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

Report of Reference Committee

Shireen Saxena, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report B – Trialing a Co-Sponsorship Mechanism for the Resident and Fellow Section

2. Resolution 6 – Protecting Evidence-Based Family Planning Services in Title X-Funded Programs

3. Resolution 9 – Ensuring Continuous, Universal Health Coverage for Children and Young Adults

4. Resolution 10 – Support for a Tax on Artificial Intelligence

RECOMMENDED FOR ADOPTION AS AMENDED

5. Resolution 1 – Tax Wealth Fund Health

6. Resolution 4 – Amendment to Policy D-310.977, “National Resident Matching Program Reform” — Applicant Fee Assistance and Match Fairness

7. Resolution 5 – Standards for Physician Communication of Executive Health Evaluations

8. Resolution 12 – Ensuring the Appropriate Placement of Children After Parental Deportation

RECOMMENDED FOR ADOPTION IN LIEU OF

9. Resolution 3 – Timely Processing of DACA Renewal Applications

10. Resolution 8 – Improving Equity and Affordability in Away Rotations

RECOMMENDED FOR REFERRAL

11. Resolution 7 – Use of Artificial Intelligence in Medical Education and Scholarly Activity – Ethical Considerations for Trainees

12. Resolution 11 – Health Privacy, Research, and Stigmatized Conditions like Autism

RECOMMENDED FOR NOT ADOPTION

13. Resolution 2 – Modernizing AMA Policy on Organizational Funding and Provision of Alcohol at Official Meetings and Events

RECOMMENDED FOR ADOPTION

(1) REPORT B - TRIALING A CO-SPONSORSHIP MECHANISM FOR THE RESIDENT AND FELLOW SECTION

RECOMMENDATION:

Recommendation in Report B be adopted and the remainder of the report be filed.

RFS ACTION: Report B adopted and the remainder of the report be filed.

RECOMMENDATION
Your 2025-2026 and 2026-2027 RFS Delegates recommend that the following recommendations be adopted and the remainder of the report be filed:

RESOLVED, that our AMA-RFS will maintain a process to co-sponsor resolutions from outside sections and delegations whereby the section may co-sponsor resolutions with a two-thirds (2/3) majority of a caucus vote.

Your Reference Committee thanks the Section Delegates for this incredibly well-written report. The Committee heard testimony in overwhelming support of this report. The process for co-sponsorship has been refined through multiple permutations over the past few meetings, including proactively communicating with delegations to request sponsorship, standardizing requests, having caucus discussions prior to voting and having a 2/3 majority vote. Testimony highlighted the transparency and democracy within this process, in addition to the impact RFS co-sponsorship had on engagement on these items. Therefore, your Reference Committee recommends that Report B be adopted and the remainder of the report be filed.

(2) RESOLUTION 6 – PROTECTING EVIDENCE-BASED FAMILY PLANNING SERVICES IN TITLE X-FUNDED PROGRAMS

RECOMMENDATION:

Resolution 6 be adopted.

RFS ACTION: Resolution 6 adopted.

RESOLVED, that our American Medical Association (AMA) oppose federal Title X funding criteria that restrict, discourage, or otherwise condition funding on counseling that deviates from evidence-based approaches; and be it further

RESOLVED, that our AMA advocate that Title X funding requirements preserve and support the clinical judgment of physicians and other qualified health professionals to provide individualized counseling and care based on the patient's medical circumstances, reproductive goals, preferences, and informed decisions; and be it further

RESOLVED, that our AMA collaborate with relevant medical specialty societies, state medical societies, public health organizations, and patient advocacy organizations to monitor changes to Title X requirements and the public health consequences of these changes; and be it further

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

Your Reference Committee heard strongly supportive and compelling testimony from several delegations and committees on this item. The Committee found each of the resolution's asks to be well-supported and justified by provided background. Given the relative lack of visible AMA action on this issue and the timeliness of the item as noted in testimony, we found the request for immediate forward to be appropriate. Therefore, your Reference Committee recommends Resolution 6 be adopted.

