

BOR Action on BOG Resolutions Now Available

A summary of Board of Regents actions on Board of Governors (BOG) resolutions debated at the November 5-6, 2022, ACP Board of Regents (BOR) Meeting is available below. Resolutions initiated by ACP members and endorsed by a chapter council and the BOG become ACP policy when adopted by the BOR.

If you have an idea you'd like to suggest to ACP, consider submitting a resolution to your Governor or local ACP chapter. Visit your [ACP chapter website](#) for more information on how to contact your Governor or chapter staff about proposing a resolution.

1 Board of Regents Actions Taken on BOG Resolutions, November 5-6, 2022, Meeting

2 3 **Adopted and referred for implementation:** *(Lines 32-111)*

- 4 3-F21 Amending the Dues Payment Requirement for Fellowship Eligibility
- 5 8-F21. Facilitating Physicians in Providing Medical Care to Their Out-of-State Patients Without
- 6 Imposing Undue Burdens or Compromising Doctor-Patient Relationships
- 7 4-F22. Advocating for the Evaluation and Mitigation of Racial/Ethnic Bias Risk on Clinical Care Decisions
- 8 5-F22. Recognizing Political Gerrymandering as a Significant Public Health Problem
- 9 6-F22. Promoting Equitable Representation from All ACP Chapters at the ACP Annual Leadership
- 10 Day Events
- 11 8-F22. Supporting Paid Sick Leave for Workers in the United States
- 12 10-F22. Reducing ACP Plastic Waste
- 13 12-F22. Asking CMS to Expand Coverage for Insulin Pumps to Patients with Type 1 and Type 2 Diabetes

14 15 **Adopted as a Reaffirmation:** *(Lines 114-152)*

- 16 10-F21. Promoting a Safety Culture for Reporting Diagnostic Errors
- 17 1-F22. Improving Knowledge and Skills Surrounding the Care of Young Adults with Special
- 18 Healthcare Needs in Internal Medicine Residency
- 19 3-F22. Improving Behavioral Health Access for Physicians Through Intentional Stigma Reduction
- 20 13-F22. Addressing the Recent Sharp Increases in Medical Liability Insurance Premiums
- 21 around the Country

22 23 **Referred for Study:** *(Lines 156-177)*

- 24 2-F22. Studying How to Accommodate Adequate Paid Parental Leave in American Residency
- 25 and Fellowship Programs

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27 The Board of Regents approved, as a Consent Calendar, the recommendations regarding the disposition
28 of each of the following 12 resolutions recommended for adoption at the Fall 2022 Board of Governors
29 Meeting:

30 31 **BOG Recommended for Adoption/Implementation:**

32 ***6-F22. Promoting Equitable Representation from All ACP Chapters at the ACP Annual Leadership Day Events***
33 ***(RRC referral recommendation: Chapters Subcommittee/ECBOG with input from Division of Governmental***
34 ***Affairs and Public Policy [DGAPP] staff)***

35 RESOLVED, that the Board of Regents promote equitable representation from all ACP Chapters
36 at the ACP Annual Leadership Day Events by providing chapter scholarship guidance and
37 allocating equitable scholarship travel funds to support attendance for members including
38 resident and students demonstrating financial need from smaller and more distant ACP
39 Chapters.

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**8-F22. Supporting Paid Sick Leave for Workers in the United States
(RRC referral recommendation: Health and Public Policy Committee [HPPC])**

RESOLVED, that the Board of Regents support the creation of an ACP policy statement that strongly endorses paid sick leave for workers in the United States.

BOG Recommended for Adoption/Implementation with Amendments:

**4-F22. Advocating for the Evaluation and Mitigation of Racial/Ethnic Bias Risk on Clinical Care Decisions
(RRC referral recommendation: Clinical Policy and DGAPP staff (1st resolved clause); Clinical Guidelines Committee with input from the Scientific Medical Policy Committee (SMPC) (2nd resolved clause)**

RESOLVED, that the Board of Regents, in collaboration with key stakeholders, advocates that all clinical tools, algorithms, or processes have their risks of racial/ethnic bias evaluated and mitigated; and be it further

RESOLVED, that the Board of Regents develop, integrate, and iteratively refine a health equity framework into their methods for developing clinical guidelines recommendations.

**5-F22. Recognizing Political Gerrymandering as a Significant Public Health Problem
(RRC referral recommendation: HPPC)**

RESOLVED, that the Board of Regents adopt policy recognizing political gerrymandering as a significant public health problem, as part of the ongoing effort with other stakeholders to address healthcare disparities and promote health equity.

**10-F22. Reducing ACP Plastic Waste
(RRC referral recommendation: Executive Office)**

RESOLVED, that the Board of Regents reduce its organizational use of plastic. This includes reducing or eliminating the use of plastic at all in-house, regional and annual ACP meetings, as well as at ACP-sponsored CME events, limiting use of plastic wrap with publications, and making deliberate decisions about choosing sustainable, non-plastic materials for all ACP events and products; and be it further

RESOLVED, that the Board of Regents publicize their goals of reducing and/or eliminating plastic waste (e.g., plastic wrap with publications, etc.) and making deliberate decisions about choosing sustainable, non-plastic materials for all ACP events and products; and be it further

RESOLVED, that the Board of Regents encourage all medical organizations to reduce their organizational use of plastic. This includes reducing or eliminating the use of plastics in organizational related materials, limiting use of plastic wrap with publications, and making deliberate decisions about choosing sustainable, non-plastic materials for all meetings and products.

