DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its June 2021 Special Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES
(J-21 Special Meeting)

Report of Reference Committee [C]

Tracey L. Henry, MD, MPH, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Medical Education Report 1 – Council on Medical Education Sunset Review of 2011 House Policies
2. Council on Medical Education Report 3 – Optimizing Match Outcomes (Resolution 304-I-19)
3. Council on Medical Education Report 4 – Study Expediting Entry of Qualified IMG Physicians to US Medical Practice

RECOMMENDED FOR ADOPTION AS AMENDED

4. Council on Medical Education Report 2 – Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses (Resolution 311-A-19)
5. Council on Medical Education Report 5 – Promising Practices Among Pathway Programs to Increase Diversity in Medicine
6. Resolution 305 – Non-Physician Post-Graduate Medical Training
7. Resolution 309 – Supporting GME Program Child Care Consideration During Residency Training
8. Resolution 310 – Unreasonable Fees Charged and Inaccuracies by the American Board of Internal Medicine (ABIM)
9. Resolution 318 – The Impact of Private Equity on Medical Training
10. Resolution 319 – The Effect of the COVID-19 Pandemic on Graduate Medical Education

RECOMMENDED FOR REFERRAL

11. Resolution 304 – Decreasing Financial Burdens on Residents and Fellows
12. Resolution 314 – Standard Procedure for Accommodations in USMLE and NBME Exams

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

13. Resolution 308 – Rescind USMLE Step 2 CS and COMLEX Level 2 PE Examination Requirement for Medical Licensure
14. Resolution 311 – Student Loan Forgiveness

Amendments

If you wish to propose an amendment to an item of business, click here:
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RECOMMENDED FOR ADOPTION

(1) COUNCIL ON MEDICAL EDUCATION REPORT 1 – COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW OF 2011 HOUSE POLICIES

RECOMMENDATION:

The Recommendation in Council on Medical Education Report 1 be adopted and the remainder of the report be filed, with the exception of H-260.978, "Salary Equity for Laboratory Personnel," which is reaffirmed.

HOD ACTION: Council on Medical Education Report 1 adopted and the remainder of the report filed, with the exception of H-260.978, "Salary Equity for Laboratory Personnel," which is reaffirmed.

The Council on Medical Education recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action)

Your Reference Committee heard limited, supportive testimony on this item. Testimony from the Pathology Section Council requested that H-260.978, "Salary Equity for Laboratory Personnel," be reaffirmed rather than rescinded. Particularly during the COVID-19 pandemic, the increased need for laboratory testing underscores the need for highly skilled lab personnel who develop and run these tests is critical to maintaining equitable access to timely, accurate lab results needed both by our care teams and our patients. The Council on Medical Education agreed with the amendment, as does your Reference Committee, which therefore recommends that Council on Medical Education Report 1 be adopted as drafted, with the exception of H-269.978, which is to be reaffirmed.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 3 – OPTIMIZING MATCH OUTCOMES (RESOLUTION 304-I-19)

RECOMMENDATION:

Recommendations in Council on Medical Education Report 3 be adopted and the remainder of the report be filed.

HOD ACTION: Council on Medical Education Report 3 adopted and the remainder of the report filed.

1. That our AMA reaffirm Policies D-310.977, "National Resident Matching Program Reform," H-200.954, "US Physician Shortage," and D-305.967, "The Preservation,

Stability and Expansion of Full Funding for Graduate Medical Education." (Reaffirm HOD Policy)

2. That our AMA encourage the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, National Resident Matching Program, and other key stakeholders to jointly create a no-fee, easily accessible clearinghouse of reliable and valid advice and tools for residency program applicants seeking cost-effective methods for applying to and successfully matching into residency. (Directive to Take Action)

Your Reference Committee received supportive testimony in favor of adoption of this item, including online testimony posted by the Academic Physicians Section, Resident and Fellow Section, and Medical Student Section. As noted in the second recommendation of the report, creation of a clearinghouse to assist applicants applying for residency programs will help transparency and simplicity in the Match process and serve to decrease the financial burden and other barriers to a successful match. This report also highlights our AMA's advocacy and leadership on this issue (through the Coalition for Physician Accountability and other organizations) and our efforts to continue to change and improve the Match. For these reasons, your Reference Committee recommends adoption of Council on Medical Education Report 3.

(3) COUNCIL ON MEDICAL EDUCATION REPORT 4 – STUDY EXPEDITING ENTRY OF QUALIFIED IMG PHYSICIANS TO US MEDICAL PRACTICE

RECOMMENDATION:

Recommendations in Council on Medical Education Report 4 be <u>adopted</u> and the remainder of the report be <u>filed</u>.

HOD ACTION: Council on Medical Education Report 4 <u>adopted</u> and the remainder of the report <u>filed</u>.

1. That American Medical Association (AMA) Policy D-255.980 (1), "Impact of Immigration Barriers on the Nation's Health," that reads, "Our AMA recognizes the valuable contributions and affirms our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine" be reaffirmed. (Reaffirm HOD Policy)

2. That our AMA encourage states to study existing strategies to improve policies and processes to assist IMGs with credentialing and licensure to enable them to care for patients in underserved areas. (Directive to Take Action)

3. That our AMA encourage the Federation of State Medical Boards and state medical boards to evaluate the progress of programs aimed at reducing barriers to licensure—including successes, failures, and barriers to implementation. (Directive to Take Action)

4. That Policy D-255.978, “Study Expediting Entry of Qualified IMG Physicians to US Medical Practice,” be rescinded, as having been fulfilled by this report. (Rescind HOD Policy)

Your Reference Committee received supportive testimony in favor of adoption of this item, including online testimony posted by the Academic Physicians Section and the International Medical Graduates Section. Proposed and enacted state licensure and credentialing models, such as those described in the report, may enable physicians to be quickly credentialed and licensed so that they may help address national or international pandemics or state/ regional medical emergencies. Additionally, the state models presented may support additional states’ efforts to assist international medical graduates with credentialing and licensure. For these reasons, your Reference Committee recommends adoption of Council on Medical Education Report 4.

