

Karina Sanchez

Sophia Yang (sub. Logan Jones)

Amber Clark

Caitlin Farrell

Libby Parker

Kunj Patel (sub. Simone Arvisais-Anhalt)

Kartikeya Tripathi (sub. Jeremy Ford)

Amy Peebles

Colin Murphy

Justin Bishop

Kevin Qin

Hamid Qazi

Jared Lammert

Natalia Solenkova

This concludes the Delegate Report for A-19.

Sincerely,

Mark Kashtan, Delegate

Amar Kelkar, Alternate Delegate