

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

Report of Reference Committee

Rachel Ekaireb, MD, Chair

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

3 **RECOMMENDED FOR ADOPTION**
4

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

10
11 **RECOMMENDED FOR ADOPTION AS AMENDED**
12

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

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

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

RECOMMENDED FOR ADOPTION

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

5
6 **RECOMMENDATION:**

7
8 **Resolution 2 be adopted.**

9
10 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
11 support federal and state efforts to adopt, fund, and implement universal school meal
12 programs that include the provision of breakfast and lunch to all school-aged children, free of
13 charge to students and families and regardless of income.

14
15 Your Reference Committee heard nearly unanimous support for Resolution 2 as written.
16 Support was from a few individuals, Massachusetts Medical Society, Michigan State Medical
17 Society, RFS Committee on Public Health, RFS Committee on Legislative Affairs, American
18 Academy of Family Physicians, and RFS Committee on Justice, Equity, Diversity, and
19 Inclusion. Your Reference Committee notes that there was informational testimony provided
20 by your Section Delegates drawing attention to the wording of school meals for “all school-
21 aged children,” who also commented that perhaps this resolution would be more actionable if
22 narrowed to children in publicly funded schools. Your RFS Committee on Public Health did
23 note that food insecurity affects children regardless of type of school attended and advocating
24 for universal school meals is a more effective public health strategy. Additionally, your
25 Reference Committee discussed that public funding reaches non-public schools such as
26 charter schools. Finally, your Section Delegates noted that this resolution is identical to
27 Resolution 909 introduced to the HOD by the Medical Student Section at I-24 and adding it to
28 the RFS Position Compendium will allow the RFS to speak in support of it in the House.
29 Therefore, your Reference Committee recommends that Resolution 2 be adopted.

- 30
31 (2) RESOLUTION 5 – ACA SUBSIDIES FOR UNDOCUMENTED
32 IMMIGRANTS

33
34 **RECOMMENDATION:**

35
36 **Resolution 5 be adopted.**

37
38 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
39 support federal and state efforts to provide subsidies for undocumented immigrants to
40 purchase health insurance, including by extending eligibility for premium tax credits and cost-
41 sharing reductions to purchase Affordable Care Act (ACA) plans.

42
43 Your Reference Committee heard unanimously supportive testimony on Resolution 5, with
44 the RFS Standing Committee on Legislation and Advocacy offering a suggested amendment.
45 Your Reference Committee felt that the proposed amendment did not substantially change
46 the intent of the resolution or action of the RFS, and as the Section Delegates noted there is
47 a resolution in the HOD at this meeting with the original language already being considered,
48 and adoption would allow our Section to support it. Therefore, your Reference Committee
49 recommends that Resolution 5 be adopted.

1 (3) RESOLUTION 10 – COVERAGE FOR CARE FOR SEXUAL
2 ASSAULT SURVIVORS
3

4 **RECOMMENDATION:**
5

6 **Resolution 10 be adopted.**
7

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

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

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

RECOMMENDED FOR ADOPTION AS AMENDED

- 1
2
3 (4) RESOLUTION 1 – OPPOSITION TO THE DECEPTIVE
4 RELOCATION OF MIGRANTS AND ASYLUM SEEKERS

5
6 **RECOMMENDATION A:**

7
8 **The First Resolve of Resolution 1 be amended by addition**
9 **and deletion to read as follows:**

10
11 **RESOLVED, that our American Medical Association**
12 **Resident and Fellow Section (AMA-RFS) oppose the**
13 **relocation of migrants and asylum-seekers by state or**
14 **federal authorities without timely and appropriate**
15 **resources to meet travelers' their health needs; and be it**
16 **further**

17
18 **RECOMMENDATION B:**

19
20 **Resolution 1 be adopted as amended.**

21
22 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
23 oppose the relocation of migrants and asylum-seekers by state or federal authorities without
24 timely and appropriate resources to meet travelers' needs; and be it further

25
26 RESOLVED, that our AMA-RFS strongly oppose the use of deceptive or coercive practices in
27 the relocation of migrants and asylum seekers; and be it further

28
29 RESOLVED, that our AMA-RFS support state and federal efforts to protect the health and
30 safety of traveling migrants and asylum-seekers, including the investigation of possible abuse
31 and human rights violations.

