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

Report of Reference Committee

Karen Dionesotes, MD, MPH, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report D – Traffic-related Death as a Public Health Crisis

2. Report E – Inclusion of All Passed Resolutions in the RFS Digest of Actions: Ten-Year Policy Lookback

3. Report G – Updating Language Regarding Families and Pregnant Persons

4. Report I – Sunset Mechanism (2013)

5. Resolution 6 – Humanitarian Efforts to Resettle Refugees

6. Resolution 7 – Missing and Murdered Indigenous Persons

7. Resolution 8 – Public Service Loan Forgiveness Reform

8. Resolution 12 – Transparency and Access to Medical Training Program Unionization Status, Including Creation of a FREIDA Unionization Filter

9. Resolution 16 – Public Health Implications of US Food Subsidies

10. Resolution 17 – Support for Paid Sick Leave

11. Resolution 18 – Improving Medigap Protections

12. Resolution 19 – Supporting the Patient's Right to Vote

13. Resolution 20 – Opposing Pay-to-Stay Incarceration and Probation Supervision Fees

14. Resolution 21 – Infertility Coverage

15. Resolution 22 – Medicaid & CHIP Benefit Improvements

RECOMMENDED FOR ADOPTION AS AMENDED

16. Report A – 2024-2027 RFS Policy Strategic Focus Areas

17. Report B – Modernization of the AMA Resident and Fellow Section Internal Operating Procedures

18. Report H – Recognizing Moral Injury in Medicine as a Phenomenon Distinct from Burnout

19. Resolution 5 – Renaming the AMA-RFS Digest of Actions

20. Resolution 9 – Bilateral Tubal Ligation (BTL) Federal Policy Modification Recommendation

21. Resolution 11 – Opposition to Collective Punishment

22. Resolution 13 – Soil Health

23. Resolution 15 – No Trainee Left Behind

24. Resolution 23 – Reforming Medicaid Estate Recovery

RECOMMENDED FOR ADOPTION IN LIEU OF

25. Resolution 1 – Reparative Work Addressing the Historical Injustices of Anatomical Specimen Use

26. Resolution 3 – Clearing Federal Obstacles for Supervised Injection Sites

27. Resolution 10 – Strengthening Parental Leave Policies for Medical Trainees and Recent Graduates

28. Resolution 14 – Updated Recommendations for Child Safety Seats

RECOMMENDED FOR REFERRAL

29. Report C – Financial Transparency of the Revenue Generated by Trainees at Health Systems

30. Report F – Editorial Changes to Outdated and Stigmatizing Language in the RFS Digest of Actions

RECOMMENDED FOR NOT ADOPTION

31. Resolution 2 – In Support of a National Drug Checking Registry

32. Resolution 4 – Advocating for the Regulation of Pink Peppercorn as a Tree Nut

RECOMMENDED FOR ADOPTION

(1) REPORT D - TRAFFIC-RELATED DEATH AS A PUBLIC HEALTH CRISIS

RECOMMENDATION:

Recommendations in Report D be adopted and the remainder of the report be filed.

RFS ACTION: Report D adopted and the remainder of the report filed.

Recommendations:

1. That that the referred resolved clauses from RFS Resolution 9-A-23 be amended as internal RFS position statements and adopted:

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

RESOLVED, that our AMA-RFS recognize walking and cycling as healthy behaviors and as fundamental rights, especially for marginalized populations; and be it further

RESOLVED, that our AMA-RFS support evidence-based strategies to achieve zero traffic fatalities; and be it further

RESOLVED, that our AMA-RFS recognize that vehicle speed and vehicle weight are modifiable risk factors for traffic-related deaths; and be it further

2. That the following additional resolved clause be adopted:

RESOLVED, that our AMA-RFS adopt AMA policies D-15.992, H-15.990, H-15.992, H-15.999, and H-470.991 as internal position statements in the Digest of Actions.

Your Reference Committee thanks the Committee on Public Health (CPH) for their hard work on this important report. No testimony was posted on the VRC or voiced during the Live Reference Committee Call on this item, therefore, your Reference Committee recommends that Report D be adopted and the remainder of the report be filed.

(2) REPORT E – INCLUSION OF ALL PASSED RESOLUTIONS IN THE RFS DIGEST OF ACTIONS: TEN-YEAR POLICY LOOKBACK

RECOMMENDATION:

Recommendations in Report E be adopted and the remainder of the report be filed.

RFS ACTION: Report E adopted and the remainder of the report filed.

Recommendations:

1. That our AMA-RFS will retain all policies that are adopted by the RFS Assembly, whether external or internal, in the RFS Digest of Actions, until they are removed by active rescission or sunset or altered by amendment.
2. That our AMA-RFS will modify our current Digest of Actions to add previously passed policy as per the "Recommendations" Column in Appendix A.
3. That our AMA-RFS Governing Council will reconcile those policies by which more attention is needed to determine appropriate placement per the "Recommendations" Column in Appendix A of this report.
4. That our AMA-RFS Governing council will produce a report which details how the added and reconciled policies were combined with the current Digest of Actions.

Your Reference Committee thanks the Committee on Legislation and Advocacy (COLA) for their diligence and hard work in this massive undertaking. Both virtual and online testimony were positive, in support of the report. RFS IOP Section IX.H.8 notes that external resolutions are to be preserved, providing additional precedent for these recommendations. On review, your Reference Committee found that there are multiple policies listed under Interim 2013 that were from more recent years. Given that the RFS Governing Council will be reconciling these policies and producing a report detailing combining the reconciled policies into the current Digest (Recommendations 3, 4), your Reference Committee felt that this would be an appropriate place to make these further edits. Your Reference Committee notes that there may also be current resolutions at this A-24 meeting impacted by the retention of these 70+ position statements into the RFS Digest, including but not limited to policies on parental leave. Therefore, your Reference Committee recommends that Report E be adopted and the remainder of the report be filed.

(3) REPORT G – UPDATING LANGUAGE REGARDING FAMILIES AND PREGNANT PERSONS

RECOMMENDATION:

Recommendation in Report G be <u>adopted</u> and the remainder of the report be <u>filed</u>.

RFS ACTION: Report G <u>adopted</u> and the remainder of the report <u>filed</u>.

Recommendation:

Based on the report and recommendations prepared by the AMA-RFS Committee on Justice, Equity, Diversity and Inclusion (JEDI), your RFS Governing Council recommends the following:

1. That the following additions and deletions be made to the following internal AMA-RFS policies [in (a)-(f) of the Report].

Your Reference Committee appreciates the hard work of the Justice Equity Diversity & Inclusion (JEDI) Committee in updating AMA language to be inclusive of all genders and family structures. No testimony was posted on the VRC or voiced during the Live Reference Committee Call on this item. We did note that "breast milk" has remained in position statements, as opposed to transition to the more inclusive term of "human milk", but did not

hear any testimony on this, and therefore recommend Report G be adopted and the remainder of the report be filed.

(4) REPORT I – SUNSET MECHANISM (2013)

RECOMMENDATION:

Recommendation in Report I be adopted and the remainder of the report be filed.

RFS ACTION: Report I adopted.

The Sunset Mechanism 2013 RFS Positions contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2013 fiscal year. Positions considered outmoded, irrelevant, duplicative, and inconsistent with more current positions will have specific recommendations. For each internal position statement under review, this sunset report recommends to: (1) rescind, (2) reaffirm, (3) reconcile with more recent actions, or (4) reaffirm with editorial changes, which constitutes a first order motion.

Your Reference Committee thanks the hard work of the Section Delegates in reviewing the past ten years of RFS position statements. There was no additional testimony outside of the authors, and therefore your Reference Committee recommends Report I be adopted and the remainder of the report be filed.

