

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-24)

Report of Reference Committee

Rachel Ekaireb, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION**
4

- 5 1. Resolution 2 – Support of Universal School Meals for School Age Children
6
7 2. Resolution 5 – ACA Subsidies for Undocumented Immigrants
8
9 3. Resolution 10 – Coverage for Care for Sexual Assault Survivors
10

11 **RECOMMENDED FOR ADOPTION AS AMENDED**
12

- 13 4. Resolution 1 – Opposition to the Deceptive Relocation of Migrants and Asylum
14 Seekers
15
16 5. Resolution 3 – Heat Alerts and Response Plans
17
18 6. Resolution 4 – Mental Health Crises Require Healthcare, Not Handcuffs
19
20 7. Resolution 6 – Addressing Gender-Based Pricing Disparities
21
22 8. Resolution 8 – Renewing the Expansion of Premium Tax Credits
23
24 9. Resolution 9 – Protections for Trainees Experiencing Retaliation in Medical
25 Education
26
27 10. Resolution 11 – Direct Election of Resident/Fellow Members of the AMA Board of
28 Trustees and Various AMA Councils
29

30 **RECOMMENDED FOR ADOPTION IN LIEU OF**
31

- 32 11. Resolution 7 – CHIP Coverage of OTC Medications

RECOMMENDED FOR ADOPTION

- 1
2
3 (1) RESOLUTION 2 - SUPPORT OF UNIVERSAL SCHOOL
4 MEALS FOR SCHOOL AGE CHILDREN

5
6 **RECOMMENDATION:**

7
8 **Resolution 2 be adopted.**

9
10 **RFS ACTION: Resolution 2 adopted.**

11
12 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
13 support federal and state efforts to adopt, fund, and implement universal school meal
14 programs that include the provision of breakfast and lunch to all school-aged children, free of
15 charge to students and families and regardless of income.

16
17 Your Reference Committee heard nearly unanimous support for Resolution 2 as written.
18 Support was from a few individuals, Massachusetts Medical Society, Michigan State Medical
19 Society, RFS Committee on Public Health, RFS Committee on Legislative Affairs, American
20 Academy of Family Physicians, and RFS Committee on Justice, Equity, Diversity, and
21 Inclusion. Your Reference Committee notes that there was informational testimony provided
22 by your Section Delegates drawing attention to the wording of school meals for “all school-
23 aged children,” who also commented that perhaps this resolution would be more actionable if
24 narrowed to children in publicly funded schools. Your RFS Committee on Public Health did
25 note that food insecurity affects children regardless of type of school attended and advocating
26 for universal school meals is a more effective public health strategy. Additionally, your
27 Reference Committee discussed that public funding reaches non-public schools such as
28 charter schools. Finally, your Section Delegates noted that this resolution is identical to
29 Resolution 909 introduced to the HOD by the Medical Student Section at I-24 and adding it to
30 the RFS Position Compendium will allow the RFS to speak in support of it in the House.
31 Therefore, your Reference Committee recommends that Resolution 2 be adopted.

- 32
33 (2) RESOLUTION 5 – ACA SUBSIDIES FOR UNDOCUMENTED
34 IMMIGRANTS

35
36 **RECOMMENDATION:**

37
38 **Resolution 5 be adopted.**

39
40 **RFS ACTION: Resolution 5 adopted.**

41
42 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
43 support federal and state efforts to provide subsidies for undocumented immigrants to
44 purchase health insurance, including by extending eligibility for premium tax credits and cost-
45 sharing reductions to purchase Affordable Care Act (ACA) plans.

46
47 Your Reference Committee heard unanimously supportive testimony on Resolution 5, with
48 the RFS Standing Committee on Legislation and Advocacy offering a suggested amendment.
49 Your Reference Committee felt that the proposed amendment did not substantially change

1 the intent of the resolution or action of the RFS, and as the Section Delegates noted there is
2 a resolution in the HOD at this meeting with the original language already being considered,
3 and adoption would allow our Section to support it. Therefore, your Reference Committee
4 recommends that Resolution 5 be adopted.

