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

**FROM**: Amar Kelkar, MD, Delegate; and Christopher Libby, MD, Alternate Delegate

**RE**: 2019 AMA Interim Meeting House of Delegates AMA-RFS Delegate’s Report

**DATE**: Saturday, November 23, 2019

**Caucus Votes**

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

**CEJA 02**: Amendment to E-1.2.2., “Disruptive Behavior by Patients”

Resolved Clauses:

In light of the foregoing analysis, the Council on Ethical and Judicial Affairs recommends that Policy D-65.991, “Discrimination against Physicians by Patients,” be rescinded; Opinion 1.2.2, “Disruptive Behavior by Patients,” be amended by addition and deletion as follows; and the remainder of this report be filed:

The relationship between patients and physicians is based on trust and should serve to promote patients’ well-being while respecting ~~their~~ the dignity and rights of both patients and physicians.

Disrespectful, ~~or~~ derogatory, or prejudiced language or conduct, or prejudiced requests for accommodation of personal preferences on the part of either physicians or patients can undermine trust and compromise the integrity of the patient-physician relationship. It can make members of targeted groups reluctant to seek or provide care, and create an environment that strains relationships among patients, physicians, and the health care team.

Trust can be established and maintained only when there is mutual respect. Therefore, in their interactions with patients, physicians should:

(a) Recognize that disrespectful, derogatory, or prejudiced language or conduct can cause psychological harm to those ~~they target~~ who are targeted.

(b) Always treat patients with compassion and respect.

(c) Explore the reasons for which a patient behaves in disrespectful, derogatory, or prejudiced ways. Physicians should identify, appreciate, and address potentially treatable clinical conditions or personal experiences that influence patient behavior. Regardless of cause, when a patient’s behavior threatens the safety of health care personnel or other patients, steps should be taken to de-escalate or remove the threat.

(d) In general, decline to accommodate patient requests for an alternative physician when the request is solely the product of prejudice against the physician’s personal characteristics.

(e) Consider accommodating a patient’s request for an alternative physician when the request derives from the patient’s adverse personal experience, doing so would promote effective care, and another appropriately qualified physician is available to provide the needed care.

(f) In emergency situations, patients who persist in opposing treatment from the physician assigned may be helped to seek care from other sources. When transfer is not feasible, patients should be informed that care will be provided by appropriately qualified staff independent of the patient’s expressed preference.

(~~c~~g) Terminate the patient-physician relationship with a patient ~~who uses derogatory language or acts in a prejudiced manner~~ whose volitional behavior is disrespectful, derogatory, or prejudiced only if the patient will not modify the conduct. In such cases, the physician should arrange to transfer the patient’s care when that is feasible.

Physicians, especially those in leadership roles, should encourage the institutions with which they are affiliated to:

(h) Be mindful of the messages the institution conveys within and outside its walls by how it responds to prejudiced behavior by patients.

(i) Promote a safe and respectful working environment and formally set clear expectations for how disrespectful, derogatory, or prejudiced behavior by patients will be managed.

(j) Clearly and openly support physicians, trainees, and facility personnel who experience prejudiced behavior and discrimination by patients.

(k) Collect data regarding incidents of discrimination by patients and their effects on physicians and facility personnel on an ongoing basis and seek to improve how incidents are addressed to better meet the needs of patients, physicians, other facility personnel, and the community.

Rationale:

*The RFS has previously debated and supported physician autonomy and self-defense, and 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:

*25 of 38 credentialed delegates were present, meeting quorum. 20 of 25 voting delegates voted in favor of supporting the report, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee proposed referral due to mixed testimony related to a number of issues, including the need to address patients’ families, continuity of care, deceptive behavior by patients, the consistent use of terminology within the report, the relationship and differences between policy and opinion within the report. The resolution was not extracted and was REFERRED for report.*

Recommendations:

Given the complexity of this type of policy and the future report expected, the AMA-RFS Governing Council recommends the following be added to the AMA-RFS Digest of Actions to support future discussions.