(5) RESOLUTION 6 – HUMANITARIAN EFFORTS TO RESETTLE REFUGEES

RECOMMENDATION:

Resolution 6 be adopted.

RFS ACTION: Resolution 6 adopted.

RESOLVED, that our American Medical Association (AMA) support increases and oppose decreases to the annual refugee admissions cap in the United States.

Your Reference Committee thanks the author for bringing forth this important and timely issue. VRC testimony was all positive from individuals, a state society and one RFS Committee. Therefore, your Reference Committee recommends Resolution 6 be adopted.

(6) RESOLUTION 7 – MISSING AND MURDERED INDIGENOUS PERSONS

RECOMMENDATION:

Resolution 7 be adopted.

RFS ACTION: Resolution 7 adopted.

RESOLVED, that our AMA-RFS supports emergency alert systems for American Indian and Alaska Native tribal members reported missing on reservations and in urban areas.

Your Reference Committee thanks the author for bringing this resolution forward to the RFS and notes that the same resolution will be brought to the AMA House of Delegates at this meeting. VRC testimony was supportive from individuals, a state society, and one RFS Committee. Therefore, your Reference Committee recommends Resolution 7 be adopted.

(7) RESOLUTION 8 – PUBLIC STUDENT LOAN FORGIVENESS REFORM

RECOMMENDATION:

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

RFS ACTION: Resolution 8 <u>adopted</u>.

RESOLVED, that our AMA-RFS support efforts to improve physician payment and student loan reimbursement within the Indian Health Service.

Your Reference Committee thanks the author for bringing this resolution forward to the RFS and notes that a similar resolution will be brought to the AMA House of Delegates at this meeting. VRC testimony was all supportive, notably from individuals, one state society, and two RFS Committees. Therefore, your Reference Committee recommends Resolution 8 be adopted.

(8) RESOLUTION 12 – TRANSPARENCY AND ACCESS TO MEDICAL TRAINING PROGRAM UNIONIZATION STATUS, INCLUDING CREATION OF A FREIDA UNIONIZATION FILTER

RECOMMENDATION:

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

RFS ACTION: Resolution 12 <u>adopted</u>.

RESOLVED, that our American Medical Association (AMA) supports transparency and access to information about medical training program unionization status; and be it further

RESOLVED, that our AMA creates and maintains an up-to-date unionization filter on FREIDA™ for trainees to make informed decisions during the Match.

Your Reference Committee appreciates the work by the authors on this topic area. Testimony provided for this item was unanimously in favor of the increased transparency this information would provide in allowing trainees to identify institutions with resident unions. This resolution builds as well on existing RFS support for resident collective bargaining as well as appropriate information in the residency and fellowship match process. As such, your Reference Committee recommends Resolution 12 be adopted.

(9) RESOLUTION 16 – PUBLIC HEALTH IMPLICATIONS OF US FOOD SUBSIDIES

RECOMMENDATION:

Resolution 16 be <u>adopted</u>.

RFS ACTION: Resolution 16 <u>adopted</u>.

RESOLVED, that our American Medical Association (AMA) study the public health implications of United States Food Subsidies, focusing on: (1) how these subsidies influence the affordability, availability, and consumption of various food types across different demographics; (2) potential for restructuring food subsidies to support the production and consumption of more healthful foods, thereby contributing to better health outcomes and reduced healthcare costs related to diet-related diseases; and (3) avenues to advocate for policies that align food subsidies with the nutritional needs and health of the American public, ensuring that all segments of the population benefit from equitable access to healthful, affordable food.

Your Reference Committee heard limited but positive testimony on both the VRC and voiced during the Live Reference Committee Call from the authors, two individuals, and one RFS Committee. Therefore, your Reference Committee recommends Resolution 16 be adopted.

(10) RESOLUTION 17 – SUPPORT FOR PAID SICK LEAVE

RECOMMENDATION:

Resolution 17 be <u>adopted</u>.

RFS ACTION: Resolution 17 <u>adopted</u>.

RESOLVED, that our AMA-RFS supports advocacy that guarantees employee access to protected paid sick leave.

Your Reference Committee heard support for Resolution 17 from two RFS Committees, and individuals during the Live Reference Committee Call and on the VRC. As stated by the authors on the VRC, we thank the Medical Student Section for their work on this important topic, and this will allow the RFS to support a parallel MSS resolution coming to the AMA House of Delegates at this meeting. Therefore, your Reference Committee recommends Resolution 17 be adopted.

(11) RESOLUTION 18 – IMPROVING MEDIGAP PROTECTIONS

RECOMMENDATION:

Resolution 18 be <u>adopted</u>.

RFS ACTION: Resolution 18 <u>adopted</u>.

RESOLVED, that our AMA-RFS support annual open enrollment periods and guaranteed lifetime enrollment eligibility for Medigap plans; and be it further

RESOLVED, that our AMA-RFS support advocacy for the extension of modified community rating regulations, similar to those enacted under the Affordable Care Act for commercial insurance plans, to Medigap supplemental insurance plans; and be it further

RESOLVED, that our AMA-RFS support efforts to expand access to Medigap policies to individuals under 65 years of age with disabilities or end-stage renal disease who qualify for Medicare benefits; and be it further

RESOLVED, that our AMA-RFS support efforts to improve the affordability of Medigap supplemental insurance for lower income Medicare beneficiaries.

Your Reference Committee thanks the authors for their work on this resolution. Testimony was broadly in support, including from individuals, one state delegation, and one RFS Committee. While there was concern from one individual on the first two resolve clauses, the majority of the testimony supported the resolution as written. It is noted that this is written as an internal RFS position. Given the overall positive and supportive testimony, your Reference Committee recommends Resolution 18 be adopted.

(12) RESOLUTION 19 – SUPPORTING THE PATIENT'S RIGHT TO VOTE

RECOMMENDATION:

Resolution 19 be <u>adopted</u>.

RFS ACTION: Resolution 19 <u>adopted</u>.

RESOLVED, that our AMA-RFS support efforts to engage physicians and other healthcare workers in nonpartisan voter registration efforts in healthcare settings, including emergency absentee ballot procedures for qualifying patients, visitors, and healthcare workers; and be it further

RESOLVED, that our AMA-RFS support Indian Health Service, Tribal, and Urban Indian Health Programs becoming designated voter registration sites to promote nonpartisan civic engagement among the American Indian and Alaska Native population.

Your Reference Committee thanks the authors for bringing this resolution forward. Testimony from multiple individuals and one RFS Committee was unanimously in support. As stated by the authors on the VRC, we thank the Medical Student Section for their work on this important topic. Therefore, your Reference Committee recommends Resolution 19 be adopted.

(13) RESOLUTION 20 – OPPOSING PAY-TO-STAY INCARCERATION AND PROBATION SUPERVISION FEES

RECOMMENDATION:

Resolution 20 be <u>adopted</u>.

RFS ACTION: Resolution 20 <u>adopted</u>.

RESOLVED, that our AMA-RFS oppose fees charged to incarcerated individuals for room and board and supports federal and state efforts to repeal statutes and ordinances which permit inmates to be charged for room and board; and be it further

RESOLVED, that our American Medical Association (AMA) oppose probation and parole supervision fees and supports federal and state efforts to repeal statutes and ordinances which permit individuals on probation or parole to be charged for supervision fees.

Your Reference Committee commends the authors for their hard work on this resolution. Testimony was unanimously in support. Clarification was provided by the authors regarding the difference in resolved clauses being internal and external, respectively, to allow our Section to speak to upcoming items in the AMA House of Delegates. We appreciate this distinction and explanation and therefore recommend Resolution 20 be adopted.