(3) RESOLUTION 9 – ENSURING CONTINUOUS, UNIVERSAL HEALTH COVERAGE FOR CHILDREN AND YOUNG ADULTS

RECOMMENDATION:

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

RFS ACTION: Resolution 9 <u>adopted</u>.

RESOLVED, that our American Medical Association support federal and state policies that ensure automatic enrollment and continuous, comprehensive, affordable health insurance coverage for all individuals from birth through age 26, including through automatic Medicaid eligibility, regardless of family income, immigration status, health status, or changes in family circumstances.

Your Reference Committee heard testimony exclusively in support of Resolution 9. The Committee discussed several implementation considerations, including how Medicaid coverage would function when individuals move across state lines and the fact that current Medicaid eligibility and enrollment structures do not uniformly provide for automatic or continuous coverage. The Committee also considered the current Medicaid environment in light of the 2025 federal reconciliation law, P.L. 119-21, frequently known as the “One Big Beautiful Bill Act,” which is projected to reduce federal Medicaid spending by more than $1 trillion over the coming decade, creating a politically and fiscally challenging landscape for proposals seeks to substantially expand Medicaid eligibility and coverage. Nevertheless, the Committee felt that these implementation and fiscal considerations do not detract from the underlying policy goal of ensuring continuous, comprehensive, and affordable health insurance coverage for children and young adults. This goal is also consistent with existing

RFS position statement 140.005R, "The Fundamental Importance of Universal Access" which asserts that any change in American healthcare should move toward increased access to high-quality healthcare. Given the exclusively supportive testimony and alignment with existing RFS position, your Reference Committee recommends Resolution 9 be adopted.

(4) RESOLUTION 10 – SUPPORT FOR A TAX ON ARTIFICIAL INTELLIGENCE

RECOMMENDATION:

Resolution 10 be adopted.

RFS ACTION: Resolution 10 adopted.

RESOLVED, that our American Medical Association (AM) support a tax on artificial intelligence and redistribution of the resulting revenues to workers impacted by AI-driven labor displacement in order to mitigate the adverse health consequences associated with loss of employment and income.

Your Reference Committee heard supportive testimony on Resolution 10, with no opposition expressed. The author raises important concerns regarding the potential adverse health consequences of AI-driven job displacement and gaps in existing AMA policy addressing these concerns. The question of scope, and whether this ask appropriately falls within the purview of the AMA, was discussed, but we ultimately found the background provided a compelling argument connecting employment and health. Your Reference Committee agrees that this is a timely issue warranting greater accountability and recommends Resolution 10 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(5) RESOLUTION 1 – TAX WEALTH FUND HEALTH

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association (AMA) support taxes ~~that target the wealth~~ <u>on the assets</u> of billionaires ~~in order to pay for health care~~ <u>that help increase healthcare funding.</u>~~; and be it further~~

RECOMMENDATION B:

The Second Resolve of Resolution 1 be <u>deleted</u>.

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

RECOMMENDATION C:

Resolution 1 be <u>adopted as amended</u>.

RFS ACTION: Resolution 1 <u>adopted as amended</u>.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association (AMA) support taxes on the assets of billionaires that help increase healthcare funding.

RESOLVED, that our American Medical Association (AMA) support taxes that target the wealth of billionaires in order to pay for health care; and be it further

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

Your Reference Committee heard testimony that was overall in support of Resolution 1. Commentary was provided, including from the author, regarding the language of the first resolved clause, with concern that the specific wording could be read as "punitive." Your Reference Committee offers alternative language for the first resolved clause to address these concerns. Additionally, there was limited direct support for the second resolved clause. Your Reference Committee carefully and extensively considered various utilities of the immediate forward ask. Ultimately, we believe that this resolution will be most successful with more time for coalition building to garner support across delegations. Additionally, the Committee acknowledges author testimony in support of timeliness citing the upcoming election cycle

and feels that existing AMA policy on healthcare funding provides direction to empower advocacy efforts until this item is heard at the House. Finally, it may be beneficial to learn how the publicized relevant California Proposition fares on election day prior to forwarding this item to the House so that the RFS can be strategic with its approach. Therefore, your Reference Committee recommends Resolution 1 be adopted as amended.