*Physician Protection from Disruptive Patient Behaviors*

*RESOLVED that our AMA-RFS support protections being put in place for physicians, trainees, and facility personnel experiencing disrespectful, derogatory, or prejudiced behavior by patients.*

**010**: Ban Conversion Therapy

Resolved Clauses:

RESOLVED, That our American Medical Association develop model state legislation and advocate for federal legislation to ban “reparative” or “conversion” therapy for sexual orientation or gender identity. (Directive to Take Action)

Rationale:

*The RFS has numerous items in its Digest of Actions opposing non-evidence-based practices and supporting equity and safety for the medical spectrum of gender identity and sexual orientation. While conversion therapies have not specifically been addressed, this resolution is consistent with past actions.*

Vote:

*42 of 56 credentialed delegates were present, meeting quorum. 42 of 42 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee and House of Delegates.*

HOD Outcome:

*The Reference Committee proposed clarifications to the language to focus on model state legislation, rather than federal referral due to testimony and the title changed to remove reference to “youths” due to the need for banning the practice in its entirety. Evidence was presented showing harm with no perceived benefit or efficacy of the practice. Further testimony sought to clarify “conversion therapy” to tie it to gender identity and sexual orientation to avoid future confusion with other forms of counseling. The recommendation was to ADOPT AS AMENDED. The resolution was extracted in the HOD to add back in support for federal legislation as well. Based on approval of this final language, the resolution was ADOPTED AS AMENDED.*

Recommendations:

Based on existing materials in the RFS Digest of Actions and the direct policy developed that is now official AMA policy, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions based on this caucus vote.

**011**: End Child Marriage

Resolved Clauses:

RESOLVED, That our American Medical Association oppose the practice of child marriage by advocating for the passage of state and federal legislation to end the practice of child marriage.

Rationale:

*The RFS does not have specific positions on child marriage but has previously spoken to issues of human rights and social determinants of health, which were considered significant factors in the writing of this policy. Due to concerns within the caucus of the reference committee hearing devolving into arguments about overstepping the bounds of the AMA and state’s rights, we decided to give limited testimony towards the potential health risks, not limited to the psychosocial effects, of child marriage.*

Vote:

*42 of 56 credentialed delegates were present, meeting quorum. 42 of 42 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee recommended ADOPT AS AMENDED while consolidating the key points of both Resolved clauses into one Resolved clause. This was not extracted and was ADOPTED AS AMENDED.*

Recommendations:

Based on existing materials in the RFS Digest of Actions and the direct policy developed that is now official AMA policy, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions based on this caucus vote.

**BOT Report 2**: Enabling Methadone Treatment of Opioid Use Disorder in Primary Care Settings

Resolved Clauses:

The Board recommends that the following recommendations be adopted in lieu of Resolution 202-I-18, and that the remainder of the report be filed.

1. That our American Medical Association (AMA) support further research into how primary care practices can implement MAT into their practices and disseminate such research in coordination with primary care specialties; (New HOD Policy)

2. That our AMA support efforts to expand primary care services to patients receiving methadone maintenance therapy (MMT) for patients receiving care in an Opioid Treatment Program or via office-based therapy; (New HOD Policy)

3. That the AMA Opioid Task Force increase its evidence-based educational resources focused on MMT and publicize those resources to the Federation. (Directive to Take Action)

Rationale:

*The RFS does not have positions on MAT or MMT, but has supported opioid harm reduction strategies, which would include methadone treatment. While we did not speak to it, we silently supported the 1st and 3rd recommendations; however, the 2nd recommendation sought to expand MMT to be an primary care office-based therapy and we had concerns that there was not evidence to support the safety of this and that most primary care clinics were not equipped to manage methadone maintenance due to lack of training and frequent attention that would be needed to maintain such a program.*

Vote:

*30 of 56 credentialed delegates were present, meeting quorum. 30 of 30 voting delegates voted to oppose R2, and so the RFS position was changed to OPPOSE R2 during the reference committee.*

HOD Outcome:

*The Reference Committee recommended ADOPTION of R1 and R3 and that R2 be REFERRED, as they felt that the AMA Opioid Task and associated specialty societies could collaborate on a more comprehensive plan and report for this recommendation. As such, R2 was REFERRED FOR STUDY.*

Recommendations:

Given the complexity of this type of policy and the future report expected, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions until there is more information provided on this subject.

