

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Informational Report: A
(I-26)

Introduced by: Sarah Mae Smith, MD, PhD, RFS Delegate,
Oluwasegun (Paul) Emenogu, MD, RFS Alternate Delegate

Subject: Sunset Mechanism (2016-2017)

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

Due to a change in nomenclature standards in the updated IOPs, all resolutions archived in the RFS Position Compendium shall state "Our AMA-RFS" and hereafter be referred to as "internal position statements." The appendix of this report contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2016 fiscal year, as well as other relevant or associated outdated positions. Positions considered outmoded, irrelevant, duplicative, and inconsistent with more current positions will have specific recommendations. For each internal position statement under review, this sunset report recommends whether to: (1) rescind, (2) reaffirm, (3) reconcile with more recent actions, or (4) reaffirm with editorial changes, which constitutes a first-order motion. A brief justification for each recommendation will be provided. Due to the IOP change, all existing statements not up for review on the sunset calendar or that do not require reconciliation will be updated with editorial changes in the RFS Position Compendium but will not be reset on the sunset calendar and are not included in the appendix of this report.

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

This information is presented to the Assembly at the November 2026 Interim Meeting as an informational report to allow ample time for delegates to consider these initial recommendations. The appendix of this report contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2016 fiscal year, as well as other relevant or associated outdated positions.

APPENDIX I
RECOMMENDED ACTIONS ON 2016 RFS POSITIONS

Position No.	Title	Current Text	Recommendation
10.003R	Ethylene Glycol Poisoning Prevention	That our AMA-RFS support the AMA asking the Consumer Product Safety Commission to study and propose appropriate regulation including, but not limited to, the possible addition of bittering agents, to prevent ethylene glycol poisoning. (Substitute Resolution 3, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
10.005R	Winter Sports Safety Act	That our AMA-RFS support mandating the use of protective headgear by children and adolescents during their participation in winter sports including, but not limited to, skiing. (Substitute Resolution 18, I-95) [See also: AMA Policy H-470.974] (Reaffirmed Report D, I-16)	Retain, still relevant
20.004R	Bloodborne Pathogen Chemoprophylaxis for Medical Students and Residents	That (1) our AMA encourage OSHA to make the prophylaxis standard for HIV equivalent to that of HBV, (2) our AMA encourage the FDA to label saquinavir mesylate, ritonavir, nelfinavir, and indinavir sulfate which are currently labeled for HIV treatment, for HIV prophylaxis, and (3) our AMA-RFS ask the Liaison Committee for Medical Education to survey medical schools on their policies regarding chemoprophylactic treatment of students in the event of a possible exposure to a blood borne pathogen and report back to the RFS and the Medical Student Section. (Report L, A-97) (Reaffirmed Report D, I-16)	Retain in part (some time-sensitive directives no longer relevant, and some of the listed first generation protease inhibitors are discontinued or no longer recommended due to high toxicity profiles): That (1) our AMA encourage OSHA to make the prophylaxis standard for HIV equivalent to that of HBV, (2) our AMA encourage the FDA to label saquinavir mesylate, ritonavir, nelfinavir, and indinavir sulfate which are currently labeled for HIV treatment, for HIV prophylaxis, and (3) our our AMA-RFS ask the Liaison Committee for Medical Education to survey medical schools on their policies regarding chemoprophylactic treatment of students in the event of a possible exposure to a blood borne pathogen and report back to the RFS and the Medical Student Section.
20.007R	Eliminating Financial Barriers for Evidence-Based	1. Our AMA-RFS supports the education of physicians and the public about the effective use of pre-exposure prophylaxis for HIV and	Retain, still relevant

	HIV Pre-Exposure Prophylaxis	the US PrEP Clinical Practice Guidelines. 2. Our AMA-RFS supports the coverage of PrEP in all clinically appropriate circumstances. 3. Our AMA-RFS advocates that individuals not be denied various financial products, including disability insurance, on the basis of HIV pre-exposure prophylaxis (PrEP) use. (Resolution 3, I-16)	
40.001R	Midwifery Scope of Practice and Licensure	That our AMA-RFS support: (1) the development of model legislation regarding appropriate physician and regulatory oversight of midwifery practice, under the jurisdiction of either state nursing or medical boards; (2) monitoring state legislation activities regarding the licensure and scope of practice of midwives; and (3) our AMA in working with state medical societies and interested specialty societies to advocate in the interest of safeguarding maternal and neonatal health regarding the licensure and the scope of practice of midwives. (Resolution 5, A-08)	Retain, still relevant
50.002R	Home Sedation for Children Undergoing Outpatient Procedures	That our AMA-RFS oppose the administration of pre-procedural sedation to children outside of a monitored healthcare setting. (Report F, A-06) [See also: Resolutions 805, I-06] (Reaffirmed Report D, I-16)	Retain, still relevant
50.009R	Harmful Effects of Screen Time and Blue Light Exposure in Children	That our AMA-RFS encourages primary and secondary schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep; and that our AMA-RFS encourages primary care physicians to assess all pediatric patients and educate all parents about amount of screen time, physical activity and sleep habits. (Resolution 3, A-17)	Retain, still relevant
60.001R	Guidelines for Certifying Need for Handicapped Parking	That our AMA-RFS support the development of guidelines to assist physicians in determining a patient's need for handicapped parking privileges. [HOD Substitute Resolution 30, A-96] (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
70.001R	Needle Exchange Programs	That our AMA-RFS support governmental funding of needle exchange programs that provide the opportunity to participate in a drug rehabilitation program. (Substitute Resolution 4, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
80.005R	Regulation of Herbal Preparations	That our AMA-RFS support modification of the Dietary Supplement Health and Education Act (DSHEA) to require that dietary supplements, in order to be	Retain, still relevant

		marketed: (1) undergo Food and Drug Administration (FDA) pre-approval for evidence of safety; (2) meet criteria established by the United States Pharmacopoeia (USP) for dosage, quality, purity, packaging, and labeling; (3) meet FDA post-marketing requirements to report adverse side effects, including drug interactions and that the AMA encourage efficacy studies on dietary supplements. (Substitute Resolution 11, I-98) (Reaffirmed Report D, I-16)	
80.006R	Ban on Nonprescription Acetaminophen with Ethanol	That our AMA-RFS support the FDA requiring appropriate warning labels on nonprescription products containing both acetaminophen and ethanol. (Substitute Resolution 35, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
80.007R	Limiting Use of the DEA Number	That our AMA-RFS support the AMA working with the DEA to develop regulations prohibiting the use of the DEA number for purposes other than those related to controlled substances. (Substitute Resolution 34, A-94) (Reaffirmed Report D, I-16)	Retain, still relevant
80.017R	The DEA Order to Reduce Opioid Production	That our AMA-RFS encourages relevant stakeholders to research the overall effects of opioid production cuts; and That our AMA-RFS encourages the DEA to postpone any opioid production cuts until the potential effects of production quotas are better elucidated; and That our AMA-RFS encourages the DEA to be more transparent when developing medication production guidelines. (Late Resolution 3, I-16)	Retain, still relevant
90.002R	Improvement in US Airlines Aircraft Emergency Kits	That our AMA-RFS: (1) support the FAA reporting on medical emergencies that occur in US air carrier domestic and international flights; and (2) support the review of the content of US air carriers airline emergency kits and recommendation of appropriate upgrades of these kits. (Substitute Resolution 17, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
110.001R	Firearm Background Checks	That our AMA-RFS support: (1) waiting periods and background checks for all firearm purchasers; (2) state and federal legislation enforcing waiting periods for all transactions and background checks for all purchasers during firearm transactions; and (3) legislation prohibiting the manufacture, sale, or import of lethal and non-lethal guns made of plastic, ceramics, or other	Retain, still relevant

