

## AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-25)

Report of Reference Committee

Jacob Altholz, MD, Chair

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

### 2 **RECOMMENDED FOR ADOPTION**

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4 1. Resolution 1 – Condemnation of Attacks on Healthcare Workers and Facilities in  
5 Gaza

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7 2. Resolution 14 – Fatigue Mitigation: Supporting Fully-Funded Transportation for  
8 Trainee Physicians After Extended or Overnight Shifts

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### 10 **RECOMMENDED FOR ADOPTION AS AMENDED**

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12 3. Resolution 2 – Humanitarian and Medical Aid Support to Palestine

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14 4. Resolution 4 – Hardship for International Medical Graduates from Palestine

15

16 5. Resolution 7 – Ending AMA Investment in Weapons Manufacturers

17

18 6. Resolution 9 –Preserving Access to Care for Undocumented Individuals

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### 20 **RECOMMENDED FOR ADOPTION IN LIEU OF**

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22 7. Resolution 3 – Reevaluation of AMA Policy Regarding Support for Specific National  
23 Medical Associations in the World Medical Association

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25 8. Resolution 10 – Disparities in Preliminary and Transitional Year GME Funding

26

27 9. Resolution 12 – Addressing Transitions Within GME Regarding Orientation  
28 Standards

29

### 30 **RECOMMENDED FOR REFERRAL**

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32 10. Resolution 5 – RFS Caucus Endorsements

33

34 11. Resolution 8 – Stronger Recognition and Promotion of Accommodations for  
35 Neurodivergent Learners

36

37 12. Resolution 13 – Support for Intern, Resident, and Fellow Jeopardy Pay

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### 39 **RECOMMENDED FOR NOT ADOPTION**

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41 13. Resolution 6 – Support for Evaluation of Single-Payer and Unified Healthcare  
42 Financing Systems

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## RECOMMENDED FOR ADOPTION

(1) RESOLUTION 1 - CONDEMNATION OF ATTACKS ON  
HEALTHCARE WORKERS AND FACILITIES IN GAZA

## **RECOMMENDATION:**

## **Resolution 1 be adopted.**

## **RFS ACTION: Resolution 1 adopted as amended.**

## **ADOPTED LANGUAGE:**

**RESOLVED**, that our American Medical Association (AMA) recognize the deliberate targeting of healthcare workers, medical students, and healthcare facilities in Gaza as a violation of medical neutrality and AMA policy; and be it further

**RESOLVED**, that our AMA supports efforts to protect, release, and provide restitution to detained healthcare workers in Gaza.

RESOLVED, that our American Medical Association (AMA) publicly condemn the Government of Israel for its deliberate targeting of healthcare workers, medical students, and healthcare facilities in Gaza as a violation of medical neutrality and AMA policy; and be it further

RESOLVED, that our AMA supports efforts to protect, release, and provide restitution to detained healthcare workers in Gaza.

The Reference Committee heard mixed testimony on Resolution 1. Testimony in support, including from the JEDI Standing Committee and a separate RFS Delegation, emphasized the urgent humanitarian crisis in Gaza and the need for the AMA to take a clear moral stance in condemning the targeting of healthcare workers and medical facilities. Supporters cited the principle of medical neutrality, existing AMA policy, and the importance of amplifying the voices of physicians advocating for the protection of health professionals in conflict zones. The Committee on Public Health (CPH) testified in opposition, expressing that the proposed resolves are already encompassed by existing AMA policies, including H-520.998 ("Medical Neutrality"), H-520.985 ("Protection of Healthcare and Humanitarian Aid Workers in All Areas of Armed Conflict"), and D-65.993 ("War Crimes as a Threat to Physicians' Humanitarian Responsibilities"). CPH further cautioned that country-specific condemnations could undermine the AMA's tradition of maintaining broad, globally applicable humanitarian principles. The author proposed amending the second resolve clause to include "and in other areas of conflict" to broaden its scope; however, there was insufficient testimony to build a consensus towards recommending this change. The Reference Committee recognizes that while existing AMA policy broadly affirms the protection of healthcare personnel in all conflicts, the majority of testimony reflected a desire for the AMA to reaffirm its stance in the context of the ongoing crisis in Gaza. Accordingly, your Reference Committee recommends that Resolution 1 be adopted.

1       (2)    RESOLUTION 14 – FATIGUE MITIGATION: SUPPORTING  
2            FULLY-FUNDED TRANSPORTATION FOR TRAINEE  
3            PHYSICIANS AFTER EXTENDED OR OVERNIGHT SHIFTS  
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5           **RECOMMENDATION:**

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7           **Resolution 14 be adopted.**

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10          **RFS ACTION: Resolution 14 adopted.**

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13          RESOLVED, that our American Medical Association (AMA) supports the provision of fully-  
14            funded transportation options (including, but not limited to, rideshares and taxis) for intern,  
15            resident, and fellow physicians after extended or overnight shifts as a core fatigue mitigation  
16            strategy, with costs not borne by trainees.