**12-F22. Asking CMS to Expand Coverage for Insulin Pumps to Patients with Type 1 and Type 2 Diabetes
(RRC referral recommendation: Medical Practice and Quality Committee [MPQC])**

RESOLVED, that the Board of Regents request CMS to expand coverage for insulin pumps to patients with Type 1 and Type 2 diabetes mellitus who require insulin to meet recommended thresholds for glycemic control; and be it further

87 RESOLVED, that the Board of Regents request CMS to expand coverage for patients with Type 1
88 and Type 2 diabetes mellitus to include evidenced-based use of Continuous Glucose Monitoring
89 (CGM) devices and newer therapies including but not limited to SGLT2 inhibitors and GLP1
90 agonists.

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92 **BOG Recommended for Adoption/Implementation as a Substitute Resolution:**

93 ***3-F21. Amending the Dues Payment Requirement for Fellowship Eligibility***

94 ***(RRC referral recommendation: Credentials Committee with input from Membership Committee on the***
95 ***2nd resolved clause only)***

96 RESOLVED, that the Board of Regents amend the current dues payment requirement for Fellowship
97 eligibility from the current 3-years most recent dues payments to 3 out of the 4 years most recent
98 dues payments; and be it further

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100 RESOLVED, that the Board of Regents request that the Credentials Committee study all Fellowship
101 requirement tracks and recommend changes to better reflect what constitutes distinction in
102 professional accomplishments and activities that signify eligibility for election to Fellow.

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104 ***8-F21. Facilitating Physicians in Providing Medical Care to Their Out-of-State Patients Without Imposing***
105 ***Undue Burdens or Compromising Doctor-Patient Relationships***

106 ***(RRC referral recommendation: MPQC with input from Ethics, Professionalism, and Human Rights Committee***
107 ***[EPHRC] staff)***

108 RESOLVED, that the Board of Regents advocate for changes to allow physicians to legally care for
109 patients across state lines through a system which is not excessively onerous, is patient initiated,
110 requires a pre-existing and ongoing therapeutic relationship with the physician and applies to
111 both federal and commercial payers.

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113 **BOG Recommended for Reaffirmation:**

114 ***10-F21. Promoting a Safety Culture for Reporting Diagnostic Errors***

115 RESOLVED, that the Board of Regents:

- 116 • Promote a safety culture around patient safety events related to diagnostic errors.
- 117 • Promote proper education and training on diagnostic errors reporting systems as part of
118 organizations' safety culture.
- 119 • Promote medical education around diagnostic errors as part of medical schools and internal
120 medicine residency programs curriculum.

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122 ***1-F22. Improving Knowledge and Skills Surrounding the Care of Young Adults with Special Healthcare***
123 ***Needs in Internal Medicine Residency***

124 RESOLVED, that the Board of Regents will create toolkits for internal medicine trainees to
125 supplement their knowledge and skills in congenital diseases, family centered patient care, and
126 how best to navigate the social, legal and financial circumstances unique to young adult patients
127 with special healthcare needs; and be it further

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129 RESOLVED, that the Board of Regents will commit to collaborating with the AAP and AAFP to
130 study ways in which experience with and comfort in caring for this patient population can be
131 incorporated in medical training.

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134 **3-F22. Improving Behavioral Health Access for Physicians Through Intentional Stigma Reduction**

135 RESOLVED, that the Board of Regents promote and support state chapter efforts by providing
136 resources for state chapters such as the existing knowledge/advocacy toolkit (e.g., letter
137 templates, evidence/background information) to encourage state licensing boards and
138 credentialing organizations (such as medical staff credentialing entities) to use non-stigmatizing
139 language in credentialing processes across health care organizations when inquiring about a
140 history of behavioral health conditions and physician’s competence to practice; and be it further

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142 RESOLVED, that the Board of Regents collaborates with other professional organizations (such as
143 ACGME, AAMC, and National Association Medical Staff Services) and relevant stakeholders to
144 advocate for the use of non-stigmatizing language to support physicians seeking mental health
145 care.

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147 **13-F22. Addressing the Recent Sharp Increases in Medical Liability Insurance Premiums**
148 **around the Country**

149 RESOLVED, that the Board of Regents address the issue of the recent sharp rise in medical
150 liability insurance premiums around the country, as well as consider ways to work effectively
151 with other national medical organizations including the AMA, relevant medical specialty
152 societies, and other appropriate stakeholders in this process.

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154 **BOG Resolutions extracted from the Consent Calendar:**

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156 **2-F22. Studying How to Accommodate Adequate Paid Parental Leave in American Residency and**
157 **Fellowship Programs**

158 The Board of Regents extracted Resolution 2-F22 to discuss. Following discussion, the Board of Regents
159 **VOTED:** to refer Resolution 2-F22 to the Education Committee and the Division of Governmental Affairs
160 and Public Policy for study.

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162 RESOLVED, that the Board of Regents, in conjunction with the ACGME, AOA, AAP, ACOG, ABIM,
163 ABMS, including representation from resident organizations, and other relevant medical
164 organizations, form a task force to study how residency and fellowship training programs in the
165 United States could successfully accommodate a 12-week paid parental leave.

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167 Rationale:

168 At their November 5, 2022 meeting, the Board of Regents (BOR) voted to refer Resolution 2-F22 to the
169 Education Committee and the Division of Governmental Affairs and Public Policy for study rather than
170 adoption for implementation per the Board of Governors’ recommendation. The BOR is in full support of
171 the intent of Resolution 2-F22; their action is intended to expedite the work of studying how residency
172 and fellowship training programs in the United States could successfully accommodate a 12-week paid
173 parental leave. The study period is recommended to evaluate whether the organizations named are the
174 most appropriate to work with on this issue, determine how best to approach those organizations, and
175 how to address the issue. The BOR emphasized their support of this issue and specified their intention
176 by this action was to prevent potential time loss if the organizations are not the most appropriate or not
177 interested in joining a task force on this issue.