Resident and Fellow Section

# Summary of Actions

49th Interim Business Meeting
November 8, 2024
Orlando, FL

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (I-24)**

## I. RFS RESOLUTIONS

| Resolution | Action | Policy | HOD Action |
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| Emergency Resolution 1 – Opposition of Health Care Entities from Reporting Individual Patient Immigration Status | **Adopted as Amended** | RESOLVED, that our AMA amend Policy H-440.876, "Opposition to Criminalization of Medical Care Provided to Undocumented Immigrant Patients" by addition to read:<br>1. Our American Medical Association opposes (a) any policies, regulations or legislation that would criminalize or punish physicians and other health care providers for the act of giving medical care to patients who are undocumented immigrants; (b) any policies, regulations, or legislation requiring physicians, ~~and~~ other health care providers, and healthcare entities to collect and report data regarding an individual patient's legal resident status; and (c) proof of citizenship as a condition of providing health care~~.~~; (d) withholding federal funds if institutions fail to comply with policies which mandate collection of a patient's immigration status<br>2. Our AMA opposes any legislative proposals that would criminalize the provision of health care to undocumented residents.<br><br>~~RESOLVED, that our American Medical Association (AMA) opposes any regulation or policy that would require healthcare providers or hospital entities from obtaining an individual's immigration status while receiving healthcare; and be it further~~<br>RESOLVED, that our AMA supports collection of de-identified patient information regarding immigration status for funding and research purposes only.~~; and be it further~~<br>~~RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting.~~ | None; will send to HOD @ A-25 |
| Late Resolution 1— Mass Deportation as a Public Health Issue | **Adopted as amended** | RESOLVED, that our American Medical Association (AMA) recognize mass deportation of immigrants, asylum seekers, and refugees as a public health issue, and recognizes the long-term mental and physical health implications of deportation on individuals, families, and communities; and be it further<br>~~RESOLVED, that our AMA oppose widespread efforts by authorities to ascertain individuals' immigration status or proceed to arrest, detain, or remove an individual without probable cause for commission of a crime; on the basis of race, color, or other protected status; or target and profile specific communities without probable cause; and be it further~~<br>RESOLVED, that our AMA oppose deportation of health care workers solely based on their documentation status ~~who do not pose a threat to their community~~; and be it further | Imm. Fwd to HOD @ I-24; became Res. 931; adopted as amended.<br><br>*(see below)* |

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| | | RESOLVED, that our AMA oppose the large-scale internment of individuals targeted for deportation efforts; and be it further<br>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting. | |
| Resolution 1— Opposition to the Deceptive Relocation of Migrants and Asylum Seekers | **Adopted as amended** | RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) oppose the relocation of migrants and asylum-seekers by state or federal authorities without timely and appropriate resources to meet ~~travelers'~~ their health needs; and be it further<br>RESOLVED, that our AMA-RFS strongly oppose the use of deceptive or coercive practices in the relocation of migrants and asylum seekers; and be it further<br>RESOLVED, that our AMA-RFS support state and federal efforts to protect the health and safety of traveling migrants and asylum-seekers, including the investigation of possible abuse and human rights violations. | None; internal RFS position statements |
| Resolution 2— Support of Universal School Meals for School Age Children | **Adopted** | RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support federal and state efforts to adopt, fund, and implement universal school meal programs that include the provision of breakfast and lunch to all school-aged children, free of charge to students and families and regardless of income. | None; internal RFS position statement |
| Resolution 3— Heat Alerts and Response Plans | **Adopted as amended** | RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support federal, state, and local efforts ~~to update and implement evidence-based heat index formulas and other relevant factors~~ to accurately estimate and address heat-related morbidity and mortality, proactively issue heat alerts, and improve implementation of response plans; and be it further<br><br>RESOLVED, that our AMA-RFS support efforts to implement and fund comprehensive heat response plans, including the use of Federal Emergency Management Agency funds and resources, in order to combat heat-related morbidity and mortality. | None; internal RFS position statements |

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| Resolution 4— Mental Health Crises Require Healthcare, Not Handcuffs | **Adopted as amended with a change in title** | CARCERAL SYSTEMS AND PRACTICES IN BEHAVIORAL HEALTH EMERGENCY CARE<br><br>RESOLVED, that our American Medical Association (AMA) amend policy H-345.972 (Mental Health Crisis Interventions) by addition and deletion to read as follows:<br>1. Our American Medical Association continues to support jail diversion and community based treatment options for mental illness.<br>2. Our AMA advocates for funding and implementation of evidence-based interventions to decouple behavioral health response systems from carceral systems ~~from behavioral health emergency response systems~~, including but not limited to diverting acute mental illness and social-service related calls to mobile crisis teams staffed by mental health trained ~~mental health~~ professionals rather than solely or primarily relying on ~~instead of~~ armed law enforcement.<br>~~Our AMA supports implementation of law enforcement-based crisis intervention training programs for assisting those individuals with a mental illness, such as the Crisis Intervention Team model programs.~~<br>3. Our AMA supports federal funding to encourage increased community and law enforcement participation in crisis intervention training programs.<br>4. Our AMA supports legislation and federal funding for evidence-based training programs by qualified mental health professionals aimed at educating corrections and law enforcement officers in effectively interacting with people with mental health crises or ~~and~~ other behavioral dysregulation ~~issues~~ in all ~~detention and~~ correctional facilities and communities.<br>5. Our AMA supports:<br>a. increased research on disparate use of force and non-violent de-escalation tactics during ~~for~~ law enforcement encounters with people who have mental illness and/or developmental disabilities.<br>b. research on fatal encounters with law enforcement and the prevention thereof; and be it further<br><br>RESOLVED, that our AMA support ending routine reliance on law enforcement to triage, evaluate, or transport individuals experiencing behavioral health emergencies and instead support improved funding for Emergency Medical Services to meet communities' needs; and be it further<br><br>RESOLVED, that our AMA advocate against the routine application of physical restraints, including handcuffs, during behavioral health emergency responses or as part of police protocols when transporting non-incarcerated | None; will send to HOD @ A-25 |

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| | | individuals to receive health care services; and be it further<br><br>RESOLVED, that our AMA advocate against the indiscriminate shackling of children and adults during prehospital and hospital care, as the use of restraints should be limited to the least restrictive option and only applied when medically necessary; and be it further<br><br>RESOLVED, that our AMA ask the Council on Judicial and Ethical Affairs to study this topic to provide clearer guidance for healthcare professionals regarding interacting with law enforcement while caring for patients and the indiscriminate shackling of youth and adults in carceral custody, with particular attention to the removal of shackles in lieu of the least restrictive restraint option. | |
| Resolution 5— ACA Subsidies for Undocumented Immigrants | **Adopted** | RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support federal and state efforts to provide subsidies for undocumented immigrants to purchase health insurance, including by extending eligibility for premium tax credits and cost-sharing reductions to purchase Affordable Care Act (ACA) plans. | None; internal RFS position statement |
| Resolution 6— Addressing Gender-Based Pricing Disparities | **Adopted as amended** | RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) recognize the ~~systematic~~ systemic harms that gender-based pricing disparities impose, including worsened health and quality of life outcomes; and be it further<br><br>RESOLVED, that our AMA-RFS support federal and state efforts to eliminate gender-based pricing disparities. | None; internal RFS position statements |
| Resolution 7— CHIP Coverage of OTC Medications | **Alternate Resolution 7 adopted in lieu of Resolution 7** | CHIP COVERAGE OF OTC MEDICATIONS<br><br>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<br><br>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<br><br>RESOLVED, that our AMA oppose copayment requirements for over-the-counter medications for patients enrolled in CHIP. | None; will send to HOD @ A-25 |

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| Resolution 8—Renewing the Expansion of Premium Tax Credits | **Adopted as amended** | RESOLVED, that our American Medical Association (AMA) reaffirm that expanding coverage and protecting access to care is a top AMA priority; and be it further<br><br>RESOLVED, that our AMA will monitor and oppose efforts to ~~engage in proactive grassroots campaigns to prevent~~ rollback~~s of~~ affordable and quality health insurance coverage at the federal level; and be it further<br><br>RESOLVED, that our AMA will immediately initiate or substantially invest in a focused grassroots campaign to support extending ACA tax credit enhancement from the American Rescue Plan Act and the Inflation Reduction Act; and be it further<br><br>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting. | Imm. Fwd. to HOD @ I-24; became Res. 826; Policy H-165.824, H-185.948, and H-165.904 reaffirmed in lieu of Resolved 1 of Resolution 826;<br><br>Policies H-165.828 and H-165.838 reaffirmed in lieu of Resolved 2 of Resolution 826; and<br><br>Resolved 3 of Resolution 826 adopted as amended.<br><br>*(see below)* |
| Resolution 9—Protections for Trainees Experiencing Retaliation in Medical Education | **Adopted as amended** | RESOLVED, that our American Medical Association (AMA) supports efforts to protect residents, fellows, and medical students from ~~punitive measures~~ disciplinary actions taken by workplaces, institutions, and educational programs that discriminate against an individual based on their identity, beliefs or ~~their political~~ advocacy; and be it further<br><br>RESOLVED, that our AMA supports that any ~~punitive measures enforced~~ disciplinary actions against residents, fellows, and medical students, adhere to due process and use a standardized protocol, which barring patient and workplace safety concerns, may include ~~including~~ multiple warnings, opportunities to halt actions in question prior to measures being taken, mediation by and appeals to a third party, ~~and due process,~~ especially before long-term suspension, dismissal, expulsion, or termination of contracts; and be it further<br><br>~~RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting.~~ | None; will send to HOD @ A-25 |
| Resolution 10—Coverage for Care for Sexual Assault Survivors | **Adopted** | RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support legal protection of sexual assault survivors' rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, including but not limited to HIV/STI testing and treatment, pregnancy testing and prevention, drug testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at | None; internal RFS position statements |

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| | | least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention; and be it further<br><br>RESOLVED, that our AMA-RFS support efforts to eliminate financial barriers that limit survivors' ability to seek physical and mental health care and social services after sexual assault, including survivors' compensation funds and specialized programs to eliminate out-of-pocket expenses for emergency, acute inpatient, and follow up services regardless of insurance coverage or cooperation with law enforcement. | |
| Resolution 11—Direct Election of Resident/Fellow Members of the AMA Board of Trustees and Various AMA Councils | **Adopted as amended** | RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) Committee on Internal Operating Procedures Revisions update the RFS IOPs to allow the Section to directly elect the resident/fellow member of our AMA Board of Trustees as well as the resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our AMA Council on Science and Public Health (CSAPH); and be it further<br><br>RESOLVED, that our American Medical Association (AMA) modify its <u>Constitution and</u> Bylaws to allow the RFS to directly elect the resident/fellow member of our AMA Board of Trustees as well as <u>modify its Bylaws to allow the RFS to directly elect</u> the resident/fellow member of our AMA Council on Constitution and Bylaws (CCB), our AMA Council on Medical Education (CME), our AMA Council on Medical Service (CMS), and our AMA Council on Science and Public Health (CSAPH); and be it further<br><br>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Interim Meeting. | Imm. Fwd. to HOD @ I-24; became Res. 608; extracted from not for consideration list;<br><br>Alternate Resolution 608 adopted in lieu of Resolution 608.<br><br>*(see below)* |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 216—Clearing Federal Obstacles for Supervised Injection Sites | **Adopted as amended with change in title** | CLEARING FEDERAL OBSTACLES FOR OVERDOSE PREVENTION SITES<br><br>RESOLVED, that our American Medical Association advocate for <u>elimination of</u> federal <u>obstacles to the development of overdose prevention sites</u>, ~~policies that empower states to determine the legality of supervised injection facilities (SIFs).~~ |

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| Resolution 302—Strengthening Parental Leave Policies for Medical Trainees and Recent Graduates | **Adopted** | RESOLVED, that our American Medical Association (AMA) amend "Increasing Practice Viability for Physicians Through Increased Employer And Employee Awareness Of Protected Leave Policies" H-405.960 by addition and deletion to read as follows:<br><br>4. 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 the understanding that no parent be required to take a minimum leave~~.~~, and with eligibility beginning at the start of employment without a waiting period. |
| Resolution 303—Transparency and Access to Medical Training Program Unionization Status, Including Creation of a FREIDA Unionization Filter | **Not considered** | RESOLVED, that our American Medical Association supports transparency and access to information about medical training program unionization status.<br><br>RESOLVED, that our AMA creates and maintains an up-to-date unionization filter on FREIDA™ for trainees to make informed decisions during the Match. |
| Resolution 304—Payment and Benefit Parity for Fellows | **Adopted as amended with change in title** | COMPENSATION PARITY FOR RESIDENTS AND FELLOWS<br><br>RESOLVED, that our American Medical Association amend Residents and Fellows' Bill of Rights H-310.912 by addition to read as follows:<br>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 follows at a level that is at minimum commensurate with their postgraduate year~~.<br><br>8. Our AMA adopts the following "Residents and Fellows' Bill of Rights" as applicable to all residents and fellow physicians in ACGME-accredited training programs:<br>E. Adequate compensation and benefits that provide for resident well-being and health.<br>2. With regard to compensation, residents and fellows should receive:<br>a. Compensation for time at orientation.<br>b. ~~Salaries~~ Compensation, including salary and benefits, commensurate with their level of training and experience. Compensation should 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. |

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| Resolution 608—Direct Election of Resident/Fellow Members of the AMA Board of Trustees and Various AMA Councils | **Alternate Resolution 608 adopted in lieu of Resolution 608.** | DIRECT ELECTION OF RESIDENT/FELLOW MEMBERS OF THE AMA BOARD OF TRUSTEES AND VARIOUS AMA COUNCILS<br><br>RESOLVED, that our American Medical Association amend existing policy and election rules to permit an exception to the endorsement timeline for the Resident and Fellow Section, allowing endorsements to be obtained no later than six months before the election, applicable only to candidates for resident-and-fellow-designated seats on the Board of Trustees and AMA Councils. |
| Resolution 826— Renewing the Expansion of Premium Tax Credits | **Policy H-165.824, H-185.948, and H-165.904 reaffirmed in lieu of Resolved 1 of Resolution 826;**<br><br>**Policies H-165.828 and H-165.838 reaffirmed in lieu of Resolved 2 of Resolution 826;**<br><br>**and Resolved 3 of Resolution 826 adopted as amended.** | RESOLVED, that our AMA ~~will immediately initiate or substantially invest in a focused grassroots campaign to~~ support extending Affordable Care Act tax credit enhancement from the American Rescue Plan Act and the Inflation Reduction Act. |
| Resolution 921—In Support of a National Drug Checking Registry | **Not considered** | RESOLVED, that our American Medical Association study the creation of a national drug-checking registry that would provide a mechanism whereby community-run drug-checking services may communicate their results. |
| Resolution 922—Advocating for the Regulation of Pink Peppercorn as a Tree Nut | **Adopted as amended with a change in title** | ADVOCATING FOR FURTHER RESEARCH OF PINK PEPPERCORN ALLERGY<br><br>RESOLVED, that our American Medical Association ask ~~the Food and Drug Administration (FDA), National Institute of Allergy and Infectious Diseases (NIAID), and other relevant stakeholders~~ <u>interested parties</u> to develop skin antigen testing for pink peppercorn to further develop research and clinical application; and be it further<br><br>RESOLVED, that our AMA ask ~~the FDA, NIAID, and other relevant stakeholders~~ <u>interested parties</u> to conduct ~~appropriate~~ <u>adequate and well-controlled</u> studies to determine the cross-reactivity of pink peppercorn as a tree nut <u>and the prevalence of this allergy</u>, with subsequent regulation, reporting, and public education as appropriate. |

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| Resolution 923—Updated Recommendations for Child Safety Seats | **Alternate Resolution 923 be adopted in lieu of Resolution 923** | UPDATED RECOMMENDATIONS FOR CHILD SAFETY SEATS<br><br>RESOLVED, that our American Medical Association supports the following evidence-based principles on proper child safety seat use:<br>1. All infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by the seat's manufacturer.<br>2. All children who have outgrown the rear-facing weight or height limit for their car safety seat should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by the seat's manufacturer.<br>3. All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle lap and shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.<br>4. When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap and shoulder seat belts for optimal protection.<br>5. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.<br><br>RESOLVED, that our AMA rescind policy 15.950, “Child Safety Seats – Public Education and Awareness.” (Rescind HOD Policy) |
| Resolution 924—Public Health Implications of US Food Subsidies | **Not considered** | 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. |
| Resolution 931—Mass Deportation as a Public Health Issue | **Adopted as amended** | RESOLVED, that our American Medical Association (AMA) recognizes mass deportation of immigrants, asylum seekers, ~~and~~ refugees, and others with or seeking an immigration benefit as a public health issue, and recognizes the long-term mental and physical health implications of deportation on individuals, families, and communities; and be it further<br><br>RESOLVED, that our AMA oppose deportation of health care workers and medically vulnerable |

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| | | patients solely based on their documentation status; and be it further<br><br>RESOLVED, that our AMA oppose the large-scale internment of individuals targeted for deportation efforts. |

Resident and Fellow Section

# Summary of Actions

48th Annual Business Meeting
June 7, 2024
Chicago, IL

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (A-24)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

**I. RFS REPORTS**

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Report A— 2024-2027 RFS Policy Strategic Focus Areas | **Adopted as amended** | 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.<br>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.<br>3. The AMA-RFS encourages the development of robust internal policies within these focus areas.<br>4. The AMA-RFS Caucus to the AMA House of Delegates (HOD) will consider more highly prioritizing items falling within these strategic focus areas.<br>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. | None. RFS Internal Position Statements |
| Report B— Modernization of the AMA Resident and Fellow Section Internal Operating Procedures | **Adopted as amended** | 1. That the AMA-RFS amend the RFS Internal Operating Procedures as outlined in Part II of this Report.<br><br>*(Part II adopted, with the exceptions of amendments noted below as follows:)*<br><br>IX. Business Meeting<br>C. <u>Delegates</u> ~~Representatives~~ to the Business Meeting from Organizations represented in the House of Delegates. The Business Meeting shall include <u>delegates</u> ~~representatives~~ from constituent associations, Federal Services, national medical specialty societies, and professional interest medical associations represented in the House of Delegates.<br><br>Apportionment. The apportionment of each constituent association, Federal Service, national medical specialty society, and professional interest medical associations is one <u>delegate</u> ~~representative~~ per 100, or fraction thereof, members of the Resident and Fellow | None. |

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| | | Section who are members of the constituent association, Federal Service, national medical specialty society, or professional interest medical association.<br><br>D. Other Representatives to the Business Meeting<br>2. National Resident and Fellow Organizations<br>(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~~.<br>(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:<br>IX. Business Meeting<br>H. Resolutions.<br><br>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.~~<br>(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.<br>(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.<br>~~(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.<br>~~(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.<br>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 | |

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| | | 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.<br>(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.<br><br>(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<br>IX. Business Meeting<br>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.~~<br>5. Items may be included before the ten-year mark if their relevance has changed.<br>~~5.~~ 6. Defeated sunset recommendations extend the item ~~for one year, to be reconsidered~~ until reconsideration in the next iteration of the Sunset Report.<br><br>XI. Standing Committees<br>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.<br>Section V, Section IX.H.8, and Section VIII.E be referred. | |
| Report C—Financial Transparency of the Revenue Generated by Trainees at Health Systems | **Referred** | 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. | None. GC will refer to Standing Committee for report back. |
| Report D— Traffic-related Death as a Public Health Crisis | **Adopted** | 1. That that the referred resolved clauses from RFS Resolution 9-A-23 be amended as internal RFS position statements and adopted:<br>RESOLVED, that our AMA-RFS recognize traffic-related death as a preventable public health crisis that disproportionately harms | None. RFS Internal Position Statements |

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| | | 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<br><br>RESOLVED, that our AMA-RFS support evidence-based strategies to achieve zero traffic fatalities; and be it further<br><br>RESOLVED, that our AMA-RFS recognize that vehicle speed and vehicle weight are modifiable risk factors for traffic-related deaths; and be it further<br><br>2. That the following additional resolved clause be adopted:<br><br>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. | |
| Report E— Inclusion of All Passed Resolutions in the RFS Digest of Actions: Ten-Year Lookback | **Adopted** | 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.<br>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.<br>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.<br>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. | None. (1)-(3) RFS Internal Position Statements; (4) Referral to GC for Report back. |
| Report F— Editorial Changes to Outdated and Stigmatizing Language in the RFS Digest of Actions | **Adopted as amended** | 1. That the following additions and deletions are made to the following existing internal AMA-RFS policies: *[see Report for (a)-(cc)]*<br><br><u>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.</u> | None. Updates to RFS Internal Position Statements<br><br>GC to create ad-hoc committee to review and update Digest. |
| Report G— Updating Language Regarding Families and Pregnant Persons | **Adopted** | 1. That the following additions and deletions be made to the following internal AMA-RFS policies:<br>a) RESOLVED, policy 20.005 be amended by addition and deletion as follows: Review of AMA-RFS Policy on Prevention of Prenatal Transmission of HIVU: That our AMA-RFS support federal legislation requiring HIV testing of all ~~pregnant~~ | None. Updates to RFS Internal Position Statements |

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| | | ~~women~~ pregnant persons at the earliest prenatal visit, except when there is a specific signed refusal, in order to allow pregnant persons ~~women~~ the opportunity to improve their own health and that of their child." And be it further;<br><br>b) RESOLVED, policy 130.011 be amended by addition and deletion as follows: Review of AMA-RFS Policy on Hospital Stay for Healthy Term Newborns: That our AMA-RFS: (1) support the American Academy of Pediatrics and American College of Obstetricians and Gynecologists' guidelines concerning post-delivery care for ~~mothers~~ postpartum persons and their newborn infants and encourage state and federal legislation supporting these policies; and (2) support legislation mandating reimbursement for appropriate post-delivery care." And be it further;<br><br>c) RESOLVED, policy 291.004 be amended by addition and deletion as follows: Protecting Rights of Breast/Chestfeeding Residents and Fellows: That our AMA-RFS support: (1) working with key stakeholders, including the ACGME, to mandate language in housestaff manuals or similar policy references of all training programs on the protected time and locations for milk expression and storage of breast milk; and (2) working with key stakeholders, including the ACGME and AAMC, to include language related to the learning and work environments for ~~breastfeeding mothers~~ breast/chestfeeding persons in regular program reviews." And be it further;<br><br>d) RESOLVED, policy 360.002 be amended by addition and deletion as follows: National Marrow Donor Program: Cord Blood Donation: That our AMA-RFS support: (1) working with Health Resources and Service Administration to increase the availability and access for expectant ~~mothers~~ persons to donate their cord blood to the National Marrow Donor Program within every state; and (2) drafting and promoting model state and federal legislation to present the option to all expectant ~~mothers~~ persons of donating cord blood." And be it further;<br><br>e) RESOLVED, policy 390.005 be amended by addition and deletion as follows: That our AMA-RFS support the following statements: (1) Judicial intervention is inappropriate when a ~~woman~~ person has made an informed refusal of a medical treatment designed to benefit ~~her~~ their fetus. If an exceptional circumstance could | |

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| | | be found in which a medical treatment poses an insignificant or no health risk to the ~~woman~~ person entails a minimal invasion of ~~her~~ their bodily integrity, and would clearly prevent substantial and irreversible harm to ~~her~~ their fetus, it might be appropriate for a physician to seek judicial intervention. However, the fundamental principle against compelled medical procedures should control in all cases which do not present such exceptional circumstances. (2) The physician's duty is to ensure that the pregnant ~~woman~~ person makes an informed and thoughtful decision, not to dictate the ~~woman's~~ person's decision. (3) A physician should not be liable for honoring a pregnant ~~woman's~~ person's informed refusal of medical treatment designed to benefit the fetus. (4) Criminal sanctions or civil liability for harmful behavior by the pregnant ~~woman~~ person toward ~~her~~ their fetus are inappropriate. (5) Pregnant substance abusers should be provided with rehabilitative treatment appropriate to their specific physiological and psychological needs."<br><br>f) RESOLVED, policy 390.005 be renamed "Parental/Fetal Conflict" | |
| Report H— Recognizing Moral Injury in Medicine as a Phenomenon Distinct from Burnout | **Adopted as amended** | 1. That our AMA-RFS recognizes that moral injury plays a significant and individualized role in the development of physician and trainee burnout.<br><br>2. That our AMA-RFS reaffirm internal policy of 281.024R, 291.015 and 291.036R.<br><br>~~3. That our AMA-RFS amend AMA-RFS policy 291.015R by addition and deletion to read as follows:~~<br><br>~~**291.015R Intern and Resident Burnout**~~<br>~~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.~~ | None. RFS Internal Position Statements |
| Report I— Sunset Mechanism (2013) | **Adopted** | [*see Appendix for Recommended actions on 2013 RFS Positions*] | None. Updates to RFS Internal Position Statements |