(6) RESOLUTION 4 – AMENDMENT TO POLICY D-310.977, "NATIONAL RESIDENT MATCHING PROGRAM REFORM" — APPLICANT FEE ASSISTANCE AND MATCH FAIRNESS

RECOMMENDATION A:

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

Our AMA will ~~invite~~ work with the National Resident Matching Program, and other relevant entities ~~stakeholders~~, to engage in ongoing, collaborative discussions on the fairness and efficiency of residency matching methods, including their impact on osteopathic, international medical graduate, and other disproportionately affected applicants.

RECOMMENDATION B:

Resolution 4 be adopted as amended.

RFS ACTION: Resolution 4 adopted as amended.

RESOLVED, that our American Medical Association (AMA) amend Policy D-310.977, "National Resident Matching Program Reform," by addition and deletion to read as follows:

Our AMA will work with the National Resident Matching Program (NRMP) to develop and distribute educational programs to better inform applicants about the NRMP matching process, including the existing NRMP waiver and violations review policies.

Our AMA will actively participate in the evaluation of, and provide timely comments about, all proposals to modify the NRMP Match.

~~Our AMA will request that the NRMP explore the possibility of including the Osteopathic Match in the NRMP Match.~~

Our AMA will continue to review the NRMP's policies and procedures and make recommendations for improvements as the need arises, to include making the conditions of the Match agreement more transparent while assuring the confidentiality of the match.

Our AMA will work with the Accreditation Council for Graduate Medical Education (ACGME) and other appropriate agencies to assure that the terms of employment for resident physicians are fair and equitable and reflect the unique and extensive amount of education and experience acquired by physicians.

Our AMA does not support the current "All-In" policy for the Main Residency Match to the extent that it eliminates flexibility within the match process.

Our AMA will work with the NRMP, and other residency match programs, in revising Match policy, including the ~~secondary match or scramble process~~ Supplemental Offer and Acceptance Program (SOAP) to create more standardized rules for all candidates including application timelines and requirements.

Our AMA will work with the NRMP and other external bodies to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicants.

Our AMA encourages the National Resident Matching Program to study and publish the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas.

Our AMA will work with the NRMP and ACGME to evaluate the challenges in moving from a time-based education framework toward a competency-based system, including analysis of time-based implications of the ACGME milestones for residency programs; the impact on the NRMP and entry into residency programs if medical education programs offer variable time lengths based on acquisition of competencies; the impact on financial aid for medical students with variable time lengths of medical education programs; the implications for interprofessional education and rewarding teamwork; and the implications for residents and students who achieve milestones earlier or later than their peers.

Our AMA will work with the Association of American Medical Colleges (AAMC), American Osteopathic Association (AOA), American Association of Colleges of Osteopathic Medicine (AACOM), and National Resident Matching Program (NRMP) to evaluate the current available data or propose new studies that would help us learn how many students graduating from US medical schools each year do not enter into a US residency program; how many never enter into a US residency program; whether there is disproportionate impact on individuals of minority racial and ethnic groups; and what careers are pursued by those with an MD or DO degree who do not enter residency programs.

Our AMA will work with the AAMC, AOA, AACOM and appropriate licensing boards to study whether US medical school graduates and international medical graduates who do not enter residency programs may be able to serve unmet national health care needs.

Our AMA will work with the AAMC, AOA, AACOM and the NRMP to evaluate the feasibility of a national tracking system for US medical students who do not initially match into a categorical residency program.

Our AMA will discuss with the National Resident Matching Program, Association of American Medical Colleges, American Osteopathic Association, Liaison Committee on Medical

Education, Accreditation Council for Graduate Medical Education, and other interested bodies potential pathways for reengagement in medicine following an unsuccessful match and report back on the results of those discussions.