17

18          Your Reference Committee recommends that Resolution 14 be adopted. The majority of  
19            testimony was supportive, and we believe the language provided by the authorship team did  
20            not require further clarity according to other testimony despite few noted concerns of what  
21            certain portions, such as "fully-funded," mean precisely. Notably, the current language also  
22            allows each training program to implement this policy as best fit per their program. For  
23            example, some individuals gave examples of funding sources in their programs that were not  
24            likely to be replicated and therefore recommended against a unified definition. Given that the  
25            testimony is largely in support with only specific reservations on certain portions, your  
26            Reference Committee recommends Resolution 14 be adopted.

## **RECOMMENDED FOR ADOPTION AS AMENDED**

(3) RESOLUTION 2 – HUMANITARIAN AND MEDICAL AID SUPPORT TO PALESTINE

## **RECOMMENDATION A:**

**The First Resolve of Resolution 2 be amended by deletion to read as follows:**

**RESOLVED**, that our American Medical Association supports efforts to contribute funds to support the humanitarian crisis in Gaza, ~~as it has with Ukraine~~; and be it further

## **RECOMMENDATION B:**

**The Third Resolve of Resolution 2 be amended by addition and deletion to read as follows:**

**RESOLVED**, that our AMA advocate for an early implementation of mental health measures and address war-related trauma and post-traumatic stress disorder when dealing with Palestinian refugees with special attention to vulnerable populations including but not limited to ~~young children, mothers, and pregnant women~~ young children, their parents, pregnant people, and the elderly; and be it further

## RECOMMENDATION C:

## **The Fourth Resolve of Resolution 2 be deleted.**

**RESOLVED**, that our AMA advocate for educational measures to enhance the understanding of war-related trauma in Palestinian survivors and promote efforts to increase resilience in war-affected people targeting vulnerable categories of people.

## **RECOMMENDATION D:**

**Resolution 2 be adopted as amended.**

## RFS ACTION: Resolution 2 adopted as amended.

## **ADOPTED LANGUAGE:**

1   **RESOLVED**, that our American Medical Association supports efforts to contribute  
2   funds to support the humanitarian crisis in Gaza; and be it further

3  
4   **RESOLVED**, that our American Medical Association (AMA) advocate for continuous  
5   support of organizations providing humanitarian missions and medical care to  
6   Palestinian refugees in Palestine, in nearby countries, and/or in the US; and be it further

7  
8   **RESOLVED**, that our AMA advocate for an early implementation of mental health  
9   measures and address war-related trauma and post-traumatic stress disorder when  
10   dealing with Palestinian refugees with special attention to vulnerable populations  
11   including but not limited to young children, their parents, pregnant people, and the  
12   elderly.

13  
14  
15   **RESOLVED**, that our American Medical Association supports efforts to contribute funds to  
16   support the humanitarian crisis in Gaza, as it has with Ukraine; and be it further

17  
18   **RESOLVED**, that our American Medical Association (AMA) advocate for continuous support  
19   of organizations providing humanitarian missions and medical care to Palestinian refugees in  
20   Palestine, in nearby countries, and/or in the US; and be it further

21  
22   **RESOLVED**, that our AMA advocate for an early implementation of mental health measures  
23   and address war-related trauma and post-traumatic stress disorder when dealing with  
24   Palestinian refugees with special attention to vulnerable populations including but not limited  
25   to young children, mothers, and pregnant women; and be it further

26  
27   **RESOLVED**, that our AMA advocate for educational measures to enhance the understanding  
28   of war-related trauma in Palestinian survivors and promote efforts to increase resilience in  
29   war-affected people targeting vulnerable categories of people.

30  
31   Your Reference Committee recommends Resolution 2 be adopted as amended. Testimony  
32   on this resolution was broad and supportive. Many supported the resolution's intent to address  
33   urgent humanitarian, medical, and mental health needs specific to Palestinians affected by  
34   the conflict, noting parallels to prior AMA actions on Ukraine. Others raised concerns about  
35   redundancy with existing, broadly applicable AMA policy and recommended avoiding conflict-  
36   to-conflict cross-references in the resolve clauses. Your Reference Committee agrees with  
37   suggestions made by the RFS Delegates and a separate amendment by the author to strike  
38   the fourth resolve clause. Your Reference Committee agrees that focusing the first resolve on  
39   Gaza without referencing another conflict improves clarity and avoids unnecessary  
40   comparisons while preserving the ask. Finally, the third resolve is strengthened by adding  
41   inclusive language ("their parents, pregnant people, and the elderly"), consistent with  
42   contemporary AMA usage and testimony. Therefore, your Reference Committee recommends  
43   Resolution 2 be adopted as amended.