5 (3) RESOLUTION 10 – COVERAGE FOR CARE FOR SEXUAL
6 ASSAULT SURVIVORS

7
8 **RECOMMENDATION:**

9
10 **Resolution 10 be adopted.**

11
12 **RFS ACTION: Resolution 10 adopted.**

13
14 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
15 support legal protection of sexual assault survivors' rights, which include but are not limited
16 to, the right to: (a) receive a medical forensic examination free of charge, including but not
17 limited to HIV/STI testing and treatment, pregnancy testing and prevention, drug testing,
18 treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault
19 evidence collection kit for at least the maximum applicable statute of limitation; (c) notification
20 of any intended disposal of a sexual assault evidence kit with the opportunity to be granted
21 further preservation; (d) be informed of these rights and the policies governing the sexual
22 assault evidence kit; and (e) access to emergency contraception information and treatment
23 for pregnancy prevention; and be it further

24
25 RESOLVED, that our AMA-RFS support efforts to eliminate financial barriers that limit
26 survivors' ability to seek physical and mental health care and social services after sexual
27 assault, including survivors' compensation funds and specialized programs to eliminate out-
28 of-pocket expenses for emergency, acute inpatient, and follow up services regardless of
29 insurance coverage or cooperation with law enforcement.

30
31 Your Reference Committee heard only positive testimony on Resolution 10. Several groups
32 spoke in support, including the RFS Standing Committee on Legislation and Advocacy and
33 the American Academy of Family Physicians noting the importance of protecting the rights of
34 sexual assault survivors to seek physical and mental healthcare, social and community
35 resources and timely forensic testing following sexual assault while recognizing that financial
36 barriers are modifiable factors that limit those rights. The Section Delegates also pointed out
37 that there is a similar resolution in the House of Delegates at I-24 and this resolution will give
38 the RFS a position to support it. Therefore, your Reference Committee recommends that
39 Resolution 10 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

- (4) RESOLUTION 1 – OPPOSITION TO THE DECEPTIVE
RELOCATION OF MIGRANTS AND ASYLUM SEEKERS

RECOMMENDATION A:

The First Resolve of Resolution 1 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) oppose the relocation of migrants and asylum-seekers by state or federal authorities without timely and appropriate resources to meet ~~travelers'~~ their health needs; and be it further

RECOMMENDATION B:

Resolution 1 be adopted as amended.

RFS ACTION: Resolution 1 adopted as amended.

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) oppose the relocation of migrants and asylum-seekers by state or federal authorities without timely and appropriate resources to meet travelers' needs; and be it further

RESOLVED, that our AMA-RFS strongly oppose the use of deceptive or coercive practices in the relocation of migrants and asylum seekers; and be it further

RESOLVED, that our AMA-RFS support state and federal efforts to protect the health and safety of traveling migrants and asylum-seekers, including the investigation of possible abuse and human rights violations.

Your Reference Committee received testimony largely in support of Resolution 1. Multiple groups (RFS Standing Committees on Justice, Equity, Diversity and Inclusion and Committee on Legislation and Advocacy as well as the Massachusetts RFS delegation) and individuals testified to the importance of this issue, and the timely relevance of a similar resolution being heard at the I-24 HOD meeting. One individual raised potential arguments of opposition, including the concern that immigration policies may not be within the purview of our AMA, and that the resolution's asks may be considered within the scope of existing policy. However, multiple testifiers refuted these points, emphasizing the resolution's intent to protect migrants' health and safety. Therefore, your Reference Committee recommends a minor amendment to clarify that health needs are of principal concern, which will hopefully allay any concerns regarding scope. Additionally, your Reference Committee was concerned that the term "traveler" does not accurately capture the duress under which the individuals in question may experience and elected to remove this term. Therefore, your Reference Committee recommends Resolution 1 be adopted as amended.