RECOMMENDED FOR ADOPTION AS AMENDED

(4) COUNCIL ON MEDICAL EDUCATION REPORT 2 – LICENSURE FOR INTERNATIONAL MEDICAL GRADUATES PRACTICING IN U.S. INSTITUTIONS WITH RESTRICTED MEDICAL LICENSES (RESOLUTION 311-A-19)

RECOMMENDATION A:

Recommendation 1 in Council on Medical Education Report 2 be amended by addition and deletion, to read as follows:

1. That our American Medical Association (AMA) advocate that qualified international medical graduates have a pathway for licensure by encouraging ~~encourage~~ state medical licensing boards and the member boards of the American Board of Medical Specialties to develop criteria that allow 1) completion of medical school and residency training outside the U.S., 2) extensive U.S. medical practice, and 3) evidence of good standing within the local medical community to serve as a substitute for U.S. graduate medical education requirement for physicians seeking full unrestricted licensure and board certification. (Directive to Take Action)

RECOMMENDATION B:

Recommendations in Council on Medical Education Report 2 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Council on Medical Education Report 2 adopted as amended and the remainder of the report filed.

1. That our American Medical Association (AMA) encourage state medical licensing boards and the member boards of the American Board of Medical Specialties to develop criteria that allow 1) completion of medical school and residency training outside the U.S., 2) extensive U.S. medical practice, and 3) evidence of good standing within the local medical community to serve as a substitute for U.S. graduate medical education requirement for physicians seeking full unrestricted licensure and board certification. (Directive to Take Action)

2. That our AMA amend Policy H-255.988 (12), "AMA Principles on International Medical Graduates," by addition to read as follows:

Our AMA supports …12. The requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement: 1) completion of medical school and residency training outside the U.S., 2) extensive U.S. medical practice, and 3) evidence of good standing within the local medical community. (Modify Current HOD Policy)

3. That our AMA amend Policy H-275.934 (2), "Alternatives to the Federation of State Medical Boards Recommendations on Licensure," by addition to read as follows:

2. All applicants for full and unrestricted licensure, whether graduates of U.S. medical schools or international medical graduates, must have completed one year of accredited graduate medical education (GME) in the U.S., have passed all state-required licensing examinations (USMLE or COMLEX USA), and must be certified by their residency program director as ready to advance to the next year of GME and to obtain a full and unrestricted license to practice medicine. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement for completing one year of accredited GME in the U.S.: 1) completion of medical school and residency training outside the U.S., 2) extensive U.S. medical practice, and 3) evidence of good standing within the local medical community. (Modify Current HOD Policy)

4. That our AMA amend Policy H-160.949 (6), "Practicing Medicine by Non-Physicians," by addition and deletion to read as follows:

Our AMA … (6) opposes special licensing pathways for "assistant physicians" (i.e., those who are not currently enrolled in an Accreditation Council for Graduate Medical Education ~~of American Osteopathic Association~~ training program, or have not completed at least one year of accredited ~~post-~~graduate ~~US~~ medical education in the U.S). (Modify Current HOD Policy)

5. That our AMA amend Policy H-275.978 (5), "Medical Licensure," by addition to read as follows:

Our AMA … (5) urges those licensing boards that have not done so to develop regulations permitting the issuance of special purpose licenses, with the exception of special licensing pathways for "assistant physicians." It is recommended that these regulations permit special purpose licensure with the minimum of educational requirements consistent with protecting the health, safety and welfare of the public; (Modify Current HOD Policy)

Your Reference Committee heard testimony in support of this report and its recognition of the needs and dedication of international medical graduates (IMGs). Regarding the first recommendation of the report, testimony noted concern for how "good standing" is being defined; however, your Reference Committee believes it will be addressed in the development of the criteria requested in this report. Testimony also questioned the meaning of "extensive U.S. medical practice" if an IMG is without a license or board certification. Therefore, your Reference Committee has offered amended language of the first recommendation "…to advocate that qualified international medical graduates have a pathway for licensure…". Your Reference Committee recommends that Council on Medical Education Report 2 be adopted as amended.

(5) COUNCIL ON MEDICAL EDUCATION REPORT 5 – PROMISING PRACTICES AMONG PATHWAY PROGRAMS TO INCREASE DIVERSITY IN MEDICINE

RECOMMENDATION A:

Recommendation 1 in Council on Medical Education Report 5 be amended by addition and deletion, to read as follows:

1. That our AMA recognize some people have been historically underrepresented, excluded from, and marginalized in medical education and medicine because of their race, ethnicity, disability status, sexual orientation, ~~and~~ gender identity, socioeconomic origin, and rurality, due to ~~structural~~ racism and other systems of ~~oppression~~exclusion and discrimination. (New HOD Policy)

RECOMMENDATION B:

Alternate Recommendation 5 in Council on Medical Education Report 5 be adopted in lieu of Recommendation 5, to read as follows:

5. That our AMA amend Policy H-200.951, Strategies for Enhancing Diversity in the Physician Workforce by addition and deletion to read as follows:

Our AMA (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, ~~gender~~disability status, sexual orientation, /gender identity, socioeconomic origin, and rurality ~~persons with disabilities~~; (2) commends the Institute of Medicine (now known as the National Academies of Sciences, Engineering, and Medicine) for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; ~~and~~ (3) encourages the development of evidence-informed programs to build role models among academic leadership and faculty for the mentorship of students, residents, and fellows underrepresented in medicine and in specific specialties; (4) encourages physicians to engage in their communities to guide, support, and mentor high school and undergraduate students with a calling to medicine; (5) encourages medical schools, health care

institutions, managed care and other appropriate groups to adopt and utilize activities that bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that ~~articulating~~ articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this ~~and strategies to accomplish that~~ goal; and (6) continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of marginalized patient populations. (Modify Current HOD Policy).

