

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (A-26)

Report of Reference Committee

Tristan Mackey, MD, Chair

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

3 **RECOMMENDED FOR ADOPTION AS AMENDED**
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- 5 1. Late Resolution 1 – Bringing Physicians' Voices to the Implementation of AI
6 Prescribers
7
8 2. Late Resolution 2 – Protecting Resident Physicians with Pending Immigration Status
9 and Ensuring Safe Participation in Professional Activities
10

11 **RECOMMENDED FOR ADOPTION IN LIEU OF**
12

- 13 3. Late Report 1 – Price Equity and Restrictions of Price Negotiation
14
15 4. Late Report 2 – Update on Financial Transparency of the Revenue Generated by
16 Trainees at Health Systems

RECOMMENDED FOR ADOPTION AS AMENDED

- (1) LATE RESOLUTION 1 – BRINGING PHYSICIANS' VOICES
TO THE IMPLEMENTATION OF AI PRESCRIBERS

RECOMMENDATION A:

The First Resolved of Late Resolution 1 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association (AMA) ~~work with appropriate stakeholders to advocate that~~ autonomous clinical artificial/augmented intelligence (AI), including AI prescription services, be regulated and licensed by an appropriate body, as well as be developed with physician input and operated under direct physician supervision ~~promote patient safety by opposing AI prescription services that operate without direct physician oversight;~~ and be it further

RECOMMENDATION B:

Late Resolution 1 be adopted as amended.

RFS ACTION: Late Resolution 1 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association (AMA) **advocate that autonomous clinical artificial/augmented intelligence (AI), including AI prescription services, be regulated and licensed by an appropriate body, as well as be developed with physician input and operated under direct physician supervision; and be it further**

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Annual Meeting.

RESOLVED, that our American Medical Association (AMA) ~~work with appropriate stakeholders to promote patient safety by opposing AI prescription services that operate without direct physician oversight; and be it further~~

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Annual Meeting.

Your Reference Committee feels that Late Resolution 1 is timely and highlights an important issue that has significant implications on the current practice of medicine and would like to thank the authors for bringing this resolution forward. We do feel that the data and information presented by the authors was clear and helped establish the pressing nature of this issue and

1 the need for our profession to appropriately regulate autonomous clinical AI. We would also
2 like to point out that this has continued to be further developed in other perspective pieces
3 since the submission of this resolution, such as this one recently published in JAMA:
4 <https://jamanetwork.com/journals/jama/fullarticle/2847569>.

5
6 We discussed that while this current issue revolves around autonomous prescription of
7 medications by AI, the rapid pace of AI will certainly outgrow this as the main area of focus
8 and we feel like any policy developed by our AMA should be broad enough for us to have a
9 nimble and thorough advocacy response. Given this concern to create a broad policy that
10 would function for years to come and be applicable across multiple instances, while also
11 addressing the concerns brought forth in this resolution of physician oversight, your Reference
12 Committee crafted amendments that would broaden this policy to include all current and future
13 autonomous clinical AI in order to ensure that this policy is enduring and serve as a guiding
14 principle moving forward. We also noted that physicians not only are an integral part of the
15 oversight of autonomous AI when in use, but also a crucial part of its development and
16 regulation. We believe that this augments current AMA AI policies and adds to this ever-
17 growing area within our policy compendium. The language as amended will allow our
18 organization to appropriately respond to current concerns and be well positioned to address
19 these in the future. Given that this is an active and developing issue, with the roll out of more
20 autonomous clinical AI predicted soon, we feel that this does merit immediately forwarding to
21 be considered at this meeting. Therefore, your Reference Committee recommends Late
22 Resolution 1 be adopted as amended.

- 23
24 (2) LATE RESOLUTION 2 – PROTECTING RESIDENT
25 PHYSICIANS WITH PENDING IMMIGRATION STATUS AND
26 ENSURING SAFE PARTICIPATION IN PROFESSIONAL
27 ACTIVITIES

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29 **RECOMMENDATION A:**

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31 **The First and Second Resolved of Late Resolution 2 be**
32 **amended by addition and deletion to read as follows:**

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34 **RESOLVED, that our American Medical Association (AMA)**
35 **~~prevent disruption of patient care and graduate medical~~**
36 **~~education by immediately encouraging~~ urgently advocate**
37 **for the Department of Homeland Security (DHS) and other**
38 **relevant federal agencies to establish a temporarily cease**
39 **~~non-immigration~~ enforcement policy for non-US citizen**
40 **physicians and trainees with pending visa adjudication,**
41 **including those who have recently matched this year; and**
42 **be it further**

