



**INTERNATIONAL MEDICAL GRADUATES SECTION
2019 INTERIM HOUSE OF DELEGATES MEETING
SUMMARY OF ACTIONS**

MANCHESTER GRAND HYATT – SAN DIEGO, CA

IMG SECTION (IMGS) AUTHORED RESOLUTIONS

I. Reference Committee B

Resolution 206 – Improvement of Healthcare Access in Underserved Areas by Retaining and Incentivizing IMG Physicians

Resolution 206 asked: 1) that our American Medical Association support efforts to expand opportunities to retain and incentivize international medical graduates after the expiration of allocated periods under current law serving in federally designated health professional shortage areas after the current allocated period;

and 2) that our AMA support efforts to increase the recruitment and retention of physicians practicing in federally designated health professional shortage areas (Directive to Take Action).

**HOD ACTION: Resolution 206 adopted as amended with change in title:
Improvement of Health Care Access in Underserved Areas.**

II. Reference Committee C

Resolution 307 – Implementation of Financial Education Curriculum for Medical Students and Physicians in Training

Resolution 307 asked the American Medical Association to work with relevant stakeholders to study the development of a curriculum during medical school and residency/fellowship training to educate them about the financial and business aspect of medicine. (Directive to Take Action):

CME Report 2 recommended that the following recommendation be adopted in lieu of Resolution 307-A-18 and the remainder of the report be filed.

1. That our American Medical Association (AMA) amend Policy H-295.924, "Future Directions for Socioeconomic Education," by addition and deletion to read as follows: "The AMA: (1) asks medical schools and residencies to encourage

that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review/quality assurance, is included in the curriculum; (2) asks medical schools and residencies to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented in didactic sessions and reinforced during clinical experiences, in both inpatient and ambulatory care settings, at educationally appropriate times during undergraduate and graduate medical education; and (3) will encourage representatives to the Liaison Committee on Medical Education (LCME) to ensure that survey teams pay close attention during the accreditation process to the degree to which 'socioeconomic' subjects are covered in the medical curriculum." (Modify Current HOD Policy)

HOD ACTION: Council on Medical Education Report 2 – Healthcare Finance in the Medical School Curriculum adopted in lieu of Resolution 307.

III. Reference Committee J

Resolution 805 – Fair Medication Pricing for Patients in U.S.: Advocating for a Global Pricing Standard

Resolution 805 asked: 1) the American Medical Association advocate for legislation to create an International Pricing Index that would track global medication prices for all prescription medications and keep U.S. medication costs aligned with prices paid in other countries to help control costs and reduce unreasonable patient financial barriers to treatment (Directive to Take Action); and

2) that the AMA advocate for legislation that would ensure that patients are charged fairly for prescription medications based on the International Pricing Index and that additional costs will not be arbitrarily assigned or passed onto patients. (Directive to Take Action)

Resolution 802 asked that the American Medical Association amend Policy H-110.987 by addition.

Pharmaceutical Costs, H-110.987

1. Our AMA encourages Federal Trade Commission (FTC) actions to limit anticompetitive behavior by pharmaceutical companies attempting to reduce competition from generic manufacturers through manipulation of patent protections and abuse of regulatory exclusivity incentives.
2. Our AMA encourages Congress, the FTC and the Department of Health and Human Services to monitor and evaluate the utilization and impact of controlled

distribution channels for prescription pharmaceuticals on patient access and market competition.

3. Our AMA will monitor the impact of mergers and acquisitions in the pharmaceutical industry.

4. Our AMA will continue to monitor and support an appropriate balance between incentives based on appropriate safeguards for innovation on the one hand and efforts to reduce regulatory and statutory barriers to competition as part of the patent system.

5. Our AMA encourages prescription drug price and cost transparency among pharmaceutical companies, pharmacy benefit managers and health insurance companies.

6. Our AMA supports legislation to require generic drug manufacturers to pay an additional rebate to state Medicaid programs if the price of a generic drug rises faster than inflation.

7. Our AMA supports legislation to shorten the exclusivity period for biologics.

8. Our AMA will convene a task force of appropriate AMA Councils, state medical societies and national medical specialty societies to develop principles to guide advocacy and grassroots efforts aimed at addressing pharmaceutical costs

9. Our AMA will generate an advocacy campaign to engage physicians and patients in local and national advocacy initiatives that bring attention to the rising price of prescription drugs and help to put forward solutions to make prescription drugs more affordable for all patients.