RECOMMENDATION C:

Alternate Recommendation 6 in Council on Medical Education Report 5 be adopted in lieu of Recommendation 6, to read as follows:

6. That our AMA amend Policy H-60.917, Disparities in Public Education as a Crisis in Public Health and Civil Rights by addition to read as follows:
3. Our AMA will encourage the U.S. Department of Education and Department of Labor to develop policies and initiatives in support of students from marginalized backgrounds that 1) decrease the educational opportunity gap; 2) increase participation in high school Advanced Placement courses; and 3) increase the high school graduation rate. (Modify Current HOD Policy)

RECOMMENDATION D:

Council on Medical Education Report 5 be amended by addition of a ninth Recommendation, to read as follows:

9. That our AMA advocate for funding to support the creation and sustainability of Historically Black College and University (HBCU), Hispanic-Serving Institution (HSI), and Tribal College and University (TCU) affiliated medical schools and residency programs, with the goal of achieving a physician workforce that is proportional to the racial, ethnic, and gender composition of the United States population. (Directive to Take Action)

RECOMMENDATION E:

Council on Medical Education Report 5 be amended by addition of a tenth Recommendation, to read as follows:

10. That our AMA work with appropriate stakeholders to study reforms to mitigate demographic and socioeconomic inequities in the residency and fellowship selection process, including but not limited to the selection and reporting of honor society membership and the use of standardized tools to rank applicants, with report back to the House of Delegates. (Directive to Take Action)

RECOMMENDATION F:

Recommendations in Council on Medical Education Report 5 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Council on Medical Education Report 5 adopted as amended and the remainder of the report filed.

Council on Medical Education Report 5 amended by addition of an eleventh Recommendation, to read as follows:

11. That our AMA establish a task force to guide organizational transformation within and beyond the AMA toward restorative justice to promote truth, reconciliation, and healing in medicine and medical education.

1. That our AMA recognize some people have been historically underrepresented, excluded from, and marginalized in medical education and medicine because of their race, ethnicity, sexual orientation, and gender identity due to structural racism and other systems of oppression. (New HOD Policy)

2. That our AMA commit to promoting truth and reconciliation in medical education as it relates to improving equity. (New HOD Policy)

3. That our AMA recognize the harm caused by the Flexner Report to historically Black medical schools, the diversity of the physician workforce, and the outcomes of minoritized and marginalized patient populations. (New HOD Policy)

4. That our AMA work with appropriate stakeholders to commission and enact the recommendations of a forward-looking, cross-continuum, external study of 21st century medical education focused on reimagining the future of health equity and racial justice in

medical education, improving the diversity of the health workforce, and ameliorating inequitable outcomes among minoritized and marginalized patient populations. (New HOD Policy)

5. That our AMA amend Policy H-200.951, Strategies for Enhancing Diversity in the Physician Workforce by addition and deletion to read as follows: (4) encourages medical schools, health care institutions, managed care and other appropriate groups to adopt and utilize activities that bolster efforts to include and support historically underrepresented groups in medicine, by developing policies that articulate~~ing~~ the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this ~~and strategies to accomplish that~~ goal. (5) continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of minoritized and marginalized patient populations. (Modify Current HOD Policy)

6. That our AMA amend Policy H-60.917, Disparities in Public Education as a Crisis in Public Health and Civil Rights (3) by addition to read as follows: Our AMA will support and encourage the U.S. Department of Education to develop policies and initiatives to 1) increase the high school graduation rate among historically underrepresented students 2) increase the number of historically underrepresented students participating in high school Advanced Placement courses and 3) decrease the educational opportunity gap. (Modify Current HOD Policy)

7. That our AMA amend Policy D-200.985 (13), "Strategies for Enhancing Diversity in the Physician Workforce," by deletion to read as follows: ~~(a) supports the publication of a white paper chronicling health care career pipeline programs (also known as pathway programs) across the nation aimed at increasing the number of programs and promoting leadership development of underrepresented minority health care professionals in medicine and the biomedical sciences, with a focus on assisting such programs by identifying best practices and tracking participant outcomes; and.~~ (Modify Current HOD Policy)

8. That our AMA reaffirm Policy D-200.982, "Diversity in the Physician Workforce and Access to Care."

Your Reference Committee received supportive testimony in favor of adoption of this item, including online testimony posted by the Academic Physicians Section and friendly amendments, proffered by the Medical Student Section, American Academy of Family Physicians, and the New York and Texas delegations, respectively, to support the sustainability of institutions of higher education serving minority populations, mitigate inequities in the selection of medical students for honor societies, and further refine and strengthen Policy H-200.951, "Strategies for Enhancing Diversity in the Physician Workforce." An amendment from the Minority Affairs Section was considered, but your Reference Committee believed that it was not germane to the report. In the spirit of intersectionality, amendments were also accepted to include people with disabilities and from rural locations in the first resolve. It was also recommended that the Department of Labor be added to the sixth resolve as they also oversee initiatives in public education, and the three clauses in the policy were reordered to enhance readability. Our AMA has

evidenced, particularly over the past few years—with the development of the Center for Health Equity and the recent release of the strategic plan on health equity—a significant change in its awareness of, leadership on, and commitment to racial justice and equity within the medical profession and society as a whole. The recommendations put forth by this report, along with the amendments noted, will only accelerate that advocacy and action and represent a critical step towards rectifying the harmful past actions that the medical profession as a whole and organized medicine have perpetrated on communities of color. The impact of the byzantine legacy of the Flexner Report, in particular Chapter 14 entitled "The Medical Education of the Negro," must be addressed and reconciled to ensure that future physicians are aware of structural factors that are impeding their patient's health outcomes. For these reasons, your Reference Committee recommends that Council on Medical Education Report 5 be adopted as amended.