44  
45   (4)   **RESOLUTION 4 – HARDSHIP FOR INTERNATIONAL**  
46   **MEDICAL GRADUATES FROM PALESTINE**

47  
48   **RECOMMENDATION A:**

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1       **Resolution 4 be amended by addition and deletion to read**  
2       **as follows:**

3  
4       **RESOLVED**, that our American Medical Association (AMA)  
5       advocate with relevant stakeholders that advise state  
6       medical boards to develop alternative pathways grant  
7       hardship waiver for primary source verification of medical  
8       education for all licensing requirements for physicians who  
9       graduated from medical schools in Palestine until the  
10      current humanitarian crisis in Palestine is resolved; and be  
11      it further

12  
13       **RESOLVED**, that our AMA advocate with relevant  
14       stakeholders to consider waiving the requirement that the  
15       **Statement of Need for visa application come directly from**  
16       **a federal/central Ministry of Health office grant a hardship**  
17       **waiver for the Statement of Need Certificate for obtaining a**  
18       **Visa for Palestinian physicians who matched to the**  
19       **residency or fellowship in the U.S. until the resolution of**  
20       **the current humanitarian crisis in Palestine.**

21  
22       **RECOMMENDATION B:**

23  
24       **Resolution 4 be adopted as amended.**

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26  
27       **RFS ACTION: Resolution 4 adopted as amended.**

28  
29       **ADOPTED LANGUAGE:**

30  
31       **RESOLVED**, that our American Medical Association (AMA) advocate with relevant  
32       stakeholders that advise state medical boards to develop alternative pathways such as  
33       a hardship waiver for primary source verification of medical education for all licensing  
34       requirements for physicians who graduated from medical schools in Palestine until the  
35       current humanitarian crisis in Palestine is resolved; and be it further

36  
37       **RESOLVED**, that our AMA advocate with relevant stakeholders to consider waiving the  
38       requirement that the **Statement of Need for visa application come directly from a**  
39       **federal/central Ministry of Health office for Palestinian physicians who matched to the**  
40       **residency or fellowship in the U.S. until the resolution of the current humanitarian crisis**  
41       **in Palestine; and be it further**

42  
43       **RESOLVED**, that our AMA-RFS immediately forward this resolution to the AMA House  
44       of Delegates at the 2025 Interim Meeting.

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45  
46  
47       **RESOLVED**, that our American Medical Association (AMA) advocate with relevant  
48       stakeholders that advise state medical boards to grant hardship waiver for primary source  
49       verification of medical education for all licensing requirements for physicians who graduated

1 from medical schools in Palestine until the current humanitarian crisis in Palestine is resolved;  
2 and be it further

3  
4 RESOLVED, that our AMA advocate with relevant stakeholders to grant a hardship waiver for  
5 the Statement of Need Certificate for obtaining a Visa for Palestinian physicians who matched  
6 to the residency or fellowship in the U.S. until the resolution of the current humanitarian crisis  
7 in Palestine.

8  
9 Your Reference Committee recommends that Resolution 4 be adopted as amended. Your  
10 Reference Committee heard uniformly supportive testimony regarding the intent of this  
11 resolution, which seeks to ensure equitable access to medical training and licensure pathways  
12 for physicians affected by the ongoing humanitarian crisis in Palestine. Several speakers and  
13 written comments highlighted the importance of mirroring existing AMA policy supporting  
14 Ukrainian IMGs, emphasizing consistency in advocacy for physicians whose educational  
15 institutions have been disrupted by war. Testimony noted, however, that the resolution's  
16 second resolve clause references a "hardship waiver" for Statement of Need Certificates, a  
17 process for which no such waiver mechanism exists. Your Reference Committee agreed that  
18 while advocacy to facilitate alternative verification of credentials is appropriate, the  
19 terminology should be clarified to reflect what is operationally feasible under current law. The  
20 Committee also noted one suggestion from an individual to broaden the scope to include all  
21 IMGs affected by conflict globally, but others did not echo this perspective. Accordingly, your  
22 Reference Committee recommends amending the resolution to remove the reference to a  
23 "hardship waiver" and to maintain focus on Palestinian IMGs, thereby aligning it with existing  
24 AMA policy precedent while ensuring practical applicability. Therefore, your Reference  
25 Committee recommends Resolution 4 be adopted as amended.

26  
27 (5) RESOLUTION 7 – ENDING AMA INVESTMENT IN  
28 WEAPONS MANUFACTURERS

29  
30 **RECOMMENDATION A:**

31  
32 The Second Resolve of Resolution 7 be amended by  
33 addition and deletion to read as follows:

34  
35 RESOLVED, that our AMA report back to the HOD at A-267  
36 on what progress has been made towards divestment; and  
37 be it further

38  
39 **RECOMMENDATION B:**

40  
41 The Third Resolve of Resolution 7 be deleted.

42  
43 ~~RESOLVED, that our AMA RFS immediately forward this~~  
44 ~~resolution to the AMA House of Delegates at the 2025~~  
45 ~~Interim Meeting.~~

46  
47 **RECOMMENDATION C:**

48  
49 **Resolution 7 be adopted as amended.**

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1  
2 **RFS ACTION: Resolution 7 adopted as amended.**

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4 **ADOPTED LANGUAGE:**

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6 **RESOLVED**, that our American Medical Association (AMA) divest from all companies  
7 that derive a majority of their revenue from the manufacturing of weapons, cluster  
8 munitions, chemical, biological, or nuclear weapons, or key component of these  
9 weapons; and be it further

10  
11 **RESOLVED**, that our AMA report back to the HOD at A-27 on what progress has been  
12 made towards divestment.