## II. RFS RESOLUTIONS

| Resolution | Action | Policy | HOD Action |
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| Late Resolution 1—Modernization of the Organ Procurement and Transplantation Network | **Not adopted** | RESOLVED, that our American Medical Association (AMA)-RFS support for the establishment of a separate legal entity that will serve as the OPTN; and be it further<br><br>RESOLVED, that our AMA-RFS support the involvement of key stakeholders (patients, physicians, advanced practice providers, transplant centers, OPOs, and professional societies) in the OPTN modernization Initiative. | None. Internal RFS position statements. |
| Resolution 1—Reparative Work Addressing the Historical Injustices of Anatomical Specimen Use | **Alternate Res 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<br><br>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<br><br>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<br><br>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:<br><br>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:<br><br>(a) Is scientifically well designed and defines clear, measurable outcomes in a written protocol.<br>(b) Has been developed in consultation with the population among whom it is to be carried out.<br>(c) Has been reviewed and approved by an appropriate oversight body and is carried out in keeping with guidelines for ethical research.<br>~~Unless there are data that suggest a positive effect on donation,~~ Nneither presumed consent nor mandated choice for cadaveric organ donation should be widely implemented; and be it further | None. Will send to HOD @ I-24;<br><br>Per A-24 Del Report, similar res was submitted by MSSNY at A-24 and RFS goals were achieved. No need to resubmit. |

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| | | 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<br><br>~~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.~~<br><br>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. | |
| Resolution 2— In Support of a National Drug Checking Registry | **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. | None. Will send to HOD @ I-24 |
| Resolution 3— Clearing Federal Obstacles for Supervised Injection Sites | **Alternate Res 3 adopted in lieu of Res 3** | RESOLVED, that our American Medical Association (AMA) advocates for federal policies that empower states to determine the legality of supervised injection sites. | None. Will send to HOD @ I-24 |
| Resolution 4— Advocating for the Regulation of Pink Peppercorn as a Tree Nut | **Alternate Res 4 adopted in lieu of Res 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.~~<br>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<br><br>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 | None. Will send to HOD @ I-24 |

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| | | subsequent regulation, reporting, and public education as appropriate. | |
| Resolution 5— Renaming the AMA-RFS Digest of Actions | **Adopted as amended** | RESOLVED, that our AMA-RFS renames the RFS Digest of Actions to the RFS Position Compendium.<br><br>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." | None. Internal RFS Position Statements |
| Resolution 6— Humanitarian Efforts to Resettle Refugees | **Adopted** | RESOLVED, that our American Medical Association (AMA) support increases and oppose decreases to the annual refugee admissions cap in the United States. | None. Will send to HOD @ I-24<br><br>Per A-24 Delegates Report, same resolution was submitted by MSS and RFS supported. No need to resubmit. |
| Resolution 7— Missing and Murdered Indigenous Persons | **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. | None. Internal RFS Position Statement. |
| Resolution 8— Public Service Loan Forgiveness Reform | **Adopted** | RESOLVED, that our AMA-RFS support efforts to improve physician payment and student loan reimbursement within the Indian Health Service. | None. Internal RFS Position Statement |
| Resolution 9— Bilateral Tubal Ligation (BTL) Federal Policy Modification Recommendation | **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~~ 72 hours, and the 180 days consent form expiration to 365 days. | None. Internal RFS Position Statement |
| Resolution 10— Strengthening Parental Leave Policies for Medical Trainees and Recent Graduates | **Alternate Res 10 adopted in lieu of Res 10** | STRENGTHENING PARENTAL LEAVE POLICIES FOR MEDICAL TRAINEES AND RECENT GRADUATES<br><br>RESOLVED, that our American Medical Association (AMA) amend Policies for Parental, Family and Medical Necessity Leave H-405.960 by addition to read as follows:<br><br>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. | None. Will Send to HOD @ I-24 |
| Resolution 11— Opposition to Collective Punishment | **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<br><br>RESOLVED, that our AMA oppose the use of United States funding to any entities that (1) do | Imm. Fwd to HOD @ A-24; became Res. 603; Alternate Resolution 603 adopted in lieu of Resolution 603 and |

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| | | not uphold international law; or (2) commit or condone war crimes; and be it further<br><br>RESOLVED, that our AMA condemn the ongoing use of United States resources to enforce collective punishment on civilians, including in Gaza ~~and the surrounding regions~~; and be it further<br><br>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<br><br>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2024 Annual Meeting. | Resolution 610 with a changed title. *(see below)* |
| Resolution 12—Transparency and Access to Medical Training Program Unionization Status, Including Creation of a FREIDA Unionization Filter | **Adopted** | RESOLVED, that our American Medical Association (AMA) supports transparency and access to information about medical training program unionization status; and be it further<br><br>RESOLVED, that our AMA creates and maintains an up-to-date unionization filter on FREIDA™ for trainees to make informed decisions during the Match. | None. Will send to HOD @ I-24 |
| Resolution 13—Soil Health | **Adopted as amended** | RESOLVED, that our American Medical Association (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<br><br>RESOLVED, that our AMA-RFS supports soil health initiatives, including, but not limited to, the development of sustainable food forests; and be it further<br><br>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. | None. Internal RFS position statements |
| Resolution 14—Updated Recommendations for Child Safety Seats | **Alternate Res 14 adopted in lieu of Res 14** | UPDATED RECOMMENDATIONS FOR CHILD SAFETY SEATS<br><br>RESOLVED, that our American Medical Association (AMA) supports the following evidence-based principles in education and advocacy efforts around proper child safety seat use:<br><br>(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; | None. Will send to HOD @ I-24 |

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| | | (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;<br><br>(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;<br><br>(4) The use of lap and shoulder seat belts for all who have outgrown booster seats; and;<br><br>(5) That all children under age 13 are seated only in the back row; and be it further<br><br>RESOLVED, that our AMA rescind policy 15.950, "Child Safety Seats – Public Education and Awareness." | |
| Resolution 15— No Trainee Left Behind | **Adopted as amended** | RESOLVED, that our AMA-RFS amend policy 293.011R by addition and deletion to read as follows:<br><br>**293.011R Benefit Packages for ~~Fellow and~~ Resident and Fellow Physicians**<br>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<br><br>RESOLVED, that our AMA-RFS amend 291.009R Resident and Fellow Bill of Rights by addition to read as follows:<br>E. Adequate compensation and benefits that provide for resident and fellow well-being and health.<br>(1) With regard to contracts, residents and fellows should receive:<br>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<br>b. At least four months advance notice of contract non-renewal and the reason for non-renewal; and<br>c. Recognition as full-time workers and a right to unionize, granting residents and fellows the ability | R1, R2, & R3: None. Updates to RFS Internal Position Statements<br><br>R4: Will send to HOD @ I-24 |

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| | | to advocate collectively to employers and lawmakers on behalf of patients and themselves as workers, not only as learners.<br>(2) With regard to compensation, residents and fellows should receive:<br>a. Compensation for time at orientation; and<br>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.<br>(3) With Regard to Benefits, Residents and Fellows Must Be Fully Informed of and Should Receive:<br>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;<br>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;<br>c. Confidential access to mental health and substance abuse services;<br>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;<br>e. Leave in compliance with the Family and Medical Leave Act; and<br>f. The conditions under which sleeping quarters, meals and laundry or their equivalent are to be provided; and<br>g. That there is parity between residents' and fellows' benefits within the same institution.; and be it further<br><br>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<br><br>RESOLVED, That our American Medical Association (AMA) amend Residents and Fellows' Bill of Rights H-310.912 by addition to read as follows:<br><br>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 | |

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| | | 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. | |
| Resolution 16—Public Health Implications of US Food Subsidies | **Adopted** | 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. | None. Will send to HOD @ I-24 |
| Resolution 17—Support for Paid Sick Leave | **Adopted** | RESOLVED, that our AMA-RFS supports advocacy that guarantees employee access to protected paid sick leave. | None. RFS Internal Position Statement |
| Resolution 18—Improving Medigap Protections | **Adopted** | RESOLVED, that our AMA-RFS support annual open enrollment periods and guaranteed lifetime enrollment eligibility for Medigap plans; and be it further<br><br>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<br><br>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<br><br>RESOLVED, that our AMA-RFS support efforts to improve the affordability of Medigap supplemental insurance for lower income Medicare beneficiaries. | None. RFS Internal Position Statements |
| Resolution 19—Supporting the Patient's Right to Vote | **Adopted** | 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<br><br>RESOLVED, that our AMA-RFS support Indian Health Service, Tribal, and Urban Indian Health Programs becoming designated voter registration | None. RFS Internal Position Statements |

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| | | sites to promote nonpartisan civic engagement among the American Indian and Alaska Native population. | |
| Resolution 20—Opposing Pay-to-Stay Incarceration and Probation Supervision Fees | **Adopted** | 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<br><br>RESOLVED, that our American Medical Association (AMA) oppose probation and parole supervision fees and support federal and state efforts to repeal statutes and ordinances which permit inmates to be charged for supervision fees. | R1: None. RFS Internal Position Statement<br><br>R2: None. Will send to HOD @ I-24 |
| Resolution 21—Infertility Coverage | **Adopted** | 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<br><br>RESOLVED, that our AMA-RFS supports studying the feasibility of insurance coverage for fertility preservation for reasons other than iatrogenic infertility. | None. RFS Internal Position Statements |
| Resolution 22—Medicaid & CHIP Benefit Improvements | **Adopted** | 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<br><br>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<br><br>RESOLVED, that our AMA-RFS support improving access to dental care for Medicare, Medicaid, CHIP, and other public payer beneficiaries. | None. RFS Internal Position Statements |
| Resolution 23—Reforming Medicaid Estate Recovery | **Adopted as amended** | 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<br><br>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. | None. RFS Internal Position Statements |

| Resolution/Report | HOD Action | Policy |
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| Resolution 009—Updating Language Regarding Families and Pregnant Persons | **Adopted** | RESOLVED, that our American Medical Association review and update the language used in AMA policy and other resources and communications to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of all genders and family structures. (Directive to Take Action) |
| Resolution 222—Studying Avenues for Parity in Mental Health & Substance Use Coverage | **Adopted as amended** | RESOLVED, that our American Medical Association increase advocacy efforts towards the National Association of Insurance Commissioners (NAIC) and state and federal policymakers ~~continue to advocate for~~ meaningful financial and other ~~study potential~~ penalties ~~to~~ for insurers that do ~~for~~ not comply~~ing~~ with mental health and substance use parity laws~~.~~;and be it further (Directive to Take Action)<br><br>RESOLVED, that our American Medical Association work with state medical societies to advocate to state departments of insurance for meaningful enforcement of penalties for insurers that do not comply with mental health and substance use parity laws. |
| Resolution 308—Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being | **Adopted as amended** | RESOLVED, that our American Medical Association (AMA) supports changing the United States Medical Licensing Examination (USMLE) Step 3 and Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Level 3 from a numerically-scored examination to a pass/fail examination; and be it further<br><br>RESOLVED, that our AMA supports changing USMLE Step 3 and COMLEX-USA Level 3 from a two-day examination to a one-day examination (New HOD Policy)<br><br>RESOLVED, that our AMA supports the option to take USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) or take COMLEX-USA Level 3 after passing Level 2-Cognitive Evaluation (CE) during medical school (New HOD Policy)<br><br>RESOLVED, that our AMA advocates that residents taking the USMLE Step 3 or COMLEX-USA Level 3 exam be allowed days off to take the exam without having this time counted for paid time off (PTO) or vacation balance. (Directive to Take Action) |
| Resolution 309—Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine | **Referred** | RESOLVED, that our American Medical Association recognizes that the Alpha Omega Alpha Honor Medical Society disproportionately benefits privileged trainees (New HOD Policy)<br><br>RESOLVED, that our AMA supports institutional disaffiliation from the Alpha Omega Alpha |

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| | | Honor Medical Society due to its perpetuation of racial inequities in medicine (New HOD Policy)<br><br>RESOLVED, that our AMA recognizes that the Alpha Omega Alpha Honor Medical Society perpetuates and accentuates discrimination against trainees of color that is inherent in medical training. (New HOD Policy) |
| Resolution 418—Early and Periodic Eye Exams for Adults | **Adopted** | RESOLVED, that our American Medical Association amend policy H-25.990 "Eye Exams for the Elderly" by addition to read as follows:<br><br>Eye Exams for the Elderly and Adults H-25.990 Our AMA (1) encourages the development of programs and/or outreach efforts to support periodic eye examinations and access to affordable prescription eyeglasses for elderly patients and adults who suffer from chronic systemic conditions that increase their likelihood of developing eye disease as well as a baseline eye examination for all adults aged 40 and above. (2) Our AMA encourages physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings. (Modify Current HOD Policy) |
| Resolution 603—End Attacks on Health and Human Rights in Israel and Palestine | **Alternate Resolution 603 adopted in lieu of Res 603 and Res 610 with a changed title.** | PROTECTION OF HEALTHCARE AND HUMANITARIAN AID WORKERS IN ALL AREAS OF ARMED CONFLICT<br><br>RESOLVED, that our AMA supports peace in Israel and Palestine in order to protect civilian lives and healthcare personnel (New HOD Policy); and be it further<br><br>RESOLVED, that our AMA supports the safety of healthcare and humanitarian aid workers along with safe access to healthcare, healthcare facilities, and humanitarian aid for all civilians in areas of armed conflict (New HOD Policy); and be it further<br><br>RESOLVED, that our AMA reaffirm AMA Policy D-65.993, War Crimes as a Threat to Physicians' Humanitarian Responsibilities. (Reaffirm HOD Policy) |
| Resolution 703—Upholding Physician Autonomy in Evidence-Based Off-Label Prescribing and Condemning Pharmaceutical Price Manipulation | **Adopted as amended with a title change.** | UPHOLDING PHYSICIAN AUTONOMY IN EVIDENCE-BASED OFF-LABEL PRESCRIBING<br><br>RESOLVED, that our American Medical Association advocates for transparency, accountability, and fair pricing practices in pharmaceutical pricing, opposing differential ~~pricing of medications manufactured by the same company with the same active ingredient,~~ |

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| | | ~~without clear clinical necessity~~; and be it further (Directive to Take Action)<br><br>RESOLVED, that our AMA condemns interference with a physician's ability to prescribe clinically appropriate medication ~~one medication over another with the same active ingredient,~~ without risk of harassment, prosecution, or loss of their medical license, and calls on regulatory authorities to investigate and take appropriate action against such practices. (New HOD Policy) |

Resident and Fellow
Section

# Summary of Actions

48th Interim Business Meeting
November 10, 2023
National Harbor, MD

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (I-23)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

## I. RFS REPORTS

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Informational Report A - AMA-RFS Sunset Mechanism (2013) | **None; Informational Report** | The Appendix of this report contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2013 fiscal year, as well as other relevant or associated outdated positions. This information is presented to the Assembly at this November 2023 Interim Meeting in the form of an informational report to allow ample time for delegates to consider these initial recommendations. In order for the sunset mechanism to operate efficiently, it is important that each representative review the report now. | None; Internal Informational Report |
| Informational Report B - Internal Operating Procedures Renewal Interim Report | **None; Informational Report** | This informational report contains the full, unaltered Internal Operating Procedures Renewal report submitted at the RFS A-23 business meeting (Appendix A). The goal of resubmitting this report for consideration is to garner additional comments regarding the changes proposed by last year's Ad Hoc IOP Committee so any changes recommended in the Committee's final report will better reflect the collective will of the Section. | None; Internal Informational Report |
| Report A - Adopting a Neutral Stance on Medical Aid in Dying (MAID) | **Adopted and the remainder of the report filed** | *Recommendation*<br><br>1. RESOLVED, that our RFS amend 100.006R, "Adopting a Neutral Stance on Medical Aid and Dying," by deletion to read as follows:<br><br>"That our AMA-RFS support our AMA in adopting a neutral stance on medical aid in dying and respect the autonomy and right of self-determination of patients and physicians in this matter.~~;~~ ~~and that our AMA-RFS study the benefits and risks of medical aid in dying, and how such aid might affect the quality of end-of-life care~~." | None; Update RFS Digest of Actions |

## II. RFS RESOLUTIONS

| Resolution | Action | Policy | HOD Action |
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| Emergency Resolution 1—End Attacks on Health and Human Rights in Palestine and Israel | **Adopted as amended** | RESOLVED, That our AMA supports a cease-fire in Palestine and Israel in order to protect civilian lives and healthcare personnel; and be it further<br>~~RESOLVED, That our AMA supports efforts to ensure the prompt delivery of humanitarian aid and medical supplies to civilians affected by the humanitarian crisis in Gaza; and be it further~~<br>~~RESOLVED, That our AMA advocates for the protection of hospitals, shelters, refugee camps, and other safety zones in Gaza; and be it further~~ | Imm. Fwd to HOD @ I-23; became Res. 610; Recommended not for consideration; Not considered. *(see below)* |

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| | | ~~RESOLVED, That our AMA advocates for: 1) continuous support of organizations providing humanitarian missions and medical care to Palestinian refugees in Palestine, in nearby countries, and/or in the US; (2) an early implementation of mental health measures, including suicide prevention efforts, and address war-related trauma and post-traumatic stress disorder when dealing with Palestinian refugees with special attention to vulnerable populations including but not limited to young children, mothers, pregnant women, and the elderly; and (3) educational measures to enhance the understanding of war-related trauma in war survivors and promote broad protective factors (e.g., financial, employment, housing, and food stability) that can improve adjustment and outcomes for war-affected people, particularly when applied to vulnerable categories of people; and be it further~~ RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at the 2023 Interim Meeting. | |
| Resolution 1—Upholding Physician Autonomy in Evidence-Based Off-Label Prescribing and Condemning Pharmaceutical Price Manipulation | **Adopted as amended; and**<br><br>**The following HOD Policies be reaffirmed: H-120.988; H-110.987.** | RESOLVED, That our AMA advocate for transparency, accountability, and fair pricing practices in pharmaceutical pricing, opposing differential pricing of medications manufactured by the same company with the same active ingredient, without clear clinical necessity~~, such as Wegovy and Ozempic~~; and be it further RESOLVED, That our AMA condemn interference with a physicians' ability to prescribe one medication over another with the same active ingredient, without risk of harassment, prosecution, or loss of their medical license, and calls on regulatory authorities to investigate and take appropriate action against such practices; and be it further RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting. | Imm. Fwd to HOD @ I-23; became Res. 822; Recommended not for consideration; not considered *(see below)* |

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| Resolution 2—AMA Policy D-275.948 Title Change and Creation of an AMA Task Force to Address Conflicts of Interest on Physician Boards | **Not adopted** | RESOLVED, That our AMA change the title of policy D-275.948 by substitution to read as follows:<br><br>~~Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training~~ Addressing Non-Physician Positions and Participation on Physician Regulatory Boards and Bodies and Potential Conflicts of Interest D-275.948; and be it further<br><br>RESOLVED, That our AMA work with relevant stakeholders and physician regulatory bodies and boards involved in physician education, accreditation, certification, licensing and credentialing to advocate for physician (MD or DO) led executive leadership on these regulatory bodies and boards in order to be consistent with our "stop scope creep" advocacy and prevent undermining physician confidence in these organizations; and be it further<br><br>RESOLVED, That our AMA create a task force with the mission to increase physician (MD or DO) participation in, awareness of and opportunities in leadership positions on physician regulatory bodies and boards through mechanisms including but not limited to mentorship programs, leadership training programs, nominations, publicizing the opportunities to the membership and creating a centralized list of required qualifications and methods to apply for these positions. | None. |
| Resolution 3—Early and Periodic Eye Exams for Adults | **Adopted as amended** | RESOLVED, That our AMA amend policy H-25.990 "Eye Exams for the Elderly" by addition 37 and deletion to read as follows:<br><br>Eye Exams for the Elderly and Adults H-25.990<br><br>Our AMA (1) encourages the development of programs and/or outreach efforts to support periodic eye examinations for elderly patients and adults who suffer from chronic systemic conditions that increase their likelihood of developing eye disease as well as a baseline eye examination for all adults aged 40 and above; and (2) encourages physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings.~~; and (3) supports coverage benefits in public and private health plans for a baseline eye examination in adults aged 40 or above.~~ | None. Will send to HOD @ A-24 |

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| Resolution 4—Enhancing Dermopathology Training for Pathology Residents | **Not adopted** | RESOLVED, That our AMA advocate for the standardization of dermatopathology training across pathology residency programs in the US, ensuring comprehensive exposure and education; and be it further<br><br>RESOLVED, That our AMA work with the American Society of Dermatopathology and other relevant stakeholders to develop guidelines and resources that support this enhanced training initiative. | None |
| Resolution 5—Recognizing Moral Injury in Medicine as a Phenomenon Distinct from Burnout | **Alternate Resolution 5 adopted in lieu of Resolution 5** | RECOGNIZING MORAL INJURY IN MEDICINE AS A PHENOMENON DISTINCT FROM BURNOUT<br><br>RESOLVED, That our AMA-RFS study ways to mitigate the effects of moral injury and/or burnout amongst medical students, residents, fellows, and other trainees in the US. | Referred to RFS Standing Committee/GC for study |
| Resolution 6—Improved Monitoring and Surveillance of Cadaveric Human Bone Tissue Products | **Not adopted** | RESOLVED, Our AMA support the use of the FDAs risk mitigation strategies in all bone graft transplants; and be it further<br><br>RESOLVED, Our AMA support the inclusion of Mycobacterium tuberculosis (TB) testing and surveillance in the eligibility Determination for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); and be it further<br><br>RESOLVED, Our AMA support the change in TB testing and surveillance for HCT/Ps by submitting a letter on the issue to the FDA; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at the 2023 Interim Meeting. | None |
| Resolution 7—Pregnancy and Parental Leave for Trainees | **Alternate Resolution 7 adopted in lieu of Resolution 7** | PREGNANCY AND PARENTAL LEAVE FOR TRAINEES<br><br>RESOLVED, That our AMA-RFS study legal and policy mechanisms to promote and enforce reasonable workplace accommodations for residents and fellows during pregnancy; and be it further<br><br>RESOLVED, That our AMA-RFS study policy mechanisms to promote workplace accommodations such as the option to defer night shift work in the 1st or 3rd trimesters, less physically demanding rotations while in the 3rd trimester of pregnancy, and time off for scheduled medical appointments without having to use vacation time, elective blocks, or sick leave, which also do not create an undue burden on other trainees; and be it further<br><br>RESOLVED, That our AMA-RFS supports the provision of up to 12 weeks of fully paid parental leave for all resident and fellow | Referred to RFS Standing Committee/GC for study;<br><br>internal RFS position statements |

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| | | trainees, that is separate from elective/research blocks, vacation or sick time; and be it further<br><br>RESOLVED, That our AMA-RFS supports the development of flexible policies for all trainees who take parental leave and whose residency programs are able to certify that they meet appropriate competencies for program completion to graduate and maintain board-eligibility in their expected time frame. | |
| Resolution 8—Financial Transparency of the Revenue Generated by Trainees at Health Systems | **Referred** | RESOLVED, That our AMA advocate for increased transparency of revenue generated for health systems by resident and fellow physicians; and it be further<br><br>RESOLVED, That our AMA ~~work with relevant stakeholders to require~~ study the feasibility and implications of requiring health systems to produce a publicly-accessible annual report <u>of</u> revenue generated by care associated with resident and fellow physicians<u>.</u> ~~in the form of a publicly-accessible annual report.~~ | Referred to RFS Standing Committee/GC for study |
| Resolution 9—Decreasing Osteopathic Bias in Residency and Fellowship Applications | **AMA Policy H-275.953, "The Grading Policy for Medical Licensure Examinations" be reaffirmed in lieu of Resolution 9.** | RESOLVED, That our AMA work with the American Osteopathic Association (AOA) and other relevant stakeholders to advocate for the implementation of a system of equitable score input that reflects the equivalency of United States Medical Licensing Exam (USMLE) and Comprehensive Osteopathic Medical Licensing Exam of the United States (COMLEX-USA) examinations in residency and fellowship applications. | None |
| Resolution 10—Amendment to AMA Policy on Healthcare System Reform Proposals | **Adopted** | RESOLVED, That our AMA-RFS support removal of opposition to single-payer healthcare delivery systems from AMA policy, and instead support evaluation of all healthcare system reform proposals based on our stated principles as in AMA policy; and be it further<br><br>RESOLVED, That our AMA-RFS support a national unified financing healthcare system that meets the principles of freedom of choice, freedom and sustainability of practice, and universal access to quality care for patients. | None; Internal RFS position statements. |
| Resolution 11—Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being | **Adopted as Amended** | RESOLVED, That our AMA supports ~~a transformation of~~ <u>changing</u> the United States Medical Licensing Examination (USMLE) Step 3 from a numerically-scored examination to a pass/fail examination; and be it further<br><br>RESOLVED, That our AMA supports ~~a transformation of~~ <u>changing</u> USMLE Step 3 from a two-day examination to a one-day examination; and be it further<br><br>RESOLVED, That our AMA supports the option to take USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) during medical school. | None; Will send to HOD @ A-24 |

