AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (A-25)

Report of Reference Committee

Sophia Spadafore, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report C – Adoption of Missing Policies Identified by A-24 Report E into the RFS Position Compendium

2. Report E – Financial Transparency of the Revenue Generated by Trainees at Health Systems

3. Resolution 2 – Addressing Professionalism Standards in Medical Training

4. Resolution 5 – Resident and Fellow Section Policy in Support of Alignment of AMA Policy as it Relates to Native American and Alaska Native Healthcare

5. Resolution 6 – Trialing a Co-Sponsorship Mechanism for RFS

6. Resolution 7 – Use of Inclusive Language in AMA Policy

7. Resolution 9 – Fair Pricing in Healthcare

RECOMMENDED FOR ADOPTION AS AMENDED

8. Report B – Revisions to RFS Internal Operating Procedures

9. Report D – Reasonable Workplace Accommodations for Residents and Fellows During Pregnancy

10. Resolution 1 – Remedying the Harms of AMA's Role in the Flexner Report

11. Resolution 3 – Distribution of Residency Slots Commensurate with Shortages

12. Resolution 4 – Reducing the Harmful Impacts of Immigration Status on Health

RECOMMENDED FOR REFERRAL

13. Resolution 8 – Ranked Choice Voting

RECOMMENDED FOR ADOPTION

(1) REPORT C - ADOPTION OF MISSING POLICIES IDENTIFIED BY A-24 REPORT E INTO THE RFS POSITION COMPENDIUM

RECOMMENDATION:

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

Recommendation:
1. That the AMA-RFS adopt the actions recommended in Appendix A and reflect such actions in the RFS Policy Compendium.

Your Reference Committee recommends Report C be adopted. The Committee received only positive comments from RFS members including the GC regarding this report. The JEDI Committee provided testimony in support with the suggestion that the Reference Committee recommend that the RFS Position Compendium be reviewed and reorganized in order to facilitate easier access to our equity-related policy, and that this review be performed by the JEDI Standing Committee. It was noted that a resolved clause instructing this action would generate a GC Report which would then be assigned to an ad-hoc committee. However, the GC has the power to initiate such a report independently and assign it to the JEDI Committee, if that is desired, and such a project was not the focus or intent of this report. Editorial changes were made to correct grammatical errors, but no substantive amendments were made by the Reference Committee. Therefore, your Reference Committee recommends Report C be adopted and the remainder of the report be filed.

(2) REPORT E – FINANCIAL TRANSPARENCY OF THE REVENUE GENERATED BY TRAINEES AT HEALTH SYSTEMS

RECOMMENDATION:

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

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

1. The RFS Committee on Business and Economics continue to review relevant data and welcomes continued comments from the Resident and Fellow Section Assembly; and
2. The Committee submits an actionable report to the Resident and Fellow Section Assembly at the 2025 RFS Interim Meeting.

Your Reference Committee recommends that Report E be adopted. This report asks for an extension for the final report to be completed and filed, and no objection was heard.

(3) RESOLUTION 2 – ADDRESSING PROFESSIONALISM STANDARDS IN MEDICAL TRAINING

RECOMMENDATION:

Resolution 2 be <u>adopted</u>.

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) supports regular institutional review, including review by diversity, equity, and inclusion offices or other appropriate entities, of professionalism policies in medical school and residency and fellowship programs, ensuring that they do not lead to discriminatory practices; and be it further

RESOLVED, that our AMA-RFS supports the AMA in supporting the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges (AAMC), and American Association of Colleges of Osteopathic Medicine (AACOM) to establish guidelines for residency programs and medical school professionalism policies that encourage institutions to outline actions that constitute a violation; and be it further

RESOLVED, that our AMA-RFS support our AMA in advocating for AAMC, ACGME, and AACOM to support measures that prevent medical schools and residency programs from using professionalism violations as a means to stop trainee advocacy measures.

Your Reference Committee recommends that Resolution 2 be adopted. Your Committee received unanimous support for this resolution. Comments received from the RFS Delegates revealed that a duplicate resolution is being considered for business in the HOD at the 2025 Annual Meeting. One comment suggested amendments to strengthen the resolution, however, given the preponderance of support as written and the potential benefit of having an identical internal RFS position statement to support an HOD resolution, your Reference Committee recommends Resolution 2 be adopted.

