AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (A-23)

Report of Reference Committee

David Savage, MD, PhD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report B – On the Creation of an RFS JEDI Committee

2. Resolution 7 – Decriminalizing and Destigmatizing Perinatal Substance Use Treatment

3. Resolution 11 – Editorial Changes to Outdated and Stigmatizing Language in the RFS Digest of Actions

4. Resolution 13 – Updating Language Regarding Families and Pregnant Persons

RECOMMENDED FOR ADOPTION AS AMENDED

5. Resolution 6 – Redressing the Harms of Misusing Race in Medicine

6. Resolution 8 – Adopting a Neutral Stance on Medical Aid in Dying

7. Resolution 12 – Inclusion of All Passed Resolutions in the RFS Digest of Actions

RECOMMENDED FOR ADOPTION IN LIEU OF

8. Resolution 1 – Confidentiality of Sexual Orientation and Gender Identity Data

9. Resolution 5 – Elimination of Non-Compete Clauses in Employment Contracts
   Resolution 10 – Support of Banning Non-Compete Contracts for Physicians

RECOMMENDED FOR REFERRAL

10. Resolution 3 – Amend Policy D-275.948, “Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training”

11. Resolution 9 – Traffic-related Death as a Public Health Crisis

RECOMMENDED FOR NOT ADOPTION

12. Resolution 14 – Medical Residents Memorandums of Appointments Should Be Valid Employment Contracts

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

13. Resolution 2 – Support of Elimination of the Deferment Period for Blood Donation by Men Who Have Sex with Men (MSM)

14. Resolution 4 – Advocating for Resident and Fellow Well-Being through Unionization

15. Resolution 15 – Residents Verifications of Training and Credentials

RECOMMENDED FOR ADOPTION

(1) REPORT B - ON THE CREATION OF AN RFS JEDI COMMITTEE

RECOMMENDATION:

Report B be <u>adopted</u> and the remainder of the report be <u>filed</u>.

Based on the report and recommendations prepared by the AMA-RFS JEDI Ad-Hoc Committee, your AMA-RFS Governing Council recommends that the following be adopted and the remainder of the report be filed:

1. That our AMA-RFS formally found a Justice, Equity, Diversity, and Inclusion (JEDI) Standing Committee.

2. That the description of the AMA-RFS JEDI Standing Committee be as follows:
Justice, Equity, Diversity, and Inclusion (JEDI) Standing Committee: This committee is dedicated to strengthening our Resident-Fellow Section through the promotion of justice, equity, diversity, and inclusion. Committee efforts are aligned with the strategic plan of the AMA Center for Health Equity. The committee aims to build justice and equity into our policy, advocacy, and business, and to ensure that the full diversity of resident and fellow membership is represented, welcome, and supported as members and in leadership. Committee members also work with the Governing Council and other stakeholders to create educational programing and policy.

3. That the responsibilities of the AMA-RFS JEDI Standing Committee be as follows:
(a) Review of RFS resolutions and programming/webinar proposals for their impact on JEDI-related topics and collaboration to strengthen RFS policy for JEDI-related causes;
(b) Regular creation and curation of JEDI-related content and programming for the RFS;
(c) Act as liaisons with other JEDI-related groups within the AMA;
(d) As-needed advocacy within our RFS and the AMA for greater support and implementation of JEDI within our organization and within healthcare

Your Reference Committee heard many statements of support for Report B from members and from the current Chair of the RFS Justice, Equity, Diversity, and Inclusion (JEDI) Ad-Hoc Committee. Therefore, your Reference Committee recommends that Report B be adopted and the remainder of the report be filed.

(2) RESOLUTION 7 – DECRIMINALIZING AND DESTIGMATIZING PERINATAL SUBSTANCE USE TREATMENT

RECOMMENDATION A:

The Second Resolve of Resolution 7 be adopted.

RECOMMENDATION B:

The First and Third Resolves of Resolution 7 be referred.

