

Introduced by: RFS Delegate

Subject: Sunset Mechanism 2008-2010 RFS Positions

At the 1985 Interim Meeting, the American Medical Association-Resident and Fellow Section (AMA-RFS) Assembly adopted a report entitled, "Sunset of AMA-RFS Policy." This report established a mechanism to systematically review AMA-RFS actions ten years after their adoption and identify and rescind outmoded, irrelevant, duplicative, or inconsistent actions. These actions are and will continue to be catalogued in the AMA-RFS "Digest of Actions". As of A-19, the amended IOPs specify that an informational report be prepared for review at the Interim Meeting, with final recommendations to be considered for action at the Annual Meeting.

Due to a change in standards of nomenclature in the updated IOPs, all resolutions archived in the Digest of Actions shall state "Our AMA-RFS" and shall henceforth be referred to as "internal position statements." The appendix of this report contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2011 fiscal year, as well as other relevant or associated outdated positions. Positions considered outmoded, irrelevant, duplicative and inconsistent with more current positions will have specific recommendations. For each internal position statement under review, this sunset report recommends to: (1) rescind, (2) reaffirm, (3) reconcile with more recent actions, or (4) reaffirm with editorial changes, which constitutes a first order motion. A succinct justification for each recommendation will be provided. Due to the IOP change, all existing statements not up for review on the sunset calendar, or that do not require reconciliation, will be updated with editorial changes in the Digest of Actions, but will not be reset on the sunset calendar and are not included in the appendix of this report.

Each individual item may be extracted from the report to be discussed by the General Assembly, but only in the frame of adopting or not adopting the original recommendation as additional amendments will not be allowed from the floor. Any action that retains or updates an item resets the sunset timeline. Defeated sunset recommendations extend the item for one year, to be reconsidered in the next academic year.

This information is presented to the Assembly at this November 2020 Interim Meeting in the form of an informational report to allow ample time for delegates to consider these initial recommendations. In order for the sunset mechanism to operate efficiently, it is important that each representative review the report now.

If a delegate disagrees with the recommendation, that delegate will have sufficient time between reading the informational sunset report which is presented to the Assembly and the final report to draft a new resolution. This allows time for new resolutions to be submitted this meeting to compensate for well-intentioned actions that should be rescinded because they are outmoded. Any new resolution or resolved clauses must stand on its own independent of the sunset report.

APPENDIX I RECOMMENDED ACTIONS ON 2008-2010 RFS POSITIONS

Policy No.	Title	Text	Recommendation
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AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: A (I-20)
Page 2 of 8

80.002R	Prescription Drug Shortages, A National Emergency	That our AMA-RFS acknowledge the critical issue of medicine shortages in the United States and support legislative efforts to address these issues. (Resolution 2, I-11)	Reaffirm.
120.001R	U.S. Farm Subsidies	That our AMA-RFS support reform and updates to the US Farm Bill including redirecting subsidies in the US Farm Bill that perpetuate calorie-dense, nutrition-poor products toward programs aimed at combating obesity. (Resolution 1, I-11)	Reaffirm.
130.001R	Opting Out of Health Information Exchanges	That our AMA include in its current ongoing study of health information exchanges, concern for potential risks to patient privacy and safeguards against compromise of patient information. (Resolution 3, I-11)	Rescind. This study was already accomplished
160.003R	Individual Responsibility to Participate in Insurance Coverage	That our AMA-RFS support: (1) policies that include personal responsibility to participate in private insurance risk pooling arrangements including financial disincentives (penalties) on persons who choose to forgo coverage until they are sick, (2) that an individual responsibility requirement is necessary to preserve an effective private insurance risk-pool, and (3) support working with stakeholders to explore all options, consistent with the goal of assuring that all Americans have access to health insurance coverage without regard to health status, especially in the event that individual responsibility requirements are overturned by court decisions. (Resolution 3, A-11)	Reaffirm.
180.002R	Hospital Emergency Codes on ID Badges	That our AMA-RFS support the implementation of mandatory cards containing hospital emergency paging codes be included with the identification badge. (Resolution 2, A-11)	Reaffirm.
260.002R	Health Policy Education in Medical School and Residency	That our AMA-RFS support developing and incorporating health policy curriculum into medical school, residency, and fellowship training that is based on a list of core topics integral to the fundamental understanding of health policy. (Resolution 5, I-11) (Reaffirmed Resolution 8, A-12)	Reaffirm with editorial changes.
260.003R	NRMP All-In Policy	That our AMA-RFS does not support the current "All-In" policy for the Main Residency Match to the extent that it eliminates flexibility within the match process. Also asked that the AMA work with the NRMP, and other external bodies support the AMA and NRMP working (1) to revise match policy, including the secondary match or scramble process to create more	Reconcile. Part 1 is already covered in part by 260.019