(4) RESOLUTION 5 – RESIDENT AND FELLOW SECTION POLICY IN SUPPORT OF ALIGNMENT OF AMA POLICY AS IT RELATES TO NATIVE AMERICAN AND ALASKA NATIVE HEALTHCARE

RECOMMENDATION:

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

RESOLVED, that our AMA-RFS supports health policy and advocacy which further:
1. The interests and priorities of Indian Health Service and Tribal and Urban Indian Health Programs and their constituent Tribal governments, health, and advocacy organizations, where applicable.
2. The promotion of Indigenous representation in medicine through recruitment and retention of students and trainees.
3. Indigenous self-determination, especially as it relates to data sovereignty and Tribal Institutional Review Board oversight regarding research studies that include American Indian and Alaska Native participants; and be it further

RESOLVED, that our AMA-RFS recognizes that many of the health disparities faced by American Indian and Alaska Native people are the result of discrimination and harmful actions taken by American medicine and recognizes the importance of prioritizing policy and advocacy intended to repair those past and ongoing harms.

Your Reference Committee recommends that Resolution 5 be adopted. Only positive testimony was heard from multiple groups within the RFS, and this resolution is in alignment with our RFS strategic plan. Of note, a resolution has been presented to the HOD for the 2025 Annual Meeting, which directly asks for an Advisory Committee on Tribal Affairs. Therefore, your Reference Committee recommends Resolution 5 be adopted.

(5) RESOLUTION 6 – TRIALING A CO-SPONSORSHIP MECHANISM FOR RFS

RECOMMENDATION:

Resolution 6 be <u>adopted</u>.

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) formally trial a co-sponsorship mechanism for the 2025 Interim Meeting and 2026 Annual Meeting with thorough evaluations of the utility of the process, usage of this mechanism and possible improvements of the mechanism after each meeting; and be it further

RESOLVED, that after the 2026 Annual Meeting our AMA-RFS shall consider whether to retain, change, or dispose of this co-sponsorship mechanism, and be it further

RESOLVED, that our 2025-2026 AMA-RFS Section Delegate and Section Alternate Delegate, with input from the RFS Delegation and Section as appropriate, shall design a trial co-sponsorship mechanism for the AMA-RFS that adheres to principles of transparency, timeliness, democratic decision-making, and close alignment with existing AMA-RFS position statements.

Your Reference Committee recommends that Resolution 6 be adopted. Only positive unanimous testimony was heard. Therefore, your Reference Committee recommends Resolution 6 be adopted.

(6) RESOLUTION 7 – USE OF INCLUSIVE LANGUAGE IN AMA POLICY

RECOMMENDATION:

Resolution 7 be <u>adopted</u>.

RESOLVED, that our AMA-RFS support our AMA, in consultation with relevant parties, including the AMA Center for Health Equity, in amending existing policies to ensure the use of the most updated, inclusive, equitable, respectful, destigmatized, and person-first language and use such language in all future AMA policies and amendments; and be it further

RESOLVED, that our AMA-RFS support our AMA, in consultation with relevant parties, including the AMA Center for Health Equity, in identifying other types of outdated language in

AMA policies and devise a timely mechanism for editorial changes, including both one-time updates and a protocol for editorial changes to language at the HOD Reference Committee recommendation stage and whenever a policy is amended, modified, appended, reaffirmed, or reviewed for sunset; and report back to the House of Delegates.

Your Reference Committee recommends that Resolution 7 be adopted. Testimony was strongly and unanimously in support of this resolution, which will additionally be considered by the HOD at the 2025 Annual Meeting. Therefore, your Reference Committee recommends Resolution 7 be adopted.

(7) RESOLUTION 9 – FAIR PRICING IN HEALTHCARE

RECOMMENDATION:

Resolution 9 be <u>adopted</u>.

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) study the implications of legally prohibiting price negotiations or discounts between a provider or facility and payer and requiring that all providers and facilities offer the same price for the same service to all payers; and be it further

RESOLVED, that our AMA-RFS study the implications of legally requiring health insurance payers to offer the same coverage plan to every employer and individual.