1 (5) RESOLUTION 3 – HEAT ALERTS AND RESPONSE PLANS

2
3 **RECOMMENDATION A:**

4
5 **The First Resolve of Resolution 3 be amended by deletion**
6 **to read as follows:**

7
8 **RESOLVED, that our American Medical Association**
9 **Resident and Fellow Section (AMA-RFS) support federal,**
10 **state, and local efforts ~~to update and implement evidence-~~**
11 **~~based heat index formulas and other relevant factors to~~**
12 **accurately estimate and address heat-related morbidity**
13 **and mortality, proactively issue heat alerts, and improve**
14 **implementation of response plans; and be it further**

15
16 **RECOMMENDATION B:**

17
18 **Resolution 3 be adopted as amended.**

19
20 **RFS ACTION: Resolution 3 adopted as amended.**

21
22 **RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)**
23 **support federal, state, and local efforts to update and implement evidence-based heat index**
24 **formulas and other relevant factors to accurately estimate and address heat-related morbidity**
25 **and mortality, proactively issue heat alerts, and improve implementation of response plans;**
26 **and be it further**

27
28 **RESOLVED, that our AMA-RFS support efforts to implement and fund comprehensive heat**
29 **response plans, including the use of Federal Emergency Management Agency funds and**
30 **resources, in order to combat heat-related morbidity and mortality.**

31
32 Your Reference Committee heard testimony that was generally in support of Resolution 3.
33 Background information from the Section Delegates noted that this internal resolution, if
34 passed, would provide the Section with a stance to support a forthcoming
35 MSS/Washington/Oregon HOD resolution at I-24. The RFS Standing Committee on Justice,
36 Equity, Diversity, and Inclusion as well as several individuals also provided supportive
37 testimony. A comment from the RFS Standing Committee on Public Health highlighted that
38 the resolution as written asks for an update to heat index formulas, though the cited references
39 indicate that the criteria for advisories vary across the country based on local climate and
40 infrastructure and therefore the issue lies with the implementation of these formulas to activate
41 response plans. Your Reference Committee feels that the amendment, which strikes the
42 language to update heat index formulas, addresses this concern and helps to make the ask
43 more accurate and applicable while supporting the use of evidence-based policies to
44 appropriately activate local heat advisories and heat response plans. Therefore, your
45 Reference Committee recommends Resolution 3 be adopted as amended.

46
47 (6) RESOLUTION 4 – MENTAL HEALTH CRISES REQUIRE
48 HEALTHCARE, NOT HANDCUFFS
49

1 **RECOMMENDATION A:**

2
3 **The First Resolve of Resolution 4 be amended by addition**
4 **and deletion to read as follows:**

5
6 **RESOLVED, that our American Medical Association (AMA)**
7 **amend policy H-345.972 (Mental Health Crisis**
8 **Interventions) by addition and deletion to read as follows:**

- 9 **1. Our American Medical Association continues to**
10 **support jail diversion and community based treatment**
11 **options for mental illness.**
12 **2. Our AMA advocates for funding and implementation of**
13 **evidence-based interventions to decouple behavioral**
14 **health response systems from carceral systems ~~from~~**
15 **~~behavioral health emergency response systems,~~**
16 **including but not limited to diverting acute mental**
17 **illness and social-service related calls to mobile crisis**
18 **teams staffed by mental health trained professionals**
19 **~~instead~~ rather than solely or primarily relying on ~~of~~**
20 **armed law enforcement.**

21 **~~Our AMA supports implementation of law enforcement-~~**
22 **~~based crisis intervention training programs for~~**
23 **~~assisting those individuals with a mental illness, such~~**
24 **~~as the Crisis Intervention Team model programs.~~**

- 25 **3. Our AMA supports federal funding to encourage**
26 **increased community and law enforcement**
27 **participation in crisis intervention training programs.**
28 **4. Our AMA supports legislation and federal funding for**
29 **evidence-based training programs by qualified mental**
30 **health professionals aimed at educating corrections**
31 **and law enforcement officers in effectively interacting**
32 **with people with mental health crises or and other**
33 **behavioral dysregulation issues in all ~~detention and~~**
34 **correctional facilities and communities.**
35 **5. Our AMA supports:**
36 **a. increased research on disparate use of force and**
37 **non-violent de-escalation tactics during ~~for~~ law**
38 **enforcement encounters with people who have**
39 **mental illness and/or developmental disabilities.**
40 **b. research on fatal encounters with law enforcement**
41 **and the prevention thereof; and be it further**

42
43 **RECOMMENDATION B:**

44
45 **The Title of Resolution 4 be changed to read as follows:**
46

1 **CARCERAL SYSTEMS AND PRACTICES IN BEHAVIORAL**
2 **HEALTH EMERGENCY CARE**

3
4 **RECOMMENDATION C:**

5
6 **Resolution 4 be adopted as amended with a change in title.**

7
8 **RFS ACTION: Resolution 4 adopted as amended with a change in title.**

9
10 RESOLVED, that our American Medical Association (AMA) amend policy H-345.972 (Mental
11 Health Crisis Interventions) by addition and deletion to read as follows:

12 1. Our American Medical Association continues to support jail diversion and community
13 based treatment options for mental illness.