RESOLVED, That our AMA amend policy H-420.950 "Substance Use Disorders During Pregnancy" by addition and deletion to read as follows:

"Our AMA will:
(1) oppose any legislative, regulatory, or health system efforts to imply that positive verbal substance use screening, positive toxicology testing, ~~the~~ diagnosis of substance use disorder or receipt of substance use treatment during pregnancy, or neonatal physical withdrawal symptoms automatically represents child abuse;
(2) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy;
(3) oppose filing a child protective services report or removing ~~the removal of~~ infants from their mothers solely based on ~~a single positive prenatal drug screen~~ positive verbal substance use screening, positive toxicology testing, diagnosis of substance use disorder or receipt of substance use treatment during pregnancy, or neonatal physical withdrawal symptoms without appropriate evaluation for protective concerns by a trained professional; and
(4) advocate for appropriate medical evaluation prior to filing a child protective services report or removing ~~the removal of~~ a child, which takes into account (a) the desire to safely preserve the individual's family structure, (b) the patient's treatment status, and (c) current impairment status when substance use is suspected."; and be it further

RESOLVED, That our AMA will advocate that prenatal and peripartum toxicology tests should not be obtained without the informed consent of the birthing parent, if they have capacity to provide consent; and be it further

RESOLVED, That our AMA will advocate that state and federal child protection laws should be amended so that reporting of pregnant people with substance use disorders are only reported to welfare agencies when protective concerns are identified by the clinical team, rather than through mandated or categorical referral of all pregnant people with a positive toxicology test or verbal substance use screen.

Your Reference Committee heard extensive mixed testimony on Resolution 7. The RFS Committees on Legislative Action, Public Health, and Justice, Equity, Diversity, and Inclusion all commented with support for some clauses and suggested amendments or opposition to others. Individuals testified with friendly amendments and/or support. The author responded to oppositions with clarifications. The second resolve received only support and one amendment. We note that the amendment changes the substance of the resolved clause in question and did not receive comments from parties and thus we have not included it in our final recommendations. Concerns around the first resolve included questions of whether the amendments suggested would meaningfully change policy or advocacy as well as the roles of clinicians vs. Child Protective Services (CPS) in screening for the presence of protective concerns. The third resolve clause received similar concerns including the consequences of

mandated referral to CPS. The resolution is also very similar to model language approved in 2022 by the AMA Council on Legislation and the Board of Trustees entitled "Plans of Safe Care Model Bill." Comments were also made in support of the study of this item. Your Reference Committee appreciates the author's passion for this work and the thoughtfulness of the comments received. Given testimony and the complex nature of this topic, your Reference Committee believes the goals of this resolution are best served by adopting the second resolve and referring the first and third resolves to study.

(3) RESOLUTION 11 – EDITORIAL CHANGES TO OUTDATED AND STIGMATIZING LANGUAGE IN THE RFS DIGEST OF ACTIONS

RECOMMENDATION:

Resolution 11 be <u>adopted</u>.

RESOLVED, That our AMA-RFS review our RFS position statements to editorially update outdated and stigmatizing language as guided by "Advancing Health Equity: A guide to language, narrative, and concepts" on a regular basis, with the language reflected in the Sunset Report; and be it further

RESOLVED, That our AMA-RFS will use clinically accurate, non-stigmatizing terminology in all future resolutions, reports, and educational materials and discourage the use of stigmatizing terms.

Your Reference Committee heard unanimous testimony in support of Resolution 11. The authors provided support at both the live and virtual reference committee sessions. We also heard support from the Massachusetts Medical Society RFS and from the RFS JEDI Ad-Hoc Committee. The JEDI Ad-Hoc Committee noted concerns about language in the Whereas clauses in the resolution, but since these will not become part of the final position statements, your Reference Committee recommends that Resolution 11 be adopted as written.

(4) RESOLUTION 13 – UPDATING LANGUAGE REGARDING FAMILIES AND PREGNANT PERSONS

RECOMMENDATION:

Resolution 13 be <u>adopted</u>.

RESOLVED, That our AMA-RFS review and update the language used in our RFS Digest of Actions, and other resources and communications, to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of all genders and family structures; and be it further

RESOLVED, That our AMA review and update the language used in AMA policy, and other resources and communications, to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of all genders and family structures.

