

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

Report of Reference Committee

Jacob Altholz, MD, Chair

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

2 3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Resolution 1 – Condemnation of Attacks on Healthcare Workers and Facilities in
6 Gaza
7
8 2. Resolution 14 – Fatigue Mitigation: Supporting Fully-Funded Transportation for
9 Trainee Physicians After Extended or Overnight Shifts
10

11 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 12
13 3. Resolution 2 – Humanitarian and Medical Aid Support to Palestine
14
15 4. Resolution 4 – Hardship for International Medical Graduates from Palestine
16
17 5. Resolution 7 – Ending AMA Investment in Weapons Manufacturers
18
19 6. Resolution 9 –Preserving Access to Care for Undocumented Individuals
20

21 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 22
23 7. Resolution 3 – Reevaluation of AMA Policy Regarding Support for Specific National
24 Medical Associations in the World Medical Association
25
26 8. Resolution 10 – Disparities in Preliminary and Transitional Year GME Funding
27
28 9. Resolution 12 – Addressing Transitions Within GME Regarding Orientation
29 Standards
30

31 **RECOMMENDED FOR REFERRAL**

- 32
33 10. Resolution 5 – RFS Caucus Endorsements
34
35 11. Resolution 8 – Stronger Recognition and Promotion of Accommodations for
36 Neurodivergent Learners
37
38 12. Resolution 13 – Support for Intern, Resident, and Fellow Jeopardy Pay
39

40 **RECOMMENDED FOR NOT ADOPTION**

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

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.

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

RECOMMENDATION:

Resolution 14 be adopted.

RFS ACTION: Resolution 14 adopted.

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

Your Reference Committee recommends that Resolution 14 be adopted. The majority of testimony was supportive, and we believe the language provided by the authorship team did not require further clarity according to other testimony despite few noted concerns of what certain portions, such as "fully-funded," mean precisely. Notably, the current language also allows each training program to implement this policy as best fit per their program. For example, some individuals gave examples of funding sources in their programs that were not likely to be replicated and therefore recommended against a unified definition. Given that the testimony is largely in support with only specific reservations on certain portions, your 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:**
49

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

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

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

RECOMMENDATION B:

Resolution 4 be adopted as amended.

RFS ACTION: Resolution 4 adopted as amended.

ADOPTED LANGUAGE:

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

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

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

RESOLVED, that our American Medical Association (AMA) advocate with relevant stakeholders that advise state medical boards to grant hardship waiver for primary source 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.**
50

RFS ACTION: Resolution 7 adopted as amended.

ADOPTED LANGUAGE:

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

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

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

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

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

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

(6) RESOLUTION 9 – PRESERVING ACCESS TO CARE FOR
UNDOCUMENTED INDIVIDUALS

RECOMMENDATION A:

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

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

7 **RECOMMENDATION B:**

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

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

18
19 **RECOMMENDATION C:**

20
21 The Fourth Resolve of Resolution 9 be **deleted**.

22
23 **~~RESOLVED, that this resolution be immediately forwarded~~**
24 **~~to the AMA House of Delegates at the 2025 Interim Meeting.~~**

25
26 **RECOMMENDATION D:**

27
28 Resolution 9 be **adopted as amended**.
29

30
31 **RFS ACTION: Resolution 9 adopted as amended.**

32
33 **ADOPTED LANGUAGE:**

34
35 **RESOLVED**, that our AMA-RFS internal position statement 140.001R be amended by
36 addition and deletion to read as follows:

37
38 **Health Care Reform Plan: That our AMA-RFS (1) continue to advocate for health system**
39 **reform which makes health insurance coverage accessible for all U.S. citizens**
40 **residents within the U.S.; (2) support requiring all children to have health insurance as**
41 **a strategic priority; (3) advocate for sufficient federal subsidy or tax credit amounts so**
42 **that all U.S. citizens residents can afford to purchase health insurance; (4) support the**
43 **requirement for private insurers that children up to age 26 could continue family**
44 **coverage through their parents' plan; (5) support working with the federal government**
45 **to ensure that if federal programs are to be expanded, that proper checks and balances**
46 **are in place to ensure that reimbursements reflect the actual cost of care and that**
47 **patient access is not limited; and (6) support that under the National Health Insurance**
48 **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
43 **RFS ACTION: Resolution 10 referred.**
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.
36

37
38 **RFS ACTION: Alternate Resolution 12 adopted in lieu of Resolution 12.**
39

40 **ADOPTED LANGUAGE:**
41

42 **ADDRESSING TRANSITIONS WITHIN GME REGARDING ORIENTATION STANDARDS**
43

44 **RESOLVED**, that our American Medical Association (AMA) study mechanisms for
45 training programs to provide residents and fellows with necessary benefits, including
46 but not limited to health insurance, during transitions in undergraduate and graduate
47 medical education; and be it further
48

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.**
5

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.

RECOMMENDED FOR REFERRAL

(10) RESOLUTION 5 – RFS CAUCUS ENDORSEMENTS

RECOMMENDATION:

Resolution 5 be referred.

RFS ACTION: Resolution 5 referred.

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

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

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

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

(11) RESOLUTION 8 – STRONGER RECOGNITION AND
PROMOTION OF ACCOMMODATIONS FOR
NEURODIVERGENT LEARNERS

RECOMMENDATION:

Resolution 8 be referred.

RFS ACTION: Resolution 8 referred.

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

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

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

RECOMMENDATION:

Resolution 13 be referred.

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

ADOPTED LANGUAGE:

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

RESOLVED, that our American Medical Association (AMA) supports standardized 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

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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Tristan Mackey, MD

Sham Manoranjithan, MD

Helene Nepomuceno, MD

Karthik Sarma, MD, PhD

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