		non-metallic materials that cannot be detected by airport and weapon detection devices. (Resolution 9, A-16) (Reaffirmed in lieu of Resolution 7, A-17)	
110.002R	Restoring CDC Funding to Research Gun Violence	That our AMA-RFS support the federal funding of the Centers for Disease Control and Prevention (CDC) for research into guns and violence. (Substitute Resolution 15, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
120.004R	Truth in Nutrition Labeling	That our AMA-RFS support: (1) FDA policy requiring manufacturers to include levels of trans fatty acids on the "nutrition facts" portion of food labels; and (2) the development of guidelines for labeling foods as "low fat" and "low cholesterol" which include levels of trans fatty acids. (Substitute Resolution 9, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
120.005R	Nutritional Guidelines for Restaurants	That our AMA-RFS supports: (1) restaurants serving foods with reduced saturated fat content, (2) consideration of dietary needs when planning menus, and (3) restaurants providing nutritional information on menus and signage. (Report H, I-94) (Reaffirmed Report D, I-16)	Retain, still relevant
130.007R	Medic Alert Card	That our AMA-RFS support the study of a portable mechanism for patient information storage which may include a voluntary card-based system, ensuring that patient confidentiality is protected, and uniform standards are maintained. (Substitute Resolution 26, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
130.009R	Impact of Medicaid Reform on Children	That our AMA-RFS support continued federal and state funding for Medicaid which at minimum provide adequate benefits based on national standards for all people meeting basic national standards of eligibility. (Substitute Resolution 11, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
130.012R	National Health Issues	That our AMA-RFS Governing Council continue to review national health issues and ways in which the AMA-RFS could influence these issues, and report to the AMA-RFS Assembly as appropriate. (Resolution 19, A-78) (Reaffirmed Report C, I-88) (Reaffirmed Report C, I-98) (Reaffirmed Report D, I-16)	Rescind, time-limited directive
140.004R	AMA-Health Care Delivery Task Force	That our AMA-RFS: support the creation of a multi-organizational task force of relevant stakeholders to develop consensus	Rescind, time-limited directive and Health Access America is an outdated

		recommendations on a health care system or health care delivery principles that best serve the needs of the American public using the goals and principles of the Health Access America as a starting point. (Substitute Resolution 28, A-97) (Reaffirmed Report C, I-07)	reference
140.008R	Legislative Pain Care Restrictions	That our AMA-RFS oppose legislative or other policies that harm patients by restricting their ability to receive effective, patient-specific, evidence-based, comprehensive pain care. (Resolution 2, I-16)	Retain, still relevant
150.001R	Promoting Prevention Strategies in Waiting Rooms	That our AMA-RFS support the use of interactive media promoting preventive health measures, empowering patients to become more proactive about their health. (Resolution 8, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
150.002R	Public Education About Physicians	That our AMA-RFS support educating the public about the differences in education and professional standards between physicians and other health care providers. (Substitute Resolution 22, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
160.007R	Restrictions on Primary Care Physicians in the Delivery of Mental Health and Addictive Services	That our AMA-RFS support equitable payment, by insurance companies, to physicians providing appropriate treatment of mental and addictive illness. (Resolution 11, I-94) (Reaffirmed Report D, I-16)	Retain, still relevant
180.002R	Hospital Emergency Codes on ID Badges	That our AMA-RFS support the implementation of mandatory cards containing hospital emergency paging codes be included with the identification badge. (Resolution 2, A-11)	Retain, still relevant
220.004R	Non-Discriminatory Residency Policy	That our AMA-RFS oppose discrimination in residency applications based solely on country of medical school training. (Substitute Resolution 3, I-88) (Reaffirmed Report C, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
240.002R	Independent Regulation of Physician Licensing Exams	That our AMA-RFS support independent oversight of the creation, implementation and regulation of physician licensing exams, paying particular attention to conflicts of interest. (Resolution 1, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
240.010R	USMLE Step 3 and Initial Licensure Fees	That our AMA-RFS support: (1) that the total fees required when a resident registers for the USMLE Step 3, including any required licensure fees, be kept at a moderate level; and (2) the AMA investigating the costs involved in administering the USMLE,	Retain in part: That our AMA-RFS support: (1) that the total fees required when a resident registers for the USMLE Step 3, including any required licensure fees,

		including any future computerized version and encourage minimization of the costs to physicians in training. (Report G, A-98) (Reaffirmed Report D, I-16)	be kept at a moderate level; and (2) the AMA investigating the costs involved in administering the USMLE, including any future computerized version and encourage minimization of the costs to physicians in training.
240.012R	Postgraduate Training Requirements for Obtaining Permanent Medical Licensure	That our AMA-RFS: (1) support state medical licensing boards permitting graduates of Liaison Committee on Medical Education accredited programs to be licensed for the independent practice of medicine prior to the second year of residency training; and (2) oppose lengthy periods of residency training as part of the requirements for licensure, as tending toward licensure by specialty. (Report J, I-88) (Reaffirmed Report C, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
240.014R	Psychotherapy for Medical Students and Residents	That the AMA-RFS: (1) support the distribution of state medical licensing board requirements for reporting mental health treatment or psychotherapy, and (2) oppose the use of knowledge of mental health treatment or psychotherapy to delay or prevent medical licensing. (Report C, I-92) (Reaffirmed Report C, I-02) (Reaffirmed Report D, I-16)	Retain, still relevant
240.018R	Mental Health Disclosures on Physician Licensing Applications	That our AMA-RFS encourages state medical boards to consider physical and mental conditions similarly; and that our AMA-RFS encourages state medical boards to recognize that the presence of a mental health condition does not equate with an impaired ability to practice medicine; and that our AMA-RFS (1) encourages specialty boards, hospitals, and other organizations involved in credentialing, as well as state licensing boards, to take all necessary steps to assure the confidentiality of information contained on application forms for credentials; (2) encourages boards to include in application forms only requests for information that can reasonably be related to medical practice; (3) encourages state licensing boards to exclude from license application forms information that refers to psychoanalysis, counseling, or psychotherapy required or undertaken as part of medical training; (4) encourages state medical societies and specialty	Retain, still relevant

		societies to join with the AMA in efforts to change statutes and regulations to provide needed confidentiality for information collected by licensing boards; and (5) encourages state licensing boards to require disclosure of physical or mental health history by physician health programs or providers only if they believe the illness of the physician they are treating is likely to impair the physician's practice of medicine or presents a public health danger; and that our AMA-RFS encourages state medical societies to advocate that state medical boards not sanction physicians based solely on the presence of a psychiatric disease, irrespective of treatment or behavior. (Resolution 8, I-16)	
250.003R	Prohibit MCOs from Requiring Board Passage for Hiring PurposesU	That our AMA-RFS support directly advocating to the managed care plans and large employers that contract with those plans, opposition to the use of board certification as the sole criterion for physician acceptance on managed care provider panels. (Substitute Resolution 7, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
260.008R	Eliminating Health Inequities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education	That our AMA-RFS support: (1) the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care – without regard to their gender, sexual orientation, race, religion, disability, ethnic origin, national origin or age, (2) students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; and (3) the Liaison Committee on Medical Education (LCME) and the Accreditation Council of Graduate Medical Education (ACGME) including LGBT health issues in the structural competence curriculum for medical education. (Resolution 5, A-05) (Reaffirmed Report E, A-16) (Reaffirmed Report D, I-16)	Retain with minor amendments and change in title: Eliminating Health Inequities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBTQ+) Health Issues in Medical Education: That our AMA-RFS support: (1) the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care – without regard to their gender, sexual orientation, race, religion, disability, ethnic origin, national origin or age, (2) students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and