Your Reference Committee recommends that Resolution 9 be adopted. The Committee heard mostly supportive testimony, and while there was no opposition there were concerns raised that a study may not be needed or that the RFS may not be the correct body to study this issue. Specifically, some individuals noted that there did not appear to be enough evidence for a comprehensive report. However, it was suggested that this study could be the initial step, with recommendations from such a study eventually being taken to the HOD. Therefore, your Reference Committee recommends Resolution 9 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(8) REPORT B – REVISIONS TO RFS INTERNAL OPERATING PROCEDURES

RECOMMENDATION A:

Section V.G.4.d be <u>amended by deletion</u> to read as follows:

They will be permitted to obtain an endorsement within a time frame set by the RFS Delegate and Alternate Delegate in concordance with guidance from RFS Staff and the House of Delegates office. ~~This timeframe will be at least 30 days from the election date.~~ The position shall be considered vacant if an endorsement is not obtained within this window.

RECOMMENDATION B:

Section V.G.6.d be <u>amended by addition and deletion</u> to read as follows:

~~Vote totals shall remain confidential and shall not be announced. Candidates may ask for and receive vote totals in confidence. Discretion is encouraged.~~ <u>Vote totals will not be routinely publicly announced. Any member of the RFS assembly, including candidates, may ask for and receive vote totals in confidence.</u>

RECOMMENDATION C:

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

Recommendations:
1. That Report B be adopted and the remainder of the report by filed; and
2. That the terminology for RFS Business Meeting representatives, as designated by AMA Bylaws 7.1.3 and 7.1.4, will be made consistent throughout these IOPs as RFS Assembly Delegates and appropriate editorial changes will be made throughout.

Your Reference Committee recommends Report B be adopted as amended and the remainder of the report filed. The Committee received positive testimony with some discussion of possible amendments. Massachusetts RFS testified in support of the report overall. Your reference committee thanks the IOP committee and the RFS Governing Council for the robust discussion and work that went into this report.

The GC provided testimony in support with some suggested amendments to Sections V.D.2.a.iv., V.G.1., V.G.4.d., V.G.4.e., V.G.6., and VIII.E., to which the IOP Committee responded. There were no additional comments on these amendments or recommendations.

For clarity, each of the proposed amendments by the GC, even those not in the proffered report, will be discussed one at a time:

- Section V.D.2.a.iv - The GC recommended addition of a specific timeframe to interview individuals under investigation of an election infraction. The IOP Committee felt this would be too prescriptive and not allow for any necessary flexibility and pointed out that the GC is able to set expectations prior to each election, as they already do with the campaign time period. Your Reference Committee recommends Section V.D.2.a.iv. be adopted as proposed by the IOP Committee.
- Section V.G.1. - The GC proffered an amendment that allowed elected RFS Sectional Delegates, elected RFS Sectional Alternate Delegates, RFS Councilors, and RFS Governing Council members to automatically be credentialed to vote in the RFS Assembly meeting. The IOP Committee pointed out that this would de-prioritize local representation and diversity within the RFS assembly and could further localize power within only a few RFS members. Your Reference Committee affirms that ensuring equity in representation is a priority of the RFS and recommends that Section V.G.1. be adopted as proposed by the IOP Committee.
- Section V.G.4.d. - The GC recommended removing the time frame of "at least 30 days from the election date" to allow flexibility to respond to unpredictable scenarios due to introduction of the new Emergency Assistance Program (EAP), which the IOP Committee supported. Your Reference Committee therefore recommends amendment of Section V.G.4.d.
- Section V.G.4.e. - Your GC recommended this Section be deleted, as these positions have not been filled without suspending these bylaws in the past few years. The IOP Committee pointed out that the inability to abide by these limits in recent years does not mean that they would be irrelevant in coming years, and that they protect broad representation within the RFS. Your Reference Committee discussed that there already exists a mechanism to suspend the endorsement limits if following them would create vacancies, which is outlined in these IOPs. In order to allow these IOPs to be robust and long-standing, your Reference Committee recommends Section V.G.4.e. be adopted as proposed by the IOP Committee.
- Section V.G.6. - Your GC requested guidance on distributing election vote totals, to not leave it entirely up to the Speakers' discretion. The IOP Committee stands by its report as written, and felt there may be instances where vote sharing may be necessary, requiring removal of the blanket statement. The Reference Committee discussed the need for transparency in elections, especially as any individual can call for a re-vote, while also balancing the need for discretion, and therefore recommends that Section V.G.6. be adopted as amended.
- Section VIII.E - The GC recommended striking this section due to redundancy. The IOP Committee noted that there is novel language and ideas present, such as addressing sectional alternate delegates. Therefore, your Reference Committee recommends Section VIII.E be adopted as proposed by the IOP Committee.

