

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: B
(I-26)

Introduced by: RFS Governing Council

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Subject: Trialing a Co-Sponsorship Mechanism for the Resident and Fellow Section

Referred to: Reference Committee

1 INTRODUCTION

2 At the 2025 AMA Annual meeting of the Resident and Fellow Section Assembly, Resident and
3 Fellow Section Resolution 10 asked:

4
5 *RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)*
6 *formally trial a co-sponsorship mechanism for the 2025 Interim Meeting and 2026 Annual*
7 *Meeting with thorough evaluations of the utility of the process, usage of this mechanism and*
8 *possible improvements of the mechanism after each meeting; and be it further*
9

10 *RESOLVED, that after the 2026 Annual Meeting our AMA-RFS shall consider whether to retain,*
11 *change, or dispose of this co-sponsorship mechanism, and be it further*
12

13 *RESOLVED, that our 2025-2026 AMA-RFS Section Delegate and Section Alternate Delegate,*
14 *with input from the RFS Delegation and Section as appropriate, shall design a trial co-*
15 *sponsorship mechanism for the AMA-RFS that adheres to principles of transparency,*
16 *timeliness, democratic decision-making, and close alignment with existing AMA-RFS position*
17 *statements.*
18

19 The resolution was adopted as written. This report responds to the directive from this resolution
20 to enable the AMA-RFS to “consider whether to retain, change, or dispose of this co-
21 sponsorship mechanism.”
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23 BACKGROUND

24 Origin of the Process: Resolution 580.021R (A-25)

25 The co-sponsorship mechanism originated from Resolution 6, adopted at the 2025 Annual
26 Meeting (A-25) and codified as AMA-RFS policy 580.021R, “Trialing a Co-Sponsorship
27 Mechanism for RFS.” The resolution reads in full:
28

29 *580.021R Trialing a Co-Sponsorship Mechanism for RFS: That our AMA-RFS*
30 *formally trial a co-sponsorship mechanism for the 2025 Interim Meeting and 2026*
31 *Annual Meeting with thorough evaluations of the utility of the process, usage of this*
32 *mechanism and possible improvements of the mechanism after each meeting; and*
33 *that after the 2026 Annual Meeting our AMA-RFS shall consider whether to retain,*
34 *change, or dispose of this co-sponsorship mechanism, and that our 2025-2026 AMA-*
35 *RFS Section Delegate and Section Alternate Delegate, with input from the RFS*
36 *Delegation and Section as appropriate, shall design a trial co-sponsorship*
37 *mechanism for the AMARFS that adheres to principles of transparency, timeliness,*

democratic decision making, and close alignment with existing AMA-RFS position statements. (Resolution 6, A-25)

In short, the resolution directed the 2025 to 2026 Section Delegate and Alternate Delegate to design and trial a co-sponsorship process for exactly two meetings, I-25 and A-26, built around four guiding principles: transparency, timeliness, democratic decision-making, and alignment with existing RFS policy. It also required the Section to formally evaluate the mechanism and decide whether to retain, modify, or discontinue it following A-26. This report responds to that directive.

How the Process Worked

Consistent with 580.021R, the Section Delegate and Alternate Delegate implemented the same core process at both meetings, with minor timing adjustments between Interim and Annual.

- Outreach: In advance of each HOD meeting, Delegates emailed all state and geographic delegation, specialty society, and section contacts, inviting them to request RFS co-sponsorship of their resolutions.
- Standardized requests: Requests were accepted through a standardized form or by email, so that every request was captured in a consistent format.
- Caucus discussion: Before any vote was taken, a virtual caucus meeting was held to discuss the co-sponsorship requests that had been received.
- Caucus vote: Following discussion, the Delegate and Alternate Delegate distributed a Google Form to the caucus, comprising RFS Sectional Delegates and Sectional Alternate Delegates, to vote on each requested co-sponsorship.
- Heightened threshold: Because co-sponsorship is a more significant action than ordinary testimony or a stance vote, both of which use a simple-majority threshold, a two-thirds (2/3) majority of the caucus vote was required for a motion to co-sponsor to pass.
- Timing: Votes were completed ahead of key deadlines, including the opening of the House at I-25 and the closure of the Online Reference Committee period at A-26, so that RFS could identify itself as a co-sponsor in its testimony and comments on each item.

Interim 2025 (I-25) Results

Eight resolutions or planned items of business received requests for RFS co-sponsorship at I-25, from one section (IMG Section), one specialty society (ACEP), and one delegation identified in the caucus's records as "NED." Two requests, Item 001 and Item 009, both NED-authored, met the two-thirds threshold and were co-sponsored by RFS.