			Transgender LGBTQ+ communities; and (3) the Liaison Committee on Medical Education (LCME) and the Accreditation Council of Graduate Medical Education (ACGME) including LGBTQ+ health issues in the structural competence curriculum for medical education
260.011R	Clinical Skills Assessment Exam	That our AMA-RFS support: (1) encouraging state medical licensing boards to collectively exclude the Clinical Skills Assessment Exam (CSAE) from state medical licensure requirements until such time as: (a) the exam has been demonstrated to be statistically valid, reliable, practical and evidence based, (b) scientific studies are published in a peer-reviewed journal justifying the validity of the exam for U.S. medical graduates, (c) a testing site is available in every state with an LCME accredited medical school or within 200 miles of that school, whichever is closer, and (d) scientific studies are published in a peer-reviewed journal demonstrating that the fiscal and societal benefits of this exam equal or outweigh the costs; (2) encouraging state medical societies to advocate for the collective exclusion of the CSAE from state medical licensure board regulations until such time as: (a) the exam has been demonstrated to be statistically valid, reliable, practical and evidence-based, (b) scientific studies are published in a peer-reviewed journal justifying the validity of the exam for U.S. medical graduates, (c) a testing site is available in every state with an LCME accredited medical school or within 200 miles of that school, whichever is closer, and (d) scientific studies are published in a peer-reviewed journal demonstrating that the fiscal and societal benefits of this exam equal or outweigh the costs; (3) contacting the National Board of Medical Examiners, all organizations represented on the NBME Governing Board, and the	Rescind, no longer relevant; Step 2CS has been eliminated

		Federation of State Medical Boards to request suspension of the implementation of the proposed mandatory CSAE until such time as: (a) the exam has been demonstrated to be statistically valid, reliable, practical and evidence-based, (b) scientific studies are published in a peer-reviewed journal justifying the validity of the exam for U.S. medical graduates, (c) a testing site is available in every state with an LCME accredited medical school or within 200 miles of that school, whichever is closer, and (d) scientific studies are published in a peer-reviewed journal demonstrating that the fiscal and societal benefits of this exam equal or outweigh the costs; and (4) commending the Liaison Committee on Medical Education (LCME) for making clinical skill competencies a priority, and work with the Association of American Medical Colleges (AAMC) and LCME to ensure that clinical skill competencies are taught and assessed using standardized patient examinations as part of every medical school curriculum. (Resolution 11, A-02) (Reaffirmed Report D, I-16)	
260.012R	Endorsement for Appropriate Medical Student Training Conditions	That our AMA-RFS support the development of professional guidelines addressing the issue of appropriate medical student training hours and training conditions during clinical clerkship. (Resolution 3, I-01) (Reaffirmed Report D, I-16)	Retain, still relevant
260.013R	Clinical Skills Assessment	That our AMA-RFS support: (1) that all LCME and AMA accredited medical schools comply with the requirement that schools teach and assess clinical skills, and (2) making the Clinical Skills Assessment examination more accessible to International Medical Graduates. (Substitute Resolution 6, A-98) (Reaffirmed Report D, I-16)	Retain in part: That our AMA-RFS support: (1) that all LCME and AMA accredited medical schools comply with the requirement that schools teach and assess clinical skills, and (2) making the Clinical Skills Assessment examination more accessible to International Medical Graduates.
260.022R	Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training	That our AMA-RFS: 1. supports the development and implementation of training in implicit bias, diversity and inclusion as a component of medical education; 2. supports effective strategies for educating residents in all specialties about disparities in their fields according to race and ethnicity,	Retain, still relevant

		with particular regard to access to care and health outcomes; and 3. Supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes. (Resolution 10, A-17)	
280.006R	Public Disclosure of Residency Revenue and Expenditures	That: (1) the RFS Governing Council study the feasibility of residency programs obtaining and disclosing revenues and expenditures related to residency training; (2) the RFS Governing Council report to the RFS Assembly at A-99 on current and proposed methodologies of Medicare GME funding; and (3) the RFS report to the Assembly on the feasibility of developing accounting techniques to report the annualized value of resident services. (Substitute Resolution 2, I-98) (Reaffirmed Report D, I-16)	Rescind, time-limited directive
280.008R	Impact of Medicare Regulations on Residency Training	That the AMA-RFS Governing Council continue to: (1) monitor the issue of Medicare, Medicaid, and private payor reimbursement of teaching physicians for supervising residents; and (2) collect information from residents on the regulations regarding reimbursement of teaching physicians for supervising residents and continue to report back to the AMA-RFS Assembly as appropriate. (Report H, I-97) (Reaffirmed Report D, I-16)	Rescind, time-limited directive and superseded by more recent policy, e.g. 330.010R
280.009R	Second Residencies in Primary Care	That our AMA-RFS ask the AMA to seek reinstatement of full Medicare Direct Graduate Medical Education funding training institutions for residents who have completed the minimum years of training for first board eligibility and are seeking a residency in primary care or other shortage specialty, as defined by the Health Care Financing Administration (HCFA). (Substitute Resolution 20, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain in part: That our AMA-RFS ask the AMA to seek reinstatement of full Medicare Direct Graduate Medical Education funding training institutions for residents who have completed the minimum years of training for first board eligibility and are seeking a residency in primary care or other shortage specialty, as defined by the Health Care Financing Administration (HCFA).
280.010R	Support for Combined Residency Programs	That our AMA-RFS support full funding for all years of combined residency training. (Substitute Resolution 18, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
280.011R	Medicare Reimbursement of Direct GME	That our AMA-RFS support restoration of Direct Graduate Medical Education funding that allows each resident an initial residency	Retain, still relevant

	Funding	period of five years, regardless of specialty choice or minimum years to attain board certification. (Late Resolution 2, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	
280.015R	Graduate Medical Education Funding	That our AMA-RFS support: (1) monitoring and reporting on Medicare Graduate Medical Education funding; and (2) publicizing and educating trainees on the issue of Medicare GME funding. (Report E, I-91) (Reaffirmed Report C, I-01) (Reaffirmed Report D, I-16)	Retain, still relevant
280.016R	GME Financing	That our AMA-RFS oppose reductions of Medicare funding for graduate medical education. (Substitute Resolution 12, A-91) (Reaffirmed Report C, I-01) (Reaffirmed Report D, I-16)	Retain, still relevant
281.001R	Supporting Legislation to Create Student Loan Savings Accounts	That our AMA-RFS support federal legislation creating student loan savings accounts that allow for pre-tax dollars to be used to pay for student loans. (Resolution 5, I-15)	Retain, still relevant
281.005R	Loan Repayment Program Resource	That our AMA-RFS research, compile, and maintain a comprehensive resource to include a hyperlink list of all the loan repayment programs across the country; and that access to this resource be a member-only feature of the AMA website. (Late Resolution 1, A-06) (Reaffirmed Report D, I-16)	Rescind, time-limited directive
281.008R	Student Loan Interest Deduction	That our AMA-RFS support: (1) student loan tax relief, and (2) expanding the tax deductibility of student loan interest. (Substitute Resolution 7, A-01) (Reaffirmed Report D, I-16)	Retain, still relevant
281.009R	Deferment Period for U.S. Medical School Graduates' Subsidized Federal Stafford Loans	That the AMA-RFS support: (1) expanding economic hardship deferment provisions for trainees for the duration of their postgraduate training; and (2) developing legislation to expand economic hardship deferment provisions for resident and fellow physicians. (Substitute Resolution 1, A-01) (Reaffirmed Report D, I-16)	Retain, still relevant
281.012R	Student Debt	That our AMA-RFS continue to recognize the seriousness of the problem of the expanding burden of medical education debt and elevate to a top legislative priority. (Resolution 8, A-98) (Reaffirmed Report D, I-16)	Retain, still relevant
281.013R	Use of Social Security Numbers on Student Loan Accounts	That our AMA-RFS support working with student loan services and other associated agencies to end the use of Social Security Numbers as account numbers. (Substitute	Retain, still relevant