13  
14  
15 **RESOLVED**, that our American Medical Association (AMA) divest from all companies that  
16 derive a majority of their revenue from the manufacturing of weapons, cluster munitions,  
17 chemical, biological, or nuclear weapons, or key component of these weapons; and be it  
18 further

19  
20 **RESOLVED**, that our AMA report back to the HOD at A-26 on what progress has been made  
21 towards divestment; and be it further

22  
23 **RESOLVED**, that our AMA-RFS immediately forward this resolution to the AMA House of  
24 Delegates at the 2025 Interim Meeting.

25  
26 Your Reference Committee recommends Resolution 7 be adopted as amended. Your  
27 Reference Committee heard broadly supportive testimony for the first resolve clause, though  
28 there was some concern expressed that insufficient information is available on the AMA's  
29 current investment practices to proceed with this clause. Mixed testimony was heard on the  
30 second resolve clause, with concern that a report back at A-26 was too soon given the time it  
31 may take for implementation. Your Reference Committee agrees and has included a proposed  
32 amendment to extend the timeline to A-27. Furthermore, there was mixed testimony on the  
33 third resolve clause, with some arguing that this doesn't meet the urgency needed for an  
34 immediate forward, especially given the length of time needed to potentially move  
35 investments. Your Reference Committee agrees and supports deletion of the third resolve  
36 clause. Therefore, your Reference Committee recommends Resolution 7 be adopted as  
37 amended.

38  
39 (6) **RESOLUTION 9 – PRESERVING ACCESS TO CARE FOR**  
40 **UNDOCUMENTED INDIVIDUALS**

41  
42 **RECOMMENDATION A:**

43  
44 **The Second Resolve of Resolution 9 be amended by**  
45 **addition and deletion to read as follows:**

46

1       RESOLVED, that our AMA-RFS supports our AMA in  
2       advocating advocate for the continued funding and  
3       expansion of programs to ensure adequate healthcare  
4       coverage for individuals regardless of documentation  
5       status; and be it further

6                   RECOMMENDATION B:

7                   The Third Resolve of Resolution 9 be amended by addition  
8                   and deletion to read as follows:

9       RESOLVED, that our AMA study the impacts of the One Big  
10      Beautiful Bill on Medicaid-expansion and health safety net  
11      programs and insurance coverage for undocumented  
12      people with recommendations to improve healthcare  
13      coverage for undocumented individuals with a report back,  
14      at Annual 2026; and be it further

15                   RECOMMENDATION C:

16                   The Fourth Resolve of Resolution 9 be deleted.

17       RESOLVED, that this resolution be immediately forwarded  
18      to the AMA House of Delegates at the 2025 Interim Meeting.

19                   RECOMMENDATION D:

20                   Resolution 9 be adopted as amended.

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21       RFS ACTION: Resolution 9 adopted as amended.

22                   ADOPTED LANGUAGE:

23       RESOLVED, that our AMA-RFS internal position statement 140.001R be amended by  
24      addition and deletion to read as follows:

25       Health Care Reform Plan: That our AMA-RFS (1) continue to advocate for health system  
26      reform which makes health insurance coverage accessible for all U.S. citizens  
27      residents within the U.S.; (2) support requiring all children to have health insurance as  
28      a strategic priority; (3) advocate for sufficient federal subsidy or tax credit amounts so  
29      that all U.S. citizens residents can afford to purchase health insurance; (4) support the  
30      requirement for private insurers that children up to age 26 could continue family  
31      coverage through their parents' plan; (5) support working with the federal government  
32      to ensure that if federal programs are to be expanded, that proper checks and balances  
33      are in place to ensure that reimbursements reflect the actual cost of care and that  
34      patient access is not limited; and (6) support that under the National Health Insurance  
35      Exchange (or any similar proposed program) that participating insurers provide high

1       **quality, transparent services, and that their reimbursements reflect the actual cost of**  
2       **care. (Report H, I-08)**

3  
4       **RESOLVED, that our AMA-RFS supports our AMA in advocating for the continued**  
5       **funding and expansion of programs to ensure adequate healthcare coverage for**  
6       **individuals regardless of documentation status; and be it further**

7  
8       **RESOLVED, that our AMA study the impacts of the One Big Beautiful Bill on Medicaid-**  
9       **expansion and health safety net programs and insurance coverage for undocumented**  
10       **people with recommendations to improve healthcare coverage for undocumented**  
11       **individuals with a report back.**

12  
13  
14       **RESOLVED, that our AMA-RFS internal position statement 140.001R be amended by**  
15       **addition and deletion to read as follows:**

16  
17       **Health Care Reform Plan: That our AMA-RFS (1) continue to advocate for health system**  
18       **reform which makes health insurance coverage accessible for all U.S. citizens residents within**  
19       **the U.S.; (2) support requiring all children to have health insurance as a strategic priority; (3)**  
20       **advocate for sufficient federal subsidy or tax credit amounts so that all U.S. citizens residents**  
21       **can afford to purchase health insurance; (4) support the requirement for private insurers that**  
22       **children up to age 26 could continue family coverage through their parents' plan; (5) support**  
23       **working with the federal government to ensure that if federal programs are to be expanded,**  
24       **that proper checks and balances are in place to ensure that reimbursements reflect the actual**  
25       **cost of care and that patient access is not limited; and (6) support that under the National**  
26       **Health Insurance Exchange (or any similar proposed program) that participating insurers**  
27       **provide high quality, transparent services, and that their reimbursements reflect the actual**  
28       **cost of care. (Report H, I-08)**