43
44 **RESOLVED, that our AMA develop and disseminate a list**
45 **of federal/ and national resources for medical schools and**
46 **residency and fellowship programs in helping medical**
47 **students, residents, and fellows with indeterminate visa**
48 **statuses; and be it further**
49

1 **RECOMMENDATION B:**

2
3 **Late Resolution 2 be adopted as amended.**

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6 **RFS ACTION: Late Resolution 2 adopted as amended.**

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8 **ADOPTED LANGUAGE:**

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10 **RESOLVED, that our American Medical Association (AMA) urgently advocate for the**
11 **Department of Homeland Security (DHS) and other relevant federal agencies to**
12 **temporarily cease immigration enforcement for non-US citizen physicians and trainees**
13 **with pending visa adjudication, including those who have recently matched; and be it**
14 **further**

15
16 **RESOLVED, that our AMA develop and disseminate a list of federal and national**
17 **resources for medical schools and residency and fellowship programs in helping**
18 **medical students, residents, and fellows with indeterminate visa statuses; and be it**
19 **further**

20
21 **RESOLVED, that this resolution be immediately forwarded to the AMA House of**
22 **Delegates at the 2026 Annual Meeting.**

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24
25 RESOLVED, that our American Medical Association (AMA) prevent disruption of patient care
26 and graduate medical education by immediately encouraging federal agencies to establish a
27 temporary non-enforcement policy for non-US citizen physicians and trainees with pending
28 visa adjudication, including those who have matched this year; and be it further

29
30 RESOLVED, that our AMA develop a list of federal/national resources for residency and
31 fellowship programs in helping residents and fellows with indeterminate visa statuses; and be
32 it further

33
34 RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at
35 the 2026 Annual Meeting.

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37 Your Reference Committee would like to thank the authors for bringing forward this resolution
38 as we feel that Late Resolution 2 raises a very timely and important issue that potentially
39 affects many medical students, residents, and fellows, and acknowledges the importance of
40 this issue with recent immigration enforcement actions resulting in the detention of multiple
41 physicians, which has received widespread attention. The AMA certainly has a long history of
42 advocating on behalf of IMG trainees and physicians, in addition to advocating against
43 deportation and on behalf of immigration policy that prioritizes the health and wellness of all.
44 Your Reference Committee offers the proposed amendments to clarify and strengthen the
45 language to address this critical issue and agrees with the urgency justifying an immediate
46 forward. Therefore, your Reference Committee recommends Late Resolution 2 be adopted
47 as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

- (3) LATE REPORT 1 – PRICE EQUITY AND RESTRICTIONS OF PRICE NEGOTIATION

RECOMMENDATION:

Alternate Late Report 1 be adopted in lieu of Late Report 1 and the remainder of the Report be filed.

PRICE EQUITY AND RESTRICTIONS OF PRICE NEGOTIATION

RESOLVED, that our American Medical Association (AMA) study the implications of an all-payer system that would require that all providers and facilities offer the same price for the same service to all payers and the legal prohibition of price negotiations between a provider or facility and payer.

RFS ACTION: Late Report 1 not adopted.

RECOMMENDATION

Your RFS Governing Council recommends that this report be filed.

Your Reference Committee noted the complexity of the topic of the report and the overall findings suggesting that any shift to an all-payer health care system, which is ultimately the model described within this resolution and subsequent report, in the United States may be feasible, though difficult. Extant literature and even policy (i.e., Maryland's all-payer health system) support the feasibility of an all-payer system, though your Reference Committee agrees that a study of this magnitude may be beyond the resources of your RFS Committee(s) and likely better suited to be further investigated with the resources of the AMA and HOD. In reviewing the original resolution, the prior testimony offered on that resolution, and the prior actions of our assembly, we felt that the section was generally in support of this issue being well-studied and possibly carried forward to the House if that recommendation could be founded in evidence. We felt that the reports argument that this report be not adopted solely on the concerns of any political capital that might be expended in bringing this up to the House was ultimately a decision that should lie with our Assembly, but that having the language which we would take to the House was necessary. With that in mind, we developed language that we felt accomplished the original ask of the resolution while being informed by the concerns brought forth in the report. Given all of this, your Reference Committee recommends Alternate Late Report 1 be adopted in lieu of Late Report 1 which includes a recommendation to ask our AMA to study the implications of an all-payer system, and the remainder of the report be filed.