14 2. Our AMA advocates for funding and implementation of evidence-based interventions
15 to decouple carceral systems from behavioral health emergency response systems, including
16 but not limited to mobile crisis teams staffed by trained mental health professionals instead of
17 armed law enforcement.

18 ~~Our AMA supports implementation of law enforcement-based crisis intervention training~~
19 ~~programs for assisting those individuals with a mental illness, such as the Crisis Intervention~~
20 ~~Team model programs.~~

21 3. Our AMA supports federal funding to encourage increased community and law
22 enforcement participation in crisis intervention training programs.

23 4. Our AMA supports legislation and federal funding for evidence-based training
24 programs by qualified mental health professionals aimed at educating corrections and law
25 enforcement officers in effectively interacting with people with mental health crises or ~~and~~
26 ~~other behavioral~~ dysregulation issues in all ~~detention and~~ correctional facilities and
27 communities.

28 5. Our AMA supports:

29 a. increased research on disparate use of force and non-violent de-escalation tactics
30 during ~~for~~ law enforcement encounters with people who have mental illness and/or
31 developmental disabilities.

32 b. research on fatal encounters with law enforcement and the prevention thereof; and be
33 it further

34
35 RESOLVED, that our AMA support ending routine reliance on law enforcement to triage,
36 evaluate, or transport individuals experiencing behavioral health emergencies and instead
37 support improved funding for Emergency Medical Services to meet communities' needs; and
38 be it further

39
40 RESOLVED, that our AMA advocate against the routine application of physical restraints,
41 including handcuffs, during behavioral health emergency responses or as part of police
42 protocols when transporting non-incarcerated individuals to receive health care services; and
43 be it further

44
45 RESOLVED, that our AMA advocate against the indiscriminate shackling of children and
46 adults during prehospital and hospital care, as the use of restraints should be limited to the
47 least restrictive option and only applied when medically necessary; and be it further

48
49 RESOLVED, that our AMA ask the Council on Judicial and Ethical Affairs to study this topic
50 to provide clearer guidance for healthcare professionals regarding interacting with law

1 enforcement while caring for patients and the indiscriminate shackling of youth and adults in
2 carceral custody, with particular attention to the removal of shackles in lieu of the least
3 restrictive restraint option.

4
5 Your Reference Committee heard testimony generally in support of the tenets of Resolution
6 4. The American Academy of Psychiatry and the Law generally had no objections, though it
7 was noted that circumstances exist that require the involvement of law enforcement officers,
8 and thus recommended deletion of the clause "instead of armed law enforcement" in the
9 amendment to the second point of extant AMA policy accordingly. The American Academy of
10 Psychiatry and the Law also suggested deleting "and only applied when medically necessary"
11 from the fourth resolve clause, stating that medical decision-making is not relevant, and
12 generalizing the amendment to the fourth point of extant AMA policy to "people with mental
13 health crises across all settings." The Section Council on Emergency Medicine was in support
14 of the spirit of the resolution but favored changing the title of the resolution to be less emotive
15 and more representative of the content of the resolution. The Section Council on Emergency
16 Medicine also advised recognizing the significant threat of workplace violence faced by
17 healthcare workers, particularly expressing concern with the fourth resolve as it pertains to
18 limiting the use of restraints and had some reticence about dictating prehospital care.

19
20 Both the RFS Standing Committees on Justice, Diversity, Equity, and Inclusion (JEDI) and
21 Legislation and Advocacy (COLA) testified in support of the resolution as written; JEDI
22 observed that the carceral system has inflicted more harm than healing on marginalized
23 communities and excessive use of force has disproportionate effects on Black and Brown
24 communities, and COLA echoed similar sentiments. The Section Delegates also testified in
25 support. The American Psychiatric Association testified to provide their own policy statements
26 on related issues, which largely correlate with the objectives of Resolution 4, including a policy
27 statement that "deployment of law enforcement officers to respond to these mental health
28 crises should only be used in those situations where safety-related issues require their
29 presence." An individual testified in support with amendments, stating the resolution reflected
30 tension they experienced as an EMT, but conveyed apprehension about the "decoupling"
31 vernacular; a second individual testified in support of the resolution as written but reiterated
32 some trepidation about the "decouple behavioral health response systems from carceral
33 systems" phrasing, though the individual noted that they would be in support of the resolution
34 whether or not that component remained within.