**207**: Pharmaceutical Advertising in Electronic Health Record Systems

Resolved Clauses:

RESOLVED, That our American Medical Association encourage the federal government to study the effects of direct-to-physician advertising at the point of care, including advertising in Electronic Health Record Systems (EHRs), on physician prescribing, patient safety, health care costs, and EHR access for small practices (Directive to Take Action); and be it further

RESOLVED, That our AMA study the prevalence and ethics of direct-to-physician advertising at the point of care, including advertising in EHRs. (Directive to Take Action)

Rationale:

*The RFS does not have prior positions on advertising in EHRs, but has prior positions opposing Direct-to-Consumer advertising in its Digest of Actions. While this was not directly applicable, we felt as though the concerns of direct-to-consumer marketing are transferrable to influence on physicians and that at the very least acceptance of pharmaceutical advertising should be voluntary and public record as they are in other instances. Given these considerations, it was deemed appropriate to take a caucus vote.*

Vote:

*42 of 56 credentialed delegates were present, meeting quorum. 32 of 42 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee recommendations were friendly and minimal due to largely positive testimony supporting both federal government and AMA studies on the issue of pharmaceutical advertising in EHRs. The resolution was not extracted and was ADOPTED AS AMENDED.*

Recommendations:

Based on the positions voiced by the delegation and given the complexity of this type of policy and the future report expected, the AMA-RFS Governing Council recommends the Committee on Business and Economics study the issue and write a report if deemed appropriate to support future discussions.

**208/211**: Net Neutrality and Public Health/Effects of Net Neutrality on Public Health

Resolved Clauses:

*208*:

RESOLVED, That our American Medical Association advocate for policies that ensure internet service providers transmit essential healthcare data no slower than any other data on that network (Directive to Take Action); and be it further

RESOLVED, That our AMA collaborate with the appropriate governing bodies to develop guidelines for the classification of essential healthcare data requiring preserved transmission speeds (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose internet data transmission practices that reduce market competition in the health ecosystem. (Directive to Take Action)

*211*:

RESOLVED, That our American Medical Association amend current policy H-478.980, “Increasing Access to Broadband Internet to Reduce Health Disparities,” by addition and deletion as follows:

Increasing ~~Access to Broadband~~ Internet Access to Reduce Health Disparities

Our AMA: (1) will advocate for net neutrality; and (2) will advocate for the expansion of broadband and wireless connectivity to all rural and underserved areas of the United States while at all times taking care to protecting existing federally licensed radio services from harmful interference that can be caused by broadband and wireless services. (Modify Current HOD Policy)

Rationale:

*The RFS has numerous prior positions related to health information technology standards but has not directly addressed the issue of net neutrality. In past public health discussions, emphasis has been placed on the importance of dissemination of accurate public health information, so we felt that taking a stance in support of net neutrality before this could be co-opted as a tool of misinformation or siphoning was appropriate. Given these considerations, it was deemed appropriate to take a caucus vote.*

Vote:

*42 of 56 credentialed delegates were present, meeting quorum. 24 of 42 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee discussion included the point that repeal of net neutrality could allow companies to place limits on how, where, and when patients and providers are able to access health care data, and could also lessen both innovation and competition in health care technology; however, due to testimony raising concerns that essential health data should be prioritized to areas with limited internet service and a lack of definition for these data, as well as a lack of clear definition of “net neutrality” led the reference committee to recommend referral. The resolutions were not extracted and the item was REFERRED.*

Recommendations:

Based on the positions voiced by the delegation and given the complexity of this type of policy and the future report expected, the AMA-RFS Governing Council recommends the following be added to the AMA-RFS Digest of Actions to support future discussions.