(6) RESOLUTION 305 – NON-PHYSICIAN POST-GRADUATE MEDICAL TRAINING

RECOMMENDATION A:

The first Resolve of Resolution 305 be amended by deletion, to read as follows:

~~**RESOLVED, That our American Medical Association believe that healthcare trainee salary, benefits, and overall compensation should, at minimum, reflect length of pre-training education, hours worked, and level of independence and complexity of care allowed by an individual's training program (for example when comparing physicians in training and midlevel providers at equal postgraduate training levels) (New HOD Policy); and be it further**~~

RECOMMENDATION B:

Alternate Resolve 2 in Resolution 305 be adopted in lieu of Resolve 2, to read as follows:

RESOLVED, That our AMA amend policy H-275.925 "Protection of the Titles 'Doctor,' 'Resident' and 'Residency'," by addition and deletion to read as follows:

Our AMA: (1) recognizes that when used in the healthcare setting, specific terms describing various levels of allopathic and osteopathic physician training and practice (including the terms "medical student," "resident," "residency," "fellow," "fellowship," "physician," and "attending") represent the completion of structured, rigorous, medical education undertaken by physicians (as defined by the American Medical

Association in H-405.951, "Definition and Use of the Term Physician"), and must be reserved for describing only physician roles; (2) will advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degree(s) attained and develop model state legislation for implementation; and (3) supports and develops model state legislation that would penalize misrepresentation of one's role in the physician-led healthcare team, up to and including the level of ~~make it a~~ felony ~~to~~ for misrepresenting oneself as a physician (MD/DO); and (4) support and develop model state legislation that calls for statutory restrictions for non-physician post-graduate diagnostic and clinical training programs using the terms "medical student," "resident," "residency," "fellow," "fellowship," "physician," or "attending" in a healthcare setting except by physicians. (Modify Current HOD Policy); and be it further

RECOMMENDATION C:

The third Resolve of Resolution 305 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA study and report back to the House of Delegates, ~~by the 2022 Annual Meeting,~~ on curriculum, accreditation requirements, accrediting bodies, and supervising boards for undergraduate, graduate, and postgraduate clinical training programs for non-physicians and the impact ~~of non-physician graduate clinical education~~ on ~~physician~~ undergraduate and graduate medical education (Directive to Take Action); and be it further

RECOMMENDATION D:

Policy H-310.916 be reaffirmed in lieu of the fourth Resolve of Resolution 305.

RECOMMENDATION E:

The fifth Resolve of Resolution 305 be amended by deletion, to read as follows:

~~**RESOLVED, That our AMA partner with the Accreditation Council for Graduate Medical Education (ACGME) to create standards requiring Designated**~~

~~**Institutional Officials to notify the ACGME of proposed training programs for physicians or non-physicians that may impact the educational experience of trainees in currently approved residencies and fellowships (Directive to Take Action); and be it further**~~

RECOMMENDATION F:

The eighth Resolve of Resolution 305 be amended by deletion, to read as follows:

~~**RESOLVED, That our AMA oppose non-physician healthcare providers from holding a seat on the board of an organization that regulates and/or provides oversight of physician undergraduate and graduate medical education, accreditation, certification, and credentialing when these types of non-physician healthcare providers either possess or seek to possess the ability to practice without physician supervision as it represents a conflict of interest. (Directive to Take Action)**~~

RECOMMENDATION G:

Resolution 305 be adopted as amended

HOD ACTION: Resolution 305 adopted as amended as follows:

The first Resolve of Resolution 305 adopted, to read as follows:

RESOLVED, That our American Medical Association believe that healthcare trainee salary, benefits, and overall compensation should, at minimum, reflect length of pre-training education, hours worked, and level of independence and complexity of care allowed by an individual's training program (for example when comparing physicians in training and midlevel providers at equal postgraduate training levels) (New HOD Policy); and be it further

Alternate Resolve 2 in Resolution 305 referred.

The eighth Resolve of Resolution 305 referred.

RESOLVED, That our American Medical Association believe that healthcare trainee salary, benefits, and overall compensation should, at minimum, reflect length of pre-training education, hours worked, and level of independence and complexity of care

allowed by an individual's training program (for example when comparing physicians in training and midlevel providers at equal postgraduate training levels) (New HOD Policy); and be it further

RESOLVED, That our AMA amend policy H-275.925 "Protection of the Titles "Doctor," "Resident" and "Residency"," by addition and deletion to read as follows:

Our AMA:
(1) recognize that the terms "medical student," "resident," "residency," "fellow," "fellowship," "physician," and "attending," when used in the healthcare setting, all connote completing structured, rigorous, medical education undertaken by physicians, as defined by the Centers for Medicare and Medicaid Services, and thus these terms must be reserved only to describe physician roles; (2) advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degree(s) attained and develop model state legislation for implementation; (3) supports and develop model state legislation that would penalize misrepresentation of one's role in the physician-led healthcare team, up to and including to make it a felony to misrepresent oneself as a physician (MD/DO); and (4) support and develop model state legislation that calls for statutory restrictions for non-physician post-graduate diagnostic and clinical training programs using the terms "medical student," "resident," "residency," "fellow," "fellowship," "physician," or "attending" in a healthcare setting except by physicians. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA study and report back, by the 2022 Annual Meeting, on curriculum, accreditation requirements, accrediting bodies, and supervising boards for graduate and postgraduate clinical training programs for non-physicians and the impact of non-physician graduate clinical education on physician graduate medical education (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders to assure that funds to support the expansion of post-graduate clinical training for non-physicians do not divert funding from physician GME (Directive to Take Action); and be it further

RESOLVED, That our AMA partner with the Accreditation Council for Graduate Medical Education (ACGME) to create standards requiring Designated Institutional Officials to notify the ACGME of proposed training programs for physicians or non-physicians that may impact the educational experience of trainees in currently approved residencies and fellowships (Directive to Take Action); and be it further

RESOLVED, That policy H-310.912 "Resident and Fellow Bill of Rights," be amended by addition and deletion to read as follows:

B. Appropriate supervision by qualified physician faculty with progressive resident responsibility toward independent practice. With regard to supervision, residents and fellows ~~should expect supervision by physicians and non-physicians~~ must be ultimately supervised by physicians who are adequately qualified and ~~which~~ allows them to assume progressive responsibility appropriate to their level of education, competence, and experience. ~~It is neither feasible nor desirable to develop universally applicable and precise requirements for supervision of residents.~~ In instances where clinical education is provided by non-

physicians, there must be an identified physician supervisor providing indirect supervision, along with mechanisms for reporting inappropriate, non-physician supervision to the training program, sponsoring institution or ACGME as appropriate. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA distribute and promote the Residents and Fellows' Bill of Rights online and individually to residency and fellowship training programs and encourage changes to institutional processes that embody these principles (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose non-physician healthcare providers from holding a seat on the board of an organization that regulates and/or provides oversight of physician undergraduate and graduate medical education, accreditation, certification, and credentialing when these types of non-physician healthcare providers either possess or seek to possess the ability to practice without physician supervision as it represents a conflict of interest. (Directive to Take Action)

Your Reference Committee heard testimony in support of this resolution, which contains eight resolves. Your Reference Committee is sensitive to the concerns related to the impact of non-physicians on graduate medical education. The Council on Medical Education provided recommendations to address the various pieces of this resolution. Your Reference Committee appreciates the expert guidance of the Council and all who contributed to the testimony.