Your Reference Committee heard overwhelming testimony in support of this item. We agree with the sentiment expressed in the resolution and feel that updating the language of our policies and communications is in line with current AMA efforts and well founded in publications and efforts such as the work from the Center for Health Equity and the recently published guide, "Advancing Health Equity: A Guide to Language, Narrative and Concepts." We feel this resolution is an important step for both our Section and organization as we seek to recognize the importance of inclusive language rather than creating harm. We look forward to the work that this resolution will spur on behalf of persons from all genders. Therefore, your Reference Committee recommends Resolution 13 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(5) RESOLUTION 6 – REDRESSING THE HARMS OF MISUSING RACE IN MEDICINE

RECOMMENDATION A:

The Third Resolve of Resolution 6 be <u>amended by addition</u> to read as follows:

RESOLVED, That our AMA support and promote racism-conscious, reparative, community-engaged interventions at the health system, organized medical society, <u>payor,</u> local, <u>state,</u> and federal levels which seek to identify, evaluate, and address the health, economic, and other consequences of structural racism in medicine; and be it further

RECOMMENDATION B:

The Fourth Resolve of Resolution 6 be deleted:

~~**RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.**~~

RECOMMENDATION C:

Resolution 6 be <u>adopted as amended</u>.

RESOLVED, That RESOLVED, That our AMA recognize the exacerbation of health and economic inequities due to race-based algorithms as a manifestation of racism within the medical field; and be it further

RESOLVED, That our AMA revise the *AMA Guides to the Evaluation of Permanent Impairment*, in accordance with existing AMA policy on race as a social construct and national standards of care, to modify recommendations that perpetuate racial essentialism or race-based medicine; and be it further

RESOLVED, That our AMA support and promote racism-conscious, reparative, community-engaged interventions at the health system, organized medical society, local, and federal levels which seek to identify, evaluate, and address the health, economic, and other consequences of structural racism in medicine; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

Your Reference Committee heard many statements in support of the spirit of this resolution, both from individuals and the RFS Standing Committees. The RFS Committee on Public Health indicated that Resolved 3 may be too broad to be actionable since it is unclear what

the scope of what a racism-conscious, reparative, community-engaged intervention would look like as well as what resources would be needed for the promotion of them. Staff feedback also indicated that both payor and state-level policy issues would be important to include since hospitals and labs are to varying extents regulated by states and payors often utilize opaque algorithms. Finally, while acknowledged as an important issue, several groups questioned whether this resolution meets the criteria for immediate forwarding. We would recommend amending Resolved 3 to include adding payor and state levels as well as removing the immediate forward clause since the RFS can still advocate for this issue if similar language is introduced to the HOD by another delegation and the urgency of immediate forwarding is unclear. Therefore, your Reference Committee recommends Resolution 6 be adopted as amended.

(6) RESOLUTION 8 – ADOPTING A NEUTRAL STANCE ON MEDICAL AID IN DYING

RECOMMENDATION A:

Resolution 8 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, That our AMA ~~adopt~~ <u>study the impact of</u> a neutral stance on medical aid in dying and ~~respect~~ the autonomy and right of self-determination of patients and physicians in this matter; and be it further

RESOLVED, That our AMA <u>study</u> ~~support the research to better understand~~ the benefits and risks of medical aid in dying, and <u>how such aid might affect</u> ~~to improve~~ the quality of end-of-life care.

RECOMMENDATION B:

Resolution 8 be <u>adopted as amended</u>.

RESOLVED, That our AMA adopt a neutral stance on medical aid in dying and respect the autonomy and right of self-determination of patients and physicians in this matter; and be it further

RESOLVED, That our AMA support the research to better understand the benefits and risks of medical aid in dying, and to improve the quality of end-of-life care.

Your Reference Committee heard mostly supportive testimony on this resolution and overwhelming support of the spirit and intent of AMA revisiting its long-held strong opposition to this topic, with an amendment offered by the author for immediate forwarding. It was also noted that the issue of medical aid in dying is complicated and has been debated at length in our House on previous occasions and a report from the study of this issue has the potential to impact the changes that this resolution ultimately hopes to accomplish. Further, there were various mentions that similar items may be brought forth in the near future by both the MSS and palliative care groups. This raised the question as to whether the RFS is the most suitable body to bring forth this item and if our Assembly should pass this resolution as internal rather

than external policy. Finally, we note that this resolution asks the AMA to take a stance on medical aid in dying while also indicating more research on its risks and benefits are needed.

