

Fall 2025 BOG Resolutions

Resolution 1-F25. Mitigate the Harms of Immediate Results Release

(Sponsor: Wisconsin Chapter)

Resolution 2-F25. Sustaining and Expanding 988 Services

(Sponsor: Arizona Chapter; Co-sponsors: BOG Class of 2027, Georgia, Iowa, Japan, New York, Nevada, North Carolina, Ohio, Pennsylvania, Prairie Provinces, and South Dakota, Chapters)

Resolution 3-F25. Optimizing the Medical Resident and Fellow Training Experience

(Sponsor: District of Columbia Chapter; Co-sponsor: Council of Resident/Fellow Members)

Resolution 1-F25. Mitigate the Harms of Immediate Results Release

(Sponsor: Wisconsin Chapter)

WHEREAS, the American College of Physicians has supported the goals of the 21st Century Cures Act, which mandated that starting April 5, 2021, “patients have unencumbered, free access to their electronic health information... including all laboratory test results” (1); and

WHEREAS, the mission of the American College of Physicians is “To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.”; and

WHEREAS, ACP goals include “To establish and promote the highest clinical standards and ethical ideals”; “To serve the professional needs of the membership (and) support healthy lives for physicians . . .”; and “To advocate responsible positions on individual health and on public policy related to health care . . .”; and

WHEREAS, many health systems have interpreted this rule to mean results are to be released to patients via the patient portal immediately when finalized by the clinical laboratory, without any delay to allow the ordering clinician to review the result, nor any opportunity to communicate the results to the patient via a non-electronic method, nor include the necessary explanation for a patient to understand the meaning of their results (1); and

WHEREAS, there are reports of significant patient distress and misunderstanding from receiving sensitive results without appropriate context, including learning of cancer diagnoses, or misinterpreting benign findings or normal variants as indicative of serious illness (2,3); and

WHEREAS, the anxiety patients experience in seeing results out of context can generate unnecessary additional calls and messages to already overburdened clinical teams and even lead to unneeded visits due to concern for a disease that is not actually present (2); and

WHEREAS, the ACP guidance on this issue advises clinicians to discuss the immediate results release with patients ahead of time so they are not surprised (4), which can partly mitigate the harms, but does not completely address it, especially in cases where the results may also be unexpected to the clinician; and

WHEREAS, an ACP Ethics Case study on this topic concludes ethical responsibilities are not being met by healthcare systems, by allowing the negative consequences of immediate results release to fall to patients and clinicians without adequate supports, and not involving other members of the care team in relieving this burden from clinicians (5); and

WHEREAS, the same Ethics Case study also indicates ethical lapses on the part of other physicians, such as pathologists and radiologists, involved in creating reports that are released to patients without appropriate context or language understandable by patients (5); and

WHEREAS, the Ethics Case study further indicates it is an ethical obligation of ACP members to advocate to testing facility administrators and regulatory institutions for changes in implementation of the Act (5); and

WHEREAS, the law allows states to establish some exceptions to immediate release of results, and Kentucky and California have passed laws to allow this (6), but many states have not pursued this path; and

WHEREAS, ACP continues to advocate with Congress for improvements to the 21st Century Cures Act at the national level (7); therefore be it

RESOLVED, that the Board of Regents use existing policy and knowledge on the harms of immediate release of test results to create a toolkit for members to give them the knowledge they need to effectively advocate with testing facility administrators and regulatory organizations to implement the Cures Act in ways that reduce harms to patients and burdens to clinicians. This toolkit should include:

- background information on the requirements and allowed exceptions;
- best practices on how to share results with patients so that healthcare systems, physicians (including those not directly in contact with patients), and other clinicians are all upholding their ethical duties while following the law;
- guidance on how to counsel and educate patients about potential pitfalls of immediate results release; and
- recommendations to involve non-physician staff in managing the burdens of this Act that currently fall to front-line physicians without compensation; and be it further

RESOLVED, that the Board of Regents continues to advocate for rule changes and clarifications at the national level, including new legislation if needed, to reduce the burdens of the Act, and assist state chapters in advocating to change the laws in their individual states to mitigate the problems with the Act; and be it further

RESOLVED, that the Board of Regents direct the ACP delegation to the AMA to submit a resolution on this topic to the American Medical Association in order to increase collaboration with other specialties and to strengthen advocacy efforts to address the unforeseen harms of immediate results release.