Resolve 1: Given that the salaries of health care trainees are under the purview of the programs/institutions, your Reference Committee recommends that the first resolve be deleted.

Resolve 2: Your Reference Committee is sensitive to the use of terms like "fellow" and "fellowship" which are used in a variety of contexts, many of them non-medical. Also, "resident" and "residencies" for non-physicians exist in other countries. Your Reference Committee offered amendments to the first clause to provide clarity, as well as to support the AMA definition of a physician. Amendments to the third clause and the addition of a fourth clause support model state legislation in keeping with AMA policy and the AMA's Truth in Advertising campaign.

Resolve 3: Your Reference Committee recognizes the value of studying this issue and appreciates the Council on Medical Education's willingness to do so. It was recommended that a report back date is best determined by the Council and should not be included in this language. Also, your Reference Committee recommends including undergraduates in this study. As such, your Reference Committee recommends the third resolve be adopted as amended.

Resolve 4: Your Reference Committee recognized that AMA policy advocates that funds to support the expansion of post-graduate clinical training for non-physicians do not divert funding from physicians. Your Reference Committee was informed that the AMA Advocacy team is actively engaged in these efforts; therefore, it is recommended that Policy H-310.916, "Funding to Support Training of the Health Care Workforce," be reaffirmed in lieu of the fourth resolve.

Resolve 5: Your Reference Committee deliberated on the best way to address proposed training programs for physicians or non-physicians that may impact the educational experience of trainees in currently approved residencies and fellowships. It was clarified that the request in this resolve is already reflected in the Accreditation Council for Graduate Medical Education common program requirements, which include a standard to address this issue. Your Reference Committee, accordingly, recommends that the fifth resolve be deleted.

Resolve 6: Your Reference Committee appreciates the author's language to amend policy H-310.912, "Residents and Fellows' Bill of Rights," to clarify the role of physicians as supervisors. Your Reference Committee recommends that the sixth resolve be adopted as amended.

Resolve 7: Your Reference Committee acknowledged the importance of the Resident and Fellows' Bill of Rights and its dissemination such that residency and fellowship training programs embody these principles. It was noted that the AMA has promoted this policy through *AMA MedEd Update* and other mechanisms. Your Reference Committee recommends that the seventh resolve be adopted.

Resolve 8: Your Reference Committee appreciated the concern for non-physician health care providers holding a seat on an oversight board and the conflict of interest it may pose. However, your Reference Committee is aware of boards in which a non-physician seat is valuable (e.g., institutional review board, hospital medical quality board, or medical specialty board). Given the complicated existing systems, your Reference Committee recommends that the eighth resolve be deleted.

While some testimony supported referral of this nuanced resolution, your Reference Committee felt it was sufficient to address the various pieces at this time. In sum, your Reference Committee recommends that Resolution 305 be adopted as amended.

Policy recommended for reaffirmation:
H-310.916, "Funding to Support Training of the Health Care Workforce"

1. Our American Medical Association will insist that any new GME funding to support graduate medical education positions be available only to Accreditation Council for Graduate Medical Education (ACGME) and/or American Osteopathic Association (AOA) accredited residency programs, and believes that funding made available to support the training of health care providers not be made at the expense of ACGME and/or AOA accredited residency programs.

2. Our AMA strongly advocates that: (A) there be no decreases in the current funding of MD and DO graduate medical education while there is a concurrent increase in funding of graduate medical education (GME) in other professions; and (B) there be at least proportional increases in the current funding of MD and DO graduate medical education similar to increases in funding of GME in other professions.

3. Our AMA will advocate to appropriate federal agencies, and other relevant stakeholders to oppose the diversion of direct and indirect funding away from ACGME-accredited graduate medical education programs.

(7) RESOLUTION 309 – SUPPORTING GME PROGRAM CHILD CARE CONSIDERATION DURING RESIDENCY TRAINING

RECOMMENDATION A:

Resolution 309 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association ~~convene~~ work with ~~a group of~~ interested stakeholders to ~~examine the need~~ investigate solutions for innovative childcare policies and flexible working environments for all health care professionals (in particular, medical students and physician trainees) ~~residents in order to promote equity in all training settings~~. (Directive to Take Action)

RECOMMENDATION B:

Resolution 309 be adopted as amended.

RECOMMENDATION C:

The title of Resolution 309 be changed, to read as follows:

SUPPORTING CHILD CARE FOR HEALTH CARE PROFESSIONALS

HOD ACTION: Resolution 309 adopted as amended with a change in title to read as follows:

SUPPORTING CHILD CARE FOR HEALTH CARE PROFESSIONALS

RESOLVED, That our American Medical Association convene a group of interested stakeholders to examine the need for innovative childcare policies and flexible working environments for all residents in order to promote equity in all training settings. (Directive to Take Action)

Your Reference Committee heard unanimous supportive testimony for this resolution. AMA policy supports flexible working environments to accommodate childcare needs. Testimony from the Council on Medical Education recommended referral for further study; however, other testimony pointed out the timely need for equitable childcare support for physician trainees and medical students as well as the full health care team, and the desire for the AMA to investigate solutions. This goal can be accomplished through working with interested stakeholders. As such, your Reference Committee recommends that Resolution 309 be adopted as amended.

(8) RESOLUTION 310 – UNREASONABLE FEES CHARGED AND INACCURACIES BY THE AMERICAN BOARD OF INTERNAL MEDICINE (ABIM)

RECOMMENDATION A:

Resolution 310 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association work with the American Board of Medical Specialties Boards (ABMS) and its member boards to reduce financial burdens for physicians holding multiple certificates who are actively participating in continuing certification through an ABMS member board, by developing opportunities for reciprocity for certification requirements as well as consideration of reduced or waived fee structures. ~~in general, and American Board of Internal Medicine (ABIM), specifically, to require the ABIM stop charging physicians with two or more board certifications, who participate in Maintenance of~~

~~**Certification (MOC) with a board other than the ABIM, a fee to accurately list their current board status in the ABIM Directory.**~~ **(Directive to Take Action). (Directive to Take Action)**

RECOMMENDATION B:

Resolution 310 be adopted as amended.