32
33 Your Reference Committee received testimony largely in support of Resolution 1. Multiple
34 groups (RFS Standing Committees on Justice, Equity, Diversity and Inclusion and Committee
35 on Legislation and Advocacy as well as the Massachusetts RFS delegation) and individuals
36 testified to the importance of this issue, and the timely relevance of a similar resolution being
37 heard at the I-24 HOD meeting. One individual raised potential arguments of opposition,
38 including the concern that immigration policies may not be within the purview of our AMA, and
39 that the resolution's asks may be considered within the scope of existing policy. However,
40 multiple testifiers refuted these points, emphasizing the resolution's intent to protect migrants'
41 health and safety. Therefore, your Reference Committee recommends a minor amendment
42 to clarify that health needs are of principal concern, which will hopefully allay any concerns
43 regarding scope. Additionally, your Reference Committee was concerned that the term
44 "traveler" does not accurately capture the duress under which the individuals in question may
45 experience and elected to remove this term. Therefore, your Reference Committee
46 recommends Resolution 1 be adopted as amended.

- 47
48 (5) RESOLUTION 3 – HEAT ALERTS AND RESPONSE PLANS
49

1 **RECOMMENDATION A:**

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

5
6 **RESOLVED, that our American Medical Association**
7 **Resident and Fellow Section (AMA-RFS) support federal,**
8 **state, and local efforts to ~~update and implement evidence-~~**
9 **~~based heat index formulas and other relevant factors to~~**
10 **accurately estimate and address heat-related morbidity**
11 **and mortality, proactively issue heat alerts, and improve**
12 **implementation of response plans; and be it further**

13
14 **RECOMMENDATION B:**

15
16 **Resolution 3 be adopted as amended.**

17
18 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
19 support federal, state, and local efforts to update and implement evidence-based heat index
20 formulas and other relevant factors to accurately estimate and address heat-related morbidity
21 and mortality, proactively issue heat alerts, and improve implementation of response plans;
22 and be it further

23
24 RESOLVED, that our AMA-RFS support efforts to implement and fund comprehensive heat
25 response plans, including the use of Federal Emergency Management Agency funds and
26 resources, in order to combat heat-related morbidity and mortality.

27
28 Your Reference Committee heard testimony that was generally in support of Resolution 3.
29 Background information from the Section Delegates noted that this internal resolution, if
30 passed, would provide the Section with a stance to support a forthcoming
31 MSS/Washington/Oregon HOD resolution at I-24. The RFS Standing Committee on Justice,
32 Equity, Diversity, and Inclusion as well as several individuals also provided supportive
33 testimony. A comment from the RFS Standing Committee on Public Health highlighted that
34 the resolution as written asks for an update to heat index formulas, though the cited references
35 indicate that the criteria for advisories vary across the country based on local climate and
36 infrastructure and therefore the issue lies with the implementation of these formulas to activate
37 response plans. Your Reference Committee feels that the amendment, which strikes the
38 language to update heat index formulas, addresses this concern and helps to make the ask
39 more accurate and applicable while supporting the use of evidence-based policies to
40 appropriately activate local heat advisories and heat response plans. Therefore, your
41 Reference Committee recommends Resolution 3 be adopted as amended.

42
43 (6) **RESOLUTION 4 – MENTAL HEALTH CRISES REQUIRE**
44 **HEALTHCARE, NOT HANDCUFFS**

45
46 **RECOMMENDATION A:**

47
48 **The First Resolve of Resolution 4 be amended by addition**
49 **and deletion to read as follows:**

50

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

- 4 1. **Our American Medical Association continues to**
5 **support jail diversion and community based treatment**
6 **options for mental illness.**
- 7 2. **Our AMA advocates for funding and implementation of**
8 **evidence-based interventions to decouple behavioral**
9 **health response systems from carceral systems from**
10 **behavioral health emergency response systems,**
11 **including but not limited to diverting acute mental**
12 **illness and social-service related calls to mobile crisis**
13 **teams staffed by mental health trained professionals**
14 **instead rather than solely or primarily relying on of**
15 **armed law enforcement.**
16 **Our AMA supports implementation of law enforcement-**
17 **based crisis intervention training programs for**
18 **assisting those individuals with a mental illness, such**
19 **as the Crisis Intervention Team model programs.**
- 20 3. **Our AMA supports federal funding to encourage**
21 **increased community and law enforcement**
22 **participation in crisis intervention training programs.**
- 23 4. **Our AMA supports legislation and federal funding for**
24 **evidence-based training programs by qualified mental**
25 **health professionals aimed at educating corrections**
26 **and law enforcement officers in effectively interacting**
27 **with people with mental health crises or and other**
28 **behavioral dysregulation issues in all detention and**
29 **correctional facilities and communities.**
- 30 5. **Our AMA supports:**
- 31 a. **increased research on disparate use of force and**
32 **non-violent de-escalation tactics during for law**
33 **enforcement encounters with people who have**
34 **mental illness and/or developmental disabilities.**
- 35 b. **research on fatal encounters with law enforcement**
36 **and the prevention thereof; and be it further**