10. Our AMA supports: (a) drug price transparency legislation that requires 8 pharmaceutical manufacturers to provide public notice before increasing the price of any drug (generic, brand, or specialty) by 10% or more each year or per course of treatment and provide justification for the price increase; (b) legislation that authorizes the Attorney General and/or the Federal Trade Commission to take legal action to address price gouging by pharmaceutical manufacturers and increase access to affordable drugs for patients; and (c) the expedited review of generic drug applications and prioritizing review of such applications when there is a drug shortage, no available comparable generic drug, or a price increase of 10% or more each year or per course of treatment.

11. Our AMA advocates for policies that prohibit price gouging on prescription medications when there are no justifiable factors or data to support the price increase.

12. Our AMA will provide assistance upon request to state medical associations in support of state legislative and regulatory efforts addressing drug price and cost transparency.

13. Our AMA supports legislation to shorten the exclusivity period for FDA pharmaceutical products where manufacturers engage in anti-competitive behaviors or unwarranted price escalations.

14. Our AMA will support trial programs using international reference pricing for pharmaceuticals as an alternative drug reimbursement model for Medicare, Medicaid, and/or any other federally funded health insurance programs, either as an individual solution or in conjunction with other approaches. (Modify Current HOD)

HOD ACTION: Council on Medical Service Report 4 – Mechanisms to Address High and Escalating Pharmaceutical Prices adopted in lieu of Resolution 802 – Ensuring Fair Pricing of Drugs Developed with the U.S. Government and IMG Resolution 805 - Fair Medication Pricing for Patients in U.S.: Advocating for a Global Pricing Standard.

IV. HOD Reports/Resolutions of Interest

A. Resolution 304 – Issues with the Match, the National Residency Matching Program

Resolution 304 asked:

- 1) That our American Medical Association redouble its efforts to promote an increase in residency program positions in the U.S. (Directive to Take Action);
- 2) That our AMA assign an appropriate AMA committee or committees to: Study the issue of why residency positions have not kept pace with the changing physician supply and investigate what novel residency programs have been successful across the country in expanding positions both traditionally and nontraditionally. Seek to determine what causes a failure to match and better understand what strategies are most effective in increasing the chances of a successful match, especially after a prior failure. The committee(s) would rely upon the BNRMP (Board of the National Residency Matching Program) to provide some of this information through surveys, questionnaires and other means. Valid data would be valuable to medical students who seek to improve their chances of success in The Match. Report back to the AMA HOD with findings and recommendations (Directive to Take Action);
- 3) Because SOAP (Supplemental Offer and Acceptance Program) failed to adequately serve some physicians seeking to match this year, that our AMA support the option to allow individuals participating in one future Match at no cost (Directive to Take Action); and
- 4) That in order to understand the cost of The Match and identify possible savings, our AMA encourage the Board of the National Residency Matching Program to: 1. Conduct an independent and fully transparent audit of SOAP (Supplemental Offer and Acceptance Program) to identify opportunities for savings, with the goal of lowering the financial burden on medical students and new physicians 2. Actively promote success for those participating in The Match by better explaining and identifying those issues that interfere with the successful match and to offer strategies to mitigate those issues. This information can be disseminated through the

program website and through services such as its “Help” and “Q&A” links, and also through the AMA. (Directive to Take Action)

HOD ACTION: Resolution 304 referred.

B. Resolution 306 – Financial Burden of USMLE Step 2 CS on Medical Students

Resolution 306 asked that our American Medical Association work with the Federation of State Medical Boards/United States Medical Licensing Examination (USMLE) to reduce the cost of the USMLE Step 2 CS exam and allow medical students to take this exam locally to defray unnecessary expenses. (Directive to Take Action)

HOD ACTION: AMA HOD Policy, D-295.988 – Clinical Skills Assessment During Medical School, reaffirmed in lieu of Resolution 306.

C. Resolution 308 – Study Expediting Entry of Qualified IMG Physicians to U.S. Medical Practice

Resolution 308 asked that our American Medical Association study and make recommendations for the best means for evaluating, credentialing and expediting entry of competently trained international medical graduate (IMG) physicians of all specialties into medical practice in the USA. (Directive to Take Action)

HOD ACTION: Resolution 308 adopted.