1 (4) LATE REPORT 2 – UPDATE ON FINANCIAL
2 TRANSPARENCY OF THE REVENUE GENERATED BY
3 TRAINEES AT HEALTH SYSTEMS
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5 **RECOMMENDATION:**
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7 **Alternate Late Report 2 be adopted in lieu of Late Report 2**
8 **and the remainder of the report be filed.**
9

10 **UPDATE ON FINANCIAL TRANSPARENCY OF THE**
11 **REVENUE GENERATED BY TRAINEES AT HEALTH**
12 **SYSTEMS**
13

14 **RESOLVED, that our American Medical Association (AMA)**
15 **encourage teaching institutions and relevant stakeholders**
16 **to increase transparency and reporting of revenue**
17 **generated for health systems by resident and fellow**
18 **physicians.**
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21 **RFS ACTION: Alternate Late Report 2 adopted in lieu of Late Report**
22 **2 and the remainder of the report filed.**
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24 **ADOPTED LANGUAGE:**
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26 **RESOLVED, that our American Medical Association (AMA) study the feasibility of**
27 **quantifying the direct and indirect revenue generated by resident and fellow physicians**
28 **for their sponsoring institution, including the development of standardized**
29 **methodologies for such estimation, and develop recommendations regarding whether**
30 **and how such data should be transparently reported to training institutions, accrediting**
31 **bodies, and the public.**
32

33
34 **RECOMMENDATION**

35 Based on the report prepared by the AMA-RFS Committee on Business and Economics, your
36 RFS Governing Council recommends that following resolved clause be adopted and the
37 remainder of the report be filed:
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39 1. RESOLVED, that our AMA-RFS supports increased transparency of revenue generated for
40 health systems by resident and fellow physicians.
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42 In Late Report 2, the authors review prior efforts since 2023 to address transparency
43 surrounding the economic value generated by resident and fellow physicians. Earlier versions
44 of this proposal included language advocating for development of a report quantifying the
45 revenue generated by trainees. However, multiple referrals, reports, and stakeholder
46 discussions concluded that creating such a report would be logistically and methodologically
47 difficult, as it would require accounting for differences in specialty training requirements,
48 institutional payer mix, reimbursement structures, and variation across teaching hospitals. As
49 a result, the report concludes that creating a standardized framework to quantify resident-

1 generated economic value is not currently feasible and instead recommends adoption of an
2 internal AMA-RFS position statement supporting greater transparency regarding revenue
3 generated for health systems by trainees.
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5 Your Reference Committee thanks the committee for their thoughtful analysis and agrees that
6 promoting greater transparency regarding the value generated by resident and fellow
7 physicians reflects the spirit and intent of the original resolution. However, we believe that
8 limiting the position to the RFS unnecessarily narrows its actionability, particularly given the
9 existence of longstanding RFS position statements related to disclosure of residency
10 revenues and expenditures and the value of resident services. Given the persistence of this
11 issue despite existing internal position statements, your Reference Committee believes these
12 efforts may be more impactful if advanced through broader AMA policy adopted by the House
13 of Delegates.

14 The Committee further noted that the AMA has previously considered this issue through
15 Council on Medical Education Report 4A-16), which resulted in House policy directing the
16 AMA to collaborate with relevant stakeholders to evaluate and establish consensus regarding
17 the appropriate economic value of resident and fellow services. While existing House policy
18 recognizes the importance of understanding and appropriately valuing resident and fellow
19 contributions, it does not specifically address transparency or reporting of the value generated
20 by trainees within health systems. We believe the substituted resolved clause complements
21 existing policy by advancing transparency as a distinct policy objective. Therefore, your
22 Reference Committee recommends Alternate Late Report 2 be adopted in lieu of Late Report
23 2 and the remainder of the report be filed.

This concludes the second report of the RFS Reference Committee. I would like to thank Sheryl Fuehrer, MD, Sham Manoranjithan, MD, Daniel Resnick, DO, MBA, Shireen Saxena, MD, Michael Visenio, MD, MPH, and Abbigayle Willgruber, MD.

Tristan Mackey, MD, Chair

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