After consideration of these points, your Reference Committee agrees that this is an important topic within our Section that should be brought forth to the House, although we suggest amending the language to ask the AMA to study the effects of a neutral stance, making it more actionable and palatable in the House, seeing as this would necessitate a change to the AMA Code of Medical Ethics. Similarly, by asking the AMA to study the topic of the second resolved rather than support research, we feel the ask is more actionable. Your Reference Committee disagrees with the urgency of this item and does not see an argument in the Whereas clauses or testimony supporting immediate forwarding outside the author's request to amend. Further, given the controversy this topic has garnered in the House in the recent past, we believe that not immediately forwarding this resolution will be very beneficial to its success by giving our Section time to garner support, build coalitions, and address concerns. Therefore, your Reference Committee recommends that Resolution 8 be adopted as amended.

(7) RESOLUTION 12 – INCLUSION OF ALL PASSED RESOLUTIONS IN THE RFS DIGEST OF ACTIONS

RECOMMENDATION A:

The Second Resolve of Resolution 12 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, That our AMA-RFS ~~review~~ <u>study</u> past versions of our RFS Digest of Actions <u>with a lookback period of up to 10 years</u> to restore RFS policy that passed at the AMA House of Delegates and was subsequently removed.

RECOMMENDATION B:

Resolution 12 be <u>adopted as amended</u>.

RESOLVED, That our AMA-RFS retain all resolutions passed in RFS assembly in our RFS Digest of Actions, including those that pass at the AMA House of Delegates; and be it further

RESOLVED, That our AMA-RFS review past versions of our RFS Digest of Actions to restore RFS policy that passed at the AMA House of Delegates and was subsequently removed.

Your Reference Committee heard testimony in support of Resolution 12 and a clarifying comment from the Governing Council Delegate indicating that the ask of the first resolve is current practice. Testimony also recognized the consequence of the ask as increasing the length of the Digest but emphasized the importance of keeping it easily accessible and searchable.

RFS staff, who are responsible for maintaining the Digest, provided additional background. Their current practice is to retain in the Digest all positions in the form that they pass the RFS Assembly, both for internal ("AMA-RFS") and external ("AMA-RFS supports the AMA,") resolutions. Staff noted, however, that this may not have been consistently followed since

RFS Delegates have had varying points of view on the value of this practice over time. Staff also noted that they produce the Summary of Actions document subsequent to each Assembly meeting that provides added detail as to the disposition of resolutions and reports once they are sent to the HOD.

Your Reference Committee feels that although the first resolve is current RFS practice, given the variation in Delegates' views and practices over time and the fact that Delegates only serve one-year terms, it is best to codify our stance as an official RFS position statement to standardize the RFS Assembly's institutional memory. Further, your Reference Committee has concerns about the second resolve as written since it may require the RFS to broadly adopt policies from many years past that may no longer align with the stances of the current RFS. Thus, we suggest amended language requesting a study of policies adopted by the RFS for consideration of re-inclusion into the current RFS compendium. Further, we recommend designating a look-back time limit be given for this review so that the task of reviewing is reasonable. Therefore, your Reference Committee recommends that Resolution 12 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(8) RESOLUTION 1 – CONFIDENTIALITY OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA

RECOMMENDATION:

Alternate Resolution 1 be adopted in lieu of Resolution 1.

CONFIDENTIALITY OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA

RESOLVED, That AMA policy H-65.959, "Opposing Mandated Reporting of People Who Question Their Gender Identity" be amended by addition and deletion to read as follows:

Our AMA opposes mandated reporting or disclosure of patient information related to sexual orientation, ~~of individuals who question or express interest in exploring their~~ gender identity, gender dysphoria, intersex identity, and any information related to gender transition for all individuals, including minors.