Our AMA encourages the Association of American Medical Colleges to work with U.S. medical schools to identify best practices, including career counseling, used by medical schools to facilitate successful matches for medical school seniors, and reduce the number who do not match.

Our AMA supports the movement toward a unified and standardized residency application and match system for all non-military residencies.

Our AMA encourages the Educational Commission for Foreign Medical Graduates (ECFMG) and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Resident Matching Program and are therefore unable to get a residency or practice medicine.

Our AMA encourages the AAMC, AACOM, NRMP, and other key stakeholders to jointly create a no-fee, easily accessible clearinghouse of reliable and valid advice and tools for residency program applicants seeking cost-effective methods for applying to and successfully matching into residency.

Our AMA will work with appropriate stakeholders to study options for improving transparency in the resident application process.

Our AMA encourages the piloting of innovations to the residency application process with aims to reduce application numbers per applicant, focus applicants on programs with reciprocal interest, and maximize residency placement. With support from the medical education community, successful pilots should be expanded to enhance the standardized process.

Our AMA will continue to engage the National Resident Matching Program® (NRMP®) and other matching organizations on behalf of residents and medical students to further develop ongoing relationships, improve communications, and seek additional opportunities to collaborate including the submission of suitable nominees for their governing bodies as appropriate.

Our AMA will advocate for reduced applicant-paid National Resident Matching Program registration and ranking fees, and for expanded fee-assistance and fee-waiver programs, for resident and fellow physician applicants.

Our AMA will invite the National Resident Matching Program to engage in ongoing, collaborative discussions on the fairness and efficiency of residency matching methods, including their impact on osteopathic, international medical graduate, and other disproportionately affected applicants.

Your Reference Committee thanks the authors for bringing forth this important issue for consideration. We heard positive testimony from several delegations and committees regarding meaningful updates to prior policy that help address the financial burden of residency and fellowship applications. One delegation recommended an amendment to

strengthen the involvement of our AMA in conversations with relevant stakeholders to continue to reduce cost burdens for these applications, and there was supportive testimony for this amendment as well.

Your Reference Committee discussed the fact that this item may be duplicative of the spirit of previous policy that asked our AMA to support application fee assistance for medical students who are already on fee-assistance programs. Ultimately, the Committee found there to be novelty in this item in that it aims to broadly address issues of affordability for all applicants, and we appreciate the overwhelmingly supportive testimony provided. For these reasons, your Reference Committee recommends that Resolution 4 be adopted as amended.

(7) RESOLUTION 5 – STANDARDS FOR PHYSICIAN COMMUNICATION OF EXECUTIVE HEALTH EVALUATIONS

RECOMMENDATION A:

The Third Resolve of Resolution 5 be deleted.

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

RECOMMENDATION B:

Resolution 5 be adopted as amended.

RFS ACTION: Resolution 5 adopted.

RESOLVED, that our American Medical Association (AMA) develop best practices for physician-authored public summaries of presidential and vice-presidential health evaluations that promote accuracy, transparency, consistency, and national security whilst safeguarding patient privacy, distinguishing objective clinical findings from physician opinion, and identifying minimum recommended standards for public disclosure; and be it further

RESOLVED, that our AMA encourage collaboration with appropriate national medical specialty societies, ethics organizations, and experts in executive medicine to develop consensus recommendations regarding physician communication of executive health information; and be it further

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

Your Reference Committee thanks the authors for bringing forth this important issue for consideration. Testimony was generally supportive of the intent of the resolution. There was mixed testimony regarding the specifics of the resolved clauses, including discussion around possible referral for further study. There was also mixed testimony regarding the utility of the immediate forward clause, especially given how heavily this resolution will likely be debated in the House. Your Reference Committee found the original language of the first two resolved

clauses to be compelling and is unconvinced of a clear benefit of further study at this juncture. The Committee also notes that some other specialty medical organizations are currently discussing this issue. Due to the polarity of this issue, your Reference Committee recommends striking the immediate forward clause to garner additional support from other delegations and information from relevant specialty societies. Therefore, your Reference Committee recommends Resolution 5 be adopted as amended.