		Resolution 1, A-98) (Reaffirmed Report D, I-16)	
281.019R	Student Loan Deferment During Residency	That our AMA-RFS: (1) support efforts to grant forbearance to residents who request it without penalties, additional costs, or restrictions, but not to the exclusion of deferment; and (2) oppose legislative efforts to curtail or eliminate the classification of residents as students for purposes of loan deferment. (Report D, I-89) (Reaffirmed Report C, I-99) (Reaffirmed Report D, I-16)	Retain, still relevant
291.018R	Fellowship Salaries	That our AMA: (1) study the current system of fellowship funding and salaries with a report at I-02, and (2) encourage the ACGME and the ABMS to collect information on fellowship salaries from both accredited and non-accredited programs to serve as a basis for the development of policy recommendations. (Report G, A-02) (Reaffirmed Report D, I-16)	Rescind, time-limited directive
291.021R	Residency Housestaff Leave Requirements	That our AMA-RFS support medical specialty boards adopting the AMA model for residency leave requirements and that this information be provided by residency programs to residents at the time of application for training. (Report E, I-01) (Reaffirmed Report D, I-16)	Rescind, time-limited directive and AMA model may be outdated
291.022R	Resident and Fellow Work Hours Reform 2001	That: (1) our RFS continue to make the improvement of hospital working conditions, including resident/fellow work hours, a top priority and report back at I-01 regarding the section's progress on this issue, (2) the RFS Governing Council work directly with other interested organizations using forums, workshops, and other methods to address the issue of hospital working conditions and resident/fellow hours, (3) our RFS ask the AMA to have the Council on Medical Education evaluate the scope of work hours violations by residency and fellowship programs and assess the ACGME's progress in curtailing these violations with a report at I-01, (4) our RFS ask the AMA to have the Council on Scientific Affairs work with other appropriate organizations to study the effect of resident/fellow sleep deprivation and fatigue on medical decision making, performance, and medical errors, (5) our RFS ask the AMA to have the Council on Legislation explore legislative strategies to enforce ACGME resident/fellow work hour standards and study the potential impact of state/federal legislation on work hours and	Retain in part: That: (1) our <u>AMA-RFS</u> continue to make the improvement of hospital working conditions, including resident/fellow work hours, a top priority and report back at I-01 regarding the section's progress on this issue, and (2) the RFS Governing Council work directly with other interested organizations using forums, workshops, and other methods to address the issue of hospital working conditions and resident/fellow hours, (3) our RFS ask the AMA to have the Council on Medical Education evaluate the scope of work hours violations by residency and fellowship programs and assess the ACGME's progress in curtailing these violations with a report at

		teaching institutions with report back at I-01, (6) our RFS ask the AMA to have the Council on Medical Service study the feasibility of enforcement of resident/fellow work hour standards by state/federal regulatory agencies, and (7) our AMA Board of Trustees review recent activities by the AMA and other organizations related to resident and fellow working conditions reform and report back at 1-01. (Report F, A-01) (Reaffirmed Report D, I-16)	I-01, (4) our RFS ask the AMA to have the Council on Scientific Affairs work with other appropriate organizations to study the effect of resident/fellow sleep deprivation and fatigue on medical decision making, performance, and medical errors, (5) our RFS ask the AMA to have the Council on Legislation explore legislative strategies to enforce ACGME resident/fellow work hour standards and study the potential impact of state/federal legislation on work hours and teaching institutions with report back at I-01, (6) our RFS ask the AMA to have the Council on Medical Service study the feasibility of enforcement of resident/fellow work hour standards by state/federal regulatory agencies, and (7) our AMA Board of Trustees review recent activities by the AMA and other organizations related to resident and fellow working conditions reform and report back at 1-01.
291.024R	Data Bank for Poor Outcomes Associated with Excessive Work Hours	That our AMA-RFS support: (1) the development of an anonymous reporting network for adverse outcomes associated with working conditions and the work environment, including excessive work hours and (2) national surveys of resident work hours and working conditions in order to develop recommendations regarding work hours and working conditions to optimize resident education and patient care. (Substitute Resolution 5, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
291.025R	Support for Night Float Rotation	That our AMA-RFS support: (1) alternatives to the traditional night call system in undergraduate and graduate medical education training; and (2) the elimination of any RRC guidelines that discourage alternatives to traditional night call such as night float. (Substitute Resolution 10, A-98) (Reaffirmed Report D, I-16)	Retain, still relevant

291.026R	Supervision of Residents	That our AMA-RFS support Medicare reimbursement for teaching physicians to ensure (1) more reasonable documentation requirements, (2) clarify and determine reasonable physical presence requirements, (3) expand the limited exception requirements for attending physician supervision to restore training for non-primary care residents at centers located in outpatient centers regardless of hospital affiliation. (Report F, A-97) (Reaffirmed Report D, I-16)	Retain, still relevant
291.028R	Misrepresentation of Degree of Supervision	That our AMA-RFS: (1) reaffirm support of appropriate supervision of residents and (2) support the AMA in its continued efforts to work with and monitor HCFA's implementation of the new Teaching Physician Guidelines. (Substitute Resolution 2, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain in part: That our AMA-RFS: (1) reaffirm support of appropriate supervision of residents and (2) support the AMA in its continued efforts to work with and monitor HCFA's implementation of the new Teaching Physician Guidelines.
291.029R	Reallocation of Residency Positions and Preservation of Work Hour Reform	That our AMA-RFS supports the study of potential adverse effects from redistribution or reduction of residency positions on residency education, work hours, and conditions. (Substitute Resolution 19, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
291.034R	Residents' Benefits	That our AMA-RFS support ongoing long-range planning and strategy development to improve the vocational, personal, and educational benefits of residents. (Substitute Resolution 1, A-81) (Reaffirmed Report C, I-91) (Reaffirmed Report C, I-01)(Reaffirmed Report D, I-16)	Retain, still relevant
291.036R	Transparency on Maternity and Paternity Leave Policies for Trainees	That our AMA-RFS supports all medical education and training programs making maternity, paternity, and adoption leave policies transparent and readily available to any applicant in a manner which unequivocally states if and how leave may be taken for these events without incurring extension of training. (Resolution 3, A-13) (Reaffirmed Report D, I-16)	Retain, still relevant
291.040R	No Trainee Left Behind	That our AMA-RFS update language in its Digest of Actions to ensure that position statements are reflected to include fellows in the positions already in the Digest for resident protections, benefits, salary, when appropriate; and that our AMA-RFS support our AMA in amending the Residents and Fellows' Bill of Rights H-310.912 by addition	Retain, still relevant

		to read as follows: 5. Our AMA will partner with ACGME and other relevant stakeholders to encourage 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, <u>and will encourage institutions to provide parity in salary and benefits between residents and fellows at a level that is at minimum commensurate with their postgraduate year.</u>	
292.004R	Improving Resident, Fellow and Patient Safety	That our AMA-RFS supports the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA): (1) creating and maintaining an anonymous system for reporting duty hour violations and resident intimidation in order to protect residents, fellows, and patients by improving compliance with the common residency program requirements established by the ACGME; (2) distributing information to residents at orientation on the known dangers of duty hour violations, the avenues available to report such violations, and the processes that the ACGME uses to bring programs who violate duty hour rules into compliance; (3) creating and maintaining a system of incentives and disincentives for programs to comply with the common residency program requirements in addition to the threat of loss of accreditation; and (4) creating and maintaining a system that will protect whistleblowers from retribution for reporting duty hour violations. (Resolution 2, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
292.007R	Evaluations and Consultations for Use in Grievance Procedures	That our AMA-RFS: (1) ask the AMA's Council on Ethical and Judicial Affairs to develop guidelines for residency programs regarding the procedures by which a residency program can terminate or dismiss a resident; and (2) publicize current CEJA opinions that relate to residency termination hearings. (Report J, I-97) (Reaffirmed Report D, I-16)	Rescind, time-limited directive
292.010R	Due Process System for Residency Programs	That the AMA-RFS maintain the following principles for due process system for residency programs: (1) A personal record of evaluation should be maintained for each resident which is accessible to the resident. (2) A resident should have the opportunity	Retain, still relevant