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

RESOLVED, That our AMA oppose efforts which would mandate disclosure of sexual orientation, intersex identity, or gender identity information of individuals, including minors; and be it further

RESOLVED, That our AMA offer resources for physicians and physician practices which are working toward the protection of sexual orientation and gender identity data; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

Your Reference Committee heard substantial support for the spirit of this resolution but concerns with the language as written. It was noted that the first resolve is covered by current AMA policies H-60.965, "Confidential Health Services for Adolescents," and H-315.983, "Patient Privacy and Confidentiality" and that while further restrictions beyond HIPAA-protected data and its applications for minors are state-by-state dependent, these two policies cover the issue enough for state societies to reference AMA policy. Concerns around the second resolve raised the question about the types of resources requested and whether it is in the AMA's purview to offer them. Finally, there was mixed testimony on the issue of immediate forwarding, with the RFS Justice, Equity, Diversity, and Inclusion (JEDI) Committee in support citing recent and ongoing efforts at the state level to make disclosure of gender and sexual orientation diversity mandatory.

Your Reference Committee reviewed current AMA policies and feels that this current resolution is novel. We believe the asks of the first resolve would be best served by expanding policy H-65.959, "Opposing Mandated Reporting of People Who Question Their Gender Identity." We agree with concerns raised around the second resolve regarding the need for greater clarification of the resources requested and thus have not included this ask in our language. We feel that due to pending legislation surrounding this issue, the immediate forward clause is appropriate. Therefore, your Reference Committee recommends that Alternate Resolution 1 be adopted in lieu of Resolution 1.

(9) RESOLUTION 5 – ELIMINATION OF NON-COMPETE CLAUSES IN EMPLOYMENT CONTRACTS
RESOLUTION 10 – SUPPORT OF BANNING NON-COMPETE CONTRACTS FOR PHYSICIANS

RECOMMENDATION:

Alternate Resolution 5 be <u>adopted in lieu of Resolutions 5 and 10</u>.

ELIMINATION OF NON-COMPETE CLAUSES IN EMPLOYMENT CONTRACTS

RESOLVED, That our AMA support the elimination of restrictive not-to-compete clauses within contracts for all physicians in clinical practice, regardless of the for-profit or non-for-profit status of the employer; and be it further

RESOLVED, That our AMA strongly advocate for policies that enable all physicians, including residents and fellows currently in training, to have greater professional mobility and the ability to serve multiple hospitals, thereby increasing specialist coverage in communities and improving overall patient care; and be it further

RESOLVED, That our AMA ask the Council on Ethical and Judicial Affairs to evaluate amending the AMA Code of Medical Ethics in order to oppose non-compete clauses; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

Resolution 5
RESOLVED, That our AMA make a public statement of strict opposition to non-compete clauses in physician contracts, including specifically notifying the Federal Trade Commission of the AMA's stance on this topic; and be it further

RESOLVED, That our AMA ask the Council on Ethical and Judicial Affairs to amend the *AMA Code of Medical Ethics* in order to strengthen the language opposing non-compete clauses; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

Resolution 10
RESOLVED, That our AMA actively support the Federal Trade Commission's proposal to ban non-compete contracts for all physicians, and be if further

RESOLVED, That our AMA strongly advocate for policies that enable all physicians, including residents and fellows currently in training, to have greater professional mobility and the ability to serve multiple hospitals, thereby increasing specialist coverage in communities and improving overall patient care, and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

Your Reference Committee heard substantial and overwhelming positive testimony for the spirit and intent of both Resolutions 5 and 10, with friendly amendments offered and multiple requests to consider the resolutions together. Some individuals questioned the effects of the recent Federal Trade Commission's (FTC) proposal on eliminating non-compete clauses, to which the authors clarified that the AMA's letter sent in response (https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fltrfr.zip%2F2023-4-17-AMA-Letter-to-FTC-re-Noncompete-NPRM-final.pdf) did not outright support the banning of non-compete clauses but rather stated that "the AMA is not able to support the Proposed Rule in its current form."

Additional testimony and staff comments also pointed out several additional considerations, including: (1) the fact that our AMA cannot direct CEJA to change its opinion, but can ask it to evaluate doing so; (2) views on non-compete clauses differ across AMA's diverse membership such that physicians who are employers and owners of physician practices or leaders in integrated delivery systems may favor the use of reasonable non-compete clauses, while physicians who are employees of practices, hospitals, health systems, or other organizations may have concerns about being subject to overly restrictive non-compete clauses that limit employment opportunities and may impact patient access to care; (3) the question of whether the FTC has authority over non-profit employers, of which many residents and fellows are or will be employed by; and (4) the urgency for immediately forwarding this item, given that the comment period has closed.