D. Board of Trustees Report 1 – Legalization of the Deferred Action for Legal Childhood Arrival (DACA) (IMGS Resolution 205-I-18)

Board of Trustees Report 1 recommended that our AMA amend Policy D-255.979, “Permanent Residence Status for Physicians on H1-B Visas,” by addition to read as follows, in lieu of Resolution 205-I-18 and that the remainder of the report be filed: Our AMA will work with all relevant stakeholders to: 1) clear the backlog for conversion from H1-B visas for physicians to permanent resident status, and 2) allow the children of H-1B visa holders, who have aged out of the H-4 non-immigrant classification, to remain in the U.S. legally while their parents’ green card applications are pending. (Modify Current HOD Policy)

HOD ACTION: Board of Trustees Report 1 adopted.

E. Board of Trustees Report 3 - Restriction on IMG Moonlighting (Resolution 205 I-18)

Resolution 204 asked that our American Medical Association advocate for changes to federal legislation allowing physicians with a J-1 visa in fellowship training programs the ability to moonlight. (New HOD Policy)

Board of Trustees Report 3 recommended 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 ACTION: Recommendation in Board of Trustees Report 3 adopted and the remainder of the Report be filed.

F. Council on Medical Education Report 1 – For-Profit Medical Schools or Colleges

CME Report 1 through its Council on Medical Education, recommended the AMA continue to monitor the development of for-profit medical schools, both allopathic and osteopathic, and report back to the House of Delegates as needed.

HOD ACTION: Informational Report - CME Report 1 filed.

G. Council on Medical Education Report 2 – Healthcare Finance in the Medical School Curriculum (Resolution 307-A-18)

CME Report 2 recommended that the following be adopted in lieu of Resolution 307-A-18 and the remainder of the report be filed.

1. That our American Medical Association (AMA) amend Policy H-295.924, “Future Directions for Socioeconomic Education,” by addition and deletion to read as follows:

“The AMA: (1) asks medical schools and residencies to encourage that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review/quality assurance, is included in the curriculum;

(2) asks medical schools and residencies to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented in didactic sessions and reinforced during clinical experiences, in both inpatient and ambulatory care settings, at educationally appropriate times during undergraduate and graduate medical education; and

(3) will encourage representatives to the Liaison Committee on Medical Education (LCME) to ensure that survey teams pay close attention during the accreditation process to the degree to which ‘socioeconomic’ subjects are covered in the medical curriculum.” (Modify Current HOD Policy)

HOD ACTION: CME Report 2 adopted in lieu of IMG Section Resolution 307 – Implementation of Financial Education Curriculum for Medical Students and Physicians in Training.

H. Council on Medical Education Report 4 – Board Certification Changes Impact Access to Addiction Medicine Specialists (Resolution 314 – A-18)

CME Report 4 recommended amendment by addition of a third and fourth Recommendation, to read as follows:

That our AMA recognize the American Osteopathic Association Bureau of Osteopathic Specialists for developing and providing a pathway for all qualified physicians to obtain subspecialty certification in addiction medicine, in order to improve access to care for patients with substance use disorder.
(Directive to Take Action)

Fourth Recommendation:

That our AMA recognize the American Osteopathic Association (AOA) for developing and providing a pathway for qualified physicians (DOs and MDs) with an active primary AOA board certification in any specialty to obtain subspecialty certification in Addiction Medicine, in order to improve access to care for patients with substance use disorder.
(Directive to Take Action)

HOD ACTION: Recommendations in CME Report 4 adopted as amended and the remainder of the report filed.

I. Council on Medical Education Report 5 – The Transition from Undergraduate Medical Education (UME) to Graduate Medical Education (GME)

The AMA has taken a lead role in improving and easing the transition from UME to GME for learners, program directors, and patients alike. The process has a wide array of variables and stakeholders.

Through its Council on Medical Education and its ability to convene key stakeholders involved in medical education, the AMA will continue working to ensure that new residents are ready to undertake the rigors of residency from day one and learn (under supervision) how to serve their patients, from both an individual and a population perspective.

HOD ACTION: Informational CME Report 5 filed.

J. Council on Medical Education Report 6 – Veterans Health Administration Funding of Graduate Medical Education

The Council on Medical Education Report 6 recommended 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 any programs~~ where the expectation for 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)

HOD ACTION: Recommendations in CME Report 6 adopted as amended and the remainder of the report filed.