Item	Resolution / Request	Requesting Group	Y	N	A	Outcome
235	Ensuring Medical Liability Insurance Transparency and Continuity	ACEP	13	21	6	Not co-sponsored
N/A	Exemption from Proposed H-1B Fee Increases (not yet submitted to HOD at time of vote)	IMG Section	12	18	10	Not co-sponsored
001	Clarifying Conscientious Objection	NED	34	3	3	Co-sponsored
009	Gender Equity in Disability Insurance for Physicians	NED	36	1	3	Co-sponsored
601	Health Financing Task Force	NED	1	38	0	Not co-sponsored

Item	Resolution / Request	Requesting Group	Y	N	A	Outcome
804	Medicare Advantage Filing Limit	NED	3	35	2	Not co-sponsored
805	Shared Medical Appointments	NED	8	23	9	Not co-sponsored
905	Standardizing Brain Death	NED	0	38	2	Not co-sponsored

*Y represents votes in favor of co-sponsorship, N represents votes against, and A represents abstentions.

Annual 2026 (A-26) Results

Ten resolutions received requests for RFS co-sponsorship at A-26, from two state delegations (Virginia and California), the Medical Student Section (MSS), and two specialty societies (American College of Lifestyle Medicine and American Society of Plastic Surgeons). Five requests met the two-thirds threshold and were co-sponsored: Item 209 (Virginia), Item 227 (California), Item 235 (MSS), Item 310 (California), and Item 428 (MSS).

Item	Resolution / Request	Requesting Group	Y	N	A	Outcome
208	Protecting patients reliant on life-sustaining treatment (for example, dialysis or LVAD charging) during disasters*	Virginia	6	31	2	Not co-sponsored
209	Protecting Mental Health Treatment Privacy in Legal Proceedings	Virginia	32	3	4	Co-sponsored
227	Standby Capacity Payments and Health IT for Hospitals in Rural Areas	California	32	4	3	Co-sponsored
228	Access to maternal health care for military families in maternal health deserts*	California	22	10	7	Not co-sponsored
235	Establishing Healthcare Monitoring and Accountability in Immigration Detention Facilities	Medical Student Section	33	2	4	Co-sponsored
310	Increasing Capacity and Access to Maternal Health Services in Rural Areas	California	37	0	2	Co-sponsored
313	Reevaluation of the utility of situational judgment tests (CASPer/MMI) in medical school admissions*	Medical Student Section	6	30	3	Not co-sponsored
428	Protecting Environmental Health Before, During, and After War	Medical Student Section	30	3	6	Co-sponsored

Item	Resolution / Request	Requesting Group	Y	N	A	Outcome
508	Oversight of commercial gut microbiome testing*	American College of Lifestyle Medicine	1	36	2	Not co-sponsored
606	Weekly BOT updates and BOT involvement in AMA-federal negotiations on transformational changes*	American Society of Plastic Surgeons	1	36	2	Not co-sponsored

*Y represents votes in favor of co-sponsorship, N represents votes against, and A represents abstentions. Items marked with an asterisk in the Resolution / Request column were not ultimately adopted as HOD agenda items under a formal RFS-facing title in the delegate report, so the description reflects the request summary on record.

DISCUSSION

Across the two-meeting trial, RFS received 18 total requests for co-sponsorship and voted to co-sponsor 7 of them, an overall approval rate of roughly 39%. The approval rate rose from 25% at Interim to 50% at Annual.

Meeting	Requests Received	Co-sponsored	Approval Rate
Interim 2025 (I-25)	8	2	25.0%
Annual 2026 (A-26)	10	5	50.0%
Combined	18	7	38.9%

Several patterns are worth noting. Requests came from a broad cross-section of the House, including state and geographic delegations, specialty societies, and other AMA sections, indicating that other groups are aware of and actively using the mechanism. The two-thirds threshold was applied consistently at both meetings and functioned as a meaningful bar. Several requests that drew majority support, such as Item 228 at A-26 (22-10-7), still fell short of two-thirds and were not co-sponsored, while every item that ultimately passed did so by a wide margin. The successful requests at A-26 (209, 227, 235, 310, and 428) subsequently reached the floor of the House, and each received a final Reference Committee or HOD action ranging from Adopt to Refer for Study, indicating that RFS co-sponsorship translated into substantive engagement with the items it supported.

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.