		to challenge the accuracy of the information in his/her resident record. (3) At least annually, but preferably semi-annually, the program director and teaching staff should evaluate each resident's performance and provide each resident with this evaluation. (4) Each resident should expect to continue to the next level of training, unless they are given adequate notice and informed of reasons they may not so advance. (5) Residents should be involved in the development of recommendations on policy issues, involving education and patient care including the mechanism for evaluation or resident performance. (6) There should be policies and procedures that define the bodies responsible for evaluation of residents and the function and membership of such bodies. These policies and procedures should provide for timely and progressive verbal and written notification to the physician that his/her performance is in question, and provide an opportunity for the resident to learn why it has been questioned. (7) There should be participation by residents in all institutional bodies involved in the evaluation of residents. Consideration should also be given to including staff physicians closely involved in housestaff interactions. Those residents participating should have full voting rights. Representatives of the housestaff should be selected by members of the housestaff. (8) These policies and procedures should also provide that when a resident has been notified of an adverse action, they have adequate notice and opportunity to appear before a decision making body to respond to the charges and introduce his/her own rebuttal. Dismissal from the program, the replacing of the resident on probation or otherwise depriving the resident of the property rights to which he/she is entitled in order to continue in the program constitutes an adverse action. 9) The fundamental aspects of a fair hearing are: a listing of specific charges, adequate notice of the right to a hearing, the opportunity to present and to rebut the evidence, and the opportunity to present a defense. (10) A hearing should be conducted and a decision reported to the resident in a timely manner thereby	
--	--	---	--

		minimizing interruption of the resident's training. (11) The resident should be permitted to be accompanied by another physician or advisor at the hearing of their choice. (12) A record of the hearing should be made and retained for review by interested parties who have obtained the written consent of the resident. (13) The policies and procedures should include an appeal mechanism within the institution. (14) All matter upon which the decision is based must be introduced into evidence at the proceeding before the hearing committee in the presence of the resident. An appeal of the decision of the hearing is limited to matters introduced at the hearing and made available to the resident. (15) Pending a final decision of the adverse action by the appellate body for the program, the resident should be permitted to continue in the training program except in the extraordinary case where patient safety and well being would be in jeopardy in the hospital. (Report C, A-82) (Reaffirmed Report C, I-92) (Reaffirmed Report C, I-02) (Reaffirmed Report D, I-16)	
293.001R	Physician Scientist Benefit Equity	That our AMA-RFS support the concept that all resident and fellow physicians who function in a role as physician scientists are provided with benefits packages comparable to those provided to their peers in clinical residencies or fellowships. (Resolution 1, A-07)	Retain, still relevant
293.002R	Resident Pay during Orientation	That our AMA-RFS support: (1) that all resident and fellow physicians should be compensated, and receive benefits, at a level commensurate with the pay that they will receive while in their training program, for all days spent in orientation activities prior to the onset of their contractual responsibilities; (2) the ACGME amending its Institutional Requirements so that institutions are required to compensate resident and fellow physicians, and provide benefits, for time spent in orientation activities at a level commensurate with the pay that the resident or fellow shall receive while in their program. (Resolution 4, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
293.003R	Eliminating Benefits Waiting Periods for Residents and Fellows	That our AMA-RFS support: (1) the elimination of benefits waiting periods imposed by employers of resident and fellow physicians-in-training; (2) asking the	Retain, still relevant

		Accreditation Council on Graduate Medical Education (ACGME) to clarify its institutional requirement to provide hospital, health, and disability insurance to residents, fellows and their families from the first day of orientation, and further petition the ACGME to aggressively enforce this requirement; and (3) working with the ACGME & Liaison Committee on Medical Education (LCME) to develop policies that ensures continuous hospital, health, and disability insurance coverage during a traditional transition from medical school into Graduate Medical Education. (Resolution 4, A-06) (Reaffirmed Report D, I-16)	
293.005R	Annual Contracts for Continuing Residents	That our AMA-RFS support the ACGME to requiring residency programs to provide their continuing residents with an annual written contract no later than March 1. (Substitute Resolution 12, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
293.007R	Collective Negotiations by Residents	That: (1) our AMA-RFS endorse the principles adopted by the AMA Board of Trustees regarding changes in the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements regarding collective negotiation for residents; (2) that the AMA seek to amend the ACGME Institutional Requirements to include the following: a) prohibit a teaching institution from impeding any efforts by the residents to create a residency organization b) require teaching institutions to engage in good faith collective negotiations with resident organizations on issues of patient care and resident well-being c) forbid teaching institutions from retribution against individual residency for activity related to a resident organization; (3) that the AMA seek means to ensure enforcement of Institutional Requirements by ACGME; (4) that the AMA prepare an amicus brief for the National Labor Relations Board (NLRB) in support of the right of resident organizations to collectively negotiate with teaching institutions but opposed to actions that would withhold patient care; (5) that the AMA vigorously pursue legislation to amend the NLRB Act to create a special student-employee classification for residents that would grant resident organizations the ability to participate in binding collective negotiation	Retain in part: That: (1) our AMA-RFS endorse the principles adopted by the AMA Board of Trustees regarding changes in the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements regarding collective negotiation for residents; (2) that the AMA seek to <u>amend (1) support requiring</u> the ACGME Institutional Requirements to include the following: a) prohibit a teaching institution from impeding any efforts by the residents to create a residency organization b) require teaching institutions to engage in good faith collective negotiations with resident organizations on issues of patient care and resident well-being, <u>and</u> c) forbid teaching institutions from retribution against individual residency for activity related to a resident organization; (3) support <u>that the AMA seek means to ensure enforcement of Institutional Requirements</u>

		without the ability to withhold medical care as a work action; (6) that the AMA provide sufficient resources through its Division of Representation to prepare resident organizational models and provide adequate staff support to resident as well as other physician groups seeking to form organizational entities. (Report F, I-97) (Reaffirmed Report D, I-16)	by ACGME; (4) that the AMA prepare an amicus brief for the National Labor Relations Board (NLRB) in support of the right of resident organizations to collectively negotiate with teaching institutions but opposed to actions that would withhold patient care; (53) that the AMA vigorously pursue legislation to amend the NLRB Act to create a special student-employee classification for residents that would grant resident organizations the ability to participate in binding collective negotiation without the ability to withhold medical care as a work action; and (64) <u>support</u> that the AMA provide sufficient resources through its Division of Representation to prepare resident organizational models and provide adequate staff support to resident as well as other physician groups seeking to form organizational entities.
293.013R	Financial Protections for Doctors in Training	That our AMA-RFS encourages training programs to provide financial education to residents and fellows. (Resolution 8, A-17)	Retain, still relevant
294.007R	Evaluation of Increasing Residency Review Committee (RRC) Requirements	That our AMA-RFS support our AMA working with the Accreditation Council for Graduate Medical Education and American Osteopathic Association to monitor and study residency/fellowship documentation requirements for program accreditation and the impact of these documentation requirements on program directors and residents with recommendations for improvement. (Substitute Resolution 9, A-07)	Retain, still relevant
294.011R	Training in Reimbursement Coding in Residency Programs	That our AMA encourage training in practice management, including training on proper reimbursement coding and documentation to better prepare residents for medical practice. (Substitute Resolution 3, A-98) (Reaffirmed Report D, I-16)	Retain as amended: That our <u>AMA-RFS</u> encourage training in practice management, including training on proper reimbursement coding and documentation to better prepare residents for