(8) RESOLUTION 12 – ENSURING THE APPROPRIATE PLACEMENT OF CHILDREN AFTER PARENTAL DEPORTATION

RECOMMENDATION A:

Resolution 12 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association (AMA)-Resident and Fellow Section (RFS) support policies that preserve the ability of parents or primary caregivers who are detained or deported to participate in decisions regarding their child's health and wellbeing, including designation of an appropriate caregiver, consistent with the child's safety and applicable law; and be it further

RESOLVED, that our AMA-RFS support that our AMA advocate for safe, timely, culturally and linguistically appropriate, and trauma-informed processes to ensure continuity of health care for children experiencing immigration enforcement-related separation from a parent or primary caregiver; and be it further

RESOLVED, that our AMA-RFS support that our AMA advocate that child placement and continuity of care plans of detained or deported parents be solicited in advance, documented, tracked, and audited by appropriate authorities to protect children's health and parental rights; and be it further

RESOLVED, that our AMA-RFS support that our AMA ~~support~~ advocate for affordable and accessible privacy-protective mechanisms for secure communication between detained or deported parents and designated caregivers to facilitate continuity of care and health care decision-making.

RECOMMENDATION B:

Resolution 12 be adopted as amended.

RFS ACTION: Resolution 12 adopted as amended.

RESOLVED, that our American Medical Association (AMA) support policies that preserve the ability of parents or primary caregivers who are detained or deported to participate in decisions regarding their child's health and wellbeing, including designation of an appropriate caregiver, consistent with the child's safety and applicable law; and be it further

RESOLVED, that our AMA advocate for safe, timely, culturally and linguistically appropriate, and trauma-informed processes to ensure continuity of health care for children experiencing immigration enforcement-related separation from a parent or primary caregiver; and be it further

RESOLVED, that our AMA support privacy-protective mechanisms for secure communication between detained or deported parents and designated caregivers to facilitate continuity of care and health care decision-making.

Your Reference Committee thanks the authorship team for their advocacy on this important issue. We heard mixed, but mostly positive, testimony on this item from several delegations, Sections, and our Section Delegates, with all parties overwhelmingly supporting the spirit of this resolution. One delegation recommended an amendment in the third resolved clause to ask our AMA to take a more active stance through advocacy. Another delegation recommended supporting existing policies that support parental rights in child placement in lieu of advocating for new policy, and the authorship team notes that there is still a paucity of policy around providing safeguards through this process. Additionally, one committee expressed concerns and provided possible amendments regarding safeguards around the extent of parental involvement, feasibility, limited specificity in achieving the requested goals of the item and acknowledging that our AMA overall opposes parent-child separation.

Of note, an identical resolution is being considered in the House of Delegates at this upcoming meeting by the Underrepresented in Medicine Advocacy Section (UMAS) and is already cosponsored by the RFS. Your Reference Committee appreciated the testimony provided around this issue and discussed the nuances of the issue extensively. Given that nearly exact language of this item is being considered at this upcoming meeting, we were unable to see the utility or benefit of sending identical, or nearly identical, language to the House for future reconsideration. Ultimately, your Reference Committee believes this language, with appropriate revisions to address identified concerns and potential consequences, should be codified in our internal position compendium to guide current and future advocacy efforts. Therefore, your Reference Committee recommends Resolution 12 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(9) RESOLUTION 3 – TIMELY PROCESSING OF DACA RENEWAL APPLICATIONS

RECOMMENDATION:

Alternate Resolution 3 be adopted in lieu of Resolution 3.