In consideration of the above, your Reference Committee believes that Alternate Resolution 5 will better accomplish the intent of the authors while still retaining the spirit of Resolutions 5 and 10. Broadening the language will not only allow the AMA to advocate against all non-compete clauses in contracts regardless of employment setting but will also allow for advocacy on this topic outside the narrow scope of specific proposed rules or time periods. Alternate Resolution 5 also requests CEJA conduct an evaluation of its current language rather than directing a change by CEJA. Finally, although the comment period on the FTC Proposed Rule has passed, the issue remains very timely since there is ongoing active legislation (*The Workforce Mobility Act*) which may be a different/better avenue for achieving this goal. Immediately forwarding this item would allow the AMA to strengthen its advocacy initiatives and consider multiple policy approaches. Therefore, your Reference Committee recommends that Alternate Resolution 5 be adopted in lieu of Resolutions 5 and 10.

RECOMMENDED FOR REFERRAL

(10) RESOLUTION 3 – AMEND POLICY D-275.948, "EDUCATION, TRAINING AND CREDENTIALING OF NON-PHYSICIAN HEALTH CARE PROFESSIONALS AND THEIR IMPACT ON PHYSICIAN EDUCATION AND TRAINING"

RECOMMENDATION:

Resolution 3 be referred.

RESOLVED, That our AMA policy D-275.948 be amended by addition to read as follows:

1.) Our AMA acknowledges that a conflict of interest exists when non-physician health care professionals hold positions on physician regulatory bodies or physician boards when these individuals represent a field that either possesses or seeks to possess the ability to practice without physician supervision

2.) Our AMA will work with and advocate key regulatory bodies involved with physician education, accreditation, certification, licensing, and credentialing to: (1) increase transparency of the process by encouraging them to openly disclose how their board is composed and members are selected; and (2) review and amend their conflict of interest and other policies related to non-physician health care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision;

3.) Our AMA opposes any non-physician, with positions on regulatory bodies and physician boards involved with physician education, accreditation, certification, licensing, and credentialing, from holding a position with voting power on these bodies/boards and believes non-physicians should only hold non-voting roles which seek to provide a public voice; and be it further

4.) Our AMA opposes any non-physician, with positions on regulatory bodies and physician boards involved with physician education, accreditation, certification, licensing, and credentialing, from holding a position on the executive committee on these bodies/boards as it conflicts with our "stop the scope creep campaign" and undermines physician confidence in these organizations.; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

Your Reference Committee heard testimony that was largely in favor of the spirit and intent of this resolution. However, there were concerns raised that this resolution contains inflammatory language that might be perceived poorly by the House, by outside organizations with which the AMA works closely, and by other professionals upon whom we rely to accomplish our goals related to medical education. It was noted that restrictions on roles and definitions of organizations may vary widely and have unintended consequences.

Your Reference Committee wishes to note that CME Report 09, "The Impact of Midlevel Providers on Medical Education" is being considered at the 2023 Annual meeting, which does discuss previous RFS resolutions with similar asks (Resolution 201 and 217 at Annual 2022), although its current recommendations fall short of addressing the topic and complexities of

this particular item. It was noted that resolutions 201 and 217 at A-22 contained similar language to Resolution 3 and their consideration resulted in very public strife between the AMA and the organizations of other healthcare professionals. Your Reference Committee carefully considered the data, passion, and need for change when debating this resolution. We believe that this is an important topic for the Section but are unsure that the current language in both the Whereas and Resolve clauses will ultimately accomplish the intended goals without being seen as too inflammatory and without regard for potential unintended consequences. Your Reference Committee believes this resolution would benefit from further study and refinement, resulting in more polished language and supporting data before it is presented to the HOD. Therefore, your Reference Committee recommends Resolution 3 be referred.