29  
30       **RESOLVED, that our American Medical Association (AMA) advocate for the continued**  
31       **funding and expansion of programs to ensure adequate healthcare coverage for individuals**  
32       **regardless of documentation status; and be it further**

33  
34       **RESOLVED, that our AMA study the impacts of the One Big Beautiful Bill on Medicaid-**  
35       **expansion and health safety net programs and insurance coverage for undocumented people**  
36       **with recommendations to improve healthcare coverage for undocumented individuals with a**  
37       **report back at Annual 2026; and be it further**

38  
39       **RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at**  
40       **the 2025 Interim Meeting.**

41  
42       Your Reference Committee recommends that Resolution 9 be adopted as amended.  
43       Testimony was mixed, but there was large support for the first resolve. Concerns regarding  
44       novelty were expressed regarding the second resolve and your Reference Committee agrees,  
45       considering that AMA policies H-165.823, D-440.911 and H-65.938 as well as internal RFS  
46       position statements R410.017 and R410.028 encompass the goals of this ask. Your  
47       Reference Committee was instructed that the HOD will not accept resolution clauses solely  
48       calling for reaffirmation of specific AMA policies, and that instead these policies should be  
49       reaffirmed when they come up for sunset review in the future. As such, we recommend that

1 the second resolve be made internal so that when these policies are due to be sunset, your  
2 Section Delegates can support reaffirmation at that time. This action will also serve to fill a  
3 gap in the RFS Position Compendium. Furthermore, the majority of testimony on the third  
4 resolve expressed that asking for a report back at A-26 would be premature, leading to limited  
5 results and removing a prescriptive timeline would allow it to be more favorably received by  
6 HOD. Finally, testimony overwhelmingly supported the fact that this resolution is not timely  
7 enough for an immediate forward and recommended deletion of the fourth resolve clause.  
8 Your Reference Committee agrees and recommends Resolution 9 be adopted as amended.

## **RECOMMENDED FOR ADOPTION IN LIEU OF**

(7) RESOLUTION 3 – REEVALUATION OF AMA POLICY  
REGARDING SUPPORT FOR SPECIFIC NATIONAL  
MEDICAL ASSOCIATIONS IN THE WORLD MEDICAL  
ASSOCIATION

## RECOMMENDATION:

**Alternate Resolution 3 be adopted in lieu of Resolution 3.**

## REEVALUATION OF AMA POLICY REGARDING SUPPORT FOR SPECIFIC NATIONAL MEDICAL ASSOCIATIONS IN THE WORLD MEDICAL ASSOCIATION

**RESOLVED**, that our American Medical Association (AMA) rescind AMA policy D-250.990 "Israeli Medical Association" which states "Our AMA will oppose any efforts to expel the Israeli Medical Association from the World Medical Association"; and be it further

**RESOLVED**, that our AMA's position on business in the World Medical Association (WMA) related to applications for constituent membership, or discipline or termination for current constituent members shall be based on the prevailing evidence at the time.

## **RFS ACTION: Alternate Resolution 3 adopted in lieu of Resolution 3.**

## **ADOPTED LANGUAGE:**

## REEVALUATION OF AMA POLICY REGARDING SUPPORT FOR SPECIFIC NATIONAL MEDICAL ASSOCIATIONS IN THE WORLD MEDICAL ASSOCIATION

**RESOLVED**, that our American Medical Association (AMA) rescind AMA policy D-250.990 "Israeli Medical Association" which states "Our AMA will oppose any efforts to expel the Israeli Medical Association from the World Medical Association"; and be it further

**RESOLVED**, that our AMA's position on business in the World Medical Association (WMA) related to applications for constituent membership, or discipline or termination for current constituent members shall be based on the prevailing evidence at the time.

RESOLVED, that our American Medical Association (AMA) rescind AMA policy D-250.990 "Israeli Medical Association" stating "Our AMA will oppose any efforts to expel the Israeli Medical Association from the World Medical Association"; and be it further

1 RESOLVED, that our AMA adopt a policy stating that positions on the membership of the  
2 AMA in the WMA or similar bodies shall be based on current evidence, adherence to human  
3 rights and medical ethics, and be subject to periodic review, without exception.

4  
5 Your Reference Committee recommends that alternate resolution 3 be adopted in lieu of  
6 resolution 3. Broadly supportive testimony was received regarding the first resolve clause.  
7 Testimony on the second resolve was mixed, primarily due to concerns that the wording was  
8 not consistent with the need to establish clear policy (rather than calling for future policy  
9 development). As such, a replacement clause was proffered based on your Reference  
10 Committee's best understanding of the intent of the authors and support provided in testimony.  
11 This substitute clause deliberately permits broad interpretation and allows WMA-specific  
12 business practices that would be necessary to consider related to the admission of new  
13 members or to the change in status of existing members, based on the applicable governance  
14 protocols of the WMA. Therefore, your Reference Committee recommends that Alternate  
15 Resolution 3 be adopted in lieu of Resolution 3.