			medical practice. (Substitute Resolution 3, A-98) (Reaffirmed Report D, I-16)
294.018R	Cardiopulmonary Resuscitation Certification for Residents and Other Physicians	That our AMA-RFS support competency in basic CPR during residency training. (Substitute Resolution 13, I-78) (Reaffirmed Report C, I-88) (Reaffirmed Report C, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
294.030R	Resident Engagement in and Awareness of Value-Based Care and Reimbursement Strategies	1. That our AMA-RFS supports efforts to gather data on trainee awareness of reimbursement models and the transition to quality-based and value-based reimbursement models; and 2. That our AMA-RFS develop education materials for current trainees that familiarize them with the concepts and theory of value-based reimbursement and the current and proposed value-based reimbursement strategies offered by major insurers; and 3. That our AMA-RFS develop education materials designed to help physicians understand the role of quality metrics in designing a practice or in their contractual service to an employer; and 4. That our AMA-RFS supports work with governing bodies in medical education to encourage integration of value-based care training into graduate medical education programs; and 5. That our AMA-RFS advocates that the positive and negative impacts of value-based care and reimbursement on resident education should be studied, longitudinally followed, and reported nationally. (Report E, I-16)	Retain, still relevant
295.008R	Residency Program Responsibility for Resident Education	That our AMA-RFS: (1) direct its representative to the ACGME to affirm that residency programs are responsible for offering and supervising curriculum of education that will develop the requisite clinical skills and professional competencies for the residents to practice in their chosen specialties; (2) support that the basic skills and competencies for the practice of medicine and its specialties must be determined solely by the medical profession; and (3) supporting monitoring attempts by outside groups to legislate or regulate medical education curricula. (Substitute Resolution 31, I-95) (Reaffirmed Report D, I-16)	Retain, still relevant
296.002R	Residency Transfers	That the AMA-RFS: (1) continue to actively promote the resident and fellow vacancy	Rescind, there are currently only three vacancies total

		page; (2) organize the information, including links to specialty society websites, on the resident and fellow vacancy page in a user-friendly format; (3) initiate conversation to integrate the resident and fellow vacancies into FRIEDA, a resource well known to residents and fellows, to make the information more widely distributed and easily accessible; (4) include information about procedures and logistics of transferring residency and fellowship programs or specialties. (Report E, A-17)	listed on the page
300.004R	HHS Changes to Medical Privacy Regulation	That our AMA-RFS support the current efforts of the AMA in addressing the issue of privacy regulations. (Report H, I-02) (Reaffirmed Report D, I-16)	Rescind, uninterpretable divorced from the context of the original resolution
320.001R	Resident Participation in Specialty Societies	That our AMA-RFS: (1) support national medical specialty societies fostering resident physician membership and participation in their policy formulation and leadership development; and (2) continue to encourage the development of resident physicians sections among national medical specialty societies. (Substitute Resolution 10, A-88) (Reaffirmed Report C, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
320.002R	Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine	That our AMA-RFS support: 1) conducting studies on the participation of academic and teaching physicians, residents, fellows, and medical students, and community-based faculty members of medical schools and graduate medical education programs in organized medicine on medical school campuses and in teaching hospitals; 2) identifying successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine at the training sites. (Late Resolution 2, A-17)	Retain, still relevant
330.001R	Practice Expense	That our AMA actively oppose and advocate against HCFA's using the SMS as the sole source of data from which the specialty specific practice expenses per hour is calculated and that the AMA support HCFA's utilizing data from specialty society sources where that data exists. (Emergency Resolution 2, A-98) (Reaffirmed Report D, I-16)	Rescind, outdated policy
330.002R	Payment for Federally Mandated Emergency Care	That our AMA-RFS support an equitable adjustment to the medical physician fee schedule to provide fair compensation to offset the additional professional and	Rescind, outdated policy

		practice expenses required to comply with EMTALA. (Emergency Resolution 1, A-98) (Reaffirmed Report D, I-16)	
330.003R	Effective Communication with HCFA	That our AMA-RFS Governing Council meet with the Health Care Financing Administration (HCFA) to discuss the Medicare guidelines governing reimbursement for resident supervision during residency training with a report back the AMA-RFS Assembly. (Substitute Resolution 6, I-97) (Reaffirmed Report C, I-07)	Rescind, time-limited directive and outdated policy
340.008R	Education on, Screening, and Reporting of Elder Abuse and Neglect	That our AMA-RFS support promoting elder abuse screening during patient encounters when deemed appropriate by the provider. (Resolution 4, A-17)	Retain, still relevant
350.001R	Opposition to Funding Cuts for HRSA Programs	That our AMA-RFS: (1) support working with other interested organizations to educate the public about the importance of the Health Careers Opportunity Program and the Centers of Excellence Program, which encourages historically minoritized populations to consider a career in medicine and helps to increase the supply of historically minoritized health professionals; and (2) oppose any proposed legislation to reduce or eliminate funding for the Health Careers Opportunity Program and the Centers of Excellence Program. (Resolution 6, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
360.002R	National Marrow Donor Program: Cord Blood Donation	That our AMA-RFS support: (1) working with Health Resources and Service Administration to increase the availability and access for expectant persons to donate their cord blood to the National Marrow Donor Program within every state; and (2) drafting and promoting model state and federal legislation to present the option to all expectant persons of donating cord blood. (Substitute Resolution 12, I-01) (Reaffirmed Report D, I-16) (Report G, A-24)	Retain, still relevant
360.003R	National Marrow Donor Program	That our AMA-RFS support requesting all blood donation organizations to make provisions within their standard operating procedures as filed with the FDA to allow, when appropriate and technically feasible, access to the IV blood collection system for registration of a volunteer with the National Marrow Donor Program. (Resolution 29, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
370.002R	Reimbursement Neutrality in the	That our AMA-RFS: (1) limit support of initiatives included in the Merit-Based	Retain, still relevant

	Merit-Based Incentive Payment System (MIPS) of MACRA	Incentive Payment System (MIPS) to those which are projected to be neutral with respect to geography and specialty; and (2) advocate for transparency among public and private payors in the creation and utilization of formulas intended to rank physicians for the purposes of reimbursement of public comparison. (Resolution 11, I-16)	
380.009R	Part-Time Malpractice Insurance	That our AMA-RFS oppose reduced premiums for part-time physicians. (Substitute Resolution 4, I-01) (Reaffirmed Report D, I-16)	Retain, still relevant
380.011R	The Disruptive Physician	That our AMA-RFS support: (1) identifying and studying behavior by physicians that is disruptive to high quality patient care; and (2) defining the term “disruptive physician” and disseminating guidelines for managing the disruptive physician. (Report H, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
380.012R	On-Call Physicians	That our AMA-RFS support working with the Federation, the American Hospital Association, the American College of Emergency Physicians, and other interested state medical and specialty societies to study trends in reimbursement, responsibilities and availability of on-call physicians and the impact of these trends on the timely delivery of emergency services. (Late Resolution 1, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
380.013R	Physician Diversity	That our AMA-RFS support AMA policies 350.988, 350.991, 350.993, and 350.995 which encourage increased representation by historically minoritized populations in medicine. (Substitute Resolution 7, A-98) (Reaffirmed Report D, I-16)	Rescind, AMA policy has been amended significantly since 1998
380.015R	Failure to Use and Implementation of Advance Directives	That our AMA-RFS support studying: (1) how to better educate physicians in the skills necessary to increase the prevalence of meaningful advance directives; and (2) how to improve recognition of, and adherence to, advance directives by health care facilities and staff. (Substitute Resolution 7, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
380.016R	Transition to Practice Information	That our AMA-RFS Governing Council review the availability of educational tools regarding transition to practice and provide information on how to obtain these tools. (Substitute Resolution 2, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Rescind, time-limited directive
380.023R	Improving FDA Expedited Approval	That our AMA-RFS supports the development of a process by	Retain, still relevant