(14) RESOLUTION 21 – INFERTILITY COVERAGE

RECOMMENDATION:

Resolution 21 be <u>adopted</u>.

RFS ACTION: Resolution 21 <u>adopted</u>.

RESOLVED, that our AMA-RFS supports federal protections that ensure insurance coverage by all payers for the diagnosis and treatment of recognized infertility; and be it further

RESOLVED, that our AMA-RFS supports studying the feasibility of insurance coverage for fertility preservation for reasons other than iatrogenic infertility.

Your Reference Committee thanks the authors for bringing forth this resolution. Testimony was received from one RFS Committee and individuals in support on the VRC. This resolution is written as internal policy allowing the RFS to support a parallel resolution in the AMA House of Delegates at this meeting. Given the positive and supportive testimony, your Reference Committee recommends Resolution 21 be adopted.

(15) RESOLUTION 22 – MEDICAID & CHIP BENEFIT IMPROVEMENTS

RECOMMENDATION:

Resolution 22 be <u>adopted</u>.

RFS ACTION: Resolution 22 <u>adopted</u>.

RESOLVED, that our AMA-RFS support that routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and by any other public payers; and be it further

RESOLVED, that our AMA-RFS support that hearing exams, hearing aids, cochlear implants, and aural rehabilitative services be covered in all Medicaid and CHIP programs and any other public payers; and be it further

RESOLVED, that our AMA-RFS support improving access to dental care for Medicare, Medicaid, CHIP, and other public payer beneficiaries.

Your Reference Committee heard unanimous support on the VRC from three RFS Committees and individuals. As stated by the authors on the VRC, we thank the Medical Student Section for their work on this important topic. Given the positive and supportive testimony, your Reference Committee recommends Resolution 22 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(16) REPORT A – 2024-2027 RFS POLICY STRATEGIC FOCUS AREAS

RECOMMENDATION A:

The First Recommendation of Report A be <u>amended by deletion</u> to read as follows:

1. **The AMA-RFS establishes its strategic policy focus areas for 2024-2027: ~~(1)~~ justice, equity, diversity, and inclusion; ~~(2)~~ appropriate scope of practice; ~~(3)~~ trainee rights, well-being, and burnout; ~~(4)~~ medical education; ~~(5)~~ and healthcare access and coverage.**

RECOMMENDATION B:

Report A be <u>adopted as amended</u> and the remainder of the report be <u>filed</u>.

RFS ACTION: Report A <u>adopted as amended</u> and the remainder of the report <u>filed</u>.

Recommendations:

1. The AMA-RFS establishes its strategic policy focus areas for 2024-2027: (1) justice, equity, diversity, and inclusion; (2) appropriate scope of practice; (3) trainee rights, well-being, and burnout; (4) medical education; and (5) healthcare access and coverage.
2. The AMA-RFS Governing Council will periodically return to and revise, as necessary, the strategic focus areas to align with current Section needs and priorities.
3. The AMA-RFS encourages the development of robust internal policies within these focus areas.
4. The AMA-RFS Caucus to the AMA House of Delegates (HOD) will consider more highly prioritizing items falling within these strategic focus areas.
5. The AMA-RFS Delegation to the AMA HOD will continue to highly prioritize any RFS-authored resolution submitted to the HOD, regardless of whether or not it falls into one of these strategic focus areas.

Your Reference Committee appreciates the hard work of the Governing Council in crafting this report. This item had limited testimony outside of the authors and one state society, broadly in support but suggesting an amendment to clarify the authors' intention that the focus areas were not to be read in any ranked order. Your Reference Committee agrees and recommends amendment by deletion of the numbers next to the policy focus areas, to avoid the appearance of ranking. Therefore, your Reference Committee recommends Report A be adopted as amended and the remainder of the report be filed.

(17) REPORT B – MODERNIZATION OF THE AMA RESIDENT AND FELLOW SECTION INTERNAL OPERATING PROCEDURES

RECOMMENDATION A:

Section IX.C and Section IX.D.2(a) and (f) be amended by addition and deletion to read as follows:

IX. Business Meeting

C. Delegates ~~Representatives~~ to the Business Meeting from Organizations represented in the House of Delegates. The Business Meeting shall include delegates ~~representatives~~ from constituent associations, Federal Services, national medical specialty societies, and professional interest medical associations represented in the House of Delegates.

Apportionment. The apportionment of each constituent association, Federal Service, national medical specialty society, and professional interest medical associations is one delegate ~~representative~~ per 100, or fraction thereof, members of the Resident and Fellow Section who are members of the constituent association, Federal Service, national medical specialty society, or professional interest medical association.

D. Other Representatives to the Business Meeting

2. National Resident and Fellow Organizations
(a) Apportionment. Each national resident and fellow organization that has been approved for representation in the RFS Assembly may select one delegate ~~representative~~ and one alternate delegate ~~representative~~.

(f) Rights and Responsibilities. Delegates ~~Representatives~~ of national resident and fellow organizations in the Resident and Fellow Section Business Meeting shall have the following rights and responsibilities:

RECOMMENDATION B:

Section IX.H.4 and IX.H.5 be amended by addition and deletion to read as follows:

IX. Business Meeting
H. Resolutions.
4. Late Resolutions. Resolutions that are submitted after the 45-day deadline but ~~7 days~~ prior to the

close of the Virtual Reference Committee (VRC) ~~Business Meeting being called to order~~ shall be considered Late and require a two-thirds vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether individual items should be considered as business. ~~Late resolutions approved for consideration shall be referred to a reference committee and handled in the same manner as those resolutions introduced before the 45-day deadline.~~

(a) At the discretion of the Speaker and Vice Speaker, Late resolutions may be included in the VRC for commentary with clear delineation that these resolutions still require acceptance as business by the Assembly, provided the VRC is still active and there is ample time for legal and staff review.

(i) If so included on the VRC, the Reference Committee will create appropriate recommendations, which would only be presented to the Assembly if accepted for business after recommendation by the Rules Committee.

~~(a)~~ (b) Debate on consideration of late resolutions shall be focused on timeliness of the resolution for the meeting, and not on the merits or content of the resolution.

~~(b)~~ (c) Authors of late resolutions not accepted as business by the RFS Assembly have the option to request automatic submission of the resolution to the next Business Meeting.

5. Emergency Resolutions. Resolutions that are submitted after closing of the VRC ~~within 7 days of the Business Meeting, or~~ including after commencement of the meeting but prior to the close of business, shall require a ~~three-fourths~~ two-thirds vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether individual items should be considered as business. Emergency resolutions approved for consideration ~~prior to the start of the reference committee open hearing shall be referred to a reference committee and debated on the floor. Emergency resolutions approved for consideration after the start of the reference committee open hearing~~ shall be debated on the floor at the Business Meeting without referral to the ~~a~~ Reference Committee.

(a) Debate on consideration of emergency resolutions shall be focused on timeliness of the resolution for the meeting, and not on the merits or content of the resolution.

(b) Authors of emergency resolutions not accepted as business by the RFS Assembly have the option to request automatic submission of the resolution to the next ~~RFS~~ Business Meeting

RECOMMENDATION C:

Section IX.I to be amended by addition and deletion to read as follows:

IX. Business Meeting

I. Sunset Mechanism. The lifespan of any passed resolution is ten ~~five~~ years by default, at which point these items are considered for "sunsetting". The Governing Council shall present actionable recommendations on these items via annual report.~~, for review at the Interim meeting and action at the Annual meeting.~~

5. Items may be included before the ten-year mark if their relevance has changed.

~~5.~~ 6. Defeated sunset recommendations extend the item ~~for one year, to be reconsidered~~ until reconsideration in the next iteration of the Sunset Report.