16  
17 (8) RESOLUTION 10 – DISPARITIES IN PRELIMINARY AND  
18 TRANSITIONAL YEAR GME FUNDING

19  
20 **RECOMMENDATION:**

21  
22 **Alternate Resolution 10 be adopted in lieu of Resolution 10.**

23  
24 **DISPARITIES IN PRELIMINARY AND TRANSITIONAL YEAR**  
25 **GME FUNDING**

26  
27 RESOLVED, that our AMA amend D-305.929, Proposed  
28 Revisions to AMA Policy on the Financing of Medical  
29 Education Programs," by addition to read as follows:

30  
31 **1. It is AMA policy that:**

32  
33 **F. Full Medicare direct medical education funding should be**  
34 **available for the number of years required for initial board**  
35 **certification. For combined residency programs, and those**  
36 **requiring a preliminary year, funding should be available for**  
37 **the longest of the individual programs plus one additional**  
38 **year. There should be opportunities to extend the period of**  
39 **full funding for specialties or subspecialties where there is**  
40 **a documented need, including a physician shortage.**

41  
42 **RFS ACTION: Resolution 10 referred.**

43  
44  
45  
46 RESOLVED, that our American Medical Association support that a preliminary year resident  
47 entering a subsequent full residency be eligible for GME funds from the Centers for  
48 Medicare & Medicaid Services (CMS) for the duration of their program comparable to their  
49 peers; and be it further

1  
2 RESOLVED, that our AMA work with other stakeholders to ensure all health systems fully  
3 fund trainees in full residency programs with a path to board certification.

4  
5 Your Reference Committee recommends that Alternate Resolution 10 be adopted in lieu of  
6 Resolution 10. Mixed testimony was received on this item that included a variety of individuals,  
7 committees, and geographic caucuses. Notably, the authorship team, the RFS Committee on  
8 Business and Economics, and an individual testified in support of the resolution as written.  
9 Your RFS Section Delegates spoke with a point of information, explaining that the first resolve  
10 clause will help fill a gap in policy, but that the second resolve clause may be better  
11 incorporated into an amendment of existing policy D-305.967. There were also a number of  
12 amendments offered, but your Reference Committee feels that these too broadly change the  
13 spirit of this resolution. Your Reference Committee agrees that the second resolved clause is  
14 a reaffirmation of a plethora of AMA policies and actions, most specifically D-305.967, and  
15 that additional policy would not lead to a meaningful change in our advocacy on this issue.  
16 Moreover, we feel that the first resolve clause would be best executed as an amendment to  
17 current policy, H-305.929, encompassing programs with a preliminary year in full Medicare  
18 direct medical education funding eligibility requirements. Therefore, your Reference  
19 Committee recommends that Alternate Resolution 10 be adopted in lieu of Resolution 10.

20  
21 (9) RESOLUTION 12 – ADDRESSING TRANSITIONS WITHIN  
22 GME REGARDING ORIENTATION STANDARDS

23  
24 RECOMMENDATION:

25  
26 **Alternate Resolution 12 be adopted in lieu of Resolution 12.**

27  
28 **ADDRESSING TRANSITIONS WITHIN GME REGARDING  
29 ORIENTATION STANDARDS**

30  
31 RESOLVED, that our AMA study mechanisms for training  
32 programs to provide residents and fellows with necessary  
33 benefits, including but not limited to health insurance,  
34 during transitions in undergraduate and graduate medical  
35 education.

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36  
37 RFS ACTION: **Alternate Resolution 12 adopted in lieu of Resolution 12.**

38  
39 ADOPTED LANGUAGE:

40  
41 **ADDRESSING TRANSITIONS WITHIN GME REGARDING ORIENTATION STANDARDS**

42  
43 RESOLVED, that our American Medical Association (AMA) study mechanisms for  
44 training programs to provide residents and fellows with necessary benefits, including  
45 but not limited to health insurance, during transitions in undergraduate and graduate  
46 medical education; and be it further

1 **RESOLVED**, that our AMA study the benefits of flexible start dates as it relates to  
2 reducing logistical and financial burdens on trainees, including but not limited to the  
3 following transitions: (1) from medical school to residency; (2) from a transitional or  
4 preliminary year to residency; and (3) from residency into fellowship.

6  
7 **RESOLVED**, that our American Medical Association (AMA) support flexible start dates for  
8 trainee orientation in order to prevent undue financial and logistical burden on incoming  
9 trainees including but not limited to the following transitions: (1) from medical school to  
10 residency; (2) from a transitional or preliminary year to residency; and (3) from residency into  
11 fellowship; and be it further

12  
13 **RESOLVED**, that our AMA advocate to organizations accrediting fellowships for a staggered  
14 start date to fellowship programs as it relates to the end of residency training; and be it further

15  
16 **RESOLVED**, that our AMA advocate to accrediting organizations to establish rules for  
17 institutions to provide necessary benefits including but not limited to health insurance during  
18 transitions in graduate medical education to start on the first day of employment/orientation;  
19 and be it further

20  
21 **RESOLVED**, our AMA encourage medical schools to contractually extend health insurance  
22 coverage for medical graduates through the end of June of the year of graduation; and be it  
23 further

24  
25 **RESOLVED**, that our AMA reaffirm policy H-310.912 and emphasize the importance of  
26 adequate compensation during orientation periods.