Therefore, your Reference Committee recommends Report B be adopted as amended and the remainder of the report be filed.

(9) REPORT D – REASONABLE WORKPLACE ACCOMMODATIONS FOR RESIDENTS AND FELLOWS DURING PREGNANCY

RECOMMENDATION A:

The First Recommendation of Report D be amended by addition and deletion to read as follows:

1) That our American Medical Association (AMA) will work with relevant stakeholders to support the implementation of the following guidelines for all residency and fellowship training programs:

a. Programs should provide evidence-based accommodations for pregnant trainees, such as opting out of night shifts during the first and third trimesters and attending scheduled medical appointments, and should implement them in such a way that they do not place an increased burden of work on other trainees; and

~~**a. First and third-trimester pregnant trainees will have the option to opt out of night shifts.**~~

~~**b. Pregnant physicians should be given options to take 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.**~~

bc. Scheduling for pregnant physicians in the third trimester should prioritize rotations with easily cancellable/coverable shifts to minimize departmental disruption in the event of medical necessity or early delivery; and

RECOMMENDATION C:

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

Recommendations:
Based on the report prepared by the AMA-RFS Committee on Legislation and Advocacy, your RFS Governing Council recommends the following:

1) That our American Medical Association (AMA) will work with relevant stakeholders to support the implementation of the following guidelines for all residency training programs:
   a) First-trimester pregnant physicians and third-trimester pregnant residents will have the option to opt out of night shifts.
   b) Pregnant physicians should be given 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.
   c) Scheduling for pregnant physicians in the third trimester should prioritize rotations with easily cancellable/coverable shifts to minimize departmental disruption in the event of

medical necessity or early delivery; and

2) That our AMA supports evidence-based policies and procedures which prioritize the safety and well-being of pregnant physicians.

Your Reference Committee recommends that Report D be adopted as amended and the remainder of the report be filed. We appreciate the Committee's hard work on this report and raising the important implications of workplace hours and environments on pregnant trainees. Mixed testimony was heard, with unanimous support for accommodations for pregnant trainees, but with concerns raised about programs placing additional work requirements on other trainees as a consequence. AMA staff also noted that "undue burden" has a legal definition that is difficult to achieve and thus would not provide the intended protections for trainees. We also wish to highlight that there is a robust evidence base surrounding the impacts of scheduling on pregnancy, including: Kader M, Bigert C, Andersson T, Selander J, Bodin T, Skröder H, Härmä M, Albin M, Gustavsson P. Shift and night work during pregnancy and preterm birth-a cohort study of Swedish health care employees. Int J Epidemiol. 2022 Jan 6;50(6):1864-1874. doi: 10.1093/ije/dyab135. Epub 2021 Jul 1. PMID: 34999871; PMCID: PMC8743126. Your Reference Committee heard impactful testimony on the need to provide accommodations for pregnant trainees, while also not creating increased responsibility and working hours for their co-residents. As such, to capture the will of the assembly based on testimony given, your Reference Committee recommends Report D be adopted as amended and the remainder of the report be filed.

(10) RESOLUTION 1 – REMEDYING THE HARMS OF AMA'S ROLE IN THE FLEXNER REPORT

RECOMMENDATION A:

Resolution 1 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, that our American Medical Association (AMA) partner with relevant public and private sector organizations and community stakeholders to make a transformative financial investment into the opening of new medical schools and sustainability of existing medical schools affiliated with Historically Black Colleges & Universities (HBCUs), Tribal Colleges & Universities (TCUs), and other Minority Serving Institutions (MSIs)<u>, remedying the harms of the 1910 Flexner Report in regards to the diversity of the physician workforce, and advancing population health equity</u>; and be it further

RESOLVED, that our AMA ~~continue to sustain and enhance our organization's existing~~ prioritize our organization's efforts to bolster diversity, equity, and inclusion across the medical education continuum, as part of our strategic commitments to remedying the harms of the 1910 Flexner Report, diversifying the physician workforce, and advancing population health equity.