37
38 **RECOMMENDATION B:**

39
40 **The Title of Resolution 4 be changed to read as follows:**

41
42 **CARCERAL SYSTEMS AND PRACTICES IN BEHAVIORAL**
43 **HEALTH EMERGENCY CARE**

44
45 **RECOMMENDATION C:**

46
47 **Resolution 4 be adopted as amended with a change in title.**

48
49 **RESOLVED, that our American Medical Association (AMA) amend policy H-345.972 (Mental**
50 **Health Crisis Interventions) by addition and deletion to read as follows:**

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

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

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

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

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

17 5. Our AMA supports:

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

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

23
24 RESOLVED, that our AMA support ending routine reliance on law enforcement to triage,
25 evaluate, or transport individuals experiencing behavioral health emergencies and instead
26 support improved funding for Emergency Medical Services to meet communities' needs; and
27 be it further

28
29 RESOLVED, that our AMA advocate against the routine application of physical restraints,
30 including handcuffs, during behavioral health emergency responses or as part of police
31 protocols when transporting non-incarcerated individuals to receive health care services; and
32 be it further

33
34 RESOLVED, that our AMA advocate against the indiscriminate shackling of children and
35 adults during prehospital and hospital care, as the use of restraints should be limited to the
36 least restrictive option and only applied when medically necessary; and be it further

37
38 RESOLVED, that our AMA ask the Council on Judicial and Ethical Affairs to study this topic
39 to provide clearer guidance for healthcare professionals regarding interacting with law
40 enforcement while caring for patients and the indiscriminate shackling of youth and adults in
41 carceral custody, with particular attention to the removal of shackles in lieu of the least
42 restrictive restraint option.

43
44 Your Reference Committee heard testimony generally in support of the tenets of Resolution
45 4. The American Academy of Psychiatry and the Law generally had no objections, though it
46 was noted that circumstances exist that require the involvement of law enforcement officers,
47 and thus recommended deletion of the clause "instead of armed law enforcement" in the
48 amendment to the second point of extant AMA policy accordingly. The American Academy of
49 Psychiatry and the Law also suggested deleting "and only applied when medically necessary"
50 from the fourth resolve clause, stating that medical decision-making is not relevant, and

1 generalizing the amendment to the fourth point of extant AMA policy to "people with mental
2 health crises across all settings." The Section Council on Emergency Medicine was in support
3 of the spirit of the resolution but favored changing the title of the resolution to be less emotive
4 and more representative of the content of the resolution. The Section Council on Emergency
5 Medicine also advised recognizing the significant threat of workplace violence faced by
6 healthcare workers, particularly expressing concern with the fourth resolve as it pertains to
7 limiting the use of restraints and had some reticence about dictating prehospital care.
8

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

25 Finally, the authors of the resolution testified to proffer amendments intended to be responsive
26 to the critiques of other entities who engaged on the item. Your Reference Committee agrees
27 that the proposed amendments maintain the intent and the impact of the original resolution,
28 while successfully ameliorating potential weaknesses. In particular, re-titling the resolution to
29 "Carceral Systems and Practices in Behavioral Health Emergency Care" results in a more
30 neutral and descriptive introduction to the resolution, and other minor amendments augment
31 the precision of the resolution. Therefore, your Reference Committee recommends Resolution
32 4 be adopted as amended.
33

34 (7) RESOLUTION 6 – ADDRESSING GENDER-BASED PRICING
35 DISPARITIES
36

37 **RECOMMENDATION A:**
38

39 **The First Resolve of Resolution 6 be amended by addition**
40 **and deletion to read as follows:**
41

42 **RESOLVED, that our American Medical Association**
43 **Resident and Fellow Section (AMA-RFS) recognize the**
44 **systematic systemic harms that gender-based pricing**
45 **disparities impose, including worsened health and quality**
46 **of life outcomes; and be it further**
47

48 **RECOMMENDATION B:**
49

1 **Resolution 6 be adopted as amended.**

2
3 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
4 recognize the systematic harms that gender-based pricing disparities impose, including
5 worsened health and quality of life outcomes; and be it further

6
7 RESOLVED, that our AMA-RFS support federal and state efforts to eliminate gender-based
8 pricing disparities.