TIMELY PROCESSING OF DACA RENEWAL APPLICATIONS

RESOLVED, that our American Medical Association (AMA) advocate for efforts to protect Deferred Action for Childhood Arrivals (DACA) recipients from interruptions in employment, training, or clinical practice, including timely processing of renewals and employment authorizations and automatic temporary extensions during administrative delays; and be it further

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

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

RESOLVED, that our American Medical Association (AMA) will advocate for timely processing of Deferred Action for Childhood Arrivals (DACA) renewal requests and employment authorization applications, including sufficient federal administrative capacity and processes to minimize lapses in deferred action and work authorization caused by processing delays; and be it further

RESOLVED, that our AMA advocate for policies that protect DACA recipients from interruptions in employment, training, or clinical practice resulting from delays in the adjudication of timely filed DACA renewal requests; and be it further

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

Your Reference Committee heard ample supportive testimony on Resolution 3, with suggestions to streamline the language but without specific amendments offered. The Committee suggests new language, which it believes preserves the key elements of the original resolution while emphasizing clarity and concision. The Committee also recognizes the potential value of automatic temporary extensions during administrative delays as a means of addressing the underlying issue. Finally, since this is a timely issue, we also recommend keeping the immediate forward clause and sending it forth to the House for consideration at this meeting. Therefore, your Reference Committee recommends that Alternate Resolution 3 be adopted in lieu of Resolution 3.

(10) RESOLUTION 8 – IMPROVING EQUITY AND AFFORDABILITY IN AWAY ROTATIONS

RECOMMENDATION:

Alternate Resolution 8 be adopted in lieu of Resolution 8.

IMPROVING EQUITY AND AFFORDABILITY IN AWAY ROTATIONS

RESOLVED, that our American Medical Association (AMA) study mechanisms to improve access to away rotation experiences, including virtual options, for medical students and resident physicians, especially those who do not have home programs in their desired specialty; and be it further

RESOLVED, that our AMA encourage interested groups to establish, expand, and publicize scholarship, stipend, or reimbursement programs that offset costs for visiting medical students and resident physicians completing in-person away rotations, with consideration for DO applicants and applicants from financially disadvantaged backgrounds, underrepresented groups in medicine, and those without a home program in their desired specialty.

RFS ACTION: Resolution 8 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association (AMA) support mechanisms to improve access to and affordability of away rotation experiences for medical students and resident physicians with attention to osteopathic applicants and those without a home program; and be it further

RESOLVED, that our AMA encourage interested groups to establish, expand, and publicize scholarship, stipend, or reimbursement programs that offset costs for visiting medical students and resident physicians completing in-person away rotations, with consideration for applicants from financially disadvantaged backgrounds and underrepresented groups in medicine.

RESOLVED, that our American Medical Association (AMA) collaborate with relevant groups to encourage the creation of accessible virtual away-rotation opportunities for medical students and resident physicians, especially those who do not have home programs in their desired specialty; and be it further

RESOLVED, that our AMA encourage interested groups to establish, expand, and publicize scholarship, stipend, or reimbursement programs that offset costs for visiting medical students and resident physicians completing in-person away rotations, with consideration for DO applicants and applicants from financially disadvantaged backgrounds, underrepresented groups in medicine, and those without a home program in their desired specialty.

Your Reference Committee heard broadly supportive testimony for the spirit and intent of Resolution 8. However, multiple parties expressed concerns that potentially overly prescriptive language regarding virtual rotations could lead to unintended consequences, including but not limited to significant disparities in the experiences of in-person and virtual rotators. Your Reference Committee discussed other possible consequences, including implementing virtual rotations in an exploitative fashion. The Committee believes that the proposed alternate language addresses these concerns by broadening the ask through an evidence-based, Council-level study, while still protecting those who do not have home programs in their desired specialty and prioritizing the financial concerns for rotators. Therefore, your Reference Committee recommends Alternate Resolution 8 be adopted in lieu of Resolution 8.

RECOMMENDED FOR REFERRAL

(11) RESOLUTION 7 – USE OF ARTIFICIAL INTELLIGENCE IN MEDICAL EDUCATION AND SCHOLARLY ACTIVITY – ETHICAL CONSIDERATIONS FOR TRAINEES

RECOMMENDATION:

Resolution 7 be referred.