RECOMMENDATION B:

Resolution 1 be adopted as amended.

RESOLVED, that our American Medical Association (AMA) partner with relevant public and private sector organizations and community stakeholders to make a transformative financial investment into the opening of new medical schools and sustainability of existing medical schools affiliated with Historically Black Colleges & Universities (HBCUs), Tribal Colleges & Universities (TCUs), and other Minority Serving Institutions (MSIs); and be it further

RESOLVED, that our AMA continue to sustain and enhance our organization's existing efforts to bolster diversity, equity, and inclusion across the medical education continuum, as part of our strategic commitments to remedying the harms of the 1910 Flexner Report, diversifying the physician workforce, and advancing population health equity.

Your Reference Committee recommends Resolution 1 be adopted as amended. Comments overall reflect a strong consensus on the necessity of addressing inequities within the physician workforce and advancing health equity.

In the First Resolve, there is support for a "transformative financial investment" to remedy the harms of the AMA's role in funding the 1910 Flexner Report, particularly its impact on the diversity of the physician workforce. While concerns about the potential high fiscal note were raised, the core intent to address historic harms and broaden health equity efforts aligns with and builds upon existing AMA policies. Your Reference Committee appreciates comments surrounding the impact of the Flexner Report, in that it had transformative effects on physician training, while also causing significant historical harms that have continued to impact the physician workforce today. As such, Your Reference Committee recommends amending the First Resolve to specifically highlight the harms and consequences of the Report.

There was considerable debate on the Second Resolve. While the intent was to be a direct mandate for sustained advocacy in the current climate, others viewed it as potentially redundant with existing policy and lacking clear, actionable intervention. Your Reference committee agrees and offers an amendment to address the desire for a concrete call to action. Therefore, your Reference Committee recommends Resolution 5 be adopted as amended.

(11) RESOLUTION 3 – DISTRIBUTION OF RESIDENCY SLOTS COMMENSURATE WITH SHORTAGES

RECOMMENDATION A:

Resolution 3 be <u>amended by addition</u> to read as follows:

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) support preferential distribution of new residency slots <u>and federal funding</u> to general internal medicine, family medicine, preventive medicine, pediatrics, obstetrics and gynecology, and psychiatry, commensurate with their relative need and expected shortages.

RECOMMENDATION B:

Resolution 3 be <u>adopted as amended</u>.

RESOLVED, that our AMA-RFS support preferential distribution of new residency slots to general internal medicine, family medicine, preventive medicine, pediatrics, obstetrics and gynecology, and psychiatry, commensurate with their relative need and expected shortages.

Your Reference Committee recommends that Resolution 3 be adopted as amended. Your Committee heard mixed testimony on this resolution, with arguments in support and concerns raised about the mechanism employed by this resolution to solve a problem all members agreed exists. The RFS Section Delegates noted there is currently a duplicate resolution being considered in the HOD at the 2025 Annual Meeting, and as written this resolution would remain an internal RFS position statement and allow our Section to show support for that resolution in the House. Your Reference Committee agrees with the amendment proffered to address concerns raised by an individual about how preventative medicine residencies are funded. Therefore, your Reference Committee recommends Resolution 3 be adopted as amended.

(12) RESOLUTION 4 – REDUCING THE HARMFUL IMPACTS OF IMMIGRATION STATUS ON HEALTH

RECOMMENDATION A:

Resolution 4 be <u>amended by addition</u> to read as follows:

RESOLVED, that our American Medical Association <u>Resident and Fellow Section</u> (AMA<u>-RFS</u>) supports protecting the human right to seek asylum; and be it further

RESOLVED, that our AMA-RFS supports pathways to citizenship for undocumented immigrants who entered the U.S. as minors, including Deferred Action for Childhood Arrivals (DACA) recipients and Dreamers; and be it further

RESOLVED, that our AMA-RFS supports family reunification pathways for children and adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the United States; and be it further

RESOLVED, that our AMA-RFS supports deferral of deportation (and if applicable, employment authorization, driver's licenses, and identification documents) for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, ~~and~~ relatives of people with documented or DACA status, and people without violent felonies; and be it further

RESOLVED, that our AMA-RFS supports federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates.