RECOMMENDATION D:

Section XI.A be amended by addition and deletion to read as follows:

XI. Standing Committees

A. Composition. The Governing Council shall annually appoint ~~or reappoint~~ standing committees including but not limited to ~~aligned with the strategic goals of the RFS for~~ Long Range Planning, Public Health, Medical Education, Legislation and Advocacy, ~~Membership, Scientific Research, Quality and Public Safety,~~ Justice Equity Diversity and Inclusion, and Business and Economics. These committees shall be composed of members of the Section.

RECOMMENDATION E:

Section V, Section IX.H.8, and Section VIII.E be referred.

RECOMMENDATION F:

Report B be adopted as amended and the remainder of the report be filed.

RFS ACTION: Report B adopted as amended and the remainder of the report filed.

Recommendation:

1. That the AMA-RFS amend the RFS Internal Operating Procedures as outlined in Part II of this Report.

Your Reference Committee appreciates the hard work of the Committee on RFS Internal Operating Procedures Revisions ("IOP Committee") across its multiple iterations on working to revise our Section's Internal Operating Procedures, as well as the feedback this process has gathered from interested parties within our Section. Your Reference Committee received testimony and input on some sections of the IOPs that had undergone revisions and from which it made its recommendations.

Minimal testimony was given to many of the changes made that focused on updating terminology or better clarifying some of our current processes, such as removal of language regarding Regions (a practice our Section no longer uses given minimal interest over the last number of years, even pre-pandemic) or updating processes such as credentialing for the RFS Assembly meeting. With the lack of testimony on these sections, your Reference Committee recommends adoption of these changes.

Your Reference Committee did receive testimony on some sections that were being amended: First, testimony addressed the proposed amendment to the time-frame consideration for Sunset review of policy by changing from 10 years to 5 years. Testimony noted that this change would necessarily result in a substantial increase in work, with the counterargument that this would make our section more nimble and adaptive. Your Reference Committee agrees that the preservation of a 10-year time frame will still allow our Section to adapt to a changing landscape while better preserving institutional knowledge without overburdening the individuals who conduct the Sunset review, as the proposed utilization of standing committees

as subject matter experts or use of our own policy process would not be limited by maintaining a 10-year review. Relatedly, given the continued lack of VRC comments and in an effort to address the burden imposed by the Sunset review process, presentation of the Sunset Report can occur annually for both review and action, rather than requiring multiple iterations as currently addressed within our IOPs - this amendment is reflected.

Second, testimony was offered expressing concerns about the removal of designated standing committees and the possibility of reinventing the Section on a frequent basis by this mechanism. Your Reference Committee agrees that preservation of enumerated standing committees would ultimately be more flexible because committees may not be perfectly aligned with strategic aims of the Section but still have appropriate subject matter expertise to provide commentary on wider ranging issues - areas that may be not considered should these committees be removed. However, your Reference Committee does agree that removal of the specific Duties and Privileges of each standing committee in favor of the language offered by the IOP Committee in this section creates the appropriate balance between flexibility and preservation of institutional knowledge, all while not necessitating frequent changes to our IOPs based on changes in the committees. Additionally, your Reference Committee has amended the enumerated standing committees to reflect the removal of certain defunct committees while including the recently accepted Justice Equity Diversity and Inclusion (JEDI) committee.

Third, testimony requested clarification of the Late and Emergency resolutions process within our IOPs given the change in recent years by our Section to a virtual reference committee format. Prior language was felt usable for an in-person committee as previously conducted; however, this language was no longer felt to adequately address a virtual format or appropriate consideration of these resolutions, particularly given the possibility of limited or no testimony for these items to inform recommendations from the Reference Committee. Your Reference Committee proffers the following amendments to these sections to best strike a balance between 1) creating distinction between Late and Emergency Resolutions in the virtual format, and 2) Allowing, where appropriate and reasonable, opportunities for garnering testimony on these items to inform the Reference Committee recommendation if accepted. Of note, your Reference Committee did not hear testimony on the change for Emergency Resolutions from a ¾ to ⅔ vote of the Assembly for consideration, so has maintained this amendment by the IOP Committee.

Fourth, your Reference Committee notes the IOP Committee made verbiage changes from “Representatives” to “Delegates” with regards to individuals at the RFS Assembly in IX.D. This change was not reflected in other similar subsections, including IX.C and IX.D.2; your Reference Committee made similar amendments for consistent reference throughout this section.

Based on the Council on Constitution & Bylaws feedback, your Reference Committee also evaluated the proposed changes to Section V. Endorsements and Elections. There were noted inconsistencies between changes proposed in Section V and language present in VIII.E regarding limitations to the number of endorsed Sectional Delegates and Alternate Delegates. In addition, there was concern about whether the language applied to both Sectional Delegates and Alternate Delegates, or just one of these groups. For the overall changes in this section as well, particularly in the introduced language regarding Infractions, your Councilor to the Council on Constitution and Bylaws provided background regarding recent language submitted by other Sections in IOP changes that was similar to the proposed

changes; this language as currently written was poorly received by the Council and required a number of changes prior to acceptance by the Council and the Board of Trustees. Because your Reference Committee had not received specific testimony on this area nor proposed amendments, it felt that referral of the changes to Section V would be most appropriate, so that the IOP Committee can work collaboratively with our RFS Councilor on CCB for further amendment. As described above, VIII.E was felt to be germane and so consideration of changes to this section as part of this referral is offered by the Reference Committee.

Finally, Section IX.H.8 describes how resolutions brought to the RFS Assembly should be comported; specifically with all resolutions having internally-directed clauses ("That our AMA-RFS"...) only, and an additional resolved clause directing the resolution for submission to the AMA House of Delegates if broader AMA action or support is needed. This change was introduced into the IOPs during its last revision process in 2021; however, this occurred during the COVID pandemic and so this practice has not been consistently followed. This also specifies how policy should be preserved internally within our Digest of Actions. Your Reference Committee notes that there is interest at this meeting in possible changes to our policy process, particularly Report E prepared by the Committee on Legislation and Advocacy (COLA) and Resolution 5 (regarding a name change to the Digest of Actions). The practice in recent years has not reflected our IOPs in this specified manner, and may require changes; however, similar to the prior Section, your Reference Committee did not have testimony given on specific wording changes to this section that may address the discrepancy between our practice and the IOPs, and so felt that referral of this Section for further discussion may be most appropriate, particularly pending other items of business at this meeting. Therefore, your Reference Committee recommends Report B be adopted as amended and the remainder of the report be filed.

(18) REPORT H – RECOGNIZING MORAL INJURY IN MEDICINE AS A PHENOMENON DISTINCT FROM BURNOUT

RECOMMENDATION A:

The Second Recommendation of Report H be <u>amended by addition to read as follows</u>:

2. That our AMA-RFS reaffirm internal policy of 281.024R, <u>291.015R,</u> and 291.036R<u>.</u>~~; and be it further~~

RECOMMENDATION B:

The Third Recommendation of Report H be <u>deleted</u>.

RECOMMENDATION C:

Report H be <u>adopted as amended</u> and the remainder of the report be <u>filed</u>.

RFS ACTION: Report H <u>adopted as amended</u> and the remainder of the report <u>filed</u>.