27  
28 Your Reference Committee recommends that Alternate Resolution 12 be adopted in lieu of  
29 Resolution 12. Supportive testimony for this resolution noted that the asks of this resolution  
30 address a gap in AMA policy not covered by the existing Residents and Fellows' Bill of Rights  
31 H-310.912. Commentary from the RFS Section Delegates further noted that while existing  
32 policy includes language around compensating trainees during the orientation period and  
33 providing access to health insurance, it does not explore the burden on trainees placed by the  
34 transitions between training or acknowledge the need for access to benefits during these  
35 transition periods. Your Reference Committee agrees that this is an important and complex  
36 topic and different needs and potential solutions for coverage between medical school and  
37 residency versus residency and fellowship exist. While solutions may ultimately include a  
38 combination of those proposed in the resolve clauses (i.e., staggered employment start dates  
39 or changes to requirements by accrediting bodies), as well as other mechanisms (i.e., ACA  
40 exchange enrollment via a qualifying life event or COBRA coverage), the most appropriate  
41 solution remains unclear and would benefit from further study and a deeper understanding of  
42 labor/employment law implications. Given the magnitude and importance of this topic and the  
43 AMA's current focus on transitions in medical education, we believe that the best body to  
44 study this would be the AMA's Council on Medical Education and as such, have proffered a  
45 substitute resolve clause to accomplish this goal. Your Reference Committee would like to  
46 note that the most salient point reaching broadest consensus in testimony was the importance  
47 of having pay and benefits during orientation, is already a part of AMA policy. Therefore, your  
48 Reference Committee recommends that Alternate Resolution 12 be adopted in lieu of  
49 Resolution 12.

## 1 RECOMMENDED FOR REFERRAL 2

3 (10) RESOLUTION 5 – RFS CAUCUS ENDORSEMENTS  
4

5 **RECOMMENDATION:**  
6

7 **Resolution 5 be referred.**  
8

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9  
10 **RFS ACTION: Resolution 5 referred.**  
11

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12  
13 RESOLVED, that our AMA-RFS IOPs be amended by addition and deletion to read as follows:  
14

15 **XIII.D. Endorsement of HOD Candidates Not Otherwise Described Above**

16 ~~The Resident and Fellows Section does not endorse candidates for positions who are not~~  
17 ~~currently members of the Resident and Fellow Section. The RFS caucus can decide by a 2/3~~  
18 ~~vote in any given election cycle whether it wants to offer the opportunity to seek an RFS~~  
19 ~~endorsement to non-RFS candidates for elections in the AMA House of Delegates, and this~~  
20 ~~vote shall apply to all candidates in all elections for that cycle. Once a candidate for an election~~  
21 ~~in the AMA House of Delegates confirms they are seeking an RFS endorsement, the RFS~~  
22 ~~caucus can endorse that candidate by a 2/3 vote. The number of endorsements given for a~~  
23 ~~race shall not exceed the number of open seats. If more candidates surpass the 2/3 threshold~~  
24 ~~than there are open seats, available endorsements will be given to the candidates receiving~~  
25 ~~the highest vote percentage. The RFS caucus may also withdraw an endorsement of a~~  
26 ~~candidate by a 2/3 vote.~~

27  
28 Your Reference Committee recommends that Resolution 5 be referred. Limited testimony on  
29 this item was mixed. Supportive testimony, led by the primary author, argued that formalizing  
30 endorsements would strategically amplify the RFS voice in close HOD elections and create  
31 accountability for candidates. One delegation, however, raised substantive concerns about  
32 downstream dynamics (e.g., pressure on specialty-delegation residents, meeting-by-meeting  
33 uncertainty for future cycles, and potential confusion with existing RFS endorsement  
34 processes), and recommended referral for study, citing the Medical Student Section's newly  
35 adopted approach and the value of observing its implementation. Procedurally, Speakers and  
36 Delegates confirmed the item is in order but noted that changes to the RFS IOPs require a  
37 two-thirds vote and that the Assembly has typically routed IOP edits through an IOP committee  
38 for careful drafting; Delegates also clarified that, if adopted, the earliest practical application  
39 would be A-27. Given minimal testimony either in support or against and a higher 2/3 vote  
40 threshold needed for adoption of this resolution, your Reference Committee recommends  
41 Resolution 5 be referred.