(11) RESOLUTION 9 – TRAFFIC-RELATED DEATH AS A PUBLIC HEALTH CRISIS

RECOMMENDATION A:

Resolution 9 be <u>referred</u>.

RECOMMENDATION B:

The following HOD Policy be <u>reaffirmed</u>: H-15.990, "Automobile Related Injuries."

RESOLVED, That our AMA recognize traffic-related death as a preventable public health crisis that disproportionately harms marginalized populations; and be it further

RESOLVED, That Our AMA recognize walking and cycling as healthy behaviors and walking and cycling safety as fundamental rights, especially for marginalized populations; and be it further

RESOLVED, That Our AMA support evidence-based strategies to achieve zero traffic fatalities by 2050; and be it further

RESOLVED, That Our AMA recognize that vehicle speed and weight are modifiable risk factors for traffic-related deaths.

Your Reference Committee heard considerable testimony on this resolution, mostly in opposition as written. Concerns included the fact that the AMA already has robust policy on addressing motor vehicle collisions and that the resolution contains unattainable asks that may be outside the AMA's purview. The author provided testimony in response, suggesting amendments to resolve clauses 1-3 and eliminating the fourth resolve. While your Reference Committee agrees that the issue of minimizing disparities regarding traffic-related incidents, especially for marginalized populations, is a valuable one, we feel that the overall resolution as it stands or with the amendments proposed does not go far enough to enact meaningful change and thus is not ripe for advocacy. Therefore, your Reference Committee recommends Resolution 9 be referred and policy H-15.990 be reaffirmed.

RECOMMENDED FOR NOT ADOPTION

(12) RESOLUTION 14 – MEDICAL RESIDENTS MEMORANDUMS OF APPOINTMENTS SHOULD BE VALID EMPLOYMENT CONTRACTS

RECOMMENDATION A:

Resolution 14 not be adopted.

RESOLVED, That our AMA support that appointment agreements/memorandums of appointment should be valid, legally binding, and enforceable employment contracts.

Your Reference Committee heard testimony in support of the spirit of this resolution, as enforceable employment agreements align with the existing AMA-RFS Resident Fellow Bill of Rights and ACGME requirements, but concerns were raised regarding the necessity of this resolution and the substantive effect on AMA advocacy if passed. Individuals and staff comments further pointed out that as put forth in the whereas clauses, memorandums of appointments are already legally binding contracts and thus do not need AMA support in declaring their legal status. The Massachusetts delegation suggested that a study of the issue may provide further clarity into the policy gap, if it exists. Therefore, your Reference Committee recommends Resolution 14 not be adopted.

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(13) RESOLUTION 2 – SUPPORT OF ELIMINATION OF THE DEFERMENT PERIOD FOR BLOOD DONATION BY MEN WHO HAVE SEX WITH MEN (MSM)

RECOMMENDATION:

AMA Policies H-50.973, H-50.977, H-50.972, H-50.995, and H-50.998 be reaffirmed in lieu of Resolution 2.

RESOLVED, That our AMA advocate for and support the elimination of the FDA three-month donation deferral policy for MSM and instead use an individualized risk assessment tool.

Your Reference Committee heard broad support for the spirit of this resolution as well as broad support for reaffirming existing policy, including from the RFS Standing Committee on Public Health, the Justice, Equity, Diversity, and Inclusion (JEDI) Ad-Hoc Committee, and the College of American Pathologists. Supporters of reaffirmation applauded the AMA for conducting strong and recent advocacy on this issue. Relevant policies that appear to cover this and will remain the basis for the AMA's ongoing advocacy include: "Blood and Tissue Donor Deferral Criteria" H-50.973 (updated by a similar item at A-22); "Blood Donor Recruitment" H-50.977; "Blood Donor Deferral Criteria Revisions" H-50.972; "Voluntary Donations of Blood and Blood Banking" H-50.995; and "Blood Donor Recruitment" D-50.998. Most importantly, on May 11, 2023, the FDA lifted the ban against donations by MSM in favor of an individualized risk assessment tool, fulfilling the ask of this resolution. Therefore, your Reference Committee recommends that AMA policies H-50.973, H-50.977, H-50.972, H-50.995, and H-50.998 be reaffirmed in lieu of Resolution 2.