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: A (I-20)
Page 3 of 8

		standardized rules for all candidates and (2) to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicants. (Report F, A-11)	
260.004R	Value of Autopsy	That our AMA-RFS supports: (1) that the autopsy continues to be a valuable tool for quality assurance, medical education, determination of cause of death, and accurate reporting of vital statistics, and (2) supports working with the Liaison Committee on Medical Education to encourage all medical schools to include greater exposure to autopsy education as part of the medical school curriculum including methods of communication with families, education on autopsy technique, and facilitating opportunities to witness a postmortem autopsy. (Resolution 5, A-11)	Rescind (addressed in I-11 Report G - 294.004R).
260.005R	Deficiency in Education Related to Autopsy	That our AMA-RFS support studying: (1) areas of deficiency in education relating to autopsy in medical school and residency, in order to identify key interventions in medical education that will have the largest impact in increasing autopsy rates, including, but not limited to, mandating participation in an autopsy during medical school and multiple educational sessions about autopsies for residents, and (2) potential legislative barriers to autopsy and potential efforts to improve autopsy rates. (Resolution 6, A-11)	Rescind (addressed in I-11 Report G - 294.004R).
280.002R	Making GME Financing and Reform a Priority for AMA	That our AMA-RFS support: (1) that funding for and distribution of positions for graduate medical education (GME) are in crisis in the United States and that meaningful and comprehensive reform is urgently needed; (2) expanding medical residencies in a balanced fashion based on expected specialty needs throughout our nation to produce a geographically distributed and appropriately sized physician workforce; and (3) making increasing support and funding for GME programs and residencies a top priority of the AMA in its national political agenda. (Resolution 6, I-11)	Reaffirm.
280.015R	Graduate Medical Education Funding	That our AMA-RFS support: (1) monitoring and reporting on Medicare Graduate Medical Education funding; and (2) publicizing and educating trainees on the issue of Medicare GME funding. (Report E, I-91) (Reaffirmed	Reaffirm.

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: A (I-20)
Page 4 of 8

		Report C, I-01) [See also: AMA Policy H-305.956] (Reaffirmed Report D, I-16)	
280.016R	GME Financing	That our AMA-RFS oppose reductions of Medicare funding for graduate medical education. (Substitute Resolution 12, A-91) (Reaffirmed Report C, I-01) [See also: AMA Policy H-305.956] (Reaffirmed Report D, I-16)	Reaffirm.
281.008R	Student Loan Interest Deduction	That our AMA-RFS support: (1) student loan tax relief, and (2) expanding the tax deductibility of student loan interest. (Substitute Resolution 7, A-01) (Reaffirmed Report D, I-16)	Reaffirm.
281.009R	Deferment Period for U.S. Medical School Graduates' Subsidized Federal Stafford Loans	That the AMA-RFS support: (1) expanding economic hardship deferment provisions for trainees for the duration of their postgraduate training; and (2) developing legislation to expand economic hardship deferment provisions for resident and fellow physicians. (Substitute Resolution 1, A-01) (Reaffirmed Report D, I-16)	Reaffirm.
291.007R	Preserving the Opportunity to Moonlight	That our AMA-RFS support working with appropriate stakeholders including the ACGME, the AOA, and GME programs to discourage denying resident and fellow physicians the opportunity for internal and external moonlighting that complies with current training standards. (Resolution 4, I-11)	Reaffirm.
292.007R	Evaluations and Consultations for Use in Grievance Procedures	That our AMA-RFS: (1) ask the AMA's Council on Ethical and Judicial Affairs to develop guidelines for residency programs regarding the procedures by which a residency program can terminate or dismiss a resident; and (2) publicize current CEJA opinions that relate to residency termination hearings. (Report J, I-97) (Reaffirmed Report D, I-16)	Rescind, but recommend resubmission with guideline recommendations or request for a CME report or joint CME/CEJA report. This could build on existing AMA policy (Due Process H-295.998, Alternatives to the Federation of State Medical Boards Recommendations on Licensure H-275.934)
291.021R	Residency Housestaff Leave Requirements	That our AMA-RFS support medical specialty boards adopting the AMA model for residency leave requirements and that this information be provided by residency programs to residents at the time of application for training. (Report E, I-01) (Reaffirmed Report D, I-16)	Reaffirm.
294.004R	Report on the Deficiency in Medical Education Relating to Autopsy	That our AMA-RFS support: (1) working with all relevant organizations to advocate for participation in an autopsy during medical school or residency training and to overcome legislative and other barriers to improving autopsy rates; and (2) working with all relevant parties to develop a standard a model curriculum or teaching module on	Reaffirm with editorial changes.