*Net Neutrality for Essential Healthcare Data and Public Health Information*

*RESOLVED that out AMA-RFS oppose internet data transmission practices that reduce market competition and access to accurate public health information in the health ecosystem.*

**220**: Oppose Mandatory DNA Collection of Migrants

Resolved Clauses:

RESOLVED, That our American Medical Association oppose the collection and storage of the DNA of refugees, asylum seekers, and undocumented immigrants for nonviolent immigration-related crimes without non-coercive informed consent. (New HOD Policy)

Rationale:

*The RFS has previously addressed numerous issues related to health and safety of vulnerable populations including migrants, refugees, and immigrants. This resolution was brought as an emergency resolution by the MSS and was timely and concerning based on the information presented that the U.S. Department of Justice had proposed to amend regulations that would restore the Attorney General’s full legal authority to authorize and direct all relevant federal agencies to require DNA sample collection from persons who are detained under the authority of the United States, with an expected 748,000 samples annually. Given that this would be considered a serious breach of privacy and this would be collected without other cause, we felt that this would have garnered RFS support within the Assembly. Given these considerations, it was deemed appropriate to take a caucus vote.*

Vote:

*32 of 56 credentialed delegates were present, meeting quorum. 30 of 32 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee had broadly positive support for this resolution and did not recommend any changes. The resolutions was not extracted and the item was ADOPTED.*

Recommendations:

Based on existing materials in the RFS Digest of Actions and the direct policy developed that is now official AMA policy, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions based on this caucus vote.

**CME 03**:

Resolved Clauses:

The Council on Medical Education recommends that the following recommendations be adopted in lieu of Resolution 305-A-18 and the remainder of the report be filed.

1. That our American Medical Association (AMA) urge the state medical and osteopathic boards that maintain a time limit for completing licensing examination sequences for either USMLE or COMLEX to adopt a time limit of no less than 10 years for completion of the licensing exams

2. That our AMA urge that state medical and osteopathic licensing boards with time limits for completing the licensing examination sequence provide for exceptions that may involve personal health/family circumstances. (New HOD Policy)

Rationale:

*The RFS has traditionally provided testimony on issues related to residency training and in this particular case we determined that extended time for completion of board exams was a necessary step to account for numerous individuals who have extended pathways in medical school and residency. Given these considerations, it was deemed appropriate to take a caucus vote.*

Vote:

*42 of 56 credentialed delegates were present, meeting quorum. 42 of 42 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee had broadly positive testimony in favor of extending the time to at least 10 years for completion of board exams across all states. The recommended amendments consolidated the first and third Resolved clauses. The report was not extracted and the item was ADOPTED AS AMENDED.*

Recommendations:

Based on existing materials in the RFS Digest of Actions and the direct policy developed that is now official AMA policy, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions based on this caucus vote.

**CME 06**:

Resolved Clauses:

The Council on Medical Education recommends that the following recommendations be adopted in lieu of Resolution 954-I-18 and the remainder of the report be filed.

1. That our AMA support postgraduate medical education service obligations through programs where the expectation for service, such as military service, is reasonable and explicitly delineated in the contract with the trainee. (New HOD Policy)

2. That our American Medical Association (AMA) oppose the blanket imposition of service obligations through any program where physician trainees rotate through the facility as one of many sites for their training. (New HOD Policy)

Rationale:

*The RFS has traditionally provided testimony on issues related to residency training and in this particular case we agreed with the CME recommendation against required service time through the Match process or without clear opportunity for consent for the applicant. Given these considerations, it was deemed appropriate to take a caucus vote.*

Vote:

*42 of 56 credentialed delegates were present, meeting quorum. 42 of 42 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee had broadly positive testimony in favor of this report. Only in cases where the expectation of service time is explicitly delineated in the trainee contract should it be allowed. Otherwise there was clear opposition to a “blanket imposition” of service obligations on physician trainees who simply rotate through a VHA facility during routine training. The recommended amendments were for clarification and did not change intent. The report was not extracted and the item was ADOPTED AS AMENDED.*

Recommendations:

Based on existing materials in the RFS Digest of Actions and the direct policy developed that is now official AMA policy, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions based on this caucus vote.