(14) RESOLUTION 4 – ADVOCATING FOR RESIDENT AND FELLOW WELL-BEING THROUGH UNIONIZATION

RECOMMENDATION:

RFS Position Statements 170.011R, "Investigation into Residents, Fellows, and Physician Unions," and 291.009R, "Resident and Fellow Bill of Rights" be reaffirmed in lieu of Resolution 4.

RESOLVED, That our AMA review its current legislative advocacy plan as it pertains to prioritizing resident and fellow well-being, including resident and fellow financial well-being; and be it further

RESOLVED, That our AMA conduct a study of the ways in which it can improve its current legislative advocacy plan as it pertains to prioritizing resident and fellow well-being, including resident and fellow financial well-being; and be it further

RESOLVED, That our AMA conduct a study of the unionization of residents and fellows and its associated benefits as a top priority within current items of ongoing study of the AMA; and be it further

RESOLVED, That this Resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.

Your Reference Committee heard extensive testimony in support of the spirit of this resolution, but concerns were raised about the actionability of the resolve clauses in terms of our Section requesting prioritization over other areas of advocacy or internal study given the myriad of issues the AMA is working on. An amendment was offered shifting the scope of the resolution to the effects of a strike. Furthermore, it was noted that the Council on Medical Education has a report in progress due at the 2023 Interim Meeting, "Organizations to Represent the Interests of Resident and Fellow Physicians" that will propose recommendations to increase the AMA's support for resident and fellow organizing and empowerment, which can include unionization.

Therefore, in effort to better our own efforts within the House and maintain positive coalitions, your Reference Committee believes that allowing for appropriate prioritization as determined by the Board and the Advocacy office may better serve our overarching goals as a Section. We also believe the RFS should await the results of the pending CME report prior to passing further policy requesting report on similar subject matter. Finally, we wish to note that the Advocacy team has published an Issue Brief on Collective Bargaining for Physicians and Physicians-in-training: https://www.ama-assn.org/system/files/advocacy-issue-brief-physician-unions.pdf that does discuss strikes and that the RFS has existing internal position statements supporting labor rights and unionization. Therefore, your Reference Committee recommends RFS position statements 170.011R and 291.009R be reaffirmed in lieu of Resolution 4.

(15) RESOLUTION 15 – RESIDENTS VERIFICATIONS OF TRAINING AND CREDENTIALS

RECOMMENDATION A:

RFS Position Statement 201.009R, "Resident and Fellow Bill of Rights," and AMA Policy H-225.950, "AMA Principles for Physician Employment" be reaffirmed in lieu of Resolution 15.

RESOLVED, That our AMA support that training programs and hospitals provide timely and accurate verification of training for residents and fellows; and be it further

RESOLVED, That our AMA support that training programs and hospitals provide ACGME training transcripts, called ACGME Summative Evaluations, for residents and fellows at the time of graduation, upon decision to transfer, and for purposes of employment credentialing.

Your Reference committee heard support of the spirit of this resolution but neutrality towards its ask since it was pointed out by the RFS Committee on Legislation and Advocacy and the Massachusetts Medical Society RFS that it is already covered in existing policy (291.009R, "Resident and Fellow Bill of Rights", and H-225.950, "AMA Principles of Physician Employment") and that the second resolve is already an ACGME requirement. AMA MedEd staff further cautioned that the Summative Evaluation could take time to prepare, especially if there are unresolved issues with resident competency/performance, so requiring that it is

immediately available upon decision to transfer (by the resident) may not be reasonable and instead the timely standard in the first resolve is more appropriate. Therefore, your Reference Committee recommends reaffirming RFS Position Statement 201.009R and AMA Policy H-225.950 in lieu of Resolution 15.

This concludes the report of the RFS Reference Committee. I would like to thank Peter DeRosa, MD, Karen Dionesotes, MD, MPH, Anna Heffron, MD, PhD, Tristan Mackey, MD, and all those who testified before the Committee.

David Savage, MD, PhD, Chair

Peter DeRosa, MD

Karen Dionesotes, MD, MPH

Anna Heffron, MD, PhD

Tristan Mackey, MD