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| | | RESOLVED, That our AMA advocates that residents taking the USMLE Step 3 exam be allowed days off to take the exam without having this time counted for PTO or vacation balance. | |
| Resolution 12—Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine | **Adopted as amended** | RESOLVED, That our AMA recognizes that the Alpha Omega Alpha Honor Medical Society disproportionately benefits privileged trainees ~~while discriminating against trainees of color~~; and be it further<br><br>RESOLVED, That our AMA supports institutional disaffiliation from the Alpha Omega Alpha Honor Medical Society due to its perpetuation of racial inequities in medicine; and be it further<br><br>RESOLVED, That our AMA recognizes that the Alpha Omega Alpha Honor Medical Society perpetuates and accentuates discrimination against trainees of color that is inherent in medical training. | None; Will send to HOD @ A-24 |
| Resolution 13—Studying Avenues for Parity in Mental Health & Substance Use Coverage | **Adopted as amended** | RESOLVED, That our AMA study the potential ~~consequences~~ penalties to insurers for not complying with mental health and substance use parity laws., ~~including but not limited to not being able to participate in state-delivered insurance plans.~~ | None; will send to HOD @ A-24 |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 005—Adopting a Neutral Stance on Medical Aid in Dying | **Not adopted** | RESOLVED, that our American Medical Association adopt a neutral stance on medical 16 aid in dying and respect the autonomy and right of self-determination of patients and 17 physicians in this matter. (New HOD Policy) |
| Resolution 604—Updating Language Regarding Families and Pregnant Persons | **Not considered** | RESOLVED, that our American Medical Association review and update the language used in AMA policy and other resources and communications to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of all genders and family structures. (Directive to Take Action) |
| Resolution 610—End Attacks on Health and Human Rights in Palestine and Israel | **Not considered** | RESOLVED, That our AMA supports a ceasefire in Israel and Palestine in order to protect civilian lives and healthcare personnel. |
| Resolution 822—Upholding Physician Autonomy in Evidence-Based Off-Label Prescribing and Condemning Pharmaceutical Price Manipulation | **Not considered** | RESOLVED, That our AMA advocates for transparency, accountability, and fair pricing practices in pharmaceutical pricing, opposing differential pricing of medications manufactured by the same company with the same active ingredient, without clear clinical necessity; and be it further<br><br>RESOLVED, That our AMA condemns |

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| | | interference with a physician's ability to prescribe one medication over another with the same active ingredient, without risk of harassment, prosecution, or loss of their medical license, and calls on regulatory authorities to investigate and take appropriate action against such practices. |

Resident and Fellow Section

# Summary of Actions

47th Annual Business Meeting
June 9, 2023
Chicago, IL

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (A-23)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

**I. RFS REPORTS**

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Report B— On the Creation of an RFS JEDI Committee | **Adopted as amended and the remainder of the report filed** | Based on the report and recommendations prepared by the AMA-RFS JEDI Ad-Hoc Committee, your AMA-RFS Governing Council recommends that the following be adopted and the remainder of the report be filed:<br><br>1. That our AMA-RFS formally found a Justice, Equity, Diversity, and Inclusion (JEDI) Standing Committee.<br>2. That the description of the AMA-RFS JEDI Standing Committee be as follows:<br>Justice, Equity, Diversity, and Inclusion (JEDI) Standing Committee: This committee is dedicated to strengthening our Resident-Fellow Section through the promotion of justice, equity, diversity, and inclusion. ~~Committee efforts are aligned with the strategic plan of the AMA Center for Health Equity.~~ The committee aims to build justice and equity into our policy, advocacy, and business, and to ensure that the full diversity of resident and fellow membership is represented, welcome, and supported as members and in leadership. Committee members also work with the Governing Council and other stakeholders to create educational programing and policy.<br><br>3. That the responsibilities of the AMA-RFS JEDI Standing Committee be as follows:<br>(a) Review of RFS resolutions and programming/webinar proposals for their impact on JEDI-related topics and collaboration to strengthen RFS policy for JEDI-related causes;<br>(b) Regular creation and curation of JEDI-related content and programming for the RFS;<br>(c) Act as liaisons with other JEDI-related groups within the AMA;<br>(d) As-needed advocacy within our RFS and the AMA for greater support and implementation of JEDI within our organization and within healthcare | None. RFS Internal Position Statement. |

**II. RFS RESOLUTIONS**

| Resolution | Action | Policy | HOD Action |
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| Late Resolution 1— Stand Your Ground Laws | **Adopted as amended** | RESOLVED, That our AMA~~'s Gun Violence Task Force address and consider~~ <u>study</u> the public health implications of "Stand Your Ground" laws and castle doctrine; and be it further<br>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting. | Imm. Fwd to HOD @ A-23; became Res. 435; adopted. *(see below)* |
| Resolution 1— Confidentiality of Sexual Orientation | **Alternate Resolution 1 adopted in** | CONFIDENTIALITY OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA | Imm. Fwd to HOD @ A-23; became Res. |

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| and Gender Identity Data | **lieu of Resolution 1** | RESOLVED, That AMA policy H-65.959, "Opposing Mandated Reporting of People Who Question Their Gender Identity" be amended by addition and deletion to read as follows:<br>Our AMA opposes mandated reporting or disclosure of patient information related to sexual orientation, ~~of individuals who question or express interest in exploring their~~ gender identity, gender dysphoria, intersex identity, and any information related to gender transition for all individuals, including minors.<br>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting. | 018; Adopted in lieu of Res. 001 *(see below)* |
| Resolution 2—Support of Elimination of the Deferment Period for Blood Donation by Men Who Have Sex with Men (MSM) | **AMA Policies H-50.973, H-50.977, H-50.972, H-50.995, and H-50.998 reaffirmed in lieu of Resolution 2** | AMA Policies H-50.973, H-50.977, H-50.972, H-50.995, and H-50.998 be reaffirmed in lieu of Resolution 2. | None. Will send to HOD @ I-23 |
| Resolution 3—Amend Policy D-275.948, "Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training" | **Adopted as amended.** | RESOLVED, That our AMA amend policy D-275.948 by addition to read as follows:<br><br>1.) Our AMA acknowledges that a conflict of interest exists when non-physician health care professionals hold positions on physician regulatory bodies or physician boards when these individuals represent a field that either possesses or seeks to possess the ability to practice without physician supervision; and<br>2). Our AMA will work with and advocate to key regulatory bodies involved with physician education, accreditation, certification, licensing, and credentialing to: (1) increase transparency of the process by encouraging them to openly disclose how their board is composed and members are selected; and (2) review and amend their conflict of interest and other policies related to non-physician health care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision; and<br>3.) Our AMA opposes any non-physician having a voting position on a regulatory body or physician board responsible for physician education, accreditation, certification, licensing, or credentialing; and be it further<br>~~3.) Our AMA opposes any non-physician, with positions on regulatory bodies and physician boards involved with physician education, accreditation, certification, licensing, and credentialing, from holding a position with voting power on these bodies/boards and believes non-physicians should only hold non-voting roles which seek to provide a public voice; and be it further~~<br>~~4.) Our AMA opposes any non-physician, with positions on regulatory bodies and physician~~ | Imm. Fwd to HOD @ A-23; became Res. 323; Adopted as amended. (*see below)* |

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| | | ~~boards involved with physician education, accreditation, certification, licensing, and credentialing, from holding a position on the executive committee on these bodies/boards as it conflicts with our "stop the scope creep campaign" and undermines physician confidence in these organizations.; and be it further~~<br>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting. | |
| Resolution 4—Advocating for Resident and Fellow Well-Being through Unionization | **RFS Position Statements 170.011R, "Investigation into Residents, Fellows, and Physician Unions," and 291.009R, "Resident and Fellow Bill of Rights" reaffirmed in lieu of Resolution 4.** | RFS Position Statements 170.011R, "Investigation into Residents, Fellows, and Physician Unions," and 291.009R, "Resident and Fellow Bill of Rights" be reaffirmed in lieu of Resolution 4. | None. Internal RFS Position Statements reaffirmed. |
| Resolution 5—Elimination of Non-Compete Clauses in Employment Contracts<br>Resolution 10—Support of Banning Non-Compete Contracts for Physicians | **Alternate Resolution 5 adopted in lieu of Resolutions 5 and 10.** | ELIMINATION OF NON-COMPETE CLAUSES IN EMPLOYMENT CONTRACTS<br><br>RESOLVED, That our AMA support the elimination of restrictive not-to-compete clauses within contracts for all physicians in clinical practice, regardless of the for-profit or non-for-profit status of the employer; and be it further<br><br>RESOLVED, That our AMA strongly advocate for policies that enable all physicians, including residents and fellows currently in training, to have greater professional mobility and the ability to serve multiple hospitals, thereby increasing specialist coverage in communities and improving overall patient care; and be it further<br><br>RESOLVED, That our AMA ask the Council on Ethical and Judicial Affairs to evaluate amending the AMA Code of Medical Ethics in order to oppose non-compete clauses; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting. | Imm. Fwd to HOD @ A-23; became Res. 263; Resolution 237 adopted in lieu of Resolution 263 *(see below)* |
| Resolution 6—Redressing the Harms of Misusing Race in Medicine | Adopted as Amended | RESOLVED, That our AMA recognize the exacerbation of health and economic inequities due to race-based algorithms as a manifestation of racism within the medical field; and be it further<br><br>RESOLVED, That our AMA revise the AMA Guides to the Evaluation of Permanent | None. Will send to HOD @ I-23. |

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| | | Impairment, in accordance with existing AMA policy on race as a social construct and national standards of care, to modify recommendations that perpetuate racial essentialism or race-based medicine; and be it further<br><br>RESOLVED, That our AMA support and promote racism-conscious, reparative, community-engaged interventions at the health system, organized medical society, payor, local, state, and federal levels which seek to identify, evaluate, and address the health, economic, and other consequences of structural racism in medicine.~~; and be it further~~<br><br>~~RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting.~~ | |
| Resolution 7—Decriminalizing and Destigmatizing Perinatal Substance Use Treatment | **Adopted as amended** | ~~RESOLVED, That our AMA amend policy H-420.950 "Substance Use Disorders During Pregnancy" by addition and deletion to read as follows:~~<br><br>~~"Our AMA will:~~<br>~~(1) oppose any legislative, regulatory, or health system efforts to imply that positive verbal substance use screening, positive toxicology testing, the diagnosis of substance use disorder or receipt of substance use treatment during pregnancy, or neonatal physical withdrawal symptoms automatically represents child abuse;~~<br>~~(2) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy;~~<br>~~(3) oppose filing a child protective services report or removing the removal of infants from their mothers solely based on a single positive prenatal drug screen positive verbal substance use screening, positive toxicology testing, diagnosis of substance use disorder or receipt of substance use treatment during pregnancy, or neonatal physical withdrawal symptoms without appropriate evaluation for protective concerns by a trained professional; and~~<br>~~(4) advocate for appropriate medical evaluation prior to filing a child protective services report or removing the removal of a child, which takes into account (a) the desire to safely preserve the individual's family structure, (b) the patient's treatment status, and (c) current impairment status when substance use is suspected."; and be it further~~<br><br>RESOLVED, That our AMA will advocate that prenatal and peripartum toxicology tests should not be obtained without the informed consent of the birthing parent, if they have capacity to provide consent; and be it further<br><br>RESOLVED, That our AMA RFS support ~~will advocate~~ that state and federal child protection | R2: Imm. Fwd. to HOD @ A-23; became Res. 525; Alternate Resolution 505 adopted in lieu of Resolutions 505 and 525. *(see below)*<br><br>R3: Internal RFS Position Statement |

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| | | laws should be amended so that reporting of pregnant people with substance use disorders are only reported to welfare agencies when protective concerns are identified by the clinical team, rather than through mandated or categorical referral of all pregnant people with a positive toxicology test or verbal substance use screen.<br><br>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the 2023 Annual Meeting. | |
| Resolution 8—Adopting a Neutral Stance on Medical Aid and Dying | **Adopted as amended** | RESOLVED, That our AMA ~~adopt~~ ~~study the impact of~~ adopt a neutral stance on medical aid in dying and ~~respect~~ respect the autonomy and right of self-determination of patients and physicians in this matter; and be it further<br><br>RESOLVED, That our AMA-RFS ~~support the research to better understand the~~ study the benefits and risks of medical aid in dying, and ~~to~~ how such aid might affect ~~improve~~ the quality of end-of-life care. | R1: Will send to HOD @ I-23<br><br>R2: Internal RFS Position Statement |
| Resolution 9—Traffic-related Death as a Public Health Crisis | **Referred.**<br><br>**HOD Policy H-15.990, "Automobile Related Injuries" Reaffirmed.** | RESOLVED, That our AMA recognize traffic-related death as a preventable public health crisis that disproportionately harms marginalized populations; and be it further<br><br>RESOLVED, That Our AMA recognize walking and cycling as healthy behaviors and walking and cycling safety as fundamental rights, especially for marginalized populations; and be it further<br><br>RESOLVED, That Our AMA support evidence-based strategies to achieve zero traffic fatalities by 2050; and be it further<br><br>RESOLVED, That Our AMA recognize that vehicle speed and weight are modifiable risk factors for traffic-related deaths. | Referred to 2023-2024 RFS Standing Committee/GC for study;<br><br>Reaffirmation of HOD policy: will send to HOD @ I-23 |
| Resolution 11—Editorial Changes to Outdated and Stigmatizing Language in the RFS Digest of Actions | **Adopted** | RESOLVED, That our AMA-RFS review our RFS position statements to editorially update outdated and stigmatizing language as guided by "Advancing Health Equity: A guide to language, narrative, and concepts" on a regular basis, with the language reflected in the Sunset Report; and be it further<br><br>RESOLVED, That our AMA-RFS will use clinically accurate, non-stigmatizing terminology in all future resolutions, reports, and educational materials and discourage the use of stigmatizing terms. | None; Internal RFS Position Statements;<br><br>Will send to 2023-2024 RFS Standing Committee/GC for implementation |
| Resolution 12—Inclusion of All Passed Resolutions in the RFS Digest of Actions | **Adopted as Amended** | RESOLVED, That our AMA-RFS retain all resolutions passed in RFS assembly in our RFS Digest of Actions, including those that pass at the AMA House of Delegates; and be it further<br>RESOLVED, That our AMA-RFS ~~review~~ study | None; Internal RFS Position Statements;<br>Will send to 2023-2024 RFS |

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| | | past versions of our RFS Digest of Actions with a lookback period of up to 10 years to restore RFS policy that passed at the AMA House of Delegates and was subsequently removed. | Standing Committee/GC for study |
| Resolution 13— Updating Language Regarding Families and Pregnant Persons | **Adopted** | RESOLVED, That our AMA-RFS review and update the language used in our RFS Digest of Actions, and other resources and communications, to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of all genders and family structures; and be it further<br><br>RESOLVED, That our AMA review and update the language used in AMA policy, and other resources and communications, to ensure that the language used to describe families and persons in need of obstetric and gynecologic care is inclusive of all genders and family structures. | R1: Internal RFS Position Statement; Will send to 2023-2024 RFS Standing Committee/GC for implementation<br><br>R2: Will send to HOD @ I-23 |
| Resolution 14— Medical Residents Memorandums of Appointments Should Be Valid Employment Contracts | **Not adopted** | RESOLVED, That our AMA support that appointment agreements/memorandums of appointment should be valid, legally binding, and enforceable employment contracts. | None |
| Resolution 15— Residents Verification of Training and Credentials | **RFS Position Statement 291.009R, "Resident and Fellow Bill of Rights," and AMA Policy H-225.950, "AMA Principles for Physician Employment" reaffirmed in lieu of Resolution 15.** | RFS Position Statement 291.009R, "Resident and Fellow Bill of Rights," and AMA Policy H-225.950, "AMA Principles for Physician Employment" be reaffirmed in lieu of Resolution 15 | Reaffirmation of HOD policy: will send to HOD @ I-23 |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 018— Confidentiality of Sexual Orientation and Gender Identity Data | **Resolution 018 adopted in lieu of Resolution 001.** | RESOLVED, That AMA policy H-65.959, "Opposing Mandated Reporting of People Who Question Their Gender Identity" be amended by addition and deletion to read as follows:<br><br>Our AMA opposes mandated reporting or disclosure of patient information related to sexual orientation, ~~of individuals who question or express interest in exploring their~~ gender identity, gender dysphoria, intersex identity, and any information related to gender transition for all individuals, including minors. |

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| Resolution 263—Elimination of Non-Compete Clauses in Employment Contracts | **Resolution 237 adopted in lieu of Resolution 263.** | **Resolution 237:**<br>Prohibiting Covenants Not-to-Compete in Physician Contracts<br><br>RESOLVED, That our American Medical Association support policies, regulations, and legislation that prohibits covenants not-to-compete for all physicians in clinical practice who hold employment contracts with for-profit or non-profit hospital, hospital system, or staffing company employers (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA oppose the use of restrictive covenants not-to-compete as a contingency of employment for any physician-in-training, regardless of the ACGME accreditation status of the residency/fellowship training program (New HOD Policy), and be it further<br><br>RESOLVED, That our AMA study and report back on current physician employment contract terms and trends with recommendations to address balancing legitimate business interests of physician employers while also protecting physician employment mobility and advancement, competition, and patient access to care - such recommendations to include the appropriate regulation or restriction of 1) Covenants not to compete in physician contracts with independent physician groups that include time, scope, and geographic restrictions; and 2) De facto non-compete restrictions that allow employers to recoup recruiting incentives upon contract termination.<br><br>**Resolution 263:**<br>RESOLVED, That our AMA support the elimination of restrictive not-to-compete clauses within contracts for all physicians in clinical practice, regardless of the for-profit or not-for-profit status of the employer; and be it further<br><br>RESOLVED, That our AMA strongly advocate for policies that enable all physicians, including residents and fellows currently in training, to have greater professional mobility and the ability to serve multiple hospitals, thereby increasing specialist coverage in communities and improving overall patient care; and be it further<br><br>RESOLVED, That our AMA ask the Council on Ethical and Judicial Affairs to evaluate amending the AMA Code of Medical Ethics in order to oppose non-compete clauses. |
| Resolution 301—Increasing Musculoskeletal Education in Primary Care Specialties and Medical School Education Through Inclusion of Osteopathic Manual Therapy Education | **Alternate Resolution 301 adopted in lieu of Resolutions 301 and 310, with a change in title** | **Alternate Resolution 301:**<br><br>TEACHING AND ASSESSING OSTEOPATHIC MANIPULATIVE MEDICINE AND OSTEOPATHIC PRINCIPLES AND PRACTICE |

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| | | RESOLVED, That our American Medical Association (AMA) continue to support equal treatment of osteopathic students, trainees, and physicians in the residency application cycle and workplace through continued education on the training of osteopathic physicians (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA encourage physician awareness of the benefits of evidence-based Osteopathic Manipulative Medicine for musculoskeletal conditions (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA collaborate with the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), and any other interested parties to assess the need for graduate medical education faculty development in the supervision of Osteopathic Manipulative Medicine across ACGME-accredited residency programs. (New HOD Policy)<br><br>**Resolution 301:**<br>RESOLVED, That our American Medical Association continue to support equal treatment of osteopathic students, trainees and physicians in the residency application cycle and workplace through continued education on the training of Osteopathic physicians (New HOD Policy); and be it further<br><br>RESOLVED, That our American Medical Association encourage education on the benefits of evidence-based Osteopathic Manual Therapy for musculoskeletal conditions in medical education of allopathic students and in primary care residencies. (New HOD Policy) |
| Resolution 302—Antitrust Legislation Regarding AAMC, ACGME, NRMP, and Other Relevant Associations or Organizations | **Adopted with a change in title** | STUDY OF THE CURRENT MATCH PROCESS AND ALTERNATIVES<br><br>RESOLVED, That our American Medical Association study alternatives to the current residency and fellowship Match process which would be less restrictive on free market competition for applicants. (Directive to Take Action) |
| Resolution 303—Medical School Management of Unmatched Medical Students | **Referred for decision** | RESOLVED, That our American Medical Association convene a task force of appropriate AMA councils, medical education organizations, licensing and credentialing boards, government bodies, impacted communities, and other relevant stakeholders to:<br>1. Study institutional and systemic factors associated with the unmatched medical graduate status, including, but not limited to:<br>a) The GME bottleneck on training positions, including the balance of entry-level position and categorical/advanced positions;<br>b) New medical schools and the expansion of medical school class sizes; |

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| | | c) Race, geography, income, wealth, primary language, gender, religion, ability, and other structural factors;<br>d) Student loan debt;<br>e) Predatory business practices by medical schools, loan agencies, private equity, and other groups that prioritize profit over student success rates;<br>f) The context, history, and impact of past reports on the state of undergraduate medical education, including the Flexner Report;<br>g) The format and variations of institutional and medical organization guidance on best practices to successful matching;<br>2. Develop best practices for medical schools and medical organizations to support unmatched medical graduates, including, but not limited to:<br>a) Tools to identify and remediate students at high risk for not matching into GME programs;<br>b) Adequate data on student success rates (e.g., by specialty), and factors associated with success in matching;<br>c) Medical school responsibilities to unmatched medical students and graduates;<br>d) Outcomes-based tuition relief or reimbursement for unmatched students, wherein, unmatched students are returned some component of their tuition to ease the financial burden of being unable to practice clinical medicine;<br>e) Transparent, equity-based solutions to address and ameliorate any inequities identified in the match process;<br>f) Alternative, cost-neutral, graduate-level degrees with earlier graduation for students at high risk for not matching;<br>g) Career opportunities for unmatched U.S. seniors and US-IMGs; and<br>3. Require transparency from stakeholders, including medical schools, about any actions taken based on the report of this task force, particularly with regard to the remediation of medical students. (Directive to Take Action) |
| Resolution 323— Amend Policy D-275.948, "Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training" | **Adopted as amended** | RESOLVED, That our AMA amend policy D-275.948 by addition to read as follows:<br><br>1.) Our AMA acknowledges that a conflict of interest exists when non-physician health care professionals hold positions on physician regulatory bodies or physician boards when these individuals represent a field that either possesses or seeks to possess the ability to practice without physician supervision; and<br>2). Our AMA will ~~work with~~ ~~and advocate to~~ encourage key regulatory bodies involved with physician education, accreditation, certification, licensing, and credentialing to: (1) increase transparency of the process by encouraging them to openly disclose how their board is composed and members are selected; and (2) review and amend their conflict of interest and other policies related to non-physician health |

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| | | care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision~~;~~ ~~and~~<br><br>~~3.) Our AMA opposes any non-physician having a voting position on a regulatory body or physician board responsible for physician education, accreditation, certification, licensing, or credentialing.~~ |
| Resolution 435—Stand Your Ground Laws | **Adopted** | RESOLVED, That our AMA study the public health implications of "Stand Your Ground" laws and castle doctrine. |
| Resolution 525—Decriminalizing and Destigmatizing Perinatal Substance Use Treatment | **Alternate Resolution 505 adopted in lieu of Resolutions 505 and 525** | **Alternate Resolution 505:**<br>DE-STIGMATATION AND MANAGEMENT OF STUBSTANCE USE DISORDERS<br><br>RESOLVED, That our AMA amend Policy H-420.950,<br>"Substance Use Disorders During Pregnancy" by addition to read as follows:<br>Our AMA will:<br>(1) support brief interventions (such as engaging a patient in a short conversation, providing feedback and advice) and referral for early comprehensive treatment of pregnant individuals with opioid use and opioid use disorder (including naloxone or other overdose reversal medication education and distribution) using a coordinated multidisciplinary approach without criminal sanctions;<br>~~(1)~~ (2) oppose any efforts to imply that a positive verbal substance use screen, a positive toxicology test, or the diagnosis of substance use disorder during pregnancy automatically represents child abuse;<br>~~(2)~~ (3) support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy;<br>~~(3)~~ (4) oppose the filing of a child protective services report or the removal of infants from their mothers solely based on a single positive prenatal drug screen without appropriate evaluation;<br>~~(4)~~ (5) advocate for appropriate medical evaluation prior to the removal of a child, which takes into account (a) the desire to preserve the individual's family structure, (b) the patient's treatment status, and (c) current impairment status when substance use is suspected;<br>(6) advocate that state and federal child protection laws be amended so that pregnant people with substance use and substance use disorders are only reported to child welfare agencies when protective concerns are identified by the clinical team, rather than through automatic or mandated reporting of all pregnant people with a positive toxicology test, |