RFS ACTION: Resolution 7 not adopted.

RESOLVED, that our American Medical Association (AMA) amend Policy H-480.939, "Augmented Intelligence in Health Care," by addition to read as follows:

[…]

Our AMA supports the ethical and responsible use of artificial intelligence in medical research and scholarly activity, including appropriate human oversight and accountability for AI-assisted work; and our AMA opposes requiring or implicitly pressuring medical students, resident physicians, fellows, or physician researchers to use artificial intelligence as a condition of academic advancement, research participation, publication, or professional evaluation.

Our AMA encourage medical schools, residency programs, and fellowship programs to establish transparent expectations regarding permissible artificial intelligence use in trainee scholarly activity, including disclosure requirements and standards for maintaining human responsibility for the accuracy, integrity, and originality of scholarly work.

Your Reference Committee heard mixed testimony on this item, with various parties supporting the intent of the resolution but with concerns about the language. Specifically, there was concern that the language in the first additional clause is already covered by existing policy, including H-460.972, H-480.931 and H-480.935. The second clause appears novel by directly opposing the requirement of AI use in scholarly activity. However, testimony also expressed concern that this directly conflicts with policies already in place within specialty societies. An amendment was proffered to amend existing policy H-295.857, but questions arose as to whether this would add substantive action or simply open the AI policy up for further debate. Your Reference Committee believes that this item would benefit from further study to clarify its intended directives and their relationship to existing AMA policy. Therefore, your Reference Committee recommends that Resolution 7 be referred.

(12) RESOLUTION 11 – HEALTH PRIVACY, RESEARCH, AND STIGMATIZED CONDITIONS LIKE AUTISM

RECOMMENDATION:

Resolution 11 be referred.

RFS ACTION: Resolution 11 referred.

RESOLVED, that our American Medical Association (AMA) opposes the data collection of sensitive health information on stigmatizing conditions like autism that was not explicitly and originally intended for research; and be it further

RESOLVED, that our AMA supports the inclusion of autistic people and people with autism in the planning, development, execution, and dissemination of autism research; and be it further

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

Your Reference Committee thanks the authorship team for their time and effort on this important issue. There was extensive support for the intent of the resolution. However, testimony was mixed regarding its specific language, particularly how best to achieve the resolution's objectives, while avoiding unintended stigmatization of conditions such as autism. The authorship team noted their openness to amendments as to how exactly to accomplish the goal of the resolution.

Your Section Delegates proffered amendments which were extensively and carefully considered. However, concerns remained that the resolution's scope may be too narrow and would not allow the AMA to advocate effectively around other medical conditions that may be negatively targeted by government officials. Your Reference Committee agreed that while this issue is timely and important, further review, perhaps study by a committee such as the RFS Committee on Legislation and Advocacy (COLA), will allow for the Section to craft a more effective, pointed resolution prior to introducing it to the House, where it will likely be heavily debated. For these reasons, your Reference Committee recommends that Resolution 11 be referred.

RECOMMENDED FOR NOT ADOPTION

(13) RESOLUTION 2 – MODERNIZING AMA POLICY ON ORGANIZATIONAL FUNDING AND PROVISION OF ALCOHOL AT OFFICIAL MEETINGS AND EVENTS

RECOMMENDATION:

Resolution 2 not be adopted.

RFS ACTION: Resolution 2 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association (AMA) ensure that the purchase and provision of alcoholic beverages at official AMA meetings, conferences, and sponsored events are consistent with the AMA's evidence-based alcohol policies, public health mission, commitment to inclusivity, and responsible fiscal stewardship, with routine organizational funding for alcoholic beverages be minimized whenever feasible and appropriate; and be it further

RESOLVED, that our AMA evaluate opportunities to transition away from routine organizational funding of alcoholic beverages at official AMA meetings, conferences, and sponsored events through a deliberate, phased approach that considers operational feasibility, contractual obligations, fiscal impact, and organizational objectives; and be it further

RESOLVED, that our AMA rescind policy H-30.970, "The Use of AMA Funds for the Purchase of Alcohol."