Recommendations:

Based on the report and recommendations prepared by the AMA-RFS Committee on Medical Education, your AMA-RFS Governing Council recommends the following:

1. That our AMA-RFS recognizes that moral injury plays a significant and individualized role in the development of physician and trainee burnout.
2. That our AMA-RFS reaffirm internal policy of 281.024R and 291.036R.
3. ~~That our AMA-RFS amend AMA-RFS policy 291.015R by addition and deletion to read as follows:~~

~~291.015R Intern and Resident Burnout~~
~~That our AMA-RFS support studying resident burnout to determine: (1) if recommendations can be made on how to recognize burnout, how to treat it, and, if possible, how to prevent it; (2) if it relates to the professionalism core competency for residents; and (3) if recognizing, treating, and possibly preventing burnout could be included in the program requirements for residency program directors.; and(4) recognize that moral injury is an important factor in the development of burnout.~~

Your Reference Committee thanks the RFS Committee on Medical Education for this report. There was generally positive testimony, though with recommendations to consider prescriptive solutions and to consolidate the multiple recommendations. As policy 291.015R supports a study to determine causes of burnout rather than recognize causes of it, your Reference Committee felt that adopting Recommendation One, recognizing moral injury as a component of burnout, was clearer and more straightforward. Therefore, your Reference Committee recommends Report H be adopted and the remainder of the report be filed.

(19) RESOLUTION 5 – RENAMING THE AMA-RFS DIGEST OF ACTIONS

RECOMMENDATION A:

Resolution 5 be <u>amended by addition</u> of a new Second Resolve to read as follows:

<u>RESOLVED, that our AMA-RFS amend the RFS Internal Operating Procedures by addition and deletion where appropriate to reflect the change in name from "Digest of Actions" to "Position Compendium."</u>

RECOMMENDATION B:

Resolution 5 be <u>adopted as amended</u>.

RFS ACTION: Resolution 5 <u>adopted as amended</u>.

RESOLVED, that our AMA-RFS renames the RFS Digest of Actions to the RFS Position Compendium.

Your Reference Committee heard positive testimony for the proposed name change to better reflect the collation of our Section's positions. Your Reference Committee does note that the "Digest of Actions" is specifically listed within our IOPs, and therefore a name change would

require a change to our IOPs that is accepted by the Assembly as a whole. With only positive testimony on this item, your Reference Committee hopes that amending by addition to address the name change within the RFS IOPs would also be received well by the Section. Therefore, your Reference Committee recommends Resolution 5 be adopted as amended.

(20) RESOLUTION 9 – BILATERAL TUBAL LIGATION (BTL) FEDERAL POLICY MODIFICATION RECOMMENDATION

RECOMMENDATION A:

Resolution 9 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA-RFS support modifying the Bilateral Tubal Ligation (BTL) Federal Medicaid Form from the 30 days mandatory waiting period to ~~24~~ 72 hours, and the 180 days consent form expiration to 365 days.

RECOMMENDATION B:

Resolution 9 be adopted as amended.

RFS ACTION: Resolution 9 adopted as amended.

RESOLVED, that our AMA-RFS support modifying the Bilateral Tubal Ligation (BTL) Federal Medicaid Form from the 30 days mandatory waiting period to 24 hours, and the 180 days consent form expiration to 365 days.

Your Reference Committee heard incredibly supportive testimony on Resolution 9, including from one RFS Committee, one state society, and one individual. ACOG offered an amendment to bring the resolution in line with the recommendations given by the Coalition to Expand Contraceptive Access and their Federal Sterilization Consent Workgroup, which gathered diverse stakeholder input including ACOG that resulted in a set of recommended actions to better protect autonomy and increase access to care. Given that the amendment originates from an already established workgroup including diverse interested stakeholders, your Reference Committee recommends Resolution 9 be adopted as amended.

(21) RESOLUTION 11 – OPPOSITION TO COLLECTIVE PUNISHMENT

RECOMMENDATION A:

The Third Resolve of Resolution 11 be amended by deletion to read as follows:

RESOLVED, that our AMA condemn the ongoing use of United States resources to enforce collective punishment on civilians, including in Gaza ~~on civilians in Gaza and the surrounding regions~~; and be it further

RECOMMENDATION B:

The Fourth Resolve of Resolution 11 be amended by deletion to read as follows:

RESOLVED, that our AMA advocate for federal funding and support for the United Nations High Commissioner for Refugees (UNHCR), the United Nations Reliefs and Works Agency for Palestinian Refugees in the Near East (UNRWA). ~~the United Nations High Commissioner for Refugees (UNHCR), the United Nations Reliefs and Works Agency for Palestinian Refugees in the Near East (UNRWA), and other national and international agencies and organizations that provide support for refugees~~; and be it further

RECOMMENDATION C:

Resolution 11 be adopted as amended.

RFS ACTION: Resolution 11 adopted as amended.

RESOLVED, that our American Medical Association (AMA) oppose collective punishment tactics—including restrictions on access to food, water, electricity, and healthcare—as tools of war; and be it further

RESOLVED, that our AMA oppose the use of United States funding to any entities that (1) do not uphold international law; or (2) commit or condone war crimes; and be it further

RESOLVED, that our AMA condemn the ongoing use of United States resources to enforce collective punishment on civilians in Gaza and the surrounding regions; and be it further

RESOLVED, that our AMA advocate for federal funding and support for the United Nations High Commissioner for Refugees (UNHCR), the United Nations Reliefs and Works Agency for Palestinian Refugees in the Near East (UNRWA), and other national and international agencies and organizations that provide support for refugees; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Annual Meeting.

Your Reference Committee thanks the authors for their hard work on this resolution. This resolution received generally positive testimony from two individuals in both live & VRC testimony. However, one individual brought up concerns about the feasibility of asking the AMA to comment on funding aspects of the conflict. While your Reference Committee felt that these asks were within the purview of the AMA, your Reference Committee agreed with the testimony on equity concerns about limiting this policy to one conflict. As such, amendments were made to broaden the language so that concerns around other current and possible future conflicts can also be addressed through this resolution. Therefore, your Reference Committee recommends that Resolution 11 be adopted as amended.

(22) RESOLUTION 13 – SOIL HEALTH

RECOMMENDATION A:

Resolution 13 be amended by addition to read as follows:

RESOLVED, that our AMA-RFS recognizes the vital role healthy soils play in mitigating climate change impacts and in improving the health of individuals, communities, and the planet; and be it further

RESOLVED, that our AMA-RFS supports soil health initiatives, including, but not limited to, the development of sustainable food forests; and be it further

RESOLVED, that our AMA-RFS urges healthcare organizations to act as environmental stewards when and where possible via healthy soil practices and development of sustainable food forests.

RECOMMENDATION B:

Resolution 13 be adopted as amended.

RFS ACTION: Resolution 13 adopted as amended.

RESOLVED, that our AMA recognizes the vital role healthy soils play in mitigating climate change impacts and in improving the health of individuals, communities, and the planet; and be it further

RESOLVED, that our AMA supports soil health initiatives, including, but not limited to, the development of sustainable food forests; and be it further

RESOLVED, that our AMA urges healthcare organizations to act as environmental stewards when and where possible via healthy soil practices and development of sustainable food forests.

Your Reference Committee received testimony from the RFS Section Delegates and one state society with concerns that AMA has strong existing policy regarding environmental sustainability, including H-135.923 that "supports initiatives to promote environmental sustainability and other efforts to halt global climate change," and D-150.978 which "supports practices and policies in medical schools, hospitals, and other health care facilities that support and model a healthy and ecologically sustainable food system, which provides food and beverages of naturally high nutritional quality." Based upon this information, your Reference Committee agrees that this resolution is a reaffirmation of existing AMA policy, but novel to the RFS Digest of Actions. Therefore, we recommend amending the resolve clauses to be internal and that Resolution 13 be adopted as amended.