9
10 Your Reference Committee heard testimony that was unanimously in support of Resolution 6.
11 Background information from the Section Delegates noted that this internal resolution, if
12 passed, would provide the section with a stance to support a forthcoming Women’s Physician
13 Section HOD resolution at I-24. An amendment offered by the Section Delegates
14 appropriately substituted the word "systemic" over "systematic." The RFS Standing
15 Committee on Justice, Equity, Diversity, and Inclusion as well as two individuals were also in
16 support of this resolution, noting that gender-based pricing disparity continues to be a
17 prevalent equity issue in both healthcare and consumer products and merits ongoing
18 advocacy and a focus within our RFS internal position compendium. Therefore, your
19 Reference Committee recommends that Resolution 6 be adopted as amended.

20
21 (8) **RESOLUTION 8 – RENEWING THE EXPANSION OF**
22 **PREMIUM TAX CREDITS**

23
24 **RECOMMENDATION A:**

25
26 **The Second and Third Resolve of Resolution 8 be amended**
27 **by addition and deletion to read as follows:**

28
29 **RESOLVED, that our AMA will monitor and oppose efforts**
30 **to engage in proactive grassroots campaigns to prevent**
31 **rollbacks of affordable and quality health insurance**
32 **coverage at the federal level; and be it further**

33
34 **RESOLVED, that our AMA will immediately initiate or**
35 **substantially invest in a focused grassroots campaign to**
36 **support advocate for extending ACA tax credit**
37 **enhancement from the American Rescue Plan Act and the**
38 **Inflation Reduction Act; and be it further**

39
40 **RECOMMENDATION B:**

41
42 **The Fourth Resolve of Resolution 8 be deleted.**

43
44 **RECOMMENDATION C:**

45
46 **Resolution 8 be adopted as amended.**

47
48 RESOLVED, that our American Medical Association (AMA) reaffirm that expanding coverage
49 and protecting access to care is a top AMA priority; and be it further

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

4
5 RESOLVED, that our AMA will immediately initiate or substantially invest in a focused
6 grassroots campaign to support extending ACA tax credit enhancement from the American
7 Rescue Plan Act and the Inflation Reduction Act; and be it further

8
9 RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at
10 the 2024 Interim Meeting.

11
12 Your Reference Committee heard generally supportive testimony on Resolution 8, with some
13 concerns noted. Both the RFS Standing Committees on Justice, Equity, Diversity, and
14 Inclusion and Legislation and Advocacy testified to the importance of the issue and the
15 timeliness of the ask in the third Resolve, as the noted legislation requires advocacy that is
16 time sensitive. However, your Section Delegates noted, and AMA staff has also directly
17 confirmed for your Reference Committee, that after submission of this resolution (within the
18 last 3 weeks), the AMA has formally joined the "[Keep Americans Covered](#)" coalition, and your
19 Section Delegates therefore recommended against immediate forwarding of this item. Your
20 Reference Committee also noted that as written this policy comes with a significant fiscal note.
21 Your Reference Committee offers an amendment to the second Resolve to provide broader
22 language for our advocacy team. While AMA has taken recent action to join a grassroots
23 campaign, policy directives to continue advocating for these objectives to maintain affordable
24 and broad access to insurance coverage is certainly appropriate given the uncertain political
25 landscape at this juncture. Therefore, your Reference Committee recommends Resolution 8
26 be adopted as amended.