35
36 Finally, the authors of the resolution testified to proffer amendments intended to be responsive
37 to the critiques of other entities who engaged on the item. Your Reference Committee agrees
38 that the proposed amendments maintain the intent and the impact of the original resolution,
39 while successfully ameliorating potential weaknesses. In particular, re-titling the resolution to
40 "Carceral Systems and Practices in Behavioral Health Emergency Care" results in a more
41 neutral and descriptive introduction to the resolution, and other minor amendments augment
42 the precision of the resolution. Therefore, your Reference Committee recommends Resolution
43 4 be adopted as amended.

44
45 (7) RESOLUTION 6 – ADDRESSING GENDER-BASED PRICING
46 DISPARITIES

47
48 **RECOMMENDATION A:**
49

1 **The First Resolve of Resolution 6 be amended by addition**
2 **and deletion to read as follows:**

3
4 **RESOLVED, that our American Medical Association**
5 **Resident and Fellow Section (AMA-RFS) recognize the**
6 **systematic systemic harms that gender-based pricing**
7 **disparities impose, including worsened health and quality**
8 **of life outcomes; and be it further**

9
10 **RECOMMENDATION B:**

11
12 **Resolution 6 be adopted as amended.**

13
14 **RFS ACTION: Resolution 6 adopted as amended.**

15
16 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
17 recognize the systematic harms that gender-based pricing disparities impose, including
18 worsened health and quality of life outcomes; and be it further

19
20 RESOLVED, that our AMA-RFS support federal and state efforts to eliminate gender-based
21 pricing disparities.

22
23 Your Reference Committee heard testimony that was unanimously in support of Resolution 6.
24 Background information from the Section Delegates noted that this internal resolution, if
25 passed, would provide the section with a stance to support a forthcoming Women’s Physician
26 Section HOD resolution at I-24. An amendment offered by the Section Delegates
27 appropriately substituted the word "systemic" over "systematic." The RFS Standing
28 Committee on Justice, Equity, Diversity, and Inclusion as well as two individuals were also in
29 support of this resolution, noting that gender-based pricing disparity continues to be a
30 prevalent equity issue in both healthcare and consumer products and merits ongoing
31 advocacy and a focus within our RFS internal position compendium. Therefore, your
32 Reference Committee recommends that Resolution 6 be adopted as amended.

33
34 (8) **RESOLUTION 8 – RENEWING THE EXPANSION OF**
35 **PREMIUM TAX CREDITS**

36
37 **RECOMMENDATION A:**

38
39 **The Second and Third Resolve of Resolution 8 be amended**
40 **by addition and deletion to read as follows:**

41

1 **RESOLVED, that our AMA will monitor and oppose efforts**
2 **to engage in proactive grassroots campaigns to prevent**
3 **rollbacks of affordable and quality health insurance**
4 **coverage at the federal level; and be it further**
5

6 **RESOLVED, that our AMA will immediately ~~initiate or~~**
7 **~~substantially invest in a focused grassroots campaign to~~**
8 **support advocate for extending ACA tax credit**
9 **enhancement from the American Rescue Plan Act and the**
10 **Inflation Reduction Act; and be it further**
11

12 **RECOMMENDATION B:**

13
14 **The Fourth Resolve of Resolution 8 be deleted.**

15
16 **RECOMMENDATION C:**

17
18 **Resolution 8 be adopted as amended.**

19
20 **RFS ACTION: Resolution 8 adopted as amended.**

21
22 RESOLVED, that our American Medical Association (AMA) reaffirm that expanding coverage
23 and protecting access to care is a top AMA priority; and be it further
24

25 RESOLVED, that our AMA will monitor and engage in proactive grassroots campaigns to
26 prevent rollbacks of affordable and quality health insurance coverage at the federal level; and
27 be it further
28