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: A (I-20)
Page 5 of 8

		discussion of autopsy, obtaining consent, and autopsy results as part of a patient care specialty. (Report G, I-11)	
294.008R	Membership List Access	That our AMA-RFS: (1) support working closely with the National Resident Match Program (NRMP) to explore faster delivery of the NRMP match list to the AMA; (2) support the AMA reviewing its internal processing of the National Resident Match Program match list in order to improve delivery time to interested parties; and (3) support working with state societies to ensure data license agreements and contact information are up-to-date. (Report H, A-05) (Reaffirmed Report E, A-16)	Rescind due to obsolete policy and covered by 294.009.
295.001R	Transparency in Consumer Communications	That our AMA-RFS support: (1) an Federal Trade Commission (FTC) investigation of whether advertising which refers to certain "board certifications" is false and misleading under the FTCA and FTC regulations when it refers to boards that are so-called "knock-off boards," (i.e. those which have weak certification standards and give the false appearance of certification by a competent certifying body); and (2) language from section 4(a) of the current AMA Truth in Advertising Campaign model bill being added to current legislation on health care transparency. (Resolution 9, I-11)	Reaffirm.
295.003R	Publishing Evaluations of Residency Programs	That our AMA-RFS: (1) support asking the ACGME to publish the accreditation letter sent to each program reviewed by an RRC that includes the length of approved accreditation and the programs strengths and weaknesses, and response prepared by the program to the accreditation letter; (2) ensure that accreditation actions are presented in an accessible and understandable format on AMA FREIDA; and (3) support the AMA request to the ACGME to require anonymous surveys of residents. (Report G, A-00) (Reaffirmed Report C, I-10)	Reaffirm.
300.004R	HHS Changes to Medical Privacy Regulation	That our AMA-RFS support the current efforts of the AMA in addressing the issue of privacy regulations. (Report H, I-02) (Reaffirmed Report D, I-16)	Rescind due to outdated policy.
340.002R	Cumulative Radiation Exposure	That our AMA-RFS support: (1) current FDA policy including safe use of medical imaging devices, informed clinical decision making, and increasing patient awareness; (2) working with all relevant parties to advocate for inclusion of an individual registry containing the patient's	Reaffirm.

		historical (test and procedure-based) cumulative radiation dose, as well as research the fiscal impact such a registry would incur; (3) the continued development and use of standardized electronic medical record (EMR) systems that will help physicians track the number of imaging procedures a patient is receiving and that will help physicians discuss the potential dangers of high level of radiation exposure with patients; and (4) initiatives to increase awareness of ionizing radiation exposure from medical imaging and practices that lower radiation exposure from medical imaging, such as the "Image Wisely" "Image Gently" Campaigns. (Resolution 10 and Report E, A-11)	
360.001R	Removing Barriers to Organ Donation	That our AMA-RFS support the AMA working with legislators to remove financial barriers to living organ donation to pass laws which include: (1) provisions for expenses involved in the donation incurred by the organ donor, (2) providing access to health care coverage for any medical expense or disability related to the donation, (3) prohibiting employment discrimination on the basis of living donor status, and (4) prohibiting the use of living donor status as the sole basis for denying health and life insurance coverage. (Resolution 4, A-11)	Reaffirm.
370.001R	Reimbursement for Phone Consultations	That our AMA-RFS support working with relevant parties to create a method of billing and reimbursement for phone consultations. (Report F, I-11)	Reaffirm.
380.001R	The Disruptive Physician	That our AMA-RFS support: (1) identifying and studying behavior by physicians that is disruptive to high quality patient care; and (2) defining the term "disruptive physician" and disseminating guidelines for managing the disruptive physician. (Report H, I-98) (Reaffirmed Report D, I-16)	Rescind – outdated terminology and completed.
380.002R	Independent Practice of Medicine	That our AMA-RFS support: (1) working at the local, state, and federal levels of government, through both legislation and regulation, to prevent the independent practice of medicine by mid-level health care providers, as medicine should only be practiced by a fully licensed physician qualified by reason of education, training, and experience in such practice; and (2) working toward regulation and legislation that create reimbursement models do not	Reaffirm.