27
28 (9) RESOLUTION 9 – PROTECTIONS FOR TRAINEES
29 EXPERIENCING RETALIATION IN MEDICAL EDUCATION

30
31 **RECOMMENDATION A:**

32
33 **The First Resolve of Resolution 9 be amended by addition**
34 **and deletion to read as follows:**

35
36 **RESOLVED, that our American Medical Association (AMA)**
37 **supports efforts to protect residents, fellows, and medical**
38 **students from ~~punitive measures~~ disciplinary actions taken**
39 **by workplaces, institutions, and educational programs that**
40 **discriminate against an individual based on their identity,**
41 **beliefs or ~~their political~~ advocacy; and be it further**

42
43 **RECOMMENDATION B:**

44
45 **The Second Resolve of Resolution 9 be amended by**
46 **addition and deletion to read as follows:**

47

1 **RESOLVED, that our AMA supports that any punitive**
2 **measures enforced disciplinary actions against residents,**
3 **fellows, and medical students, adhere to due process and**
4 **use a standardized protocol, which barring patient and**
5 **workplace safety concerns, may include including multiple**
6 **warnings, opportunities to halt actions in question prior to**
7 **measures being taken, mediation by and appeals to a third**
8 **party, and ~~due process~~, especially before long-term**
9 **suspension, dismissal, expulsion, or termination of**
10 **contracts; and be it further**

11
12 **RECOMMENDATION C:**

13
14 **The Third Resolve of Resolution 9 be deleted.**

15
16 **RECOMMENDATION D:**

17
18 **Resolution 9 be adopted as amended.**

19
20 RESOLVED, that our American Medical Association (AMA) supports efforts to protect
21 residents, fellows, and medical students from punitive measures taken by workplaces,
22 institutions, and educational programs that discriminate against an individual based on their
23 identity or their political advocacy; and be it further

24
25 RESOLVED, that our AMA supports that any punitive measures enforced against residents,
26 fellows, and medical students use a protocol including multiple warnings, opportunities to halt
27 actions in question prior to measures being taken, mediation by and appeals to a third party,
28 and due process, especially before long-term suspension, dismissal, expulsion, or termination
29 of contracts; and be it further

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

33
34 Your Reference Committee heard mixed testimony on Resolution 9. Many individuals and
35 groups supported the concept of this resolution but raised concerns about the specific
36 language used. In the live reference committee hearing, the authors offered testimony
37 regarding the long reaching impact of one's life/career trajectory when a trainee is expelled or
38 dismissed from a training program. Many commenters agreed that punitive measures are not
39 always applied equally, and that students/trainees of color and other marginalized identities
40 are disproportionately affected by this. However, multiple people, including the RFS Standing
41 Committee on Medical Education flagged the term "political advocacy" as being problematic,
42 particularly as health misinformation has become so politicized. It was additionally raised that
43 AMA already has policy on the issue of due process as it applies to residents and fellows,
44 including in the Resident Bill of Rights. Furthermore, the counterpoint was made that this
45 policy does not include medical students who may also face disciplinary actions which may
46 be unfairly applied based on the student's identity.

47
48 Your Reference Committee also discussed that for certain actions/behaviors by a trainee,
49 such as sexual harassment, overly racist/hate speech, or other behaviors in which a zero-
50 tolerance policy exists, graduated, escalating responses of multiple warnings would not be

1 appropriate. We further discussed that the term "disciplinary action" was a more commonly
2 accepted term in this context. Other amendments were proffered to improve this resolution
3 but there was minimal testimony in response to them. The suggestion was also made that
4 further study by an internal RFS committee would be prudent, and potentially refine the
5 language. Your Reference Committee decided it was our charge to collate the testimony
6 provided by the Assembly to address concerns raised rather than punt this task to another
7 group of RFS members. However, internal referral remains an option if such a motion is
8 desired. Finally, your Reference Committee heard testimony that given the potentially
9 contentious nature of this resolution, immediate forwarding would not provide adequate time
10 for our delegation to reach out to other stakeholders in the House of Delegates and garner
11 support. Therefore, your Reference Committee recommends Resolution 9 be adopted as
12 amended.

13
14 (10) RESOLUTION 11 – DIRECT ELECTION OF
15 RESIDENT/FELLOW MEMBERS OF THE AMA BOARD OF
16 TRUSTEES AND VARIOUS AMA COUNCILS

17
18 **RECOMMENDATION A:**

19
20 **The Second Resolve of Resolution 11 be amended by**
21 **addition to read as follows:**

22
23 **RESOLVED, that our American Medical Association (AMA)**
24 **modify its Constitution and Bylaws to allow the RFS to**
25 **directly elect the resident/fellow member of our AMA Board**
26 **of Trustees as well as modify its Bylaws to allow the RFS**
27 **to directly elect the resident/fellow member of our AMA**
28 **Council on Constitution and Bylaws (CCB), our AMA**
29 **Council on Medical Education (CME), our AMA Council on**
30 **Medical Service (CMS), and our AMA Council on Science**
31 **and Public Health (CSAPH); and be it further**