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| | | positive verbal substance use screen, or diagnosis of a substance use disorder. (Modify Current HOD Policy); and be it further<br><br>RESOLVED, That our American Medical Association amend Policy H-95.932, "Increasing Availability of Naloxone", by addition to read as follows:<br><br>reasing Availability of Naloxone and Other Safe and Effective Overdose Reversal Medications H-95.932<br>Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone and other safe and effective overdose reversal medications, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone and other safe and effective overdose reversal medications delivery.<br>Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone and other safe and effective overdose reversal medications.<br>Our AMA encourages physicians to co-prescribe naloxone and other safe and effective overdose reversal medications to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients.<br>Our AMA encourages private and public payers to include all forms of naloxone and other safe and effective overdose reversal medications on their preferred drug lists and formularies with minimal or no cost sharing.<br>Our AMA supports liability protections for physicians and other healthcare professionals and others who are authorized to prescribe, dispense and/or administer naloxone and other safe and effective overdose reversal medications pursuant to state law.<br>Our AMA supports efforts to encourage individuals who are authorized to administer naloxone and other safe and effective overdose reversal medications to receive appropriate education to enable them to do so effectively.<br>Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone and other safe and effective overdose reversal medications with the Food and Drug Administration.<br>Our AMA supports the widespread implementation of easily accessible naloxone and other safe and effective overdose reversal medications rescue stations (public availability of naloxone and other safe and effective |

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| | | overdose reversal medications through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for Automated External Defibrillators.<br>Our AMA supports the legal access to and use of naloxone and other safe and effective overdose reversal medications in all public spaces regardless of whether the individual holds a prescription.<br>Our AMA support efforts to increase the availability, delivery, possession and use of mail-order overdose reversal medications, including naloxone, to help prevent opioid-related overdose, especially in vulnerable populations, including but not limited to underserved communities and American Indian reservation populations. (Modify Current HOD Policy); and be it further<br>RESOLVED, That our AMA amend D-95.987, "Prevention of Drug-Related Overdose" by addition to read as follows:<br><br>1. Our AMA: (a) recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society alike and reaffirms its support for the compassionate treatment of patients with a SUD and people who use drugs; (b) urges that community-based programs offering naloxone and other safe and effective overdose reversal medications and other opioid overdose and drug safety and prevention services continue to be implemented in order to further develop best practices in this area; (c) encourages the education of health care workers and people who use drugs about the use of naloxone and other safe and effective overdose reversal medications and other harm reduction measures in preventing opioid and other drug-related overdose fatalities; and (d) will continue to monitor the progress of such initiatives and respond as appropriate.<br>2. Our AMA will: (a) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of a drug-related overdose; and (b) support the development of adjuncts and alternatives to naloxone to combat synthetic opioid-induced respiratory depression and overdose; and (c) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug-related overdose.<br>3. Our AMA will support the development and implementation of appropriate education programs for persons receiving treatment for a SUD or in recovery from a SUD and their friends/families that address harm reduction measures.<br>4. Our AMA will advocate for and encourage state and county medical societies to advocate |

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| | | for harm reduction policies that provide civil and criminal immunity for the possession, distribution, and use of "drug paraphernalia" designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies.<br>5. Our AMA will implement an education program for patients with substance use disorder and their family/caregivers to increase understanding of the increased risk of adverse outcomes associated with having a substance use disorder and a serious respiratory illness such as COVID-19.<br>6. Our AMA supports efforts to increase access to fentanyl test strips and other drug checking supplies for purposes of harm reduction. (Modify Current HOD Policy); and be it further<br><br>RESOLVED, that our AMA study the feasibility, potential methodologies, and implications of early universal screening for substance use and substance use disorders during pregnancy.<br><br>**Resolution 525:**<br>RESOLVED, That our AMA will advocate that prenatal and peripartum toxicology tests should not be obtained without the informed consent of the birthing parent, if they have capacity to provide consent. |
| Resolution 601—Solicitation Using the AMA Brand | **Referred for decision** | RESOLVED, That our American Medical Association study the use of AMA branded solicitation material mailed to physicians, the impact it has on the perception of our AMA by current and potential physician members, and the merits of continuing to use these materials in future communications (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA survey our membership on the preferred method to receive third party solicitation material (mail, phone, email, social media) and provide a method to opt-out of certain methods if not desired. (Directive to Take Action) |

Resident and Fellow Section

# Summary of Actions

47th Interim Business Meeting
November 11, 2022
Honolulu, HI

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (I-22)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

**I. RFS REPORTS**

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Report A— Analysis of Antitrust Legislation Regarding the AAMC, ACGME, NRMP, and other Relevant Associations or Organizations | **Adopted as amended and the remainder of the report filed** | 1. That the following resolved clauses be adopted in lieu of the original resolution:<br>a) RESOLVED, That our AMA-RFS support efforts which seek to weaken the antitrust exemption for graduate medical education programs and the MATCH as stated in Section 207 of the Pension Funding Equity Act of 2004. ~~such that evidence of anti-competitive actions against the NRMP be admissible in federal court~~; and be it further<br><br>b) RESOLVED, That our AMA study ~~with relevant stakeholders~~ alternatives to the current residency and fellowship MATCH process which would be less restrictive on free market competition for applicants. ~~to study alternative strategies for resident matching that ensure comparable efficiency and adequate market appreciation for medical residents.~~ | 1(a) None. RFS Internal Position Statement.<br><br>1(b) Will send to HOD @ A-23 |

**II. RFS RESOLUTIONS**

| Resolution | Action | Policy | HOD Action |
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| Resolution 1— Prohibition of Death Penalty for Persons with Serious Mental Illness | **Adopted** | RESOLVED, That our AMA-RFS support that defendants charged with capital crimes should not be sentenced to death or executed if, at the time of the offense, they had a mental disorder or disability that significantly impaired their capacity to appreciate the nature, consequences or wrongfulness of their conduct, to exercise rational judgment in relation to their conduct, or to conform their conduct to the requirements of the law. | None. Internal RFS Position Statement. |
| Resolution 2— Increasing Female Representation in Oncology Clinical Trials | **Alternate Resolution 2 adopted in lieu of Resolution 2** | INCREASING MINORITY AND UNDERREPRESENTED GROUP PARTICIPATION IN CLINICAL RESEARCH<br><br>RESOLVED, That our AMA amend H-460.911, Increasing Minority Participation in Clinical Research, by addition and deletion to read as follows:<br>Increasing Minority and Underrepresented Group Participation in Clinical Research H-460.911<br><br>1. Our AMA advocates that:<br>a. The Food and Drug Administration (FDA) and National Institutes of Health (NIH) conduct annual surveillance of clinical trials by gender, race, and ethnicity, including consideration of pediatric and elderly populations, to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be | None. Will send to HOD @ A-23 |

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| | | modeled after National Institute of Health guidelines on the inclusion of women and minority populations.<br>b. The FDA have a page on its web site that details the prevalence of minorities and women in its clinical trials and its efforts to increase their enrollment and participation in this research; and<br>c. Resources be provided to community level agencies that work with those minorities and underrepresented groups who are not proportionately represented in clinical trials to address issues of lack of access, distrust, and lack of patient awareness of the benefits of trials in their health care. These minorities include African Americans, Hispanics, Asians/Pacific Islanders/Native Hawaiians, and Native Americans.<br><br>2. Our AMA recommends the following activities to the FDA in order to ensure proportionate representation of minorities and underrepresented groups in clinical trials:<br>a. Increased fiscal support for community outreach programs; e.g., culturally relevant community education, community leaders' support, and listening to community's needs;<br>b. Increased outreach to ~~female~~ all physicians to encourage recruitment of ~~minority and female~~ patients from underrepresented groups in clinical trials;<br>c. Continued ~~minority physician~~ education for all physicians and physicians-in-training on clinical trials, subject recruitment, subject safety, and possible expense reimbursements, and that this education encompass discussion of barriers that currently constrain appropriate recruitment of underrepresented groups and methods for increasing trial accessibility for patients;<br>d. Support for the involvement of minority physicians in the development of partnerships between minority communities and research institutions; and<br>e. Fiscal support for minority and underrepresented group recruitment efforts and increasing trial accessibility through optimized patient-centered locations for accessing trials, the ready availability of transportation to and from trial locations, child care services, and ~~transportation, child care,~~ reimbursements~~, and location~~. | |
| Resolution 3—Medication Wastage | **Not Adopted** | RESOLVED, That our AMA-RFS acknowledge the role of reducing medical wastage in addressing drug shortages; and be it further<br><br>RESOLVED, That our AMA support the development and implementation of policies and procedures at a societal and institutional level to reduce the impact of wastage, including by optimizing utilization, while minimizing clinical impact; and be it further<br><br>RESOLVED, That our AMA commend ongoing | None. |

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| | | efforts by societies across disciplines in advocating to reduce medical wastage. | |
| Resolution 4—Supporting the Use of Renewable Energy in Healthcare | **Adopted as Amended** | RESOLVED, That our AMA-RFS advocate for ~~disseminate a public statement highlighting~~ the importance of healthcare systems' timely transition to renewable energy, including wind, solar, geothermal technology, biomass, and hydropower energy; and be it further<br><br>RESOLVED, That our AMA-RFS support implementations of policies and incentives that promote the healthcare sector's transition to renewable energy. | None. Internal RFS Position Statement. |
| Resolution 5—Medical School Management of Unmatched Medical Students | **Adopted as Amended** | RESOLVED, That our AMA convene a task force of appropriate AMA councils, medical education organizations, licensing and credentialing boards, government bodies, impacted communities, and other relevant stakeholders to:<br><br>1. Study institutional and systemic factors associated with the unmatched medical graduate status, including, but not limited to:<br>a) The GME bottleneck on training positions, including the balance of entry-level and categorical/advanced positions;<br>b) New medical schools and the expansion of medical school class sizes;<br>c) Race, geography, income, wealth, primary language, gender, religion, ability, and other structural factors;<br>d) Student loan debt;<br>e) Predatory business practices by medical schools, loan agencies, private equity, and other groups that prioritize profit over student success rates;<br>f) The context, history, and impact of past reports on the state of undergraduate medical education, including the Flexner Report;<br>g) The format and variations of institutional and medical organization guidance on best practices to successful matching;<br><br>2. Develop best practices for medical schools and medical organizations to support unmatched medical graduates, including, but not limited to:<br>a) Tools to identify and remediate students at high risk for not matching into GME programs;<br>b) Adequate data on student success rates (e.g., by specialty), and factors associated with success in matching;<br>c) Medical school responsibilities to unmatched medical students and graduates;<br>d) Outcomes-based tuition relief or reimbursement for unmatched students, wherein, unmatched students are returned some component of their tuition to ease the financial burden of being unable to practice clinical medicine; | None. Will send to HOD @ A-23 |

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| | | e) Transparent, equity-based solutions to address and ameliorate any inequities identified in the match process;<br>f) Alternative, cost-neutral, graduate-level degrees with earlier graduation for students at high risk for not matching ~~(e.g., Master of Medical Sciences)~~;<br>g) Career opportunities for unmatched U.S. seniors and US-IMGs~~, including, but not limited to, a streamlined portal for non-clinical positions, opportunities to transfer accrued educational credits to alternative advanced clinical degrees (e.g., NP or PA programs), and short-term clinical remediation programs with pathways to residency positions~~; and<br><br>3. Require transparency from stakeholders, including medical schools, about any actions taken based on the report of this task force, particularly with regard to the remediation of medical students. | |
| Resolution 6—<br>Support for GME Training in Reproductive Services | **Adopted as Amended** | RESOLVED, That RFS internal position statement 294.017R, "Academic Freedom," be amended by addition and deletion to read as follows:<br><br>~~Academic Freedom~~ Access to Medication and Procedural Abortion Training<br><br>That our AMA-RFS: (1) support the opportunity for residents to learn medication and procedural~~es for~~ abortion ~~termination of pregnancy~~; ~~and~~ (2) oppose efforts by other persons, governments, or organizations to interfere with or restrict the availability of training in medication and procedural~~es for~~ abortion ~~termination of pregnancy.~~; and (3) in the event that medication and procedural abortion are limited or otherwise unavailable at a home institution, supports cost subsidization for trainees traveling out-of-state and/or to another program to have hands-on training in medication and procedural abortion.; and be it further<br><br>RESOLVED, That AMA policy H-295.923, "Medical Training and Termination of Pregnancy," be amended by addition and deletion to read as follows:<br><br>Medical Training and Termination of Pregnancy<br>1. Our AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.<br>2. Our AMA ~~supports~~ will advocate for the availability of abortion education and hands-on exposure to medication and procedural abortion ~~procedures for termination of pregnancy,~~ | R1: None. Internal RFS Position Statement<br><br>R2 & R3: Immediately forwarded to HOD @ I-22;<br><br>HOD Action: became Res. 317; adopted as amended. |

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| | | ~~including medication abortions,~~ for medical students and resident/fellow physicians and opposes efforts to interfere with or restrict the availability of this education and training.<br>3. In the event that medication and procedural abortion are limited or illegal in a home institution, our AMA supports pathways, including cost subsidization, to ensure trainees traveling to another program have hands-on training in medication and procedural abortion, and will advocate for legal protections for both trainees who cross state lines to receive education on reproductive health services, including medication and procedural abortion, as well as the institutions facilitating these opportunities.<br>~~3~~4. Our AMA encourages the Accreditation Council for Graduate Medical Education to consistently enforce compliance with the standardization of abortion training opportunities as per the requirements set forth by the relevant Residency Review Committees ~~Review Committee for Obstetrics and Gynecology~~ and the American College of Obstetricians and Gynecologists' recommendations.; and be it further<br><br>RESOLVED, That our AMA reaffirm policies H-100.948 "Supporting Access to Mifepristone (Mifeprex)" and H-425.969 "Support for Access to Preventive and Reproductive Health Services"; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the November 2022 Interim Meeting. | |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 002—Assessing the Humanitarian Impact of Sanctions | **Alt. Resolution 002 adopted in lieu of Resolutions 002 and 006** | ASSESSING THE HUMANITARIAN IMPACT OF SANCTIONS<br><br>RESOLVED, That our American Medical Association recognize that economic sanctions can negatively impact health and exacerbate humanitarian crises (New HOD Policy); and be it further<br><br>RESOLVED, that policy H-65.993 by amended by addition as follows:<br><br>Our American Medical Association will (1) implore all parties at all times to understand and minimize the health costs of war on civilian populations generally and the adverse effects of physician persecution in particular, (2) support the efforts of physicians around the world to practice medicine ethically in any and all circumstances, including during wartime, ~~or~~ episodes of civil strife, or sanctions and condemn the military targeting of health care facilities and personnel and using denial of medical services as a weapon of war, by any |

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| | | party, wherever and whenever it occurs, and (3) advocate for the protection of physicians' rights to provide ethical care without fear of persecution; and be it further<br><br>RESOLVED, that policy H-65.994 be amended by addition and deletion as follows:<br><br>The AMA (1) supports the provision of food, medicine and medical equipment to noncombatants threatened by natural disaster, ~~or~~ military conflict or sanctions within their country through appropriate relief organizations; (2) expresses its concern about the disappearance of physicians, medical students and other health care professionals, with resulting inadequate care to the sick and injured of countries in turmoil; (3) urges appropriate organizations to transmit these concerns to the affected country's government; and (4) asks appropriate international health organizations to monitor the status of medical care, medical education and treatment of medical personnel in these countries, to inform the world health community of their findings, and to encourage efforts to ameliorate these problems. |
| Resolution 206—The Shortage of Bedside Nurses and Intersection with Concerns in Nurse Practitioner Training | **Adopted as amended with change in title** | NURSING SHORTAGE<br><br>The first Resolve of Resolution 206 be amended by addition and deletion to read as follows:<br><br>RESOLVED, That our American Medical Association ~~study, and encourage relevant advocacy organizations to study, the links between the bedside nursing shortage, expansion of nurse practitioner programs, and the impact of this connection on patient health outcomes~~ review existing literature on the nursing workforce shortage, including the impact of increased enrollment in nurse practitioner programs (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA reaffirm existing policies H-160.947, Physician Assistants and Nurse Practitioners, and H-35.996, Status and Utilization of New or Expanding Health Professionals in Hospitals. (Reaffirm HOD Policy) |
| Resolution 207—Preserving Physician Leadership in Patient Care | **Handled via Reaffirmation Consent Calendar:**<br><br>Protection of the Titles "Doctor," "Resident" and "Residency" H-275.925 | RESOLVED, That our American Medical Association create a national targeted ad campaign to educate the public about the training pathway of physicians compared to non-physician providers (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA reaffirm our opposition to physicians being referred to as "providers" in healthcare settings (New HOD |

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| | Definition and Use of the Term Physician H-405.951<br><br>Definition of a Physician H-405.969 | Policy); and be it further<br><br>RESOLVED, That our AMA conduct a review of the AMA policy compendium and replace conflicting policies referring to physicians as "providers" with the term "physician" when appropriate and report back at the 2023 Annual Meeting. (Directive to Take Action) |
| Resolution 208—Comparing Student Debt, Earnings, Work Hours, and Career Satisfaction Metrics in Physicians v. Other Health Professionals | **Alternate Resolution 208 adopted in lieu of Resolution 208** | FACTORS CAUSING BURNOUT<br><br>RESOLVED, That our AMA recognize that medical students, resident physicians, and fellows face unique challenges that contribute to burnout during medical school and residency training, such as debt burden, inequitable compensation, discrimination, limited organizational or institutional support, stress, depression, suicide, childcare needs, mistreatment, long work and study hours, among others, and that such factors be included as metrics when measuring physician well-being, particularly for this population of physicians. (New HOD Policy). |
| Resolution 209—Comprehensive Solutions for Medical School Graduates Who Are Unmatched or Did Not Complete Training | **Withdrawn by RFS delegates** | RESOLVED, That our American Medical Association work with US Centers for Medicare and Medicaid Services and other relevant stakeholders to create a commission to estimate future physician workforce needs and suggest re-allocation of available residency funding and available first-year positions accordingly (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA work with relevant stakeholders to study the possibility of alternative pathways to ACGME certification of training, ABMS board certification, and medical practice for unmatched medical school graduates. (Directive to Take Action) |
| Resolution 210—Elimination of Seasonal Time Changes and Establishment of Permanent Standard Time | **Extracted from non-consideration list; adopted** | RESOLVED, That our American Medical Association support the elimination of seasonal time changes (New HOD Policy); and be it further<br>RESOLVED, That our AMA support the adoption of year-round standard time. (New HOD Policy) |
| Resolution 211—Illicit Drug Use Harm Reduction Strategies | **Adopted with a change of title and AMA Policy H-95.989 rescinded** | SUBSTANCE USE HARM REDUCTION<br><br>RESOLVED, That our American Medical Association amend current policy D-95.987, "Prevention of Drug-Related Overdose," by addition to read as follows:<br>4. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and |

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| | | criminal immunity for the possession, distribution, and use of "drug paraphernalia" designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies.<br><br>5. Our AMA will implement an education program for patients with substance use disorder and their family/caregivers to increase understanding of the increased risk of adverse outcomes associated with having a substance use disorder and a serious respiratory illness such as COVID-19.<br><br>6. Our AMA supports efforts to increase access to fentanyl test strips and other drug checking supplies for purposes of harm reduction. (Modify Current HOD Policy) |
| Resolution 301—Increasing Musculoskeletal Education in Primary Care Specialties and Medical School Education Through Inclusion of Osteopathic Manual Therapy Education | **Not considered** | RESOLVED, That our American Medical Association continue to support equal treatment of osteopathic students, trainees and physicians in the residency application cycle and workplace through continued education on the training of osteopathic physicians (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA encourage education on the benefits of evidence-based Osteopathic Manual Therapy for musculoskeletal conditions in medical education of allopathic students and in primary care residencies. (New HOD Policy) |
| Resolution 309—Bereavement Leave for Medical Students and Physicians | **Adopted as amended** | RESOLVED, That our American Medical Association support ~~bereavement~~ compassionate leave for medical students and physicians:<br><br>1. Our AMA urges medical schools, residency and fellowship training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of ~~bereavement~~ compassionate leave policies as part of the physician's standard benefit agreement.<br><br>2. Our AMA will study ~~R~~recommended components of ~~bereavement~~ compassionate leave policies for medical students and physicians, to include:<br>a. whether cases requiring extensive travel qualify for additional days of leave and, if so, how many days;<br>b. policy and duration of leave for an event impacting pregnancy or fertility including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed |

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| | | adoption arrangement, a failed surrogacy arrangement, or an event that impacts pregnancy or fertility;<br>c. whether leave is paid or unpaid;<br>d. whether obligations and time must be made up; and<br>e. whether make-up time will be paid.<br><br>3. Our AMA encourages medical schools, residency and fellowship programs, specialty boards, specialty societies and medical group practices to incorporate into their ~~bereavement~~ compassionate leave policies a three-day minimum leave, with the understanding that no medical student or physician ~~or medical student~~ should be required to take a minimum leave.<br><br>4. Medical students and physicians who are unable to work beyond the defined ~~bereavement~~ compassionate leave period because of physical or psychological stress, medical complications of pregnancy loss, or another related reason should refer to their institution's sick leave policy, family and medical leave policy, and other benefits on the same basis as other physicians who are temporarily unable to work for other reasons.<br><br>5. Our AMA ~~supports~~ will study the concept of equal ~~bereavement~~ compassionate leave for pregnancy loss and other such events impacting fertility in a physician or their partner as a benefit for medical students and physicians regardless of gender or gender identity.<br><br>6. Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs.<br><br>7. These guidelines as above should be freely available online and in writing to all applicants to medical school, residency, or fellowship. (Directive to Take Action) |
| Resolution 317—Support for GME Training in Reproductive Services | **Adopted as amended** | RESOLVED, That AMA policy H-295.923, "Medical Training and Termination of Pregnancy," be amended by addition and deletion, to read as follows:<br><br>Medical Training and Termination of Pregnancy<br><br>Our AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.<br><br>2. Our AMA ~~supports~~ will advocate for the availability of abortion education and ~~hands-on~~ |

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| | | clinical exposure to medication and procedural abortion ~~procedures for termination of pregnancy, including medication abortions,~~ for medical students and resident/fellow physicians and opposes efforts to interfere with or restrict the availability of this education and training.<br><br>3. In the event that medication and procedural abortion are limited or illegal in a home institution, our AMA will support~~s~~ pathways for medical students and resident/fellow physicians to receive this training at another location, ~~including cost subsidization, to ensure trainees traveling to another program have hands-on training in medication and procedural abortion, and will advocate for legal protections for both trainees who cross state lines to receive education on reproductive health services, including medication and procedural abortion, as well as the institutions facilitating these opportunities.~~<br><br>4. Our AMA will advocate for funding for institutions that provide clinical training on reproductive health services, including medication and procedural abortion, to medical students and resident/fellow physicians from other programs, so that they can expand their capacity to accept out-of-state medical students and resident/fellow physicians seeking this training.<br><br>~~3~~5. Our AMA encourages the Accreditation Council for Graduate Medical Education to consistently enforce compliance with the standardization of abortion training opportunities as per the requirements set forth by the relevant Residency Review Committees ~~Review Committee for Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists' recommendations~~; and be it further<br><br>RESOLVED, That our AMA reaffirm policies H-100.948 "Supporting Access to Mifepristone (Mifeprex)" and H-425.969 "Support for Access to Preventive and Reproductive Health Services"; and be it further<br><br>RESOLVED, That AMA Policy D-5.999, "Preserving Access to Reproductive Health Services," be amended by addition, to read as follows:<br><br>Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access |

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| | | to reproductive health services, including fertility treatments, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal 22 protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; (8) will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion, and (~~8~~9) will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at the 2022 Interim Meeting. |
| Resolution 604—Solicitation Using the AMA Brand | **Not Considered** | RESOLVED, That our American Medical Association study the use of AMA branded solicitation material mailed to physicians, the impact it has on the perception of our AMA by current and potential physician members, and the merits of continuing to use these materials in future communications (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA study our membership on the preferred method to receive third party solicitation material (mail, phone, email, social media) and provide a method to opt-out of certain methods if not desired. (Directive to Take Action) |

Resident and Fellow Section

# Summary of Actions

46th Annual Business Meeting
June 10, 2022
Chicago, IL

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (A-22)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