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: A (I-20)
Page 7 of 8

		reimburse mid-level providers at the same rates as physicians. (Resolution 8, A-11)	
380.003R	Proper Identification of Health Care Providers	That our AMA-RFS support state medical boards and state medical societies in adopting advisory opinions and advancing legislation requiring all healthcare providers to clearly identify their credentials to patients. (Resolution 9, A-11)	Reaffirm.
380.009R	Part-Time Malpractice Insurance	That our AMA-RFS oppose endorse policies that support investigation of the validity of inappropriate use of reduced premiums for part-time physicians. (Substitute Resolution 4, I-01) (Reaffirmed Report D, I-16)	Reaffirm with editorial changes.
390.001R	Teenage Pregnancy Prevention	That our AMA-RFS support the AMA: (1) providing testimony to Congress; and (2) actively supporting funding that provides reproductive preventative screenings and family planning services which are an essential part of women's health services and vital for unintended pregnancy prevention. (Resolution 7, A-11)	Rescind (addressed in 390.008R and 390.009R).
390.013R	Support for Medicare Disability Coverage of Contraception for Women of Reproductive Age	That our AMA-RFS support CMS providing coverage for all FDA-approved contraception for reproductive aged women covered by Medicare disability insurance.	Reaffirm.
410.007R	Tuberculosis Screening for Temporary Nonimmigrants	That the AMA-RFS support the efforts of the AMA Council on Scientific Affairs in addressing the issue of tuberculosis screening for non-immigrant visitors. (Report E, I-02) (Reaffirmed Report D, I-16)	Rescind due to outdated policy, as the Council has been renamed and is now AMA policy (Multiple-Drug Resistant Tuberculosis - A Multifaceted Problem H-440.938).
410.010R	Mercury Exposure and the Reduction of Fish Consumption	That our AMA-RFS support the FDA's efforts to educate consumers about mercury exposure from fish consumption. (Substitute Resolution 5, A-01) (Reaffirmed Report D, I-16)	Reaffirm.
410.011R	Impact of Biodiversity Loss on Human Health	That our AMA-RFS support legislation that protects biodiversity for the purpose of benefiting human health, especially in terms of the development of drugs and biologicals to treat diseases. (Substitute Resolution 4, A-01) (Reaffirmed Report D, I-16)	Reaffirm.
500.004R	AMA Annual Meeting Schedule	That our AMA-RFS advocate for the AMA to change its House of Delegates Annual Meetings so that they take place prior to the last two weeks of June. (Resolution 16, A-91) (Reaffirmed Report	Rescind due to advocacy goals being achieved.

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: A (I-20)
Page 8 of 8

		C, I-01) (Reaffirmed Report D, I-16)	
500.006R	Waste Reduction and Fiscal Responsibility	That our AMA-RFS support the AMA reducing wastage whenever possible through reduction or elimination of the distribution of expendable supplies, such as notebook binders and stationery, to members of the Board, Councils, and Committees. (Resolution 46, A-90) (Reaffirmed Report C, I-00) (Reaffirmed Report C, I-10) [See also: AMA Policy H-530.984]	Reaffirm.
500.008R	AMA Interim Meeting: Shorten by One Day	That our AMA-RFS support the AMA continuing to explore meeting scheduling adjustments in consultation with fixed sections in order to preserve their ability to conduct business. (Resolution 9, A-12)	Rescind due to advocacy goals being achieved.
500.010R	Policy-making Meetings for MSS and RFS	That our AMA-RFS support one policy making meeting per year for the AMA-HOD. (Emergency Resolution 1, A-13)	Rescind due to no longer being an advocacy goal of the RFS.