1  
2 (11) RESOLUTION 8 – STRONGER RECOGNITION AND  
3 PROMOTION OF ACCOMMODATIONS FOR  
4 NEURODIVERGENT LEARNERS

5  
6 **RECOMMENDATION:**

7  
8 **Resolution 8 be referred.**

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10  
11 **RFS ACTION: Resolution 8 referred.**

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13  
14 RESOLVED, that our AMA recognizes and promotes more explicitly transparent and learner-  
15 centered processes for neurodivergent learners seeking accommodations including but not  
16 limited to: (1) emphasizing that each learner has unique strengths and needs that require  
17 shared decision-making to ensure the most appropriate accommodations; (2) providing or  
18 directing AMA members to education and resources on how to teach, work with, and/or  
19 evaluate neurodivergent learners, and (3) advocating for programs, in cooperation with their  
20 institution's accommodation offices, to proactively identify and incorporate resources that  
21 facilitate support for neurodivergent learners (e.g., neuropsychologists, occupational  
22 therapists (OT), speech and language pathology (SLP) therapists, Disability Resource  
23 Professionals (DRPs)).

24  
25 Your Reference Committee recommends that Resolution 8 be referred. Mixed testimony was  
26 heard on this item and referral garnered substantial support. Testimony demonstrated desire  
27 for increasing resources and support for neurodivergent learners, though there was much  
28 divided discussion on whether language can be better optimized to achieve these asks. Given  
29 that the majority testimony agreed with the intent of the resolution but advised closer analysis  
30 before submission to HOD, your Reference Committee recommends that Resolution 8 be  
31 referred.

32  
33 (12) RESOLUTION 13 – SUPPORT FOR INTERN, RESIDENT,  
34 AND FELLOW JEOPARDY PAY

35  
36 **RECOMMENDATION:**

37  
38 **Resolution 13 be referred.**

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40  
41 **RFS ACTION: Resolution 13 adopted as amended with a change in title.**

42  
43 **ADOPTED LANGUAGE:**

44  
45 **SUPPORT FOR INTERN, RESIDENT, AND FELLOW JEOPARDY PAY AND ADDITIONAL  
46 COMPENSATION FOR GAPS IN TRAINEE COVERAGE**

47  
48 **RESOLVED, that our American Medical Association (AMA) supports standardized  
49 compensation (“jeopardy pay”), provided in addition to base salary and benefits, for**

1   **interns, residents, and fellows who are required to cover unscheduled (“jeopardy”)**  
2   **shifts or additional duties, and encourages programs to adopt transparent and**  
3   **equitable compensation structures that account for specialty-specific burdens.**

4

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5

6   **RESOLVED**, that our American Medical Association (AMA) supports standardized  
7   compensation (“jeopardy pay”), provided in addition to base salary and benefits, for interns,  
8   residents, and fellows who are required to cover unscheduled (“jeopardy”) shifts, and  
9   encourages programs to adopt transparent and equitable compensation structures that  
10   account for specialty-specific burdens.

11

12   Your Reference Committee recommends that Resolution 13 be referred. Your Reference  
13   Committee heard mixed testimony on this resolution. Overwhelmingly, there was supportive  
14   testimony toward the spirit of the resolution and the need for progression toward equitable  
15   salary and benefits, though testimony also cautioned against the complexity of doing so the  
16   existing environment. Commentary from numerous individuals and delegates noted the  
17   variance in call/jeopardy pay between programs and residencies and gave several examples  
18   of different structures and arrangements. As such, your Reference Committee believes that  
19   this resolution would benefit from further study of the issue and recommends that Resolution  
20   13 be referred.

21

## RECOMMENDED FOR NOT ADOPTION

(13) RESOLUTION 6 – SUPPORT FOR EVALUATION OF SINGLE-PAYER AND UNIFIED HEALTHCARE FINANCING SYSTEMS

## **RECOMMENDATION:**

## **Resolution 6 not be adopted.**

## **RFS ACTION: Resolution 6 not adopted.**

RESOLVED, that our AMA amend existing AMA policies H-165.838 H-165.888, H-165.985 and H-165.844 to strike opposition to single-payer healthcare delivery systems; and be it further

RESOLVED, that our AMA support multiple healthcare models including but not limited to a national unified financing healthcare system that meets the principles of freedom of choice, freedom and sustainability of practice, and universal access to quality care for patients.

Your Reference Committee recommends Resolution 6 not be adopted. Testimony was largely unsupportive of this item. Concerns were raised that this resolution would seek to reengage the discussion that occurred last year on a very similar resolution and that the contents of the resolution already exist in the RFS Position Compendium providing the RFS with a stance on the issue. In this context, your Reference Committee feels this resolution to be duplicative and unproductive. The AMA Office of General Counsel also noted that although the first resolve clause could move forward in the RFS Assembly as written, specific amendments would need to be presented for each policy when sent forward to the HOD that are not articulated here. Therefore, your Reference Committee recommends Resolution 6 not be adopted.

1 This concludes the report of the RFS Reference Committee. I would like to thank Ashley  
2 Glass, DO, Tristan Mackey, MD, Sham Manoranjithan, MD, Helene Nepomuceno, MD,  
3 Karthik Sarma, MD, PhD, Joey Whelihan, MD, and all those who testified before the  
4 Committee.

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Jacob Altholz, MD, Chair

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Ashley Glass, DO

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Tristan Mackey, MD

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Sham Manoranjithan, MD

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Helene Nepomuceno, MD

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Karthik Sarma, MD, PhD

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Joey Whelihan, MD