**Resolution 801**: Reimbursement for Post-Exposure Protocol for Needlestick Injuries

Resolved Clauses:

RESOLVED, That our American Medical Association encourage medical schools to have policies in place addressing diagnosis, treatment, and follow-up at no cost to medical students exposed to an infectious or environmental hazard in the course of their medical student duties.

Rationale:

*While the RFS does not have specific positions addressing health insurance coverage of trainees for needlesticks, we do have other positions supporting coverage of high-risk, essential, or costly services for trainees. In this particular case of a work-related injury with significant risk and potential cost to the affected individual, we thought there was an imperative to speak on behalf of our medical school colleagues. Given these considerations, it was deemed appropriate to take a caucus vote.*

Vote:

*32 of 56 credentialed delegates were present, meeting quorum. 32 of 32 voting delegates voted in favor of supporting the resolution, and so the RFS position was changed to SUPPORT during the reference committee.*

HOD Outcome:

*The Reference Committee had mostly positive testimony of the spirit of the resolution, but there were concerns about specific language. Discussion included whether this should more broadly address other injuries and other work-related injuries. Alternative Resolution 1 was presented to the HOD based on the testimony. The alternative resolution was extracted and further amended to more broadly cover costs of diagnosis and treatment and clarify that this should specifically apply to work-related incidents. The alternate resolution 801 was ADOPTED IN LIEU of resolution 801.*

Recommendations:

Based on existing materials in the RFS Digest of Actions and the direct policy developed that is now official AMA policy, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions based on this caucus vote. However, there are other considerations that can be made with regards to work-related injuries in the medical field that the RFS Assembly could consider in the future.

**RFS-Authored Reports and Resolutions**

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

**Resolution 310**: Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure

Resolved Clauses:

RESOLVED, That our American Medical Association study and provide recommendations on how the process of assisting displaced residents and fellows could be improved in the case of training hospital or training program closure, including:

1) The current processes by which a displaced resident or fellow may seek and secure an alternative training position; and

2) How the Centers for Medicare and Medicaid Services (CMS) and other additional or supplemental graduate medical education (GME) funding is re-distributed, including but not limited to:

a. The direct or indirect classification of residents and fellows as financial assets and the implications thereof;

b. The transfer of training positions between institutions and the subsequent impact on resident and fellow funding lines in the event of closure;

c. The transfer of full versus partial funding for new training positions; and

d. The transfer of funding for displaced residents and fellows who switch specialties (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the Centers for Medicare and Medicaid Services (CMS) to establish regulations that protect residents and fellows impacted by program or hospital closure, which may include recommendations for:

1) Notice by the training hospital, intending to file for bankruptcy within 30 days, to all residents and fellows primarily associated with the training hospital, as well as those contractually matched at that training institution who may not yet have matriculated, of its intention to close, along with provision of reasonable and appropriate procedures to assist current and matched residents and fellows to find and obtain alternative training positions that minimize undue financial and professional consequences, including but not limited to maintenance of specialty choice, length of training, initial expected time of graduation, location and reallocation of funding, and coverage of tail medical malpractice insurance that would have been offered had the program or hospital not closed;

2) Revision of the current CMS guidelines that may prohibit transfer of funding prior to formal financial closure of a teaching institution;

3) Improved provisions regarding transfer of GME funding for displaced residents and fellows for the duration of their training in the event of program closure at a training institution; and