References:

1. National Center for Biotechnology Information. (2023). Sharing medical test results with patients: Insights and challenges. PubMed Central. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9848892/>
2. Reddy, S. (2023, January 23). You're seeing medical test results before your doctor does. Why? *The Wall Street Journal*. <https://www.wsj.com/health/wellness/youre-seeing-medical-test-results-before-your-doctor-does-why-d401ed2e>
3. Mendu, M. L., Singh, K., Landon, B. E., & Shah, N. H. (2022). Association of immediate release of test results to patients with increased patient anxiety. *Annals of Internal Medicine*, 175(6), 846–852. <https://doi.org/10.7326/M22-0544>
4. American College of Physicians. (n.d.). *FAQ on information blocking & patient access*. <https://www.acponline.org/practice-resources/business-resources/health-information-technology/interoperability-and-information-blocking-regulations/faq-on-information-blocking-patient-access>
5. American College of Physicians. (n.d.). *Lab results reporting, ethics, and the 21st Century Cures Act rule on information blocking*. <https://www.acponline.org/clinical-information/medical-ethics-and-professionalism/ethics-case-studies-education-resources/lab-results-reporting-ethics-and-the-21st-century-cures-act-rule-on-information-blocking>
6. American Medical Association. (n.d.). *States move to give patients more control over test results*. <https://www.ama-assn.org/practice-management/digital/states-move-give-patients-more-control-over-test-results>
7. American College of Physicians. (2024). *ACP response to 2024 Cures RFI*. https://www.acponline.org/sites/default/files/acp-policy-library/letters/acp_response_to_2024_cures_rfi_2024.pdf

Resolution 2-F25. Sustaining and Expanding 988 Services

(Sponsor: Arizona Chapter: Co-sponsors: BOG Class of 2027, Georgia, Iowa, Japan, New York, Nevada, North Carolina, Ohio, Pennsylvania, Prairie Provinces, and South Dakota, Chapters)

WHEREAS, the 988 Suicide & Crisis Lifeline has transformed mental health crisis intervention nationwide, responding to over 8.6 million calls, texts, and chats since its launch; and

WHEREAS, despite significant federal investment, persistent challenges remain, including workforce shortages, uneven state funding, and limited accessibility for marginalized populations; and

WHEREAS, nationwide, an additional 2,000 crisis counselors are needed to maintain response rates, requiring an estimated \$160 million annually; and

WHEREAS, infrastructure enhancements such as geolocation technology are critical for routing callers to appropriate crisis centers, necessitating a proposed \$50 million for initial upgrades and \$10 million annually for maintenance; and

WHEREAS, many states lack sustainable funding mechanisms for 988, highlighting the need for \$500 million in federal grants annually to support state implementation; and

WHEREAS, expanding specialized services, including LGBTQI+ and Spanish-speaking subnetworks, is necessary to enhance culturally competent mental health crisis response, requiring an annual investment of \$50 million; and

WHEREAS, public awareness campaigns are essential to increasing the reach and effectiveness of 988, warranting a proposed budget of \$100 million annually for multilingual and culturally inclusive outreach; and

WHEREAS, funding mechanisms such as a federally mandated telecommunications fee (e.g., \$0.10 per phone line) could generate approximately \$1 billion annually to sustain 988 services nationwide; and

WHEREAS, federal appropriations of \$1 billion annually through the Department of Health and Human Services (HHS) would supplement state funding and ensure equitable crisis intervention services across the country; and

WHEREAS, corporate social responsibility initiatives can further bolster 988 services through public-private partnerships aimed at awareness campaigns and infrastructure upgrades; and

WHEREAS, mental health crisis intervention reduces emergency room visits and law enforcement involvement, saving the U.S. an estimated \$1 billion annually in healthcare and criminal justice costs; and