(23) RESOLUTION 15 – NO TRAINEE LEFT BEHIND

RECOMMENDATION A:

The First Resolve of Resolution 15 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS amend policy 293.011R by addition and deletion as follows:
293.011R Benefit Packages for ~~Fellow and~~ Resident and Fellow Physicians:
That our AMA-RFS support that: (1) all institutions be required to provide their ~~fellow and~~ resident and fellow physicians with disability insurance, life insurance, HIV indemnity, malpractice insurance including tail coverage, retirement benefits, health, sick leave and wages commensurate with their education and experience; and (2) if a given benefit or salary is provided to some residents or fellows within a given program at the same postgraduate level, then that benefit must be provided to all ~~fellows and~~ residents and fellows, but this provision should not be used to eliminate the benefit in question.; and (3) all institutions provide parity in salary and benefits between residents and fellows that is at minimum commensurate with their postgraduate year; and be it further

RECOMMENDATION B:

The Fourth Resolve of Resolution 15 be amended by addition to read as follows:

RESOLVED, that our AMA amend the Residents and Fellows' Bill of Rights H-310.912 by addition 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, 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.

RECOMMENDATION C:

Resolution 15 be adopted as amended.

RFS ACTION: Resolution 15 adopted as amended.

RESOLVED, that our AMA-RFS amend policy 293.011R by addition and deletion to read as follows:

293.011R Benefit Packages for Resident and Fellow Physicians
That our AMA-RFS support that: (1) all institutions be required to provide their fellow and resident physicians with disability insurance, life insurance, HIV indemnity, malpractice insurance including tail coverage, retirement benefits, health, sick leave and wages commensurate with their education and experience; and (2) if a given benefit or salary is provided to some residents or fellows within a given program at the same postgraduate level, then that benefit must be provided to all residents and fellows, but this provision should not be used to eliminate the benefit in question.; and (3) all institutions provide parity in salary and benefits between residents and fellows; and be it further

RESOLVED, that our AMA-RFS amend 291.009R Resident and Fellow Bill of Rights by addition to read as follows:
E. Adequate compensation and benefits that provide for resident and fellow well-being and health.
(1) With regard to contracts, residents and fellows should receive:
a. Information about the interviewing residency or fellowship program including a copy of the currently used contract clearly outlining the conditions for (re)appointment, details of remuneration, specific responsibilities including call obligations, and a detailed protocol for handling any grievance; and
b. At least four months advance notice of contract non-renewal and the reason for non-renewal; and
c. Recognition as full-time workers and a right to unionize, granting residents and fellows the ability to advocate collectively to employers and lawmakers on behalf of patients and themselves as workers, not only as learners.
(2) With regard to compensation, residents and fellows should receive:
a. Compensation for time at orientation; and
b. Salaries commensurate with their level of training and experience. Compensation should enable trainees to support their families and pay educational debts, reflect cost of living differences based on local economic factors, such as housing, transportation, and energy costs (which affect the purchasing power of wages), and include appropriate adjustments for changes in the cost of living and differences based on geographical location.
(3) With Regard to Benefits, Residents and Fellows Must Be Fully Informed of and Should Receive:
a. Quality and affordable comprehensive medical, mental health, dental, and vision care for residents, fellows, and their families, as well as professional liability insurance and disability insurance to all residents for disabilities resulting from activities that are part of the educational program;
b. An institutional written policy on and education in the signs of excessive fatigue, clinical depression, substance abuse and dependence, and other physician impairment issues;
c. Confidential access to mental health and substance abuse services;
d. A guaranteed, predetermined amount of paid vacation leave, sick leave, family and medical leave and educational/professional leave during each year in their training program, the total amount of which should not be less than six weeks without pressure to leave it unused or penalization for its use;
e. Leave in compliance with the Family and Medical Leave Act; and
f. The conditions under which sleeping quarters, meals and laundry or their equivalent are to be provided; and

g. That there is parity between residents' and fellows' benefits within the same institution.; and be it further

RESOLVED, 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 be it further

RESOLVED, That our American Medical Association (AMA) amend Residents and Fellows' Bill of Rights H-310.912 by addition 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~~.~~, and will encourage institutions to provide parity in salary and benefits between residents and fellows.

Your Reference Committee thanks the authors for this resolution. Testimony was generally supportive, citing that some fellows are not compensated or provided benefits at similar levels to residents at the same institution and wanting to create parity for those most affected. It was noted by multiple individuals that this was not a desire to take away benefits or reduce pay for residents, but to help lift up fellows adversely affected by these situations and to ensure fellows are appropriately represented within our policy. There was some concern that this language may be used adversely for fellows who may be compensated at higher levels than they otherwise would be, again based on alternative funding strategies. Your Reference Committee considered these possibilities in depth and offers amended language that serves the original intent to create a minimum in salary and benefit parity for those fellows affected, and language to ensure that parity is a floor, not a ceiling. Therefore, your Reference Committee recommends Resolution 15 be adopted as amended.

(24) RESOLUTION 23 – REFORMING MEDICAID ESTATE RECOVERY

RECOMMENDATION A:

The First Resolve of Resolution 23 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA-RFS opposes state~~s~~ efforts to impose liens on or seek adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid with potential exceptions for estates with considerable net worth; and be it further

RECOMMENDATION B:

The Second Resolve of Resolution 23 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA-RFS opposes federal efforts to impose ~~imposing~~ liens on or seeking adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid with potential exceptions for estates with considerable net worth.

RECOMMENDATION C:

Resolution 23 be adopted as amended.

RFS ACTION: Resolution 23 adopted as amended.

RESOLVED, that our AMA-RFS opposes states to impose liens on or seek adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid; and be it further

RESOLVED, that our AMA-RFS opposes imposing liens on or seeking adjustment or recovery from the estate of individuals who received long-term services or supports coverage under Medicaid.

Your Reference Committee thanks the authors for this resolution. Testimony on this item touched on a variety of issues. First, the authors noted an error in the original resolve language submitted with their resolution and proposed alternative language that better clarified the intent of the resolution. This helped to address comments regarding the redundancy of the two resolve clauses. Subsequent testimony was supportive of the amended language. However, other commenters also highlighted concerns for the possibility of wealthy individuals (whose finances may be structured in a way to make them "low income" and therefore qualify for Medicaid despite their high net worth) taking advantage of estate recovery to avoid paying for long term care. Though specific language was proposed specifying that opposition to state recovery only applied to "estates of low net worth individuals," your Reference Committee felt that this language was ambiguous and could be seen as stigmatizing language. Therefore, your Reference Committee recommends Resolution 23 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(25) RESOLUTION 1 – REPARATIVE WORK ADDRESSING THE HISTORICAL INJUSTICES OF ANATOMICAL SPECIMEN USE

RECOMMENDATION:

Alternate Resolution 1 be adopted in lieu of Resolution 1.

REPARATIVE WORK ADDRESSING THE HISTORICAL INJUSTICES OF ANATOMICAL SPECIMEN USE

RESOLVED, that our AMA advocate for the creation of a national anatomical specimen database that includes registry demographics; and be it further

RESOLVED, that our AMA advocate for the return of ~~human remains to living family members, or, if none exist, the burial of~~ anatomical specimens, including those used in medical education, older than 2 years where consent for permanent donation cannot be proven by (1) returning human remains to living family members, (2) returning human remains to tribal government as applicable, or, if neither options applies, (3) respectful burial of anatomical specimens or remains; and be it further

RESOLVED, that our AMA study and develop recommendations for regulations for ethical body donations including, but not limited to guidelines for informed and presumed consent; care and use of cadavers, body parts, and tissue; and be it further

RESOLVED, that our AMA amend policy 6.1.4 Presumed Consent & Mandated Choice for Organs from Deceased Donors should be amended by addition and deletion to read as follows:

Physicians who propose to develop or participate in pilot studies of presumed consent or mandated choice should ensure that the study adheres to the following guidelines:
(a) Is scientifically well designed and defines clear, measurable outcomes in a written protocol.
(b) Has been developed in consultation with the population among whom it is to be carried out.
(c) Has been reviewed and approved by an appropriate oversight body and is carried out in keeping with guidelines for ethical research.