4) Protections against the discrimination of displaced residents and fellows consistent with H-295.969 (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, National Resident Matching Program, Educational Commission for Foreign Medical Graduates, the Centers for Medicare and Medicaid Services, and other relevant stakeholders to identify a process by which displaced residents and fellows may be directly represented in proceedings surrounding the closure of a training hospital or program (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, National Resident Matching Program, Educational Commission for Foreign Medical Graduates, Centers for Medicare and Medicaid Services, and other relevant stakeholders to:

1) Develop a stepwise algorithm for designated institutional officials and program directors to assist residents and fellows with finding and obtaining alternative training positions;

2) Create a centralized, regulated process for displaced residents and fellows to obtain new training positions;

3) Develop pathways that ensure that closing and accepting institutions provide liability insurance coverage to residents, at no cost to residents. (Directive to Take Action)

HOD Outcome:

*The Reference Committee recommended largely editorial changes given the broad support for the resolution and limited testimony for referral for report from individuals and recommended ADOPT AS AMENDED. However, given concerns about additional support needed for tail liability coverage, the resolution was extracted but the amended language was not changed and instead an additional resolved clause was offered as an amendment. This resolved clause was REFERRED FOR DECISION and the remainder was ADOPTED AS AMENDED.*

*The added Resolved clause that was REFERRED FOR DECISION was acted on immediately and on Tuesday November 20, an additional Resolved clause was approved by the Board of Trustees immediately addressing coverage of lost tail-end insurance for current and former residents and fellows of Hahnemann University Hospital. This read as follows:*

RESOLVED, that our AMA urgently partner with interested parties to identify viable options to secure liability tail coverage for residents and fellows impacted by closures of teaching hospitals, at no cost to the affected residents and fellows, including but not limited to residents and fellows impacted by the closure of Hahneman University Hospital. (Directive to take action)

**BOT Report 3**: Restriction on IMG Moonlighting

Resolved Clauses:

The Board recommends that our American Medical Association not adopt Resolution 204-I-18, “Restriction on IMG Moonlighting,” and that the remainder of the report be filed.

HOD Outcome:

*The Reference Committee heard mixed, but mostly positive testimony in favor of this BOT report and recommended ADOPTION. After extensive discussion within the RFS caucus and review of the BOT report, it was determined that advocacy for this issue might draw unwanted attention to the J1 Visa process and would not necessarily yield significant benefits, but that other measures should be considered and taken to support pathways to citizenship for foreign medical graduate physicians training and practicing within the US. This report was not extracted and was ADOPTED.*

Recommendations:

Based on existing materials in the RFS Digest of Actions and the direct policy developed that is now official AMA policy, the AMA-RFS Governing Council does not recommend changes to the AMA-RFS Digest of Actions based on this outcome. However, there are other considerations that can be made with regards to training and pathways to citizenship for foreign medical graduates that could be the subject of future policy presented to the RFS Assembly.

**221**: Safe Supervision of Complex Radiation Oncology Therapeutic Procedures

Resolved Clauses:

RESOLVED, That our American Medical Association advocate that radiation therapy services and hyperbaric oxygen services should be exempted from the Hospital Outpatient Prospective Payment System (HOPPS) rule requiring only general supervision of hospital therapeutic services; and be it further

RESOLVED, That our AMA advocate that direct supervision of hyperbaric oxygen therapy services by a physician trained in hyperbaric oxygen services should be required by the Centers for Medicare and Medicaid Services.

HOD Outcome:

*The Reference Committee recommended changes to the original language to include all specialties that provided radiation services and recommended ADOPT AS AMENDED. However, given concerns of unintended consequences of specifying the need for direct supervision for all radiation services, the resolution was extracted and several specialty groups agreed to remove the second Resolved clause. While the RFS did not speak to this, support was unanimous in the HOD and the recommended changes were consistent with the spirit of the original resolution. After these amendments were ratified, the resolution was ADOPTED AS AMENDED with CHANGE IN TITLE.*

**820**: Diagnostic Codes for E-Cigarette and Vaping Associated Illnesses

Resolved Clauses:

RESOLVED, That our AMA advocate for diagnostic coding systems including ICD codes to have a mechanism to release emergency codes for emergent diseases; and be it further

RESOLVED, That our AMA advocate for creation and release of ICD codes to include appropriate diagnosis codes for both the use of and toxicity related to e-cigarettes and vaping, including pulmonary toxicity.