**I. RFS REPORTS**

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Report A— The Shortage of Bedside Nurses and Intersection with Concerns in Nurse Practitioner Training | **Adopted as amended and the remainder of the report filed** | 1. That the following resolved clauses be adopted in lieu of the original resolution: RESOLVED, That our AMA study, and encourage relevant advocacy organizations to study, the possible links between the bedside nursing shortage, ~~and~~ expansion of nurse practitioner programs, and the impact of this connection on patient health outcomes; and be it further<br><br>RESOLVED, That our AMA reaffirm existing policies H-160.947, "Physician Assistants and Nurse Practitioners", and H-35.996, "Status and Utilization of New or Expanding Health Professionals in Hospitals."<br><br>~~2. That your AMA-RFS Governing Council advocate to the AMA Committee on Legislation (COL) and AMA Advocacy Resource Center (ARC) to develop a scope of practice model bill incorporating regulations for the hiring of nurse practitioners to ensure appropriate alignment of clinical training, certification, and competency with the requirements of the position.~~ | None. Will send to HOD @ I-22 |
| Report B— Preserving Physician Leadership in Patient Care | **Adopted as amended and the remainder of the report filed** | 1. That our AMA create a national targeted ad campaign to educate the public about the training pathway of physicians compared to non-physician providers.<br><br>2. That our AMA reaffirm our opposition to physician being referred to as "providers" in healthcare settings. ~~and to replace our conflicting policy accordingly with "physicians and non-physician providers" or a similar term.~~<br><br>3. That our AMA conduct a review ~~in PolicyFinder~~ of the AMA policy compendium and replace ~~any~~ conflicting policyies referring to physicians as "providers" with the term "physician" when appropriate with report back at A-23. | None. Will send to HOD @ I-22 |
| Report C— Comparing Student Debt, Earnings, Work Hours, and Career Satisfaction Metrics in Physicians v. Other Health Professionals | **Adopted as amended and the remainder of the report filed** | 1. That our AMA's advocacy efforts are informed by the fact ~~recognize~~ that student debt burden is higher for physicians when compared to physician assistants and nurse practitioners, ~~and thus should be used to better inform our advocacy efforts.~~<br><br>2. That our AMA work with relevant stakeholders to study:<br>a) How total career earnings of physicians compare to those physician assistants and nurse practitioners in order to specifically discern if there is a ~~personal~~ financial | None. Will send to HOD @ I-22 |

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| | | disincentive to becoming a physician, considering the relatively high student debt burden and work hours of physicians.<br>b) If resident physicians provide a net financial benefit for hospitals and healthcare institutions<br>c) Best practices for increasing resident physician compensation so that their services may be more equitably reflected in their earnings<br>d) Burnout metrics using a standardized system to compare differences among physicians, physician assistants and nurse practitioners.<br><br>3. That our AMA recognize that burnout-centered metrics do not fully characterize work-life balance, ~~is indirectly measured through burnout centered metrics, which does not adequately measure how it impacts~~ particularly for individuals with varying socioeconomic, racial and/or sexual minoritized backgrounds.<br><br>~~4. That this RFS report be forwarded to the AMA HOD for the Interim 2022 meeting.~~<br><br>4. RESOLVED, That our AMA seek to publish its findings in a peer-reviewed medical journal. | |
| Report D—Increasing Musculoskeletal Education in Primary Care Specialties and Medical School Education through Inclusion of Osteopathic Manual Therapy Education | **Adopted as amended and the remainder of the report filed** | ~~a) RESOLVED, That our AMA work with stakeholders such as, ACGME, ACOFP, and AOA to facilitate maintenance of Osteopathic Recognition for those programs that currently hold that status; and be it further~~<br><br>~~b) RESOLVED, That our AMA work with stakeholders to expand residency positions in programs with Osteopathic Recognition and facilitate programs wishing to apply for Osteopathic Recognition; and be it further~~<br><br>~~c)~~ a) RESOLVED, That our AMA continue to support equal treatment of osteopathic students, trainees and physicians in the residency application cycle and workplace through continued education on the training of Osteopathic physicians.<br><br>b) RESOLVED, That our AMA encourage education on the benefits of evidence-based Osteopathic Manual Therapy for musculoskeletal conditions in medical education of allopathic students and in primary care residencies. | None. Will send to HOD @ I-22 |
| Report E— AMA-RFS Sunset Mechanism (2012) | **Adopted and the remainder of the report filed** | The Sunset Mechanism 2012 RFS Positions contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2012 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) | None. Update RFS Digest of Actions |

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| | | reaffirm with editorial changes, which constitutes a first order motion. | |

## II. RFS RESOLUTIONS

| Resolution | Action | Policy | HOD Action |
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| Emergency Resolution 1— Opposition and Stance on a Permanent Reference Committee | **Adopted as Amended** | RESOLVED, that our AMA-RFS strongly opposes the use of a Resolution Committee or similar "representative" body to filter out resolutions from the business of the HOD without the opportunity for universal extraction, and be it further<br><br>RESOLVED, if a Resolution Committee is to inevitably be established, that our AMA-RFS will advocate for the following composition and rules:<br>1. Members representing the RFS and MSS shall be appointed by their respective Governing Councils for a one-year term<br>2. The composition of the Resolution Committee will be representative of AMA membership.<br>3. Resolution Committee members will be term limited and cannot serve for more than four years in total.<br>4. The Resolution Committee shall meet at least once to discuss all resolutions prior to voting. Resolutions submitted later by those societies or sections that meet after the resolution deadline (i.e. resolutions normally included in the Tote) will be discussed by the Resolution Committee and voted on prior to the publication of the Resolution Committee report.<br>5. Members will rank each resolution by priority on a single 0-to-5-point scale. The median score will be used to rank resolutions. A threshold for inclusion can be recommended, but extraction from the report will be possible for all resolutions.<br>6. Extraction of a resolution from the Resolution Committee report shall only be prevented by a two-thirds vote of the House of Delegates.<br>7. The deliberations of the Resolution Committee will be free of input or influence from the AMA Board of Trustees, Presidents, Speakers, or Councilors.<br><br><u>If a resolution committee is not established by Annual 2023, this Resolved shall be removed from the AMA-RFS policy digest.</u> | None. Internal RFS position statement. |
| Late Resolution 1— Preserving Access to Reproductive Health Services | **Adopted** | RESOLVED, that our AMA:<br>(1) Recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right;<br>(2) Opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion;<br>(3) Will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable | Immediately forwarded to HOD; (Res. 028); Adopted |

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| | | access to reproductive health services, including fertility treatments, contraception, and abortion;<br>(4) Supports shared decision-making between patients and their physicians regarding reproductive healthcare;<br>(5) Opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients;<br>(6) Opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services;<br>(7) Will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services;<br>(8) Will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at I-22; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at A-22. | |
| Resolution 1—Legalization of Fentanyl Test Strips<br><br>Resolution 4—In Support of Drug Checking Services | **Alternate Resolution 1 adopted in lieu of Resolutions 1 and 4** | ILLICIT DRUG USE HARM REDUCTION STRATEGIES<br><br>RESOLVED, That our AMA amend current policy D-95.987, "Prevention of Drug-Related Overdose," by addition to read as follows:<br><br>4. Our AMA will advocate for and encourage state and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the <u>possession, distribution, and</u> use of "drug paraphernalia" designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies.<br><br><u>5. Our AMA supports efforts to increase access to fentanyl test strips and other drug checking supplies for purposes of harm reduction.</u> | None. Will send to HOD @ I-22 |
| Resolution 2—Assessing the Humanitarian Impact of Sanctions | **Adopted as Amended** | RESOLVED, That our AMA recognizes that economic sanctions can negatively impact health and exacerbate humanitarian crises; and be it further<br><br>RESOLVED, That our AMA supports ~~legislative and regulatory~~ efforts to study the ~~humanitarian~~ | None. Will send to HOD @ I-22 |

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| | | humanitarian ~~health~~ impact of economic sanctions imposed by the United States. | |
| Resolution 3—Comprehensive Solutions for Medical School Graduates Who are Unmatched or Did Not Complete Training | **Alternate Resolution 3 Adopted in Lieu of Resolution 3** | COMPREHENSIVE SOLUTIONS FOR MEDICAL SCHOOL GRADUATES WHO ARE UNMATCHED OR DID NOT COMPLETE TRAINING<br><br>RESOLVED, That our AMA work with US Centers for Medicare and Medicaid Services and other relevant stakeholders to create a commission to estimate future physician workforce needs and suggest re-allocation of available residency funding and available first-year positions accordingly; and be it further<br><br>~~RESOLVED, That our AMA RFS study the possibility of a pathway to ACGME certification of training, ABMS board certification, and ultimately independent practice in primary care for unmatched graduates of US MD and DO schools who take roles as "Assistant Physicians" or similar positions as established by several states.~~<br><br>RESOLVED, That our AMA work with relevant stakeholders to study the possibility of alternative pathways to ACGME certification of training, ABMS board certification, and medical practice for unmatched medical school graduates. | None. Will send to HOD @ I-22 |
| Resolution 5—The Criminalization of Medical Errors | **Alternate Resolution 5 adopted in lieu of Resolution 5** | THE CRIMINALIZATION OF HEALTH CARE DECISION MAKING AND PRACTICE<br><br>RESOLVED, That policy H-160.946, "The Criminalization of Health Care Decision Making" be amended by addition and deletion with a change in title to read as follows:<br><br>The Criminalization of Health Care Decision Making and Practice H-160.946<br><br>That our ~~The~~ AMA: (1) opposes the attempted criminalization of health care decision-making, practice, malpractice, and medical errors, including medication errors related to electronic medical record or other system errors, ~~especially as represented by the current trend toward criminalization of malpractice~~; it interferes with appropriate decision making and is a disservice to the American public; ~~and~~ (2) actively update and promote ~~will develop~~ model state legislation properly defining criminal conduct and prohibiting the criminalization of health care decision-making and practice, including cases involving allegations of medical malpractice and medical errors~~,~~; and (3) implement an appropriate action plan for all components of the Federation to educate opinion leaders, elected officials and the media regarding the detrimental effects on health care resulting from the criminalization of health care decision-making, practice, malpractice, and medical errors.<br><br>RESOLVED, that our AMA study the increasing criminalization of health care decision-making, | Immediately forwarded to HOD (Res. 252); AMA policies H-160.954 and H-160.946 reaffirmed 38 in lieu of Resolution 252 |

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| | | practice, malpractice, and medical errors with report back on our advocacy to oppose this trend.<br><br>RESOLVED, That our AMA study the ramifications of trying all health care decision-making, practice, malpractice, and medical error cases in health courts instead of criminal courts.<br><br>RESOLVED, That our AMA reaffirm policies H-120.921, H-160.954, H-375.984, H-375.997, and H-435.950; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at A-22. | |
| Resolution 6—Elimination of Seasonal Time Changes and Establishment of Permanent Standard Time | **Adopted as Amended** | RESOLVED, That our AMA supports the elimination of seasonal time changes; and be it further<br><br>RESOLVED, That our AMA supports the adoption of year-round standard time; and be it further<br><br>RESOLVED, That this resolution be ~~immediately~~ forwarded to our House of Delegates at the 2022 AMA ~~Annual~~ Interim Meeting. | None. Will send to HOD @ I-22 |
| Resolution 7—Analysis of Antitrust Legislation Regarding the AAMC, ACGME, NRMP, and Other Relevant Associations or Organizations | **Referred** | RESOLVED, That our AMA advocate for significant modification or the repeal of Section 207 of the Pension Funding Equity Act of 2004 such that evidence of anti-competitive actions against the NRMP be admissible in federal court; and be it further<br><br>RESOLVED, That our AMA work with relevant stakeholders to study alternative strategies for resident matching that ensure comparable efficiency and adequate market appreciation for medical residents. | None. RFS GC/Standing Committee to report back to Assembly @ I-22/A-23 |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 013—Recognition of National Anti-Lynching Legislation as Public Health Initiative | **Adopted as Amended** | SOLVED, That our American Medical Association support national legislation that ognizes lynching and mob violence towards an individual or group of individuals as e crimes (New HOD Policy); and be it further<br><br>SOLVED, That our AMA work with relevant stakeholders to support medical students, nees and physicians receiving education on the inter-generational health outcomes ated to lynching and its impact on the health of vulnerable populations (Directive to Take Action); and be it further<br><br>SOLVED, That our current AMA policy H-65.965, Support of Human Rights and eedom, be amended by addition to read as follows:<br><br>r AMA: (1) continues to support the dignity of the individual, human rights and the nctity of human life, (2) reaffirms its long-standing |

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| | | policy that there is no basis for the<br>nial to any human being of equal rights, privileges<br>and responsibilities commensurate<br>h his or ger individual capabilities and ethical<br>character because of an individual's<br>x, sexual orientation, gender, gender identity or<br>transgender status, race, religion,<br>ability, ethnic origin, national origin or age; (3)<br>opposes any discrimination based on<br>individual's sex, sexual orientation, gender<br>identity, race, ~~phenotypic~~ appearance,<br>gion, disability, ethnic origin, national origin or<br>age and any other such reprehensible<br>icies; (4) recognizes that hate crimes pose a<br>significant threat to the public health and<br>cial welfare of the citizens of the United States,<br>urges expedient passage for<br>propriate hate crimes prevention legislation in<br>accordance with our AMA's policy<br>bugh letters to members of Congress; and<br>registers support for hate crimes<br>evention legislation, via letter, to the President of<br>the United States (Modify Current<br>D Policy); and be it further<br><br>SOLVED, That our AMA reaffirm policy H-65.952<br>"Racism as a Public Health Threat".<br>affirm HOD Policy) |
| Resolution 028—Preserving Access to Reproductive Health Services | **Adopted** | RESOLVED, that our AMA:<br>(1) Recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right;<br>(2) Opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion;<br>(3) Will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion;<br>(4) Supports shared decision-making between patients and their physicians regarding reproductive healthcare;<br>(5) Opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients;<br>(6) Opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services;<br>(7) Will advocate for legal protections for patients who cross state lines to receive reproductive health services, including |

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| | | contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services;<br>(8) Will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at I-22; and be it further |
| Resolution 201—The Impact of Midlevel Providers on Medical Education | **Referred** | RESOLVED, That our American Medical Association study, using surveys among other tools that protect identities, how commonly bias against physician-led healthcare is experienced within undergraduate medical education and graduate medical education, interprofessional learning and team building work and publish these findings in peer-reviewed journals (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA work with the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to ensure all physician undergraduate and graduate training programs recognize and teach physicians that they are the leaders of the healthcare team and are adequately equipped to diagnose and treat patients independently only because of the intensive, regulated, and standardized education they receive (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA study the harms and benefits of establishing mandatory postgraduate clinical training for nurse practitioners and physician assistants prior to working within a specialty or subspecialty field (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA study the harms and benefits of establishing national requirements for structured and regulated continued education for nurse practitioners and physician assistants in order to maintain licensure to practice. (Directive to Take Action) |
| Resolution 217—Preserving the Practice of Medicine<br>**considered with Resolution 251—Physician Medical License Use in Clinical Supervision* | **Resolution 217 adopted as amended in lieu of 251**<br><br>**Resolves 2–6 of Resolution 217 referred for decision** | RESOLVED, That our American Medical Association oppose mandates from employers supervise non-physician providers as a condition for physician employment and in physician employment contracts (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA work with relevant regulatory agencies to ensure physicians are notified in writing when their license is being used to “supervise” non-physician providers (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA conduct a systematic study to collect and analyze publicly available physician supervision data from all sources to determine how many allied health |

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| | | professionals are being supervised by physicians in fields which are not a core part of those physicians' completed residencies and fellowships (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA study the impact scope-of practice advocacy by physicians has had on physician employment and termination (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA study the views of patients on physician and non-physician care to 36 identify best practices in educating the general population on the value of physician-led care, and study the utility of a physician-reported database to track and report institutions that replace physicians with non-physician providers in order to aid patients in seeking physician-led medical care (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA work with relevant stakeholders to commission an independent study comparing medical care provided by physician-led health care teams vs. care provided by unsupervised non-physician providers, which reports on the quality of health outcomes, cost effectiveness, and access to necessary medical care, and to publish the findings in a peer reviewed medical journal. (Directive to Take Action)<br><br>RESOLVED, That our AMA support whistleblower protections for physicians who report unsafe care provided by nonphysicians to the appropriate regulatory board. |
| Resolution 252—The Criminalization of Health Care Decision Making and Practice | **AMA policies H-160.954 and H-160.946 reaffirmed in lieu of Resolution 252** | RESOLVED, That policy H-160.946, "The Criminalization of Health Care Decision Making" be amended by addition and deletion with a change in title to read as follows:<br><br>The Criminalization of Health Care Decision Making and Practice H-160.946<br><br>That our ~~The~~ AMA: (1) opposes the attempted criminalization of health care decision-making, practice, malpractice, and medical errors, including medication errors related to electronic medical record or other system errors, ~~especially as represented by the current trend toward criminalization of malpractice;~~ it interferes with appropriate decision making and is a disservice to the American public; ~~and~~ (2) actively update and promote ~~will develop~~ model state legislation properly defining criminal conduct and prohibiting the criminalization of health care decision-making and practice, including cases involving allegations of medical malpractice and medical errors; and (3) implement an appropriate action plan for all components of the Federation to educate opinion leaders, elected officials and the media |

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| | | regarding the detrimental effects on health care resulting from the criminalization of health care decision-making, practice, malpractice, and medical errors. (Modify HOD Policy); and be it further<br><br>RESOLVED, that our AMA study the increasing criminalization of health care decision-making, practice, malpractice, and medical errors with report back on our advocacy to oppose this trend; and be it further<br><br>RESOLVED, That our AMA study the ramifications of trying all health care decision-making, practice, malpractice, and medical error cases in health courts instead of criminal courts; and be it further<br><br>RESOLVED, That our AMA reaffirm policies H-120.921, H-160.954, H-375.984, H-375.997, and H-435.950. |
| Resolution 302—Resident and Fellow Access to Fertility Preservation | **Adopted as amended** | ~~RESOLVED, That our American Medical Association support education for residents and fellows regarding the natural course of female fertility in relation to the timing of medical education, and the option of fertility preservation and infertility treatment (New HOD Policy); and be it further~~<br><br>RESOLVED, That our AMA ~~advocate inclusion of~~ encourage insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including but not limited to, the need to attend medical visits to complete the ~~oocyte~~ gamete preservation process and to administer medications in a time-sensitive fashion. (New HOD Policy) |
| Resolution 304—Organizational Accountability to Resident and Fellow Trainees | **Referred** | RESOLVED, That our American Medical Association work with relevant stakeholders to: (1) determine which organizations or governmental entities are best suited for being permanently responsible for resident and fellow interests without conflicts of interests; (2) determine how organizations can be held accountable for fulfilling their duties to protect the rights and wellbeing of resident and fellow trainees as detailed in the Residents and Fellows' Bill of Rights; (3) determine methods of advocating for residents and fellows that are timely and effective without jeopardizing trainees' current and future employability; (4) study and report back by the 2023 Annual Meeting on how such an organization may be created, in the event that no organizations or entities are identified that meet the above |

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| | | criteria; and (5) determine transparent methods to communicate available residency positions to displaced residents. (Directive to Take Action) |
| Resolution 305—Reducing Overall Fees and Making Costs for Licensing, Exam Fees, Application Fees, etc., Equitable for IMGs | **Referred** | RESOLVED, That our American Medical Association work with all relevant stakeholders to reduce application, exam, licensing fees and related financial burdens for international medical graduates (IMGs) to ensure cost equity with US MD and DO trainees (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA amend current policy H-255.966, "Abolish Discrimination in Licensure of IMGs," by addition to read as follows:<br>2. Our AMA will continue to work with the FSMB to encourage parity in licensure requirements, and associated costs, for all physicians, whether U.S. medical school graduates or international medical graduates. (Modify Current HOD Policy) |
| Resolution 414—Improvement of Care and Resource Allocation for Homeless Persons in the Global Pandemic | **Adopted as amended with a change in title** | IMPROVEMENT OF CARE AND RESOURCE ALLOCATION FOR HOUSING-INSECURE PERSONS IN THE GLOBAL PANDEMIC<br><br>RESOLVED, That our American Medical Association support training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA support the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA reaffirm existing policies H-160.903, "Eradicating Homelessness," and H-345.975, "Maintaining Mental Health Services by States" (Reaffirm HOD Policy); and be it further<br><br>RESOLVED, That our AMA reaffirm existing policy H-160.978, "The Mentally Ill Homeless," with a title change "Housing Insecure Individuals with Mental Illness". (Reaffirm HOD Policy)<br><br>RESOLVED, That our AMA make available existing educational resources from federal agencies and other stakeholders related to the needs of housing-insecure individuals. |
| Resolution 605—Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis | **Referred** | RESOLVED, That our American Medical Association reaffirm Policy H-135.949, "Support of Clean Air and Reduction in Power Plant Emissions," (Reaffirm HOD Policy); and be it further<br><br>RESOLVED, That our AMA establish a climate crisis campaign that will distribute evidence- |

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| | | based information on the relationship between climate change and human health, determine high-yield advocacy and leadership opportunities for physicians, and centralize our AMA's efforts towards environmental justice and an equitable transition to a net-zero carbon society by 2050. (Directive to Take Action) |
| Resolution 608—Transparency of Resolution Fiscal Notes | **Referred** | RESOLVED, That our American Medical Association amend current policy G-600.061, "Guidelines for Drafting a Resolution or Report," by addition and deletion to read as follows:<br><br>(d) A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of ~~the~~ any proposed ~~policy, program,~~ study or directive to take action shall be generated and published by AMA staff in consultation with the sponsor~~.~~ prior to its acceptance as business of the AMA House of Delegates. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the assumptions used to estimate the resource implications must be included in the AMA House of Delegates Handbook to justify each fiscal note~~. When the resolution or report is estimated to have a resource implication of $50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers~~ (such as travel, consulting fees, meeting costs, or mailing). No resolution or report that proposes ~~policies, programs,~~ studies or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy. (Modify Current HOD Policy) |
| Resolution 717—Expanding the AMA's Study on the Economic Impact of COVID-19 | **Not Adopted** | RESOLVED, That our American Medical Association work with relevant organizations and stakeholders to study the economic impact and long-term recovery of the COVID-19 pandemic on healthcare institutions in order to identify and better understand which groups of physicians, patients and organizations may have been disproportionately affected by the financial burdens of the COVID-19 pandemic (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA work with relevant organizations and stakeholders to study the overall economic impact of office closures, cancellations of elective surgeries and interruptions in patient care, as well as the economic impact of utilizing telemedicine for an increasing percentage of patient care. (Directive to Take Action) |
| Resolution 721—Amend AMA Policy H-215.981, "Corporate Practice of Medicine" | **Referred** | RESOLVED, That our American Medical Association amend policy H-215.981, "Corporate Practice of Medicine," by addition to read as follows: |

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| | | 4. Our AMA acknowledges that the corporate practice of medicine has led to the erosion of the physician-patient relationship, erosion of physician-driven care and created a conflict of interest between profit and training the next generation of physicians. (Modify Current HOD Policy) |

Resident and Fellow Section

# Summary of Actions

46th Interim Business Meeting
November 12, 2021
Virtual Meeting

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (I-21)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

**I. RFS REPORTS**

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Report A— AMA-RFS Sunset Mechanism (2011) | **Adopted and the remainder of the report filed** | The Sunset Mechanism 2011 RFS Positions contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2011 fiscal year, as well as other relevant or associated outdated positions. Positions considered outmoded, irrelevant, duplicative, and inconsistent with more current positions will have specific recommendations. For each internal position statement under review, this sunset report recommends to: (1) rescind, (2) reaffirm, (3) reconcile with more recent actions, or (4) reaffirm with editorial changes, which constitutes a first order motion. | None. Update RFS Digest of Actions |

**II. RFS RESOLUTIONS**

| Resolution | Action | Policy | HOD Action |
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| Resolution 1— Bereavement Leave for Medical Students and Physicians | **Adopted as Amended** | RESOLVED, That our AMA supports ~~adopts as policy the following guidelines for, and encourages the implementation of,~~ 'Bereavement Leave for Medical Students and Physicians':<br><br>1) Our AMA urges medical schools, residency and fellowship training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of bereavement leave policies as part of the physician's standard benefit agreement.<br>2) Recommended components of bereavement leave policies for medical students and physicians include:<br>~~a) policy and duration of leave for the death of close family members, extended family members, close friends, and associates;~~<br>~~b) definitions of those qualifying as close family members and extended family members;~~<br>~~c)~~ a) whether cases requiring extensive travel qualify for additional days of leave and, if so, how many days;<br>~~d)~~ b) policy and duration of leave for an event impacting pregnancy or fertility including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption arrangement, a failed surrogacy arrangement, or an event that impacts pregnancy or fertility;<br>~~e)~~ c) whether leave is paid or unpaid;<br>~~f)~~ d) whether obligations and time must be made up; and<br>~~g)~~ e) whether make-up time will be paid.<br>3) Our AMA encourages medical schools, residency and fellowship programs, specialty | None. Will send to HOD @ A-22 |