~~Unless there are data that suggest a positive effect on donation,~~ N~~n~~either presumed consent nor mandated choice for cadaveric organ donation should be widely implemented; and be it further

RESOLVED, that our AMA ~~advocate that medical schools and teaching hospitals review their~~ recognize the disproportionate impact that anatomical specimen collections ~~for remains of~~ have had on American Indian, Hawaiian, and Alaska Native, Black Americans, individuals with disabilities, and other historically marginalized groups~~, remains and immediately return remains and skeletal collections to tribal governments, as required by laws such as the Native American Graves and Repatriation Act~~; and be it further

~~RESOLVED, that our AMA advocate that medical schools and teaching hospitals review their anatomical collections for the remains of Black and Brown people, and other historically minoritized groups, and return remains and skeletal collections to living family members, or, if none exist, then respectful burial of anatomical specimens or remains.~~

RESOLVED, that our AMA supports: (a) the expeditious return of American Indian, Alaska Native, and Native Hawaiian (AIANNH) remains in compliance with the Native American Graves Protection and Repatriation Act; (b) federal funds and technical assistance for inventory documentation and processing of AIANNH repatriation claims; and (c) dissemination of best practices for affiliating AIANNH remains with ancestral claimants.

~~RESOLVED, that our AMA recognize the disproportionate impact that anatomical specimen collections have had on American Indian, Hawaiian, Alaska Native, Black American, and other historically minoritized groups.~~

RFS ACTION: Alternate Resolution 1 adopted as amended.

RESOLVED, that our AMA advocate for the creation of a national anatomical specimen database that includes registry demographics; and be it further

RESOLVED, that our AMA advocate for the return of human remains to living family members, or, if none exist, the burial of anatomical specimens older than 2 years where consent for permanent donation cannot be proven; and be it further

RESOLVED, that our AMA study and develop recommendations for regulations for ethical body donations including, but not limited to guidelines for informed and presumed consent; care and use of cadavers, body parts, and tissue; and be it further

RESOLVED, that our AMA amend policy 6.1.4 Presumed Consent & Mandated Choice for Organs from Deceased Donors should be amended by deletion to read as follows: Physicians who propose to develop or participate in pilot studies of presumed consent or mandated choice should ensure that the study adheres to the following guidelines:

(a) Is scientifically well designed and defines clear, measurable outcomes in a written protocol.
(b) Has been developed in consultation with the population among whom it is to be carried out.
(c) Has been reviewed and approved by an appropriate oversight body and is carried out in keeping with guidelines for ethical research.
~~Unless there are data that suggest a positive effect on donation, N~~neither presumed consent nor mandated choice for cadaveric organ donation should be widely implemented; and be it further

RESOLVED, that our AMA advocate that medical schools and teaching hospitals review their anatomical collections for remains of American Indian, Hawaiian, and Alaska Native remains and immediately return remains and skeletal collections to tribal governments, as required by laws such as the Native American Graves and Repatriation Act; and be it further

RESOLVED, that our AMA advocate that medical schools and teaching hospitals review their anatomical collections for the remains of Black and Brown people, and other historically minoritized groups, and return remains and skeletal collections to living family members, or, if none exist, then respectful burial of anatomical specimens or remains.

Your Reference Committee thanks the authors for this resolution. Testimony on this item was overwhelmingly positive. However, several commenters did suggest consolidating similar resolves, specifically resolves 2, 5, and 6. Other commenters highlighted the importance of recognizing the disproportionate burden anatomical specimen collections have placed on Black American and other historically minoritized groups. Of note, clarification was requested regarding the proper procedure for amending the AMA Code of Ethics, as included in this resolution's resolve. Your Reference Committee has verified that should this language pass at the HOD, the language would then be referred to CEJA for review and recommendations. Therefore, your Reference Committee recommends that Alternate Resolution 1 be adopted in lieu of Resolution 1.

(26) RESOLUTION 3 – CLEARING FEDERAL OBSTACLES FOR SUPERVISED INJECTION SITES

RECOMMENDATION:

Alternate Resolution 3 be <u>adopted in lieu of Resolution 3</u>.

CLEARING FEDERAL OBSTACLES FOR OVERDOSE PREVENTION SITES

RESOLVED, that our AMA advocates for federal and state policies which reduce barriers for the implementation of overdose prevention sites.

RFS ACTION: Alternate Resolution 3 adopted in lieu of Resolution 3 with a title change.

RESOLVED, that our American Medical Association (AMA) advocates for federal policies that empower states to determine the legality of supervised injection sites.

Your Reference Committee heard testimony from multiple individuals and groups, including the APA and Psychiatry Section Council, with support for the intention of the resolution and with some suggestions for clarifying language. No opposition to the resolution or its intent was heard. It was noted that current resolutions about similar topics in the AMA House of Delegates use the language "overdose prevention sites" instead of "supervised injection sites" and that this is less stigmatizing language. Multiple suggestions for amendments to clarify were proffered, and your Reference Committee attempted to reflect the will of the body in the new language offered. Therefore, your Reference Committee recommends that Alternate Resolution 3 be adopted in lieu of Resolution 3.

(27) RESOLUTION 10 – STRENGTHENING PARENTAL LEAVE POLICIES FOR MEDICAL TRAINEES AND RECENT GRADUATES

RECOMMENDATION:

Alternate Resolution 10 be adopted in lieu of Resolution 10.

STRENGTHENING PARENTAL LEAVE POLICIES FOR MEDICAL TRAINEES AND RECENT GRADUATES

RESOLVED, that our AMA amend Policies for Parental, Family and Medical Necessity Leave H-405.960 by addition to read as follows:

5. Our AMA recommends that medical practices, departments and training programs strive to provide 12 weeks of paid parental, family and medical necessity leave in a 12-month period for their attending and trainee physicians as needed with eligibility beginning at the start of employment without a waiting period.

RFS ACTION: Alternate Resolution 10 adopted in lieu of resolution 10.

RESOLVED, that our American Medical Association (AMA) supports paid parental leave benefits for physicians regardless of length of employment.

Your Reference Committee thanks the authors for this resolution. There was significant positive testimony for the intent of this resolution from RFS members as well as commenters

from peer groups in the AMA House of Delegates (OMSS, AAP, IPPS, APS, YPS) via our Section Delegates. Concern was raised about novelty, however, and your Reference Committee agrees the intent is best served by amending existing AMA policy H-405.960. Therefore, your Reference Committee recommends that Alternate Resolution 10 be adopted in lieu of Resolution 10.

(28) RESOLUTION 14 – UPDATED RECOMMENDATIONS FOR CHILD SAFETY SEATS

RECOMMENDATION:

Alternate Resolution 14 be <u>adopted in lieu of Resolution 14</u>.

UPDATED RECOMMENDATIONS FOR CHILD SAFETY SEATS

RESOLVED, that our AMA supports the following evidence-based principles in education and advocacy efforts around proper child safety seat use:

(1) The use of rear-facing car safety seats with a harness from birth for as long as possible, until children reach the maximum height or weight specifications of their rear-facing car seat;

(2) The use of forward-facing car safety seats from the time children outgrow rear-facing seats until they reach the maximum height or weight specifications of their forward-facing car seat;

(3) The use of belt-positioning booster seats from the time children they outgrow forward-facing car seats until a seat belt fits properly with the lap belt across the upper thighs and the shoulder belt across the center of the shoulder and chest;

(4) The use of lap and shoulder seat belts for all who have outgrown booster seats; and;

(5) That all children under age 13 are seated only in the back row; and be it further
RESOLVED, that our AMA rescind policy 15.950, "Child Safety Seats – Public Education and Awareness."