HOD Outcome:

*The Reference Committee recommended no changes to the body of the resolution and only recommended a title change due to broadly positive testimony. This was not extracted as the resolution was ADOPTED WITH CHANGE IN TITLE.*

**909**: Decreasing the Use of Non-Prescription Oximetry Monitors for the Prevention of Sudden Unexplained Infant Death

Resolved Clauses:

RESOLVED, That our American Medical Association oppose the sale and use of non-prescription oximetry monitors, to prevent sudden unexplained infant death. (New HOD Policy)

HOD Outcome:

*The Reference Committee heard largely positive testimony due to inconsistency and unreliability of these monitors; however amendments were recommended to specify opposition to non-prescription oximetry monitors and changes were recommended to the title and body of the resolution. This resolution was not extracted and was thus ADOPTED AS AMENDED.*

**Summary of Recommendations**

*Recommendation 1*:

Your AMA-RFS Governing Council recommends the following internal policy position be added to the “Digest of Actions”:

*Physician Protection from Disruptive Patient Behaviors*

*RESOLVED that our AMA-RFS support protections being put in place for physicians, trainees, and facility personnel experiencing disrespectful, derogatory, or prejudiced behavior by patients.*

*Recommendation 2*:

Your AMA-RFS Governing Council recommends the following internal policy position be added to the “Digest of Actions”:

*Net Neutrality for Essential Healthcare Data and Public Health Information*

*RESOLVED that out AMA-RFS oppose internet data transmission practices that reduce market competition and access to accurate public health information in the health ecosystem.*

**Resident and Fellows Section Delegation**

The composition of the RFS delegation is listed below. Please note that substitutions are indicated in-line and ad hoc temporary alternate delegates are italicized. A special thanks to our reference committee team leaders, who helped lead the review of over 100 items of business. Their names will be bolded below.

Sectional Delegates:

**Ankit Agarwal**

**Mark Ard** (sub. Eudy Bosley)

Jacob Burns

Jessica Cho

Ellia Ciammaichella

Amber Clark (sub. Michelle Falcone)

Anupriya Dayal

**Caitlin Farrell** (sub. Grayson Armstrong)

Elisa Giusto (sub. Sarah Marsicek)

Laura Halpin

**Pratistha Koirala**

Valerie Lockhart

Jayme Looper (sub. Olutoyin Okanlawon)

Gunjan Malhotra (sub. Hans Arora)

Tani Malhotra

**Benjamin Meyer**

Helene Nepomuceno

Elizabeth Parker (sub. Michael Lubrano)

Scott Pasichow

Hunter Pattison

Erin Schwab

Luke Selby

Christiana Shoushtari

Megan Srinivas

John Trickett Jr (sub. Christopher Libby)

Monica Wood

Anna Yap

Brett Youngerman

Sectional Alternate Delegates:

*Afifa Adiba*

*Ariel Anderson*

*Vamsi Aribindi*

Nikesh Bajaj

*Jeffrey Birnbaum*

*Benjamin Bush*

*Ariel Carpenter*

Anne Chen

*Emily Cleveland*

*Richard Crawford*

*Rachel Ekaireb*

Greg Goldgof

Francis Mei Hardin

*Siri Holton*

*Jerome Jeevarajan*

*Frederic Jewett*

**Raymond Lorenzoni**

*Timothy Marcoux*

Michael Metzner

*Jose Mitjavila*

*Cassie Nankee*

Tim Parker

*Daniel Ricketti*

Danielle Rochlin

Karina Sanchez

*Sophia Spadafore*

Sophia Yang

This concludes the Delegate Report for I-19.

Sincerely,

Amar Kelkar, MD, Delegate

Christopher Libby, MD, Alternate Delegate