29 RESOLVED, that our AMA will immediately initiate or substantially invest in a focused
30 grassroots campaign to support extending ACA tax credit enhancement from the American
31 Rescue Plan Act and the Inflation Reduction Act; and be it further
32

33 RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at
34 the 2024 Interim Meeting.
35

36 Your Reference Committee heard generally supportive testimony on Resolution 8, with some
37 concerns noted. Both the RFS Standing Committees on Justice, Equity, Diversity, and
38 Inclusion and Legislation and Advocacy testified to the importance of the issue and the
39 timeliness of the ask in the third Resolve, as the noted legislation requires advocacy that is
40 time sensitive. However, your Section Delegates noted, and AMA staff has also directly
41 confirmed for your Reference Committee, that after submission of this resolution (within the
42 last 3 weeks), the AMA has formally joined the "[Keep Americans Covered](#)" coalition, and your
43 Section Delegates therefore recommended against immediate forwarding of this item. Your
44 Reference Committee also noted that as written this policy comes with a significant fiscal note.
45 Your Reference Committee offers an amendment to the second Resolve to provide broader
46 language for our advocacy team. While AMA has taken recent action to join a grassroots
47 campaign, policy directives to continue advocating for these objectives to maintain affordable
48 and broad access to insurance coverage is certainly appropriate given the uncertain political
49 landscape at this juncture. Therefore, your Reference Committee recommends Resolution 8
50 be adopted as amended.

1
2 (9) RESOLUTION 9 – PROTECTIONS FOR TRAINEES
3 EXPERIENCING RETALIATION IN MEDICAL EDUCATION
4

5 **RECOMMENDATION A:**
6

7 **The First Resolve of Resolution 9 be amended by addition**
8 **and deletion to read as follows:**
9

10 **RESOLVED, that our American Medical Association (AMA)**
11 **supports efforts to protect residents, fellows, and medical**
12 **students from ~~punitive measures~~ disciplinary actions taken**
13 **by workplaces, institutions, and educational programs that**
14 **discriminate against an individual based on their identity,**
15 **beliefs or ~~their political~~ advocacy; and be it further**
16

17 **RECOMMENDATION B:**
18

19 **The Second Resolve of Resolution 9 be amended by**
20 **addition and deletion to read as follows:**
21

22 **RESOLVED, that our AMA supports that any ~~punitive~~**
23 **~~measures enforced~~ disciplinary actions against residents,**
24 **fellows, and medical students, adhere to due process and**
25 **use a standardized protocol, which barring patient and**
26 **workplace safety concerns, may include ~~including~~ multiple**
27 **warnings, opportunities to halt actions in question prior to**
28 **measures being taken, mediation by and appeals to a third**
29 **party, ~~and due process~~, especially before long-term**
30 **suspension, dismissal, expulsion, or termination of**
31 **contracts; and be it further**
32

33 **RECOMMENDATION C:**
34

35 **The Third Resolve of Resolution 9 be deleted.**
36

37 **RECOMMENDATION D:**
38

39 **Resolution 9 be adopted as amended.**
40

41 **RFS ACTION: Resolution 9 adopted as amended.**
42

43 RESOLVED, that our American Medical Association (AMA) supports efforts to protect
44 residents, fellows, and medical students from punitive measures taken by workplaces,
45 institutions, and educational programs that discriminate against an individual based on their
46 identity or their political advocacy; and be it further
47

48 RESOLVED, that our AMA supports that any punitive measures enforced against residents,
49 fellows, and medical students use a protocol including multiple warnings, opportunities to halt
50 actions in question prior to measures being taken, mediation by and appeals to a third party,

1 and due process, especially before long-term suspension, dismissal, expulsion, or termination
2 of contracts; and be it further
3

4 RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at
5 the 2024 Interim Meeting.
6

7 Your Reference Committee heard mixed testimony on Resolution 9. Many individuals and
8 groups supported the concept of this resolution but raised concerns about the specific
9 language used. In the live reference committee hearing, the authors offered testimony
10 regarding the long reaching impact of one's life/career trajectory when a trainee is expelled or
11 dismissed from a training program. Many commenters agreed that punitive measures are not
12 always applied equally, and that students/trainees of color and other marginalized identities
13 are disproportionately affected by this. However, multiple people, including the RFS Standing
14 Committee on Medical Education flagged the term "political advocacy" as being problematic,
15 particularly as health misinformation has become so politicized. It was additionally raised that
16 AMA already has policy on the issue of due process as it applies to residents and fellows,
17 including in the Resident Bill of Rights. Furthermore, the counterpoint was made that this
18 policy does not include medical students who may also face disciplinary actions which may
19 be unfairly applied based on the student's identity.
20