32
33 **RECOMMENDATION B:**

34
35 **Resolution 11 be adopted as amended.**

36
37 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
38 Committee on Internal Operating Procedures Revisions update the RFS IOPs to allow the
39 Section to directly elect the resident/fellow member of our AMA Board of Trustees as well as
40 the resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA
41 Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our
42 AMA Council on Science and Public Health (CSAPH); and be it further

43
44 RESOLVED, that our American Medical Association (AMA) modify its Bylaws to allow the RFS
45 to directly elect the resident/fellow member of our AMA Board of Trustees as well as the
46 resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA
47 Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our
48 AMA Council on Science and Public Health (CSAPH); and be it further
49

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

3
4 Your Reference Committee heard limited testimony on this item primarily in support, including
5 extensive testimony from the authors of the resolution. Testimony generally supported the
6 autonomy of the Resident and Fellow Section directly electing the resident/fellow officers on
7 the four elected Councils and the Board of Trustees. The authors also observed that some
8 reform is required to rectify the incongruencies between the RFS internal operating
9 procedures and established practices regarding endorsements for these offices, and the
10 incompatible new timeline for endorsements instituted by the AMA Speakers, with limited lead-
11 time to effectuate a solution given the planned implementation of the new obligatory timeline
12 for the elections transpiring at the Annual 2026 House of Delegates. Your Reference
13 Committee does note that the assertion that no recent election in the House of Delegates for
14 a resident/fellow seat has been contested is inaccurate; within recent memory, the Resident/
15 Fellow Trustee elections in 2017, 2013, 2009, and 2005 were contested in the House of
16 Delegates, as were the 2009 and 2006 elections for the CSAPH resident/fellow seat and the
17 2001 election for the CMS resident/ fellow seat.

18
19 After the close of the Virtual Reference Committee, your Reference Committee was made
20 aware by staff from the Council on Constitution and Bylaws that the execution of the intent of
21 Resolution 11 would require not only amendments to the AMA Bylaws, but an amendment to
22 the AMA Constitution, which currently states that "The House of Delegates shall elect the
23 President, President-Elect, Immediate Past President, Speaker of the House of Delegates,
24 Vice Speaker of the House of Delegates, twelve At-Large Trustees, a Young Physician
25 Trustee, a Resident/Fellow Physician Trustee and a Public Trustee." As such, your Reference
26 Committee has proffered amendments to facilitate the requisite amendment to the AMA
27 Constitution, as well as AMA Bylaws. Your Reference Committee observes that amendments
28 to the AMA Constitution must be introduced at the meeting prior to the one at which action is
29 taken to amend the Constitution, and thus this will necessitate two meetings in order to
30 accomplish.

31
32 At the live Reference Committee hearing, your Reference Committee did hear a question
33 posed by a member regarding the mechanism of election (including the composition of the
34 electorate) for the Councilor and Trustee offices, as well as the timing of the elections; the
35 author of the resolution responded noting that this is not specified in the resolution and would
36 be left to the amendments of the Resident and Fellow Section Internal Operating Procedures
37 to dictate. Your Reference Committee did have some apprehension about the nebulosity
38 of this response and some trepidation with advancing this item to the House of Delegates
39 without having resolved these issues. Your Reference Committee observes that Resolution
40 602 introduced to the House of Delegates at the upcoming Interim 2024 meeting would
41 potentially allow for additional time to develop more thorough solutions. We also noted that
42 there are tangible downsides to no longer having resident and fellow candidates run for
43 election in the House of Delegates, including developing their campaigning skillsets, gaining
44 exposure to the various constituencies within the House of Delegates, and building
45 relationships within and across delegations. However, in light of the primarily positive
46 testimony on this item, your Reference Committee recommends Resolution 11 be adopted as
47 amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(11) RESOLUTION 7 – CHIP COVERAGE OF OTC
MEDICATIONS

RECOMMENDATION:

Alternate Resolution 7 be adopted in lieu of Resolution 7.

CHIP COVERAGE OF OTC MEDICATIONS

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

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

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

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

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

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

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

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

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

Rachel Ekaireb, MD, Chair

Brady Iba, DO

Helene Nepomuceno, MD

Sarah Mae Smith, MD, PhD

Sophia Spadafore, MD

Michael Visenio, MD