RECOMMENDATION B:

Resolution 4 be adopted as amended.

RESOLVED, that our American Medical Association (AMA) supports protecting the human right to seek asylum; and be it further

RESOLVED, that our AMA supports pathways to citizenship for undocumented immigrants who entered the U.S. as minors, including Deferred Action for Childhood Arrivals (DACA) recipients and Dreamers; and be it further

RESOLVED, that our AMA supports family reunification pathways for children and adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the United States; and be it further

RESOLVED, that our AMA supports deferral of deportation (and if applicable, employment authorization, driver's licenses, and identification documents) for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, and relatives of people with documented or DACA status, and people without violent felonies; and be it further

RESOLVED, that our AMA supports federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates.

Your Reference Committee recommends that Resolution 4 be adopted as amended. Unanimous support was received for this resolution. The RFS Section Delegates noted there is a duplicate resolution being considered in the HOD at the 2025 Annual Meeting, and if amended to be internal RFS position statements, it will allow our Section to show support for that resolution in the House. Further, an additional editorial amendment is made in the Fourth Resolve for clarity. Finally, your Reference Committee received staff feedback from the Center for Health Equity to provide additional policies for citation and suggested that existing policies may be updated, amended, or merged to reflect the proposed resolved clauses. However, since this is an internal resolution to support a current item of HOD business, these changes were not implemented but were forwarded to the RFS Delegate for their use. Therefore, your Reference Committee recommends that Resolution 4 be adopted as amended.

RECOMMENDED FOR REFERRAL

(13) RESOLUTION 8 – RANKED CHOICE VOTING

RECOMMENDATION:

Resolution 8 be referred.

RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS) implement ranked choice voting for its Governing Council elections and for endorsement of candidates for resident and fellow seats on elected AMA Councils; and be it further

RESOLVED, that our AMA-RFS will update its Internal Operating Procedures (IOPs) to reflect the use of Ranked Choice Voting; and be it further

RESOLVED, that our AMA-RFS will consider passage of this resolution as support of the language changes needed for changes to the RFS IOPs in order to expedite that process given other current changes to our IOPs being approved by the Assembly, resulting in sunset of this specific clause once accomplished; and be it further

RESOLVED, that our AMA-RFS supports the use of ranked choice voting in elections conducted by the AMA House of Delegates.

Your Reference Committee recommends that Resolution 8 be referred. Testimony was limited, in that the only testimony received on this item was provided by the authors. Your Committee notes that ranked choice voting (RCV) has already been implemented by the MSS, however staff received information that caused significant concern about how this would affect the efficiency of RFS elections. With current resources, RCV may not be able to be automated, and hand-tallying votes could extend the length of elections. There was also concern raised about how it would function for endorsements, as the RFS IOPs currently indicate that “no endorsement” must remain an option if no candidate receives a majority. Further, there was concern about governance, with the Committee agreeing that the RFS assembly must have an opportunity to review IOP changes before they are adopted. Given the limited testimony received and unanswered questions that have arisen, your Committee believes that the Section would benefit from an internal study that utilizes the resources of the Governing Council and RFS staff. Such a study would help present a more comprehensive analysis on RCV implementation and its potential unintended consequences. Therefore, your Reference Committee recommends that Resolution 8 be referred.

This concludes the report of the RFS Reference Committee. I would like to thank Samantha Beck, MD, Helene Nepomuceno, MD, Whitney Stuard Sambhariya, MD, PhD, Karthik Sarma, MD, PhD, Elana Sitnik, MD, Abbigayle Willgruber, MD, and all those who testified before the Committee.

Sophia Spadafore, MD, Chair

Samantha Beck, MD

Helene Nepomuceno, MD

Whitney Stuard Sambhariya, MD, PhD

Karthik Sarma, MD, PhD

Elana Sitnik, MD

Abbigayle Willgruber, MD