21 Your Reference Committee also discussed that for certain actions/behaviors by a trainee,
22 such as sexual harassment, overly racist/hate speech, or other behaviors in which a zero-
23 tolerance policy exists, graduated, escalating responses of multiple warnings would not be
24 appropriate. We further discussed that the term "disciplinary action" was a more commonly
25 accepted term in this context. Other amendments were proffered to improve this resolution
26 but there was minimal testimony in response to them. The suggestion was also made that
27 further study by an internal RFS committee would be prudent, and potentially refine the
28 language. Your Reference Committee decided it was our charge to collate the testimony
29 provided by the Assembly to address concerns raised rather than punt this task to another
30 group of RFS members. However, internal referral remains an option if such a motion is
31 desired. Finally, your Reference Committee heard testimony that given the potentially
32 contentious nature of this resolution, immediate forwarding would not provide adequate time
33 for our delegation to reach out to other stakeholders in the House of Delegates and garner
34 support. Therefore, your Reference Committee recommends Resolution 9 be adopted as
35 amended.
36

37 (10) RESOLUTION 11 – DIRECT ELECTION OF
38 RESIDENT/FELLOW MEMBERS OF THE AMA BOARD OF
39 TRUSTEES AND VARIOUS AMA COUNCILS
40

41 **RECOMMENDATION A:**
42

43 **The Second Resolve of Resolution 11 be amended by**
44 **addition to read as follows:**
45

1 **RESOLVED, that our American Medical Association (AMA)**
2 **modify its Constitution and Bylaws to allow the RFS to**
3 **directly elect the resident/fellow member of our AMA Board**
4 **of Trustees as well as modify its Bylaws to allow the RFS**
5 **to directly elect the resident/fellow member of our AMA**
6 **Council on Constitution and Bylaws (CCB), our AMA**
7 **Council on Medical Education (CME), our AMA Council on**
8 **Medical Service (CMS), and our AMA Council on Science**
9 **and Public Health (CSAPH); and be it further**

10
11 **RECOMMENDATION B:**

12
13 **Resolution 11 be adopted as amended.**

14
15 **RFS ACTION: Resolution 11 adopted as amended.**

16
17 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
18 Committee on Internal Operating Procedures Revisions update the RFS IOPs to allow the
19 Section to directly elect the resident/fellow member of our AMA Board of Trustees as well as
20 the resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA
21 Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our
22 AMA Council on Science and Public Health (CSAPH); and be it further

23
24 RESOLVED, that our American Medical Association (AMA) modify its Bylaws to allow the RFS
25 to directly elect the resident/fellow member of our AMA Board of Trustees as well as the
26 resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA
27 Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our
28 AMA Council on Science and Public Health (CSAPH); and be it further

29
30 RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at
31 the 2024 Interim Meeting.

32
33 Your Reference Committee heard limited testimony on this item primarily in support, including
34 extensive testimony from the authors of the resolution. Testimony generally supported the
35 autonomy of the Resident and Fellow Section directly electing the resident/fellow officers on
36 the four elected Councils and the Board of Trustees. The authors also observed that some
37 reform is required to rectify the incongruencies between the RFS internal operating
38 procedures and established practices regarding endorsements for these offices, and the
39 incompatible new timeline for endorsements instituted by the AMA Speakers, with limited lead-
40 time to effectuate a solution given the planned implementation of the new obligatory timeline
41 for the elections transpiring at the Annual 2026 House of Delegates. Your Reference
42 Committee does note that the assertion that no recent election in the House of Delegates for
43 a resident/fellow seat has been contested is inaccurate; within recent memory, the Resident/
44 Fellow Trustee elections in 2017, 2013, 2009, and 2005 were contested in the House of
45 Delegates, as were the 2009 and 2006 elections for the CSAPH resident/fellow seat and the
46 2001 election for the CMS resident/ fellow seat.