	Pathways	which drugs which obtain FDA approval via the Fast Track, Accelerated Approval, or Breakthrough Therapy pathways be granted FDA approval on a temporary basis not to exceed 5 years, pending further evidence of safety and efficacy that is at the level set for the standard drug approval process; and that our AMA-RFS supports work by the FDA and other interested stakeholders to define “specialty drugs” and the process for designating “specialty drugs” for expedited approval pathways. (Resolution1, A-17)	
390.001R	Teenage Pregnancy Prevention	That our AMA-RFS support the AMA: (1) providing testimony to Congress; and (2) actively supporting funding that provides reproductive preventative screenings and family planning services which are an essential part of women’s health services and vital for unintended pregnancy prevention. (Resolution 7, A-11)	Retain as amended: That our AMA-RFS support the AMA: (1) providing testimony to Congress; and (2) actively supporting funding that provides reproductive preventative screenings and family planning services which are an essential part of women’s health services and vital for unintended pregnancy prevention
390.004R	Guidelines on the Protection of Pregnant Health Care Workers and Their Fetuses From Exposure to Potential Infectious/Teratogenic Agents	That our AMA-RFS support the development of scientifically based safety guidelines to protect pregnant workers and their fetuses from hazardous exposure to infectious/teratogenic agents in the healthcare workplace. (Substitute Resolution 15, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
390.008R	Fair Access to Evidence-Based Family Planning Methods	That our AMA-RFS: (1) recognize that choices regarding family planning and medical or surgical termination of pregnancy are personal and autonomous and are to be made by a patient in concert with their health care provider; and (2) support changes to public and private payment mechanisms that would make evidence-based family planning methods and medical or surgical termination of pregnancy accessible to all patients, regardless of socioeconomic background. (Resolution 7, I-16)	Retain, still relevant
400.001R	Criminalization of Providing Healthcare to Undocumented Residents	That our AMA: (1) reaffirm AMA Policy H-440.876; (2) work with local and state medical societies to immediately, actively and publicly oppose any legislative proposals that would criminalize the	Retain in part: That our AMA-RFS: (1) reaffirm AMA Policy H-440.876; (12) work with local and state medical societies to immediately,

		provision of healthcare to undocumented residents; and (3) oppose proof of citizenship as a condition of providing healthcare. (Resolution 6, A-07)	actively and publicly oppose any legislative proposals that would criminalize the provision of healthcare to undocumented residents; and (23) oppose proof of citizenship as a condition of providing healthcare.
410.007R	Tuberculosis Screening for Temporary Nonimmigrants	That the AMA-RFS support the efforts of the AMA Council on Scientific Affairs in addressing the issue of tuberculosis screening for non-immigrant visitors. (Report E, I-02) (Reaffirmed Report D, I-16)	Rescind, time-limited policy
410.009R	Addressing Antibiotic Resistance	That our RFS support the recommendations in AMA Council on Scientific Affairs Report 3 (A-00), Combating Antibiotic resistance Via Physician Action and Education: AMA Activities. (Substitute Resolution 10, A-01) (Reaffirmed Report D, I-16)	Rescind, time-limited policy
410.010R	Mercury Exposure and the Reduction of Fish Consumption	That our AMA-RFS support the FDA's efforts to educate consumers about mercury exposure from fish consumption. (Substitute Resolution 5, A-01) (Reaffirmed Report D, I-16)	Retain, still relevant
410.011R	Impact of Biodiversity Loss on Human Health	That our AMA-RFS support legislation that protects biodiversity for the purpose of benefiting human health, especially in terms of the development of drugs and biologicals to treat diseases. (Substitute Resolution 4, A-01) (Reaffirmed Report D, I-16)	Retain, still relevant
410.014R	National Standardization of Pre-participation Screening and Examination of High School Athletes	That our AMA-RFS support dissemination of current American Heart Association guidelines regarding pre-participation screening and examination of high school athletes. (Substitute Resolution 16, I-98) (Reaffirmed Report D, I-16)	Retain, still relevant
410.015R	Chlamydia Trachomatis as a Reportable Disease	That our AMA-RFS support state health departments following up on patients testing positive for Chlamydia Trachomatis by notifying the patients and their potential contacts of methods to reduce or avoid their chances of infection, reinfection, or progression of the disease. (Substitute Resolution 15, A-98) (Reaffirmed Report D, I-16)	Retain, still relevant
410.016R	Increasing Antibiotic Resident Bacteria Awareness	That our AMA-RFS support the appropriate healthcare agencies in increasing public education about the judicious use of antibiotics and the dangers of antibiotic resistant pathogens. (Substitute Resolution 14, A-98) (Reaffirmed Report D, I-16)	Retain, still relevant
410.020R	Protection of Ocular	That our AMA-RFS support businesses that	Retain, still relevant

	Injuries From BB and Air Guns	sell BB and air guns making polycarbonate protective eye wear available to their customers and distributing educational materials on the safe use of non-powder guns. (Substitute Resolution 23, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	
410.027R	Support for Standardized Diagnosis and Treatment of Hepatitis C Virus in the population of Incarcerated Persons	That our AMA-RFS supports the implementation of routine screening for HCV in prisons; and that our AMA-RFS supports the initiation of treatment for HCV in all incarcerated patients with the disease and seeking treatment; and that our AMA-RFS supports negotiation for affordable pricing for therapies to treat and cure Hepatitis C virus between among correctional facility health care providers, correctional facility health care payors, and drug companies to maximize access to these disease-altering medications. (Resolution 4, I-16)	Retain, still relevant
410.028R	Support for Standardized Diagnosis and Treatment of Hepatitis C Virus in the population of Incarcerated Persons	That our AMA-RFS supports the implementation of routine screening for HCV in prisons; and that our AMA-RFS supports the initiation of treatment for HCV in all incarcerated patients with the disease and seeking treatment; and that our AMA-RFS supports negotiation for affordable pricing for therapies to treat and cure Hepatitis C virus between among correctional facility health care providers, correctional facility health care payors, and drug companies to maximize access to these disease-altering medications. (Resolution 4, I-16)	Rescind, duplicate of 410.027R
410.029R	Medical Vaccination Exemptions	That our AMA-RFS support: (1) the removal of all state-based, non-medical exemptions to vaccination in accordance with each state's list of required vaccinations; and (2) legislative efforts that would establish national vaccination requirements for minors. (Resolution 18, A-15)	Retain, still relevant
410.030R	Emergent Communicable Disease Public Health Crises	That our AMA-RFS support AMA efforts in urging Congress to expeditiously act to ensure sufficient funding for research, prevention, diagnosis, control, and treatment of newly identified communicable diseases that pose a public health emergency without diverting resources from other essential health initiatives. (Resolution 6, I-16; Amended Resolution 2, A-17)	Retain as amended: That our AMA-RFS support AMA efforts in urging Congress to expeditiously act to ensure sufficient funding for research, prevention, diagnosis, control, and treatment of newly identified communicable diseases that pose a public health emergency without diverting resources from other essential health initiative

420.003R	The Study of the Federation	That our AMA-RFS support the goals of the Study of the Federation in order to strengthen patient advocacy, quality of care, and the profession of medicine. (Resolution 34, A-96) (Reaffirmed Report D, I-16)	Rescind, time-limited directive
420.004R	Continued Support for the Agency for Health Care Policy and Research (AHCPR)	That our AMA-RFS ask the AMA to call on Congress and the President of the United States to support the AHCPR at stable or increased levels of funding, taking into account the additional financial burden imposed by the National Medical Expenditures Survey which is conducted at regular intervals. (Substitute Resolution 21, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain as amended: That our AMA-RFS ask the AMA to call on Congress and the President of the United States to support the <u>Agency for Healthcare Research and Quality AHCPR</u> at stable or increased levels of funding; taking into account the additional financial burden imposed by the National Medical Expenditures Survey which is conducted at regular intervals.
450.001R	Television Rating System	That our AMA-RFS support the continued involvement of physicians and educators in the development of a television rating system that is practical, developmentally appropriate, and based on existing research and scientific knowledge. (Substitute Resolution 1, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
470.002R	Eliminating Financial Support for Politicians Who Receive Financial Support from the Tobacco Industry	That our AMA-RFS support: (1) AMPAC scrutinizing any politician's acceptance of funding from the tobacco industry when making decisions concerning the financial support of specific candidates; and (2) state and specialty medical society PAC's scrutinizing ant politician's acceptance of funding from the tobacco industry when making decisions concerning the financial support of specific candidates. (Substitute Resolution 19, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
490.001R	Investigating the Continued Gender Inequities in Physician Salaries	That our AMA-RFS: (1) support eliminating gender inequities in physician salaries and professional development (e.g. promotions, tenure); and (2) oppose the causes of gender inequities in physician salaries and professional development. (Resolution 5, A-06) (Reaffirmed Report D, I-16)	Retain, still relevant
500.003R	Wheelchair Accessible Locations for All AMA Meetings	That our AMA-RFS support holding all meetings in locations that are wheelchair accessible. (Resolution 6, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Retain, still relevant
500.004R	AMA Annual Meeting Schedule	That our AMA-RFS advocate for the AMA to change its House of Delegates Annual	Rescind, outdated policy