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| | | boards, specialty societies, and medical group practices to incorporate into their bereavement leave policies a three-day minimum leave ~~allowance for the death of close family members and events of reproductive loss~~, with the understanding that no physician or medical student should be required to take minimum leave.<br>4) Medical students and physicians who are unable to work beyond the defined bereavement leave period because of physical or psychological stress, medical complications of pregnancy loss, or another related reason should refer to their institution's sick leave policy, family and medical leave policy, and other benefits on the same basis as other physicians who are temporarily unable to work for other reasons.<br>5) Our AMA ~~endorses~~ supports the concept of equal bereavement leave for pregnancy loss and other such events impacting fertility in a physician or their partner as a benefit for medical students and physicians regardless of gender or gender identity.<br>6) Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs.<br>7) These guidelines ~~policies~~ as above should be freely available online and in writing to all applicants to medical school, residency, or fellowship. | |
| Resolution 2—Solicitation of the AMA Brand | **Adopted as Amended** | RESOLVED, that our AMA ~~create a task force to~~ study ~~and report back on~~ the use of AMA branded solicitation material mailed to physicians, the impact it has on the perception of our AMA by current and potential physician members, and the merits of continuing to use these materials in future communications; and be it further<br><br>RESOLVED, that our AMA study our membership on the preferred method to receive third party solicitation material (mail, phone, email, social media) and provide a method to opt-out of certain methods if not desired. | None. Will send to HOD @ A-22 |
| Resolution 3—Transparency of Resolution Fiscal Notes | **Alternate Resolution 3 Adopted in Lieu of Resolution 3** | TRANSPARENCY OF RESOLUTION AND REPORT FISCAL NOTES<br><br>RESOLVED, That our AMA amend current policy G-600.061 by addition and deletion to read as follows:<br><br>"(d) A fiscal note setting forth the estimated resource implications (expense increase, expense reduction, or change in revenue) of ~~the~~ any proposed ~~policy, program,~~ study or directive to take action shall be generated and published by AMA staff in consultation with the sponsor~~.~~ prior to its acceptance as business of the AMA House of Delegates. Estimated changes in expenses will include direct outlays by the AMA as well as the value of the time of AMA's elected leaders and staff. A succinct description of the | None. Will send to HOD @ A-22 |

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| | | assumptions used to estimate the resource implications must be included in the AMA House of Delegates Handbook to justify each fiscal note. ~~When the resolution or report is estimated to have a resource implication of $50,000 or more, the AMA shall publish and distribute a document explaining the major financial components or cost centers~~ (such as travel, consulting fees, meeting costs, or mailing). No resolution or report that proposes ~~policies, programs,~~ studies or actions that require financial support by the AMA shall be considered without a fiscal note that meets the criteria set forth in this policy." | |
| Resolution 4—Shortage of Bedside Nurses, Nurse Practitioner "Diploma Mills" and the Effects on Patient Safety and Quality Care | **Referred** | RESOLVED, That our AMA create a national campaign aimed at educating the population and state legislatures about the shortage of bedside nurses resulting from the push to create more nurse practitioners by "diploma mills"; and be it further<br><br>RESOLVED, That our AMA oppose the expansion of nurse practitioner educational programs at the cost of exacerbating a shortage of bedside nurses and diverting resources from physician education; and be it further<br><br>RESOLVED, That our AMA work with relevant stakeholders to push for standardized in-person clinical training in current nurse practitioner programs to curtail the poor training practices of nurse practitioner "diploma mills." | None. RFS GC/Standing Committee to report back to Assembly @ A-22 |
| Resolution 5—Preserving Physician Leadership in Patient Care | **Adopted as Amended** | RESOLVED, That our AMA work with relevant stakeholders to ~~conduct~~ commission an independent study comparing medical care provided by physician-led health care teams versus care provided by unsupervised non-physician ~~mid- level~~ providers, reporting on ~~practicing independently with regard to~~ quality of health outcomes, cost and cost effectiveness, and access to necessary medical care, and publish the findings in a peer-reviewed medical journal ~~such as JAMA~~; and be it further<br><br>RESOLVED, That our AMA oppose physicians being referred to as "providers" in all healthcare settings; and be it further<br><br>RESOLVED, That our AMA supports that National Physicians Week and National Doctors' Day be reserved solely for recognizing physicians. | **R1:** None. Will send to HOD @ A-22<br><br>**R2:** Referred. RFS GC/Standing Committee to report back to Assembly @ A-22.<br><br>**R3:** Not Adopted |
| Resolution 6—Amend AMA Policy H-215.981 Corporate Practice of Medicine | **Adopted as Amended** | RESOLVED, That our AMA amend policy H-215.981 Corporate Practice of Medicine by addition:<br><br>4. Our AMA acknowledges that the corporate practice of medicine has led to ~~diminished quality of patient care~~ erosion of the physician-patient relationship, erosion of physician-driven care, | None. Will send to HOD @ A-22 |

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| | | ~~physician burnout,~~ and created a conflict of interest between profit and training the next generation of physicians ~~needed for our nation's physician shortage~~. | |
| Resolution 7—Comparing Student debt Earnings, Work Hours, and Career Satisfaction Metrics in Physicians | **Referred** | RESOLVED, That our AMA, ~~in order to better inform our advocacy efforts to preserve and improve physician-led care,~~ study student debt, earnings, work hours, and job satisfaction metrics, including but not limited to burnout and work/life balance for MD and DO physicians as compared to other health professionals, such as physician assistants and nurse practitioners, and publish these findings in a peer reviewed journal, such as JAMA. | RFS GC/Standing Committee to report back to Assembly @ A-22 |
| Resolution 8—Medicare Coverage of Dental, Vision, and Hearing Services | **Adopted as Amended** | RESOLVED, That our AMA support new Medicare funding that is independent of the physician fee schedule for coverage of: (1) preventive dental care, including dental cleanings and x-rays, and restorative services, including fillings, extractions, and dentures; and (2) routine eye examinations and visual aids, including eyeglasses; and be it further<br><br>RESOLVED, That our AMA amend Hearing Aid Coverage H-185.929 by addition as follows:<br>1. Our AMA supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.<br>2. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear.<br>3. Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services.<br>4. Our AMA supports coverage of hearing tests administered by a physician or physician-led team, aural rehabilitative services, and hearing aids as part of Medicare's Benefit.<br>5. Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.<br>6. Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.<br>7. Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss.<br><br>RESOLVED, That this resolution be immediately forwarded to our AMA House of Delegates at the | Online Vote. Immediately forwarded to HOD before start of RFS meeting. (Res. 124); not accepted for consideration<br><br>Resubmit @ A-22<br><br>*(see below)* |

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| | | November 2021 Special Meeting. | |
| Resolution 9—Sunset of the Interim Meeting Focus Requirement and the Resolutions Committee | **Adopted with a change in title** | DISSOLUTION OF THE RESOLUTION COMMITTEE<br><br>RESOLVED, That our American Medical Association remove the Interim Meeting focus requirement by amending the AMA Bylaws B-2.12.1.1 "Business of Interim Meeting," as follows by deletion:<br>~~**2.12.1.1 Business of Interim Meeting.**~~<br>~~The business of an Interim Meeting shall be focused on advocacy and legislation. Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting. In addition, any other business may be considered at an Interim Meeting by majority vote of delegates present and voting.~~; and be it further<br><br>RESOLVED, That our AMA dissolve the Resolution Committee by amending the AMA Bylaws B-2.13.3, "Resolution Committee," as follows by deletion:<br>~~**Resolution Committee. B-2.13.3**~~<br>~~The Resolution Committee is responsible for reviewing resolutions submitted for consideration at an Interim Meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.~~<br>~~2.13.3.1 Appointment. The Speaker shall appoint the members of the committee. Membership on this committee is restricted to delegates.~~<br>~~2.13.3.2 Size. The committee shall consist of a maximum of 31 members.~~<br>~~2.13.3.3 Term. The committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.~~<br>~~2.13.3.4 Quorum. A majority of the members of the committee shall constitute a quorum.~~<br>~~2.13.3.5 Meetings. The committee shall not be required to hold meetings. Action may be taken by written or electronic communications.~~<br>~~2.13.3.6 Procedure. A resolution shall be accepted for consideration at an Interim Meeting upon majority vote of committee members voting. The Speaker shall only vote in the case of a tie. If a resolution is not accepted, it may be submitted for consideration at the next Annual Meeting in accordance with the procedure in Bylaw 2.11.3.1.~~<br>~~2.13.3.7 Report. The committee shall report to the Speaker. A report of the committee shall be presented to the House of Delegates at the call of the Speaker.~~<br><br>RESOLVED, That this resolution be immediately forwarded to our AMA House of Delegates at the November 2021 Special Meeting. | Online Vote. Immediately forwarded to HOD before start of RFS meeting. (Res. 618); not accepted for consideration<br><br>Resubmit @ A-22<br><br>*(see below)* |
| Resolution 10— | **Adopted as** | RESOLVED, That our AMA supports national | None. Will |

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| Recognition of National Anti-Lynching Legislation as Public Health Initiative | **Amended** | legislation that recognizes lynching and mob violence towards an individual or group of individuals as ~~a~~ hate crimes; and be it further<br><br>RESOLVED, That our AMA work with relevant stakeholders to support medical students, trainees, and physicians receiving education on the inter-generational health outcomes related to lynching and its impact on the health of vulnerable populations; and be it further<br><br>RESOLVED, That current AMA policy H-65.965, "Support of Human Rights and Freedom" be amended by addition:<br>Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, phenotypic appearance, religion, ~~political affiliation,~~ disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage of appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States~~:. (5) support legislation to end lynching and mob violence against individuals and groups in the United States.~~<br><br>RESOLVED, That our AMA reaffirm policy H-65.952 "Racism as a Public Health Threat." | submit to HOD @ A-22 |
| Resolution 11—Improvement in Care and Resource Allocation for Homeless Persons in the Global Pandemic | **Alternate Resolution 11 adopted in lieu of Resolution 11** | IMPROVEMENT OF CARE AND RESOURCE ALLOCATION FOR HOMELESS PERSONS IN THE GLOBAL PANDEMIC<br><br>RESOLVED, That our AMA support training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties; and be it further<br><br>RESOLVED, That our AMA support the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals; and be it further<br><br>RESOLVED, that our AMA reaffirm existing policies H-160.903, "Eradicating Homelessness," and H-345.975, "Maintaining Mental Health | None. Will send to HOD @ A-22 |

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| | | Services by States"; and be it further<br><br>RESOLVED, that our AMA reaffirm existing Policy H-160.978, "The Mentally Ill Homeless", with a title change "Housing Insecure Individuals with Mental Illness." | |
| Resolution 12—Affirmatively Protecting the Safety and Dignity of Physicians and Medical Students as Workers | **Adopted as Amended** | RESOLVED, That our AMA review ~~affirmatively monitor and solicit media and member~~ reports of unsafe working conditions and unfair retaliation for public expression of safety concerns on the part of physicians and trainees and consider methods ~~to investigate and intervene~~ to provide logistical and legal support to such aggrieved parties; and be it further<br><br>RESOLVED, That our AMA develop and distribute specific guidelines on how physicians and trainees may make public comments on working conditions and legal options to promote workplace safety (e.g. filing formal OSHA complaints), as well as other workplace protection issues as appropriate; and be it further<br><br>RESOLVED, That AMA policy H-440.810 be amended by addition to read as follows:<br>1. Our AMA affirms that the medical staff of each health care institution should be integrally involved in disaster planning, strategy and tactical management of ongoing crises.<br>2. Our AMA supports evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions.<br>3. Our AMA will AMA advocate that it is the responsibility of health care facilities to provide sufficient personal protective equipment (PPE) for all employees and staff, as well as trainees and contractors working in such facilities, in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need.<br>4. Our AMA supports physicians and health care professionals and other workers in health care facilities in being permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided personal protective equipment (PPE) without penalty.<br>5. Our AMA supports a physician's right to participate in public commentary addressing the adequacy of clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of patients and physicians during a pandemic or natural disaster; resident physicians and medical students must have the right to participate in public commentary addressing the adequacy of resources for their own safety in such conditions.<br>6. Our AMA will work with the HHS Office of the Assistant Secretary for Preparedness and Response to gain an understanding of the PPE supply chain and ensure the adequacy of the Strategic National Stockpile for public health emergencies. | Online Vote. Immediately forwarded to HOD before start of RFS meeting. (Res. 410); accepted for consideration; Adopted as Amended with change in title.<br><br>*(see below)* |

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| | | 7. Our AMA encourages the diversification of personal protective equipment design to better fit all body types, cultural expressions and practices among healthcare personnel.; and be it further<br><br>~~RESOLVED, That our AMA advocate for legislation requiring hospitals that employ or contract with physicians at all stages of training provide due process protections to such individuals; and be it further~~<br><br>RESOLVED, That our AMA support legislation and other policies protecting physicians and medical students from violence and unsafe working conditions; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to our AMA House of Delegates at the November 2021 Special Meeting. | |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 018—Safe and Equitable Access to Voting | **Adopted as Amended**<br><br>*(deemed to meet priority threshold in 2nd Report of Resolutions Committee)* | SOLVED, That our AMA support measures to facilitate safe and equitable access to voting as a harm-reduction strategy to safeguard public health and mitigate unnecessary risk of infectious disease transmission by measures including but not limited to:<br>(a) extending polling hours;<br>(b) increasing the number of polling locations;<br>(c) extending early voting periods;<br>(d) mail-in ballot postage that is free or prepaid by the government;<br>(e) adequate resourcing of the United States Postal Service and election operational procedures;<br>(f) improve access to drop off locations for mail-in or early ballots<br>(g) use of a P.O Box for voter registration (New HOD Policy); and be it further<br><br>SOLVED, That our AMA oppose requirements for voters to stipulate a reason in order to receive a ballot by mail and other constraints for eligible voters to vote-by-mail. (New HOD Policy) |
| Resolution 019—Disaggregation of Demographic Data for Individuals of Middle Eastern and North African (MENA) Descent | **Adopted as Amended**<br><br>*(deemed to meet priority threshold in 2nd Report of Resolutions Committee)* | SOLVED, That our American Medical Association add "Middle Eastern/North African (MENA)" as a separate racial category on all AMA demographics forms (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA advocate for the use of "Middle Eastern/North African (MENA)" as a separate race category in all uses of demographic data including but not limited to medical records, government data collection and research, and within medical education (Directive to Take Action); and be it further<br><br>SOLVED, that our AMA study methods to further |

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| | | improve disaggregation of data by race which most accurately represent the diversity of our patients. |
| Resolution 116—Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association recognize the importance of providing avenues for affordable health insurance coverage and health care access to patients who do not have employer-sponsored health insurance, or for whom employer-sponsored health insurance does not meet their needs (New HOD Policy); and be it further<br><br>SOLVED, That our AMA recognize that a significant and increasing proportion of patients are unable to meet their health insurance or health care access needs through employer-sponsored health insurance, and that these patients must be considered in the course of ongoing efforts to reform the healthcare system in pursuit of universal health insurance coverage and health care access. (New HOD Policy) |
| Resolution 117— Implant Associated Anaplastic Large Cell Lymphoma | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association support appropriate coverage of cancer diagnosis, treating surgery and other systemic treatment options for implant-associated anaplastic large cell lymphoma. (New HOD Policy) |
| Resolution 124—Medicare Coverage of Dental, Vision and Hearing Services | **Immediate fwd from RFS I-21; deemed not to meet priority threshold in final Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | RESOLVED, That our AMA support new Medicare funding that is independent of the physician fee schedule for coverage of: (1) preventive dental care, including dental cleanings and x-rays, and restorative services, including fillings, extractions, and dentures; and (2) routine eye examinations and visual aids, including eyeglasses (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA amend Hearing Aid Coverage H-185.929 by addition as follows:<br>8. Our AMA supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.<br>9. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear.<br>10. Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of |

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| | | hearing aid purchases, hearing-related exams and related services.<br>11. Our AMA supports coverage of hearing tests administered by a physician or physician-led team, aural rehabilitative services, and hearing aids as part of Medicare's Benefit.<br>12. Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.<br>13. Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.<br>14. Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss. (Modify Current HOD Policy) |
| Resolution 216—Preserving Appropriate Physician Supervision of Midlevel Providers and Ensuring Patient Awareness of the Qualifications of Physicians vs. Midlevel Providers | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association reaffirm Policies H-160.947 and H 160.950 (Reaffirm HOD Policy); and be it further<br><br>SOLVED, That our AMA work with relevant regulatory agencies to ensure physicians are notified in writing when their license is being used to "supervise" midlevel providers (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA oppose mandatory physician supervision of midlevel providers as a condition for physician employment and in physician employment contracts, especially when physicians are not provided adequate resources and time for this responsibility (New HOD Policy); and be it further<br><br>SOLVED, That our AMA advocate for the right of physicians to deny "supervision" to any midlevel provider whom they deem a danger to patient safety and the ability to report unsafe care provided by mid-levels to the appropriate regulatory board with whistleblower protections for physician employment. (Directive to Take Action) |
| Resolution 217— Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association conduct a systematic study to collect and analyze publicly available physician supervision data from all sources to determine how many allied health professionals are being supervised by physicians in field which are not a core part of those physicians' completed residencies and fellowships. (Directive to Take Action) |
| Resolution 218—Physician Opposition to the Coordinated Effort by Corporations and Midlevel | **Fwd from A-21; Deemed not to meet priority** | SOLVED, That our American Medical Association study the impact that individual physician scope of practice advocacy has had |

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| Providers to Undermine the Physician-Patient Relationship and Safe Quality Care | **threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | on physician employment and contract terminations (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA study the views of patients on physician and non-physician care to identify best practices in educating the general population on the value of physician-led care (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA study the utility of a physician-reported database to track and report institutions that replace physicians with midlevel providers in order to aid patients in seeking physician-led medical care as opposed to care by midlevel providers practicing without physician supervision. (Directive to Take Action) |
| Resolution 219—The Impact of Midlevel Providers on Medical Education | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association study, using surveys among other tools that protect identities, how commonly bias against physician-led healthcare is experienced within undergraduate medical education and graduate medical education, interprofessional learning and team building work and publish these findings in peer-reviewed journals (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA work with the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to ensure all physician undergraduate and graduate training programs recognize and teach physicians that they are the leaders of the healthcare team and are adequately equipped to diagnose and treat patients independently only because of the intensive, regulated, and standardized education they receive (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA study the harms and benefits of establishing mandatory postgraduate clinical training for nurse practitioners and physician assistants prior to working within a specialty or subspecialty field (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA study the harms and benefits of establishing national requirements for structured and regulated continued education for nurse practitioners and physician assistants in order to maintain licensure to practice. (Directive to Take Action) |
| Resolution 220—Gonad Shields: Regulatory and Legislation Advocacy to Oppose Routine Use | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted** | SOLVED, That our American Medical Association oppose mandatory use of gonad shields in medical imaging considering the risks far outweigh the benefits (New HOD Policy); and be it further<br><br>SOLVED, That our AMA advocate that the U.S. Food and Drug Administration amend the code of federal regulations to oppose the routine use |

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| | **Resubmit at A-22** | of gonad shields in medical imaging (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA, in conjunction with state medical societies, support model state and national legislation to oppose or repeal mandatory use of gonad shields in medical imaging. (New HOD Policy) |
| Resolution 310—Resident and Fellow Access to Fertility Preservation | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; extracted by RFS for decision by the House; not considered**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association support education for residents and fellows regarding the natural course of female fertility in relation to the timing of medical education, and the option of fertility preservation and infertility treatment (New HOD Policy); and be it further<br><br>SOLVED, That our AMA advocate inclusion of insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including the need to attend medical visits to complete the oocyte preservation process and to administer medications in a time-sensitive fashion. (New HOD Policy) |
| Resolution 311—Improving Access to Physician Health Programs for Physician Trainees | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education and other relevant stakeholders to ensure physician health programs (PHPs) are promoted by training programs and transparent information is disseminated by programs to their trainees about PHP reporting requirements, benefits of participation, and limitations of such programs (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA recognize PHPs as one of many resources available to support physician trainee mental health. (New HOD Policy) |
| Resolution 312—Accountable Organizations to Resident and Fellow Trainees | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; extracted by RFS for decision by the House; not considered**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association work with relevant stakeholders to: (1) determine which organizations or governmental entities are best suited for being permanently responsible for resident and fellow interests without conflicts of interests; (2) determine how organizations can be held accountable for fulfilling their duties to protect the rights and wellbeing of resident and fellow trainees as detailed in the Residents and Fellows' Bill of Rights; (3) determine methods of advocating for residents and fellows that are timely and effective without jeopardizing trainees' current and future employability; (4) |

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| | | study and report back by the 2022 Annual Meeting on how such an organization may be created, in the event that no organizations or entities are identified that meet the above criteria; and (5) determine transparent methods to communicate available residency positions to displaced residents. (Directive to Take Action) |
| Resolution 313—Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association support current efforts by the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), and other relevant stakeholders to develop and align minimum requirements for parental leave during residency and fellowship training and urge these bodies to adopt minimum requirements in accordance with policy H-405.960 (New HOD Policy); and be it further<br><br>SOLVED, That our AMA petition the ACGME to recommend strategies to prevent undue burden on trainees related to parental leave; (Directive to Take Action)<br><br>SOLVED, That our AMA petition the ACGME, ABMS, and other relevant stakeholders to develop specialty specific pathways for residents and fellows in good standing, who take maximum allowable parental leave, to complete their training within the original time frame. (Directive to Take Action) |
| Resolution 314—Updating Current Wellness Policies and Improving Implementation | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association work with the Accreditation Council on Graduate Medical Education and other appropriate stakeholders in the creation of an evidence-based best practices reference to address trainee burnout prevention and mitigation. (Directive to Take Action) |
| Resolution 315—Reducing Overall Fees and Making Costs for Licensing, Exam Fees, Application Fees, etc., Equitable for IMGS | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | SOLVED, That our American Medical Association work with all relevant stakeholders to reduce application, exam, licensing fees and related financial burdens for IMGs to ensure cost equity with US MD and DO trainees (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA amend current policy H-255.966, "Abolish Discrimination in Licensure of IMGs," by addition to read as follows:<br>Our AMA will continue to work with the Federation of State Medical Boards to encourage parity in licensure requirements, and associated costs, for all physicians, whether U.S. medical school graduates or international medical graduates. (Modify Current HOD Policy) |
| Resolution 406—Addressing Gaps in Patient and Provider Knowledge | **Fwd from A-21; Deemed not to** | RESOLVED, That our American Medical Association amend current policy H-440.872 |

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| to Increase HPV Vaccine Uptake and Prevent HPV-Associated Oropharyngeal Cancer | **meet priority threshold in 2nd Resolution Committee Report; extracted by Oregon for decision by the House; not considered**<br><br>**Resubmit at A-22** | "HPV Vaccine and Cervical Cancer Prevention Worldwide," by addition and deletion to read as follows:<br>1. Our AMA (a) urges physicians to educate themselves and their patients about <u>all</u> HPV<u>-mediated</u> ~~and associated~~ diseases, HPV vaccination, as well as routine cervical cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs.<br>2. Our AMA will intensify efforts to improve awareness and understanding about <u>all</u> HPV<u>-mediated</u> ~~and associated~~ diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public.<br>3. Our AMA (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults, (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.<br>4. <u>Our AMA supports efforts (a) to enhance awareness in the general public regarding the association between HPV infection and oropharyngeal squamous cell carcinoma, and (b) to further develop oropharyngeal squamous cell carcinoma screening tools.</u> (Modify Current HOD Policy); and be it further RESOLVED, That our AMA amend current policy H-440.872 "HPV Vaccine and Cervical Cancer Prevention Worldwide" by title change to "HPV Vaccine and ~~Cervical~~ <u>HPV-mediated</u> Cancer Prevention Worldwide"; (Modify Current HOD Policy) and be it further<br>SOLVED, That our AMA reaffirm Policies D-170.995 "Human Papillomavirus (HPV) Inclusion in our School Education Curricula," and D-440.955 "Insurance Coverage for HPV Vaccine." (Reaffirm HOD Policy) |
| Resolution 407—Traumatic Brain Injury and Access to Firearms | **Fwd from A-21; Deemed not to meet priority** | RESOLVED, That our American Medical Association reaffirm Policy H-145.972, |

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| | **threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | "Firearms and High-Risk Individuals" (Reaffirm HOD Policy); and be it further<br><br>RESOLVED, That our AMA amend Policy H-145.975 "Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care," by addition and deletion to read as follows:<br>…2. Our AMA supports initiatives designed to enhance access to the comprehensive assessment and treatment of mental ~~illness~~ health and ~~concurrent~~ substance use disorders~~.~~ in patients with traumatic brain injuries, and work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to mental health assessment for potential violent behavior.<br>3. Our AMA work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to evaluate the risk of potential violent behavior in patients with traumatic brain injuries.<br><br>4. Our AMA (a) recognizes the role of firearms in suicides, (b) encourages the development of curricula and training for physicians with a focus on suicide risk assessment and prevention as well as lethal means safety counseling, and (c) encourages physicians, as a part of their suicide prevention strategy, to discuss lethal means safety and work with families to reduce access to lethal means of suicide. (Modify Current HOD Policy) |
| Resolution 410—Affirmatively Protecting the Safety and Dignity of Physicians and Medical Students as Workers | **Immediate fwd from RFS I-21; deemed to meet priority threshold**<br><br>**Adopted as Amended with a change in title** | FIRMATIVELY PROTECTING THE SAFETY AND DIGNITY OF PHYSICIANS AND TRAINEES AS WORKERS<br><br>RESOLVED, That our American Medical Association review reports of unsafe working conditions and unfair retaliation for public expression of safety concerns on the part of physicians and trainees and consider methods to provide logistical and legal support to such aggrieved parties (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA develop and distribute ~~specific guidelines~~ guidance on how physicians and trainees may make public comments on working conditions and legal options to promote workplace safety (e.g. filing formal OSHA complaints), as well as other workplace protection issues as appropriate (Directive to Take Action); and be it further<br><br>RESOLVED, That AMA policy H-440.810, "Availability of PPE," be amended by addition to read as follows:<br>1. Our AMA affirms that the medical staff of each health care institution should be integrally |