47
48 After the close of the Virtual Reference Committee, your Reference Committee was made
49 aware by staff from the Council on Constitution and Bylaws that the execution of the intent of
50 Resolution 11 would require not only amendments to the AMA Bylaws, but an amendment to

1 the AMA Constitution, which currently states that "The House of Delegates shall elect the
2 President, President-Elect, Immediate Past President, Speaker of the House of Delegates,
3 Vice Speaker of the House of Delegates, twelve At-Large Trustees, a Young Physician
4 Trustee, a Resident/Fellow Physician Trustee and a Public Trustee." As such, your Reference
5 Committee has proffered amendments to facilitate the requisite amendment to the AMA
6 Constitution, as well as AMA Bylaws. Your Reference Committee observes that amendments
7 to the AMA Constitution must be introduced at the meeting prior to the one at which action is
8 taken to amend the Constitution, and thus this will necessitate two meetings in order to
9 accomplish.

10
11 At the live Reference Committee hearing, your Reference Committee did hear a question
12 posed by a member regarding the mechanism of election (including the composition of the
13 electorate) for the Councilor and Trustee offices, as well as the timing of the elections; the
14 author of the resolution responded noting that this is not specified in the resolution and would
15 be left to the amendments of the Resident and Fellow Section Internal Operating Procedures
16 to dictate. Your Reference Committee did have some apprehension about the nebulosity
17 of this response and some trepidation with advancing this item to the House of Delegates
18 without having resolved these issues. Your Reference Committee observes that Resolution
19 602 introduced to the House of Delegates at the upcoming Interim 2024 meeting would
20 potentially allow for additional time to develop more thorough solutions. We also noted that
21 there are tangible downsides to no longer having resident and fellow candidates run for
22 election in the House of Delegates, including developing their campaigning skillsets, gaining
23 exposure to the various constituencies within the House of Delegates, and building
24 relationships within and across delegations. However, in light of the primarily positive
25 testimony on this item, your Reference Committee recommends Resolution 11 be adopted as
26 amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(11) RESOLUTION 7 – CHIP COVERAGE OF OTC
MEDICATIONS

RECOMMENDATION:

Alternate Resolution 7 be adopted in lieu of Resolution 7.

CHIP COVERAGE OF OTC MEDICATIONS

RESOLVED, that our American Medical Association (AMA) advocate for expanding coverage of FDA-approved and/or medically necessary over-the-counter medications under the Children’s Health Insurance Program (CHIP) for enrolled individuals, including by expanding medication classes covered under CHIP; and be it further

RESOLVED, that our AMA oppose arbitrary limitations on the quantity of FDA-approved over-the-counter medications covered by the Children’s Health Insurance Program for enrolled individuals; and be it further

RESOLVED, that our AMA oppose copayment requirements for over-the-counter medications for patients enrolled in CHIP.

RFS ACTION: Alternate Resolution 7 adopted in lieu of Resolution 7.

RESOLVED, that our American Medical Association (AMA) support expanding the Children’s Health Insurance Program (CHIP) coverage to include FDA-approved over-the-counter medications for enrolled individuals; and be it further

RESOLVED, that our AMA support expanding over-the-counter (OTC) medication coverage based on medication class under CHIP; and be it further

RESOLVED, that our AMA support at minimum a 30-day supply for OTC medications for patients enrolled in CHIP; and be it further

RESOLVED, that our AMA support eliminating the copayment requirement for OTC medications for patients enrolled in CHIP.

Your Reference Committee heard largely positive testimony on Resolution 7. Some concerns were raised concerning the language "FDA-approved" vs "medically necessary." It was determined that both clauses serve different purposes without being too prescriptive. Your Reference committee felt that condensing and consolidating the resolved clauses added to clarity and precision of the advocacy ask. Therefore, your Reference Committee recommends that Alternate Resolution 7 be adopted in lieu of Resolution 7.

- 1 This concludes the report of the RFS Reference Committee. I would like to thank Brady Iba,
- 2 DO, Helene Nepomuceno, MD, Sarah Mae Smith, MD, PhD, Sophia Spadafore, MD, Michael
- 3 Visenio, MD, and all those who testified before the Committee.

Rachel Ekaireb, MD, Chair

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Sophia Spadafore, MD

Michael Visenio, MD