RFS ACTION: Alternate Resolution 14 <u>adopted in lieu of Resolution 14</u>.

RESOLVED, that our American Medical Association (AMA) Policy 15.950, "Child Safety Seats - Public Education and Awareness" be amended by addition and deletion to read as follows:

Our AMA supports efforts to require child safety seat manufacturers to include information about the importance of rear-facing safety seats, forward facing safety seats, and booster seats until children ~~are two years of age or until they~~ reach the maximum age, height or weight specifications of their car seat~~, at which time they should be placed in a forward-facing child safety system with a harness as recommended by the American Academy of Pediatrics.~~ using: (1) rear-facing car safety seats with a harness in the back seat for as long as possible; (2) forward-facing car safety seats from the time they outgrow rear-facing seats for most children through at least 5 years of age; (3) belt-positioning booster seats from the time they outgrow forward-facing car seats until a seat belt fits properly with the lap belt across the upper thighs and the shoulder belt across the center of the shoulder and chest (4) lap and shoulder seat belts for all who have outgrown booster seats and (5) that all children regardless of car seat, booster seat, or seat belt use remain properly buckled in the back seat until age 13.

Your Reference Committee thanks the authors for this resolution. Testimony on this item was generally supportive, including on the author's proffered substitute resolution. We appreciate the RFS Committee on Public Health (CPH) proposed amended language to the substitute resolution, which preserves this intent of the original resolution while clarifying the language. Therefore, your Reference Committee recommends that Alternate Resolution 14 be adopted in lieu of Resolution 14.

RECOMMENDED FOR REFERRAL

(29) REPORT C – FINANCIAL TRANSPARENCY OF THE REVENUE GENERATED BY TRAINEES AT HEALTH SYSTEMS

RECOMMENDATION:

Report C be referred.

RFS ACTION: Report C referred.

Recommendation:
Based on the report prepared by the AMA-RFS Committee on Business and Economics, your RFS Governing Council recommends the following:

1. That our American Medical Association (AMA) ask the Accreditation Council for Graduate Medical Education (ACGME) to conduct a multi-institutional study including all specialties comparing trainee pay and workload to the healthcare provider pay and workload that would be needed if trainees were not present at that institution and that ACGME publicly publish the findings of this study.

Your Reference Committee heard mixed testimony on this report, some were in support of original language, others in support of current language, as well as concerns about the feasibility of the asks, and whether the asks as written would result in study. There were also recommendations for referral in hopes of further clarity within the report on the complicated relationships around the economics of hospitals. MedEd staff noted that ACGME would not be the appropriate organization to do this type of study, and that a financial analysis of revenue generated by trainees would have to take account of the training requirements for each specialty, the payor mix at each teaching institution for each setting residents provide clinical services, and the reimbursement rates for each payor for those services. Therefore, your Reference Committee recommends that Report C be referred.

(30) REPORT F – EDITORIAL CHANGES TO OUTDATED AND STIGMATIZING LANGUAGE IN THE RFS DIGEST OF ACTIONS

RECOMMENDATION:

Report F be referred.

RFS ACTION: Report F adopted as amended.

Recommendation:
Based on the report and recommendations prepared by the AMA-RFS Committee on Justice, Equity, Diversity and Inclusion (JEDI), your RFS Governing Council recommends:

1. That the following additions and deletions are made to the following existing internal AMA-RFS policies: [items (a)-(cc) in Report F]

RESOLVED, that our AMA-RFS create an ad-hoc committee to review and update the full expanse of our RFS position statements to editorially update outdated and stigmatizing language as guided by "Advancing Health Equity: A guide to language, narrative, and concepts," including updates in heading titles and reorganization of the AMA-RFS policy compendium as necessary.

Your Reference Committee appreciates the extensive review of the RFS Digest of Actions by the JEDI Committee and commends their hard work on improving outdated and stigmatizing language for our section. Testimony was given on the VRC by the author of the original resolution, pointing out that one of the major purposes of the original resolution was to revise the section titles and the way the RFS Digest of Actions is organized, however, the report as written did not address changing the title of sections like "Drug Abuse" or consolidating policies from sections with similar policies. Additionally, it was noted that the term "pregnant substance abuser" was left in 390.005R, and that a second review may be warranted. On staff review, your Reference Committee was made aware that if the recommendations from Report E are adopted, a large volume of additional policies will be added back to the Digest of Actions that may also warrant review under this umbrella. It was also pointed out that the Digest of Actions is organized by section title alphabetically, and that with new titles and sections it will have to be entirely reorganized, including possibly renumbering policies. Given the scope of this work, it will likely necessitate an ad hoc committee to assist JEDI with the review and reorganization necessary to complete the asks of the original resolution. Therefore, your Reference Committee recommends that Report F be referred.

RECOMMENDED FOR NOT ADOPTION

(31) RESOLUTION 2 – IN SUPPORT OF A NATIONAL DRUG CHECKING REGISTRY

RECOMMENDATION:

Resolution 2 not be adopted.

RFS ACTION: Resolution 2 adopted as amended.

RESOLVED, that our American Medical Association (AMA) ~~support~~ study the creation of a national drug-checking registry that would provide a mechanism whereby community-run drug-checking services may communicate their results.

Your Reference Committee appreciates the intent and spirit behind this resolution, however strong opposition was heard specifically to the applicability and effectiveness of ask. Current research is also largely inconclusive on the effectiveness of current reporting systems. Therefore, your Reference Committee recommends Resolution 2 not be adopted.

(32) RESOLUTION 4 – ADVOCATING FOR THE REGULATION OF PINK PEPPERCORN AS A TREE NUT

RECOMMENDATION:

Resolution 4 not be adopted.

RFS ACTION: Alternate Resolution 4 adopted in lieu of Resolution 4.

~~RESOLVED, that our American Medical Association (AMA) will create an education campaign for the public about the pink peppercorn as a tree nut and its potential to cause severe allergic reactions; and be it further~~

~~RESOLVED, that our AMA advocates that the FDA regulate the pink peppercorn as a tree nut and require already regulated food and drink products to report inclusion of tree nuts if they include the pink peppercorn.~~

RESOLVED, that our American Medical Association (AMA) ask the FDA, NIAID and other relevant stakeholders to develop skin antigen testing for pink peppercorn to further develop research and clinical application; and be it further

RESOLVED, that our AMA ask the FDA, NIAID and other relevant stakeholders to conduct appropriate studies to determine the cross-reactivity of pink peppercorn as a tree nut, with subsequent regulation, reporting, and public education as appropriate.

Your Reference Committee heard positive testimony on the spirit of this resolution, however, the American Academy of Allergy, Asthma, and Immunology (AAAAI) Society pointed out that its Food Allergy Committee did not recommend supporting this resolution due to insufficient data as only a "single case report" on pink peppercorn anaphylaxis has been reported, and

that further data is warranted prior to any regulation. Therefore, your Reference Committee recommends Resolution 4 not be adopted.

This concludes the report of the RFS Reference Committee. I would like to thank Rosalynn Conic, MD, PhD, MPH, Brady Iba, DO, Dan Pfeifle, MD, Danielle Rivera, MD, Nikita Sood, MD, Sophia Spadafore, MD, and all those who testified before the Committee.

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