RESOLVED, that our American Medical Association (AMA) ensure that the purchase and provision of alcoholic beverages at official AMA meetings, conferences, and sponsored events are consistent with the AMA's evidence-based alcohol policies, public health mission, commitment to inclusivity, and responsible fiscal stewardship, and that routine organizational funding for alcoholic beverages be minimized whenever feasible and appropriate; and be it further

RESOLVED, that our AMA evaluate opportunities to transition away from routine organizational funding of alcoholic beverages at official AMA meetings, conferences, and sponsored events through a deliberate, phased approach that considers operational feasibility, contractual obligations, fiscal impact, and organizational objectives while promoting organizational practices that are consistent with the AMA's evidence-based alcohol policies, public health mission, and commitment to responsible fiscal stewardship; and be it further

RESOLVED, that our AMA prioritize meeting and event practices that foster inclusive professional environments and reflect the organization's leadership in alcohol-related public health; and be it further

RESOLVED, that our AMA rescind policy H-30.970, “The Use of AMA Funds for the Purchase of Alcohol.”

Your Reference Committee heard supportive but limited testimony on this item. Late testimony from the authors in response to virtual testimony was also accepted by majority Reference Committee vote for consideration. Your Reference Committee recognizes the public health harms of routine alcohol use and appreciates the author’s advocacy around this issue. However, we note multiple concerns regarding the background, perception, and implementation of this resolution raised within the Reference Committee, by testimony, and by AMA business units.

Current medical consensus does not generally recommend complete abstinence from alcohol. While testimony raised concerns that AMA funding for alcohol could imply “implicit endorsement” of its use or undermine advocacy efforts, evidence supporting these claims is limited. Moreover, many other medical and public health groups fund alcohol at social events without any apparent conflict with their missions. Additionally, testimony noted that the resolution does not seek to ban alcohol at AMA events altogether, but only AMA funding for alcohol. Many constituent societies currently fund alcohol at meetings, which would not change with this policy. This raises questions of the policy’s practical impact and enforcement - namely, how violations would be identified, monitored, and addressed.
The Committee also noted that the AMA funds other food and beverages that may be unhealthy when consumed routinely (e.g., desserts, sodas, etc.), or unsuitable for some members due to health or personal considerations (e.g., gluten, meat, etc.). Your Reference Committee questioned whether AMA payment for these items could also be considered exclusionary or inconsistent with AMA advocacy efforts. The Committee also heard from AMA Meeting Services and Finance, who raised concerns around reaching food and beverage minimums for certain venues and echoed concerns around the practicality of enforcement.

Finally, your Reference Committee members noted that a general presumption may exist that trainees are likely frequent recipients of AMA-funded alcohol at events, whether substantiated or not. The Committee raised concerns over how the RFS may be perceived as potentially hypocritical, and thus may not be the appropriate body to bring forth this item. The authors could seek another delegation who may be a more appropriate sponsor for this resolution, such as the Washington Delegation (cited in author testimony as sponsoring a prior attempt in 1989); gastroenterology, psychiatry, or preventive medicine delegations; or a delegation from an organization that has a precedent of prohibiting funding for alcohol. Due to these many nuanced considerations, your Reference Committee recommends that Resolution 2 not be adopted.

This concludes the report of the RFS Reference Committee. I would like to thank Rijul Asri, MD, Sheryl Fuehrer, MD, Ashley Glass, DO, MA, Sara Kazyak, MD, Sham Manoranjithan, MD, and Rajadhar Reddy, MD, MSc and all those who testified before the Committee.

Shireen Saxena, MD, Chair

Rijul Asri, MD, Vice Chair

Sheryl Fuehrer, MD

Ashley Glass DO, MA

Sara Kazyak, MD

Sham Manoranjithan, MD

Rajadhar Reddy, MD, MSc