RECOMMENDATION C:

The title of Resolution 310 be changed, to read as follows:

UNREASONABLE FEES CHARGED BY ABMS MEMBER BOARDS

HOD ACTION: **Resolution 310 adopted as amended with a change in title to read as follows:**

UNREASONABLE FEES CHARGED BY ABMS MEMBER BOARDS

RESOLVED, That our American Medical Association work with the American Board of Medical Specialties Boards (ABMS), in general, and American Board of Internal Medicine (ABIM), specifically, to require the ABIM stop charging physicians with two or more board certifications, who participate in Maintenance of Certification (MOC) with a board other than the ABIM, a fee to accurately list their current board status in the ABIM Directory. (Directive to Take Action)

Your Reference Committee heard testimony in support of amended language to this resolution, to include the support of the American Board of Internal Medicine, as offered by the Council on Medical Education. AMA policy supports the reduction of unnecessary burdens on individuals holding multiple certifications and discourages fee structures aimed at financial gain. Your Reference Committee was made aware that the American Board of Medical Specialties (ABMS) Standards are currently in a Call for Comment period, with a recommendation aimed at developing reciprocity between member boards for requirements to reduce the burden on diplomates of multiple boards. The amended language would allow our AMA to comment as well on the impact of multiple fees to practicing physicians by all member boards of the ABMS, including ABIM. The committee developed language to allow the AMA to work with both the ABMS and its member boards directly, to increase the odds of a successful outcome. Therefore, your Reference Committee recommends that Resolution 310 be adopted as amended with a change in title.

(9) RESOLUTION 318 – THE IMPACT OF PRIVATE EQUITY ON MEDICAL TRAINING

RECOMMENDATION A:

Resolution 318 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association work with relevant stakeholders including specialty societies and the Accreditation Council for Graduate Medical Education to study the level of financial involvement and influence private equity firms have in graduate medical education training programs and report back to the House of Delegates, ~~at the 2021 Interim Meeting~~ with possible ~~concurrent~~ publication of their findings ~~in a peer-reviewed journal~~. (Directive to Take Action)

RECOMMENDATION B:

Resolution 318 be adopted as amended.

HOD ACTION: Resolution 318 adopted as amended.

RESOLVED, That our American Medical Association work with relevant stakeholders including specialty societies and the Accreditation Council for Graduate Medical Education to study the level of financial involvement and influence private equity firms have in graduate medical education training programs and report back at the 2021 Interim Meeting with concurrent publication of their findings in a peer-reviewed journal. (Directive to Take Action)

Your Reference Committee heard mixed testimony on this item. Online testimony posted by the American Society of Hematology raised the specter of Hahnemann, when 550 trainees were suddenly stuck in limbo without new training sites or a clear pathway to independent practice, not to mention the impact on faculty and staff, along with the surrounding community losing a safety-net hospital. Subsequently, a $55 million winning bid for those GME-funded training positions came from a consortium of hospitals—the direct result of private equity interfering in GME. Additional testimony noted an ongoing study on the impact of private equity and corporate investors on medical practice by the Council on Medical Service, but medical education is not likely to be encompassed in the subsequent CMS report. Testimony by the Council on Medical Education, while recognizing the urgency of this issue, noted that a sound and well researched study cannot be accomplished by November and requested amending the resolution to delete the time-certain requirement. In addition, your Reference Committee noted that peer-reviewed journals have various manuscript style requirements, and acceptance for publication of an incomplete study cannot be guaranteed. Furthermore, the House of Delegates may wish to review the findings before recommending publication and may find it desirable for publication in other than a peer-reviewed journal. Your Reference Committee therefore recommends that Resolution 318 be adopted as amended.

(10) RESOLUTION 319 – THE EFFECT OF THE COVID-19 PANDEMIC ON GRADUATE MEDICAL EDUCATION

RECOMMENDATION A:

The first Resolve of Resolution 319 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association work with ~~the Accreditation Council for Graduate Medical Education (ACGME) and other~~ relevant stakeholders to advocate for ~~provide additional,~~ equitable compensation and benefits ~~for compensation, such as moonlighting, hazard pay, and/or additional certifications~~ for residents and fellows who are redeployed to fulfill service needs that may be ~~are~~ outside the scope of their specialty training (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 319 be amended by deletion, to read as follows:

~~RESOLVED, That our AMA urge ACGME to work with relevant stakeholders including residency and fellowship programs to ensure each graduating resident or fellow is provided with documentation explicitly stating his/her board eligibility and identifying areas of training that have been impacted by COVID-19 that can be presented to the respective board certifying committee (Directive to Take Action); and be it further~~

RECOMMENDATION C:

The third Resolve of Resolution 319 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA urge ACGME and specialty boards to consider reducing ~~replacing minimums on~~ case numbers and clinic visits with revised ~~more~~ holistic measures to recognize resident/fellow learning, ~~indicate readiness for graduation and board certification eligibility, especially~~ given the drastic educational barriers confronted during the COVID-19 pandemic. (Directive to Take Action)

RECOMMENDATION D:

Resolution 319 be adopted as amended.

HOD ACTION: Resolution 319 adopted as amended.

RESOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education (ACGME) and other relevant stakeholders to provide additional benefits for compensation, such as moonlighting, hazard pay, and/or additional certifications for residents and fellows who are redeployed to fulfill service needs that are outside the scope of their specialty training (Directive to Take Action); and be it further

RESOLVED, That our AMA urge ACGME to work with relevant stakeholders including residency and fellowship programs to ensure each graduating resident or fellow is provided with documentation explicitly stating his/her board eligibility and identifying areas of training that have been impacted by COVID-19 that can be presented to the respective board certifying committee (Directive to Take Action); and be it further

RESOLVED, That our AMA urge ACGME and specialty boards to consider replacing minimums on case numbers and clinic visits with more holistic measures to indicate readiness for graduation and board certification eligibility, especially given the drastic educational barriers confronted during the COVID-19 pandemic. (Directive to Take Action)

Your Reference Committee received supportive testimony on this item. Online testimony posted by the Georgia delegation highlighted the long-term consequences of the pandemic on graduate medical education and the nation's future health care workforce. Both the Academic Physicians Section and Council on Medical Education, while in support of the spirit of this item, proffered revisions to the language to clarify specific aspects, such as the need for equitable compensation for trainees compared to other health care professionals who provided additional services during the pandemic. The Council on Medical Education also testified that Resolve 2 is encompassed by Resolve 3, and therefore recommended its deletion. Your Reference Committee agrees with this and other helpful editorial and substantive suggestions, and therefore recommends that Resolution 319 be adopted as amended.

RECOMMENDED FOR REFERRAL

(11) RESOLUTION 304 – DECREASING FINANCIAL BURDENS ON RESIDENTS AND FELLOWS

RECOMMENDATION:

Resolution 304 be referred.

HOD ACTION: Resolve 3 of Resolution 304 referred. Remainder of Resolution 304 adopted as amended, to read as follows:

RESOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education (ACGME) and other relevant stakeholders to advocate for additional ways to defray costs related to residency and fellowship training, including essential amenities and/or high cost specialty-specific equipment required to perform clinical duties (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders to define "access to food" for medical trainees to include overnight access to fresh food and healthy meal options within all training hospitals (Directive to Take Action); and be it further

RESOLVED, That the Residents and Fellows' Bill of Rights be prominently published online on the AMA website and be disseminated to residency and fellowship programs (Directive to Take Action); and be it further

RESOLVED, That the AMA Policy H-310.912, "Residents and Fellows' Bill of Rights," be amended by addition and deletion to read as follows:

5. Our AMA partner with ACGME and other relevant stakeholders to encourage~~s~~ training programs to reduce financial burdens on residents and fellows by providing employee benefits including, but not limited to, on-call meal allowances, transportation support, relocation stipends, and childcare services ~~teaching institutions to explore benefits to residents and fellows that will reduce personal cost of living expenditures, such as allowances for housing, childcare, and transportation~~. (Modify Current HOD Policy)

RESOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges (AAMC), and other relevant stakeholders to advocate that medical trainees not be required to pay for essential amenities and/or high cost or safety-related, specialty-specific equipment required to perform clinical duties (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders including the AAMC to define "access to food" for medical trainees to include 24-hour access to fresh food and healthy meal options within all training hospitals (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders to ensure that medical trainees have access to on-site and subsidized childcare (Directive to Take Action); and be it further

RESOLVED, That the Residents and Fellows' Bill of Rights be prominently published online on the AMA website and be disseminated to residency and fellowship programs (Directive to Take Action); and be it further

RESOLVED, That the AMA Policy H-310.912, "Residents and Fellows' Bill of Rights," be amended by addition and deletion to read as follows:

5. Our AMA partner with ACGME and other relevant stakeholders to encourage~~s~~ training programs to reduce financial burdens on residents and fellows by providing employee benefits including, but not limited to, on-call meal allowances, transportation support, relocation stipends, and childcare services. ~~teaching institutions to explore benefits to residents and fellows that will reduce personal cost of living expenditures, such as allowances for housing, childcare, and transportation.~~ (Modify Current HOD Policy)

Your Reference Committee heard unanimous testimony in support of the sentiment of this resolution. Testimony noted the burdens placed upon trainees who have been asked to purchase essential equipment, uniforms, or other attire without being reimbursed, as well

as support to advocate for benefits for trainees including meal allowances, transportation support, and childcare services. Testimony also expressed concern for the financial impacts on hospitals and programs in order to implement such expanded services, as well as funding for graduate medical education overall. AMA policy is supportive of eliminating barriers to student and resident debt, healthy food options in hospitals for staff and patients, and the childcare needs of physicians and trainees. The Council on Medical Education requested that this resolution be referred to give them the opportunity to explore this topic further and then formulate recommendations on ways to reduce financial burdens on trainees while also maintaining equity both among trainees and equity among all healthcare workers. As such, your Reference Committee recommends that Resolution 304 be referred.

(12) RESOLUTION 314 – STANDARD PROCEDURE FOR ACCOMMODATIONS IN USMLE AND NBME EXAMS

RECOMMENDATION:

Resolution 314 be <u>referred</u>.

HOD ACTION: Resolution 314 <u>referred for decision.</u>

RESOLVED, That our American Medical Association collaborate with medical licensing organizations to facilitate a timely accommodations application process (Directive to Take Action); and be it further

RESOLVED, That our AMA, in conjunction with the National Board of Medical Examiners, develop a plan to reduce the amount of proof required for approving accommodations to lower the burden of cost and time to medical students with disabilities. (Directive to Take Action)

Your Reference Committee heard largely supportive testimony on this item and believes that advocating for disability inclusion in medicine is an important role for our AMA. Online testimony posted by the Council on Medical Education and Academic Physicians Section called for edits to both Resolves 1 and 2, to indicate specifically the licensing organizations in question (in Resolve 1) and to change the focus of Resolve 2 to require the boards' adherence to the Americans with Disabilities Act. The National Board of Medical Examiners (NBME) posted a lengthy defense of its practices—for example, that accommodations may affect exam standardization and comparable validity of examination results—and recommended not adopting Resolution 314. Other testimony posted by individuals and the Medical Student Section, however, disputed the NBME's claims and provided compelling anecdotal data to suggest that medical students with disabilities face undue burdens in attaining needed accommodations for these required examinations. The Council on Medical Education also notes that some of these issues could be integrated into a currently scheduled report for the November meeting on trainees with disabilities. Due to the complexity of issues surrounding these examinations, questions about legal implications, and the importance of this issue, your Reference Committee recommends referral of Resolution 314.

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(13) RESOLUTION 308 – RESCIND USMLE STEP 2 CS AND COMLEX LEVEL 2 PE EXAMINATION REQUIREMENT FOR MEDICAL LICENSURE

RECOMMENDATION:

Policy D-295.988 be reaffirmed in lieu of Resolution 308.