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| | | involved in disaster planning, strategy and tactical management of ongoing crises.<br>2. Our AMA supports evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions.<br>3. Our AMA will advocate that it is the responsibility of health care facilities to provide sufficient personal protective equipment (PPE) for all employees and staff, as well as trainees and contractors working in such facilities, in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need.<br>4. Our AMA supports physicians and health care professionals and other workers in health care facilities in being permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided personal protective equipment (PPE) without penalty.<br>5. Our AMA supports a the rights of physician's and trainees ~~right~~ to participate in public commentary addressing the adequacy of clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of patients and physicians during a pandemic or natural disaster~~; resident physicians and medical students must have the right to participate in public commentary addressing the adequacy of resources for their own safety in such conditions.~~<br>6. Our AMA will work with the HHS Office of the Assistant Secretary for Preparedness and Response to gain an understanding of the PPE supply chain and ensure the adequacy of the Strategic National Stockpile for public health emergencies.<br>7. Our AMA encourages the diversification of personal protective equipment design to better fit all body types, cultural expressions and practices among healthcare personnel (Modify Current HOD Policy);<br><br>RESOLVED, That our AMA support the inclusion of health care workers in workplace protections and programs generally applicable to employees in other sectors, barring extenuating circumstances and evidence-based reasoning supporting otherwise (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA support legislation and other policies protecting physicians and ~~medical students~~ trainees from violence and unsafe working conditions (New HOD Policy). |
| Resolution 608—Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution** | RESOLVED, That our American Medical Association reaffirm Policy H-135.949, "Support of Clean Air and Reduction in Power Plant Emissions," (Reaffirm HOD Policy); and be it further |

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| | **Committee Report; extracted by RFS for decision by the House; not considered**<br><br>**Resubmit at A-22** | SOLVED, That our AMA establish a climate crisis campaign that will distribute evidence-based information on the relationship between climate change and human health, determine high-yield advocacy and leadership opportunities for physicians, and centralize our AMA's efforts towards environmental justice and an equitable transition to a net-zero carbon society by 2050. (Directive to Take Action) |
| Resolution 618—Dissolution of the Resolution Committee | **Immediate fwd from RFS I-21; deemed not to meet priority threshold; extracted by RFS for decision by the House; not considered**<br><br>**Resubmit at A-22** | RESOLVED, That our American Medical Association remove the Interim Meeting focus requirement by amending the AMA Bylaws B-2.12.1.1 "Business of Interim Meeting," as follows by deletion:<br>~~**2.12.1.1 Business of Interim Meeting.**~~<br>~~The business of an Interim Meeting shall be focused on advocacy and legislation.~~<br>~~Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting. In addition, any other business may be considered at an Interim Meeting by majority vote of delegates present and voting.~~; and be it further<br><br>RESOLVED, That our AMA dissolve the Resolution Committee by amending the AMA Bylaws B-2.13.3, "Resolution Committee," as follows by deletion:<br>~~**Resolution Committee. B-2.13.3**~~<br>~~The Resolution Committee is responsible for reviewing resolutions submitted for consideration at an Interim Meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.~~<br>~~2.13.3.1 Appointment. The Speaker shall appoint the members of the committee. Membership on this committee is restricted to delegates.~~<br>~~2.13.3.2 Size. The committee shall consist of a maximum of 31 members.~~<br>~~2.13.3.3 Term. The committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.~~<br>~~2.13.3.4 Quorum. A majority of the members of the committee shall constitute a quorum.~~<br>~~2.13.3.5 Meetings. The committee shall not be required to hold meetings. Action may be taken by written or electronic communications.~~<br>~~2.13.3.6 Procedure. A resolution shall be accepted for consideration at an Interim Meeting upon majority vote of committee members voting. The Speaker shall only vote in the case of a tie. If a resolution is not accepted, it may be submitted for consideration at the next Annual Meeting in accordance with the procedure in Bylaw 2.11.3.1.~~<br>~~2.13.3.7 Report. The committee shall report to the Speaker. A report of the committee shall be presented to the House of Delegates at the call~~ |

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| | | ~~of the Speaker.~~ |
| Resolution 704—Expanding the AMA's Study on the Economic Impact of COVID-19 | **Fwd from A-21; Deemed not to meet priority threshold in 2nd Resolution Committee Report; not extracted**<br><br>**Resubmit at A-22** | RESOLVED, That our American Medical Association work with relevant organizations and stakeholders to study the economic impact and long-term recovery of the COVID-19 pandemic on healthcare institutions in order to identify and better understand which groups of physicians, patients and organizations may have been disproportionately affected by the financial burdens of the COVID-19 pandemic (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA work with relevant organizations and stakeholders to study the overall economic impact of office closures, cancellations of elective surgeries and interruptions in patient care, as well as the economic impact of utilizing telemedicine for an increasing percentage of patient care. (Directive to Take Action) |

Resident and Fellow Section

# Summary of Actions

45th Annual Business Meeting
June 5-6, 2021
Virtual Meeting

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (A-21)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

**I. RFS REPORTS**

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Report A—The Effect of the COVID-19 Pandemic on Graduate Medical Education | **Adopted as Amended and the remainder of the report filed** | 1. That our AMA work with the ACGME and other relevant stakeholders to provide additional benefits for compensation, such as moonlighting, hazard pay, and/or additional certifications for residents and fellows who are redeployed to fulfill service needs that are outside the scope of their specialty training.<br><br>2. That our AMA urge ACGME to work with relevant stakeholders including residency and fellowship programs to ensure each graduating resident or fellow is provided with documentation explicitly stating his/her board eligibility and identifying areas of training that have been impacted by COVID-19 that can be presented to the respective board certifying committee.<br><br>3. That our AMA urge ACGME and specialty boards to consider replacing minimums on case numbers and clinic visits with more holistic measures to indicate readiness for graduation and board certification eligibility, especially given the drastic educational barriers confronted during the COVID-19 pandemic.<br><br>4. That this resolution be immediately forwarded to the AMA House of Delegates at the June 2021 Special Meeting of the HOD. | Immediately forwarded to HOD (Res. 319) accepted for consideration – **adopted as amended**.<br>1. That our AMA work with ~~the Accreditation Council on Graduate Medical Education (ACGME) and other~~ relevant stakeholders to advocate for ~~provide additional~~ equitable compensation and benefits ~~for compensation, such as moonlighting, hazard pay, and/or additional certifications~~ for residents and fellows who are redeployed to fulfill service needs that ~~are~~ may be outside the scope of their specialty training (Directive to Take Action).<br><br>2. ~~That our AMA urge ACGME to work with relevant stakeholders including residency and fellowship programs to ensure each graduating~~ |

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| | | | ~~resident or fellow is provided with documentation explicitly stating his/her board eligibility and identifying areas of training that have been impacted by COVID-19 that can be presented to the respective board certifying committee.~~<br><br>3. That our AMA urge ACGME and specialty boards to consider <u>reducing</u> ~~replacing minimums on~~ case numbers and clinic visits with ~~more~~ <u>revised</u> holistic measures to <u>recognize resident/fellow learning,</u> ~~indicate readiness for graduation and board certification eligibility, especially~~ given the drastic educational barriers confronted during the COVID-19 pandemic (Directive to Take Action). |
| Report B—Improving Access to Physician Health Programs for Physician Trainees | **Adopted as amended and the remainder of the report filed** | ~~1. That our AMA amend AMA Model Bill: Physician Health Programs Act, Section 4 by addition to read as follows:~~<br><br>~~(3) The AMA supports the early detection, evaluation, and treatment of <u>licensed</u> physicians, <u>physicians in training</u>, and other licensed healthcare professionals suffering~~ | None. Will send to HOD @ I-21 |

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| | | ~~from a substance use disorder, mental health condition, or other medical disease or potentially impairing conditions. Appropriate evaluation and treatment of these physicians at programs experienced with the treatment of professionals in a safety sensitive environment will ultimately enhance the health of the provider and better protect the public~~<br><br>~~2. That our AMA amend AMA Model Bill: Physician Health Programs Act, Section 6 by addition and deletion to read as follows:~~<br><br>~~(h) "Participant" shall mean a licensed physician, physician in training, or other licensed health care professional or those in training enrolled in a PHP pursuant to an agreement between the health care professional and the PHP.~~<br><br>~~3. That our AMA support the widespread use of physician health programs by physicians in training including residents and fellows in ACGME and AOA accredited training programs; and be it further~~<br><br>~~4.~~ 1. That our AMA work with the ACGME~~, AOA,~~ and other relevant stakeholders to ensure physician health programs (PHPs) are promoted by training programs and transparent information is disseminated by programs to their trainees about PHP reporting requirements, benefits of participation, and limitations of such programs; and be it further<br><br>~~5~~ 2. That our AMA recognize PHPs ~~physician health programs~~ as one of many resources available to support physician trainee mental health. | |
| Report C—<br>"Residents and Fellows' Bill of Rights" Update | **Adopted as amended and the remainder of the report filed** | 1. That our AMA-RFS amend the Residents' and Fellows' Bill of Rights by addition and deletion to read as follows:<br><br>291.009R Resident and Fellow Bill of Rights:<br>That our AMA-RFS support: a *Residents' and Fellows' Bill of Rights* that will serve as a testament to the organization's support for and commitment to the education and training of competent, conscientious residents and fellows by illuminating their rights and advocating for provisions that it believes all residents should be afforded, and that have not yet been designated as rights, and that residents and fellows have a right to:<br><br>A. An education that fosters professional development, takes priority over service, and leads to independent practice.<br>With regard to education, residents and fellows should expect: (1) A graduate medical education experience that facilitates their professional and ethical development, to include regularly scheduled didactics for which they are released | None. |

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| | | from clinical duties. Service obligations should not interfere with educational opportunities and clinical education should be given priority over service obligations; (2) Faculty who devote sufficient time to the educational program to fulfill their teaching and supervisory responsibilities; (3) Adequate clerical and clinical support services that minimize the extraneous, time-consuming work that draws attention from patient care issues and offers no educational value; (4) 24-hour per day access to information resources to educate themselves further about appropriate patient care, including but not limited to membership to medical libraries, remote access to medical journals, and other online or mobile resources; ~~and~~ (5) Resources that will allow them to pursue scholarly activities to include financial support and education leave to attend professional meetings~~.~~; (6) Financial support or reimbursement for board certification, medical licensing examinations (such as the USMLE STEP 3 or specialty-specific testing), and educational conferences, to reduce the financial burden residents and fellows face; and (7) Opportunities to advance career development, such as access to leadership roles on hospital committees and adequate paid time off for job and fellowship interviews.<br>B. Appropriate supervision by qualified faculty with progressive resident responsibility toward independent practice.<br>With regard to supervision, residents and fellows should expect supervision by physicians and non-physicians who are adequately qualified and which allows them to assume progressive responsibility appropriate to their level of education, competence, and experience. It is neither feasible nor desirable to develop universally applicable and precise requirements for supervision of residents.<br><br>C. Regular and timely feedback and evaluation based on valid assessments of resident performance.<br>With regard to evaluation and assessment processes, residents and fellows should expect: (1) Timely and substantive evaluations during each rotation in which their competence is objectively assessed by faculty who have directly supervised their work; (2) To evaluate the faculty and the program confidentially and in writing at least once annually and expect that the training program will address deficiencies revealed by these evaluations in a timely fashion; (3) Access to their training file and to be made aware of the contents of their file on an annual basis; and (4) Training programs to complete primary verification/credentialing forms and recredentialing forms, apply all required signatures to the forms, and then have the forms permanently secured in their educational files at the completion of training or a period of training and, when requested by any organization involved in credentialing process, ensure the | |

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| | | submission of those documents to the requesting organization within thirty days of the request.<br><br>D. A safe and supportive workplace with appropriate facilities.<br>With regard to the workplace, residents and fellows should have access to: (1) A safe workplace that enables them to fulfill their clinical duties and educational obligations; (2) Secure, clean, and comfortable on-call rooms and parking facilities which are secure and well-lit; (3) Opportunities to participate on committees whose actions may affect their education, patient care, workplace, or contract.<br><br>E. Adequate compensation and benefits that provide for resident well-being and health.<br>(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.<br>(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.<br>(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 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 | |

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| | | 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.<br><br>F. Clinical and educational work hours that protect patient safety and facilitate resident well-being and education.<br>With regard to clinical and educational work hours, residents and fellows should experience: (1) A reasonable work schedule that is in compliance with clinical and educational work hour requirements set forth by the ACGME; ~~and~~ (2) At-home call that is not so frequent or demanding such that rest periods are significantly diminished or that clinical and educational work hour requirements are effectively circumvented~~.~~; and (3) Adequate hospital staffing and support, including the maintenance of back-up call schedules for every residency program.<br><br>G. Due process in cases of allegations of misconduct or poor performance.<br>With regard to the complaints and appeals process, residents and fellows should have the opportunity to defend themselves against any allegations presented against them by a patient, health professional, or training program in accordance with the due process guidelines established by the AMA.<br><br>H. Access to and protection by institutional and accreditation authorities when reporting violations.<br>With regard to reporting violations to the ACGME, residents and fellows should: (1) Be informed by their program at the beginning of their training and again at each semi-annual review of the resources and processes available within the residency program for addressing resident concerns or complaints, including the program director, Residency Training Committee, and the designated institutional official; (2) Be able to file a formal complaint with the ACGME to address program violations of residency training requirements without fear of recrimination and with the guarantee of due process; and (3) Have the opportunity to address their concerns about the training program through confidential channels, including the ACGME concern process and/or the annual ACGME Resident Survey.<br><br>2. That our AMA-RFS review and update the Residents' and Fellows' Bill of Rights at a minimum every ten years. | |

## II. RFS RESOLUTIONS

| Resolution | Action | Policy | HOD Action |
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| Resolution 1—Gonad Shields: Regulatory and Legislation Advocacy to Oppose Routine Use | **Adopted** | RESOLVED, That our AMA oppose mandatory use of gonad shields in medical imaging considering the risks far outweigh the benefits; and be it further<br><br>RESOLVED, That our AMA advocate that the FDA amend the code of federal regulations to oppose the routine use of gonad shields in medical imaging; and be it further<br><br>RESOLVED, That our AMA, in conjunction with state medical societies, support model state and national legislation to oppose or repeal mandatory use of gonad shields in medical imaging. | None. Will send to HOD @ I-21 |
| Resolution 2—Disaggregation of Demographic Data for Individuals of Middle Eastern and North African (MENA) Descent | **Adopted as Amended** | RESOLVED, That our AMA add "Middle Eastern/North African (MENA)" as a separate racial category on all AMA demographics forms; and be it further<br><br>~~RESOLVED, That our AMA advocate for the use of "Middle Eastern/North African (MENA)" as a separate demographic identifier in all medical records; and be it further~~<br><br>~~RESOLVED, That our AMA work with relevant stakeholders to promote the inclusion of "Middle Eastern/North African (MENA)" as a demographic identifying category in the U.S. Census and for all federally-funded research using racial/ethnic categories.~~<br><br>RESOLVED, That our AMA advocate for the use of "Middle Eastern/North African (MENA)" as a separate race category in all uses of demographic data including but not limited to medical records, government data collection and research, and within medical education. | None. Will send to HOD @ I-21 |
| Resolution 3—Title Change to HOD Policy D-383.996 "Impact of the NLRB Ruling in the Boston Medical Center Case" | **Not Adopted** | RESOLVED, That AMA Policy D-383.996 be amended by title change to read as follows: ~~"Impact of the NLRB Ruling in the Boston Medical Center Case"~~ "AMA Resources, Advocacy, and Leadership Efforts to Secure Labor Protections for Physicians in Training." | None. Title change can be done through HOD Speaker's Policy Reconciliation Report @ I-21 |
| Resolution 4—Opposition to Mid-level Provider Bias Against Physicians and Physician-Led Care | **Alternate Resolution 4 Adopted in lieu of Resolutions 4 and 5** | THE IMPACT OF MIDLEVEL PROVIDERS ON MEDICAL EDUCATION<br><br>RESOLVED, That our AMA study, using surveys among other tools that protect identities, how commonly bias against physician-led healthcare is experienced within undergraduate medical education and graduate medical education, interprofessional learning and team building work and publish these findings in peer-reviewed journals ~~methods to regulate and ensure non-physician post-graduate education is rigorous-~~ | None. Will send to HOD @ I-21 |

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| Resolution 5—Non-Physician Continued Education, Specialty and Subspecialty Training | | ~~and adequate to maintain the ability to practice within the intended field of practice with physician oversight~~; and be it further<br><br>RESOLVED, That our AMA work with the LCME and ACGME to ensure all physician undergraduate and graduate training programs recognize and teach physicians that they are the leaders of the healthcare team and are adequately equipped to diagnose and treat patients independently only because of the intensive, regulated and standardized education they receive; and be it further<br><br>RESOLVED, That our AMA study the harms and benefits of establishing mandatory postgraduate clinical training for Nurse Practitioners and Physician Assistants prior to working within a specialty or subspecialty field; and be it further<br><br>RESOLVED, That our AMA study the harms and benefits of establishing national requirements for structured and regulated continued education for Nurse Practitioners and Physician Assistants in order to maintain licensure to practice. | |
| Resolution 6—Preserving Appropriate Physician Supervision of Midlevel Providers and Ensuring Patient Awareness of the Qualifications of Physicians vs. Midlevel Providers | **Adopted as Amended** | RESOLVED, That our AMA reaffirm policies H-160.947 and H-160.950 ~~advocate that midlevel providers practicing independently without physician supervision be required to obtain informed consent from patients acknowledging and understanding that they are not being treated by a physician~~; and be it further<br><br>RESOLVED, That our AMA work with relevant regulatory agencies to ensure physicians are notified in writing when their license is being used to "supervise" midlevel providers; and be it further<br><br>~~RESOLVED, That our AMA advocate for the appropriate supervision of midlevel providers by physicians as opposed to "collaboration," which falsely equates non-physician training to that of physicians; and be it further~~<br><br>RESOLVED, That our AMA oppose mandatory physician supervision of midlevel providers as a condition for physician employment and in physician employment contracts, especially when physicians are not provided adequate resources and time for this responsibility; and be it further<br><br>RESOLVED, That our AMA advocate for the right of physicians to deny "supervision" to any midlevel provider whom they deem a danger to patient safety and the ability to report unsafe care provided by mid-levels to the appropriate regulatory board with whistleblower protections for physician employment. | None. Will send to HOD @ I-21 |
| Resolution 7—Physician Opposition to the Coordinated Effort by Corporations and Midlevel | **Adopted as Amended** | ~~RESOLVED, That our AMA acknowledge that the corporate practice of medicine has led to diminished quality of patient care, erosion of the physician-patient relationship, erosion of physician-driven care, physician burnout, and~~ | |

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| Providers to Undermine the Physician-Patient Relationship and Safe Quality Care | | ~~created a conflict of interest between profit and training the next generation of physicians needed for our nations physician shortage; and be it further~~<br><br>RESOLVED, That our AMA study the impact that individual physician scope of practice advocacy has had on physician employment and contract terminations ~~work with relevant stakeholders to support and provide legal resources to physicians who are terminated from employment for speaking out about scope of practice issues~~; and be it further<br><br>RESOLVED, That our AMA study the views of patients on physician and non-physician care to identify best practices in educating the general population on the value of physician-led care ~~lead a national campaign to educate patients on the value of physician-led care and about the Dunning-Kruger effect in order to combat the false campaigns by midlevel providers/non-physicians~~; and be it further<br><br>RESOLVED, That our AMA study the utility of ~~work with relevant stakeholders to create~~ a physician-reported database to track and report institutions that replace physicians with midlevel providers ~~and develop a platform~~ in order to aid patients in seeking physician-led medical care as opposed to care by midlevel providers practicing without physician supervision. | |
| Resolution 8—Revising the CMS Definition of "Physician" | **Not Adopted** | RESOLVED, That our AMA advocate to restrict the CMS definition of "Physician" to only Allopathic (MD) and Osteopathic (DO) physicians and the international equivalents of these degrees. | None. |
| Resolution 9—The Impact of Private Equity on Medical Training | **Adopted as Amended** | RESOLVED, That our AMA work with relevant stakeholders including specialty societies and the ACGME to study the level of financial involvement and influence ~~on medical practice and education of~~ private equity firms have in graduate medical education training programs and report back at I-21 with concurrent publication of their findings in a peer-reviewed journal; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at the June 2021 Special Meeting of the HOD. | Immediately forwarded to HOD (Res. 318) accepted for consideration – **adopted as amended**. RESOLVED, That our AMA work with relevant stakeholders including specialty societies and the Accreditation Council on Graduate Medical Education to study the level of financial involvement |

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| | | | and influence private equity firms have in graduate medical education training programs and report back to the House of Delegates, ~~at the 2021 Interim Meeting~~ with possible concurrent publication of their findings. ~~in a peer-reviewed journal~~ (Directive to Take Action) |
| Resolution 10—Reducing Overall Fees and Making Costs for Licensing, Exam Fees, Application Fees, etc. Equitable for IMGs | **Adopted as Amended** | RESOLVED, That our AMA work with ~~the ACGME, NBME, ECFMG, FSMB, and other~~ all relevant stakeholders to reduce application, exam, licensing fees and related financial burdens for IMGs to ensure cost equity with US MD and DO trainees.<br><br>RESOLVED, that our AMA amend current policy H-255.966 "Abolish Discrimination in Licensure of IMGs" by addition to read as follows:<br><br>"2. Our AMA will continue to work with the Federation of State Medical Boards to encourage parity in licensure requirements, and associated costs, for all physicians, whether U.S. medical school graduates or international medical graduates." | None. Will send to HOD @ I-21 |
| Resolution 11—Increasing Musculoskeletal Education in Primary Care Specialties and Medical School Education through Inclusion of Osteopathic Manual Therapy Education | **Referred** | RESOLVED, That our American Medical Association advocate to the Liaison Committee on Medical Education and other relevant stakeholders for the incorporation of Osteopathic Manual Therapy into the education curriculum of allopathic schools in the United States; and be it further<br><br>RESOLVED, That our AMA advocate to the Accreditation Council for Graduate Medical Education and other relevant stakeholders for the incorporation of Osteopathic Manual Therapy into the education curriculum of all primary care residency training programs in the United States; and be it further<br><br>RESOLVED, That our AMA continue to support equal treatment of osteopathic students, trainees and physicians in the residency application cycle and workplace through continued education on the training of Osteopathic physicians. | None. Referred for RFS Study; no report back date listed |

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| Resolution 12—Addressing Gaps in Patient and Provider Knowledge to Increase HPV Vaccine Uptake and Prevent HPV-Associated Oropharyngeal Cancer | **Alternate Resolution 12 adopted in lieu of Resolution 12** | ADDRESSING GAPS IN PATIENT AND PROVIDER KNOWLEDGE TO INCREASE HPV VACCINE UPTAKE AND PREVENT HPV-ASSOCIATED OROPHARYNGEAL CANCER<br><br>RESOLVED, That our AMA amend current policy H-440.872 "HPV Vaccine and Cervical Cancer Prevention Worldwide" by addition and deletion to read as follows:<br><br>5. Our AMA (a) urges physicians to educate themselves and their patients about all HPV-mediated ~~and associated~~ diseases, HPV vaccination, as well as routine cervical cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs.<br><br>6. Our AMA will intensify efforts to improve awareness and understanding about all HPV-mediated ~~and associated~~ diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public.<br><br>7. Our AMA (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults, (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.<br><br>8. Our AMA supports efforts (a) to enhance awareness in the general public regarding the association between HPV infection and oropharyngeal squamous cell carcinoma, and (b) to further develop oropharyngeal squamous cell carcinoma screening tools.<br><br>RESOLVED, That our AMA amend current policy H-440.872 "HPV Vaccine and Cervical Cancer Prevention Worldwide" by title change to "HPV Vaccine and ~~Cervical~~ HPV-mediated Cancer Prevention Worldwide"; and be it further | None. Will send to HOD @ I-21 |

