

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

Report of Rules Committee

1 Your Rules Committee recommends the following consent calendar for acceptance:
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3

RECOMMENDED TO CONSIDER FOR BUSINESS

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5 1. Late Report 1 – Price Equity and Restrictions of Price Negotiation
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7

8 2. Late Report 2 – Update on Financial Transparency of the Revenue Generated by
9 Trainees at Health Systems

10

11 3. Late Resolution 1 – Bringing Physicians' Voices to the Implementation of AI
12 Prescribers

13

14 4. Late Resolution 2 – Protecting Resident Physicians with Pending Immigration
Status and Ensuring Safe Participation in Professional Activities

1 (1) LATE REPORT 1 – PRICE EQUITY AND RESTRICTIONS
2 OF PRICE NEGOTIATION
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4 **RECOMMENDATION:**
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6 **Late Report 1 be considered for business.**
7

8 RECOMMENDATION

9 Your RFS Governing Council recommends that this report be filed.
10

11 Your Rules Committee recommends that Late Report 1 be considered for business. The
12 RFS Committee on Business and Economics brings forward a timely report addressing an
13 issue that has been extensively discussed at recent meetings and remains of significant
14 importance to the RFS. The authors provide sufficient justification for the delayed
15 submission, and your Rules Committee agrees that further deferral is unlikely to
16 meaningfully alter the report’s content. Conversely, delaying consideration could result in
17 the loss of valuable institutional knowledge and context due to anticipated committee
18 turnover. Your Rules Committee recognizes both the relevance of this issue to the RFS
19 and the benefit of addressing it while those most familiar with its development remain
20 actively engaged. For these reasons, your Rules Committee finds it prudent that this report
21 be considered at this meeting and therefore recommends Late Report 1 be considered for
22 business.
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24 (2) LATE REPORT 2 – UPDATE ON FINANCIAL
25 TRANSPARENCY OF THE REVENUE GENERATED BY
26 TRAINEES AT HEALTH SYSTEMS
27

28 **RECOMMENDATION:**
29

30 **Late Report 2 be considered for business.**
31

32 RECOMMENDATION

33 Based on the report prepared by the AMA-RFS Committee on Business and Economics,
34 your RFS Governing Council recommends that following resolved clause be adopted and
35 the remainder of the report be filed:
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37 1. RESOLVED, that our AMA-RFS supports increased transparency of revenue generated
38 for health systems by resident and fellow physicians.
39

40 Your Rules Committee recommends that Late Report 2 be considered for business. The
41 authors note that this report is timely because there is a legitimate concern that committee
42 turnover will set back the research completed (i.e., continuity of background knowledge
43 and work). Notably, this topic has not been discussed by our RFS Section since A-24, two
44 years ago. This report is also relevant because there is growing interest in transparency
45 regarding revenue generated by residents and fellows, especially amid increasing scope
46 creep by non-physician providers and the rise of artificial intelligence. Lastly, the reason
47 for posting beyond the original submission deadline is justified because of the nuance
48 required in this report and the need for a high-quality submission. Because this report is
49 timely, relevant, and justifiably after the original submission date, your Rules Committee
50 recommends that Late Report 2 be considered for business.

1 (3) LATE RESOLUTION 1 – BRINGING PHYSICIANS'
2 VOICES TO THE IMPLEMENTATION OF AI
3 PRESCRIBERS
4

5 **RECOMMENDATION:**
6

7 **Late Resolution 1 be considered for business.**
8

9 RESOLVED, that our American Medical Association (AMA) work with appropriate
10 stakeholders to promote patient safety by opposing AI prescription services that operate
11 without direct physician oversight; and be it further
12

13 RESOLVED, that this resolution be immediately forwarded to the AMA House of
14 Delegates at the 2026 Annual Meeting.
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16 Your Rules Committee recommends that Late Resolution 1 be considered for business.
17 This resolution addresses concerns that arose in late April 2026, after the RFS resolution
18 deadline had passed, addressing the reason for being submitted late. As the resolution
19 points out, Artificial Intelligence (AI) is a rapidly growing field in healthcare, and with AMA
20 having policy and the Center for Digital Health and AI, its urgency is appropriate. Finally,
21 the concerns surrounding AI prescribers directly affects the patients residents and fellows
22 treat regularly, addressing the importance to the resident community.
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24 (4) LATE RESOLUTION 2 – PROTECTING RESIDENT
25 PHYSICIANS WITH PENDING IMMIGRATION STATUS
26 AND ENSURING SAFE PARTICIPATION IN
27 PROFESSIONAL ACTIVITIES
28

29 **RECOMMENDATION:**
30

31 **Late Resolution 2 be considered for business.**
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33 RESOLVED, that our American Medical Association (AMA) prevent disruption of patient
34 care and graduate medical education by immediately encouraging federal agencies to
35 establish a temporary non-enforcement policy for non-US citizen physicians and trainees
36 with pending visa adjudication, including those who have matched this year; and be it
37 further
38

39 RESOLVED, that our AMA develop a list of federal/national resources for residency and
40 fellowship programs in helping residents and fellows with indeterminate visa statuses; and
41 be it further
42

43 RESOLVED, that this resolution be immediately forwarded to the AMA House of
44 Delegates at the 2026 Annual Meeting.
45

46 Your Rules Committee recommends Late Resolution 2 be considered for business. This
47 resolution addresses an urgent and evolving issue that directly affects resident and fellow
48 physicians today. Recent visa processing disruptions and immigration-related uncertainty
49 have progressively impacted trainees, including reports of two resident physicians in
50 Texas who were detained in April 2026 despite efforts to maintain lawful status. These
51 developments occurred after the on-time resolution submission deadline, making this

1 matter both timely and newsworthy. As residency and fellowship programs prepare for the
2 July transition, delays in visa adjudication and work authorization threaten trainee
3 participation in graduate medical education, disrupt continuity of patient care, and
4 exacerbate existing physician workforce shortages. Given the direct and timely impact on
5 residents, fellows, and the patients they serve, prompt consideration by the RFS Assembly
6 is warranted.

1 Madame Speaker, this concludes the Report of the Rules Committee. We would like to
2 thank the author for providing thorough background information and reasoning to the
3 Committee.

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8 Dayna Isaacs, MD, MPH, Chair

Anthony (Sean) de Leon, MD

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12 Robert Dunn, MD

Oluwasegun (Paul) Emenogu, MD

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15 _____
Katherine Holder, MD