		Meetings so that they take place prior to the last two weeks of June. (Resolution 16, A-91) (Reaffirmed Report C, I-01) (Reaffirmed Report D, I-16)	
500.008R	Health Fitness Partnership	Our AMA-RFS supports actions by the AMA: 1) To promote health and wellness among its members; 2) To further investigate and explore partnerships to promote health and wellness among its members, including a partnership that provides some financial benefit to AMA members. (Report H, A-17)	Retain, still relevant
550.003R	AMA-RFS Strategic Plan: Vision, Mission, and Objectives	That our AMA-RFS utilize the vision, mission and objectives set forth by the AMA-RFS Committee on Long Range Planning as a foundation for further planning. (Report E, A-01) (Reaffirmed Report D, I-16)	Rescind, outdated policy
550.007R	Fiscal Affairs of the Resident and Fellow Section	That the Governing Council to provide an annual fiscal report for the previous year at the Annual Meeting. (Substitute Resolution 18, A-78) (Reaffirmed Report C, I-88) (Reaffirmed Report C, I-98) (Reaffirmed Report D, I-16)	Retain as amended if feasible to complete: That the <u>AMA-RFS</u> Governing Council to provide an annual fiscal report for the previous year at the Annual Meeting.
560.003R	Resident Representation on Residency Review Committees	That our AMA consider appointing resident physicians to residency review committees currently without resident members by using its ex-officio positions on the committees. (Substitute Resolution 1, A-87) (Reaffirmed Report D, I-97) (Reaffirmed Report D, I-16)	Retain as amended: That our <u>AMA-RFS support the</u> <u>AMA in considering</u> appointing resident physicians to residency review committees currently without resident members by using its ex-officio positions on the committees.
560.004R	Resident Representation on the Internal Medicine Residency Review Committee	That our AMA request all Residency Review Committees utilize peer-selected resident representatives to serve as voting members at all meetings of the committee for at least a one year term preceded by a six month term as an observer. (Substitute Resolution 2, A-98) (Reaffirmed Report D, I-16)	Retain as amended: That our <u>AMA-RFS support that</u> <u>the</u> AMA request all Residency Review Committees utilize peer-selected resident representatives to serve as voting members at all meetings of the committee for at least a one year term preceded by a six month term as an observer.
570.002R	Communication between the AMA-RFS Governing Council and State Society Resident and Fellow Sections	That our AMA-RFS (1) establish a list of state and specialty society resident physicians section chairpersons; and (2) publish a list of state and specialty society resident physicians section chairpersons in the Annual and Interim Assembly meeting handbooks and proceedings. That our AMA-RFS Governing Council attempt to	Retain if feasible to implement

		contact each state and specialty society resident physicians section chairperson prior to each AMA-RFS Assembly meeting. (Substitute Resolution 7, I-91) (Reaffirmed Report C, I-01) (Reaffirmed Report D, I-16)	
590.003R	Enhancing Involvement of New Meeting Attendees	That our RFS-CLRP develop specific criteria for the use of At-Large positions; That the RFS pilot the use of At-Large positions and a program to incorporate new attendees and non-voting members into existing positions, within the purview of our AMA-RFS IOPs as well as state and specialty society procedures, prior to the commencement of the meeting at I-10; That the RFS-CLRP report the results of the pilot at A-11 and the Assembly vote to determine if the pilot becomes permanent. (Report H, A-10)	Rescind, time-limited directive
590.004R	Developing a Mentoring Program for New AMA-RFS Attendees	That our AMA-RFS work to create a mentoring program to welcome new attendees to the section's meetings including, but not limited to, linking mentors and mentees of the same region to sit near each other during RFS business, apprising the mentee of evening social activities, and contacting the mentee before the subsequent meeting. (Report L, I-09)	Retain in part: That our AMA-RFS work to create a mentoring program to welcome new attendees to the section's meetings including, but not limited to, linking mentors and mentees of the same region to sit near each other during RFS business , apprising the mentee of evening social activities, and contacting the mentee before the subsequent meeting.
590.005R	Expanding AMA Participation by Underrepresented in Medicine Award Winners	That our AMA-RFS increase recruitment and retention of future award winners (including minority scholar award winners) by developing a strategic plan for leadership development and that our AMA-RFS report back on this issue at A-09. (Resolution 8, A-08)	Rescind, time-limited directive
590.006R	Resident and Fellow Section Recruitment Funding Initiative	That our AMA-RFS support: (1) our AMA working with the Membership Group to formalize a model based on MSSOP with reward monies awarded directly to State RFS sections; (2) our AMA requesting that the current MSSOP Resident Recruitment Awards be extended to the RFS sections of State Medical Societies for each new member recruited above the previous year state membership total set July 1PstP of each year; (3) our AMA requesting that membership for the RFS section be changed to an academic calendar year from the current calendar year cycle; (4) our AMA requesting a permanent staff member within	Retain in part: That our AMA-RFS support: (1) our AMA working with the Membership Group to formalize a model based on MSSOP with reward monies awarded directly to State RFS sections; (2) our AMA requesting that the current MSSOP Resident Recruitment Awards be extended to the RFS sections of State Medical Societies for each new member recruited above the previous year state

		the Membership Department dedicated to resident/fellow recruitment and retention on a yearly basis; (5) the Membership Group identifying yearly the staff contact within each state medical society responsible for resident membership issues and provide this list to the Department of Resident and Fellow Services; (6) our AMA requesting formal market research on current AMA residents, non-active AMA residents, residents who have never been part of the AMA, and residency programs assessing the factors that affect membership. (Report F, A-03) (Reaffirmed Report D, I-16)	membership total set July 1st of each year; (3) our AMA requesting that membership for the RFS section be changed to an academic calendar year from the current calendar year cycle; (34) our AMA requesting a permanent staff member within the Membership Department dedicated to resident/fellow recruitment and retention on a yearly basis; (5) the Membership Group identifying yearly the staff contact within each state medical society responsible for resident membership issues and provide this list to the Department of Resident and Fellow Services; and (46) our AMA requesting formal market research on current AMA residents, non-active AMA residents, residents who have never been part of the AMA, and residency programs assessing the factors that affect membership.
590.007R	Resident and Fellow Section Recruitment Funding Initiative	That our AMA-RFS Governing Council work with the membership committee to develop a membership program modeled after the MSS, whereby the AMA provides incentive at the local or state level, based on membership recruitment, in order to encourage increased recruitment as well as provide the necessary funds to increase active participation in the RFS section. (Substitute Resolution 7, I-02) (Reaffirmed Report D, I-16)	Retain in part: That our AMA-RFS Governing Council work with the membership committee to develop a membership program modeled after the MSS, whereby the AMA provides incentive at the local or state level, based on membership recruitment, in order to encourage increased recruitment as well as provide the necessary funds to increase active participation in the RFS section.
590.008R	Medical Student Retention in the RFS	That our AMA-RFS request the AMA Membership Department to provide the State Medical Society Resident and Fellow Section Chairs with a list of fourth year medical students members in their state. (Resolution 3, A-02) (Reaffirmed Report D, I-16)	Retain if feasible to implement

590.009R	Facilitating a Smoother Transition Through the Medical Student Section (MSS), Resident and Fellow Section (RFS), and Young Physician Section (YPS)	That our AMA-RFS work with the MSS and the Young Physician Section (YPS) to implement methods to facilitate the transition between the sections. (Substitute Resolution 8, A-97) (Reaffirmed Report C, I-07)	Retain as amended: That our AMA-RFS work with the <u>Medical Student Section</u> (MSS) and the Young Physician Section (YPS) to implement methods to facilitate the transition between the sections.
-----------------	--	--	--