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| | | RESOLVED, That our AMA reaffirm policies D-170.995 “Human Papillomavirus (HPV) Inclusion in our School Education Curricula” and D-440.955 “Insurance Coverage for HPV Vaccine”. | |
| Resolution 13—COVID-19 Vaccination Rollout to Emergency Departments and Urgent Cares | **Adopted as Amended with Change in Title** | COVID-19 VACCINATION ROLLOUT TO EMERGENCY DEPARTMENTS AND URGENT CARE FACILITIES<br>RESOLVED, That our AMA acknowledge that our nation's COVID-19 vaccine rollout is not yet optimized, and we have a duty to vaccinate as many people in an effective manner; and be it further<br><br>RESOLVED, That our AMA work with other relevant organizations and stakeholders to lobby the current Administration for the distribution of COVID-19 vaccinations to our nation's emergency departments and urgent ~~cares~~ care facilities; and be it further<br>RESOLVED, That our AMA advocate for additional funding to be directed towards increasing COVID-19 vaccine ambassador programs in emergency departments and urgent care facilities; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at the June 2021 Special Meeting of the HOD. | Immediately forwarded to HOD (Res. 228) accepted for consideration – **adopted as amended.**<br>**&**<br>**Policies D-440.921 and H-440.875 reaffirmed**.<br><br>~~RESOLVED, That our AMA acknowledge that our nation's COVID-19 vaccine rollout is not yet optimized, and we have a duty to vaccinate as many people in an effective manner; and be it further~~<br><br>RESOLVED, That our AMA work with other relevant organizations and stakeholders to lobby the current Administration for the distribution of COVID-19 vaccinations to our nation's emergency departments and urgent care facilities during the COVID-19 public health emergency.~~;~~ ~~and be it further~~<br><br>~~RESOLVED, That our AMA advocate for additional funding to be directed~~ |

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| | | | ~~towards increasing COVID-19 vaccine ambassador programs in emergency departments and urgent care facilities.~~ |
| Resolution 14—Expanding the AMA's Study on the Economic Impact of COVID-19 | **Alternate Resolution 14 adopted in lieu of Resolution 14** | EXPANDING THE AMA'S STUDY ON THE ECONOMIC IMPACT OF COVID-19<br><br>RESOLVED, That our AMA work with relevant organizations and stakeholders to study the economic impact and long-term recovery of the COVID-19 pandemic on healthcare institutions in order to identify and better understand which groups of physicians, patients and organizations may have been disproportionately affected by the financial burdens of the COVID-19 pandemic; and be it further<br><br>RESOLVED, that our AMA work with relevant organizations and stakeholders to study the overall economic impact of office closures, cancellations of elective surgeries and interruptions in patient care, as well as the economic impact of utilizing telemedicine for an increasing percentage of patient care. | None. Will send to HOD @ I-21 |
| Resolution 15—Fulfilling Medicine's Social Contract with Humanity in the Face of the Climate Health Crisis | **Adopted as amended** | ~~RESOLVED, that our AMA advocate at all levels of government for equitable policies to transition rapidly away from the use of coal, oil and natural gas to clean, safe, and renewable energy and energy efficiency; and be it further~~<br><br>RESOLVED, that our AMA reaffirm policy H-135.949 "Support of Clean Air and Reduction in Power Plant Emissions"; and be it further<br><br>RESOLVED, that our AMA establish a climate crisis campaign that will distribute evidence-based information on the relationship between climate change and human health, determine high-yield advocacy and leadership opportunities for physicians, and centralize our AMA's efforts towards environmental justice and an equitable transition to a net-zero carbon ~~create an appropriate climate health crisis-focused longitudinal body or center for the purpose of determining the highest-yield advocacy leadership opportunities for our AMA in this public health crisis and for coordinating, strengthening and centralizing efforts toward advocating for an equitable and inclusive transition to a climate-neutral~~ society by 2050. | None. Will send to HOD @ I-21 |
| Resolution 16—Accountable Organizations to Resident and Fellow | **Adopted** | RESOLVED, That our AMA work with relevant stakeholders to: (1) determine which organizations or governmental entities are best suited for being permanently responsible for | None. Will send to HOD @ I-21 |

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| Trainees | | resident and fellow interests without conflicts of interests; (2) determine how organizations can be held accountable for fulfilling their duties to protect the rights and wellbeing of resident and fellow trainees as detailed in the Residents and Fellows' Bill of Rights; (3) determine methods of advocating for residents and fellows that are timely and effective without jeopardizing trainees' current and future employability; (4) study and report back by A-22 on how such an organization may be created, in the event that no organizations or entities are identified that meet the above criteria; and (5) determine transparent methods to communicate available residency positions to displaced residents. | |
| Resolution 17—Residency Program Social Media Presence to Increase Information Available to Applicants | **Not adopted** | RESOLVED, That our AMA study existing communication practices during the residency application process; and be it further<br><br>RESOLVED, That our AMA develop best practices for the use of social media by residency programs; and be it further<br><br>RESOLVED, That our AMA support residency programs' social media presence as a means to share updated information with applicants. | None. |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 004—AMA Resident/Fellow Councilor Term Limits | **Adopted** | SOLVED, That our American Medical Association amend the AMA "Constitution and Bylaws" by addition and deletion to read as follows:<br>Council on Ethical and Judicial Affairs.<br>.7 Term.<br>.7.2 Except as provided in Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 2~~3~~ years provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.<br><br>.8 Tenure. Members of the Council may serve only one term, except that the resident/fellow physician member shall be eligible to serve for 3 terms and the medical student member shall be eligible to serve for 2 terms. A member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served at least half of the term.<br><br>.9 Vacancies.<br>.5.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which appointed, the remainder of the term shall be deemed to have expired. The successor shall |

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| | | be appointed by the Speaker of the House of Delegates for a 2~~3~~-year term. (Modify Bylaws) and be it further<br><br>SOLVED, That our AMA amend the AMA "Constitution and Bylaws" by addition and deletion to read as follows:<br><br>Term and Tenure - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.<br>.1 Term.<br>.1.2 Resident/Fellow Physician Member. The resident/fellow physician member of these Councils shall be elected for a term of 2~~3~~ years. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.<br><br>.3 Vacancies.<br>.3.2 Resident/Fellow Physician Member. If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 2~~3~~-year term. (Modify Bylaws) |
| Resolution 006--Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients | **Adopted** | SOLVED, That our American Medical Association oppose performing physical exams on patients under anesthesia or on unconscious patients that offer the patient no personal benefit and are performed solely for teaching purposes without prior informed consent to do so (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA encourage institutions to align current practices with published guidelines, recommendations, and policies to ensure patients are educated on pelvic, genitourinary, and rectal exams that occur under anesthesia (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA strongly oppose issuing blanket bans on student participation in educational physical exams (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA reaffirm policy H-320.951, "AMA Opposition to "Procedure-Specific" Informed Consent." (Reaffirm HOD Policy) |
| Resolution 304—Decreasing Financial Burdens on Residents and Fellows | **Resolve 3 of Resolution 304 referred.** | : RESOLVED, That our AMA work with relevant stakeholders to ensure that medical trainees have access to on-site and subsidized childcare (Directive to Take Action); and be it further - |

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| | **Remainder of Resolution 304 adopted as amended.** | **Referred**<br><br>SOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education (ACGME) and other relevant stakeholders to advocate for additional ways to defray costs related to residency and fellowship training, including essential amenities and/or high cost specialty-specific equipment required to perform clinical duties (Directive to Take Action); and be it further<br><br>SOLVED, That our AMA work with relevant stakeholders to define "access to food" for medical trainees to include overnight access to fresh food and healthy meal options within all training hospitals (Directive to Take Action); and be it further<br><br>SOLVED, That the Residents and Fellows' Bill of Rights be prominently published online on the AMA website and be disseminated to residency and fellowship programs (Directive to Take Action); and be it further<br><br>SOLVED, That the AMA Policy H-310.912, "Residents and Fellows' Bill of Rights," be amended by addition and deletion to read as follows:<br><br>Our AMA partner with ACGME and other relevant stakeholders to encourage~~s~~ 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 ~~teaching institutions to explore benefits to residents and fellows that will reduce personal cost of living expenditures, such as allowances for housing, childcare, and transportation.~~ (Modify Current HOD Policy) |
| Resolution 005—Resident and Fellow Access to Fertility Preservation | **Fwd from I-20 but did not consider** | |
| Resolution 107—Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance | **Fwd from I-20 but did not consider** | |
| Resolution 108—Implant Associated Anaplastic Large Cell Lymphoma | **Fwd from I-20 but did not consider** | |
| Resolution 207—Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education | **Fwd from I-20 but did not consider** | |
| Resolution 302—Non-Physician Post-Graduate Medical Training | **Fwd from I-20 but did not consider** | |

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| Resolution 306—Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training | **Fwd from I-20 but did not consider** | |
| Resolution 307—Updating Current Wellness Policies and Improving Implementation | **Fwd from I-20 but did not consider** | |
| Resolution 404--Support for Safe and Equitable Access to Voting | **Fwd from I-20 but did not consider** | |
| Resolution 405—Traumatic Brain Injury and Access to Firearms | **Fwd from I-20 but did not consider** | |

Resident and Fellow Section

# Summary of Actions

44th Interim Business Meeting
November 7-8, 2020
Virtual Meeting

**American Medical Association-Resident and Fellow Section**
**Summary of Actions (I-20)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

**I. RFS REPORTS**

| Report | RFS Action | Recommendation(s) | HOD Action |
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| Report A—AMA-RFS Sunset Mechanism (2011) | **Adopted and the remainder of the report filed.** | *(informational) – update Digest of Actions.* | None |
| Report B—AMA-RFS Sunset Mechanism (2008-2010) | **Adopted and the remainder of the report filed.** | *Final Report to be presented at A-21 Assembly Meeting.* | None |
| Report C—Sectional Delegate Allotment | **Adopted as amended and the remainder of the report filed.** | RFS Internal Operating Procedures (IOPs)<br>VII. Sectional Delegates and Alternate Delegates to the House of Delegates<br>E. Limitations<br>1. There shall be a limit of ~~one~~ two Sectional Delegates and ~~one~~ two Sectional Alternate Delegates per state or specialty society in the AMA House of Delegates. | RFS-IOP Change; Will submit to CCB for their report presentation at A-21 |
| Report D—Decreasing Financial Burdens on Residents and Fellows | **Adopted as Amended and the remainder of the report filed.** | 1) That our AMA work with ACGME, AAMC, and other relevant stakeholders to advocate that medical trainees not be required to pay for essential amenities ~~including, but not limited to on-site parking, scrubs, and white coats.~~ and/or high cost or safety-related, specialty-specific equipment required to perform clinical duties.<br>2) That our AMA work with relevant stakeholders including the AAMC to define "access to food" for medical trainees to include 24-hour access to fresh food and healthy meal options within all training hospitals.<br>3) That our AMA work with relevant stakeholders to ensure that medical trainees have access to on-site and subsidized childcare.<br>4) That the Residents and Fellows' Bill of Rights be prominently published online on the AMA website and be disseminated to residency and fellowship programs.<br>5) That the Residents and Fellows' Bill of Rights (H-310.912) be amended by addition and deletion to read as follows:<br>5. Our AMA partner with ACGME and other relevant stakeholders to encourage~~s~~ 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 child care services. ~~teaching institutions to explore benefits to residents and fellows that will reduce personal cost of living expenditures, such as allowances for housing, childcare, and transportation.~~ | Send as Resolution to HOD at A-21 |

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| Report E—Traumatic Brain Injury and Access to Firearms | **Adopted as Amended and the remainder of the report filed.** | 1) That our AMA reaffirm policy H-145.972 "Firearms and High-Risk Individuals."<br><br>2) That our AMA amend policy H-145.975 "Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care" by addition and deletion to read as follows:<br><br>…2. Our AMA supports initiatives designed to enhance access to the comprehensive assessment and treatment of mental health and substance use disorders in patients with ~~cognitive health care, with greater focus on the diagnosis and management of~~ traumatic brain injur~~y~~ies. ~~mental illness and concurrent substance use disorders,~~. ~~and~~<br><br>3. Our AMA work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to evaluate the risk of potential violent behavior in patients with traumatic brain injur~~y~~ies. ~~and mental health assessment for potential violent behavior.~~<br><br>~~3.~~ 4. Our AMA (a) recognizes the role of firearms in suicides, (b) encourages the development of curricula and training for physicians with a focus on suicide risk assessment and prevention as well as lethal means safety counseling, and (c) encourages physicians, as a part of their suicide prevention strategy, to discuss lethal means safety and work with families to reduce access to lethal means of suicide. | Send as Resolution to HOD at A-21. |
| Report G—Facilitating Physicians in Training Seeking Mental Health Care Through Physician Health Programs | **Adopted and the remainder of the report filed.** | 1) That our AMA-RFS Governing Council propose amendments (as indicated above) to the AMA Advocacy Resource Center regarding the AMA Model Bill: Physician Health Programs Act, to include changing the definition of "physicians in training" in Section 6. "Definitions" to be: (1) medical students in medical schools accredited by the Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA), (2) residents in training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), or (3) fellows in ACGME or non-ACGME accredited training programs.<br><br>2) That our AMA-RFS Governing Council propose amendments (as indicated above) to the AMA Advocacy Resource Center regarding the AMA Model Bill: Physician Health Programs Act, to include changing the following subsection within the section "Application to a PHP for voluntary assistance" to read: "a physician in training who voluntarily requests participation in a PHP for a substance use disorder, mental health condition or other medical disease shall, only if they desire, have their medical school or training program | None; Internal ask of GC to report back at A-21 RFS Meeting |

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| | | involved any stage of PHP assessment, treatment planning, enrollment, and monitoring."<br><br>3) That the AMA-RFS Governing Council report back the outcome of these actions to the AMA-RFS assembly at A-21. | |
| Report H—Pharmaceutical Advertising in Electronic Health Record Systems | **Adopted and the remainder of the report filed.** | 1) That our AMA-RFS oppose medical education institutions and teaching hospitals accepting pharmaceutical and device advertising in EHRs. | None; Internal position statement. |

**II. RFS RESOLUTIONS**

| Resolution | Action | Policy | HOD Action |
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| Resolution 1—Resident and Fellow Work-Life Balance | **Referred** | RESOLVED, That our AMA advocate for resident and fellow trainees to be regularly given separately allotted protected time dedicated for mental health, rather than the current practice of sharing "personal days" with illness, other health-related appointments, family emergencies, and interviews; so that trainees can participate in elective stigma-free mental health and substance use disorder services, in order to maximize work-life balance; and be it further<br><br>RESOLVED, That our AMA support governing bodies, including ACGME, in developing and expanding on formal policy and standards aimed at protecting resident and fellow trainees' well-being, including professionally, physically, psychologically, and socially, during the course of their training. | None; Referred for internal RFS study |
| Resolution 2—Denouncing Racial Essentialism in Medicine | **Alternate Resolution 2 adopted in lieu of Resolution 2** | RESOLVED, That out AMA-RFS recognizes that race is a social construct rather than an inherent biological or genetic trait, and their false conflation can lead to inadequate examination of true underlying risk factors; and be further<br><br>RESOLVED, That our AMA-RFS recognizes that structural racism exists in the American healthcare system and that it is a systemic and public health crisis; and be it further<br><br>RESOLVED, That our AMA-RFS acknowledge that there may be inherent biologic and genetic traits, distinct from race, linked to certain diseases and that these should be studied and appropriately factored into risk algorithms, screening, and treatment; and be it further<br><br>RESOLVED, That out AMA-RFS encourages appropriate stakeholders to eliminate racial essentialism from clinical algorithms in an evidence-based fashion; and be it further<br><br>RESOLVED, That our AMA-RFS encourages appropriate stakeholders to eliminate racial essentialism in medical education curricula and board examinations. | None; Internal Position Statements |

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| Resolution 3—Availability of Personal Protective Equipment (PPE) | **Adopted** | RESOLVED, That our American Medical Association advocate that it is the responsibility of healthcare facilities to provide sufficient personal protective equipment (PPE) for all employees and staff in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA support minimum evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions (New HOD Policy); and be it further<br>RESOLVED, That our AMA advocate that physicians and healthcare professionals must be permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided PPE without penalty (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA affirm that the medical staff of each health care institution should be meaningfully involved in disaster planning, strategy and tactical management of ongoing crises (New HOD Policy); and be it further<br><br>RESOLVED, That our AMA work with The Joint Commission, the American Nurses Credentialing Center, the Center for Medicare and Medicaid Services, and other regulatory and certifying bodies to ensure that credentialing processes for healthcare facilities include consideration of adequacy of PPE stores on hand as well as processes for rapid acquisition of additional PPE in the event of a pandemic (Directive to Take Action); and be it further<br><br>RESOLVED, That our AMA study a physician's ethical duty to serve in a pandemic including but not limited to the following considerations:<br>1. The availability and adequacy of institution-supplied PPE and whether inadequate PPE modifies a physician's duty to act;<br>2. Whether a physician's duty to act is modified by the personal health of the physician and/or those with whom the physician has regular extended contact;<br>3. Whether a physician's duty to their personal and population safety allows them to speak with local and national media about the safety of their work environment as it relates to the risk it places on themselves, their immediate family and regular social contacts, and the public at large;<br>4. How medical students, residents, and fellows are affected in the setting of a pandemic in terms of their ethical obligation to care for patients, ramifications to their education, and the protections necessary given their vulnerable status; and<br>5. The ethical obligation of healthcare institutions and the federal government to protect the physical and emotional wellbeing of physicians and other healthcare workers during and after a pandemic. | Immediate fwd to HOD – met urgency requirement: **Alt Res 412 adopted in lieu of Res 412 and Res 414** |

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| | | (Directive to Take Action) | |
| Resolution 4—Support for Safe and Equitable Access to Voting | **Adopted as Amended** | RESOLVED, That our AMA support measures to facilitate safe and equitable access to voting ~~reduce crowding at polling locations~~ as a harm-reduction strategy ~~and facilitate equitable access to voting as a means~~ to safeguard public health and mitigate unnecessary risk ~~to immunocompromised groups, including:~~ of infectious disease transmission~~,~~ by measures including but not limited to:<br><br>(a) extending polling hours;<br>(b) increasing the number of polling locations;<br>(c) extending early voting periods;<br>(d) mail-in ballot postage that is free or prepaid by the government;<br>(e) adequate resourcing of the United States Postal Service and election operational procedures;<br>(f) improve access to drop off locations for mail-in or early ballots; and be it further<br>~~(g) stipulating that ballots postmarked by Election Day must be counted; and be it further~~<br><br>RESOLVED, That our AMA oppose requirements for voters to stipulate a reason in order to receive a ballot by mail and other constraints for eligible voters to vote-by-mail; and be it further<br><br>RESOLVED, That this resolution be immediately forwarded to the November 2020 House of Delegates Special Meeting. | Immediate fwd to HOD – Res. 417 (did not meet urgency criteria: resubmit at A-21) |
| Resolution 5—Research in Telemedicine Platforms for Physicians and Patients | **Not Adopted** | RESOLVED, That our AMA advocate for studies that provide analysis on the access of telemedicine for patients; and be it further<br><br>RESOLVED, That our AMA advocate for further study in the efficacy of different telemedicine platforms; and be it further<br><br>RESOLVED, That our AMA advocate for policy and measures that make telemedicine a more broadly available tool in the healthcare system for patients, when feasible. | None |
| Report F—Physician Autonomy Resolution 6—Non-Physician Post-Graduate Medical Training | **Adopted as Amended** | RESOLVED, That our AMA support pay equity among trainees within the healthcare team and believes that salary, benefits, and overall compensation should, at minimum, reflect length of pre-training education, hours worked, and level of independence allowed by an individual's training program; and be it further<br><br>RESOLVED, That our AMA amend policy H-275.925 "Protection of the Titles "Doctor," "Resident" and "Residency" by addition and deletion to read as follows:<br><br>Our AMA:<br>(1) recognize that the terms "medical student," "resident," "residency," "fellow," "fellowship," "doctor," and "attending," when used in the healthcare setting, all connote completing | Immediate fwd to HOD – Res. 310 (did not meet urgency criteria: resubmit at A-21) |

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| | | structured, rigorous, medical education undertaken by physicians, thus these terms should be reserved to describe physician role; ~~(1)~~ (2) ~~will~~ advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degree(s) attained and develop model state legislation for implementation; and ~~(2)~~ (3) support~~s~~ state legislation that would penalize misrepresentation of one's role in the physician-led healthcare team, up to and including to make it a felony to misrepresent oneself as a physician (MD/DO)~~.~~; and (4) support state legislation that calls for statutory restrictions for non-physician post-graduate diagnostic and clinical training programs using the terms "medical student," "resident," "residency," "fellow," "fellowship," "doctor," or "attending" in a healthcare setting.; and be it further<br>RESOLVED, That our AMA amend policy H-160.949, "Practicing Medicine by Non-Physicians" by addition to read as follows:<br>…(7) support Nurse Practitioners and Physician Assistants pursuing postgraduate clinical training prior to working within a subspecialty field.; and be it further<br><br>RESOLVED, That our AMA study curriculum and accreditation requirements for graduate and postgraduate clinical training programs for non-physicians and report back at A-22 and biennially thereafter, on these standards, their accreditation bodies, their supervising boards, and the impact of non-physician graduate clinical education on physician graduate medical education; and be it further<br><br>RESOLVED, That our AMA work with relevant stakeholders to assure that funds to support the expansion of post-graduate clinical training for non-physicians do not divert funding from physician GME; and be it further<br><br>RESOLVED, That our AMA partner with the ACGME to create standards requiring Program Directors and Designated Institutional Officials to notify the ACGME of proposed training programs for physicians or non-physicians that may impact the educational experience of trainees in currently approved residencies and fellowships; and be it further<br><br>RESOLVED, That policy H-310.912 "Resident and Fellow Bill of Rights" be amended by addition and deletion to read as follows:<br><br>…B. Appropriate supervision by qualified physician faculty with progressive resident responsibility toward independent practice. With regard to supervision, residents and fellows ~~should expect supervision by physicians and non-physicians~~ must be | |

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| | | ultimately supervised by physicians who are adequately qualified and which allows them to assume progressive responsibility appropriate to their level of education, competence, and experience. ~~It is neither feasible nor desirable to develop universally applicable and precise requirement for supervision of residents.~~ In instances where education is provided by non-physicians, there must be an identified physician supervisor providing indirect supervision, along with mechanisms for reporting inappropriate, non-physician supervision to the training program, sponsoring institution, or ACGME as appropriate.; and be it further<br>RESOLVED, That our AMA will distribute and promote the *Residents and Fellows' Bill of Rights* online and individually to residency and fellowship training programs and encourage changes to institutional processes that embody these principles; and be it further<br><br>RESOLVED, That our AMA oppose non-physician healthcare providers from holding a seat on medical boards that provide oversight of physician undergraduate medical education, graduate medical education, certification or licensure, and advocate that a non-physician seat on these boards be held by non-medical public professionals.<br><br>RESOLVED, That this resolution be immediately forwarded for consideration at the November 2020 Special Meeting of the House of Delegates. | |

**III. HOD RESOLUTIONS AND REPORTS**

| Resolution/Report | HOD Action | Policy |
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| Resolution 001—AMA Resident/Fellow Councilor Term Limits | **None – did not meet urgency requirement (resubmit at A-21)** | |
| Resolution 002—Resident and Fellow Access to Fertility Preservation | **None – did not meet urgency requirement (resubmit at A-21)** | |
| Resolution 003—Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients | **None – did not meet urgency requirement (resubmit at A-21)** | |
| Resolution 103—Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance | **None – did not meet urgency requirement (resubmit at A-21)** | |
| Resolution 204—Studying Physician Supervision of Allied Health Professionals Outside of their Fields of Graduate Medical Education | **None – did not meet urgency requirement (resubmit at A-21)** | |
| Resolution 304—Establishing | **None – did not** | |

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| Minimum Standards for Parental Leave During Graduate Medical Education Training | **meet urgency requirement (resubmit at A-21)** | |
| Resolution 414—Availability of Personal Protective Equipment (PPE) | **Alternate Resolution 412 adopted in lieu of Resolution 412 and Resolution 414** | at our AMA affirm that the medical staff of each health care institution should be integrally involved in disaster planning, strategy and tactical management of ongoing crises. (New HOD Policy)<br><br>at our AMA support evidence-based standards and national guidelines for PPE use, reuse, and appropriate leaning/decontamination during surge conditions. (New HOD Policy)<br><br>at our AMA advocate that it is the responsibility of health care facilities to provide sufficient personal protective equipment (PPE) for all employees and staff in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need. (Directive to Take Action)<br><br>at our AMA support physicians and health care professionals in being permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided personal protective equipment (PPE) without penalty. (Directive to Take Action)<br><br>at our AMA support a physician's right to participate in public commentary addressing the adequacy of clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of patients and physicians during a pandemic or natural disaster. (Directive to Take Action)<br><br>at our AMA work with the HHS Office of the Assistant Secretary for Preparedness and Response to gain an understanding of the PPE supply chain and ensure the adequacy of the Strategic National Stockpile for public health emergencies. (Directive to Take Action) |