HOD ACTION: Policy D-295.988 reaffirmed in lieu of Resolution 308.

RESOLVED, That our American Medical Association work to rescind USMLE Step 2 CS and COMLEX Level 2 PE examination requirements and encourage a "fifty-state approach" by all individual state medical societies to engage with their respective state medical boards on this issue. (Directive to Take Action)

Your Reference Committee heard supportive testimony for this resolution as well as testimony regarding reaffirmation of AMA Policy D-295.988, "Clinical Skills Assessment During Medical School," in lieu of the resolution. Your Reference Committee noted that the USMLE Step 2 CS examination was suspended on March 16, 2020 and formally discontinued on January 26, 2021. Also, the NBOME COMLEX-USA Level 2 PE examination was suspended on March 20, 2020 and postponed indefinitely on February 11, 2021. Your Reference Committee noted the concern and uncertainty about the future of COMLEX-USA. Policy D-295.988 supports that both these exams be replaced with either an LCME-accredited or a COCA-accredited medical school-administered examination of clinical skills. Your Reference Committee believes that current policy effectively addresses this concern and therefore recommends that Policy D-295.988 be reaffirmed in lieu of Resolution 308.

Policy recommended for reaffirmation:
D-295.988, "Clinical Skills Assessment During Medical School"

1. Our AMA will encourage its representatives to the Liaison Committee on Medical Education (LCME) to ask the LCME to determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills.

2. Our AMA will work with the Federation of State Medical Boards, National Board of Medical Examiners, state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) examination and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a Liaison Committee on Medical Education-accredited or Commission on

Osteopathic College Accreditation-accredited medical school-administered, clinical skills examination.

3. Our AMA will work to: (a) ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards and National Board of Medical Examiners; (b) encourage a significant and expeditious increase in the number of available testing sites; (c) allow international students and graduates to take the same examination at any available testing site; (d) engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization; and (e) include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency.

4. Our AMA is committed to assuring that all medical school graduates entering graduate medical education programs have demonstrated competence in clinical skills.

5. Our AMA will continue to work with appropriate stakeholders to assure the processes for assessing clinical skills are evidence-based and most efficiently use the time and financial resources of those being assessed.

6. Our AMA encourages development of a post-examination feedback system for all USMLE test-takers that would: (a) identify areas of satisfactory or better performance; (b) identify areas of suboptimal performance; and (c) give students who fail the exam insight into the areas of unsatisfactory performance on the examination.

7. Our AMA, through the Council on Medical Education, will continue to monitor relevant data and engage with stakeholders as necessary should updates to this policy become necessary.

(14) RESOLUTION 311 – STUDENT LOAN FORGIVENESS

RECOMMENDATION:

Policy H-305.925 be reaffirmed in lieu of Resolution 311.

HOD ACTION: Policy H-305.925 reaffirmed in lieu of Resolution 311.

RESOLVED, That our American Medical Association study the cause for the unacceptably high denial rate of applications made to the Public Health Services Student Loan Forgiveness Program, and advocate for improvements in the administration and oversight of the Program, including but not limited to increasing transparency of and streamlining program requirements; ensuring consistent and accurate communication between loan

services and borrowers; and establishing clear expectations regarding oversight and accountability of the loan servicers responsible for the program. (Directive to Take Action)

Your Reference Committee is supportive of the intent of this resolution; that said, testimony was mixed testimony on this item. Online testimony posted by the Council on Medical Education and Academic Physicians Section called for reaffirmation of current (and in-depth) AMA policy on the Public Service Loan Forgiveness (PSLF) Program—specifically, Policy H-305.925—along with incorporating specific asks of the resolution (e.g., the "reasons for denial and transparency") into a Council report on medical student debt scheduled for a future House of Delegates meeting. Testimony from the Medical Student Section and American Academy of Pediatrics, in contrast, called for adoption as written. All those providing testimony, however, agreed that this is an important topic for AMA study and advocacy. As the Council on Medical Education's study is slated for release in 2021, your Reference Committee believes that the most expeditious and efficient course of action is incorporation of the "reasons for denial and transparency" of the Public Health Services Student Loan Forgiveness program into the forthcoming Council report and reaffirmation of AMA Policy H-305.925 in lieu of Resolution 311.

Policy recommended for reaffirmation:
H-305.925, "Principles of and Actions to Address Medical Education Costs and Student Debt"

> … 20. Related to the Public Service Loan Forgiveness (PSLF) Program, our AMA supports increased medical student and physician benefits the program, and will: (a) Advocate that all resident/fellow physicians have access to PSLF during their training years; (b) Advocate against a monetary cap on PSLF and other federal loan forgiveness programs; (c) Work with the United States Department of Education to ensure that any cap on loan forgiveness under PSLF be at least equal to the principal amount borrowed; (d) Ask the United States Department of Education to include all terms of PSLF in the contractual obligations of the Master Promissory Note; (e) Encourage the Accreditation Council for Graduate Medical Education (ACGME) to require residency/fellowship programs to include within the terms, conditions, and benefits of program appointment information on the PSLF program qualifying status of the employer; (f) Advocate that the profit status of a physicians training institution not be a factor for PSLF eligibility; (g) Encourage medical school financial advisors to counsel wise borrowing by medical students, in the event that the PSLF program is eliminated or severely curtailed; (h) Encourage medical school financial advisors to increase medical student engagement in service-based loan repayment options, and other federal and military programs, as an attractive alternative to the PSLF in terms of financial prospects as well as providing the opportunity to provide care in medically underserved areas; (i) Strongly advocate that the terms of the PSLF that existed at the time of the agreement remain unchanged for any program participant in the event of any future restrictive changes….

Mister Speaker, this concludes the report of Reference Committee C. I would like to thank Derek Baughman, MD; Joanne Loethen, MD, MA; Russyan Mark Mabeza; Joseph M. Maurice, MD; Mark Milstein, MD; and Carl G. Streed Jr., MD; and all those who testified before the committee, as well as staff persons Amber Ryan, Tanya Lopez, Fred Lenhoff, and Kim Lomis, MD.

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