WHEREAS, consistent national funding ensures that all states, including rural and underserved areas, can maintain high-quality crisis services and promote health equity; therefore be it

RESOLVED, that the Board of Regents develop policy regarding funding and member educational support for the 988 services program; and be it further

RESOLVED, that the Board of Regents utilize developed policy to collaborate with policymakers, healthcare organizations, and advocacy groups to advocate for national legislative efforts aimed at sustainable funding and expanding 988 services nationwide; and be it further

RESOLVED, that the Board of Regents endorses public-private partnerships and increased corporate contributions to further enhance 988 awareness, infrastructure, and service delivery.

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2. U.S. Department of Health and Human Services (HHS). Funding for 988 Suicide & Crisis Lifeline. <https://www.hhs.gov/>
3. National Alliance on Mental Illness (NAMI). 988: The Future of Crisis Response. <https://www.nami.org/>
4. American Rescue Plan Act (2021). Investments in Behavioral Health Services. <https://www.congress.gov/bill/117th-congress/house-bill/1319>
5. The Bipartisan Safer Communities Act (2022). Mental Health Provisions and Funding. <https://www.congress.gov/bill/117th-congress/senate-bill/2938>
6. Federal Communications Commission (FCC). 988 and Telecommunications Infrastructure. <https://www.fcc.gov/>

Resolution 3-F25. Optimizing the Medical Resident and Fellow Training Experience

(Sponsor: District of Columbia Chapter; Co-sponsor: Council of Resident/Fellow Members)

WHEREAS, the American College of Physicians is an organization whose goals include advancing health equity, ensuring access to care, protecting the patient-physician relationship, and strengthening the internal medicine and primary physician workforce in general; and

WHEREAS, internal medicine residents are the future of internal medicine; and

WHEREAS, success in these goals includes working to optimize the experience medical residents and fellows obtain during their training; and

WHEREAS, the cost of medical school (median cost exceeding \$280,000 for public medical schools and \$390,000 for private medical schools in 2025) and the cost of living in the United States has significantly increased; and

WHEREAS, the average first-year resident annual salary in the U.S. is less than \$65,000; and

WHEREAS, the ACGME allows intern physicians to work as many as twenty-eight consecutive hours, and as many as 80 hours of work weekly; and

WHEREAS, more residents are unionizing; therefore be it

RESOLVED, that the Board of Regents work with ACGME and other organizations to study how to optimize the work environment and training conditions of residents to identify viable solutions to improve the work and training environment, work-life balance, benefits, and compensation for those in internal medicine residency programs.

References:

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2. Advocacy: ACP Leadership Day on Capitol Hill, <https://www.acponline.org/advocacy/get-involved-advocacy-in-action/leadership-day>
3. ACP Responds to Recent Executive Orders and Their Effects on Health Care https://www.acponline.org/advocacy/acp-advocate/archive/february-7-2025/acp-responds-to-recent-executive-orders-and-their-effects-on-health-care?check_logged_in=1
4. Better is Possible: ACPs Vision for the U.S. Health Care System, <https://www.acpjournals.org/doi/epdf/10.7326/M19-2410>
5. Valuing the Care Provided by Internal Medicine Physicians , https://www.acponline.org/sites/default/files/documents/advocacy/where_we_stand/issue_briefs/valuing-care-by-im-physicians.pdf
6. Residents Say Modest Salary Increases “A Disgrace,” Some Believe They Deserve More than Double Their Pay, <https://www.whitecoatinvestor.com/residents-salary/>
7. “Senior Residents’ Work Hours and Outcomes” <https://www.jwatch.org/na56106/2023/06/20/senior-residents-work-hours-and-outcomes>
8. Medical Students Unionize Over Pay Working Conditions, <https://www.wsj.com/articles/medical-residents-unionize-over-pay-working-conditions-11673832067>
9. Education Data, Average Medical School Debt, <https://educationdata.org/average-medical-school-debt>

10. Residents Want Better Pay, But That's Not All: They Want Work-Life Balance Too,
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